

# Registered Canadian Amateur Athletic Association Information Return

CA 222 711 329031

## Identification

Name of association <b>Canadian Amputee Sports Association</b>	
Address <b>44 Montgomery Ave</b>	
City <b>Whitby</b>	
Province or territory <b>Ontario</b>	Postal code <b>L1M1A9</b>

Return for fiscal period ending	
2 0 2 2	0 3 3 1
Year	Month Day
Is this the first return filed by this association?	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If "no," has the fiscal period changed from the last return filed?	
Yes <input 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	
131026809	RR 0001

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

Yes ☐ No ☒

Is the mailing address above the new mailing address?

Yes ☒ No ☐

## Instructions

1. Complete the Identification area.

2. Complete 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 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 vested.

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

CISD

NCR MAILROOM  
# 78

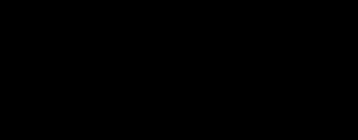
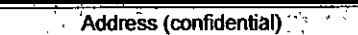
SALLE DU COURRIER  
RCN

## 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. \$ 0.00
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 (confidential). 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 (confidential). 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, Donald A Wade of   
Name of director whose signature appears below.
2. I, James Reilly of   
Name of director whose signature appears below. Address (confidential)

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 (confidential)	Position with the association
	President
	Member
	Position with the association
	Vice President
	Member

## RCAAA:

Personal information is collected under the authority of the *Income Tax Act* and is used to establish and validate the identity and contact information of directors, trustees, officers and/or like officials and authorized representatives of the organization. This information will also be used as a basis for the indirect collection of additional personal information from other internal and external sources, which includes social insurance number (SIN), personal tax information, and relevant financial and biographical information, which may be used to assess the overall risk of registration with respect to the obligations of registration as outlined in the Act and the common law. The SIN is collected pursuant to subsection 237 of the Act and is used for identification purposes.

The Canada Revenue Agency (CRA) will make this form and all attachments available to the public upon request and/or on the Charities Directorate website, except for information or data identified as confidential. Personal information may also be disclosed to the organization in question and/or its authorized representatives and other third parties pursuant to the disclosure provisions under Section 241 of the Act. Personal information may also be shared with other government departments and agencies under information-sharing agreements in accordance with the disclosure provisions under Section 241 of the Act. Incomplete or inaccurate information may result in a range of actions including suspension of tax-receipting privileges, up to and including revocation of registered status.

Information is described in Charities Program CRA PPU 200 and is protected under the **Privacy Act**. Individuals have a right of protection, access to and correction or notation of their personal information. Please be advised that you are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

**Notification to directors and like officials:** The CRA strongly encourages the association to voluntarily inform directors and like officials that their personal information has been collected and disclosed to the CRA for the submission of its annual information return.

☒ I confirm that I have read the Privacy statement above.



This is the current list of the Executive Members of our Canadian Amputee Sports Association.

Canadian Amputee Sports Association - Executive

Donald Wade - President / Interim Treasurer

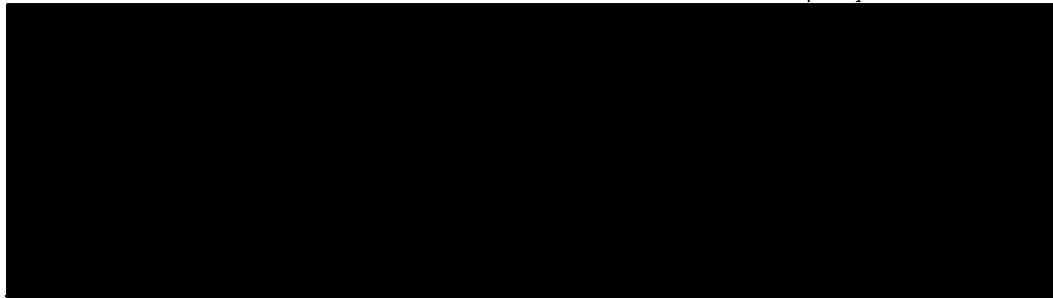
James Reilly - Vice President

Graham Spero - Ontario Coordinator

Julien Belanger - Eastern Coordinator

Sheldon Roberts - Western Coordinator

Scott Hampel - International Team Rep



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This is the financial report for the Canadian Amputee Sports Association for the fiscal period ending  
March 31<sup>st</sup>, 2022

There was no donations received and no claims made or paid during this fiscal period.

Donation	Expense	Date	Cheque / receipt #
N/A			
	POSTAGE	2021	RECEIPT

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