



Canada Revenue  
Agency

Agence du revenu  
du Canada

OTTAWA ON K1A 0L5

REGISTERED CANADIAN AMATEUR  
ATHLETIC ASSOCIATION INFORMATION  
RETURN

000013

CANADIAN RUGBY  
UNION/FEDERATION CANADIENNE DE  
RUGBY  
110-30 EAST BEAVER CREEK RD  
RICHMOND HILL ON L4B 1J2

Return for Fiscal Period Ending									
2	0	1	3	1	2	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.									



15 125240366 RR 0001 2013-12-31 0495523

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

Corrected name

RCN MAILROOM  
# 32

Corrected address (Number, Street, Apt. No., P.O. Box or R.R. No.)

SALLE DU COURRIER  
RCN

Province or 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).

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that the name and address are correct. To correct pre-printed information on this form, use the area provided. Any changes (except to the contact information above) must be included in an attachment to this return.

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

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 at 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 directors.

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

**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. \$921,271.
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, \_\_\_\_\_ of \_\_\_\_\_  
Name of director whose signature appears below. (Print)

Graham Brown, CEO

2. I, \_\_\_\_\_ of \_\_\_\_\_  
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

as per above

Position with the Association

Graham Brown, CEO

Home telephone number

Business telephone number

Date

Jun 26/14

2. Signature of Director

Position with the Association

Home telephone number

Business telephone number

Date



## RUGBY CANADA BOARD OF DIRECTORS

### DIRECTORY

As at February 6th, 2014

**TORONTO ADDRESS**  
30 East Beaver Creek Road, Suite 110  
Richmond Hill, ON L4B 1J2

Tel: (905) 707 8998  
Fax: (905) 707 9707

**VICTORIA ADDRESS**  
3024 Glen Lake Road  
Langford, BC V9B 4B4

Tel: (250) 418 8998  
Fax: (250) 386 3810

PAT ALDOUS	CHAIRMAN		
KEITH GILLAM	VICE CHAIRMAN		
GORDON SNEDDON	SECRETARY		
JAY JOHNSTON	TREASURER		
TROY MYERS	DIRECTOR		
LARRY JONES	DIRECTOR		
DOUG CAMPBELL	DIRECTOR		
TIM POWERS	DIRECTOR		
JAMIE LOCKWOOD	DIRECTOR		
PEARSE HIGGINS	DIRECTOR		
KATHY HENDERSON	DIRECTOR		
JOHN SEAMAN	DIRECTOR		
BRIAN BURKE	DIRECTOR		
CHRIS LE FEVRE	IRB COUNCIL REPRESENTATIVE		
DAWN DAUPHINEE	FEMALE ATHLETE REPRESENTATIVE		
MARK LAWSON	MALE ATHLETE REPRESENTATIVE		
RICK POWERS	COC REPRESENTATIVE		
ARABA CHINTOH	ACTING FEMALE ATHLETE REPRESENTATIVE		

#### PAST CHAIRMAN / PRESIDENTS

RICK BOURNE PAST CHAIRMAN / NACRA REPRESENTATIVE



**RCAAA - Return, December 31, 2013**  
**Registration #: 125240366 RR 0001**

5. Person authorized to issue official receipts: Graham Brown, CEO

6. Replacement procedure if a receipt is lost or spoiled:

All new receipt is issued with a note on the new receipt "Replacement for Receipt # \_\_\_\_\_".  
All void receipts are kept for records.

**RUGBY CANADA**

**Toronto Office / Bureau de Toronto**  
30 Rue East Beaver Creek Road, Suite 110  
Richmond Hill, ON CANADA L4B 1J2  
Tel / Tél : 905 707 8998  
Fax / Téléc : 905 707 9707

**Victoria Office / Bureau de Victoria**  
3024 Rue Glen Lake Road  
Langford, BC CANADA V9B 4B4  
Tel / Tél : 250 418 8998  
Fax / Téléc : 250 386 3810

[rugbycanada.ca](http://rugbycanada.ca)  
[info@rugbycanada.ca](mailto:info@rugbycanada.ca)

