

du Canada

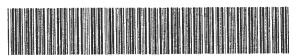
OTTAWA ON K1A 0L5

Canadian Sport Institute Pacific Society 6111 RIVER ROAD RICHMOND BC V7C 0A2

REGISTERED CANADIAN AMATEUR ATHLETIC ASSOCIATION INFORMATION RETURN

000059

Return for Fisc	cal Period Ending
120116	1013 311
Year	Month Day
Is this the first return filed by this	association?
Yes	No 🔽
If "No", has the fiscal period char	nged from the last return filed?
Yes	No 🔽
Is this the final return to be filed t	by this association?
Yes _	No 💟
If "Yes", please attach an explan	nation



15 86565 5195 RR 0001 2016-03-31

If the name or address shown above is incorrect or a more permanent	address can	be provid	ed, print th	he ned	cessary corrections below:
Corrected name					
Corrected address (Number, Street, Apt. No., P.O. Box or R.R. No.)					NOTE: To minimize the possibility of the annual mailing of the personalized Registered Canadian Amateur Athletic Association Information Return going astray, it is important that, where possible, a permanent mailing address be provided (i.e.,
City					address of the actual, physical location of the association or permanent P.O. Box number).
Province or territory	Postal code				

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 to the contact information above) 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 revenue and expenditures 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 in sufficient detail 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 and the official positions of the people who are authorized to issue official receipts for the association.
- 6. Attach a note that fully explains what replacement procedure is followed in the event of lost or spoiled receipts.
- 7. Within six months from the end of the fiscal period of the association, mail or deliver a completed return and all required documents to:

Charities Directorate Canada Revenue Agency Ottawa ON K1A 0L5

nformation Required———				1			
Have any changes not previously governing documents? If yes, pl	Yes 🗌	No 🗹					
Have complete books and recor receipts) which fully substantiate if no, please attach an explanati	Yes 🔽	No 🗌					
Please indicate the total amount receipts in this fiscal period.	Please indicate the total amount for which the association issued official donation eceipts in this fiscal period.			\$5,100			
distinguishable from official don	e the receipt forms used to acknowledge payments that are NOT gifts clearly tinguishable from official donation receipts which bear the BN/Registration mber? If no, please attach an explanation.						
Did the association issue official calendar year for donations that of the calendar year? If yes, ple	Yes 🗍	No 🔽					
 Have official donation receipts in other than cash or cheque - e.g. attach a list of these gifts and till 	Yes	No 🔽					
7. Has any amount donated to the year? If yes, please attach an e	Yes	No 🔽					
8 a. During the fiscal period, did the implied condition that such glicult, society or association?	ne association accept any its were to be used for the	e benefit of another person,	Yes	No 🗹			
b. Did the association issue an			Yes	No 🗸			
	To be signed by two directors 2.7 O.^ lature appears below. (Print)	rs of the association of	963				
	1						
2.1. LISA COL	art	of					
Name of director whose sign HEREBY CERTIFY that the info correct, complete and current. (I deceptive information.)	nature appears below. (Print) rmation given in this retur Note: It is a serious offens	n and in all attachments is, to be under the <i>Income Tax Act</i> t	the best of my	knowledge or			
		Position with the association					
Zpenn.		Chair, Board	ot Di	rectous			
Home telephone number	Business telephone n	Chair, Barnd	10 Aug 19,	2016			
2. Signature of director (Section 1987)).	Position with the association		<i>V</i> -			
Home telephone number	Business te aphone r						
	Maria Carlo Carlo		1 - 10	2016			

