



## Summary of your submitted application to be a registered charity

Program account number:

**742002132RR0001**

Name:

**Cider House Inc.**

Registration status:

**Pending**

Your application to be a registered charity was successfully submitted.

Date and time submitted: **2020-05-06 at 20:00:21**

Case Number: **CH201271909038**

To print a copy of your "Application for registration" for your records, use the "Print preview" button. Do **NOT** send a printed copy of this summary to the CRA.

All amounts are in Canadian dollars.

## Identification of your organization

### Other names and account numbers

Has your organization gone by any other names (acronyms)?

**No**

Does your organization have any other business number (BN) or program accounts, other than the one associated with this application?

**Yes**

Other account number

**742002132 RC 0001**

### Locations

Physical location address (confidential)

621 6TH ST E

SASKATOON, SASKATCHEWAN

S7H1C3

CANADA

Mailing address

621 6TH ST E  
SASKATOON, SASKATCHEWAN  
S7H1C3  
CANADA

Books & records address (confidential)

*(must be an address in Canada and cannot be a post office box)*

621 6TH ST E  
SASKATOON, SASKATCHEWAN  
S7H1C3  
CANADA

Does your organization have any other locations where its activities take place? (confidential)

**No**

### Email address available to the public

Does your organization have an email address available to the public?

**Yes**

Email address(es)

### List of your organization's public email addresses

Email address
hello@saskatoonciderhouse.org

### Phone number available to the public

Does your organization have a phone number available to the public?

**No**

### Website available to the public

Does your organization have a website available to the public?

**Yes**

Website(s)

### List of your organization's public website(s)

Website
www.saskatoonciderhouse.org/

**Social media account available to the public**

Does your organization have a social media account available to the public?

**Yes**

**Social media account(s)****List of your organization's public social media accounts**

Type	Account name
Facebook	www.facebook.com/SaskatoonCiderHouse
Twitter	https://twitter.com/CiderHouseYXE

**Previous application for registration**

Has your organization ever applied to be a registered charity under the Income Tax Act? (confidential)

**No**

**Organizational structure**

Is your organization applying as an internal division of a registered charity?

**No**

Since you indicated that you were not applying as an internal division of a registered charity, CRA does not need additional information from you in this section.

**Governing documents**

How is your organization governed?

**Incorporated for less than 5 years**

You will be asked to upload the following documents prior to submitting your application for registration:

- A complete set of your organization's incorporating documents, including all amendments, if applicable
- A copy of your organization's by-laws and all amendments, if applicable

**Directors, trustees, and like officials****Directors and/or trustees**

**# 1**

Name of director or trustee

**JAMES BLAKLEY**

Role or position

**President**

**Chair**

Date first elected

**2019-12-19**

Still active / Last day

**Yes**

Residential address (confidential)

**310 Stillwater Dr****Saskatoon, SASKATCHEWAN****S7J 4H7****CANADA**

Phone number (confidential)

**306-222-7234**

Email address (confidential)

**james.blakley@sasktel.net**

Employer (confidential)

**Extendicare Canada Corporation**

Occupation (confidential)

**Continuing Care Assistant**

Date of birth (confidential)

**1985-10-29****# 2**

Name of director or trustee

**KAYLA HORAN-DYMTRUK**

Role or position

**Secretary**

Date first elected

**2019-12-16**

Still active / Last day

**Yes**

Residential address (confidential)

**1405 Cumberland Avenue S****Saskatoon, SASKATCHEWAN****S7H2L9****CANADA**

Phone number (confidential)

**306-715-8313**

Email address (confidential)

**Kayla@marriagesaskatoon.com**

Employer (confidential)

**Points North Freight Forwarding**

Occupation (confidential)

**Administration**

Date of birth (confidential)

**1987-03-20**

# 3

Name of director or trustee

**ERIC MOONEY**

Role or position

**Treasurer**

Date first elected

**2019-12-16**

Still active / Last day

**Yes**

Residential address (confidential)

**621 6th St E****Saskatoon, SASKATCHEWAN****S7H 1C3****CANADA**

Phone number (confidential)

**306-290-9769**

Email address (confidential)

**eric.mooney.93@live.ca**

Employer (confidential)

**Canada Revenue Agency**

Occupation (confidential)

**GST/HST RIP Examiner**

Date of birth (confidential)

**1993-02-08****Like officials**

Is there anyone else with authority or governing responsibilities in your organization who was not already listed as a board member, director or trustee (such as a chief executive officer, executive director, spiritual leader)?

**No****Contact person selection**

Contact person(s) for this application for registration (select all that apply) (confidential)

- **ERIC MOONEY**

**Designation**

What percentage of your organization's annual income (cash and non-cash) will be:

Used for charitable activities carried on by the organization itself?

**91 to 100%**

Gifted to qualified donees?

**0%**

### Relationships between individuals

Are any members of the board or anyone else with authority or governing responsibilities in your organization not at arm's length with each other? Not at arm's length relationships include blood relatives, adopted children, common law relationships, marriage and close business ties.

**No**

### Major contributors

Has your organization received, or will it receive, a total of more than 50% of its capital from one or more major contributors?

**No**

## Purposes and activities

### Purposes

# 1

Purpose from your governing document

**The goal of Saskatoon Cider House is to establish in Saskatoon a permanent, dedicated, inpatient facility in which for end-of-life patients to access Medical Assistance in Dying (MAiD). We will support clients and their families as they make the transition to death in a caring, homelike environment. Our staff will assist patients of all-and-no faith traditions in planning and implementing comfortable and compassionate medically-assisted deaths.**

### Activities

# 1

Name of Activity

**Solicit Donations**

Detailed description of activity

**CH will solicit donations to raise money to advance our aims.**

Supporting documents to upload

**No**

When is the activity taking place?

**Starting August 2020**

Help carrying out activity

**No**

List of your organization's location(s) where this activity will take place and associated expenditures

**Saskatchewan****CAN\$ 100.00**

Anticipated expenditures (CAN\$)

**100.00**

Total anticipated expenditures:

**CAN\$ 100.00****How activities support purposes****How activities support purposes**

	Purpose #1
Activity #1 Solicit Donations	<input checked="" type="checkbox"/>

**Relationships with other organizations**

Does your organization expect to have any relationships with other organizations that you have not already described in this section?

**Yes**

Describe the relationship with other organizations

**CH may in future partner with hospitals and hospital associations to help us operate****Take over from another organization**

Does your organization intend to take over the activities, assets or liabilities from a former or current registered charity, non-profit organization, or other entity?

**No****Other expenditures**

Other anticipated expenditures related to your organization's purposes and activities that have not been reported (such as administration, management, or professional fees)

**CAN\$ 0.00****Gifts and other income generating activities****List of gifts and income generating activities****Select one or more of the activities that your organization will receive funds or generate income through:**

- ☒ Gifts from individuals
- ☐ Gifts from corporations and businesses

- ☐ Gifts from qualified donees
- ☐ Canadian or foreign government contracts, contributions, or grants
- ☐ Sale of goods or services
- ☐ Use of assets (such as rental property, investment income)
- ☐ Lotteries and/or games of chance (such as bingo, Nevada tickets)
- ☐ Organized events (such as galas, dinners, auctions, concerts)
- ☐ Sporting tournaments/races
- ☒ Direct solicitation (such as telephone, door-to-door, letter campaign)
- ☐ Non-cash gifts (such as used goods, art work, securities)
- ☐ Other (such as membership fees, selling advertising, crowdfunding)

### Gifts from individuals

#### List of your organization's gifts from individuals

Country	Anticipated income (CAN\$)
CANADA	1,000,000.00
<b>Sub-total from Canada:</b>	1,000,000.00
<b>Sub-total from outside Canada:</b>	0.00
<b>Total:</b>	1,000,000.00

### Direct solicitation (such as telephone, door-to-door, letter campaign)

Describe this activity, including information about when and how often it will take place

#### Putting the call out on social media for donations mostly

Country where this activity will take place

**CANADA**

What percentage of the people involved in this activity are not compensated (such as volunteers, co-op students)?

**91 to 100%**

Does your organization intend to use a third party or to hire a fundraising company for this activity?

**No**

Anticipated income generated from fundraising activities by the organization itself

**CAN\$ 5,000.00**

Anticipated expenditures associated with this activity by the organization itself

**CAN\$ 0.00**

## Public policy dialogue and development activities



## Details

A charity may not directly or indirectly support or oppose any political party or candidate for public office. Does your organization agree that it will not take part in any activity that directly or indirectly supports or opposes any political party or candidate for public office?

Yes

**i** A charity may carry on public policy dialogue and development activities in furtherance of its stated charitable purposes. These activities generally involve seeking to influence the law, policies, or decision of a government, whether in Canada or a foreign country. For more information, see guidance **CG-027, Public policy dialogue and development activities by charities.**

Will your organization carry on public policy dialogue and development activities?

Yes

Describe these public policy dialogue and development activities and how they will help achieve your organization's stated charitable purposes.

**CH has a vested interest in the laws of MAiD being clear and useful to everyone. As such we disseminate our opinions based on the law and facts/research.**

## Financial transactions with your organization's officials

### Financial transactions

Does your organization have, or plan to have, any financial arrangements or transactions (such as leases, loans, transfers of real estate, paid salaries or compensation) with any of its founders, board members, directors, trustees or like officials, or with any persons or organizations related to them?

Yes

### Arrangements

Select which financial arrangements or transactions your organization has or plans to have with any of its founders, board members, directors, trustees, like officials or any other persons or organizations related to your organization

- ☐ Salary and compensation
- ☐ Real estate and leases
- ☐ Contracts and loans
- ☒ Other agreements (e.g. per diem)

### Arrangement details

#### Details about your organization's arrangements with its officials

#### Other agreements

Details (confidential)

**CH will want to be pay per diems, mileage, hotel fees, etc. for any travel required by any members of the BoD or other officers.**

Anticipated amount

**CAN\$ 2,000.00**

## Real property

Does your organization own any real property, such as land or buildings? (confidential)

**No**

### Future plans to own real property

Does your organization have any future plans to own real property, such as land or buildings? (confidential)

**Yes**

### Future real property

Your organization has plans to own real property, such as land or buildings in the future.

Which properties does your organization plan to own? (confidential)

- **Unknown**

### Details of real property to be owned in the future

Future owned real property #1 (confidential)

**Unknown**

Describe the property and proposed title-holder arrangements (confidential)

**Ownership of a house like property to carry out our MAiD goals. Ownership of the RP will be in the name of the corporation, and not in any specific member of the BoD or other officers**

### Real property rental

Does your organization rent any real property from someone else (such as land or buildings)? (confidential)

**No**

## Financial information

### Fiscal period end

Has your organization been operating for more than one year?

**No**

When do you plan to begin operations? (YYYY-MM-DD)

**2020-08-01**

When is your organization's fiscal period end?

**December 31**

### Proposed operating budget - Income

Your organization's proposed operating budget (including income and expenditures) for the next fiscal year based on the numbers you entered in previous sections of this application (covering a 12 month period)

Changes must be made in their respective sections by selecting the link for the respective amount.

Total income:

**CAN\$ 1,005,000**

### Gifts from individuals

Country	Anticipated income (CAN\$)
CANADA	1,000,000.00
<b>Sub-total from Canada:</b>	1,000,000.00
<b>Sub-total from outside Canada:</b>	0.00
<b>Total anticipated income:</b>	1,000,000.00

### Income generated from fundraising activities by the organization itself

Description	Anticipated income (CAN\$)
Direct solicitation	5,000.00
<b>Total anticipated income:</b>	5,000.00

### Proposed operating budget - Expenditures

Your organization's proposed operating budget (including income and expenditures) for the next fiscal year based on the numbers you entered in previous sections of this application (covering a 12 month period)

Changes must be made in their respective sections by selecting the link for the respective amount.

Total expenditure:

**CAN\$ 100**

### Activities taking place in Canada

Activity	Location(s) where this activity will take place	Anticipated expenditures (CAN\$)
CH will solicit donations to raise money to advance our aims.	Saskatchewan	100.00
<b>Total anticipated expenditures:</b>		100.00

### Expenditures associated with income generated from fundraising activities by the organization itself

Description	Anticipated expenditures (CAN\$)
Direct solicitation	0.00
<b>Total anticipated expenditures:</b>	0.00

**Other expenditures**

Description	Anticipated expenditures (CAN\$)
Other expenditures such as administration, management fees, professional fees	0.00
<b>Total anticipated expenditures:</b>	0.00

**Proposed operating budget - Summary**

Explain why your organization's expenditures are less than its income

**At this moment, the goal of providing MAiD care to people is a few years out. Once we actually meet our stated financial goal (\$1,000,000) we will be able to move on to phase 2 of setting our facility up, and offering service.**

**Assets and liabilities****Assets**

Does your organization have any assets?

**No**

**Liabilities**

Does your organization have any liabilities?

**No**

**Shares and investments/interests in partnerships**

Does your organization own more than 2% of the outstanding shares of any class of shares of a corporation?

**No**

Does your organization directly hold any investments or interests in partnership?

**No**

**Attachments, certification, and submit**

- i** This application for registration must be certified and submitted by one director, trustee or like official of the organization who has authority to sign on behalf of the organization. It is a serious offence under the Income Tax Act to provide false or deceptive information. The consequences of providing false or deceptive information may include revocation.

If you leave this page before submitting your application for registration, all of the attachments and information entered on this page will not be saved. Please ensure that you have all of the required documents to be uploaded before proceeding.

Incorporation Document, including any by-laws and amendments

Name:

- ☒ I certify that I am acting on behalf of this organization and that the information contained within this application is accurate and complete.

**Screen ID:** B-RR-A7-PRN

**Date modified:** 2019-05-08