

# Application for Property Tax Exemption Non Profit Organization

Application deadline November 30<sup>th</sup> of  
the year preceding the taxation year

FOR OFFICE USE ONLY									
Property Roll Identifier <b>11917000</b>						Taxation Year <b>2025</b>		Date <b>Sept 30, 2025</b>	
Legal Description	Lot	Block	Plan	Part	Sec.	Township	Range	Mer.	
Municipal Property Address <b>430-53 Ave East, Claresholm, AB T0L 0T0</b>									
Total Assessment <b>1,503,000</b>			Land Assessment <b>165,000</b>			Building Assessment <b>1,230,960</b>			

PART 1 – PROPERTY INFORMATION (Required no later than February 15 <sup>th</sup> of the taxation year)			
Name of property owner <b>Town of Claresholm</b>		Telephone Number (Bus) <b>403-625-3381</b>	Telephone Number (Res) <b>N/A</b>
Address of property owner <b>PO Box 1000 Claresholm AB</b>		Postal Code <b>T0L0T0</b>	Fax Number <b>403-625-3869</b>
Address of property for which exemption is requested <b>430-53 Ave East Claresholm AB</b>			
Portion/Area of the property held by the organization <input checked="" type="checkbox"/> All <input type="checkbox"/> Part Area Occupied is:			
Is there an agreement in place that confirms the portion of the property held by the organization?		<input checked="" type="checkbox"/> Yes If yes, provide expiry date <b>11/30/2026</b> <small>(mm / dd / yyyy)</small>	Date organization took occupancy <small>(mm / dd / yyyy)</small> <b>1970's</b>
		<input type="checkbox"/> No	

PART 2 – ORGANIZATION INFORMATION	
Name of organization operating the facility <b>Claresholm Curling Club</b>	
Telephone Number (Bus) <b>403-625-3933</b>	Fax Number <b>403-625-4791</b>
Act under which organization is registered as a non-profit organization <b>Not for profit</b>	
Registration Number <b>500077870</b>	
Organization's objectives/purposes	
<ol style="list-style-type: none"> <li>1. To provide the Town of Claresholm and surrounding</li> <li>2. areas access to the sport of curling.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	
<p>a) Are the resources of this organization devoted to the above objectives/purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, attach explanation</p> <p>b) Are there any monetary gains or benefits received by the organization as a result of its provision of services? <input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No</p> <p>c) Does your organization expect to move from this property during the following year(s)? <input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No</p> <p>d) Is any income or profits from the organization paid to a member or shareholder of the organization other than as wages? <input type="checkbox"/> Yes If Yes, attach explanation <input checked="" type="checkbox"/> No</p> <p>e) Are the organization's services similar to any other organization and /or business? <input type="checkbox"/> Yes If Yes, attach a sheet providing the organization/business name(s) <input checked="" type="checkbox"/> No</p>	

This information is being collected for property tax exemption purposes in accordance with the Municipal Government Act and Community Organization Property Tax Exemption Regulation (AR281/98) and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to \_\_\_\_\_ (Municipality Contact Information)

**PART 3 – RETAIL COMMERCIAL OR LICENSED AREA**

Does the organization have a retail commercial area at this location?  Yes  No

If yes, do you operate this area?  Yes  No *on a volunteer basis*

What goods or services are sold at the retail commercial area?

*Concession sells breakfast, lunch + snack food. Lounge sells alcohol + snacks.*

For what purpose is the net income from the retail commercial area used?

*Operating expenses for the Clawsesholm Curling Club (utilities being the largest)*

Has an area within the facility been issued a gaming/liquor license?  Yes If yes, enclose copy  No Class *C* Area (Sq.Ft)

**PART 4 – PROPERTY USE INFORMATION specific to a non profit organization**

What facilities are on the property?

1. *4 Sheets of Ice*
2. *2 Kitchens (only one stove)*
3. *Lounge meeting Area*
4. *Maintenance + compressor room.*

What times are they accessible to the general public?

*Open 24/7*

What are the membership requirements including fees?

*\$250 membership fee*

Describe the purpose for which the facility is used.

*Curling*

Describe the typical beneficiary and where they reside.

*Clawsesholm + surrounding area Adults + Juniors.*

Are there any restrictions in place preventing anyone from using the facility?  Yes  No

If there are restrictions, explain

Are the services provided by the organization advertised and promoted to the general public, or primarily to members?  General Public  Members

**PART 5 – CONTACT INFORMATION**

Contact Name <i>Tricia Burgess</i>	Position with Organization <i>Treasurer</i>	Telephone Number (Bus) <i>403-625-4427</i>	Telephone Number (Res) <i>403-682-7945</i>
Mailing Address for non profit organization <i>PO Box 1976 Clawsesholm AB</i>		Postal Code <i>TOL0T0</i>	Fax Number <i>403-625-3229</i>
President of Organization <i>Jared Sundquist</i>	Telephone Number (Bus) <i>403-622-6007</i>	Telephone Number (Res) <i>403-682-6007</i>	Fax Number <i>N/A</i>
Treasurer of Organization <i>Tricia Burgess</i>	Telephone Number (Bus) <i>403-625-4427</i>	Telephone Number (Res) <i>403-682-7945</i>	Fax Number <i>403-625-3229</i>

**PART 6 – REQUIRED INFORMATION – please ensure the following are submitted as attachments**

- 1) Certificate of Incorporation, current confirmation that the organization is registered in good standing and the Memorandum of Association and the Articles of Association, if any.
- 2) Copies of:
  - The organizations most current financial statements,
  - Certificate of Title (if applicable),
  - The current lease agreement with the property owner (if applicable),
  - A plan showing the area leased.
- 3) If applicable, a letter from the property owner confirming that he/she is aware of this exemption application and understands that the municipality will estimate taxes on the area occupied by the organization based on methodology that may be different from that used by the landlord.
- 4) Any available brochures, newsletters or other pertinent information relative to the organization.
- 5) Any other information that the Assessment Department may deem necessary.

I certify that I am authorized to submit this application on behalf of the organization, and that the information provided on this application form, and as attachments to this form, is true and accurate in every respect, and that all information required under Part 6 of this application is included.

*Tricia Burgess*  
Name (Please Print)

*2025 Sep 02*  
Date

*Treasurer*  
Position

*Tricia Burgess*  
Signature



# Summary Report

Year of General Assessment: 2024

**Roll: 11917000      Alt. Key: 2330000**  
**Legal: 8010781 118 33**

**Description:**

Address: 430 53 AVE E  
 Zoning: Public  
 Actual Use: Primary: P10104 Secondary: C10101  
 Market Loc: 400 HIGHWAY COMMERCIAL      Assbl. Land Area: 2.20 Acres  
 Econ.Zone: Econ Zone 1 - Town of Claresholm  
 Assbl.Party: M Municipal  
 Owner: TOWN OF CLARESHOLM (CURLING RINK)



**Market Value Land**

LandID	Base Code	Site Area	Services	Location Adj.	Asmt	Code	Value
55701596	20 C-COMMERCIAL	2.20 Acres	100%	100%	64	100%	165,000

**Marshall & Swift**

ImprID	MT- Qu- St	Description	Area (Ft2)	Eff. Year	Asmt	Code	Value
300081162	500-04-61	Warehouse	12,928 Ft	1971	64	92%	1,230,960
					24	8%	107,040

**Assessment Totals**

Tax Status	Code	Description	Land	Improvement	Other	Assessment
T	24	Non Res Comm Imp/Permits	0	107,040	0	107,040
E	64	Comm Assoc Improved	165,000	1,230,960	0	1,395,960
<b>Grand Totals:</b>			<b>165,000</b>	<b>1,338,000</b>	<b>0</b>	<b>1,503,000</b>

Narratives

52 11-18-2011 Exemption - COPTER Regulation

Inspections

Outside Complete      08-26-2020      SETOBUCHI, Joel      Reinspection Cycle - N/C.  
 Historical Data      10-10-2018      WEHLAGE, LOGAN      Subdivision Plan/Parcel Change - Council has granted tax exemption for 2019 tax year.  
 Property      07-29-2011      DALRYMPLE, Stewart      Information received from the Town of Claresholm re: COPTER exemption.

Revisions

PR      04-23-2009      YEAR END PROCESS      Assessment Change

# ANNUAL RETURNS FOR SOCIETY AND NON-PROFIT COMPANY - Proof of Filing

**Alberta Amendment Date: 2024/09/12**

CLARESHOLM CURLING CLUB 1974  
BOX 1976  
CLARESHOLM, ALBERTA  
T0L0T0

**Service Request Number:** 43004922

**Corporate Access Number:** 500077870

**Business Number:**

**Legal Entity Name:** CLARESHOLM CURLING CLUB 1974

**Legal Entity Type:** Alberta Society

**Legal Entity Status:** Active

**Registration Date:** 1974/06/18

**This confirms the Annual Return for 2024 has been filed as of 2024/09/12.**

## Officer / Director / Branch

**Status:** Active

**Relationship to Legal Entity:** Treasurer

**Individual / Legal Entity Type:** Individual

**Appointment Date:** 2023/10/01

**Last Name / Legal Entity Name:** BURGESS

**First Name:** TRICIA

**Middle Name:** C.

**Street / Box Number:** PO BOX 361

**City:** CLARESHOLM

**Province:** ALBERTA

**Postal Code:** T0L0T0

**Status:** Active

**Relationship to Legal Entity:** President

**Individual / Legal Entity Type:** Individual

**Appointment Date:** 2023/10/01

**Last Name / Legal Entity Name:** SUNDQUIST

**First Name:** JARED  
**Street / Box Number:** GEN DEL  
**City:** STAVELY  
**Province:** ALBERTA  
**Postal Code:** T0L1Z0  
**Status:** Active  
**Relationship to Legal Entity:** Vice President  
**Individual / Legal Entity Type:** Individual  
**Appointment Date:** 2023/10/01  
**Last Name / Legal Entity Name:** CARTMELL  
**First Name:** TIM  
**Street / Box Number:** PO BOX 1819  
**City:** CLARESHOLM  
**Province:** ALBERTA  
**Postal Code:** T0L0T0  
**Status:** Active  
**Relationship to Legal Entity:** Secretary  
**Individual / Legal Entity Type:** Individual  
**Appointment Date:** 2023/10/01  
**Last Name / Legal Entity Name:** FOGG  
**First Name:** PAT  
**Street / Box Number:** GEN DEL  
**City:** CLARESHOLM  
**Province:** ALBERTA  
**Postal Code:** T0L0T0

**Attachment**

Attachment Type	Microfilm Bar Code	Date Recorded
Annual Return/Financial Statement	10000807135487873	2024/09/12

**REGISTERED ADDRESS**

**Street:** BOX 1976, 430 - 53 AVE E  
**City:** CLARESHOLM  
**Province:** ALBERTA  
**Postal Code:** T0L0T0

**ADDRESS FOR SERVICE BY MAIL**

**Post Office Box:** BOX 1976  
**City:** CLARESHOLM  
**Province:** ALBERTA  
**Postal Code:** T0L0T0  
**Email Address:** CLARESHOLMCURLINGCLUB@GMAIL.COM

**Registration Authorized By: TRICIA BURGESS**  
**TREASURER**

The Registrar of Corporations certifies that the information contained in this proof of filing is an accurate reproduction of the data contained in the specified service request in the official public records of Corporate Registry.