

**CO-OPERATIVE ASSOCIATIONS ACT
ANNUAL RETURN**

Note: To be Attached to copy of auditor’s report with financial statements

To the Supervisor
Co-operatives Associations
Department of Resources, Wildlife and Economic Development
Government of the Northwest Territories
Yellowknife NT

Section A

- 1. Name: _____
- 2. Registered Office: _____
- 3. This annual return is for the financial year ended _____, _____.
Month Year
- 4. List of officers and directors of the Association for the year ended _____.
Year

Title	Name	Address	Occupation	Term Expires
President				
Vice President				
Director				
Director				
Director				
Director				
Director				
Director				
*Auditor				

*Note – No Director or employee may hold the office of a auditor.

The attached auditor's report and financial statements contained therein to the best of our knowledge represents the financial position of the Association as at

_____, _____
Month Year

(SEAL)

President _____

Secretary _____

Section B

General Information

1. Annual meeting for _____ Date _____
Attendance _____
2. Number of other general and special meetings held during _____, _____
Attendance _____ Year Date
3. Number of board meetings held during the year _____
4. Number of periodic Financial reports submitted to the board by the manager or treasurer. _____
5. Name of committees of the board and membership (finance, education, membership, etc.)

6. Total number of members at end of fiscal year. _____
7. Number of employees. _____ Amount of manager's bond \$ _____
8. Number of employees other than manager bonded. _____
9. Amount of employees' bond(s) \$ _____