Return for fiscal period

ending (YYYY/MM/DD):

Postal code: R1A4A7

Date of birth (Y/M/D)

Charity name:

At arm's length with other Directors?

First name: Lori

First name: Syl

End date (Y/M/D):

At arm's length with other Directors?

At arm's length with other Directors?

**Total number** of directors/ trustees and like

Position: Vice Presdient

Last name: Zdebiak

Last name: Parry

Position: Member

Term ▶ Start date (Y/M/D):

Position: Executive Director

Ferm ► Start date (Y/M/D): 2 0 2 2 0 1 2 6 End date (Y/M/D):

officials:

Protected B when completed

#### Directors/Trustees and Like Officials Worksheet

Business number: 139481717RR0001

**Business number:** 

Prov/Terr: MB

Prov/Terr: MB

Prov/Terr: MB

Residential address - Street no. and name: 26 Penrose Place

Phone number: 2<sub>1</sub>0<sub>1</sub>4<sub>1</sub>-<sub>1</sub>2<sub>1</sub>5<sub>1</sub>3<sub>1</sub>-<sub>1</sub>8<sub>1</sub>8<sub>1</sub>9<sub>1</sub>7 Date of birth (Y/M/D)

Phone number: 2<sub>1</sub>0<sub>1</sub>4<sub>1</sub>-<sub>1</sub>7<sub>1</sub>8<sub>1</sub>5<sub>1</sub>-<sub>1</sub>2<sub>1</sub>3<sub>1</sub>0<sub>1</sub>2 Date of birth (Y/M/D) 1<sub>1</sub>94<sub>1</sub>8 0<sub>1</sub>71<sub>1</sub>0

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.

7 Hearthstone Community Group Inc.	[139481717RR0001] [2 <sub>1</sub> 0 <sub>1</sub> 2 <sub>1</sub> 2 0 <sub>1</sub> 3 3 <sub>1</sub> 1]
<b>Note:</b> If you would like these individuals to have the authority to communicate with th Business Number (BN). For more information, go to <b>canada.ca/charities-giving</b> , set see "Change director."	e CRA on behalf of your charity, their name must also appear as an owner for your lect "Operating a registered charity," then "Making a change to your organization" and
Public information	Confidential data
Last name: Bjornson First name: David Initial:	Residential address - Street no. and name: 106 Craig Ave
Term ► Start date (Y/M/D): 2 10 10 19 0 14 0 11 End date (Y/M/D):	
Position: President At arm's length with other Directors? Yes No	City St. Andrews Prov/Terr: MB Postal code: R1A4B7
	Phone number: 2 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> - <sub>1</sub> 4 <sub>1</sub> 8 <sub>1</sub> 2 <sub>1</sub> - <sub>1</sub> 6 <sub>1</sub> 0 <sub>1</sub> 6 <sub>1</sub> 0 Date of birth (Y/M/D) 1 <sub>1</sub> 9 <sub>4</sub> 7 <sub>0</sub> 7 <sub>0</sub> 7
Last name: Kreutzer First name: Irene Initial:	Residential address - Street no. and name: 1150 River Rd
Term ► Start date (Y/M/D): 2 0 1 0 1 0 1 End date (Y/M/D):	
Position: MemberAt arm's length with other Directors?	City St. Andrews Prov/Terr: MB Postal code: R1A4A1
	Phone number: 2 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> - <sub>1</sub> 4 <sub>1</sub> 8 <sub>1</sub> 2 <sub>1</sub> - <sub>1</sub> 7 <sub>1</sub> 9 <sub>1</sub> 1 <sub>1</sub> 9 Date of birth (Y/M/D) 1 <sub>1</sub> 94 <sub>1</sub> 90 <sub>1</sub> 80 <sub>2</sub>
Last name: Bagamery First name: Robert Initial:	Residential address - Street no. and name: 1293 Beaumont St
Term ► Start date (Y/M/D): 2 0 1 4 0 2 2 0 End date (Y/M/D):	
Position: Treasurer At arm's length with other Directors? Yes No	City Winnipeg Prov/Terr: MB Postal code: R3T0M1
D. H	Phone number: 2 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> - <sub>1</sub> 2 <sub>1</sub> 8 <sub>1</sub> 4 <sub>1</sub> - <sub>1</sub> 7 <sub>1</sub> 8 <sub>1</sub> 3 <sub>1</sub> 0 Date of birth (Y/M/D) 1 <sub>1</sub> 9 <sub>5</sub> 2 1 <sub>2</sub> 30
Last name: Rolland First name: Shirley Initial:	Residential address - Street no. and name: 219 Manchester Ave
Term ► Start date (Y/M/D): 2 10 1 18 1 10 1 10 End date (Y/M/D): 2 10 2 1 0 6 2 4	
Position: MemberAt arm's length with other Directors?  Ves No	City Selkirk Prov/Terr: MB Postal code: R1A0B7
Makingan	Phone number:       -         Date of birth (Y/M/D)
Last name: Mckinnon First name: Don Initial:	Residential address - Street no. and name: 1142 River Road
Term ► Start date (Y/M/D): 2 0 1 9 1 0 2 3 End date (Y/M/D):	

Yes No

Initial:

Yes

Yes

City St. Andrews

City Winnipeg

Residential address - Street no. and name:

_				
Protected	ıR	whon	comp	lotod
liotected		WIIGH	COLLID	ieteu

	Detailed fin	ancial information		Schedul
Fill out this schedule if <b>any</b> of the following applies to the character (a) The charity's revenue exceeded \$100,000. (b) The amount of all property (for example, investments, ref. (c) The charity had permission to accumulate funds during the character of the character (b) The character (c) The cha	ntal properties) not used in	charitable activities was more than \$25,000.		2 . 20
Was the financial information reported below prepare	d on an accrual or cash	basis? 402	O Accrual	Cash
Statement of financial position				_
Show all amounts to the nearest single Canadian	dollar. Do not enter "s	see attached financial statements." All r	elevant fields	must be filled out
Assets:		Liabilities:		
Cash, bank accounts, and short-term		Accounts payable and accrued liabilities	4300 \$	67,244
Amounto receivable from non arrela law eth	0 \$ 1,001,922	Deferred revenue	4310 \$	93,856
Amounts receivable from non-arm's length persons411	0 \$ 209,708	Amounts owing to non-arm's length pers		
Amounts receivable from all others		Other liabilities		
	<u> </u>	Total liabilities (add lines 4300 to 433		
Investments in non-arm's length persons 413	0 \$	Amount included in lines 4150, 4155,	ο, <del>τοσο</del> <u>ψ</u>	2,002,200
Long-term investments	0 \$	4160, 4165 and 4170 not used in charitab		
Inventories		activities	4250 \$	
Land and buildings in Canada415				
Other capital assets in Canada				
Capital assets outside Canada				
Accumulated amortization of capital assets 416				
Other assets				
10 year gifts	ψ <u>5,341</u>			
	4 796 29E			
Total assets (add lines 4100 to 4170)	4,786,385			
Statement of operations Revenue:				
Total eligible amount of all gifts for which the charity h			4500 \$	660
Total eligible amount of tax-receipted tuition fees  Total amount of 10 year gifts received				
Total amount received from other registered charities			<b>****</b>	
Total other gifts received for which a tax receipt was r	not issued by the charity	(excluding amounts at lines 1575 and	4510 \$	
4630)		(excluding amounts at lines 4575 and	4530 \$	9,318
Total revenue received from federal government			4540 \$	34,436
Total revenue received from provincial/territorial gove	rnments		4550 \$	2,319,939
Total revenue received from municipal/regional govern	nments		4560 \$	v
Total tax-receipted revenue from all sources outside ogovernment)	of Canada (government)	and non-		
Total <b>non</b> tax-receipted revenue from all sources outs			4575 \$	
Total interest and investment income received or earn	ed	gereinient,	4580 \$	
Gross proceeds from disposition of assets		4590 \$		
Net proceeds from disposition of assets (show a neg	ative amount with brack	ets)	4600 \$	- Y
Gross income received from rental of land and/or build	dings		4610 \$	
Total <b>non</b> tax-receipted revenues received for member	rships, dues and associ	iation fees	4620 \$	
Total non tax-receipted revenue from fundraising				
Total revenue from sale of goods and services (excep				979
Other revenue not already included in the amounts ab			4650 \$	24,944
Specify type(s) of revenue included in the amount rep				0.000.070
Total revenue (add lines 4500, 4510 to 4560, 4575,	450U, and 46UU to 4650	U)	4700 \$	2,390,276

Business number: 139481717RR0001

#### Country codes

AF-Afghanistan AL-Albania DZ-Algeria AO-Angola AR-Argentina AM-Armenia AZ-Azerbaijan BD-Bangladesh BY-Belarus BT-Bhutan **BO-Bolivia** 

BA-Bosnia and Herzegovina

BW-Botswana **BR-Brazil** 

BN-Brunei Darussalam

**BG-Bulgaria** BI-Burundi KH-Cambodia CM-Cameroon

CF-Central African Republic

TD-Chad **CL-Chile** CN-China CO-Colombia **KM-Comoros** 

CD-Democratic Republic of Congo

CG-Republic of Congo CR-Costa Rica CI-Côte d'Ivoire HR-Croatia

CU-Cuba CY-Cyprus **DK-Denmark** 

DO-Dominican Republic

**EC-Ecuador** EG-Egypt SV-El Salvador ET-Ethiopia FR-France GA-Gabon **GM-Gambia** GE-Georgia **DE-Germany** GH-Ghana GT-Guatemala GY-Guyana HT-Haiti **HN-Honduras** IN-India

ID-Indonesia IR-Iran IQ-Iraq IL-Israel

PS-Israeli Occupied Territories

IT-Italy JM-Jamaica JP-Japan JO-Jordan KZ-Kazakhstan

KE-Kenya

KP-North Korea KR-South Korea KW-Kuwait KG-Kyrgyzstan LA-Laos LB-Lebanon LR-Liberia MK-Macedonia MG-Madagascar MY-Malaysia ML-Mali **MU-Mauritius** MX-Mexico MN-Mongolia ME-Montenegro MZ-Mozambique

MM-Myanmar (Burma) NA-Namibia **NL-Netherlands** NI-Nicaragua **NE-Niger** 

PK-Pakistan PA-Panama PE-Peru PH-Philippines PL-Poland QA-Qatar

RE-Réunion

NG-Nigeria

OM-Oman

RO-Romania **RU-Russia** RW-Rwanda SA-Saudi Arabia RS-Serbia SL-Sierra Leone SG-Singapore SO-Somalia ES-Spain LK-Sri Lanka SD-Sudan

SY-Syrian Arab Republic

TJ-Tajikistan

TZ-United Republic of Tanzania

TH-Thailand TL-Timor-Leste TR-Turkey UG-Uganda **UA-Ukraine GB-United Kingdom** 

**US-United States of America** 

UY-Uruguay

UZ-Uzbekistan VE-Venezuela VN-Vietnam YE-Yemen ZM-Zambia ZW-Zimbabwe

#### Use the following codes for countries not listed above:

QS-Other countries in Africa

QR-Other countries in Asia and Oceania

QM-Other countries in Central and South America

QP-Other countries in Europe

QO-Other countries in the Middle East

QN-Other countries in North America

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# Section E: Certification

This return must be signed by a person who has authority to sign on behalf of the charity. It is a serious offence under the Income Tax Act to provide false or deceptive information.

#### Section F: Confidential data

Enter the physical address of the charity and the address in Canada for the charity's books and records. Post office box numbers and rural routes are not sufficient.

	Physical address of the charity		Address for the charity's books and red		
Complete street address	209 Superior Ave		209 Superio	209 Superior Ave	
City	Selkirk		Selkirk		
Province or territory and postal code	MB	R1A2Z7	МВ	R1A2Z7	

F2 Name and address of individual who completed this return.

Name

Rosanna Sternat

Company name (if applicable)

Sternat & Associates Chartered Professional Accountants

Complete street address

400 Main Street

City, province or territory, and postal code

Selkirk

Phone number

(204) 482-7000

Is this the same individual who certified in Section E above?

MB

R1A 1V1

√ No

#### **Privacy statement**

Personal information is collected under the authority of the Income Tax Act and is used to establish and validate the identity and contact information of directors, trustees, officers, like officials, and authorized representatives of the organization. This information will also be used as a basis for the indirect collection of additional personal information from other internal and external sources, which includes personal tax information, and relevant financial and biographical information. Personal information will be used to assess the risk of registration with respect to the obligations and requirements as outlined in the Act and the common law. The social insurance number (SIN) is collected under subsection 237 of the Act and is used for identification purposes. The Canada Revenue Agency (CRA) will make the information on this annual information return available to the public on the Charities Directorate website, except for information identified as confidential. Personal information may also be disclosed under information-sharing agreements and in accordance with section 241 of the Act. Incomplete or inaccurate information may result in compliance measures including revocation of registered status.

Personal information is described in personal information bank CRA PPU 200 and is protected under the Privacy Act. Individuals have a right of protection, access to and correction or notation of their personal information. You are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

**Notification to directors and like officials**: The CRA strongly encourages the organization to voluntarily inform its directors and like officials that it has collected and disclosed their personal information to the CRA.

I confirm that I have read the Privacy statement above.

### Checklist

A charity's complete annual information return includes:

- · Form T3010, Registered Charity Information Return, and all applicable schedules
- · a copy of the charity's financial statements
- · Form T1235, Directors/Trustees and Like Officials Worksheet
- · Form T1236, Qualified donees worksheet/Amounts provided to other organizations (if applicable)
- Form T2081, Excess Corporate Holdings Worksheet for Private Foundations (if applicable)

If financial statements are not included, the charity's registration may be revoked.

	Registered charities may make gifts to qualified organizations described in the Income Tax Act.	I donees. Qualified donees are other registered	d Canadian charities, as we	ell as certain other
C3	Did the charity make gifts or transfer funds to qual	lified donees or other organizations?	2000 Yes	<b>∑</b> No
	Important: If yes, you must complete Form T123	36, Qualified donees worksheet/Amounts provided	to other organizations.	
C4	Did the charity carry on, fund, or provide any resort contractors, or any other individuals, intermediarie activity/program/project outside Canada?	urces through employees, volunteers, agents, joines, entities, or means (other than qualified donees)	t ventures, ) for any	<b>∑</b> No
	Important: If yes, you must complete Schedule 2	2. Activities outside Canada.		
0.5	Public policy dialogue and development activities	-,		
U5	This question has been removed.			
C6	If the charity carried on fundraising activities or engine that it used during the fiscal period:	gaged third parties to carry on fundraising activitie	es on its behalf, select all fund	draising methods
-	2500 Advertisements/print/radio/ TV commercials	<b>2570</b> Sales	2620 Telephon	e/TV solicitations
	2510 Auctions	2575 Internet	2630 Tourname	ent/sporting events
1	2530 Collection plate/boxes	2580 Mail campaigns	2640 Cause-re	lated marketing
١	2540 Door-to-door solicitation	2590 Planned-giving programs	<b>2650</b> Other	
	2550 Draws/lotteries	2600 Targeted corporate donations/ sponsorships	2660 Specify:	
ı	2560 Fundraising dinners/galas/concerts	2610 Targeted contacts		
27	Did the charity pay external fundraisers?  If yes, you must complete the following lines, and comp	plete Schedule 4, Confidential data, Table 1.	2700 Yes	<b>∑</b> No
	(a) Enter the gross revenue collected by the fundra	aisers on behalf of the charity	5450 \$	
	<ul><li>(b) Enter the amounts paid to and/or retained by th</li><li>(c) Select the method of payment to the fundraiser.</li></ul>	ne fundraisers:	5460 \$	
	2730 Commissions	2750 Finder's fee	2770 Honoraria	
	2740 Bonuses	2760 Set fee for services	2780 Other	
		2790 Specify:		
	(d) Did the fundraiser issue tax receipts on behalf of			No
8	Did the charity compensate any of its directors/trus charity for services provided during the fiscal period	stees or like officials or persons not at arm's length d (other than reimbursement for expenses)?	from the	<b>✓</b> No
9	Did the charity incur any expenses for compensation	on of employees during the fiscal period?	3400  Yes	□No
	Important: If yes, you must complete Schedule 3, Com			_
:10	Did the charity receive any donations or gifts of any resident in Canada and was <b>not</b> any of the following	kind valued at \$10,000 or more from any donor that	was not Yes	<b>√</b> No
	a Canadian citizen, nor			
	employed in Canada, nor			
	carrying on a business in Canada, nor     a person having disposed of tayable Canadian a	arana di 2		
	a person having disposed of taxable Canadian parameters of the second seco		10.000	
	Important: If yes, you must complete Schedule 4,	Confidential data, Table 2, for each donation of \$	10,000 or more.	

Business number: 139481717RR0001



Agence du revenu du Canada

## **Registered Charity Information Return**

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Section A: Identification	Mark Color C
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:	
Hearthstone Community Group Inc.	
Return for fiscal period ending:     3. BN/registration number:	4. Web address (if applicable):
Year Month Day [2,0,2,2,0,3,3,1] [139481717RR0001	71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A1 Was the charity in a subordinate position to a head body?	1510 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?	1570 ☐ Yes
A3 Is the charity designated as a public foundation or private foundation?	T Van
If yes, you must complete Schedule 1, Foundations. To confirm the charity's de detail page.	
Section B: Directors/trustees and like officials	
All charities must complete Form T1235, Directors/Trustees and Like Officials V available to the public.	Vorksheet. Only the <b>public</b> information section of the worksheet is
For charities subject to the Ontario Corporations Act.  As of May 15, 2021, the Canada Revenue Agency no longer collects this inform Services. For more information on filing an Ontario annual information return, visual services.	ation on behalf of the Ontario Ministry of Government and Consumer sit ontario.ca/businessregistry.
<b>Note:</b> If you would like these individuals to have the authority to communicate with to owner for your Business Number (BN). For more information, go to <b>canada.ca/char</b> change to your organization" and see "Change director."	he CRA on behalf of your charity, their name must also appear as an ities-giving, select "Operating a registered charity," then "Making a
Section C: Programs and general information	"在19年中的大学,在1980年中的特别的特别的特别。" 1980年中的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的大学的
C1 Was the charity active during the fiscal period?  If no, explain why in the "Ongoing programs" space below at C2.	1800 <b>√</b> Yes
Describe all <b>ongoing</b> and <b>new</b> charitable programs the charity carried on during documents). "Programs" includes all of the charitable activities that the charity of through qualified donees and intermediaries. The charity may also use this space activities, for example, number of volunteers and/or hours. <b>Do not</b> include the nodescribe the types of organizations they support. <b>Do not</b> describe fundraising and	carries out on its own through employees or volunteers as well as ce to describe the contributions of its volunteers in carrying out its names of employees or volunteers. Grant-making charities should
Do not attach additional sheets of paper or annual reports.  Ongoing programs  Day program residential care programs	

New programs

Charity name: Hearthstone	Community Group Inc.	Business number: 139481717RR0001		end: 2022-03-31
			Protected B whe	n completed
	ceive any non-cash gifts for which it issued tax r s, you <b>must</b> complete Schedule 5, <b>N</b> on-cash gift	receipts?	4000 Yes	✓ No
C12 Did the charity ac	equire a non-qualifying security?		5800 Yes	<b>∑</b> No
C13 Did the charity all	low any of its donors to use any of its property?	(except for permissible uses)	5810 Yes	✓ No
C14 Did the charity is	sue any of its tax receipts for donations on beha	If of another organization?	5820 Yes	<b>✓</b> No
C15 Did the charity ha	ave direct partnership holdings at any time durin	g the fiscal period?	5830 Yes	✓ No
Section D: Financ	ial information	(1) 2015 (4) (6) 全国企业的企业的企业的企业。	A PROPERTY.	
THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER, THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER, THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER, THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	O or Schedule 6, Detailed financial information.			
(a) The charity's (b) The amount	ng applies to the charity, complete Schedule 6 in revenue exceeds \$100,000. of all property (for example, investments, rental land permission to accumulate funds during this f	properties) not used in charitable activities was mo	ore than \$25,000.	
Show all amounts	to the nearest single Canadian dollar. Do not	enter "See attached financial statements." All re	evant fields must be	filled out.
D1 Was the financial	l information reported below prepared on an acc	crual or cash basis?	4020 Accrual	Cash
D2 Summary of fina	ancial position:			
Using the charity	's own financial statements, enter the following:			
Did the charity ov	vn land and/or buildings?uding land and buildings)		4050 Yes 4200 \$	☐ No
Did the charity bo	orrow from, loan to, or invest assets with any no	n-arm's length persons?	4400 Yes	☐ No
D3 Revenue:				
				☐ No
	total eligible amount of all gifts for which the cha	arity has issued or will issue tax receipts	4500 \$	
			4510 \$	
Total other gifts re (excluding amount	eceived for which a tax receipt was <b>not</b> issued b nts at lines 4575 and 4630)	y the charity	4530 \$	
		it in Canada?		No
Total tax-receipte	ed revenue from all sources outside of Canada			O DOWN
	I non-government)		_	
		ada (government and non-government)		
	•	vel of government in Canada)		
		er or government in Ganada)		
D4 Expenditures:				
	consulting fees		4860 \$	
	·-			
	•	e (excluding gifts to qualified donees)		
		\$ 4860, 4810, and 4920).		
Of the amount at		1 2		
	ditures on charitable activities	5000 \$		
	ditures on management and administration			
Total expenditure	s (add lines 4950 and 5050)		5100 \$	

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	Foundations			Schedule 1
1 Did the foundation acquire control of a corporation?	7 - 1 - 1		100 Yes	☐ No
Did the foundation incur any debts other than for curre in administering charitable activities?	ent operating expenses, purchas	sing or selling investments	or	☐ No
For private foundations only:  Did the foundation hold any shares, rights to acquire s	shares, or debts owing to it that i	meet the definition of a nor	<b>1-</b>	
qualified investment?			120 Yes	□ No
Did the foundation own more than 2% of any class of <b>If yes</b> , you must complete and attach Form T2081, Ex	shares of a corporation at any ti cess Corporate Holdings Works	me during the fiscal period heet for Private Foundatio	ns. Yes	∐ No
	Activities outside C	anada		Schedule 2
mportant: If you complete this section, you must answer yes to	question C4.			
For more information, go to canada.ca/charities-givi outside Canada.	ing and see Guidance CG-002	Canadian registered ch	arities carrying on a	ctivities
Total expenditures on activities/programs/projects car	ried on outside Canada, excludi	ng gifts to qualified donees	\$ . 200 \$	0
Were any of the charity's financial resources spent or arrangement including a contract, agency agreement (excluding gifts to qualified donees)?	, or joint venture to any other ind	ividual or organization	210 Yes	No
If yes, provide details of the amount reported in quest	ion 1 on line 200 that the charit	transferred to these indiv	iduals or organization	e in the following
	ion i on line 200, that the origing	transferred to these mark	iddais of organization	is in the following
table: Name of individual/organization	Country co	ode where the ere carried out	Amount (Show amounts to the	he nearest
table:	Country co	ode where the	Amount (	he nearest
table:	Country co activities w (see list at the	ode where the ere carried out	Amount (Show amounts to the	he nearest
table:  Name of individual/organization  Important: If you entered information in the table above, you mu	Country co activities w (see list at the o	ode where the ere carried out end of Schedule 2)	Amount (Show amounts to the Canadian do	the nearest
table: Name of individual/organization	Country co activities w (see list at the o	ode where the ere carried out end of Schedule 2)	Amount (Show amounts to the Canadian do	the nearest
Name of individual/organization  Important: If you entered information in the table above, you mu  Using the table below, enter the countries outside Car	Country co activities w (see list at the o set answer yes in line 210. nada where the charity itself car	ried on programs or devote	Amount (Show amounts to the Canadian do	the nearest oblian
Name of individual/organization  Important: If you entered information in the table above, you mu  3 Using the table below, enter the countries outside Car  ———————————————————————————————————	Country conditions activities we (see list at the conditions at the conditions are also as a second condition are a second condition are also as a second condition are a	ode where the ere carried out end of Schedule 2)  ried on programs or devote	Amount (Show amounts to the Canadian do	the nearest
Name of individual/organization  Important: If you entered information in the table above, you mu  3 Using the table below, enter the countries outside Car  4 Were any projects undertaken outside Canada funder  If yes, what was the total amount the charity spent under the	Country conditions we describe the conditions we activities we describe the conditions are also activities we describe the conditions are activities we describe the conditions are activities we describe the conditions are activities at the conditions are activities and activities we describe the conditions are activities at the conditions are activities we describe the conditions are activities and activities activities are activities and activities are activities and activities activities activities are activities and activities activities are activities and activities activities are activities activi	ried on programs or devote	Amount (Show amounts to the Canadian do seed any of its resource 220 Yes 230 \$	the nearest oblian
Name of individual/organization  Important: If you entered information in the table above, you mu  3 Using the table below, enter the countries outside Car  4 Were any projects undertaken outside Canada funder  If yes, what was the total amount the charity spent under the	Country conditions we describe the conditions we activities we describe the conditions are also activities we describe the conditions are activities we describe the conditions are activities we describe the conditions are activities at the conditions are activities and activities we describe the conditions are activities at the conditions are activities we describe the conditions are activities and activities activities are activities and activities are activities and activities activities activities are activities and activities activities are activities and activities activities are activities activi	ried on programs or devote	Amount (Show amounts to the Canadian do seed any of its resource 220 Yes 230 \$	the nearest oblian
Name of individual/organization  Important: If you entered information in the table above, you mu  3 Using the table below, enter the countries outside Car  ———————————————————————————————————	Country conditions we describe the country conditions we describe the country itself care and a where the charity itself care and by Global Affairs Canada?	ried on programs or devote	Amount (Show amounts to the Canadian do Ca	he nearest ollar
Name of individual/organization  Important: If you entered information in the table above, you mu  3 Using the table below, enter the countries outside Car  4 Were any projects undertaken outside Canada funder If yes, what was the total amount the charity spent under the countries outside of Canada  5 Were any of the charity's activities outside of Canada	Country contributions we (see list at the contribution of the country of the coun	ried on programs or devote charity?	Amount (Show amounts to the Canadian do Ca	s. No

Compensation	Schedule 3
Important: If you complete this section, you must answer yes to question C9.	
(a) Enter the <b>number</b> of permanent, full-time, compensated positions in the fiscal period. This number should represent the number of positions the charity had including both managerial positions and others, and should not include independent contractors. <b>Do not</b> enter a dollar amount.	300 45
(b) For the <b>ten (10)</b> highest compensated, permanent, full-time positions enter the <b>number of positions</b> that are within each of the following annual compensation categories. <b>Do not</b> tick the boxes; use numbers.	
<b>305</b> 3 \$1 - \$39,999 <b>310</b> 6 \$40,000 - \$79,999 <b>315</b> 1 \$80	0,000 – \$119,999
	00,000 – \$249,999
1230,000	50,000 and over
(a) Enter the <b>number</b> of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period.	37016
(b) Total expenditure on compensation for part-time or part-year employees in the fiscal period.	
3 Total expenditure on all compensation in the fiscal period.	
Confidential data	Schedule 4
Important: If you complete this section, you must answer yes to question C10.  The information in this schedule is for the CRA's use and may be shared as permitted by law (for example, with departments and agencies).	certain other government
Information about external fundraisers     Enter the name(s) and arm's length status of each external fundraiser.	
Name (confidential)	At arm's length? Yes/No (confidential)
	Communitary
2. Information about donors not resident in Canada	- idealia Ocazada enduara nat
Complete this schedule to report any gift of any kind valued at \$10,000 or more received from any donor that was <b>not</b> reany of the following:	esident in Canada and was <b>not</b>
a Canadian citizen, nor	16
employed in Canada, nor	
<ul> <li>carrying on business in Canada, nor</li> <li>a person having disposed of taxable Canadian property.</li> </ul>	
Enter the name of each donor and the value of the gift in the table below. Select whether the donor was an organization (entity, charity, non-profit organization), a government or an individual.	(for example a business, corporate
Type of donor (confidential)	
Name (confidential) Organization Government II	ndividual Value (CAN \$)
Non-cash gifts	Schedule 5
Important: If you complete this section, you must answer yes to question C11.	
Select all types of non-cash gifts received for which a tax receipt was issued:	
	led securities/ es/mutual funds
505 Building materials 530 Life insurance policies 555 Books	
510 Clothing/furniture/food 535 Medical equipment/ 560 Other supplies	
515 Vehicles 540 Privately-held securities 565 Specify:	
520 Cultural properties  545 Machinery/equipment/ computers/software	
2 Enter the total amount of tax-receipted non-cash gifts	580 \$

#### **Expenditures:**

Advertising and promotion		4800 \$	1,092
Travel and vehicle expenses		4810 \$	40,249
Interest and bank charges		4820 \$	59,089
Licences, memberships, and dues		4830 \$	1,550
Office supplies and expenses		4840 \$	31,010
Occupancy costs		4850 \$	256,971
Professional and consulting fees		4860 \$	39,674
Education and training for staff and volunteers		4870 \$	11,525
Total expenditure on all compensation (enter the amount reported at li	ne 390 in Schedule 3, if applicable)	4880 \$	1,497,886
Fair market value of all donated goods used in charitable activities		4890 \$	
Purchased supplies and assets		4891 \$	81,265
Amortization of capitalized assets		4900 \$	130,438
Research grants and scholarships as part of charitable activities	*	4910 \$	
All other expenditures not included in the amounts above (excluding g	ifts to qualified donees)	4920 \$	28,751
Specify type(s) of expenditures included in the amount reported at 492	20 4930 GST Expense		
Total expenditures before gifts to qualified donees (add lines 4800 to	4920)	4950 \$	2,179,500
Of the amounts at lines 4950:			
(a) Total expenditures on charitable activities	\$000 \$ 2,006,512		
(b) Total expenditures on management and administration			
(c) Total expenditures on fundraising			
(d) Total other expenditures included in line 4950			
Total amount of gifts made to all qualified donees		5050 \$	
Total expenditures (add lines 4950 and 5050)			2,179,500
Other financial information			
Permission to accumulate property:			
Only registered charities that have written permission to accumulate si	hould complete this section		
Enter the amount accumulated for the fiscal period, including incom		5500 \$	
Enter the amount disbursed for the fiscal period for the specified pu			
Permission to reduce disbursement quota:			
If the charity has received approval to make a reduction to its disburse	ment quota, enter the amount for the first		
period	ment quota, enter the amount for the fiscal	5750 \$	
Property not used in charitable activities:			
Enter the average value of property not used for charitable activities or	administration during:		
The 24 months before the <b>beginning</b> of the fiscal period		5900 \$	
The Oderson Health Country of the Co			