



Registered Charity Information Return

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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: Double Bay Sanctuary Foundation

2. Return for fiscal period ending: 2 | 0 | 2 | 2 | 1 | 2 | 3 | 1

3. BN/registration number: 726219330RR0001

4. Web address (if applicable): _____

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) |
| | R |

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 the charity carried on during this fiscal period to further its purpose(s) (as defined in its governing documents). "Programs" includes all of the charitable activities that the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. 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. Grant-making charities should describe the types of organizations they support. **Do not** describe fundraising activities in this space.

Do not attach additional sheets of paper or annual reports.

Ongoing programs

To construct, provide, maintain, lease, own, and manage one or more sanctuary facilities in and around Double Bay, Hanson Island, BC dedicated to, and equipped for, a seaside sanctuary to care for and rehabilitate whales, dolphins, and porpoises

Advance the public's understanding of healthy oceans and the impact of captivity upon whales, dolphins, and porpoises as well as the environmental consequences of overfishing and open net salmon fish farms

Advance education and to promote conservation by conducting, commissioning and disseminating research related to marine life and ocean ecosystems

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? 2000 [] Yes [x] 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 (other than qualified donees) for any activity/program/project outside Canada? 2100 [] Yes [x] 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
2510 [] Auctions
2530 [] Collection plate/boxes
2540 [] Door-to-door solicitation
2550 [] Draws/lotteries
2560 [] Fundraising dinners/galas/concerts
2570 [] Sales
2575 [x] Internet
2580 [] Mail campaigns
2590 [] Planned-giving programs
2600 [] Targeted corporate donations/ sponsorships
2610 [] Targeted contacts
2620 [] Telephone/TV solicitations
2630 [] Tournament/sporting events
2640 [] Cause-related marketing
2650 [] Other
2660 Specify: _____

C7 Did the charity pay external fundraisers? 2700 [] Yes [x] 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
2740 [] Bonuses
2750 [] Finder's fee
2760 [] Set fee for services
2770 [] Honoraria
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 [x] No

C9 Did the charity incur any expenses for compensation of employees during the fiscal period? 3400 [] Yes [x] 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 [x] 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.

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- 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

Section D: Financial information

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

If **any** of the following applies to the charity, complete Schedule 6 instead of Section D:
 (a) The charity's revenue exceeds \$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.

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

D1 Was the financial information reported below prepared on an accrual or cash basis? **4020** Accrual Cash

D2 Summary of financial position:

Using the charity's own financial statements, enter the following:

Did the charity own land and/or buildings? **4050** Yes No
 Total assets (including land and buildings) **4200** \$ 505
 Total liabilities **4350** \$ 500
 Did the charity borrow from, loan to, or invest assets with any non-arm's length persons? **4400** Yes No

D3 Revenue:

Did the charity issue tax receipts for gifts? **4490** Yes No
 If **yes**, enter the total eligible amount of all gifts for which the charity has issued or will issue tax receipts **4500** \$
 Total amount of 10 year gifts received **4505** \$
 Total amount received from other registered charities **4510** \$
 Total other gifts received for which a tax receipt was **not** issued by the charity
 (excluding amounts at lines 4575 and 4630) **4530** \$ 1,060
 Did the charity receive any revenue from any level of government in Canada? **4565** Yes No
 If **yes**, total amount received **4570** \$
 Total tax-receipted revenue from all sources outside of Canada
 (government and non-government) **4571** \$
 Total non tax-receipted revenue from all sources outside of Canada (government and non-government) **4575** \$
 Total non tax-receipted revenue from fundraising **4630** \$
 Total revenue from sale of goods and services (except to any level of government in Canada) **4640** \$
 Other revenue not already included in the amounts above **4650** \$
 Total revenue (add lines 4500, 4510 to 4570, and 4575 to 4650) **4700** \$ 1,060

D4 Expenditures:

Professional and consulting fees **4860** \$ 525
 Travel and vehicle expenses **4810** \$
 All other expenditures not already included in the amounts above (excluding gifts to qualified donees) **4920** \$ 31
 Total expenditures (excluding gifts to qualified donees) (add lines 4860, 4810, and 4920). **4950** \$ 556
 Of the amount at line 4950:
 (a) Total expenditures on charitable activities **5000** \$
 (b) Total expenditures on management and administration **5010** \$
 Total amount of gifts made to all qualified donees **5050** \$
 Total expenditures (add lines 4950 and 5050) **5100** \$ 556

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.

I certify that the information given on this annual return and any attachment is, to the best of my knowledge, correct, complete, and current.

| | | |
|---|------|--------------------------------|
| Name (print) Michael Reppy | | Signature |
| Position in charity Director/Board Chair | Date | Phone number (415) 686-0529 |

Section F: Confidential data

F1 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 records |
|---------------------------------------|---------------------------------|---|
| Complete street address | 102 - 222 Second Avenue West | 1800 - 510 Georgia St SW |
| City | Qualicum Beach | Vancouver |
| Province or territory and postal code | BC V9K0A4 | BC V6B0M3 |

F2 Name and address of individual who completed this return.

Name
Cory McIntosh, CPA, CGA, CAFM, CFP

Company name (if applicable)
McIntosh Norton Williams

Complete street address
102 - 222 2nd Avenue West

City, province or territory, and postal code
Qualicum Beach BC V9K 0A4

Phone number
(250) 752-6996

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

Foundations **Schedule 1**

- 1 Did the foundation acquire control of a corporation? **100** Yes No
- 2 Did the foundation incur any debts other than for current operating expenses, purchasing or selling investments, or in administering charitable activities? **110** Yes No
- For private foundations only:**
- 3 Did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? **120** Yes No
- 4 Did the foundation own more than 2% of any class of shares of a corporation at any time during the fiscal period? **130** Yes No
If yes, you must complete and attach Form T2081, Excess Corporate Holdings Worksheet for Private Foundations.

Activities outside Canada **Schedule 2**

Important: If you complete this section, you must answer yes to question C4.

For more information, go to canada.ca/charities-giving and see Guidance CG-002, Canadian registered charities carrying on activities outside Canada.

- 1 Total expenditures on activities/programs/projects carried on outside Canada, excluding gifts to qualified donees . **200** \$ _____ 0
- 2 Were any of the charity's financial resources spent on programs outside of Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or organization (excluding gifts to qualified donees)? **210** Yes No

If yes, provide details of the amount reported in question 1 on line 200, that the charity transferred to these individuals or organizations in the following table:

| Name of individual/organization | Country code where the activities were carried out (see list at the end of Schedule 2) | Amount (\$) Show amounts to the nearest Canadian dollar |
|---------------------------------|--|--|
| | | |

Important: If you entered information in the table above, you must answer yes in line 210.

- 3 Using the table below, enter the countries outside Canada where the charity itself carried on programs or devoted any of its resources.

- 4 Were any projects undertaken outside Canada funded by Global Affairs Canada? **220** Yes No
If yes, what was the total amount the charity spent under this arrangement? **230** \$ _____

- 5 Were any of the charity's activities outside of Canada carried out by employees of the charity? **240** Yes No

- 6 Were any of the charity's activities outside of Canada carried out by volunteers of the charity? **250** Yes No

- 7 Did the charity export goods as part of its charitable activities? **260** Yes No
If yes, list the items exported, their destination, the country code, and their value

| Item exported | Destination (city/region) | Country code | Value (CAN \$) |
|---------------|---------------------------|--------------|----------------|
| | | | |

Country codes

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| | | | |
|---------------------------------|---------------------------------|--------------------|--------------------------------|
| AF-Afghanistan | CU-Cuba | KP-North Korea | RO-Romania |
| AL-Albania | CY-Cyprus | KR-South Korea | RU-Russia |
| DZ-Algeria | DK-Denmark | KW-Kuwait | RW-Rwanda |
| AO-Angola | DO-Dominican Republic | KG-Kyrgyzstan | SA-Saudi Arabia |
| AR-Argentina | EC-Ecuador | LA-Laos | RS-Serbia |
| AM-Armenia | EG-Egypt | LB-Lebanon | SL-Sierra Leone |
| AZ-Azerbaijan | SV-El Salvador | LR-Liberia | SG-Singapore |
| BD-Bangladesh | ET-Ethiopia | MK-Macedonia | SO-Somalia |
| BY-Belarus | FR-France | MG-Madagascar | ES-Spain |
| BT-Bhutan | GA-Gabon | MY-Malaysia | LK-Sri Lanka |
| BO-Bolivia | GM-Gambia | ML-Mali | SD-Sudan |
| BA-Bosnia and Herzegovina | GE-Georgia | MU-Mauritius | SY-Syrian Arab Republic |
| BW-Botswana | DE-Germany | MX-Mexico | TJ-Tajikistan |
| BR-Brazil | GH-Ghana | MN-Mongolia | TZ-United Republic of Tanzania |
| BN-Brunei Darussalam | GT-Guatemala | ME-Montenegro | TH-Thailand |
| BG-Bulgaria | GY-Guyana | MZ-Mozambique | TL-Timor-Leste |
| BI-Burundi | HT-Haiti | MM-Myanmar (Burma) | TR-Turkey |
| KH-Cambodia | HN-Honduras | NA-Namibia | UG-Uganda |
| CM-Cameroon | IN-India | NL-Netherlands | UA-Ukraine |
| CF-Central African Republic | ID-Indonesia | NI-Nicaragua | GB-United Kingdom |
| TD-Chad | IR-Iran | NE-Niger | US-United States of America |
| CL-Chile | IQ-Iraq | NG-Nigeria | UY-Uruguay |
| CN-China | IL-Israel | OM-Oman | UZ-Uzbekistan |
| CO-Colombia | PS-Israeli Occupied Territories | PK-Pakistan | VE-Venezuela |
| KM-Comoros | IT-Italy | PA-Panama | VN-Vietnam |
| CD-Democratic Republic of Congo | JM-Jamaica | PE-Peru | YE-Yemen |
| CG-Republic of Congo | JP-Japan | PH-Philippines | ZM-Zambia |
| CR-Costa Rica | JO-Jordan | PL-Poland | ZW-Zimbabwe |
| CI-Côte d'Ivoire | KZ-Kazakhstan | QA-Qatar | |
| HR-Croatia | KE-Kenya | RE-Réunion | |

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

Compensation

Schedule 3

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

(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"/> | \$40,000 – \$79,999 | 315 <input type="checkbox"/> | \$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

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

3 Total expenditure on all compensation in the fiscal period. 390 \$

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 certain other government departments and agencies).

1. 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)

2. Information about donors not resident in Canada

Complete this schedule to report any gift of any kind valued at \$10,000 or more received from any donor that was **not** resident in Canada and was **not** any of the following:

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

Enter the name of each donor and the value of the gift in the table below. Select whether the donor was an organization (for example a business, corporate entity, charity, non-profit organization), a government or an individual.

| Name (confidential) | Type of donor (confidential) | | | Value (CAN \$) |
|---------------------|------------------------------|--------------------------|--------------------------|----------------|
| | Organization | Government | Individual | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Non-cash gifts

Schedule 5

Important: If you complete this section, you **must** answer **yes** to question C11.

1 Select all types of non-cash gifts received for which a tax receipt was issued:

| | | | | | |
|------------------------------|-------------------------|------------------------------|---|------------------------------|--|
| 500 <input type="checkbox"/> | Artwork/wine/jewellery | 525 <input type="checkbox"/> | Ecological properties | 550 <input 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 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 type="checkbox"/> | Machinery/equipment/ computers/software | | |

2 Enter the total amount of tax-receipted non-cash gifts 580 \$

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 | \$ |
| Amounts receivable from non-arm's length persons | 4110 | \$ |
| Amounts receivable from all others | 4120 | \$ |
| Investments in non-arm's length persons | 4130 | \$ |
| Long-term investments | 4140 | \$ |
| Inventories | 4150 | \$ |
| Land and buildings in Canada | 4155 | \$ |
| Other capital assets in Canada | 4160 | \$ |
| Capital assets outside Canada | 4165 | \$ |
| Accumulated amortization of capital assets | 4166 | \$ |
| Other assets | 4170 | \$ |
| 10 year gifts | 4180 | \$ |
| Total assets (add lines 4100 to 4170) | 4200 | \$ |

Liabilities:

| | | |
|---|-------------|-----------|
| Accounts payable and accrued liabilities | 4300 | \$ |
| Deferred revenue | 4310 | \$ |
| Amounts owing to non-arm's length persons | 4320 | \$ |
| Other liabilities | 4330 | \$ |
| Total liabilities (add lines 4300 to 4330) | 4350 | \$ |
| 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 | \$ |
| 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 | \$ |
| Total other gifts received for which a tax receipt was not issued by the charity (excluding amounts at lines 4575 and 4630) | 4530 | \$ |
| Total revenue received from federal government | 4540 | \$ |
| Total revenue received from provincial/territorial governments | 4550 | \$ |
| 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 | \$ |
| 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 | \$ |
| Total non tax-receipted revenues received for memberships, dues and association fees | 4620 | \$ |
| Total non tax-receipted revenue from fundraising | 4630 | \$ |
| Total revenue from sale of goods and services (except to any level of government in Canada) | 4640 | \$ |
| Other revenue not already included in the amounts above | 4650 | \$ |
| 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 | \$ |

Expenditures:

| | | |
|--|-------------|-----------|
| Advertising and promotion | 4800 | \$ |
| Travel and vehicle expenses | 4810 | \$ |
| Interest and bank charges | 4820 | \$ |
| Licences, memberships, and dues | 4830 | \$ |
| Office supplies and expenses | 4840 | \$ |
| Occupancy costs | 4850 | \$ |
| Professional and consulting fees | 4860 | \$ |
| Education and training for staff and volunteers | 4870 | \$ |
| Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable) | 4880 | \$ |
| Fair market value of all donated goods used in charitable activities | 4890 | \$ |
| Purchased supplies and assets | 4891 | \$ |
| Amortization of capitalized assets | 4900 | \$ |
| 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 | \$ |
| Specify type(s) of expenditures included in the amount reported at 4920 | 4930 | |
| Total expenditures before gifts to qualified donees (add lines 4800 to 4920) | 4950 | \$ |
| Of the amounts at lines 4950: | | |
| (a) Total expenditures on charitable activities | 5000 | \$ |
| (b) Total expenditures on management and administration | 5010 | \$ |
| (c) Total expenditures on fundraising | 5020 | \$ |
| (d) Total other expenditures included in line 4950 | 5040 | \$ |
| Total amount of gifts made to all qualified donees | 5050 | \$ |
| Total expenditures (add lines 4950 and 5050) | 5100 | \$ |

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
- Enter the amount disbursed for the fiscal period for the specified purpose

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

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.
- The 24 months before the **end** of the fiscal period



Directors/Trustees and Like Officials Worksheet

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

Charity name:
Double Bay Sanctuary Foundation

Business number:
726219330RRR0001

Return for fiscal period ending (YYYY/MM/DD):
2,0,2,2 | 1,2 | 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 | | Confidential data | |
|---|---|-------------------|--|
| Last name: <u>Reppy</u> First name: <u>Michael</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>2,0,2,0 0,7 0,2</u> End date (Y/M/D): _____ Position: <u>Chairman</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Residential address - Street no. and name: <u>361 South Morning Sun Avenue</u> City: <u>Mill Valley</u> Prov/Terr: <u>CA</u> Postal code: <u>94941</u> Phone number: <u>4,1,5,1 - 6,8,6,1 - 0,5,2,9</u> Date of birth (Y/M/D): <u>1,9,4,5 0,5 1,3</u> | | |
| Last name: <u>Malyshoff</u> First name: <u>David</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>2,0,2,0 0,7 0,2</u> End date (Y/M/D): _____ Position: <u>Treasurer</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Residential address - Street no. and name: <u>631 Pine Street</u> City: <u>Victoria</u> Prov/Terr: <u>BC</u> Postal code: <u>V9A2Z9</u> Phone number: <u>2,5,0,1 - 4,8,0,1 - 6,7,2,5</u> Date of birth (Y/M/D): <u>1,9,5,8 0,3 1,1</u> | | |
| Last name: <u>Castellana</u> First name: <u>Debra</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>2,0,2,0 0,7 0,2</u> End date (Y/M/D): _____ Position: <u>Secretary</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Residential address - Street no. and name: <u>529 Western Avenue</u> City: <u>Richmond</u> Prov/Terr: <u>CA</u> Postal code: <u>94801</u> Phone number: <u>5,1,0,1 - 4,9,9,1 - 5,3,5,7</u> Date of birth (Y/M/D): <u>1,9,5,3 0,5 0,2</u> | | |
| 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 | Residential address - Street no. and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ Phone number: _____ Date of birth (Y/M/D): _____ | | |
| 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 | Residential address - Street no. and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ Phone number: _____ Date of birth (Y/M/D): _____ | | |
| 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 | Residential address - Street no. and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ Phone number: _____ Date of birth (Y/M/D): _____ | | |
| 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 | Residential address - Street no. and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ Phone number: _____ Date of birth (Y/M/D): _____ | | |
| 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 | Residential address - Street no. and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ Phone number: _____ Date of birth (Y/M/D): _____ | | |