

Registered Canadian Amateur Athletic Association Information Return

Identification

Name of association Canadian Deaf Sports Association/L'association des sports des sourds du Canada Inc.	
Address 10217 boul. Pie IX, suite 202	
City Montreal	
Province or territory Quebec	Postal code H1H3Z5

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 checked="" type="checkbox"/>					No <input 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									
BN/Registration number 127556306 RR 0001									

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

Yes ☒ No ☐

If no, is the address above the new mailing address?

Yes ☐ No ☒

RECEIVED
CISD

Instructions

- Complete the Identification area.
- Complete the boxes (above right) to indicate the end of the association's fiscal period.
- Attach 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 invested.
- Attach a list of the names, addresses, and occupations or lines of business of the association's current directors.
- Attach a list of the names and the official positions of the people who are authorized to issue official receipts for the association.
- Attach a note that fully explains what replacement procedure is followed in the event of lost or spoiled receipts.
- 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.



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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. \$ 554,220
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, Mark Kusiak of [REDACTED]
Name of director whose signature appears below. Address
2. I, Jonathan Guinta 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>Mark Kusiak</u>		Position with the association President	
Home telephone number	Business telephone number <u>[REDACTED]</u>	Date 2014-09-09	
2. Signature of director <u>Jonathan Guinta</u>		Position with the association Treasurer	
Home telephone number	Business telephone number <u>[REDACTED]</u>	Date 2014-09-09	