

Section A. Identification

- To complete this form, you must file a Charity Information Return.
- The Privacy Act protects personal information bank.
- Except for yes/no questions leave it blank.



18 2004-07-31 891726325 RR 0001 3011515

Please attach a bar code label here before you mail this return. If no label, enter:

1. Fiscal Period End 2004/07/31
Year Month Day

2. BN/registration number 89172 6325 RR 0001
RC-03-806

A1 Has the charity made any changes to its governing documents (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws) that it has not previously reported? (If yes, see the guide.) 1500 Yes No

A2 Was the charity an internal division regulated by the governing documents of another charity (i.e., it had no governing documents establishing its independent existence)? If yes, what is the name and BN/registration number of the other charity? 1510 Yes No

Name	BN/registration number (##### ##RR#####) RR
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A3 Was the charity linked to a provincial, national, or international organization? If yes, what is the name of this organization and its BN/registration number (if applicable). 1540 Yes No

Name	BN/registration number (##### ##RR#####) RR
------	--

A4 Has the charity wound-up, dissolved, or terminated operations? (If yes, see the guide.) 1570 Yes No

A5 Has the charity amalgamated, merged, or consolidated with another organization? (If yes, see the guide.) 1580 Yes No

Section B – Directors/Trustees and Like Officials



Provide the name, and initial of each director/trustee and like official and their date of birth, home address (code), telephone number, position in the charity, and if they are at arm's length from all other charities, their name, position in the charity, and their arm's length status will be made public. All other information included in the guide or a sheet with the same information in the same format to enter this information or an explanation of the term **arm's length**.

1700 Yes No

Section C – Programs and General Information

C1 Was the charity inactive during the fiscal period? If yes, please explain why in the "Ongoing programs" space below. 1800 Yes No

C2 Describe how the charity carried out its charitable purposes during the fiscal period. Give detailed information so a reader can clearly understand what the charity actually did to fulfill its mandate. Describe the charity's **ongoing programs** and **new programs** in the spaces provided below. Do **not** attach additional sheets of paper or annual reports. Do **not** include a description of fundraising activities in this section. Grant-making charities should describe the types of organizations they support. Please number each program. (See the guide for instructions on how to describe your programs.)

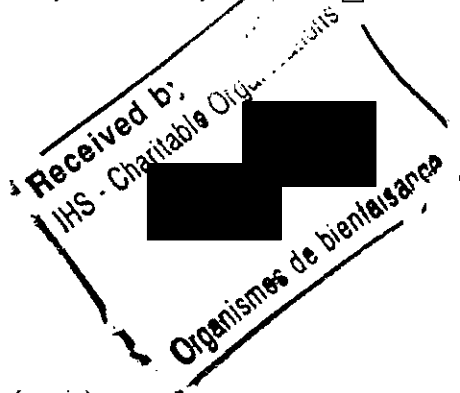
Ongoing programs

There have been no donations received or gifts disbursed.

New programs

C3 For programs carried on in Canada, check the appropriate box to show where the programs were carried on.

2000 A single rural, city, or metropolitan area 2010 Provincially or territorially 2020 In more than one province or territory



- C4** Did the charity carry on programs, directly or indirectly, **outside** Canada? _____ **2100** Yes No
 If yes, were any carried out:
- by employees or volunteers of the charity? _____ **2110** Yes No
 - under agency agreement, contract, joint-venture, or similar arrangements? _____ **2120** Yes No
 - through gifts to qualified donees? _____ **2130** Yes No
 - by other means? _____ **2140** Yes No

C5 For programs the charity managed directly, outside of Canada, list the countries or regions where programs were carried on. Do **not** include countries or regions where programs were managed by a qualified donee.

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C6 Did the charity issue scholarships, bursaries, awards, prizes, or honoraria to an individual during the fiscal period? _____ **2300** Yes No

C7 A charity may pursue political activities that are non-partisan, related to its charitable purposes, and limited in extent. During the fiscal period, did the charity carry out political activities or provide assistance to another organization to carry out political activities? (See the guide for information on political activities.) _____ **2400** Yes No

C8 If the charity carried on fundraising activities, check all fundraising methods that it used during the fiscal period.

- | | | |
|--|---|---|
| 2500 <input type="checkbox"/> Advertisements/posters/flyers/radio or TV commercials | 2560 <input type="checkbox"/> Fundraising dinners/galas/concerts | 2620 <input type="checkbox"/> Telephone solicitations |
| 2510 <input type="checkbox"/> Auctions | 2570 <input type="checkbox"/> Fundraising sales (e.g., cookies, chocolate) | 2630 <input type="checkbox"/> Tournaments/sporting events |
| 2520 <input type="checkbox"/> Bingo/casino nights | 2580 <input type="checkbox"/> Mail campaigns | 2640 <input type="checkbox"/> Walk-a-thons/bike-a-thons (etc.) |
| 2530 <input type="checkbox"/> Collection plates/boxes | 2590 <input type="checkbox"/> Planned-giving programs | 2650 <input type="checkbox"/> Other |
| 2540 <input type="checkbox"/> Door-to-door solicitation | 2600 <input type="checkbox"/> Targeted corporate donations/sponsorships | 2660 <input type="checkbox"/> Specify: _____ |
| 2550 <input type="checkbox"/> Draws/lotteries | 2610 <input type="checkbox"/> Targeted contacts | |

C9 Did the charity use incentive-based compensation (e.g., bonuses, commissions, finder's fees, honoraria) for fundraisers? _____ **2700** Yes No

- If yes, were these incentives paid to:
- contracted fundraisers? _____ **2710** Yes No
 - staff or volunteers? _____ **2720** Yes No

C10 Did the charity charge fees for, or otherwise receive regular revenue from goods, services, or the use of the charity's assets? _____ **2800** Yes No

C11 Did the charity make gifts to qualified donees? _____ **2900** Yes No

If yes, you **must** attach a list with the name of each qualified donee and its location, BN/registration number, the total amount of the gift for the fiscal period, the amount, if any, of specified gifts, and whether or not it is an associated charity. List the qualified donees in the order of the **total** amount of the gifts made, starting with the largest. Use the worksheet included in the guide or a sheet with the same information in the same format and attach it to this return.

C12 If the charity received non-cash gifts (gifts in kind) for which it issued tax receipts, check all the types of gifts that apply.

- | | | |
|--|---|--|
| 3000 <input type="checkbox"/> Artwork/wine/jewellery | 3040 <input type="checkbox"/> Cultural property | 3080 <input type="checkbox"/> Publicly-traded securities/mutual funds |
| 3010 <input type="checkbox"/> Building materials | 3050 <input type="checkbox"/> Ecological property | 3090 <input type="checkbox"/> Privately-held securities |
| 3020 <input type="checkbox"/> Clothing/furniture/food | 3060 <input type="checkbox"/> Machinery/equipment (including computers/software) | 3100 <input type="checkbox"/> Other |
| 3030 <input type="checkbox"/> Vehicles | 3070 <input type="checkbox"/> Hedge funds/life insurance policies | 3110 <input type="checkbox"/> Specify: _____ |

Section D – Compensation

Note: Compensation includes all forms of remuneration (e.g., salaries, fees, and honoraria) and benefits (e.g., personal use of a car or office space).

D1 On average, how many permanent, full-time, compensated positions did the charity have in the fiscal period? _____ **3600** _____

D2 For the five highest compensated positions indicate the **number** of positions in each of the following **annual** compensation categories. Include only those positions that are **permanent, full-time positions**.

3700 _____ \$1–\$39,999 **3710** _____ \$40,000–\$79,999 **3720** _____ \$80,000–\$119,999 **3730** _____ \$120,000 and over

D3 On average, how many part-time or part-year employees did the charity employ in the fiscal period? _____ **3800** _____

D4 What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? _____ **3850** \$ _____

D5 Did the charity compensate any of its directors/trustees or like officials, during the fiscal period? _____ **3900** Yes No

D6 Except for compensation, did the charity, directly or indirectly, transfer any part of its income or assets to individuals or organizations not at arm's length to the charity? _____ **3950** Yes No

Section E – Financial Information

- E1** Please attach a copy of the charity's financial statements to this return 4000 Attached No
- E2** May we make the attached financial statements available to the public? 4010 Yes No
- E3** Was the financial information reported below prepared on an accrual or cash basis? 4020 Accrual Cash
- E4** Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.

Assets		Liabilities	
Cash, bank accounts, and short-term investments	<u>4100</u>	Accounts payable and accrued liabilities	<u>4300</u>
Amounts receivable from non-arm's length parties	<u>4110</u>	Deferred revenue	<u>4310</u>
Amounts receivable from all others	<u>4120</u>	Amounts owing to non-arm's length parties	<u>4320</u>
Investments in non-arm's length parties	<u>4130</u>	Other liabilities	<u>4330</u>
Long-term investments	<u>4140</u>	Total liabilities (add lines 4300 to 4330)	<u>4350</u>
Inventories	<u>4150</u>		
Capital assets	<u>4160</u>		
Other assets	<u>4170</u>		
Total assets (add lines 4100 to 4170)	<u>4200</u>	Amount included in lines 4150, 4160, and 4170 not used in charitable programs	<u>4250</u>

- E5** Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.

Revenue

Total tax-receipted gifts		<u>4500</u>
Total gifts received from other registered charities		<u>4510</u>
Total specified gifts included in line 4510	<u>4520</u>	
Total other gifts		<u>4530</u>
Revenue from federal government	<u>4540</u>	
Revenue from provincial/territorial governments	<u>4550</u>	
Revenue from municipal/regional governments	<u>4560</u>	
Total revenue from government (add lines 4540, 4550, and 4560)		<u>4570</u>
Interest and investment income		<u>4580</u>
Proceeds from disposition of assets	gross <u>4590</u>	net <u>4600</u>
Rental income (land and buildings)		<u>4610</u>
Memberships, dues, and association fees (non tax-receipted)		<u>4620</u>
Total revenue from fundraising		<u>4630</u>
Total revenue from sale of goods and services (except to government)		<u>4640</u>
Other revenue		<u>4650</u>
Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650)		<u>4700</u>

Expenditures (Enter all expenditures, whether or not on charitable programs)

Advertising and promotion		<u>4800</u>
Travel and vehicle		<u>4810</u>
Interest and bank charges		<u>4820</u>
Licences, memberships, and dues		<u>4830</u>
Office supplies and expenses		<u>4840</u>
Occupancy costs		<u>4850</u>
Professional and consulting fees		<u>4860</u>
Education and training for staff and volunteers		<u>4870</u>
Salaries, wages, benefits, and honoraria		<u>4880</u>
Donated and purchased supplies and assets expensed for the fiscal period		<u>4890</u>
Amortization of capitalized assets		<u>4990</u>
Research grants and scholarships as part of charitable programs		<u>4910</u>
Other expenditures		<u>4920</u>
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)		<u>4950</u>
Total charitable programs expenditures included in line 4950	<u>5000</u>	
Total management and administration expenditures included in line 4950	<u>5010</u>	
Total fundraising expenditures included in line 4950	<u>5020</u>	
Total political activity expenditures included in line 4950	<u>5030</u>	
Total other activity expenditures included in line 4950	<u>5040</u>	
Total gifts to qualified donees		<u>5050</u>
Total expenditures (add lines 4950 and 5050)		<u>5100</u>

We will calculate your disbursement quota based on the information you provide on this return.
If you want to do your own calculation, see the disbursement quota worksheet in the guide.

Section F – Other Required Information

F1 What were the total expenditures on programs **outside** Canada during the fiscal period, excluding gifts to qualified donees? 5400 \$

F2 If the charity retained contracted fundraiser(s), enter:

a. the gross revenues collected by the fundraiser(s) on behalf of the charity 5450 \$

b. the amounts paid to and/or retained by the fundraiser(s) 5460 \$

c. the net fundraising revenue received by the charity (line 5450 minus line 5460) 5470 \$

F3 If the charity has written permission to accumulate property, enter:

- the amount accumulated for the fiscal period, including income earned for the fiscal period on previously accumulated funds 5500 \$
- the amount disbursed for the fiscal period for the specified purpose we have granted permission for 5510 \$
- the amount deemed to be a tax-receipted gift for the fiscal period (**See the guide**) 5520 \$

F4 Of the tax-receipted gifts received by the charity for the fiscal period, enter:

- the total amount of tax-receipted non-cash gifts (gifts in kind) 5600 \$
- the total amount of tax-receipted tuition fees 5610 \$
- the total amount of tax-receipted ten-year gifts 5620 \$
- the total amount of tax-receipted bequests 5630 \$

F5 If the charity received ten-year gifts or bequests in a previous fiscal period and used them to reduce its disbursement quota, enter the amount, if any, spent in the fiscal period. (**See the guide.**) 5700 \$

F6 If the charity is taking a special reduction, which we have pre-approved, to its disbursement quota, enter the special reduction amount for the fiscal period. (**See the guide.**) 5750 \$

F7 Did the charity acquire a non-qualifying security or allow a donor to use any of the charity's property under the circumstances described in the guide during the fiscal period? (**See the guide**) 5800 Yes No

Section G – For Foundations Only

Note: See the guide for an explanation of the terms and requirements of this section.

G1 In the fiscal period, did the foundation acquire control of a share-capital or for-profit corporation? 6000 Yes No

G2 Indicate the average value of investment property **not** used for charitable programs or administration during:

- the 24 months before the **beginning** of the fiscal period 6050 \$
- the 24 months before the **end** of the fiscal period 6060 \$

G3 Did the foundation incur debts at any time during the fiscal period other than for current operating expenses, in purchasing or selling investments, or in administering charitable programs? 6100 Yes No

G4 For private foundations only: At any time during the fiscal period, did the foundation hold any shares, rights to acquire such shares, or debts owing to it that meet the definition of a non-qualified investment? 6150 Yes No

Section H – Certification

H1 To be completed by a director/trustee or like official of the charity. It is a serious offence under the **Income Tax Act** to provide false or deceptive information.

I certify that the information given on this form, the basic information sheet, and any attachments is, to the best of my knowledge, correct, complete, and current.

Name (Please print) David Strangway, Position in charity Director
 Signature _____ Date signed _____

Section I – Confidential Data

I1 Physical location (address) of the charity (*Do not use rural route or post office box numbers.*)

Number, street, apt. no., or lot and concession no. _____
 City _____
 Province or territory and postal code _____

I2 Location of the charity's books and records

Number, street, apt. no., or lot and concession no. _____
 City _____
 Province or territory and postal code _____

I3 Name and address of the person who completed this return

Name _____
 Firm name (if applicable) _____
 Number, street, apt. no., R.R. no., or P.O. box no. _____
 City _____
 Province or territory and postal code _____



Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official number, street name, city, province or territory and postal code), position in the charity length from other members of the charity's Board of Directors/Trustees. Only the person's name, position in the charity, and their arm's length status will be made public. All other information will be kept confidential. See the guide for an explanation of the term arm's length.

Last name: Strangway		First name: David		Initial:	
		Position in charity: Director		Arm's length <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Last name: Strangway		First name: Alice		Initial:	
		Position in charity: Director		Arm's length <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Last name: Bromley		First name: Blake		Initial:	
		Position in charity: Director		Arm's length <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:		Initial:	
Date of birth:		Street number and name:		City:	
Province or territory:		Postal code:		Telephone number: () -	
Position in charity:		Arm's length <input type="checkbox"/> Yes <input type="checkbox"/> No			

**GLEN LAMOND FOUNDATION
BALANCE SHEET
as at July 31, 2004**

Assets

Current

Cash on hand and in bank \$ 0.00

Long Term

Securities 0.00

\$ 0.00

Liabilities

\$ 0.00

STATEMENT OF CHANGES IN EQUITY

Balance at Beginning of Period \$0.00

Decrease in Equity during period 0.00

Surplus at End of Period \$0.00

Approved by:



GLEN LAMOND FOUNDATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
for the period ending July 31, 2004

Receipts

Received Donations	\$0.00	
Investment Income	<u>0.00</u>	
		\$0.00

Disbursements

Gifts to "Qualified Donees"	\$0.00	
Administration expenses	<u>0.00</u>	
		<u>0.00</u>

Equity

Increase (Decrease) in Equity during period		\$0.00
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COPY 1