



## Non-Profit Organization (NPO) Information Return

- This return is for:
  - non-profit organizations (NPOs) described in paragraph 149(1)(l) 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:
  - 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 an NPO information return for a previous fiscal period.
- To determine if the organization you represent has to complete this return, see Guide T4117, *Income Tax Guide to the Non-Profit Organization (NPO) Information Return*.
- Mail your completed return to: Jonquière TC, T1044 Program, PO Box 1300 LCD Jonquière, Jonquière QC G7S 0L5

**Do not use this area**

Fiscal period		Year Month Day	Year Month Day	Business number, if any
		From	to	
Name of organization				Trust number, T3, if any. 8 digits.
Mailing address				Is this the final return to be filed by this organization? If yes, attach an explanation.      1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/>
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 assessments . . . . .	<b>100</b>	_____
Federal, provincial, and/or municipal grants and payments . . . . .	<b>101</b>	_____
Interest, taxable dividends, rentals, and royalties . . . . .	<b>102</b>	_____
Proceeds of disposition of capital property . . . . .	<b>103</b>	_____
Gross sales and revenues from organizational activities . . . . .	<b>104</b>	_____
Gifts . . . . .	<b>105</b>	_____
Other receipts (specify) _____	<b>106</b>	_____
<b>Total receipts (add lines 100 to 106)</b> . . . . .	<b>107</b>	===== ► _____

**Part 3 – Statement of assets and liabilities at the end of the fiscal period**

**Assets**

Method used to record assets \_\_\_\_\_

Cash and short-term investments . . . . .	<b>108</b>	_____
Amounts receivable from members . . . . .	<b>109</b>	_____
Amounts receivable from all others (not included on line 109) . . . . .	<b>110</b>	_____
Prepaid expenses . . . . .	<b>111</b>	_____
Inventory . . . . .	<b>112</b>	_____
Long-term investments . . . . .	<b>113</b>	_____
Fixed assets . . . . .	<b>114</b>	_____
Other assets (specify) _____	<b>115</b>	_____
<b>Total assets (add lines 108 to 115)</b> . . . . .	<b>116</b>	===== ► _____

**Liabilities**

Amounts owing to members . . . . .	<b>117</b>	_____
Amounts owing to all others (specify) _____	<b>118</b>	_____
<b>Total liabilities (add lines 117 and 118)</b> . . . . .	<b>119</b>	===== ► _____

**Part 4 – Remuneration**

Total remuneration and benefits paid to all employees and officers .....	<b>120</b>	_____
Total remuneration and benefits paid to employees and officers who are members .....	<b>121</b>	_____
Other payments to members (specify) _____	<b>122</b>	_____
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. If this is the organization's first year filing 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
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**Part 7 – Certification**

I certify that the information given on this return and in any attached documents is correct and complete.

\_\_\_\_\_  
 Name of authorized officer Position

\_\_\_\_\_  
 Authorized officer's signature Date (YYYY/MM/DD)

<b>Language of correspondence</b> Indicate the language of your choice	<b>Langue de correspondance</b> Indiquer la langue de votre choix
1 English <input type="checkbox"/>	2 Français <input type="checkbox"/>

**Privacy statement**

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/cra-info-source](http://canada.ca/cra-info-source), and the Personal Information Bank CRA PPU 047.