

# 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
Year	Month	3	3
1	0	1	1

Is this the first return filed by this association?

Yes  No

If "no," has the fiscal period changed from the last return filed?

Yes  No

Is this the final return to be filed by this association?

Yes  No

If "yes," please attach an explanation.

File number

495762

BN/Registration number

131026809

RR

0001

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

Yes  No

Is the address above the new mailing address?

Yes  No

## Actions

Complete the Identification area.

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

1. 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 expended.

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

3. 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



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**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

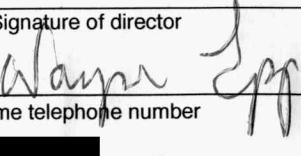
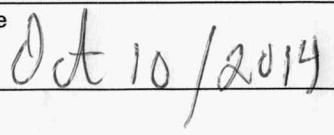
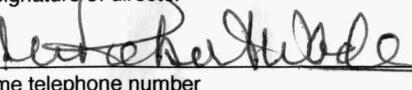
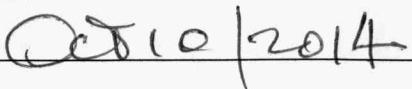
**Certification**

To be signed by two directors of the association.

1. I, Wayne Epp of [REDACTED]  
Name of director whose signature appears below. [REDACTED] Address

2. I, W Robert Wade of [REDACTED]  
Name of director whose signature appears below. [REDACTED] 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 		Position with the association Treasurer
Home telephone number <span style="background-color: black; color: black;">[REDACTED]</span>	Business telephone number <span style="background-color: black; color: black;">[REDACTED]</span>	Date  Oct 10/2014
2. Signature of director 		Position with the association Western Vice President
Home telephone number <span style="background-color: black; color: black;">[REDACTED]</span>	Business telephone number <span style="background-color: black; color: black;">[REDACTED]</span>	Date  Oct 10/2014

**Canadian Amputee Sports Association**  
**CASA BOARD OF DIRECTORS 2014**

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