

## Agence des douanes et du revenu du Canada

## REGISTERED CANADIAN AMATEUR ATHLETIC ASSOCIATION RETURN OF INFORMATION

## Identification

Name of Association		Return for Fiscal Period ended
Name of Association		
		Year Month Day
-		Is this the first return filed by this association?
		Yes No
		If "No", has the fiscal period changed from the last return filed?
		Yes No No
Address		Is this the final return to be filed by this association?
		Yes No No
		If "Yes", please attach an explanation.
City		
Province or territory	Postal code	
If the name or address shown above is incorrect or a	more permanent address can be provided, prin	nt the necessary corrections below:
Corrected Name		
		NOTE:
		To minimize the possibility of the
		annual mailing of the
		personalized Registered Canadian Amateur Athletic
		Association Return of
Corrected Address (Number, Street, Apt. No., P.O. Bo	ox or R.R. No.)	Information going astray, it is important that, where possible, a
		permanent mailing address be
City		provided (i.e., address of the actual, physical location of the association or permanent P.O.
Province	Postal Code	Box number).

## Instructions-

- 1. Ensure that the name and address are correct. To correct pre-printed information on this form, please use the area provided. Any changes (except address) must be explained in an attachment to this return.
- 2. Complete the boxes (above right) to indicate the end of the association's fiscal period.
- 3. Attach FINANCIAL STATEMENTS for the fiscal period covered by this return. These should include a statement of receipts and disbursements for the fiscal period and a statement of assets and liabilities as of the end of the fiscal period. The statements should indicate the different sources of revenue and sufficient details to show how funds were spent or invested.
- 4. Attach a list of the names, addresses, and occupations or lines of business of the association's current directors.
- 5. Attach a list of the names of the people, including their official positions, who are authorized to issue official receipts for the association.
- 6. Attach a note which fully explains what replacement procedure is followed in the event of lost or spoiled receipts.
- 7. Mail or deliver one completed return, within six months from the end of the fiscal period of the association, TOGETHER WITH THE REQUIRED FINANCIAL STATEMENTS to:

Charities Directorate Canada Customs and Revenue Agency Ottawa ON K1A 0L5

INTO	rmation Required ————							
	Have any changes not previous documents? If <i>yes</i> , please attac	Yes	No 🗌					
	Have complete books and recorwhich fully substantiate all finanattach an explanation.	Yes	No					
	Please indicate the total amoun receipts in this fiscal period.	\$						
	Are the receipt forms used to ac distinguishable from official don- Number? If <i>no</i> , please attach ar	Yes	No					
5.	5. Did the association issue official donation receipts showing a date in the previous calendar year for donations that were mailed or otherwise submitted after the end of the calendar year? If <i>yes</i> , please attach an explanation.							
	6. Have official donation receipts been issued to acknowledge donations in a form Yes No other than cash or cheque - e.g., goods, services rendered, etc.? If <i>yes</i> , please attach a list of these gifts and their value as shown on the official donation receipt.							
7. Has any amount donated to the association been returned to the donor during the year? If <i>yes</i> , please attach an explanation.						No		
8 a. During the fiscal period, did the association accept any gifts with the express or implied condition that such gifts were to be used for the benefit of another person, club, society or association? If <i>yes</i> , please attach an explanation.								
b. Did the association issue an official donation receipt to acknowledge such a gift? Yes No						No 🗌		
Certification  To be signed by two directors of the association								
1. I,			Of					
2.	2. I, of   Name of director whose signature appears below. (Print) Address							
HEREBY CERTIFY that the information given in this return and in all statements attached is, to the best of my knowledge, correct and complete.  (Note: It is a serious offense to make false or deceptive statements.)								
1 . Signature of Director			Position with the Association					
Home telephone number Business telephone number		er	Date					
	·	·						
2. Signature of Director			Position with the Association					
Home telephone number  Business telephone number			er	Date				

