

Sent Sep 13/16

Registered Charity Information Return

Section A: Identification

- To help you fill out this form, refer to Guide T4033 (16), Completing the Registered Charity Information Return. It can be found at www.cra.gc.ca/E/pub/tg/t4033/.
The Privacy Act protects all personal information given on this form, which is kept in personal information bank CRA PPU 200. The Canada Revenue Agency (CRA) will make this form and all attachments available to the public on the Charities Directorate website, except for information or data identified as confidential.

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

If you did not receive a barcode label to attach to the return, complete the following:

1. Charity name:

The Cridge Centre for the Family

2. Return for fiscal period ending:

Year: 2016, Month: 03, Day: 31

3. BN/registration number:

10807 9419 RR 0001

4. Web address (if applicable):

A1 Was the charity in a subordinate position to a parent organization? 1510 Yes No

Name: BN (if applicable)

A2 Has the charity wound-up, dissolved, or terminated operations? 1570 Yes No

A3 Is your charity designated as a public foundation or private foundation? 1600 Yes No

If yes, you must complete Schedule 1, Foundations. Refer to Form TF725, Registered Charity Basic Information Sheet, to confirm the designation.

Section B: Directors/trustees and like officials

B1 All charities must complete Form T1235, Directors/Trustees and Like Officials Worksheet. Only the public information section of the worksheet is available to the public.

Section C: Programs and general information

C1 Was the charity active during the fiscal period? 1800 Yes No

C2 In the space below, describe all ongoing and new charitable programs the charity carried on this fiscal period to further its purpose(s) as defined in its governing documents.

Do not attach additional sheets of paper or annual reports.

Ongoing programs: We operate a 77 unit Assisted Living Senior Centre. We operate a 24/7 home for head injured men. We operate a Nursery, Day Care, Nature Preschool. School Age Care and a Summer Recreation Camp in our Child Care Centre.

New programs: Started a two bed Corrections contract.

Registered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other organizations described in the *Income Tax Act*.

C3 Did the charity make gifts or transfer funds to qualified donees or other organizations? **2000** Yes No
 If **yes**, you must complete Form T1236, *Qualified Donees Worksheet/Amounts Provided to Other Organizations*.

C4 Did the charity carry on, fund, or provide any resources through employees, volunteers, agents, joint ventures, contractors, or any other individuals, intermediaries, entities, or means (other than qualified donees) for any activity/program/project outside Canada? **2100** Yes No
 If **yes**, you must complete Schedule 2, *Activities Outside Canada*.

C5 Political Activities

A registered charity may pursue political activities only if the activities are non-partisan, related to its charitable purposes, and limited in extent. A political activity is any activity that explicitly communicates to the public that a law, policy or decision of any level of government inside or outside Canada should be retained, opposed, or changed.

(a) Did the charity carry on any political activities during the fiscal period, including making gifts to qualified donees that were intended for political activities? **2400** Yes No
 If **yes**, you must complete Schedule 7, *Political Activities*.

(b) Total amount spent by the charity on these political activities. **5030** \$ _____

(c) Of the amount at line 5030, the total amount of gifts made to qualified donees. **5031** \$ _____

(d) Total amount received from outside Canada that was directed to be spent on political activities. **5032** \$ _____
 If you entered an amount on line 5032 you must complete Schedule 7, *Political Activities*, Table 3.

C6 If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, tick all fundraising methods that it used during the fiscal period:

- | | | |
|---|--|--|
| 2500 <input checked="" type="checkbox"/> Advertisements/print/radio/TV commercials | 2570 <input type="checkbox"/> Sales | 2620 <input type="checkbox"/> Telephone/TV solicitations |
| 2510 <input type="checkbox"/> Auctions | 2575 <input type="checkbox"/> Internet | 2630 <input checked="" type="checkbox"/> Tournament/sporting events |
| 2530 <input checked="" type="checkbox"/> Collection plate/boxes | 2580 <input checked="" type="checkbox"/> Mail campaigns | 2640 <input type="checkbox"/> Cause-related marketing |
| 2540 <input type="checkbox"/> Door-to-door solicitation | 2590 <input type="checkbox"/> Planned-giving programs | 2650 <input checked="" type="checkbox"/> Other |
| 2550 <input type="checkbox"/> Draws/lotteries | 2600 <input type="checkbox"/> Targeted corporate donations/sponsorships | 2660 Specify: <u>Newsletters</u> |
| 2560 <input type="checkbox"/> Fundraising dinners/galas/concerts | 2610 <input checked="" type="checkbox"/> Targeted contacts | |

C7 Did the charity pay external fundraisers? **2700** Yes No
 If **yes**, you must complete the following lines, and complete Schedule 4, *Confidential Data*, Table 1.

(a) Enter the gross revenue collected by the fundraisers on behalf of the charity. **5450** \$ _____

(b) Enter the amounts paid to and/or retained by the fundraisers. **5460** \$ _____

(c) Tick the method of payment to the fundraiser:

- | | | |
|--|---|--|
| 2730 <input type="checkbox"/> Commissions | 2750 <input type="checkbox"/> Finder's fee | 2770 <input type="checkbox"/> Honoraria |
| 2740 <input type="checkbox"/> Bonuses | 2760 <input type="checkbox"/> Set fee for services | 2780 <input type="checkbox"/> Other |
| 2790 Specify: _____ | | |

(d) Did the fundraiser issue tax receipts on behalf of the charity? **2800** Yes No

C8 Did the charity compensate any of its directors/trustees or like officials or persons not at arm's length from the charity for services provided during the fiscal period (other than reimbursement for expenses)? **3200** Yes No

C9 Did the charity incur any expenses for compensation of employees during the fiscal period? **3400** Yes No
 If **yes**, you must complete Schedule 3, *Compensation*.

C10 Did the charity receive any donations or gifts of any kind valued at \$10,000 or more from any donor that was **not** resident in Canada and was **not** any of the following: **3900** Yes No

- a Canadian citizen, nor
- employed in Canada, nor
- carrying on a business in Canada, nor
- a person having disposed of taxable Canadian property?

If **yes**, you must complete Schedule 4, *Confidential Data*, Table 2, for each donation of \$10,000 or more.

The Cridge Centre for the Family

- C11** Did the charity receive any gifts in kind (non-cash gifts) for which it issued tax receipts? **4000** Yes No
If yes, you must complete Schedule 5, *Gifts in kind*.
- C12** Did the charity acquire a non-qualifying security? **5800** Yes No
- C13** Did the charity allow any of its donors to use any of its property? (except for permissible uses) **5810** Yes No
- C14** Did the charity issue any of its tax receipts for donations on behalf of another organization? **5820** Yes No
- C15** Did the charity have direct partnership holdings at any time during the fiscal period? **5830** Yes No

Section D: Financial information

Fill out either Section D or Schedule 6, *Detailed financial information*.

Skip this section if any of the following applies to the charity:

- (a) The charity's revenue exceeds \$100,000.
- (b) The amount of all property (for example, investments, rental properties) not used in charitable activities is more than \$25,000.
- (c) The charity has permission to accumulate funds during this fiscal period.

Compensation

Schedule 3

1 (a) Enter the **number** 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. **Do not** enter a dollar amount. **300** 38

(b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number of positions** that are within each of the following annual compensation categories. **Do not** tick the boxes, use numbers.

| | | |
|---|--|---|
| 305 <input type="checkbox"/> \$1 – \$39,999 | 310 <input type="checkbox"/> 9 \$40,000 – \$79,999 | 315 <input type="checkbox"/> 1 \$80,000 – \$119,999 |
| 320 <input type="checkbox"/> \$120,000 – \$159,999 | 325 <input type="checkbox"/> \$160,000 – \$199,999 | 330 <input type="checkbox"/> \$200,000 – \$249,999 |
| 335 <input type="checkbox"/> \$250,000 – \$299,999 | 340 <input type="checkbox"/> \$300,000 – \$349,999 | 345 <input type="checkbox"/> \$350,000 and over |

2 (a) Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period. **370** 59

(b) Total expenditure on compensation for part-time or part-year employees in the fiscal period. **380** \$ **2,054,498**

3 Total expenditure on all compensation in the fiscal period. **390** \$ **4,596,053**

Gifts in kind

Schedule 5

1 Tick all types of gifts in kind received for which a tax receipt was issued:

| | | |
|--|--|---|
| 500 <input checked="" type="checkbox"/> Artwork/wine/jewellery | 525 <input type="checkbox"/> Ecological properties | 550 <input checked="" type="checkbox"/> Publicly traded securities/ commodities/mutual funds |
| 505 <input type="checkbox"/> Building materials | 530 <input type="checkbox"/> Life insurance policies | 555 <input type="checkbox"/> Books |
| 510 <input checked="" type="checkbox"/> Clothing/furniture/food | 535 <input type="checkbox"/> Medical equipment/supplies | 560 <input type="checkbox"/> Other |
| 515 <input type="checkbox"/> Vehicles | 540 <input type="checkbox"/> Privately-held securities | 565 Specify: _____ |
| 520 <input type="checkbox"/> Cultural properties | 545 <input checked="" type="checkbox"/> Machinery/equipment/ computers/software | |

2 Enter the total amount of tax-receipted gifts in kind **580** \$ **49,285**

Fill out this schedule if any of the following applies to the charity:

- (a) The charity's revenue exceeds \$100,000.
- (b) The amount of all property (for example, investments, rental properties) not used in charitable activities is more than \$25,000.
- (c) The charity has permission to accumulate funds during this fiscal period.

Was the financial information reported below prepared on an accrual or cash basis? 4020 Accrual Cash

Statement of financial position

Show all amounts to the nearest single Canadian dollar. Do not enter "see attached financial statements." All relevant fields must be filled out.

Assets:

| | | | |
|--|-------------|-----------|-------------------|
| Cash, bank accounts, and short-term investments | 4100 | \$ | 952,661 |
| Amounts receivable from non-arm's length persons | 4110 | \$ | |
| Amounts receivable from all others | 4120 | \$ | 128,276 |
| Investments in non-arm's length persons | 4130 | \$ | |
| Long-term investments | 4140 | \$ | 2,996,891 |
| Inventories | 4150 | \$ | 1,331 |
| Land and buildings in Canada | 4155 | \$ | 19,988,496 |
| Other capital assets in Canada | 4160 | \$ | 1,653,974 |
| Capital assets outside Canada | 4165 | \$ | |
| Accumulated amortization of capital assets | 4166 | \$ | - 6,732,585 |
| Other assets | 4170 | \$ | 2,302,298 |
| 10 year gifts | 4180 | \$ | 295,560 |
| Total assets (add lines 4100 to 4170) | 4200 | \$ | 21,291,342 |

Liabilities:

| | | | |
|---|-------------|-----------|-------------------|
| Accounts payable and accrued liabilities | 4300 | \$ | 11,877,198 |
| Deferred revenue | 4310 | \$ | 3,462,172 |
| Amounts owing to non-arm's length persons | 4320 | \$ | |
| Other liabilities | 4330 | \$ | 286,803 |
| Total liabilities (add lines 4300 to 4330) | 4350 | \$ | 15,626,173 |

Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable activities 4250 \$

Statement of operations

Revenue:

| | | | |
|--|-------------|--|------------------|
| Total eligible amount of all gifts for which the charity issued tax receipts | 4500 | \$ | 167,937 |
| Total eligible amount of tax-receipted tuition fees | 5610 | \$ | |
| Total amount of 10 year gifts received | 4505 | \$ | |
| Total amount received from other registered charities | 4510 | \$ | 66,492 |
| Total other gifts received for which a tax receipt was not issued by the charity (excluding amounts at lines 4575 and 4630) | 4530 | \$ | 34,916 |
| Total revenue received from federal government | 4540 | \$ | 74,647 |
| Total revenue received from provincial/territorial governments | 4550 | \$ | 3,811,775 |
| Total revenue received from municipal/regional governments | 4560 | \$ | |
| Total tax-receipted revenue from all sources outside of Canada (government and non-government) | 4571 | \$ | |
| Total non tax-receipted revenue from all sources outside Canada (government and non-government) | 4575 | \$ | |
| Total interest and investment income received or earned | 4580 | \$ | 72,255 |
| Gross proceeds from disposition of assets | 4590 | \$ | |
| Net proceeds from disposition of assets (show a negative amount with brackets) | 4600 | \$ | |
| Gross income received from rental of land and/or buildings | 4610 | \$ | 2,375,367 |
| Total non tax-receipted revenues received for memberships, dues and association fees | 4620 | \$ | 1,650 |
| Total non tax-receipted revenue from fundraising | 4630 | \$ | 29,248 |
| Total revenue from sale of goods and services (except to any level of government in Canada) | 4640 | \$ | 1,364,862 |
| Other revenue not already included in the amounts above | 4650 | \$ | 454,649 |
| Specify type(s) of revenue included in the amount reported at 4650 | 4655 | Deferred & Miscellaneous Income | |
| Total revenue (add lines 4500, 4510 to 4560, 4575, 4580, and 4600 to 4650) | 4700 | \$ | 8,453,798 |

Expenditures:

| | | | |
|--|------|--|-----------|
| Advertising and promotion | 4800 | \$ | 42,912 |
| Travel and vehicle expenses | 4810 | \$ | 72,067 |
| Interest and bank charges | 4820 | \$ | 553,272 |
| Licences, memberships, and dues | 4830 | \$ | 14,013 |
| Office supplies and expenses | 4840 | \$ | 126,790 |
| Occupancy costs | 4850 | \$ | 918,129 |
| Professional and consulting fees | 4860 | \$ | 184,973 |
| Education and training for staff and volunteers | 4870 | \$ | 48,834 |
| Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable) | 4880 | \$ | 4,596,053 |
| Fair market value of all donated goods used in charitable activities | 4890 | \$ | 9,777 |
| Purchased supplies and assets | 4891 | \$ | 1,405,302 |
| Amortization of capitalized assets | 4900 | \$ | 543,173 |
| Research grants and scholarships as part of charitable activities | 4910 | \$ | |
| All other expenditures not included in the amounts above (excluding gifts to qualified donees) | 4920 | \$ | 13,044 |
| Specify type(s) of expenditures included in the amount reported at 4920 | 4930 | Returned grants & insurance premium | |
| Total expenditures before gifts to qualified donees (add lines 4800 to 4920) | 4950 | \$ | 8,528,339 |

Of the amounts at lines 4950 and 5031 (reported at C5 Political Activities (c)):

| | | | |
|--|-------------|-----------|------------------|
| (a) Total expenditures on charitable activities | 5000 | \$ | 7,596,013 |
| (b) Total expenditures on management and administration | 5010 | \$ | 848,980 |
| (c) Total expenditures on fundraising | 5020 | \$ | 73,301 |
| (d) Total expenditures on political activities, inside or outside Canada, from question C5 (b) | 5030 | \$ | |
| (e) Total other expenditures included in line 4950 | 5040 | \$ | 13,044 |
| Total amount of gifts made to all qualified donees | 5050 | \$ | 4,275 |
| Total expenditures (add lines 4950 and 5050) | 5100 | \$ | 8,532,614 |

Other financial information

Permission to accumulate property:

Only registered charities that have written permission to accumulate should complete this section.

| | | | |
|--|------|----|--|
| • Enter the amount accumulated for the fiscal period, including income earned on accumulated funds | 5500 | \$ | |
| • Enter the amount disbursed for the fiscal period for the specified purpose | 5510 | \$ | |

Permission to reduce disbursement quota:

If the charity has received approval to make a reduction to its disbursement quota, enter the amount for the fiscal period

| | | |
|------|----|--|
| 5750 | \$ | |
|------|----|--|

Property not used in charitable activities:

Enter the value of property not used for charitable activities or administration during:

| | | | |
|--|------|----|-----------|
| • The 24 months before the beginning of the fiscal period | 5900 | \$ | 5,267,360 |
| • The 24 months before the end of the fiscal period | 5910 | \$ | 5,227,587 |



The Cridge Centre for the Family

23 2016-03-31 10807 9419 RR 0001 0299198

You must return this sheet with your information return as it is an integral part of your return. When you sign your *Registered Charity Information Return*, you are also confirming the information on this sheet.

- This basic information sheet contains information that we have on file for the charity.
- For your convenience, you may make changes to the information on this form where a box is provided.
- To make changes to any other information, you must send us a written request with appropriate documentation.

Designation: Charitable Organization Fiscal period end: 03-31 Registration date: 1967-01-01 BN/registration number: 10807 9419 RR 0001

Telephone number:
(250) 384-8058

Fax number:
(250) 384-5267

Email address:
LZWICK@CRIDGE.ORG

Web site address:
WWW.CRIDGE.ORG

Public contact name or position:
SHELLEY MORRIS

Names the charity is known by other than its registered name:

| |
|---|
| Telephone number |
| Fax number |
| Email address: |
| Web site address: |
| Public contact name or position: |
| Names the charity is known by other than its registered name: |

Program areas:

The three primary areas in which the charity is now carrying on programs to achieve its charitable purposes are listed below. The program areas are ranked according to the percentage of time and resources devoted to each program area. (See the guide for a description of programs and field codes.)

| Rank | Description | Field code | % of emphasis |
|------|---|------------|---------------|
| 1 | Housing for seniors, low-income, & those with | A1 | 45 |
| 2 | Day care/after-school care | H9 | 15 |
| 3 | Emergency shelter | A10 | 10 |

Program areas:

If the charity's primary areas of activity for the fiscal period ending 2016-03-31 were different from those for the previous fiscal period, correct the information in the box below. (See the guide for a description of programs and field codes.)

| Rank | Description | Field code | % of emphasis |
|------|-------------|------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

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 m 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: 11

| | | | | | | | | | | | | |
|---------------------------------|---------------------------------------|----------------------------|---|---|---|---|---|--------------------|-------------------|---|---|---|
| Public Information | | | | | | | | | | | | |
| Last name: Cridge | | First name: Michael | | | | | | Initial: E. | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 3 | 0 | 9 | 2 | 3 | End date (Y/M/D): | | | |
| Position: Treasurer | At arm's length with other Directors? | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Last name: Dorrington | | First name: Claudia | | | | | | Initial: J. | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 0 | 0 | 9 | 3 | 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: Ellis | | First name: Lynne | | | | | | Initial: A. | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 5 | 0 | 9 | 2 | 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: Fuller | | First name: Valerie | | | | | | Initial: M. | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 0 | 0 | 9 | 3 | 0 | End date (Y/M/D): | | | |
| Position: President | At arm's length with other Directors? | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Last name: McNabb | | First name: Harold | | | | | | Initial: A. | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 1 | 0 | 0 | 3 | 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: Parton | | First name: Louise | | | | | | Initial: | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 3 | 0 | 9 | 1 | 3 | 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: Phillips | | First name: Delmar | | | | | | Initial: | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 1 | 0 | 0 | 3 | 0 | End date (Y/M/D): | | | |
| Position: Vice-President | At arm's length with other Directors? | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Last name: Politano | | First name: Jo | | | | | | Initial: | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 2 | 1 | 2 | 1 | 3 | End date (Y/M/D): | 2 | 0 | 1 |
| Position: Director | At arm's length with other Directors? | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Last name: Pryor | | First name: Hilary | | | | | | Initial: | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 3 | 0 | 9 | 2 | 3 | End date (Y/M/D): | | | |
| Position: Director | At arm's length with other Directors? | | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

The Cridge Centre for the Family

| | | | | | | | | | | | | | | | | | |
|----------------------------|---------------------------------------|------------------------------|---|---|---|---|---|---|-------------------|---|-------------------------------------|--------------------------|---|---|---|---|---|
| Last name: Rand | | First name: David | | | | | | | | | | Initial: A. | | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 4 | 0 | 9 | 2 | 2 | End date (Y/M/D): | | | | | | | | |
| Position: Director | At arm's length with other Directors? | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Last name: Smyth | | First name: Rosemary | | | | | | | | | | Initial: A. | | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 0 | 9 | 0 | 9 | 2 | 1 | End date (Y/M/D): | 2 | 0 | 1 | 5 | 0 | 9 | 2 | 1 |
| Position: Director | At arm's length with other Directors? | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Last name: Spray | | First name: Mary Jane | | | | | | | | | | Initial: | | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 2 | 0 | 9 | 1 | 0 | End date (Y/M/D): | | | | | | | | |
| Position: Secretary | At arm's length with other Directors? | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |
| Last name: Zanon | | First name: Tony | | | | | | | | | | Initial: | | | | | |
| Term ▶ Start date (Y/M/D): | 2 | 0 | 1 | 5 | 0 | 9 | 2 | 1 | End date (Y/M/D): | | | | | | | | |
| Position: Director | At arm's length with other Directors? | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | |

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.

Total number of qualified donees/other organizations: 4

| | | |
|---|---|---|
| Name of organization: Camosun College Foundation | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 118826502 RR 0001 | City and Prov/Terr: Victoria BC | |
| Amount of gifts in kind \$ | Total amount of gifts \$ 3,500.00 | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ | | |
| | | |
| Name of organization: Greater Victoria Coalition to End Homelessness | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 842615221 RR 0001 | City and Prov/Terr: Victoria BC | |
| Amount of gifts in kind \$ | Total amount of gifts \$ 25.00 | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ | | |
| | | |
| Name of organization: Leading Influence Society | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 856565767 RR 0001 | City and Prov/Terr: Victoria BC | |
| Amount of gifts in kind \$ | Total amount of gifts \$ 500.00 | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ | | |
| | | |
| Name of organization: St. John Ambulance Society for Canada | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 858754138 RR 0001 | City and Prov/Terr: Gloucester ON | |
| Amount of gifts in kind \$ | Total amount of gifts \$ 250.00 | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ | | |
| | | |
| 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 \$ | Total amount of gifts \$ | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ | | |
| | | |
| 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 \$ | Total amount of gifts \$ | |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ | | |
| | | |

The Cridge Centre for the Family
At March 31, 2016

Note 1: Included in line 4500, 4510, and 4530 are spent capital campaign donations of \$ 10,939 used to pay for part of a kitchen renovation. These donations have not been included in revenue, but put to deferred revenue. It will come into the statements over 5 years, as income as per the rules of the Canadian Institute of Chartered Accountants.