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Section A – Identification

- To complete this form, you will need *Information Return, T4033A*.
- The *Privacy Act* protects personal information bank.
- Except for yes/no questions, if a que



19 2008-07-31 891726325 RR 0001 3011515

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

Fiscal Period Ending

2008/07/31
Year Month Day

2. BN/registration number

89172 6325 RR 0001
RC-05-806

A1 Has the charity made any changes to its governing documents during the fiscal period (e.g., letters patent, articles of incorporation, constitution, trust, or by-laws)? (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 _____

A3 Was the charity linked in a subordinate way 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

B1 You must attach a list with the last name, first name, and initial of each director/trustee and like official, home address (including street number, street name, city, province or territory, and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, if they are at arm's length from all other members of the governing board and their date of birth. Only the Public information section on the worksheet is available to the public. The Confidential information section is for the CCRA's use only and remains confidential. Use the worksheet included in the guide or a sheet with the same format. Attach it to this return. See the guide for an explanation of the term arm's length. Have _____ 1700 Yes No



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Section C

C1 Was the charity involved in the "Ongoing programs" 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

Received By / Reçu Par
Records operations Section /
Charities unit

Opérations de gestion à la gestion
des dossiers / Unité des organismes
bienfaisances

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.

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 Was the financial information reported below prepared on an accrual or cash basis? **4020** Accrual Cash

E2 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	4100	Accounts payable and accrued liabilities	4300
Amounts receivable from non-arm's length parties	4110	Deferred revenue	4310
Amounts receivable from all others	4120	Amounts owing to non-arm's length parties	4320
Investments in non-arm's length parties	4130	Other liabilities	4330
Long-term investments	4140	Total liabilities (add lines 4300 to 4330)	4350
Inventories	4150		
Capital assets (at cost or fair market value)	4160		
Other assets	4170		
Total assets (add lines 4100 to 4170)	4200	Amount included in lines 4150, 4160, and 4170 not used in charitable programs	4250

E3 Please show figures to the nearest **single dollar**. Do not show cents. See the guide for an explanation of the terms.

Revenue

Total eligible amount of tax-receipted gifts		4500
Total amount received from other registered charities		4510
Total specified gifts included in line 4510	4520	
Total enduring property included in line 4510 (See the guide.)	4525	
Total other gifts		4530
Revenue from federal government	4540	
Revenue from provincial/territorial governments	4550	
Revenue from municipal/regional governments	4560	
Total revenue from government (add lines 4540, 4550, and 4560)		4570
Interest and investment income		4580
Proceeds from disposition of assets	gross 4590	net 4600
Rental income (land and buildings)		4610
Memberships, dues, and association fees (non tax-receipted)		4620
Total revenue from fundraising		4630
Total revenue from sale of goods and services (except to government)		4640
Other revenue		4650
Total revenue (add lines 4500, 4510, 4530, 4570, 4580, and 4600 to 4650)		4700

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

Advertising and promotion	4800
Travel and vehicle	4810
Interest and bank charges	4820
Licences, memberships, and dues	4830
Office supplies and expenses	4840
Occupancy costs	4850
Professional and consulting fees	4860
Education and training for staff and volunteers	4870
Salaries, wages, benefits, and honoraria	4880
Donated and purchased supplies and assets expensed for the fiscal period	4890
Amortization of capitalized assets	4900
Research grants and scholarships as part of charitable programs	4910
Other expenditures	4920
Total expenditures before gifts to qualified donees (add lines 4800 to 4920)	4950
Total charitable programs expenditures included in line 4950	5000
Total management and administration expenditures included in line 4950	5010
Total fundraising expenditures included in line 4950	5020
Total political activity expenditures included in line 4950	5030
Total other expenditures included in line 4950	5040
Total gifts to qualified donees excluding enduring property	5050
Total enduring property transferred to qualified donees (See the guide.)	5060
Total specified gifts to qualified donees (See the guide.)	5070
Total expenditures (add lines 4950, 5050, 5060 and 5070)	5100

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 5520 \$

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

- the total eligible amount of tax-receipted non-cash gifts (gifts in kind) 5600 \$
- the total eligible amount of tax-receipted tuition fees 5610 \$
- the total eligible amount of tax-receipted enduring property 5640 \$

F5 Enter the amount, if any, of enduring property spent in the fiscal period. (See the guide.) 5710 \$

F6 Enter the capital gains from the disposition of enduring property in the fiscal period. (See the guide.) 5720 \$

F7 Is the charity claiming an amount that is less than the maximum capital gains reduction? (See the guide.) 5730 Yes No

If yes, enter the amount from line 11 of form T1259. (See the guide.) 5740 \$

F8 If the charity is taking a special reduction, which we have approved, to its disbursement quota, enter the special reduction amount for the fiscal period. 5750 \$

F9 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? 5800 Yes No

F10 Indicate the average value of property **not** used for charitable activities or administration during:

- the 24 months before the **beginning** of the fiscal period 5900 \$
- the 24 months before the **end** of the fiscal period 5910 \$

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 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

G3 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 _____



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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like o province or territory and postal code), position in the charity, whether or not the number, whether or not they are at arm's length from all other members of the the "Public information" section of the worksheet is made available to the public. The "Confidential information" section is for CCKA's use only and remains confidential. See the guide for an explanation of the term arm's length.

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

**GLEN LAMOND FOUNDATION
BALANCE SHEET
as at July 31, 2008**

Assets

Current

Cash on hand and in bank \$ 0.00

Long Term

Securities 0.00

\$ 0.00

Liabilities

\$ 0.00

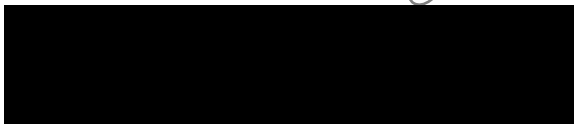
STATEMENT OF CHANGES IN EQUITY

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, 2008**

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>	

0.00

Equity

Increase (Decrease) in Equity during period		\$0.00
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