



Registered Charity Information Return

Section A: Identification

- 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:

The Cridge Centre for the Family

2. Return for fiscal period ending:

| Year | Month | Day |
|------|-------|-----|
| 2025 | 03 | 31 |

3. BN/registration number:

108079419 R R 0001

4. Web address (if applicable):

www.cridge.org

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 ☒ No

A3 Is the charity designated as a public foundation or private foundation? **1600** ☐ Yes ☒ No

If **yes**, you **must** complete Schedule 1, Foundations. To confirm the charity's designation, go to canada.ca/charities-list and refer to the charity's detail page.

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.

For charities subject to the Ontario Corporations Act.

As of May 15, 2021, the Canada Revenue Agency no longer collects this information on behalf of the Ontario Ministry of Government and Consumer Services. For more information on filing an Ontario annual information return, visit ontario.ca/businessregistry.

Note: If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to canada.ca/charities-giving, select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Section C: Programs and general information

C1 Was the charity active during the fiscal period? **1800** ☒ Yes ☐ No
If **no**, explain why in the "Ongoing programs" space below at C2.

C2 Describe all **ongoing** and **new** charitable programs during this fiscal period that furthered the charity's purpose(s) (as defined in its governing documents). "Programs" includes:

(1) charitable activities that the charity carries out on its own through employees, volunteers, or intermediaries, and

(2) qualifying disbursements that the charity makes through gifts to qualified donees or grants to non-qualified donees (grantees).

Charities making qualifying disbursements should describe the types of organizations they support. The charity may also use this space to describe the contributions of its volunteers in carrying out its activities, for example, number of volunteers and/or hours.

Do not include the names of employees or volunteers.

Do not describe fundraising activities in this space.

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 brain injured men. We operate a Nursery, Day Care, Nature Preschool, School Age Care and a Summer Recreation Camp in our Child Care Centre. We provide support & services to young parents in the community. We run a transition house for women & children leaving abusive situations. We operate a two bed Corrections contract. We provide low-cost rental units for older women, adults with children and refugees. We provide services & counseling to our tenants, especially women & children who left abusive situations. We provide case management & community support for brain injury survivors living on their own and to FASD and Autism adults. We maintain a database for respite providers in the Greater Victoria area that parents can access. We run Respite Program that provides free hotel rooms or a dinner out for parents who have a child with a disability so they can have a break.

| |
|--------------|
| New programs |
| |
| |
| |
| |

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, excluding grants to non-qualified donees? **2000** ☒ Yes ☐ No

Important: 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 (excluding qualifying disbursements) for any activity/program/project outside Canada? **2100** ☐ Yes ☒ No

Important: If **yes**, you **must** complete Schedule 2, Activities outside Canada.

C5 Public policy dialogue and development activities

This question has been removed.

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

2500 ☒ Advertisements/print/radio/TV commercials

2570 ☐ Sales

2620 ☐ Telephone/TV solicitations

2510 ☐ Auctions

2575 ☒ Internet

2630 ☐ Tournament/sporting events

2530 ☐ Collection plate/boxes

2580 ☒ Mail campaigns

2640 ☐ Cause-related marketing

2540 ☐ Door-to-door solicitation

2590 ☒ Planned-giving programs

2650 ☒ Other

2550 ☐ Draws/lotteries

2600 ☒ Targeted corporate donations/sponsorships

2660 Specify: **Newsletters**

2560 ☐ Fundraising dinners/galas/concerts

2610 ☒ 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) Select the method of payment to the fundraiser:

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 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

Important: 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?

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

C11 Did the charity receive any non-cash gifts for which it issued tax receipts? **4000** ☒ Yes ☐ No

Important: If **yes**, you **must** complete Schedule 5, Non-cash gifts.

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

Registered charities may make grants to non-qualified donees (grantees) as described in the Income Tax Act.

C16 Did the charity make qualifying disbursements by way of grants to non-qualified donees (grantees) in the fiscal period? **5840** ☐ Yes ☒ No
 If **yes**, you **must** complete lines 5841, 5842 and 5843.

Did the charity make grants to any grantees totalling more than \$5,000 in the fiscal period? **5841** ☐ Yes ☐ No
 If **yes**, you **must** complete Form T1441, Qualifying Disbursements: Grants to Non-Qualified Donees (Grantees).

Enter the number of grantees that received grants totalling \$5,000 or less in the fiscal period **5842** _____

Enter the total amount paid to grantees that received grants totalling \$5,000 or less in the fiscal period **5843** \$ _____

C17 In the 24 months before the beginning of the fiscal period, did the average value of your charity's property (cash, investments, capital property or other assets) not used directly in its charitable activities or administration:
 (a) exceed \$100,000, if the charity is designated as a charitable organization; or
 (b) exceed \$25,000, if the charity is designated as a public or private foundation? **5850** ☒ Yes ☐ No
 If **yes**, you **must** complete Schedule 8 – Disbursement quota

C18 Did the charity hold any donor advised funds (DAF) during the fiscal period? **5860** ☐ Yes ☒ No
 If **yes**, provide the following:

(a) Total number of accounts held at the end of the fiscal period **5861** _____

(b) Total value of all accounts held at the end of the fiscal period **5862** \$ _____

(c) Total value of donations to DAF accounts received during the fiscal period **5863** \$ _____

(d) Total value of qualifying disbursements from DAFs during the fiscal period **5864** \$ _____

Important: If you complete this section, you **must** answer **yes** to question C9.

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** **75**

(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.

| | | |
|--|--|---|
| 330 <input type="checkbox"/> \$1 – \$39,999 | 330 <input type="checkbox"/> \$40,000 – \$79,999 | 330 <input type="checkbox"/> 8 \$80,000 – \$119,999 |
| 330 <input type="checkbox"/> 1 \$120,000 – \$159,999 | 325 <input type="checkbox"/> 1 \$160,000 – \$199,999 | 330 <input type="checkbox"/> \$200,000 – \$249,999 |
| 535 <input type="checkbox"/> \$250,000 – \$299,999 | 340 <input type="checkbox"/> \$300,000 – \$349,999 | 345 <input type="checkbox"/> \$350,000 and over |

3 (a) Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period. **370** **46**

(b) Total expenditure on compensation for part-time or part year employees in the fiscal period. **330** \$ **2,204,470**

3 Total expenditure on all compensation in the fiscal period. **390** \$ **8,914,081**

Detailed financial information

Schedule 6

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

- (a) The charity's revenue exceeded \$100,000.
 (b) The amount of all property (for example, investments, rental properties) not used in charitable activities was more than \$25,000.
 (c) The charity had 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 | \$ | 898,535 |
| Cash and bank accounts | 4101 | \$ | 598,535 |
| Short-term investments | 4102 | \$ | 300,000 |
| Amounts receivable from non-arm's length persons | 4110 | \$ | |
| Amounts receivable from all others | 4120 | \$ | 330,590 |
| Investments in non-arm's length persons | 4130 | \$ | |
| Long-term investments | 4140 | \$ | 4,471,650 |
| Inventories | 4150 | \$ | 827 |
| Land and buildings in Canada | 4155 | \$ | 21,817,797 |
| Used for charitable programs or administration | 4157 | \$ | 21,817,797 |
| Used for other purposes | 4158 | \$ | |
| Other capital assets in Canada | 4160 | \$ | 2,084,788 |
| Capital assets outside Canada | 4165 | \$ | |
| Accumulated amortization of capital assets | 4166 | \$ | - 12,883,607 |
| Other assets | 4170 | \$ | 4,945,642 |
| Impact investments | 4190 | \$ | |
| Total assets (add lines 4100, 4110 to 4155, and 4160 to 4170) | 4200 | \$ | 21,666,222 |

Liabilities:

| | | | |
|---|-------------|-----------|-------------------|
| Accounts payable and accrued liabilities | 4300 | \$ | 4,271,784 |
| Deferred revenue | 4310 | \$ | 1,788,106 |
| Amounts owing to non-arm's length persons | 4320 | \$ | |
| Other liabilities | 4330 | \$ | 6,796,298 |
| Total liabilities (add lines 4300 to 4330) | 4350 | \$ | 12,856,188 |

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 has issued or will issue tax receipts | 4500 | \$ | 721,362 |
| Total eligible amount of tax-receipted tuition fees | 5610 | \$ | |
| Total amount received from other registered charities | 4510 | \$ | 220,647 |
| Total other gifts received for which a tax receipt was not issued by the charity (excluding amounts at lines 4575 and 4630) | 4530 | \$ | 34,064 |
| Total revenue received from federal government | 4540 | \$ | 78,389 |
| Total revenue received from provincial/territorial governments | 4550 | \$ | 8,853,082 |
| 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 | \$ | 24,000 |
| Total interest and investment income from impact investments | 4576 | \$ | |
| Total interest and investment income from persons not at arm's length | 4577 | \$ | |
| Total interest and investment income received or earned | 4580 | \$ | 819,387 |
| Gross proceeds from disposition of assets | 4590 | \$ | 6,500 |
| Net proceeds from disposition of assets (show a negative amount with brackets) | 4600 | \$ | (25,417) |
| Gross income received from rental of land and/or buildings | 4610 | \$ | 2,725,352 |
| Total non tax-receipted revenues received for memberships, dues and association fees | 4620 | \$ | 2,050 |
| Total non tax-receipted revenue from fundraising | 4630 | \$ | 78,081 |
| Total revenue from sale of goods and services (except to any level of government in Canada) | 4640 | \$ | 721,108 |
| Other revenue not already included in the amounts above | 4650 | \$ | 611,704 |
| Specify type(s) of revenue included in the amount reported at 4650 | 4655 | | |
| Total revenue (add lines 4500, 4510 to 4560, 4575, 4580, and 4600 to 4650) | 4700 | \$ | 14,863,809 |

Expenditures:

| | | | |
|--|------|-------------------|------------|
| Advertising and promotion | 4800 | \$ | 38,019 |
| Travel and vehicle expenses | 4810 | \$ | 86,951 |
| Interest and bank charges | 4820 | \$ | 216,136 |
| Licences, memberships, and dues | 4830 | \$ | 22,936 |
| Office supplies and expenses | 4840 | \$ | 350,902 |
| Occupancy costs | 4850 | \$ | 1,342,778 |
| Professional and consulting fees | 4860 | \$ | 192,238 |
| Education and training for staff and volunteers | 4870 | \$ | 60,226 |
| Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable) | 4880 | \$ | 8,914,081 |
| Fair market value of all donated goods used in charity's own activities | 4890 | \$ | |
| Purchased supplies and assets | 4891 | \$ | 2,321,674 |
| Amortization of capitalized assets | 4900 | \$ | 741,306 |
| Research grants and scholarships as part of charity's own activities | 4910 | \$ | |
| All other expenditures not included in the amounts above (excluding qualifying disbursements) | 4920 | \$ | 600 |
| Specify type(s) of expenditures included in the amount reported at 4920 | 4930 | Insurance premium | |
| Total expenditures before qualifying disbursements (add lines 4800 to 4920) | 4950 | \$ | 14,287,847 |

Of the amounts at lines 4950:

| | | | |
|---|------|----|------------|
| (a) Total expenditures on charitable activities | 5000 | \$ | 12,493,681 |
| (b) Total expenditures on management and administration | 5010 | \$ | 1,703,633 |
| (c) Total expenditures on fundraising | 5020 | \$ | 89,933 |
| (d) Total other expenditures included in line 4950 | 5040 | \$ | 600 |

| | | | |
|--|------|----|------------|
| Total amount of grants made to all non-qualified donees (grantees) | 5045 | \$ | |
| Total amount of gifts made to all qualified donees | 5050 | \$ | 30,000 |
| Total expenditures (add lines 4950, 5045 and 5050) | 5100 | \$ | 14,317,847 |

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

| | | | |
|--|------|----|-----------|
| • The 24 months before the beginning of the fiscal period | 5900 | \$ | 7,422,950 |
| • The 24 months before the end of the fiscal period | 5910 | \$ | 8,074,527 |

Disbursement quota

Schedule 8

Important: If you complete this section, you must answer **yes** to question C17.

For more information, go to Canada.ca/charities-disbursement-quota.

Step 1. Calculating the disbursement quota requirement for the current fiscal period

| | | | |
|---|-----|----|-----------|
| Average value of property not used in charitable activities or administration (line 5900 from your return) | 805 | \$ | 7,422,950 |
| If permission to accumulate property has been granted, enter the total amount accumulated less all disbursements made for the specified purpose (add all amounts from lines 5500 minus all amounts at lines 5510 from all returns to date covered by the permission to accumulate property period) | 810 | \$ | 0 |
| Line 805 minus line 810 (if negative, enter 0) | 815 | \$ | 7,422,950 |

If line 815 is \$1,000,000 or less

Multiply line 815 by 3.5% 820 \$

If line 815 is over \$1,000,000

| | | | |
|----------------------------|-----|----|-----------|
| Line 815 minus \$1,000,000 | 825 | \$ | 6,422,950 |
| Line 825 multiplied by 5% | 830 | \$ | 321,147 |
| Line 830 plus \$35,000 | 835 | \$ | 356,147 |

| | | | |
|---|-----|----|-------------|
| Enter the amount from line 820 or line 835. This is your charity's disbursement quota requirement for the current fiscal period | 840 | \$ | 356,147 |
| Total expenditures on charitable activities (line 5000 of your return) | 845 | \$ | 123,493,681 |
| Total amount of grants made to non-qualified donees (line 5045 of your return) | 850 | \$ | 0 |
| Total amount of gifts made to qualified donees (line 5050 of your return) | 855 | \$ | 30,000 |
| Add lines 845 to line 855 | 860 | \$ | 12,523,680 |
| Line 860 minus line 840. This is your charity's disbursement quota excess or shortfall for the current fiscal period | 865 | \$ | 12,167,533 |

If a shortfall exists (line 865 is negative), your charity can draw on disbursement excesses from the five previous fiscal periods to help it meet its shortfall. If no excesses are available to draw on, your charity can try to spend enough the following year to create an excess that it can carry back to cover the shortfall.

Step 2. Estimating the disbursement quota requirement for the next fiscal period

| | | | |
|--|-----|----|-----------|
| Average value of property not used in charitable activities or administration prior to the next fiscal period (line 5910 from your return) | 870 | \$ | 8,074,527 |
|--|-----|----|-----------|

If line 870 is \$1,000,000 or less

Multiply line 870 by 3.5% 875 \$ 0

If line 870 is over \$1,000,000

| | | | |
|----------------------------|-----|----|-----------|
| Line 870 minus \$1,000,000 | 880 | \$ | 7,074,527 |
| Line 880 multiplied by 5% | 885 | \$ | 353,726 |
| Line 885 plus \$35,000 | 890 | \$ | 388,726 |

The amount shown at line 875 or line 890 is your charity's estimated disbursement quota requirement for the next fiscal period.



Directors/Trustees and Like Officials Worksheet

Protected B when completed

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:

11

Charity name:

The Cridge Centre for the Family

Business number:

108079419 R R 0001

Return for fiscal period ending (YYYY/MM/DD):

2 0 2 5 0 3 3 1

Note: If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to canada.ca/charities-giving, select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information

| | | |
|--|---------------------------------------|---|
| Last name: Abrahams | First name: Kristy | Initial: |
| Term ▶ Start date (Y/M/D): 2 0 2 4 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 |
| Last name: Cridge | First name: Michael | Initial: E. |
| Term ▶ Start date (Y/M/D): 2 0 2 1 0 9 2 8 | 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 2 4 0 9 2 3 | End date (Y/M/D): | |
| Position: Secretary | At arm's length with other Directors? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Last name: Farinu | First name: Iheoma | Initial: J. |
| Term ▶ Start date (Y/M/D): 2 0 2 3 0 9 2 5 | 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 2 4 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 |
| Last name: Mann | First name: Gerald | Initial: A. |
| Term ▶ Start date (Y/M/D): 2 0 1 9 1 1 0 4 | 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: Ou | First name: Beiyan | Initial: |
| Term ▶ Start date (Y/M/D): 2 0 2 1 0 9 2 8 | 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: Carol | Initial: L. |
| Term ▶ Start date (Y/M/D): 2 0 2 0 0 9 2 8 | 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: Peters | First name: Kenneth | Initial: M. |
| Term ▶ Start date (Y/M/D): 2 0 1 9 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: Phillips | | First name: Robert | | Initial: D. | | | | | | | | | | | | | | | |
| Term ► Start date (Y/M/D): | | 2 | 0 | 1 | 9 | 0 | 9 | 3 | 0 | End date (Y/M/D): | | 2 | 0 | 2 | 4 | 1 | 0 | 0 | 7 |
| Position: Director | | At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Last name: Spray | | First name: Mary Jane | | Initial: | | | | | | | | | | | | | | | |
| Term ► Start date (Y/M/D): | | 2 | 0 | 1 | 9 | 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: Wellman | | First name: Ann | | Initial: E. | | | | | | | | | | | | | | | |
| Term ► Start date (Y/M/D): | | 2 | 0 | 1 | 8 | 0 | 9 | 1 | 7 | End date (Y/M/D): | | 2 | 0 | 2 | 4 | 1 | 0 | 0 | 7 |
| Position: President | | At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| Last name: Zanon | | First name: Janet | | Initial: | | | | | | | | | | | | | | | |
| Term ► Start date (Y/M/D): | | 2 | 0 | 2 | 3 | 0 | 9 | 2 | 5 | End date (Y/M/D): | | | | | | | | | |
| Position: Director | | At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |

See the privacy notice on your return.



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.

Important: If you submit this form, you **must** answer **Yes** to question C3 in Form T3010 Charities information return for the same fiscal period.

| | |
|--|---|
| Charity name: The Cridge Centre for the Family | BN: (9 digits, 2 letters, 4 digits. Example: 123456789RR0001) 108079419RR0001 |
|--|---|

Return for fiscal period ending: Year Month Day
 2 **0** **2** **5** **0** **3** **1**

Total number of qualified donees/other organizations: **4**

| | | | |
|--|--|---------------------------|---|
| Name of organization: Burnside Gorge Community Association | | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 135261972 RR 0001 | City and Prov/Terr: Victoria BC | Country: Canada | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ 5,000.00 | | |
| | | | |
| Name of organization: Church of our Lord | | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 800868820 RR 0001 | City and Prov/Terr: Victoria BC | Country: Canada | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ 10,000.00 | | |
| | | | |
| Name of organization: Cornerstone Youth Society | | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 885573139 RR 0001 | City and Prov/Terr: Victoria BC | Country: Canada | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ 10,000.00 | | |
| | | | |
| Name of organization: Victoria Alliance Church | | | Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/Registration number: 137529764 RR 0001 | City and Prov/Terr: Victoria BC | Country: Canada | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ 5,000.00 | | |
| | | | |
| Name of organization: | | | Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/Registration number: RR | City and Prov/Terr: | Country: | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ | | |
| | | | |
| Name of organization: | | | Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/Registration number: RR | City and Prov/Terr: | Country: | |
| Amount of non-cash gifts \$ | Total amount of gifts \$ | | |
| | | | |

See the privacy notice on your return.