

Registered Canadian Amateur Athletic Association Information Return

Identification

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

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 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.

File number

495234

BN/Registration number

119350825

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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



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.

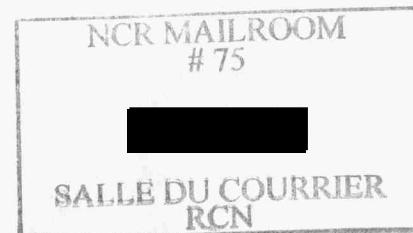
Attach a list of the names and the official positions of the people who are authorized to issue official receipts for the association.

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

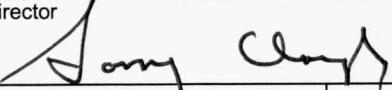
Certification

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

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

<u>NAME</u>	<u>POSITION</u>
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.