

Association Name: _____

Corporate Access Number: _____

YEAR OF Annual Return

Financial Statement presented at AGM for Fiscal year end (Year/Month/Day) _____

COMPLETE Mailing address (with postal code): _____

Phone number: _____

Fax number: _____

Association Email: _____

Chair/President Email: _____

Meeting date: _____

Association membership: Active _____ Inactive _____ Total members present at AGM _____

Insurance provider: _____

Name of Auditor appointed: _____

OFFICERS AND DIRECTORS:

NAME	ROLE	DIRECTOR (Yes/No)	COMPLETE ADDRESS WITH POSTAL CODE	PHONE (with area code)	TERM (xxxx - xxxx)

Completed by _____ Date _____

RURAL UTILITIES
Affordability and Utilities
Suite 200, J.G. O'Donoghue Building
7000 - 113 Street
Edmonton, Alberta T6H 5T6
ruralutilities@gov.ab.ca



INSTRUCTIONS TO FILL ANNUAL RETURN (OFFICERS LIST) FORM

ASSOCIATION NAME: Incorporated name of the co-operative.

CORPORATE ACCES NUMBER: Corporate Access number.

YEAR OF ANNUAL RETURN: Is to be the same year the co-operative held its AGM.

Example: Year 2022.

FINANCIAL STATEMENT PRESENTED AT AGM FOR FISCAL YEAR END –Year of financial statements. **Example: Dec 31, 2021.**

MAILING ADDRESS – The complete mailing address (with postal code) for the co-operative correspondence.

PHONE NUMBER: Office phone number.

FAX NUMBER: Office fax number.

ASSOCIATION EMAIL: Office email.

CHAIR/PRESIDENT: Officer Email with authority to receive and send communication.

MEETING DATE: Date of Annual General Meeting. **Example: May 1, 2022.**

ASSOCIATION MEMBERSHIP: Active - Total members of the Co-operative.

Inactive - Total inactive members of the Co-operative.

Total members present at the AGM.

INSURANCE PROVIDER: Name the Insurance Company for the Co-operative/association.

NAME OF AUDITOR APPOINTED: Auditor **MUST** be appointed EVERY YEAR at the AGM and must be noted in the meeting minutes. If revenues or reserve account or combination of both are over \$100,000 – Auditor **MUST** be a professional accountant If under \$100,000 – Auditor can be anyone who IS NOT a Director of the Co-op.

OFFICERS AND DIRECTORS: Number of Directors **MUST** be an odd number (**check your Bylaws**) List of names **MUST** begin with Chair/President of the Association.

NAME: Name of Officer/Director.

ROLE: Key positions of the Board of Directors elected at the AGM & Staff of the Co-op.

DIRECTOR: YES – the member has a vote at the Board Meetings NO – the member cannot vote at the Board Meetings.

COMPLETE ADDRESS WITH POSTAL CODE: Complete address with postal code.

PHONE: Member phone number with area code.

TERM: Term on Board – beginning with the first year the director was elected.

Example: 2015 – 2018