

Canada Revenue
Agency

Agence du revenu
du Canada

OTTAWA ON K1A 0L5

**REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN**

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CANADIAN AMATEUR BOXING
ASSOCIATION ASSOCIATION
CANADIENNE DE BOXE AMATEUR
888 BELFAST RD
OTTAWA ON K1G 0Z6

Charities Directorate /
Direction des organismes de bienfaisance



15 106842289 RR 0001 2014-03-31 0495200

Return for Fiscal Period Ending		
Year	Month	Day
Is this the first return filed by this association?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "No", has the fiscal period changed from the last return filed?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is this the final return to be filed by this association?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If "Yes", please attach an explanation.		

If the name or address shown above is incorrect or a more permanent address can be provided, print the necessary corrections below:

Corrected name

Corrected address (Number, Street, Apt. No., P.O. Box or R.R. No.)

City

Province or territory

Postal code

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., address of the actual, physical location of the association or permanent P.O. Box number).



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that the name and address are correct. To correct pre-printed information on this form, use the area provided. Any changes (except to the contact information above) must be in an attachment to this return.

the boxes (above right) to indicate the end of the association's fiscal period.

NANCIAL STATEMENTS for the fiscal period covered by this return. These should include ent of revenue and expenditures for the fiscal period and a statement of assets and liabilities end of the fiscal period. The statements should indicate the different sources of revenue in detail to show how funds were spent or invested.

list of the names, addresses, and occupations or lines of business of the association's directors.

list of the names and the official positions of the people who are authorized to issue official or 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

1. Have any changes not previously reported been made in the association's governing documents? If yes, please attach a certified copy of the changes. Yes ☐ No ☒
2. 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 ☒ No ☐
3. Please indicate the total amount for which the association issued official donation receipts in this fiscal period. \$31,280.00
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 ☐
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 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 ☒
7. 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

To be signed by two directors of the association

1. I, PAT Fiacco of [REDACTED]
Name of director whose signature appears below. (Print) Address
2. I, MARCEL TOULOUSE of [REDACTED]
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 <u>[Signature]</u>		Position with the Association <u>PRESIDENT</u>	
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u>	Date <u>June 14, 14</u>	
2. Signature of Director <u>[Signature]</u>		Position with the Association <u>Treasurer</u>	
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u>	Date <u>14-06-2014</u>	



**CANADIAN AMATEUR BOXING ASSOCIATION
L'ASSOCIATION CANADIENNE DE BOXE AMATEUR**



888 Belfast Road
Ottawa, Ont.
K1G 0Z6
Tel : (613) 238-7700
Fax : (613) 238-1600

August 29, 2014

Charities Division
Canada Customs and Revenue Agency
Ottawa, Ontario
K1A 0L5

Dears Sirs:

Enclosed please find a copy of our audited Financial Statements for the fiscal year ending March 31, 2014. We have also enclosed a list of names and addresses of the Executive and Board of Directors of the Association.

The official tax receipts are prepared by Michelle Ethier, Accountant/Admin. Assistant and signed by her or by Robert Crête, Executive Director. The tax receipts which are spoiled are clearly marked VOID and all copies are kept in our files. Any lost receipts which must be replaced are clearly marked DUPLICATE and the previous tax receipt number is marked clearly and recorded in our files.

We trust this information completes the requirements as listed.

Sincerely,

Robert Crête
Executive Director

Board Of Directors**Executive Committee**

Name/Nom

Address/Adresse

President

Pat Fiacco (SK)

[REDACTED]

Vice-President

Ryan Savage (BC)

[REDACTED]

Treasurer

Marcel Foulksee (CC)

[REDACTED]

Executive member

Val Ryan

[REDACTED]

Executive member

Willy McNeil

[REDACTED]

Directors

Bradley Ross (NS)

[REDACTED]

David Kindall (MB)

[REDACTED]

Steve Blanchard (NB)

[REDACTED]

Jen Riley (AB)

[REDACTED]

Diane Bechard (QC)

[REDACTED]

Ron Gallan (ON)

[REDACTED]

Tony Stambouli (PE)

[REDACTED]

Mike Summers (NF)

[REDACTED]

Angela Duggan (PE)

[REDACTED]