Canada Revenue Agency

Agence du revenu du Canada

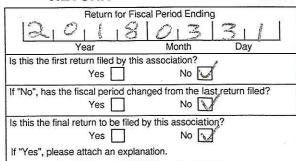
REGISTERED CANADIAN AMATEUR ATHLETIC ASSOCIATION INFORMATION

RETURN

000057

OTTAWA ON K1A 0L5

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





15 86565 5195 RR 0001 2018-03-31 3035214

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

Instructions

- 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

Information Required				
 Have any changes not previously reported been made to the association's governing documents? If yes, please attach a certified copy of the changes. 	Yes 🗌	No 🔽		
 Have complete books and records been kept (including duplicate copies of receipts) which fully substantiate all financial transactions during the fiscal period? If no, please attach an explanation. 	Yes V	No 🗌		
Please indicate the total amount for which the association issued official donation receipts in this fiscal period.	\$10.11	4.41		
4. Are the receipt forms used to acknowledge payments that are NOT gifts clearly distinguishable from official donation receipts which bear the BN/Registration number? If no, please attach an explanation.	Yes 💟	No 🗌		
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 yes, please attach an explanation.	Yes	No 🗹		
6. Have official donation receipts been issued to acknowledge donations in a form other than cash or cheque - e.g., goods, services rendered, etc.? If yes, please attach a list of these gifts and their value as shown on the official donation receipt.	Yes	No 🗹		
Has any amount donated to the association been returned to the donor during the year? If yes, please attach an explanation.	Yes	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 yes, please attach an explanation.	Yes	No 🗹		
b. Did the association issue an official donation receipt to acknowledge such a gift?	Yes	No 🗹		
Certification ————————————————————————————————————				
1. 1, Margaret Mason of 415 Third St., New Westminster, Name of director whose signature appears below. (Print) Address				
2. 1, Chris Ive and of 5819 Olympic St., Vaurauver, B. Name of director whose signature appears below. (Print)				
HEREBY CERTIFY that the information given in this return and in all attachments is, to the best of my knowledge, correct, complete and current. (Note: It is a serious offense under the <i>Income Tax Act</i> to provide false or deceptive information.)				
1. Signature of director Chair, Board o	f Dire	ctors		
Home telephone number Business telephone number Date Aug	f Dire 3.201	8		
2. Signature of director Position with the association				
Home telephone number Business telephone number Date				
604-644-7415 Au	1a 3, 20	218		

