

OTTAWA ON K1A 0L5

**REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN**

000002

CANADIAN AMATEUR SOFTBALL
ASSOCIATION - ASSOCIATION
CANADIENNE DE SOFTBALL AMATEUR
223 COLONNADE RD
STE212
OTTAWA ON K2E 7K3

NCR MAILROOM
52

SALLE DU COURRIER
RCN

Return for Fiscal Period Ending		
2014	05	31
Year	Month	Day
Is this the first return filed by this association?		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If "No", has the fiscal period changed from the last return filed?		
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Is this the final return to be filed by this association?		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If "Yes", please attach an explanation.		



15 107992281 RR 0001 2014-05-31 0495770

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).

Instructions

insure 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.

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

031784 FINANCIAL STATEMENTS for the fiscal period covered by this return. These should include
ment of revenue and expenditures for the fiscal period and a statement of assets and liabilities
ne end of the fiscal period. The statements should indicate the different sources of revenue in
nt detail to show how funds were spent or invested.

0000 a list of the names, addresses, and occupations or lines of business of the association's
0001 directors.

a list of the names and the official positions of the people who are authorized to issue official s for the association.

a note that fully explains what replacement procedure is followed in the event of lost or 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. \$ 2289.64
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, KEVIN QUINN of [REDACTED]
Name of director whose signature appears below. (Print) Address

2. I, LISA DOWN 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>Kevin Quinn</u>		Position with the Association <u>PRESIDENT</u>	
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u>	Date <u>Sept 25/14</u>	
2. Signature of Director <u>Lisa Down</u>		Position with the Association <u>DIRECTOR</u>	
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u>	Date <u>Sept 25/14</u>	

Board of Directors/Conseil d'administration

Kevin Quinn
President / Président

[REDACTED]
[REDACTED]

Board since 1988, President 12 years

Lisa Down
Director / Directrice

[REDACTED]
[REDACTED]

Board since 1998

Larry Gould
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2005

Robb Andison
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2007

Ryan DeBelser
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2008

Lynda Turton
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2010

Jackie Dugger
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2012

Al Harrison
Director / Directeur

[REDACTED]
[REDACTED]

Board since 2013

5. The signing authority for tax receipts is the CEO, Hugh Mitchener.
6. Copy of the original receipt is kept on file to ensure the receipt has been issued. A replacement receipt is issued clearly marked "REPLACEMENT FOR #".