



Canada Revenue
Agency

Agence du revenu
du Canada

**REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN**

Identification

Name of Association

Commonwealth Games Association of Canada Inc /
L'Association canadienne des Jeux du Commonwealth

Address 120 - 2255 St. Laurent Blvd.

City

Ottawa

Province or territory

Ontario

Postal code

K1G 4K3

Return for Fiscal Period Ending		
2014	3	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 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.		

File number

0354183

BN/Registration number

130362601 RR 0001

Charities Directorate /
Direction des organismes de bienfaisance

RECEIVED / REÇU



F50000003178398

ns

ete the Identification area.

ete 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
ment of revenue and expenditures for the fiscal period and a statement of assets and liabilities
he 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.

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

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

(ce formulaire existe en français)

Information Required

1. 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 ☒
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. \$ 175,000
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, Dr. Andrew Pipe of [REDACTED]
Name of director whose signature appears below. Address
2. I, Robert Toller of [REDACTED]
Name of director whose signature appears below. Address

HEREBY CERTIFY that the information given in this return and in all attachments is, to be best of my knowledge, correct, complete and current. (Note: It is a serious offense under the *Income Tax Act* to provide false or deceptive information.)

1. Signature of director <u>Andrew Pipe</u>		Position with the association President	
Home telephone number	Business telephone number [REDACTED]	Date 2014/09/12	
2. Signature of director <u>[REDACTED]</u>		Position with the association Vice President	
Home telephone number [REDACTED]	Business telephone number	Date 2014/09/12	

**COMMONWEALTH GAMES ASSOCIATION OF CANADA
BOARD OF DIRECTORS**

President

Dr. Andrew Pipe

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Treasurer / Trésorier

Richard Powers

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Vice Presidents / Vice-présidente)s

Sue Boreskie

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Linda Cuthbert

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Nancy Lee

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

John Stanton

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Robert Toller

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Athlete Representative

Suzanne (Weckend)

Dill

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

DATED: September 12, 2014

Where
Sporting Excellence and
Community Meet



Rassembler
l'excellence sportive
et la communauté

Commonwealth Games Association of Canada Inc.
2255 St. Laurent Blvd.,
Ottawa, Ontario
K1G 4K3

Registered Canadian Amateur Athletic Association Information Return:

5. Authorized Persons – Official Receipts

- | | |
|------------------------|-------------------------|
| • Dr. Andrew Pipe | President |
| • Mr. Richard Powers | Treasurer |
| • Mr. Brian MacPherson | Chief Executive Officer |

6. Lost or Spoiled Receipts

In the event of a lost or spoiled receipt, the original number will be cancelled and a new receipt issued.