



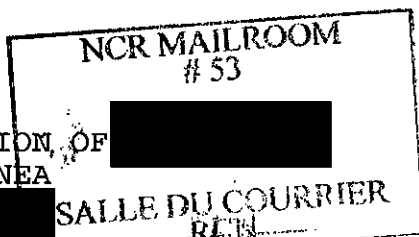
Canada Revenue
Agency

Agence du revenu
du Canada

REGISTERED CANADIAN AMATEUR
ATHLETIC ASSOCIATION INFORMATION
RETURN

000007

OTTAWA ON K1A 0L5



CANADIAN ASSOCIATION OF
FREEDIVING AND APNEA

Return for Fiscal Period Ending									
20			18			06		30	
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.

FINANCIAL 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.

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

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

Attach a document that fully explains what replacement procedure is followed in the event of lost or spoiled receipts. This document should be mailed or delivered to the Charities Directorate within 30 months from the end of the fiscal period of the association, mail or deliver a completed return and supporting 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. \$ 0
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, Brent Pascall 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 <u>[REDACTED]</u>	Position with the association <u>Treasurer</u>
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u> Date <u>[REDACTED]</u>

2. Signature of director <u>[REDACTED]</u>	Position with the association <u>President</u>
Home telephone number <u>[REDACTED]</u>	Business telephone number <u>[REDACTED]</u> Date <u>[REDACTED]</u>

CAFA
Balance Sheet
As of 30 June 2018

	<u>30 Jun 18</u>
ASSETS	
Current Assets	
Chequing/Savings	
	2,886.22
	484.67
Total Chequing/Savings	3,370.89
Other Current Assets	
Banner	118.61
Clothing Inventory	1,326.86
Total Other Current Assets	1,445.47
Total Current Assets	4,816.36
TOTAL ASSETS	<u><u>4,816.36</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accounts Payable	373.50
Team Comp Fees	475.00
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
Total Equity	3,967.86
TOTAL LIABILITIES & EQUITY	<u><u>4,816.36</u></u>

CAFA
Profit & Loss

July 2017 through June 2018

Accrual Basis

	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	-18.06

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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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):

Official receipts can only be issued by:

Andrew Hogan

President

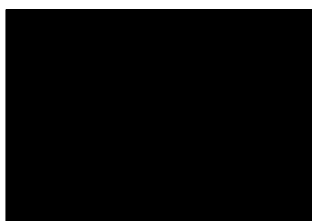
Brent Pascall

Treasurer



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To date we have not encountered any lost or spoiled receipts



Brent Pascall

Treasurer



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