

## 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: JOHN R. MCCONNELL FOUNDATION	BN: (9 digits, 2 letters, 4 digits. Example: 123456789RR0001) 852326404RR0001
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Return for fiscal period ending: 

Year	Month	Day
2024	12	31

Total number of qualified donees/other organizations: 

21
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Name of organization: Alma Fire Department (Alma Municipality)		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr: Alma	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 123,298.22

Name of organization: Batshaw Youth and Family Centres Foundation		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 11892 3267 RR0001	City and Prov/Terr: Westmount	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 21,120.00

Name of organization: Bedford Fire Department (Bedford Municipality)		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr: Bedford	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 106,860.00

Name of organization: Canadian Auxiliary Coast Guard (Quebec) Inc.		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 11914 5910 RR0001	City and Prov/Terr: Sorel, Québec	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 178,500.00

Name of organization: Centre Action Bénévole Domaine-du-Roy		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 12886 8940 RR0001	City and Prov/Terr: Saint-Félicien	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: Comité d'Aide Beauceville C.A.B.		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 89334 6254 RR0001	City and Prov/Terr: Beauceville	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 50,000.00

Approval code: 13001

Name of organization: Centre de Dépannage des Oeuvres de Soeur Marguerite Dubois		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 81853 5700 RR0001	City and Prov/Terr: Bromont	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 100,000.00

Name of organization: Centre de pédiatrie sociale en communauté de Lanaudière		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 81166 9480 RR0001	City and Prov/Terr: Chertsey	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 50,000.00

Name of organization: DANS LA RUE		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 13844 9020 RR0001	City and Prov/Terr: Montreal	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: Diabète Drummond Inc.		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 11888 5102 RR0001	City and Prov/Terr: Drummondville	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 50,000.00

Name of organization: Entraide Communautaire Sainte-Mélanie		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 85022 2480 RR0001	City and Prov/Terr: Sainte-Mélanie	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: FONDATION CHUS		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr: Sherbrooke	Country:	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 100,000.00

Name of organization: Fondation des pompiers du Québec pour les grands brûlés		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 12919 9659 RR0001	City and Prov/Terr: Montréal, Québec	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 52,500.00

Name of organization: Gazette Christmas Fund		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 11893 6588 RR0001	City and Prov/Terr: Montréal, Québec	Country: CAN	
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Approval code: 13001

Canada

Name of organization: Generations Foundation		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 88790 6121 RR0001	City and Prov/Terr: Laval, Quebec		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: L'Association Bénévole de l'Île d'Orléans		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 89405 2653 RR0001	City and Prov/Terr: Saint-Pierre-de-Île-d'Orléans		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 20,185.00

Name of organization: Mile-End Community		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 86624 3223 RR0001	City and Prov/Terr: Montréal, Québec		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: Moisson d'Alma		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 87446 1312 RR0001	City and Prov/Terr: Alma		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 40,000.00

Name of organization: OLD BREWERY MISSION		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 12392 0324 RR0001	City and Prov/Terr: Montreal		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00

Name of organization: Sainte Famille Fire Department (Sainte-Famille Municipality)		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr: Sainte-Famille-de-l'Île-d'Orléans		Country: CAN
Amount of non-cash gifts	\$	Total amount of gifts	\$ 105,644.11

Name of organization: Ville de Métis-sur-Mer (Métis Beach School) (Métis-sur-Mer Municipality)		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr: Métis-sur-Mer, Québec		Country:
Amount of non-cash gifts	\$	Total amount of gifts	\$ 10,000.00



## 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](https://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:

JOHN R. MCCONNELL FOUNDATION

2. Return for fiscal period ending:

Year Month Day  
2024-12-31

3. BN/registration number:

852326404RR0001

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)

**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](https://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](https://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-olymg](https://canada.ca/charities-olymg), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

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BN/registration number 852326404RR0001 Fiscal period end 2024-12-31

**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

PROVIDE FUNDS TO QUALIFIED DONEES

New programs

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**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:

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

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

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

<b>C16</b>	Did the charity make qualifying disbursements by way of grants to non-qualified donees (grantees) in the fiscal period?	<b>5840</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<b>5841</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<b>5842</b>		
	Enter the total amount paid to grantees that received grants totalling \$5,000 or less in the fiscal period	<b>5843</b>	\$	
<b>C17</b>	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?	<b>5850</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, you must complete Schedule 8 – Disbursement quota			
<b>C18</b>	Did the charity hold any donor advised funds (DAF) during the fiscal period?	<b>5860</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, provide the following:			
	(a) Total number of accounts held at the end of the fiscal period	<b>5861</b>		
	(b) Total value of all accounts held at the end of the fiscal period	<b>5862</b>	\$	
	(c) Total value of donations to DAF accounts received during the fiscal period	<b>5863</b>	\$	
	(d) Total value of qualifying disbursements from DAFs during the fiscal period	<b>5864</b>	\$	

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## 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** \$

Total liabilities **4350** \$

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 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** \$

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** \$

### **D4** Expenditures:

Professional and consulting fees **4860** \$

Travel and vehicle expenses **4810** \$

All other expenditures not already included in the amounts above (excluding qualifying disbursements) **4920** \$

Total expenditures (excluding qualifying disbursements) (add lines 4860, 4810, and 4920) **4950** \$

Of the amount at line 4950:

(a) Total expenditures on charitable activities **5000** \$

(b) Total expenditures on management and administration **5010** \$

Total amount of grants made to all non-qualified donees (grantees) **5045** \$

Total amount of gifts made to all qualified donees **5050** \$

Total expenditures (add lines 4950, 5045, and 5050) **5100** \$



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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.

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) STUART IVERSEN, P.	Signature
Position in charity DIRECTOR / SECRETARY	Date 2025-06-16
	Phone number

### 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

**F2** Name and address of individual who completed this return.

Name	
Company name (if applicable)	
Complete street address	
City, province or territory, and postal code	
Phone number	Is this the same individual who certified in Section E above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
- Form T1441, Qualifying Disbursements: Grants to Non-Qualified Donees (Grantees) (if applicable)

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

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**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
- 3** (a) What was the total value of all restricted funds held at the end of the fiscal period? ..... **111** \$
- (b) Of that amount, what amount was the foundation not permitted to spend due to a funder's written trust or direction? ..... **112** \$

**For private foundations only:**

- 4** 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
- 5** 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](https://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 qualifying disbursements .. **200** \$
- 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 qualifying disbursements)? ..... **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 \$)

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Fiscal period end 2024-12-31

Country codes

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

Protected B when completed

BN/registration number 852326404RR0001 Fiscal period end 2024-12-31

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** ☐ \$1 – \$39,999

**310** ☐ \$40,000 – \$79,999

**315** ☐ \$80,000 – \$119,999

**320** ☐ \$120,000 – \$159,999

**325** ☐ \$160,000 – \$199,999

**330** ☐ \$200,000 – \$249,999

**335** ☐ \$250,000 – \$299,999

**340** ☐ \$300,000 – \$349,999

**345** ☐ \$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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<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** ☐ Artwork/wine/jewellery

**505** ☐ Building materials

**510** ☐ Clothing/furniture/food

**515** ☐ Vehicles

**520** ☐ Cultural properties

**525** ☐ Ecological properties

**530** ☐ Life insurance policies

**535** ☐ Medical equipment/supplies

**540** ☐ Privately-held securities

**545** ☐ Machinery/equipment/ computers/software

**550** ☐ Publicly traded securities/ commodities/mutual funds

**555** ☐ Books

**560** ☐ Other

**565** Specify: \_\_\_\_\_

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

Protected B when completed

BN/registration number 852326404RR0001

Fiscal period end 2024-12-31

**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.

<b>Assets:</b>		<b>Liabilities:</b>	
Cash, bank accounts, and short-term investments	<b>4100</b> \$ 1,146,911	Accounts payable and accrued liabilities	<b>4300</b> \$ 10,000
Cash and bank accounts	<b>4101</b> \$ 1,146,911	Deferred revenue	<b>4310</b> \$
Short-term investments	<b>4102</b> \$	Amounts owing to non-arm's length persons	<b>4320</b> \$
Amounts receivable from non-arm's length persons	<b>4110</b> \$	Other liabilities	<b>4330</b> \$
Amounts receivable from all others	<b>4120</b> \$ 67,789	<b>Total liabilities (add lines 4300 to 4330)</b>	<b>4350</b> \$ 10,000
Investments in non-arm's length persons	<b>4130</b> \$		
Long-term investments	<b>4140</b> \$ 25,563,457		
Inventories	<b>4150</b> \$		
Land and buildings in Canada	<b>4155</b> \$	<b>Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable activities</b>	<b>4250</b> \$ 40,000
Used for charitable programs or administration	<b>4157</b> \$		
Used for other purposes	<b>4158</b> \$		
Other capital assets in Canada	<b>4160</b> \$ 40,000		
Capital assets outside Canada	<b>4165</b> \$		
Accumulated amortization of capital assets	<b>4166</b> \$		
Other assets	<b>4170</b> \$		
Impact investments	<b>4190</b> \$		
<b>Total assets (add lines 4100, 4110 to 4155, and 4160 to 4170)</b>	<b>4200</b> \$ 26,818,157		

**Statement of operations**

**Revenue:**

Total eligible amount of all gifts for which the charity has issued or will issue tax receipts	<b>4500</b> \$
Total eligible amount of tax-receipted tuition fees	<b>5610</b> \$
Total amount received from other registered charities	<b>4510</b> \$
Total other gifts received for which a tax receipt was not issued by the charity (excluding amounts at lines 4575 and 4630)	<b>4530</b> \$ 9,317
Total revenue received from federal government	<b>4540</b> \$
Total revenue received from provincial/territorial governments	<b>4550</b> \$
Total revenue received from municipal/regional governments	<b>4560</b> \$
Total tax-receipted revenue from all sources outside of Canada (government and non-government)	<b>4571</b> \$
Total non tax-receipted revenue from all sources outside Canada (government and non-government)	<b>4575</b> \$
Total interest and investment income from impact investments	<b>4576</b> \$
Total interest and investment income from persons not at arm's length	<b>4577</b> \$
Total interest and investment income received or earned	<b>4580</b> \$ 806,964
<b>Gross proceeds</b> from disposition of assets	<b>4590</b> \$ 3,504,099
<b>Net proceeds</b> from disposition of assets (show a negative amount with brackets)	<b>4600</b> \$ 263,003
Gross income received from rental of land and/or buildings	<b>4610</b> \$
Total non tax-receipted revenues received for memberships, dues and association fees	<b>4620</b> \$
Total non tax-receipted revenue from fundraising	<b>4630</b> \$
Total revenue from sale of goods and services (except to any level of government in Canada)	<b>4640</b> \$
Other revenue not already included in the amounts above	<b>4650</b> \$
Specify type(s) of revenue included in the amount reported at 4650	<b>4655</b>
<b>Total revenue (add lines 4500, 4510 to 4560, 4575, 4580, and 4600 to 4650)</b>	<b>4700</b> \$ 1,079,284

Protected B when completed

BN/registration number 852326404RR0001 Fiscal period end 2024-12-31

**Expenditures:**

Advertising and promotion	4800	\$	
Travel and vehicle expenses	4810	\$	
Interest and bank charges	4820	\$	1,025
Licences, memberships, and dues	4830	\$	12
Office supplies and expenses	4840	\$	40,548
Occupancy costs	4850	\$	28,992
Professional and consulting fees	4860	\$	323,450
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 charity's own activities	4890	\$	
Purchased supplies and assets	4891	\$	
Amortization of capitalized assets	4900	\$	
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	\$	4,889
Specify type(s) of expenditures included in the amount reported at 4920	4930	Insurance & withholding taxes	
Total expenditures before qualifying disbursements (add lines 4800 to 4920)	4950	\$	398,916

Of the amounts at lines 4950:

(a) Total expenditures on charitable activities	5000	\$	
(b) Total expenditures on management and administration	5010	\$	394,027
(c) Total expenditures on fundraising	5020	\$	
(d) Total other expenditures included in line 4950	5040	\$	4,889
Total amount of grants made to all non-qualified donees (grantees)	5045	\$	
Total amount of gifts made to all qualified donees	5050	\$	1,078,107
Total expenditures (add lines 4950, 5045 and 5050)	5100	\$	1,477,023

**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	\$	20,889,421
• The 24 months before the end of the fiscal period	5910	\$	24,857,132

Protected B when completed

NE/numéro d'enregistrement 852326404RR0001 Fin de l'exercice fiscal 2024-12-31

**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](https://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** \$ 20,889,421

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** \$

Line 805 minus line 810 (if negative, enter 0) ..... **815** \$ 20,889,421

**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** \$ 19,889,421

Line 825 multiplied by 5% ..... **830** \$ 994,471

Line 830 plus \$35,000 ..... **835** \$ 1,029,471

Enter the amount from line 820 or line 835. This is your charity's disbursement quota requirement for the current fiscal period ..... **840** \$ 1,029,471

Total expenditures on charitable activities (line 5000 of your return) ..... **845** \$

Total amount of grants made to non-qualified donees (line 5045 of your return) ..... **850** \$

Total amount of gifts made to qualified donees (line 5050 of your return) ..... **855** \$ 1,078,107

Add lines 845 to line 855 ..... **860** \$ 1,078,107

Line 860 minus line 840. This is your charity's disbursement quota excess or shortfall for the current fiscal period ..... **865** \$ 48,636

**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** \$ 24,857,132

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

Multiply line 870 by 3.5% ..... **875** \$

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

Line 870 minus \$1,000,000 ..... **880** \$ 23,857,132

Line 880 multiplied by 5% ..... **885** \$ 1,192,857

Line 885 plus \$35,000 ..... **890** \$ 1,227,857

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

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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:

Business number:

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

JOHN R. MCCONNELL FOUNDATION

852326404RR0001

2024-12-31

**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](http://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: IVERSEN		First name: STUART		Initial: P		Residential address – Street number and name:	
Term ▶ Start date (Y/M/D): 2010-09-08		End date (Y/M/D):		City:		Prov/Terr:	Postal code:
Position: SECRETARY/TREASURER		At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone number:		Date of birth (Y/M/D):	
Last name: FORTIN		First name: PIERRE HUGUES		Initial:		Residential address – Street number and name:	
Term ▶ Start date (Y/M/D): 2010-09-08		End date (Y/M/D):		City:		Prov/Terr:	Postal code:
Position: CHAIRMAN		At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone number:		Date of birth (Y/M/D):	
Last name: TOLSON		First name: JOHN		Initial:		Residential address – Street number and name:	
Term ▶ Start date (Y/M/D): 2010-09-08		End date (Y/M/D):		City:		Prov/Terr:	Postal code:
Position: DIRECTOR		At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Phone number:		Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:	
Term ▶ Start date (Y/M/D):		End date (Y/M/D):		City:		Prov/Terr:	Postal code:
Position:		At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number:		Date of birth (Y/M/D):	
Last name:		First name:		Initial:		Residential address – Street number and name:	
Term ▶ Start date (Y/M/D):		End date (Y/M/D):		City:		Prov/Terr:	Postal code:
Position:		At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number:		Date of birth (Y/M/D):	

Approval code: 13001

Canada



**Information Return for Registered Charities and Other Donees**

To complete this return and the schedules that accompany it, refer to guide TP-985.22.G-V, *Guide to Filing the Information Return for Registered Charities and Other Donees*, available on our website at [revenuquebec.ca](http://revenuquebec.ca).

If this is an amended return, check this box. ☐

**1 Identification** (please print)

Enter the organization's registration number in the appropriate box.

Registered charity

852326404RR0001

Registered museum

Registered cultural or communications organization

Recognized political education organization

Name of organization

1 JOHN R. MCCONNELL FOUNDATION

Last name and first name of a director or officer of the organization (provide a list of all directors or officers in Schedule D)

2 STUART IVERSEN, P.

Address of the director or officer

3 1200-1350 SHERBROOKE STREET WEST

Montréal QC

Postal code

H3G 1J1

Area code Phone

4 (514) 866-2200

End date of taxation year

5 2024-12-31

YYYY MM DD

6 Is this the first return filed by the organization since its registration? ☐ Yes ☒ No7 Is this the organization's final return? ☐ Yes ☒ No

If yes, refer to the guide.

8 For a charity, check the category it was registered or designated under.

8.1 ☐ charitable organization8.2 ☒ private foundation8.3 ☐ public foundation9 For a charity, did it hold an interest in a limited partnership at any time in the taxation year? ☒ Yes ☐ No

If yes, enter the percentage interest. 0.01 %

Was it a direct interest? ☒ Yes ☐ No

10 Which accounting method was used to determine the financial information in Part 2?

☒ accrual method☐ cash method

13HG ZZ 49517271

Prescribed form

**2 Financial information** (enclose the organization's financial statements)**2.1 Gifts and other revenue**

Total eligible amount of gifts for which the organization issued official receipts	12		
Portion of the amount from line 12 that constitutes tuition fees	12.1		
Total gifts received from other organizations with the same tax status		+	13
Portion of the amount from line 13 that constitutes designated gifts (only registered charities are required to complete this line)	13.1		
Other gifts for which the organization did not issue official receipts		+	14
Revenue from government sources		+	15
Portion of the amount on line 15 received from:			
• the federal government	15.1		
• a provincial government	15.2		
• a municipal or regional administration	15.3		
Revenue from sources outside Canada		+	16
Investment income (interest and dividends)		+	17
Rental income from land and buildings		+	18
Membership fees or dues for which the organization did not issue official receipts		+	19
Revenue from fundraising activities for which the organization did not issue official receipts		+	20
Revenue from sales of goods and services		+	21
Net capital gains (or losses) from the disposition of property		+	22
Other revenue		+	23
Add lines 12, 13, 14, 15 and 16 through 23.		=	24
			1,079,284.00

**2.2 Expenditures**

Advertising and promotional costs		+	25
Travel and vehicle expenditures		+	26
Interest and other carrying charges		+	27
Office expenditures and supplies		+	28
Occupancy costs		+	29
Professional and consulting fees		+	30
Training costs (personnel and volunteers)		+	31
Wages and salaries, benefits and fees		+	32
Cost of supplies and property purchased		+	33
Fair market value of all gifts used in activities related to the organization's objectives		+	34
Research grants, bursaries and scholarships paid as part of the activities related to the organization's objectives		+	35
Other expenditures		+	36
Add lines 25 through 36.		=	37
			398,916.00
Portion of the amount from line 37 that pertains to:			
• activities related to the organization's objectives	37.1		
• management and general administration	37.2		394,027.00
• fundraising activities	37.3		
• other activities	37.5		4,889.00
Total gifts made to qualified donees (complete Schedule C and enter the total of the amounts on the "Total amount of gifts" lines in that schedule)		+	38
Portion of the amount from line 38 that constitutes designated gifts (total of the amounts entered on the "Amount of designated gifts" lines in Schedule C). Only registered charities are required to complete this line.	38.1		
Total eligible disbursements made to grantee organizations (complete this line only for a registered charity)		+	38a
Add lines 37, 38 and 38a.		=	39
			1,477,023.33



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**2.3 Assets****Liquid assets**

Amounts receivable from founders, officers, directors, members, shareholders, trustees or any organization not dealing at arm's length with them

Amounts receivable from other sources

Long-term investments

Inventory used in activities related to the organization's objectives

Capital property (land, buildings, vehicles, etc.)

Other assets

Add lines 40 through 46.

Assets

40	1,146,911.00
41	
42	67,789.00
43	25,563,457.00
44	
45	40,000.00
46	
47	26,818,157.00

**2.4 Liabilities**

Trade accounts payable and accrued liabilities

Amounts payable to founders, officers, directors, members, shareholders, trustees or any organization not dealing at arm's length with them

Other amounts payable

Other liabilities

Add lines 50 through 53.

Liabilities

50	10,000.00
51	
52	
53	
54	10,000.00

**3 Remuneration**

Average number of employees per day during the taxation year or during peak periods

55

Indicate how many of the ten highest-paid positions fall into each of the four remuneration brackets below.

\$1 – \$39,999

\$40,000 – \$79,999

\$80,000 – \$119,999

\$120,000 or over

55.1 55.2 55.3 55.4

56 Did the organization remunerate its directors? ☐ Yes ☒ No

If yes, enclose a separate sheet listing the services for which each director was remunerated and the amount paid.

57 Did the charity transfer, directly or indirectly, any portion of its income or assets to:

- its founders, directors, employees or members;
- persons not dealing at arm's length with a founder, director, employee or member; or
- organizations controlled by a person belonging to one of the groups mentioned in the previous bullets or not dealing at arm's length with such a person?

☐ Yes ☒ No

**4 Political activities**58 Was the organization involved in any public policy dialogue and development activities? ☐ Yes ☒ No

If yes, enclose a note describing the activities and how they relate to the organization's charitable purposes.

**5 Other information** (if you need more space, attach a separate sheet with the required information)60 Were any changes made to the governing documents during the taxation year? ☐ Yes ☒ No

If yes, enclose a copy of the official document attesting to the changes.

61 Are the receipts issued for the sale of goods and services or for the rental of the organization's property clearly distinguishable from official donation receipts? ☐ Yes ☒ No

If no, please explain:

N/A

62 Were official receipts issued for gifts in kind? ☐ Yes ☒ No

62.1 If yes, enter the total of the eligible amounts of these gifts.

Also, check the box(es) corresponding to the type of gift in kind.

62.2 ☐ Qualified property62.4 ☐ Non-qualifying security62.6 ☐ Building intended for cultural purposes62.3 ☐ Work of art62.5 ☐ Purchase option62.7 ☐ Other (specify):

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**5 Other information** (continued)

**63** Did the organization return any property with a fair market value of more than \$50 to a donor after issuing the donor an official receipt for the gift of the property? ☐ Yes ☒ No

**63.1** If **yes**, enter the total amount of gifts of property returned. ☐ Yes ☒ No

**64** If the organization is a charity, did it accept a gift made with the explicit or implicit condition that the charity itself is making a gift to a person, association, organization, society or club that is **not** a qualified donee? ☐ Yes ☒ No

If **yes**, attach an explanatory note.

Did the charity issue an official receipt for the gift? ☐ Yes ☐ No

**65** Did the organization conduct fundraising activities directly or through a third party? ☐ Yes ☒ No

If **yes**, check the appropriate box(es).

**65.1** ☐ Subscription campaigns

**65.3** ☐ Auctions

**65.5** ☐ Tournaments and sports events

**65.2** ☐ Sales of lottery tickets

**65.4** ☐ Fundraising dinners

**65.6** ☐ Collection boxes

**65.7** ☐ Other (specify):

**66** Did the organization file RL-1 slips for remuneration paid or for bursaries or scholarships awarded to individuals? ☐ Yes ☒ No

If **yes**, check the applicable box(es).

**66.1** ☐ Remuneration

**66.2** ☐ Bursaries or scholarships awarded to individuals

**67** Address where the organization's books and registers are kept

Street number, street name, PO box

City, town or municipality

Province

Postal code

Area code

Phone

**68** Information about the person completing this return or about the corporation the person represents, as applicable

Last name and first name of the individual, or name of the corporation

Address (street number, street name, PO Box)

City, town or municipality

Province

Postal code

Area code

Phone

If we authorized the organization to **accumulate property** during a period that covers the taxation year for which the return is being filed, describe the project for which the organization was authorized to accumulate property and complete lines 70 through 75. If not, go to line 76.

Balance, at the end of the preceding taxation year, of the property accumulated in accordance with the terms of the authorization  
Value of the property accumulated during the taxation year, including income earned on this property and on the property covered on line 70

Add lines 70 and 71.

Value of the property used in the project during the year in accordance with the terms of the authorization and for the specified period (all or part of the amount on line 72)

Subtract line 73 from line 72 (see note below)

Balance, at the end of the taxation year, of property accumulated in accordance with the terms of the authorization

	70		
+	71		
=	72		
-	73		
=	75		

**NOTE**

Enter the amount from line 75 on line 101 of Schedule A or line 201 of Schedule B, as applicable, if:

- the period authorized for accumulating property ends during the taxation year; or
- the organization did not comply with the terms of the authorization during that period.



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**Charity**

**76** At the end of the taxation year, was the charity associated with another registered charity? ☐ Yes ☒ No

If **yes**, give the name and registration number of the other charity. Also enclose a copy of the *Application for Designation as Associated Charities* (form T3011) that you submitted to the Canada Revenue Agency (CRA) and a copy of the designation by the CRA.

Name

Registration number

**76.1**

**Public or private foundation**

**77** If the foundation is a public foundation, did it acquire control of a corporation? ☐ Yes ☒ No

If **yes**, give the name and identification number of the corporation.

Name

Identification number

**77.1**

**78** Did the foundation incur debts, other than for current operating expenses, for purchasing or selling investment securities or for administering charitable activities? ☐ Yes ☒ No

**79** For a private foundation, is it subject to the provisions applicable to the excess corporate holdings regime? ☐ Yes ☒ No

If **yes**, enclose a copy of form T2081, *Excess Corporate Holdings Worksheet for Private Foundations*, that the foundation submitted to the CRA.

**Cultural or communications organization**

**80** Did a taxpayer or other person receive a benefit consisting of participation in a workshop, a seminar or a training or development program because the taxpayer is a member of the organization? ☐ Yes ☒ No

**6 Certification** (this part must be completed by the person authorized to sign on behalf of the organization)

I certify that the information provided in this return and in the enclosed documents is accurate and complete.

Last name and first name

STUART IVERSEN, P.

Position in the organization

DIRECTOR / SECRETARY

Area code Phone

(514) 866-2200

Extension

Signature

2025-06-16

Date

We may compare the information supplied with information obtained from other sources and may also send the information to other government departments or agencies.

**Notice to the person who submits the return**

Be sure to submit all of these documents:

- the duly completed information return (and Schedule A or B, Schedule D and, if applicable, Schedule C);
- the organization's financial statements;
- any other document requested in the return, including explanatory notes and attached sheets containing required information.



13HG ZZ 49517271

**Schedule A – Disbursement quota for the taxation year****Registered charity**

Name of organization

JOHN R. MCCONNELL FOUNDATION

End date of taxation year

2024-12-31

YYYY MM DD

See section 6.7.1 of the guide before completing this schedule. The line numbers in parentheses refer to the lines of the information return.

**1 Disbursement quota**

If the charity's taxation year begins before January 1, 2023, complete only section 1.1. Otherwise, complete sections 1.1 and 1.2.

**1.1 Basic disbursement quota**

Average value of the property that the charity held in the 24 months preceding the beginning of the taxation year for which the return is being filed but did not use directly for its charitable activities or for administrative purposes. Do not include the following property:

- property accumulated with our authorization and whose value is entered on line 75 of the return;
- gifts of property (other than designated gifts) that the charity received from another registered charity with which it was not dealing at arm's length, whose value is entered on line 130 of this schedule.

Value of the property accumulated with our authorization but not used in accordance with the terms of the authorization (see the note under line 75 of the return)

Add lines 100 and 101. If the result is \$100,000 or less (for a charitable organization) or \$25,000 or less (for a charitable foundation), go to line 105 and enter 0.

Number of days in the taxation year

Multiply line 102 by the number of days in the taxation year.

Divide line 103 by 365.

If the charity's taxation year begins:

- before January 1, 2023, enter the amount from line 104;
- after December 31, 2022, enter the lesser of the following amounts: 1,000,000 or the amount on line 104.

Multiply line 104a by 3.5%.

**Basic disbursement quota****1.2 Adjusted disbursement quota**

Amount from line 104

Subtract 1,000,000 from line 106.

Multiply line 107 by 5%.

Amount from line 105

Add lines 108 and 109.

Reduction granted by Revenu Québec (see section 4.3 of the guide)

Subtract line 109b from line 109a.

**Adjusted disbursement quota**

100	20,889,421	00
+	101	
=	102	20,889,421 00
x		366
=	103	7,645,528,086 00
÷		365
=	104	20,946,652 29
	104a	1,000,000 00
x		3.5 %
=	105	35,000 00
	106	20,946,652 29
-		1,000,000 00
=	107	19,946,652 29
x		5 %
=	108	997,332 61
+	109	35,000 00
=	109a	1,032,332 61
-	109b	
=	109c	1,032,332 61



13HK ZZ 49517275



**Schedule C – Summary of gifts made to qualified donees**

Name of organization

JOHN R. MCCONNELL FOUNDATION

End date of taxation year

2024-12-31

YYYY MM DD

If the organization made gifts to qualified donees, provide the required information for each donee and enter the amount of the gifts made to the donee. See section 6.8 of the guide.

The line numbers in parentheses refer to the lines of the information return.

If there are more than seven donees, enter the additional information on another copy of the schedule.

Total number of qualified donees:

21

Name of qualified donee

Alma Fire Department (Alma Municipality)

Registration number

☐ Associated charity

Address

Alma

1

Total amount of gifts (include this amount on line 38):

123,298 22

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Batshaw Youth and Family Centres Foundation

Registration number

118923267RR0001

☐ Associated charity

Address

5 rue Weredale Park Westmount H3Z 1Y5

2

Total amount of gifts (include this amount on line 38):

21,120 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Bedford Fire Department (Bedford Municipality)

Registration number

☐ Associated charity

Address

Bedford

3

Total amount of gifts (include this amount on line 38):

106,860 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):



13M7 ZZ 49517755



Name of qualified donee  
Canadian Auxiliary Coast Guard (Quebec) Inc.

Registration number  
119145910RR0001 ☐ Associated charity

Address  
17 rue de Prince Sorel, Québec J3P 4J4

4 Total amount of gifts (include this amount on line 38): 178,500.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee  
Centre Action Bénévole Domaine-du-Roy

Registration number  
128868940RR0001 ☐ Associated charity

Address  
CP 46 Succ Bureau-Chef Saint-Félicien G8K 2P8

5 Total amount of gifts (include this amount on line 38): 10,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee  
Comité d'Aide Beauceville C.A.B.

Registration number  
893346254RR0001 ☐ Associated charity

Address  
116 Route Fraser Beauceville G5X 3R2

6 Total amount of gifts (include this amount on line 38): 50,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee  
Centre de Dépannage des Oeuvres de Soeur Marguerite Dubois

Registration number  
818535700RR0001 ☐ Associated charity

Address  
46 Ch. Compton Bromont J2L 1E7

7 Total amount of gifts (include this amount on line 38): 100,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):



13M7 ZZ 49517755

Name of qualified donee

Centre de pédiatrie sociale en communauté de Lanaudière

Registration number

811669480RR0001

☐ Associated charity

Address

423 Ch de l'Eglise Chertsey J0K 3K0

8

Total amount of gifts (include this amount on line 38):

50,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

DANS LA RUE

Registration number

138449020RR0001

☐ Associated charity

Address

450-533 rue Ontario E Montreal H2L 1N8

9

Total amount of gifts (include this amount on line 38):

10,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Diabète Drummond Inc.

Registration number

118885102RR0001

☐ Associated charity

Address

103-115 rue Brock Drummondville J2C 1L7

10

Total amount of gifts (include this amount on line 38):

50,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Entraide Communautaire Sainte-Mélanie

Registration number

850222480RR0001

☐ Associated charity

Address

931 Rte Principale Sainte-Mélanie J0K 3A0

11

Total amount of gifts (include this amount on line 38):

10,000.00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):



13M7 ZZ 49517755

Name of qualified donee

FONDATION CHUS

Registration number

☐ Associated charity

Address

530 10e Avenue Sherbrooke J1G 2R9

**12** Total amount of gifts (include this amount on line 38):

100,000 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Fondation des pompiers du Québec pour les grands brûlés

Registration number

129199659RR0001

☐ Associated charity

Address

1745 rue Saint-Hubert Montréal, Québec H2L 3Z1

**13** Total amount of gifts (include this amount on line 38):

52,500 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Gazette Christmas Fund

Registration number

118936558RR0001

☐ Associated charity

Address

700-2055 rue Peel Montréal, Québec H3A 1V4

**14** Total amount of gifts (include this amount on line 38):

10,000 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):

Name of qualified donee

Generations Foundation

Registration number

887906121RR0001

☐ Associated charity

Address

C.P. Elysee 89023 Laval, Quebec H7W 5K1

**15** Total amount of gifts (include this amount on line 38):

10,000 00

Amount of designated gifts (include this amount on line 38.1):

Amount of gifts in kind:

Type of gifts in kind (specify):



13M7 ZZ 49517755

Name of qualified donee  
L'Association Bénévole de l'Île d'Orléans

Registration number  
894052653RR0001 ☐ Associated charity

Address  
1367 Ch. Royal, Porte 202 Saint-Pierre-de-Île-d'Orléans G0A 4E0

16 **Total amount of gifts (include this amount on line 38):** 20,185.00

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**

Name of qualified donee  
Mile-End Community

Registration number  
866243223RR0001 ☐ Associated charity

Address  
99 Bernard Street Ouest Montréal, Québec H2T 2J9

17 **Total amount of gifts (include this amount on line 38):** 10,000.00

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**

Name of qualified donee  
Moisson d'Alma

Registration number  
874461312RR0001 ☐ Associated charity

Address  
405 Boul. de Quen Alma G8B 5P4

18 **Total amount of gifts (include this amount on line 38):** 40,000.00

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**

Name of qualified donee  
OLD BREWERY MISSION

Registration number  
123920324RR0001 ☐ Associated charity

Address  
902 Boul Saint-Laurent Montreal H2Z 1J2

19 **Total amount of gifts (include this amount on line 38):** 10,000.00

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**



13M7 ZZ 49517755

Name of qualified donee

Sainte Famille Fire Department (Sainte-Famille Municipality)

Registration number

☐ Associated charity

Address

Sainte-Famille-de-l'Île -d'Orléans

**Total amount of gifts (include this amount on line 38):**

105,644 11

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**

Name of qualified donee

Ville de Métis-sur-Mer (Métis Beach School) (Métis-sur-Mer Municipality)

Registration number

☐ Associated charity

Address

Métis-sur-Mer, Québec

**Total amount of gifts (include this amount on line 38):**

10,000 00

**Amount of designated gifts (include this amount on line 38.1):**

**Amount of gifts in kind:**

**Type of gifts in kind (specify):**



13M7 ZZ 49517755

**Schedule D – Directors and other officers**

Name of organization

JOHN R. MCCONNELL FOUNDATION

End date of taxation year

2024-12-31

YYYY MM DD

Provide the required information for each of the organization's directors and other officers for the fiscal period. See section 6.9 of the guide.

If there are more than seven directors or other officers, enter the additional information on another copy of the schedule.

Total number of directors and other officers:

3

Last name IVERSEN		First name STUART P	
Address			
Date of birth		Profession or sector of activity	Position within the organization SECRETARY/TREASURER
YYYY MM DD			
Term of office:	Start date 2010-09-08 YYYY MM DD	End date YYYY MM DD	Does this person have a non-arm's-length relationship with other directors or officers of the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, specify:			

Last name FORTIN		First name PIERRE HUGUES	
Address			
Date of birth		Profession or sector of activity	Position within the organization CHAIRMAN
YYYY MM DD			
Term of office:	Start date 2010-09-08 YYYY MM DD	End date YYYY MM DD	Does this person have a non-arm's-length relationship with other directors or officers of the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, specify:			

Last name TOLSON		First name JOHN	
Address			
Date of birth		Profession or sector of activity	Position within the organization DIRECTOR
YYYY MM DD			
Term of office:	Start date 2010-09-08 YYYY MM DD	End date YYYY MM DD	Does this person have a non-arm's-length relationship with other directors or officers of the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, specify:			



13M9 ZZ 49517757

**4**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Area code Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Profession or sector of activity \_\_\_\_\_ Position within the organization \_\_\_\_\_

YYYY MM DD

Start date \_\_\_\_\_ End date \_\_\_\_\_

Term of office: YYYY MM DD YYYY MM DD

Does this person have a non-arm's-length relationship with other directors or officers of the organization? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**5**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Area code Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Profession or sector of activity \_\_\_\_\_ Position within the organization \_\_\_\_\_

YYYY MM DD

Start date \_\_\_\_\_ End date \_\_\_\_\_

Term of office: YYYY MM DD YYYY MM DD

Does this person have a non-arm's-length relationship with other directors or officers of the organization? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**6**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Area code Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Profession or sector of activity \_\_\_\_\_ Position within the organization \_\_\_\_\_

YYYY MM DD

Start date \_\_\_\_\_ End date \_\_\_\_\_

Term of office: YYYY MM DD YYYY MM DD

Does this person have a non-arm's-length relationship with other directors or officers of the organization? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**7**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_ Area code Phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Profession or sector of activity \_\_\_\_\_ Position within the organization \_\_\_\_\_

YYYY MM DD

Start date \_\_\_\_\_ End date \_\_\_\_\_

Term of office: YYYY MM DD YYYY MM DD

Does this person have a non-arm's-length relationship with other directors or officers of the organization? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_



13M9 ZZ 49517757



Authorization number: RQ19-MR69-201911-IS007

MR-69-V  
2019-11  
1 of 3

Corporations established in Québec are required to communicate with Revenu Québec in French.  
Such corporations must therefore file the French version of this form.

## Authorization to Communicate Information or Power of Attorney

Complete this form to grant an authorization or power of attorney to a designated person allowing that person to consult confidential information or documents held by Revenu Québec regarding the person identified in Part 1 below. This form can also be used to designate a person to represent the person identified in Part 1 in dealings with Revenu Québec.

Photocopies are not accepted.

3800, rue de Marly  
Québec (Québec) G1X 4A5

C. P. 3000, succursale Place Desjardins  
Montréal (Québec) H5B 1A4

This form cannot be used to notify us of a change of address. To do that, use our online services or the Service québécois de changement d'adresse.

Before completing this form, read the information on page 4. Please print.

Your representative can file this form electronically. You can also print it, duly complete and sign it, and mail it to us at one of the addresses below.

### 1 Identification of the person about whom Revenu Québec holds confidential information or documents (Complete the lines that apply to the individual or business.)

Québec enterprise number (NEQ)	Identification number	Social insurance number (SIN)
1 1167043232	1a 1217176511	1b
2 1. <input type="checkbox"/> Mr. 2. <input type="checkbox"/> Ms.		
Last name	First name	
2a	2b	
or Name of business or trust		
3 JOHN R. MCCONNELL FOUNDATION		
Apt. or suite	Street number	Street name, P.O. box
4a 1200	4b 1350	4c SHERBROOKE STREET WEST
City, town or municipality	Province	Postal code
5a Montréal	5b QC	5c H3G 1J1
Area code Telephone	Extension	
5d 514 866-2200		

### 2 Identification of the designated person (Complete the lines that apply. If the designated person is a trust or a business, do not complete lines 12 through 12b; instead, complete lines 13 through 13b.)

Québec enterprise number (NEQ)	Identification number	Last three numbers of SIN
10 3342011858	10a 4013271549	10b
12 1. <input type="checkbox"/> Mr. 2. <input type="checkbox"/> Ms.		
Last name	First name	
12a	12b	
or Name of business or trust		
13 BDO Canada LLP		
Name of the person within the business whom we can contact for information		
Last name	First name	
13a	13b	
Address of the designated person		
Apt. or suite	Street number	Street name, P.O. box
14a 400	14b 1060	14c Rue Gauchetière Ouest
City, town or municipality	Province	Postal code
15a Montreal	15b QC	15c H3B 4W5
Area code Telephone	Extension	
15d 514 931-0841		

If the designated person has a professional representative number assigned by Revenu Québec, enter it on line 16.  
Be sure to complete line 10 or 10a.

Professional representative number

Do not use this area.

16



14IG ZZ 49527371



### 3 Information or documents and periods, taxation years or fiscal periods covered by the authorization or power of attorney

If the authorization or power of attorney concerns **support payments**, you must complete section 3.2.1 even if you are granting a general authorization or power of attorney.

If the authorization or power of attorney concerns the **shelter allowance program**, you must check box 23 in section 3.2 even if you are granting a general authorization or power of attorney.

#### 3.1 General authorization or power of attorney

- 21 ☒ This authorization or power of attorney applies to all information held by Revenu Québec with regard to the person identified in Part 1 for the application or enforcement of Québec tax legislation and the *Excise Tax Act*, **except** information related to the *Act to facilitate the payment of support or the shelter allowance program*.

#### 3.2 Limited authorization or power of attorney

##### 3.2.1 Authorization or power of attorney concerning support payments

This authorization or power of attorney concerning support payments covers **only** files that are currently in effect.

Check box 22 and enter the file numbers that apply on lines 22a through 22d. If you only check box 22, we will consider that all files currently in effect are covered.

22	<input type="checkbox"/> Support payments				
22a	File	22b	File	22c	File
90		90		90	

##### 3.2.2 Authorization or power of attorney not concerning support payments

Identify the category or categories of the information or documents covered by the authorization or power of attorney by checking the appropriate box(es) and provide any applicable additional information. Enter, for boxes 31 to 37 (if checked), the applicable file number(s). If you do not enter a specific file number next to a checked box, Revenu Québec will consider all files related to that item to be covered.

23	<input type="checkbox"/> The shelter allowance						
24	<input type="checkbox"/> Personal income tax return(s)						
25	<input type="checkbox"/> Corporation income tax return(s)						
26	<input type="checkbox"/> Trust return(s)						
27	<input type="checkbox"/> Advance payments of the tax credit for home-support services for seniors						
28	<input type="checkbox"/> The solidarity tax credit						
29	<input type="checkbox"/> Returns in respect of licence-related duties						
30	<input type="checkbox"/> Registration for GST, QST, source deductions or corporation income tax						
31	<input type="checkbox"/> Files concerning mandatory billing :	31a		31b		31c	
32	<input type="checkbox"/> The GST/HST and QST <sup>1</sup> returns the person's business must file:	32a		32b		32c	
33	<input type="checkbox"/> Fuel tax returns:	33a		33b		33c	
34	<input type="checkbox"/> Tobacco tax returns:	34a		34b		34c	
35	<input type="checkbox"/> Source deductions and employer contributions:	35a	RS	35b	RS	35c	RS
37	<input type="checkbox"/> Source deductions of support payments:	37a	RS	37b	RS	37c	RS
38	<input type="checkbox"/> Mining tax return(s)						
45	<input type="checkbox"/> The following information or documents:						

1. "QST" includes the following taxes and duties applicable under the *Act respecting the Québec sales tax*: Québec sales tax, tax on alcoholic beverages, tax on insurance premiums, tax on parimutuel betting, tax on lodging, and specific duty on new tires.



14B3 ZZ 49526651

### 3.3 Periods or taxation years covered

Identify the period(s), taxation year(s) or fiscal period(s) covered by the authorization or power of attorney.

☒ 47 All periods, taxation years and fiscal periods (past, current and future)

or

☐ 48 Taxation years    and ☐ 48d subsequent taxation years

☐ 49 From  to  and ☐ 49c subsequent periods or fiscal periods  
Y M D Y M D

### 4 Authorization or power of attorney

Complete the lines that apply, depending on whether this is an authorization or a power of attorney. See the information on page 4.

☐ 50 Authorization

I,  (please print) First name  (please print) Last name

authorize Revenu Québec to send or make available to the person designated in Part 2 (lines 12a and 12b or line 13) the type of information or documents specified in Part 3.

or


☒ 51 Power of attorney

I,  (please print) First name  (please print) Last name

name the person designated in Part 2 (lines 12a and 12b or line 13) to represent the person identified in Part 1 in dealings with Revenu Québec and to be empowered, on behalf of the person identified in Part 1, to submit to Revenu Québec any information or document that falls under the category or categories specified in Part 3, to make changes to such information or documents, and to take part in any negotiations with Revenu Québec respecting such information or documents. I also authorize Revenu Québec to disclose to the designated person the information or documents necessary for carrying out the mandate.

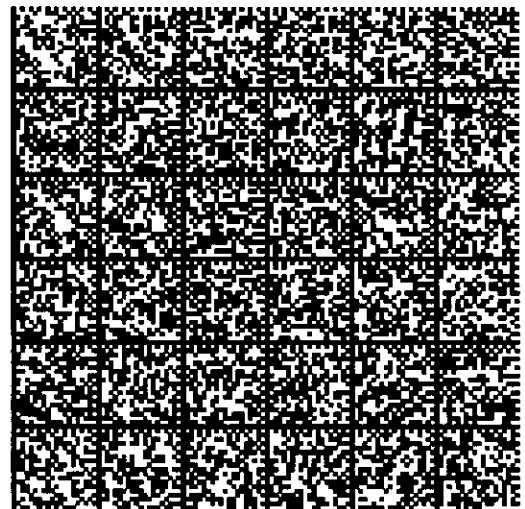
This authorization or power of attorney will take effect on the date of the signature in Part 5 and will remain valid indefinitely or until

(Y M D), unless it is revoked by the person identified in Part 1 or by that person's legal or authorized representative.

☐ 60  I confirm that two original copies of this authorization or power of attorney have been signed. I undertake to keep an original signed copy and all documents supporting the authorization of my representative, as applicable, in case Revenu Québec asks for them.  
I accept that the electronic versions of these documents constitute legal originals when sent to Revenu Québec by my professional representative.

### 5 Signature (the signee cannot be the designated person)

☒ 70   DIRECTOR / SECRETARY  Date  
Signature of individual or legal or authorized representative Position (if applicable) Y M D



14IH ZZ 49527372