Canada Revenue Agency / Agence du revenu du Canada

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Registered Charity Information Return

Section A: Identification

- To help you fill out this form, refer to Guide T4033, Completing the Registered Charity Information Return. It can be found at **canada.ca/cra-forms**.

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

Complete the following:

1. Charity name: Hospice West Parry Sound
2. Return for fiscal period ending: Year Month Day 2025-03-31
3. BN/registration number: 869762690RR0001
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** 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."

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Section C: Programs and general information

C1 Was the charity active during the fiscal period? . . . . . **1800** [X] 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

Hospice West Parry Sound is a visiting hospice dedicated to the enhancement of quality of life for all those affected by a life limiting illness. We strive to be leaders in the development and provision of innovative and exemplary palliative and bereavement programs and services in partnership with other community stakeholders.

Hospice West Parry Sound programs consist of:

. Providing non-medical volunteer support to terminally ill individuals and their families.

. Providing volunteer companions in individual homes or institutions

. Providing volunteer support for light housekeeping, meal preparation and respite.. Providing emotional support to grieving families.

. Provide palliative care training and educational opportunities.

. Provide information on death and dying.

. Work with other agencies re: teamwork for individual care and for sharing information and objectives.. Fundraising events.

. Promotions and Advanced Care Planning

. Posting of public Awareness campaigns related to palliative care and end-of-life issues.

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:

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

C7 Did the charity pay external fundraisers? . . . . . **2700** ☐ Yes ☒ No

If yes, you **must** complete the following lines, and complete Schedule 4, Confidential data, Table 1.

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

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

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

2730	☐ Commissions	**2750**	☐ Finder's fee	**2770**	☐ Honoraria
2740	☐ Bonuses	**2760**	☐ Set fee for services	**2780**	☐ Other

2790 Specify:

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

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

C9 Did the charity incur any expenses for compensation of employees during the fiscal period? . . . . . **3400** ☒ Yes ☐ No

Important: If **yes**, you **must** complete Schedule 3, Compensation.

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

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

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

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

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

C12 Did the charity acquire a non-qualifying security? . . . . . **5800** ☐ Yes ☒ No

C13 Did the charity allow any of its donors to use any of its property? (except for permissible uses) . . . . . **5810** ☐ Yes ☒ No

C14 Did the charity issue any of its tax receipts for donations on behalf of another organization? . . . . . **5820** ☐ Yes ☒ No

C15 Did the charity have direct partnership holdings at any time during the fiscal period? . . . . . **5830** ☐ Yes ☒ No

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

C16 Did the charity make qualifying disbursements by way of grants to non-qualified donees (grantees) in the fiscal period? . . . . . **5840** [X] Yes [ ] No

If **yes**, you **must** complete lines 5841, 5842 and 5843.

Did the charity make grants to any grantees totalling more than $5,000 in the fiscal period? . . . . . **5841** [ ] Yes [X] No

If **yes**, you **must** complete Form T1441, Qualifying Disbursements: Grants to Non-Qualified Donees (Grantees).

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

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

C17 In the 24 months before the beginning of the fiscal period, did the average value of your charity's property (cash, investments, capital property or other assets) not used directly in its charitable activities or administration:

(a) exceed $100,000, if the charity is designated as a charitable organization; or

(b) exceed $25,000, if the charity is designated as a public or private foundation? . . . . . **5850** [ ] Yes [X] No

If **yes**, you **must** complete Schedule 8 – Disbursement quota

C18 Did the charity hold any donor advised funds (DAF) during the fiscal period? . . . . . **5860** [ ] Yes [X] No

If **yes**, provide the following:

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

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

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

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

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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)		Signature
Crossman, Melissa		SIGN HERE
Position in charity	Date	Phone number
Executive Director		

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	6 Albert St.	6 Albert St
City	Parry Sound	Parry Sound
Province or territory and postal code	ON P2A 3A4	ON P2A 3A4

F2 Name and address of individual who completed this return.

Name		
Company name (if applicable)		
KPMG LLP		
Complete street address		
300-925 Stockdale Road, P.O. Box 990		
City, province or territory, and postal code		
North Bay ON P1B8K3		
Phone number	Is this the same individual who certified in Section E above?	☐ Yes ☒ No
(705) 472-5110		

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 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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Country codes

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

Use the following codes for countries not listed above:

QS-Other countries in Africa
QR-Other countries in Asia and Oceania
QM-Other countries in Central and South America
QP-Other countries in Europe
QO-Other countries in the Middle East
QN-Other countries in North America

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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** 2

(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**	2	$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** $ 83,777

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.

	Type of donor (confidential)			
Name (confidential)	Organization	Government	Individual	Value (CAN $)
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

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	**525**	☐	Ecological properties	**550**	☐	Publicly traded securities/ commodities/mutual funds
505	☐	Building materials	**530**	☐	Life insurance policies	**555**	☐	Books
510	☐	Clothing/furniture/food	**535**	☐	Medical equipment/supplies	**560**	☐	Other
515	☐	Vehicles	**540**	☐	Privately-held securities	**565**		Specify:
520	☐	Cultural properties	**545**	☐	Machinery/equipment/ computers/software			

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

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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 [X] 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:			Liabilities:		
Cash, bank accounts, and short-term investments	4100	133,657	Accounts payable and accrued liabilities	4300	6,574
Cash and bank accounts	4101	84,031	Deferred revenue	4310	
Short-term investments	4102	49,626	Amounts owing to non-arm's length persons	4320	
Amounts receivable from non-arm's length persons	4110	2,466	Other liabilities	4330	
Amounts receivable from all others	4120		**Total liabilities (add lines 4300 to 4330)**	4350	6,574
Investments in non-arm's length persons	4130				
Long-term investments	4140				
Inventories	4150				
Land and buildings in Canada	4155		**Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable activities**	4250	
Used for charitable programs or administration	4157				
Used for other purposes	4158				
Other capital assets in Canada	4160	4,403			
Capital assets outside Canada	4165				
Accumulated amortization of capital assets	4166	-4,272			
Other assets	4170	2,413			
Impact investments	4190				
Total assets (add lines 4100, 4110 to 4155, and 4160 to 4170)	4200	138,667			

Statement of operations

Revenue:

Total eligible amount of all gifts for which the charity has issued or will issue tax receipts			4500	13,064
Total eligible amount of tax-receipted tuition fees	5610			
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	133,855
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	20,200
Total interest and investment income from impact investments	4576			
Total interest and investment income from persons not at arm's length	4577			
Total interest and investment income received or earned			4580	1,788
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	168,907

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Expenditures:

Advertising and promotion	4800	$ 2,011
Travel and vehicle expenses	4810	$ 1,202
Interest and bank charges	4820	$ 115
Licences, memberships, and dues	4830	$
Office supplies and expenses	4840	$ 39,128
Occupancy costs	4850	$ 3,414
Professional and consulting fees	4860	$ 7,515
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	$ 83,777
Fair market value of all donated goods used in charity's own activities	4890	$
Purchased supplies and assets	4891	$
Amortization of capitalized assets	4900	$ 160
Research grants and scholarships as part of charity's own activities	4910	$ 11,779
All other expenditures not included in the amounts above (excluding qualifying disbursements)	4920	$
Specify type(s) of expenditures included in the amount reported at 4920 — 4930 Wages and Benefits		
Total expenditures before qualifying disbursements **(add lines 4800 to 4920)**	4950	$ 149,101

Of the amounts at lines 4950:

(a) Total expenditures on charitable activities	5000	$ 58,509
(b) Total expenditures on management and administration	5010	$ 78,813
(c) Total expenditures on fundraising	5020	$ 11,779
(d) Total other expenditures included in line 4950	5040	$

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	$ 149,101

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	$
• The 24 months before the **end** of the fiscal period	5910	$

Protected B when completed

NE/numéro d'enregistrement 869762690RR0001 Fin de l'exercice fiscal 2025-03-31

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.

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	$
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	$

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	$
Line 825 multiplied by 5%	830	$
Line 830 plus $35,000	835	$

Enter the amount from line 820 or line 835. This is your charity's disbursement quota requirement for the current fiscal period	840	$
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	$
Add lines 845 to line 855	860	$
Line 860 minus line 840. This is your charity's disbursement quota excess or shortfall for the current fiscal period	865	$

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	$

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	$
Line 880 multiplied by 5%	885	$
Line 885 plus $35,000	890	$

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

Canada Revenue Agency / Agence du revenu du Canada

Directors/Trustees and Like Officials Worksheet

Protected B when completed

You **must** give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials:	Charity name:	Business number:	Return for fiscal period ending (YYYY/MM/DD):
6	Hospice West Parry Sound	869762690RR0001	2025-03-31

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**, select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information			Confidential data		
Last name: Litkowich	First name: Anne	Initial:	Residential address – Street number and name: 105 Clear Lake Road		
Term ▶ Start date (Y/M/D): 2021-02-01	End date (Y/M/D):		City: Seguin	Prov/Terr: ON	Postal code: P2A 2W8
Position: Chair	At arm's length with other Directors? [X] Yes [ ] No		Phone number (705) 773-9313	Date of birth (Y/M/D):	
Last name: Randall Wood	First name: Deborah	Initial:	Residential address – Street number and name: 140 Boundary Spur Road		
Term ▶ Start date (Y/M/D): 2022-04-01	End date (Y/M/D):		City: Dunchurch	Prov/Terr: ON	Postal code: P0A 1GO
Position: Vice Chair	At arm's length with other Directors? [X] Yes [ ] No		Phone number (705) 773-3187	Date of birth (Y/M/D):	
Last name: Ashford	First name: George	Initial:	Residential address – Street number and name: 29 River Street		
Term ▶ Start date (Y/M/D): 2021-08-01	End date (Y/M/D):		City: Parry Sound	Prov/Terr: ON	Postal code: P2A 2T7
Position: Treasurer	At arm's length with other Directors? [X] Yes [ ] No		Phone number (519) 982-3736	Date of birth (Y/M/D):	
Last name: Brisbourne	First name: Sara	Initial:	Residential address – Street number and name: 67 Highland Cres		
Term ▶ Start date (Y/M/D): 2022-04-01	End date (Y/M/D):		City: Parry Sound	Prov/Terr: ON	Postal code: P2A 1N7
Position: Secretary	At arm's length with other Directors? [X] Yes [ ] No		Phone number (705) 773-9854	Date of birth (Y/M/D):	
Last name: Beck Sanderson	First name: Karen	Initial:	Residential address – Street number and name: Cliff Point		
Term ▶ Start date (Y/M/D): 2022-04-01	End date (Y/M/D):		City: Parry Sound	Prov/Terr: ON	Postal code: P2A 2Z1
Position: Director	At arm's length with other Directors? [X] Yes [ ] No		Phone number (705) 938-0071	Date of birth (Y/M/D):	

Public information			Confidential data		
Last name: Bailey	First name: Nancy	Initial:	Residential address – Street number and name: 65 Gibson Street		
Term ▶ Start date (Y/M/D): 2023-07-01	End date (Y/M/D):		City: Parry Sound	Prov/Terr: ON	Postal code: P2A 1X2
Position: Director	At arm's length with other Directors? [X] Yes [ ] No		Phone number (705) 774-8583	Date of birth (Y/M/D):	

Approval code: 13001

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Canada

Financial Information of

HOSPICE WEST PARRY SOUND

And Compilation Engagement report thereon

Year ended March 31, 2025

KPMG LLP
925 Stockdale Road, Ste. 300, PO Box 990
North Bay, ON P1B 8K3
Canada
Telephone 705 472 5110
Fax 705 472 1249

COMPILATION ENGAGEMENT REPORT

To the Directors of Hospice West Parry Sound

On the basis of information provided by management, we have compiled the statement of financial position of Hospice West Parry Sound as at March 31, 2025, the statement of operations and changes in net assets for the year then ended, and Note 1, which describes the basis of accounting applied in the preparation of the compiled financial information ("financial information").

Management is responsible for the accompanying financial information, including the accuracy and completeness of the underlying information used to compile it and the selection of the basis of accounting.

We performed this engagement in accordance with Canadian Standard on Related Services (CSRS) 4200, Compilation Engagements, which requires us to comply with relevant ethical requirements. Our responsibility is to assist management in the preparation of the financial information.

We did not perform an audit engagement or a review engagement, nor were we required to perform procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an audit opinion or a review conclusion, or provide any form of assurance on the financial information.

Readers are cautioned that the financial information may not be appropriate for their purposes.

KPMG LLP

Chartered Professional Accounts, Licensed Public Accountants

North Bay, Canada

September 15, 2025

KPMG LLP, an Ontario limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. KPMG Canada provides services to KPMG LLP.

HOSPICE WEST PARRY SOUND

Statement of Financial Position

As at March 31, 2025, with comparative information for 2024

	2025	2024
Assets		
Current assets:		
Cash	$ 84,031	$ 6,614
Investments and marketable securities	49,626	46,839
Accounts receivable	2,466	60,451
Prepaid expenses and deposits	2,413	9,326
	138,536	123,230
Equipment, net of accumulated amortization	131	291
	$ 138,667	$ 123,521
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 6,574	$ 11,234
Net assets:		
Unrestricted	82,467	64,449
Restricted - Residential Hospice	49,626	47,838
	132,093	112,287
	$ 138,667	$ 123,521

See accompanying notes to financial information.

HOSPICE WEST PARRY SOUND

Statement of Operations

For year ended March 31, 2025, with comparative information for 2024

		2025		2024
Revenue:				
Ministry of Health and Long-Term Care Funding	$	133,855	$	133,049
Donations		33,264		35,967
Other revenues and recoveries		1,788		548
		168,907		169,564
Expenses:				
Salaries and benefits		83,777		124,080
Office and general		39,128		52,763
Fundraising		11,779		7,789
Professional fees		7,515		5,900
Rent		2,655		3,027
Advertising and promotion		2,011		-
Travel		1,202		565
Insurance		759		2,235
Amortization of equipment		160		355
Interest and bank charges		115		106
		149,101		196,820
Excess (deficiency) of revenue over expenses	$	19,806		(27,256)

See accompanying notes to financial information.

HOSPICE WEST PARRY SOUND

Statement of Changes in Net Assets

For year ending in March 31, 2025, with comparative information for 2024

	Unrestricted	Restricted Residential Hospice	2025 Total	2024 Total
Balance, beginning of year	$ 64,449	47,838	$ 112,287	$ 139,544
Excess (deficiency) of revenue over expenses	18,018	1,788	19,806	(27,256)
Balance, end of year	$ 82,467	49,626	$ 132,093	$ 112,288

See accompanying notes to financial information.

HOSPICE WEST PARRY SOUND

Notes to Financial Information

For year ended March 31, 2025

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1. Basis of accounting:

The basis of accounting applied in the preparation of the financial information is on the historical cost basis, reflecting cash transactions with the addition of the following:

- Accounts receivables
- Equipment is amortized over its useful life
- Adjustments for selected accruals and estimates for professional fees