



Canada Revenue Agency

Agence du revenu du Canada

OTTAWA ON K1A 0L5

REGISTERED CANADIAN AMATEUR ATHLETIC ASSOCIATION INFORMATION RETURN

100003

Return for Fiscal Period Ending
20 | **14** | **04** | **30**
 Year | Month | Day

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

CANADIAN CURLING ASSOCIATION
 1660 VIMONT COURT
 CUMBERLAND ON K4A 4J4



15 106845035 RR 0001 2014-04-30 0495291

If the address shown above is incorrect or a more permanent address can be provided, print the necessary corrections below

Name _____

Address (Number, Street, Apt. No., P.O. Box or R.R. No.) _____

Territory _____ Postal code _____

NOTE:

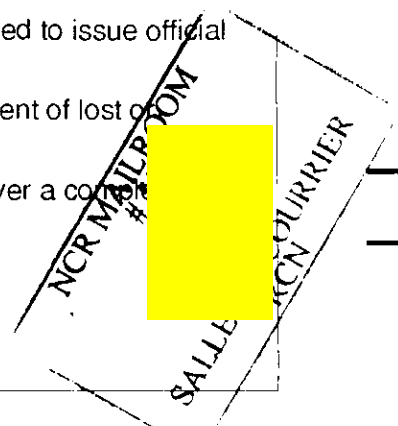
To minimize the possibility of the annual mailing of the personalized Registered Canadian Amateur Athletic Association Information Return going astray, it is important that, where possible, a permanent mailing address be provided (i.e., address of the actual, physical location of the association or permanent P.O. Box number)



Comments

1. Ensure that the name and address are correct. To correct pre-printed information on this form, please use the area provided. Any changes (except to the contact information above) must be explained in an attachment to this return.
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 copy of this return and all required documents to:

Charities Directorate
 Canada Revenue Agency
 Ottawa ON K1A 0L5



Information Required

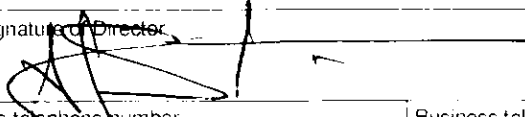
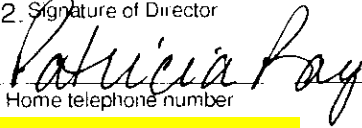
1. Have any changes not previously reported been made in the association's governing documents? If yes, please attach a certified copy of the changes. Yes No
2. Have complete books and records been kept (including duplicate copies of receipts) which fully substantiate all financial transactions during 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. \$ 170,904
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, GREG STREMLAW of [Redacted]
Name of director whose signature appears below (Print) Address
2. I, PATRICIA RAY of [Redacted]
Name of director whose signature appears below (Print) Address

HEREBY CERTIFY that the information given in this return and in all statements attached is, to the best of my knowledge, correct and complete.
 (Note: It is a serious offense to make false or deceptive statements.)

1. Signature of Director 	Position with the Association <u>CHIEF EXECUTIVE OFFICER</u>
Home telephone number [Redacted]	Business telephone number [Redacted]
Date <u>OCT. 15, 2014</u>	
2. Signature of Director 	Position with the Association <u>CHIEF OPERATING OFFICER</u>
Home telephone number [Redacted]	Business telephone number [Redacted]
Date <u>OCT. 15, 2014</u>	

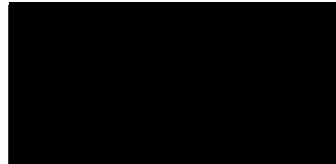
CANADIAN CURLING ASSOCIATION
National Office
1660 Vimont Court, Orleans, ON K4A 4J4
Phone: 613-834-2076 or Toll Free: 1-800-550-2875
Fax: 613-834-0716
Website: www.curling.ca

2013-2014 BOARD OF GOVERNORS

Hugh Avery
Chair



Marilyn Neily
Vice Chair



Elaine de Ryk



Bob Osborne



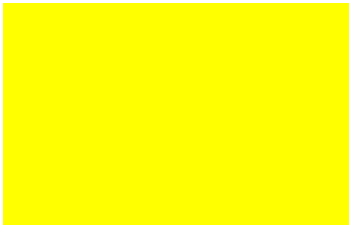
Cindy Maddock



Peter Inch



Ron Hutton



Yves Maillet



Shirley Osborne



Lena West



CANADIAN CURLING ASSOCIATION

National Office Senior Staff
2013/14

Greg Stremlaw	Chief Executive Officer
Pat Ray	Chief Operating Officer
Danny Lamoureux	Director, Championship Services & Curling Club Development
Gerry Peckham	Director, High Performance
Glenn Van Gulik	Director, Information Technology
Rachael Wilson	Director, Fund Development
Al Cameron	Director, Communication & Media Relations