



0495036

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Registered Canadian Amateur Athletic Association Information Return

Identification

Name of association Waterski and Wakeboard Canada *	
Address 1554 Carling Ave *	
City Ottawa	
Province or territory Ontario	Postal code K1Z7M4

Return for fiscal period ending <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">1</td> </tr> <tr> <td colspan="4">Year</td> <td colspan="2">Month</td> <td colspan="2">Day</td> </tr> </table>	2	0	1	4	0	3	3	1	Year				Month		Day	
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 0495036 (MB)																
BN/Registration number 134542042 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?

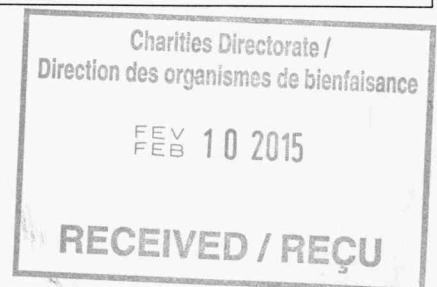
Yes No

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 invested.
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.



Information required

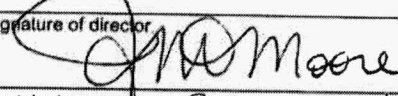
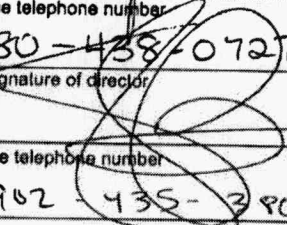
1. Have any changes not previously reported been made to the association's governing documents? If yes , please attach a certified copy of the changes.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have complete books and records been kept (including duplicate copies of receipts) which fully substantiate all financial transactions during the fiscal period? If no , please attach an explanation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please indicate the total amount for which the association issued official donation receipts in this fiscal period.	\$ 29232 -	
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Has any amount donated to the association been returned to the donor during the year? If yes , please attach an explanation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Did the association issue an official donation receipt to acknowledge such a gift?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Certification

To be signed by two directors of the association.

1. Jo-Anne Moore of 425 Bulchart Dr NW
Name of director whose signature appears below. Edmonton AB Address T6R 1Z5
1. Glenn Bowie of 397 Waverley Rd
Name of director whose signature appears below. Dartmouth, NS Address B2K 2E7

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 Director At Large	
Home telephone number 780-438-0727	Business telephone number 780-995-6332	Date Jan 23/15	
2. Signature of director 		Position with the association Board Chair	
Home telephone number 902-435-3808	Business telephone number 902-496-7429	Date Jan 26/15	

#4 Board of Directors

Kevin Neveu	CEO	939 Spring Valley Terrace Calgary, AB T3H 4V2
Jo-Anne Moore	Retired	425 Buchart Dr NW Edmonton, AB T6R 1Z5
Glenn Bowie	Director Sales & Marketing	397 Waverly Rd Dartmouth, NS B2X 2E7
Garry Morris	Physician	461 Parklands Rd Grassword, SK S7T 1A5
Sean Fleming	Real Estate Development	126 Buckingham Ave Toronto, ON M4N 1R6

#5: Persons authorized to issue official receipts for the Association:

1) David Patterson

#6: Replacement procedure when receipts are lost or spoiled:

a) Water Ski and Wakeboard Canada cancels its office (duplicate) copy of the original tax receipt

Note: On most occasions, the original tax receipt is returned by the donor who requests the issuance of a replacement.

b) Replacement tax receipt is issued with a reference indicating the number of the original receipt issued.