

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 is provided, print the necessary corrections below:

Corrected name

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

Province or territory

 Postal code

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NOR MAILROOM

32

SALLE DU COURRIER

RCN

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 filed in an attachment to this return.

ete 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 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 detail to show how funds were spent or invested.

F a list of the names, addresses, and occupations or lines of business of the association's directors.

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 <i>as per above</i>	Position with the Association <i>Graham Brown, CEO</i>	
Home telephone number [REDACTED]	Business telephone number [REDACTED]	Date <i>Jun 26/14</i>
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	[REDACTED]	[REDACTED]
KEITH GILLAM	VICE CHAIRMAN	[REDACTED]	[REDACTED]
GORDON SNEDDON	SECRETARY	[REDACTED]	[REDACTED]
JAY JOHNSTON	TREASURER	[REDACTED]	[REDACTED]
TROY MYERS	DIRECTOR	[REDACTED]	[REDACTED]
LARRY JONES	DIRECTOR	[REDACTED]	[REDACTED]
DOUG CAMPBELL	DIRECTOR	[REDACTED]	[REDACTED]
TIM POWERS	DIRECTOR	[REDACTED]	[REDACTED]
JAMIE LOCKWOOD	DIRECTOR	[REDACTED]	[REDACTED]
PEARSE HIGGINS	DIRECTOR	[REDACTED]	[REDACTED]
KATHY HENDERSON	DIRECTOR	[REDACTED]	[REDACTED]
JOHN SEAMAN	DIRECTOR	[REDACTED]	[REDACTED]
BRIAN BURKE	DIRECTOR	[REDACTED]	[REDACTED]
CHRIS LE FEVRE	IRB COUNCIL REPRESENTATIVE	[REDACTED]	[REDACTED]
DAWN DAUPHINEE	FEMALE ATHLETE REPRESENTATIVE	[REDACTED]	[REDACTED]
MARK LAWSON	MALE ATHLETE REPRESENTATIVE	[REDACTED]	[REDACTED]
RICK POWERS	COC REPRESENTATIVE	[REDACTED]	[REDACTED]
ARABA CHINTOH	ACTING FEMALE ATHLETE REPRESENTATIVE	[REDACTED]	[REDACTED]
PAST CHAIRMAN / PRESIDENTS			
RICK BOURNE	PAST CHAIRMAN / NACRA REPRESENTATIVE	[REDACTED]	[REDACTED]



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
Info@rugbycanada.ca

