



REGISTERED CANADIAN AMATEUR ATHLETIC ASSOCIATION INFORMATION RETURN

000027

Return for Fiscal Period Ending							
2	0	1	4	0	3	3	1
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.							

TABLE TENNIS CANADA TENNIS DE TABLE
230-18 LOUISA ST
OTTAWA ON K1R 6Y6



15 123665655 RR 0001 2014-03-31 0495440

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

Corrected name

NCR MAILROOM
52
SALLE DU COURRIER
RCN

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).

City

Province or territory

Postal code

Instructions

sure 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 ed in an attachment to this return.

te 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 nent of revenue and expenditures for the fiscal period and a statement of assets and liabilities e end of the fiscal period. The statements should indicate the different sources of revenue in t 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 receipts for the association.

ach a note that fully explains what replacement procedure is followed in the event of lost or eceipts.

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. **\$ 50 000**
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, XAVIER THÉRIEN

Name of director whose signature appears below. (Print)

of **[REDACTED]**
Address2. I, MIKE SKINNER

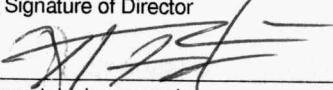
Name of director whose signature appears below. (Print)

of **[REDACTED]**
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

DIRECTOR - ATHLETE REPRESENTATIVE

Home telephone number

[REDACTED]**[REDACTED]**

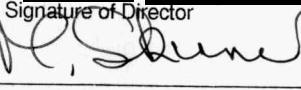
Business telephone number

[REDACTED]**[REDACTED]**

Date

Sept. 15, 2014.

2. Signature of Director



Position with the Association

DIRECTOR - TECHNICAL

Home telephone number

[REDACTED]

Business telephone number

Date

Sept. 15, 2014.

TABLE TENNIS CANADA - 2013/14 BOARD OF DIRECTORS

Position	Name	Address	City	PV	Post Code
President	David Jackson	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director of Marketing	Brian Ash	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director of Technical Matters	Mike Skinner	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director of Competitions	Norman Tang	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director of Admin/Finance	Robert Chan	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director of Education	Joseph Fisher	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Director at large	VACANT				
Athlete Representative	Xavier Thérien	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

5. AUTHORIZED TO ISSUE OFFICIAL RECEIPTS FOR THE ASSOCIATION

Anton Kiesenhofer
Melanie Ostashek
Signing officers for all financial matters

TTCAN Director General
TTCAN Projects Manager

6. In case a receipt would be lost or spoiled, we would print out the numbered original, which we keep on the computer and re-send.