

Registered Canadian Amateur Athletic Association Information Return

Identification

Name of association Canadian Amputee Sports Association	
Address #3 Concorde Gate Suite 104	
City Toronto	
Province or territory Ontario	Postal code M3C3N7

Return for fiscal period ending	
2 0 1 4	0 3 3 1
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.	
File number 495762	
BN/Registration number 131026809 R R 0001	



Is the association above the same mailing address as last year?

Yes ☒ No ☐

Is the association above the new mailing address?

Yes ☐ No ☐

Instructions

1. Complete the Identification area.

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

3. Attach FINANCIAL STATEMENTS for the fiscal period covered by this return. These should include a statement of income 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 received.

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

Form authorized by the Minister of National Revenue.

RECEIVED/REÇU

CIS

Canada

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. \$ 5,036.00
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, Wayne Epp of [REDACTED]
Name of director whose signature appears below. Address
2. I, W Robert Wade of [REDACTED]
Name of director whose signature appears below. 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>Wayne Epp</u>		Position with the association Treasurer	
Home telephone number [REDACTED]	Business telephone number [REDACTED]	Date <u>Oct 10 / 2014</u>	
2. Signature of director <u>W Robert Wade</u>		Position with the association Western Vice President	
Home telephone number [REDACTED]	Business telephone number [REDACTED]	Date <u>Oct 10 / 2014</u>	

Canadian Amputee Sports Association

CASA BOARD OF DIRECTORS 2014

	Expiry Term
President	
Robert J. Fox [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15
Western Vice President	
W. Robert Wade [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15
Secretary	
Alan Dean [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15
Treasurer	
Wayne Epp [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15
Ontario Representative	
Thomas Heath [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15
Eastern Vice President	
Gwen Alcock [REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	31-Mar-15