



Registered Canadian Amateur Athletic Association Information Return

Identification

Name of association Canadian Association of Freediving and Apnea	
Address 1550 Wilmot Pl.	
a	
e or territory Columbia	Postal code V8R5S4

Return for fiscal period ending	
2 0 2 2	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 checked="" 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	
BN/Registration number 865155295 R R 0001	

Address above the same mailing address as last year?

Yes ☒ No ☐

Is the address above the new mailing address?

Yes ☐ No ☒

Instructions

Complete the Identification area.

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

Attach 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 as of 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.

4. Attach a list of the names, addresses, and occupations or lines of business of the association's current directors.
5. 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

RECEIVED/REÇU

Form authorized by the Minister of National Revenue.

CISD

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 (confidential). 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 (confidential). 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.
2. I, Andrew Hogan of [REDACTED]
Name of director whose signature appears below. Address (confidential)

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 (confidential) <u>[REDACTED]</u>	Position with the association Treasurer
<u>[REDACTED]</u>	Position with the association President

RCAAA:

Personal information is collected under the authority of the Income Tax Act and is used to establish and validate the identity and contact information of directors, trustees, officers and/or like officials and authorized representatives of the organization. This information will also be used as a basis for the indirect collection of additional personal information from other internal and external sources, which includes social insurance number (SIN), personal tax information, and relevant financial and biographical information, which may be used to assess the overall risk of registration with respect to the obligations of registration as outlined in the Act and the common law. The SIN is collected pursuant to subsection 237 of the Act and is used for identification purposes.

The Canada Revenue Agency (CRA) will make this form and all attachments available to the public upon request and/or on the Charities Directorate website, except for information or data identified as confidential. Personal information may also be disclosed to the organization in question and/or its authorized representatives and other third parties pursuant to the disclosure provisions under Section 241 of the Act. Personal information may also be shared with other government departments and agencies under information-sharing agreements in accordance with the disclosure provisions under Section 241 of the Act. Incomplete or inaccurate information may result in a range of actions including suspension of tax-receipting privileges, up to and including revocation of registered status.

Information is described in Charities Program CRA PPU 200 and is protected under the **Privacy Act**. Individuals have a right of protection, access to and correction or notation of their personal information. Please be advised that you are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

Notification to directors and like officials: The CRA strongly encourages the association to voluntarily inform directors and like officials that their personal information has been collected and disclosed to the CRA for the submission of its annual information return.

☒ I confirm that I have read the Privacy statement above.

CAFA
Balance Sheet
As of 30 June 2022

Accrual Basis

	30 Jun 22
ASSETS	
Current Assets	
Chequing/Savings	3,250.89
Total Chequing/Savings	3,250.89
Other Current Assets	
Banner	118.61
Clothing Inventory	1,326.86
Total Other Current Assets	1,445.47
Total Current Assets	4,696.36
TOTAL ASSETS	4,696.36
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	-6,942.09
Net Income	-30.00
Total Equity	3,847.86
TOTAL LIABILITIES & EQUITY	4,696.36



Directors/Trustees and Like Officials Worksheet

Protected B when completed

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

Charity name:

Canadian Association of Freediving and Apnea

Business number:

865155295 R R 0001

Return for fiscal period ending (YYYY/MM/DD):

2 0 2 2 0 6 3 0

Note: If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to canada.ca/charities-giving, select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information				Confidential data			
Last name: Hogan First name: Andrew Initial:							
Term ▶ Start date (Y/M/D): 2 0 2 1 0 7 0 1 End date (Y/M/D): 2 0 2 2 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 2 1 0 7 0 1 End date (Y/M/D): 2 0 2 2 0 6 3 0							
Position: Director At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Last name: Pascall First name: Brent Initial:							
Term ▶ Start date (Y/M/D): 2 0 2 1 0 7 0 1 End date (Y/M/D): 2 0 2 2 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:				Residential 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				Phone number: Date of birth (Y/M/D):			
Last name: First name: Initial:				Residential 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				Phone number: Date of birth (Y/M/D):			
Last name: First name: Initial:				Residential 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				Phone number: Date of birth (Y/M/D):			
Last name: First name: Initial:				Residential 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				Phone number: Date of birth (Y/M/D):			
Last name: First name: Initial:				Residential 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				Phone number: Date of birth (Y/M/D):			
Last name: First name: Initial:				Residential 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				Phone number: Date of birth (Y/M/D):			

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