

NON-PROFIT ORGANIZATION (NPO) INFORMATION RETURN

This return is for:

Fiscal period

From

- non-profit organizations (NPOs) described in paragraph 149(1)(I) of the Income Tax Act, and
- organizations described in paragraph 149(1)(e) of the Act (agricultural organizations, boards of trade or chambers of commerce).

An organization has to file this return if:

Part 1 – Identification

Year

- it received or is entitled to receive taxable dividends, interest, rentals or royalties totalling more than \$10,000 in the fiscal period;
- it owned assets valued at more than \$200,000 at the end of the immediately preceding fiscal period; or
- it had to file a NPO return for a previous fiscal period.

Month

To determine if the organization you represent has to complete this return, please see the T4117, *Income Tax Guide to the Non-Profit Organization (NPO) Information Return.*

Year

Month

Day

Business number, if any

Send your completed return to: Ottawa Technology Centre, 875 Heron Road, Ottawa ON K1A 1A2

to

Day

Do not use this area					

		if any	if any		
Mailing address			Is this the final return to be filed by this organization? If yes, attach an explanation.		
City	Province	Postal code	Type of organization (see Guide T4117)		
Name and title of person to contact	,		Telephone number		
Part 2 – Amounts received	during the fiscal period	_			
Membership dues, fees, and assessm	ents				
Federal, provincial, and/or municipal g	• •	400			
Interest, taxable dividends, rentals, an	d royalties				
Proceeds of disposition of capital prop	•				
Gross sales and revenues from organi	izational activities				
Gifts					
Other receipts (specify)					
Other receipts (specify)					
Total receipts (add lines 100 to 106).		107	>		
Total receipts (add lines 100 to 106).	s and liabilities at the end of th	e fiscal period	*		
Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments	s and liabilities at the end of th	e fiscal period	*		
Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments Amounts receivable from members	s and liabilities at the end of th	e fiscal period			
Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments	s and liabilities at the end of th	e fiscal period 108 109 110			
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Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments Amounts receivable from members Amounts receivable from all others (no Prepaid expenses	s and liabilities at the end of th	108			
Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments Amounts receivable from members Amounts receivable from all others (not prepaid expenses Inventory Long-term investments Fixed assets	s and liabilities at the end of th	108			
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Total receipts (add lines 100 to 106). Part 3 – Statement of assets Assets Method used to record assets Cash and short-term investments	s and liabilities at the end of th	e fiscal period 108 109 110 111 112 113 114 115 116			

Part 4 – Remuneration —								
Total remuneration and benefits paid to all emplorated Total remuneration and benefits paid to employed Other payments to members (specify)	es and officers who are membe	ers						
Number of members in the organization								
Number of members who received remuneration or other amounts								
Part 5 – The organization's activities Briefly describe the activities of the organization		st year fili	ng this return, attach	a copy of the organization's Mission Statement.				
Are any of the organization's activities carried on outside of Canada? 1 Yes 2 No If yes, indicate where:								
Part 6 – Location of books and records Leave this area blank if the information is the same as in Part 1.								
Name of person to contact								
Mailing address								
City	Province		Postal code	Telephone number				
Dest 7. Contification		·						
Part 7 – Certification — Only a current officer of the organization can sign this certification.								
Name of officer whose signature appears below (print), of City and Province, City and Province certify that the information given on this return is, to the best of my knowledge, correct and complete.								
Authorized officer's sign	nature		Position or	office within the organization				
Year Month Day Language of correspondence Langue de corresponde								
Date			Indicate the language of your choice Indiquer la langue de votre choix					
			1 English Anglais	2 Français French				