

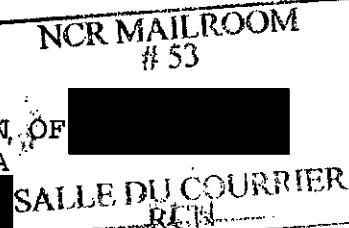


Canada Revenue
Agency

Agence du revenu
du Canada

OTTAWA ON K1A 0L5

CANADIAN ASSOCIATION OF
FREEDIVING AND APNEA



REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN

000007

Return for Fiscal Period Ending							
2	0	1	8	0	6	3	0
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 86515 5295 RR 0001 2018-06-30 3026807

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

Corrected name

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

1. Ensure 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.

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

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

of the names, addresses, and occupations or lines of business of the association's current officers.

of the names and the official positions of the people who are authorized to issue official documents on behalf of the association.

that fully explains what replacement procedure is followed in the event of lost or spoiled receipts.

months from the end of the fiscal period of the association, mail or deliver a completed return of the association's documents to:

Charities Directorate
Canada Revenue Agency
Ottawa ON K1A 0L5

6000003863121

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.
\$
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
- 8 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, Brent Pascal of [REDACTED]

Name of director whose signature appears below. (Print)

2. I, Andrew Hogan of [REDACTED]

Name of director whose signature appears below. (Print)

Address

HEREBY CERTIFY that the information given in this return and in all attachments is, to the 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	[REDACTED]	Position with the association
Home telephone number	[REDACTED]	Business telephone number
		Date

2. Signature of director	[REDACTED]	Position with the association
Home telephone number	[REDACTED]	Business telephone number
		Date

CAFA
Balance Sheet
As of 30 June 2018

	<u>30 Jun 18</u>
ASSETS	
Current Assets	
Chequing/Savings	
[REDACTED]	2,886.22
[REDACTED]	484.67
	<u> </u>
Total Chequing/Savings	3,370.89
Other Current Assets	
Banner	118.61
Clothing Inventory	1,326.86
	<u> </u>
Total Other Current Assets	1,445.47
Total Current Assets	4,816.36
TOTAL ASSETS	<u>4,816.36</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accounts Payable	373.50
Team Comp Fees	475.00
	<u> </u>
Total Other Current Liabilities	848.50
Total Current Liabilities	848.50
Total Liabilities	848.50
Equity	
Opening Bal Equity	10,819.95
Retained Earnings	-6,834.03
Net Income	-18.06
	<u> </u>
Total Equity	3,967.86
TOTAL LIABILITIES & EQUITY	<u>4,816.36</u>

CAFA
Profit & Loss
July 2017 through June 2018

	Jul '17 - Jun 18
Ordinary Income/Expense	
Income	
Membership Fees	50.00
Total Income	50.00
Expense	
Bank charges	66.00
████████ Fees	2.06
Total Expense	68.06
Net Ordinary Income	-18.06
Net Income	<u>-18.06</u>

You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials:

3

Place bar code label here

Public information

Confidential data

Last name: Hogan First name: Andrew Initial:

Term ► Start date (Y/M/D): 2 0 1 7 0 7 0 1 End date (Y/M/D): 2 0 1 8 0 6 3 0

 Position: President At arm's length with other Directors? Yes No

Last name: Lim First name: Kahn Initial:

Term ► Start date (Y/M/D): 2 0 1 7 0 7 0 1 End date (Y/M/D): 2 0 1 8 0 6 3 0

 Position: Director At arm's length with other Directors? Yes No

Last name: Pascall First name: Brent Initial:

Term ► Start date (Y/M/D): 2 0 1 7 0 7 0 1 End date (Y/M/D): 2 0 1 8 0 6 3 0

 Position: Treasurer At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Last name: First name: Initial:

Term ► Start date (Y/M/D): End date (Y/M/D):

 Position: At arm's length with other Directors? Yes No

Official receipts can only be issued by:

Andrew Hogan

President

Brent Pascall

Treasurer



Copy

Copy

To date we have not encountered any lost or spoiled receipts



Brent Pascall

Treasurer



Copy

Copy