



Canada Revenue
Agency

Agence du revenu
du Canada

OTTAWA ON K1A 0L5

**REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN**

000009

CANADIAN AMATEUR SYNCHRONIZED
SWIMMING ASSOCIATION INC -
L'ASSOCIATION CANADIENNE
700 INDUSTRIAL AVENUE,
SUITE 401
OTTAWA ON K1G 0Y9

Return for Fiscal Period Ending		
20	14	03
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 type="checkbox"/> No <input checked="" 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 123550337 RR 0001 2014-03-31 0495309

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

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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.

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

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 at 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.

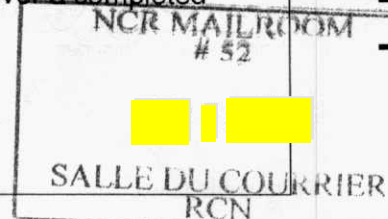
Provide a list of the names, addresses, and occupations or lines of business of the association's directors.

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

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. \$ 5250.00
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 ☐

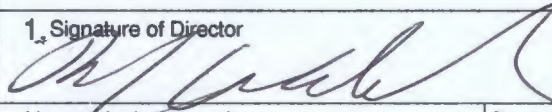
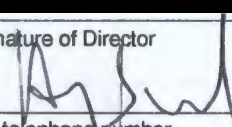
Certification

To be signed by two directors of the association

1. I, Mario Welsh of [REDACTED]
Name of director whose signature appears below. (Print) Address
2. I, Henry Scheil 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 		Position with the Association <u>President</u>	
Home telephone number [REDACTED]	Business telephone number <u>418 649 5473</u>		Date
2. Signature of Director 		Position with the Association <u>Finance Chair</u>	
Home telephone number [REDACTED]	Business telephone number <u>403 519 8213</u>		Date



**2014-2015 Synchro Canada
Board of Directors
Contact Information chart**

Position	First Name	Address	Contact #	Email Address
President	Henry Scheil			
Vice President	Lorna Proudfoot			
Director At Large	Janice McLaughlin			
Director At Large	Louise Newburry			
Director At Large	Joel Sanders			
Director At Large	Gail Donohue			
Athletes Council Chair Officier	Courtney Brown			
Past President	Mario Welsh			



2014-2015 Synchro Canada
Board of Directors

Position	First Name	Address	Contact #	Email Address
President	Henry Scheil Authorized to Issue Receipts			
Vice President	Lorna Proudfoot			
Director At Large	Janice McLaughlin			
Director At Large	Louise Newburry			
Director At Large	Joel Sanders			
Director At Large	Gail Donohue			
Athletes Council Chair Officier	Courtney Brown			
Past President	Mario Welsh			
CEO	Jackie Buckingham Authorized to Issue Receipts			