



Canada Revenue  
Agency

Agence du revenu  
du Canada

Protected B when completed

## Registered Canadian Amateur Athletic Association Information Return

### Identification

Name of association <b>SWIMMING/NATATION CANADA</b>		*
Address <b>2445 ST. LAURENT BLVD.</b>		*
<b>SUITE B140</b>		
City <b>OTTAWA</b>		
Province or territory <b>Ontario</b>	Postal code <b>K1G6C3</b>	

Return for fiscal period ending	
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 <b>495234</b>	
BN/Registration number <b>119350825</b> <b>R R</b> <b>0001</b>	

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

Complete the Identification area.

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

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.

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

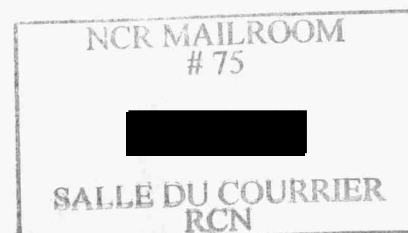
Attach a list of the names and the official positions of the people who are authorized to issue official receipts for the association.

Attach a note that fully explains what replacement procedure is followed in the event of lost or spoiled receipts.

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**

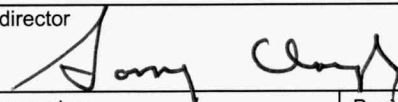
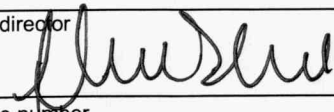
1. Have any changes not previously reported been made to the association's governing documents? If **yes**, please attach a certified copy of the changes. Yes ☐ No ☒
2. Have complete books and records been kept (including duplicate copies of receipts) which fully substantiate all financial transactions 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. \$ 1,003,896
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, Larry Clough of [REDACTED]  
Name of director whose signature appears below. Address
2. I, Ahmed El-Awadi of [REDACTED]  
Name of director whose signature appears below. Address

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 <b>Chief Financial Officer</b>	
Home telephone number [REDACTED]	Business telephone number [REDACTED]	Date <b>2014-09-29</b>	
2. Signature of director 		Position with the association <b>Chief Executive Officer</b>	
Home telephone number [REDACTED]	Business telephone number [REDACTED]	Date <b>2014-09-29</b>	

**SWIMMING/NATATION CANADA  
AUTHORIZED SIGNING AUTHORITIES  
AS AT MARCH 31, 2014**

**NAME**

**POSITION**

Susan Jackson  
Diane Bell  
Bette El-Hawary

President  
Treasurer  
Executive Director  
SWIM NOVA SCOTIA

Pat Ketterling  
Ron Richards

Executive Director  
Treasurer  
SWIMMING NEW BRUNSWICK

Bernard Charron  
Lyne Meunier

Director, Finance & Administration  
Administrative Assistant  
FEDERATION DE NATATION  
DE QUEBEC

John Vadeika

Executive Director  
SWIM ONTARIO

Karen Armstrong  
Steve Armstrong  
Darin Muma  
Nicole Parent

President  
Treasurer  
Executive Director  
Program Coordinator  
SWIM MANITOBA

Marjorie Walton  
Linda Rempel

Executive Director  
Administrative Assistant  
SWIM SASKATCHEWAN

Cheryl Humphrey  
Val Carr

Executive Director  
Membership Coordinator  
SWIM ALBERTA

Shelagh Thompson  
Carrie Matheson

Office Manager  
Interim Office Manager  
SWIM BRITISH COLUMBIA

Larry Clough

Chief Financial Officer  
SWIMMING/NATATION CANADA

## SWIMMING/NATATION CANADA

### DIRECTING OFFICERS

President

David de Vlieger

Occupation:

[REDACTED]

[REDACTED]

Chief Executive Officer

Ahmed El-Awadi

Occupation:

[REDACTED]

[REDACTED]

Chief Financial Officer

Larry Clough

Occupation:

[REDACTED]

[REDACTED]

## **REPLACEMENT PROCEDURE LOST OR SPOILED RECEIPTS**

The replacement receipt contains all the required information shown on the original receipt plus a notation to the effect that "this cancels and replaces receipt #" (serial number of lost receipt). The copy of lost receipt is retained and marked cancelled. In the case of spoiled receipt, all copies are retained and marked cancelled.