

00247



10

REGISTERED CHARITY INFORMATION RETURN

21 2009-07-31 891726325 RR 0001 3011515

Section A: Identification

- Guide T4033B, Completing the Registered Charity Information Return is available at www.cra.gc.ca/E/pub/tg/t4033b/README.html
The Privacy Act protects all personal information given on this form...

Remember: Even if the charity goes through an inactive period, you must continue to file information returns to maintain your registered status.

If you did not receive a barcode label to affix to the return, please provide the following:

1. Charity's name: Glen Lamond Foundation
2. Return for fiscal period ending: 2009/07/31
3. BN/registration number: 89172 6325 RR 0001
4. Web address (if applicable)

A1 Was the charity in a subordinate position to a parent organization? 1510 Yes [ ] No [X]

If yes, please provide the name and BN/registration number of the organization.

Table with 2 columns: Name, BN (if applicable) RR

A2 Has the charity wound-up, dissolved, or terminated operations? 1570 Yes [ ] No [X]

A3 All charities are designated as one of the following: a charitable organization, a public foundation, or a private foundation. Is your organization designated as a public foundation or private foundation? 1600 [X] Yes [ ] No

(Refer to the Form TF725 Registered Charity Basic Information sheet (BIS) to confirm. This form is included in the return package.)

If yes, you must complete and attach Schedule 1, Foundations, to your return.

Section B: Directors/trustees and like officials

B1 The charity is required to provide certain information for all members of its board of directors/trustees for the complete fiscal period. Only the public information section on the worksheet is available to the public...



Section C

C1 Was the charity in a subordinate position to a parent organization? 1800 Yes [ ] No [X]

C2 In the space provided, describe all ongoing and new charitable programs the charity carried on to further its charitable purpose(s) (as defined in its governing documents) this fiscal period.

Ongoing programs: It did not receive any funds to enable it to make gifts to Qualified Donees.
New programs:

Received By / Reçu Par
Records operations Section /
Charities unit
Operations de soutien à la gestion
des dossiers / Unité des organismes de
bienfaisances

Registered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other organizations described in the *Income Tax Act*.

**C3** Did the charity make gifts or transfer funds to qualified donees or other organizations? **2000**  Yes  No  
 If **yes**, you must complete and attach Form T1236(09), *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, to your return.

**C4** Did the charity carry on, fund, or provide any resources through employees, volunteers, agents, joint ventures, contractors, or any other individuals, intermediaries, entities, or means (other than qualified donees) for any activity/program/project outside Canada? **2100**  Yes  No  
 If **yes**, you must complete and attach Schedule 2, *Activities Outside Canada*, to your return.

A registered charity may pursue political activities to retain, oppose, or change the law, policy, or decision of any level of government inside or outside Canada provided the activities are non-partisan, related to its charitable purposes, and limited in extent.

**C5** (a) Did the charity carry on any political activities during the fiscal period? **2400**  Yes  No  
 (b) Enter the total amount spent by the charity on these activities **5030**\$

**C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, check all fundraising methods that it used during the fiscal period.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 2500 Advertisements/print/radio/TV commercials | <input type="checkbox"/> 2570 Fundraising sales (e.g., cookies)         | <input type="checkbox"/> 2620 Telephone/TV solicitations |
| <input type="checkbox"/> 2510 Auctions                                  | <input type="checkbox"/> 2575 Internet                                  | <input type="checkbox"/> 2630 Tournament/sporting events |
| <input type="checkbox"/> 2530 Collection plate/boxes                    | <input type="checkbox"/> 2580 Mail campaigns                            | <input type="checkbox"/> 2640 Cause-related marketing    |
| <input type="checkbox"/> 2540 Door-to-door solicitation                 | <input type="checkbox"/> 2590 Planned-giving programs                   | <input type="checkbox"/> 2650 Other                      |
| <input type="checkbox"/> 2550 Draws/lotteries                           | <input type="checkbox"/> 2600 Targeted corporate donations/sponsorships | <input type="checkbox"/> 2660 Specify: _____             |
| <input type="checkbox"/> 2560 Fundraising dinners/galas/concerts        | <input type="checkbox"/> 2610 Targeted contacts                         |  |

**C7** Did the charity pay external fundraisers? **2700**  Yes  No  
 If **yes**, you must answer the following questions and complete Question 1 – Information about Fundraisers on Schedule 4 – *Confidential Data*.

(a) Enter the gross revenue collected by the fundraisers on behalf of the charity. **5450**\$  
 (b) Enter the amounts paid to and/or retained by the fundraisers. **5460**\$

(c) Identify the method of payment to the fundraiser:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 2730 Commissions | <input type="checkbox"/> 2750 Finder's fees        | <input type="checkbox"/> 2770 Honoraria      |
| <input type="checkbox"/> 2740 Bonuses     | <input type="checkbox"/> 2760 Set fee for services | <input type="checkbox"/> 2780 Other          |
|   |  | <input type="checkbox"/> 2790 Specify: _____ |

(d) Did the fundraiser issue tax receipts on behalf of the charity? **2800**  Yes  No

**C8** Did the charity compensate any of its directors/trustees or like officials or persons not at arm's length from the charity for services provided during the fiscal period (Other than reimbursement for out-of-pocket expenses)? **3200**  Yes  No

**C9** Did the charity incur any expenses for compensation of employees during the fiscal period? **3400**  Yes  No  
 If **yes**, you must complete and attach Schedule 3, *Compensation* to your return.

**C10** Did the charity receive any donations or gifts of any kind valued at \$10,000 or more from any donor that was **not** resident in Canada and was **not** any of the following: **3900**  Yes  No

- A Canadian citizen, nor
- Employed in Canada, nor
- Carrying on a business in Canada, nor
- A person having disposed of taxable Canadian property?

If **yes**, you must complete Question 2 – Information about Donors Not Resident in Canada on Schedule 4 – *Confidential Data* for each donation of \$10,000 or more. See *Key Terms and Definitions* for more information.

**C11** Did the charity receive any non-cash gifts (gifts-in-kind) for which it issued tax receipts? **4000**  Yes  No  
 If **yes**, you must complete and attach Schedule 5, *Non-Cash Gifts* to your return.

**C12** Did the charity acquire a non-qualifying security? **5800**  Yes  No

**C13** Did the charity allow a donor to use any of the charity's property during the fiscal period? (except for permissible uses) **5810**  Yes  No

**C14** Did the charity issue any of its tax receipts for donations on behalf of another organization? **5820**  Yes  No

**Section D: Financial information**

If any of the following applies to your charity, proceed to Schedule 6, *Detailed Financial Information*, and do not complete Section D below. If none of the following applies, complete Section D.

- a) The charity's revenue exceeds \$100,000.
- b) The amount of all assets (e.g., investments, rental properties) not used in charitable programs exceeds \$25,000.
- c) The charity currently has permission to accumulate funds during this fiscal period.
- d) The charity has spent or transferred enduring property during this fiscal period.

See *Key Terms and Definitions* for a definition of terms used.

Please show all figures to the nearest single dollar.

**D1** Was the financial information reported below prepared on an accrual or cash basis? **4020**  Accrual  Cash

**D2** Summary of financial position:

Using the charity's own financial statements, provide the following:

Does the charity own land and/or buildings? **4050**  Yes  No

Total assets (including land and buildings) **4200** \$

Total liabilities **4350** \$

Did the charity borrow from, loan to, or invest assets with any non-arm's length parties? **4400**  Yes  No

**D3** Revenue:

Did the charity issue tax receipts for donations? **4490**  Yes  No

If yes, what is the total eligible amount of all donations for which the charity issued tax receipts (except enduring property) **4500** \$ 0

Total amount received from other charities (excluding specified gifts and enduring property) **4510** \$ 0

What is the total amount for all other donations received for which a tax receipt was not issued by the charity? (excluding amounts at lines 4575 and 4630) **4530** \$

Did the charity receive any revenue from any level of Canadian government? **4565**  Yes  No

If yes, total amount received **4570** \$

Total non tax-receipted amounts from all sources outside Canada (government and non-government). **4575** \$

Total non tax-receipted amounts from fundraising **4630** \$ 0

Total revenue from sale of goods and services (except to any level of Canadian government). **4640** \$

Other amounts not already included in the amounts above **4650** \$

Total revenue (Add lines 4500 through 4650) **4700** \$ 0

**D4** Expenditures:

What was the charity's total expenditure on professional and consulting fees? **4860** \$

What was the charity's total expenditure on travel and vehicles? **4810** \$

All other expenditures not already included in the amounts above **4920** \$

Total expenditures (excluding gifts to qualified donees) (Add lines 4860+4810+4920) **4950** \$

Of the total amount at line 4950:

a) How much did the charity spend on charitable programs? **5000** \$ 0

b) How much did the charity spend on management and administration? **5010** \$

Total amount of gifts (excluding specified gifts) made to all qualified donees **5050** \$ 0

Total amount of specified gifts made to qualified donees **5070** \$

Total expenditures (Add lines 4950 and 5050 + 5070) **5100** \$ 0

**Section E: Certification**

This return must be signed by a director/trustee or like official of the registered charity who has authority to sign on behalf 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 attachment is, to the best of my knowledge, correct, complete, and current.

Name (please print):

DAVID STRANOWA

Position in charity:

PRESIDENT

**Section F: Confidential data**

**F1** Provide the physical address of the charity and the address in Canada for the charity's books and records. Post office box numbers and rural routes are not sufficient.

	Physical address of the charity	Address for the charity's books and records
Number, street, apt. no., or lot and concession no.		
City		
Province or territory and postal code		

**F2** Name and address of individual who completed this return.

[Redacted area]

**T3010B Registered Charity Information Return checklist**

- Have you confirmed that all charity information included in the Form TF725, *Registered Charity Basic Information* sheet (BIS) is correct?
  - If any changes are required to any of the information displayed on the BIS, make the changes **directly** on the BIS.
- Have you attached Form TF725, *Registered Charity Basic Information* sheet (BIS)?
- Has the charity made any amendments to its governing documents during the fiscal period?
  - If yes, have you sent us an official copy of the amended governing documents in a separate envelope?
- Have you completed Schedule 1, *Foundations*, if required?
- Have you attached Form T1235(09), *Directors/Trustees and Like Officials Worksheet*?
- Have you attached Form T1236(09), *Qualified Donees Worksheet/Amounts Provided to Other Organizations*, if required?
- Have you completed Schedule 2, *Activities Outside Canada*, if required?
- Have you completed Schedule 3, *Compensation*, if required?
- Have you completed Schedule 4, *Confidential Data*, if required?
- Have you completed Schedule 5, *Non-Cash Gifts*, if required?
- Have you completed Schedule 6, *Detailed Financial Information*, if required?
- Have you attached a copy of the charity's financial statements?

**Foundations**

**Schedule 1**

- 1** Did the foundation acquire control of a corporation in the fiscal period? 100  Yes  No
- 2** Did the foundation incur any debts at any time during the fiscal period other than for current operating expenses, purchasing or selling investments, or in administering charitable programs? 110  Yes  No

**For private foundations only:**

- 3** At any time during the fiscal period, did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? 120  Yes  No
- 4** Did the foundation own more than 2% of any class of shares of a corporation at any time during this fiscal period? 130  Yes  No

If **yes**, you must complete and attach *Form T2081, Excess Corporate Holdings Worksheet*, to your return. (Note: Only private foundations will have this worksheet included in their return package.)

**Activities Outside Canada**

**Schedule 2**

For more information about carrying on programs outside Canada see the Charities Directorate website at [www.cra.gc.ca/charities](http://www.cra.gc.ca/charities)

- 1** What were total expenditures on activities/programs/projects carried on outside Canada during the fiscal period, excluding gifts to qualified donees? 200 \$
- 2** Were any of the charity's resources provided for programs outside Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or entity (excluding gifts to qualified donees)? 210  Yes  No

If **yes**, enter the amounts of the total reported on line 200 transferred to these individuals/organizations as required in the following table.

Name of individual/organization	Using the list on the reverse, identify country code where activities were carried on.	Amount (\$) Please show amounts to the nearest single dollar.

- 3** Using the list on the reverse, identify the countries where the charity itself carried on programs or provided any of its resources. Enter the appropriate country codes in the following spaces.

--	--	--	--

- 4** Are any projects undertaken outside Canada funded by the Canadian International Development Agency (CIDA)? 220  Yes  No  
If **yes**, what was the total amount of funds expended under this arrangement? 230 \$
- 5** Were any programs carried on outside Canada carried out by employees? 240  Yes  No
- 6** Were any programs carried on outside Canada carried out by volunteers of the charity? 250  Yes  No
- 7** Is the charity exporting goods as part of its charitable programs? 260  Yes  No

If **yes**, list the items being exported, their value, their destination (city/region) and country code.

Item	Value	Destination (city/region)	Country code

**COUNTRY CODES**

**Americas-Central and South**

AR-Argentina  
 BO-Bolivia  
 BR-Brazil  
 CL-Chile  
 CO-Columbia  
 CR-Costa Rica  
 CU-Cuba  
 DO-Dominican Republic  
 EC-Ecuador  
 SV-El Salvador  
 GT-Guatemala  
 GY-Guyana  
 HT-Haiti  
 HN-Honduras  
 JM-Jamaica  
 MX-Mexico  
 NI-Nicaragua  
 PA-Panama  
 PE-Peru  
 UY-Uruguay  
 VE-Venezuela  
 QM-Other

**Americas-North**

US-United States of America  
 QN-Other

**Middle East**

IR-Iran  
 IQ-Iraq

IL-Israel  
 PS-Israeli Occupied Territories  
 JO-Jordan  
 KW-Kuwait  
 LB-Lebanon  
 OM-Oman  
 QA-Qatar  
 SA-Saudi Arabia  
 SY-Syrian Arab Republic  
 YE-Yemen  
 QO-Other

**Europe**

AL- Albania  
 AM-Armenia  
 BA-Bosnia and Herzegovina  
 BY-Belarus  
 BG-Bulgaria  
 DK-Denmark  
 ES-Spain  
 FR-France  
 GE-Georgia  
 DE-Germany  
 GB-United Kingdom  
 HR-Croatia  
 IT-Italy  
 CY-Cyprus  
 MK-Macedonia  
 ME-Montenegro  
 NL-Netherlands  
 PL-Poland  
 RO-Romania

RU-Russia  
 RS-Serbia  
 TR-Turkey  
 UA-Ukraine  
 QP-Other

**Asia and Oceania**

AF- Afghanistan  
 AZ-Azerbaijan  
 BD-Bangladesh  
 BT-Bhutan  
 KH-Cambodia  
 CN-China  
 IN-India  
 ID-Indonesia  
 KZ-Kazakhstan  
 KG-Kyrgyzstan  
 LA-Laos  
 LK-Sri Lanka  
 MY-Malaysia  
 MN-Mongolia  
 MM-Myanmar (Burma)  
 KP-North Korea  
 KR-South Korea  
 PK-Pakistan  
 PH-Philippines  
 SG-Singapore  
 TH-Thailand  
 TJ-Tajikistan  
 TL-Timor-Leste  
 UZ-Uzbekistan  
 VN-Vietnam  
 QR-Other

**Africa**

DZ-Algeria  
 AO-Angola  
 BW-Botswana  
 CM-Cameroon  
 CF-Central African Republic  
 TD-Chad  
 CG-Republic of Congo  
 CD- Democratic Republic of Congo  
 EG-Egypt  
 ET-Ethiopia  
 GA-Gabon  
 GM-Gambia  
 GH-Ghana  
 NA-Namibia  
 KE-Kenya  
 LR-Liberia  
 MG-Madagascar  
 NE-Niger  
 NG-Nigeria  
 RW-Rwanda  
 SL-Sierra Leone  
 SO-Somalia  
 SD-Sudan  
 UG-Uganda  
 ZM-Zambia  
 ZW-Zimbabwe  
 QS-Other

**Compensation**

**Schedule 3**

**1 (a)** Enter the **number** of permanent, full-time, compensated positions in the fiscal period. (This number should represent the number of positions the charity had including both managerial positions and others, and should not include independent contractors.) **300**

**(b)** For the **ten (10)** highest compensated, permanent, full-time positions enter the **number** falling within each of the following annual compensation categories.

<b>305</b> <input type="text"/> \$1 – \$39,999	<b>310</b> <input type="text"/> \$40,000 – \$79,999	<b>315</b> <input type="text"/> \$80,000 – \$119,999
<b>320</b> <input type="text"/> \$120,000 – \$159,999	<b>325</b> <input type="text"/> \$160,000 – \$199,999	<b>330</b> <input type="text"/> \$200,000 – \$249,999
<b>335</b> <input type="text"/> \$250,000 – \$299,999	<b>340</b> <input type="text"/> \$300,000 – \$349,999	<b>345</b> <input type="text"/> \$350,000 and over

**2 (a)** Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period **370**

**(b)** What was the total expenditure on compensation for part-time or part-year employees in the fiscal period? **380\$**

**3** What was the charity's total expenditure on all compensation in the fiscal period? **390\$**

The information in this confidential data schedule is for the CRA's use but may be shared as permitted by law (e.g. with certain other government departments and agencies).

**1. Information about Fundraisers**

Please provide the name(s) and arm's length status of external fundraiser(s).

[Redacted]

**2. Information about Donors Not Resident in Canada**

This schedule must be completed to report any donation of \$10,000 or more received from any donor that was **not** resident in Canada and was **not** any of the following:

- A Canadian citizen, nor
- Employed in Canada, nor
- Carrying on business in Canada, nor
- A person having disposed of taxable Canadian property

Provide the name of the donor and the value of the donation in the chart below. You must also indicate whether the donor was an organization (for example a business, corporate entity, charity, non-profit organization), a government or an individual by placing a check mark in the appropriate box.

[Redacted]

**Non-Cash Gifts**

**Schedule 5**

**1** Identify all types of non-cash gifts (gifts-in-kind) received for which a tax-receipt was issued:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>500</b> Artwork/wine/jewellery  | <input type="checkbox"/> <b>525</b> Ecological properties                                  | <input type="checkbox"/> <b>550</b> Publicly traded securities/mutual funds |
| <input type="checkbox"/> <b>505</b> Building materials      | <input type="checkbox"/> <b>530</b> Life insurance policies                                | <input type="checkbox"/> <b>555</b> Books (literature, comics)              |
| <input type="checkbox"/> <b>510</b> Clothing/furniture/food | <input type="checkbox"/> <b>535</b> Medical equipment/supplies                             | <input type="checkbox"/> <b>560</b> Other                                   |
| <input type="checkbox"/> <b>515</b> Vehicles                | <input type="checkbox"/> <b>540</b> Privately-held securities                              | <input type="checkbox"/> <b>565</b> Specify: _____                          |
| <input type="checkbox"/> <b>520</b> Cultural properties     | <input type="checkbox"/> <b>545</b> Machinery/equipment (including computers and software) |   |

**2** Indicate the total eligible amount of tax receipted non-cash gifts **580**\$

## Detailed Financial Information

Schedule 6

Was the financial information reported below prepared on an accrual or cash basis?

4020

Accrual

 Cash

## Statement of financial position

Please show figures to the nearest single dollar. See the Key Terms and Definitions for a definition of the terms used.

## Assets:

Cash, bank accounts, and short-term investments	4100\$
Amounts receivable from non-arm's length parties	4110\$
Amounts receivable from all others	4120\$
Investments in non-arm's length parties	4130\$
Long-term investments	4140\$
Inventories	4150\$
Land and buildings in Canada	4155\$
Other capital assets in Canada	4160\$
Capital assets outside Canada	4165\$
Accumulated amortization of capital assets	4166\$
Other assets	4170\$
<b>Total assets (add lines 4100 to 4170)</b>	<b>4200\$</b>

## Liabilities:

Accounts payable and accrued liabilities	4300\$
Deferred revenue	4310\$
Amounts owing to non-arm's length parties	4320\$
Other liabilities	4330\$
<b>Total liabilities (add lines 4300 to 4330)</b>	<b>4350\$</b>

Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable programs

4250\$

## Statement of operations

## Revenue:

Total eligible amount of all gifts for which the charity issued tax receipts	4500\$
For all tax-receipted gifts received during the fiscal period please provide:	
Total eligible amount of tax-receipted tuition fees	5610\$
Total eligible amount of tax-receipted enduring property	5640\$
Total amount received from other registered charities (excluding specified gifts and enduring property)	4510\$
Total specified gifts from other registered charities	4520\$
Total enduring property from other registered charities	4525\$
Total other gifts received for which a tax receipt was not issued by the charity	4530\$
Total revenue received from federal government	4540\$
Total revenue received from provincial/territorial governments	4550\$
Total revenue received from municipal/regional governments	4560\$
Total revenue received from all sources outside Canada	4575\$
Total interest and investment income received or earned	4580\$
Gross proceeds from disposition of assets	4590\$
Net proceeds from disposition of assets (show a negative amount with brackets)	4600\$
Gross income received from rental of land and/or buildings	4610\$
Non tax-receipted revenues received for memberships, dues, and association fees	4620\$
Total non tax-receipted revenue from fundraising	4630\$
Total revenue from sale of goods and services (except to government)	4640\$
Other revenue not already included in the amounts above	4650\$
Specify type(s) of revenue included in the amount reported at 4650 (e.g., dividends)	4655
<b>Total revenue (add line 4500, 4510 to 4580, and 4600 to 4650)</b>	<b>4700\$</b>

## Expenditures:

Advertising and promotion	4800\$
Travel and vehicle expenses	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\$
Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3 if applicable)	4880\$
Fair market value of all donated good used in charitable programs	4890\$
<b>Total cost of all purchased supplies and assets</b>	<b>4891\$</b>



Amortization of capitalized assets	4900\$
Total expenditure for research grants and scholarships as part of charitable programs	4910\$
Other expenditures not included in the amounts above	4920\$
Specify type(s) of expenditures included in the amount reported at 4920	4930
<b>Total expenditures before gifts to qualified donees (add lines 4800 to 4920)</b>	<b>4950\$</b>

Lines 5000 to 5030 represent a breakdown of the expenditures on lines 4800 to 4920. The total of lines 5000 to 5030 should equal line 4950.

Total expenditures on charitable programs	5000\$
Total expenditures on management and administration	5010\$
Total expenditures on fundraising	5020\$
Total expenditures on political activities, inside or outside Canada	5030\$
Total other expenditures included in line 4950	5040\$
Total amount of gifts (excluding enduring property and specified gifts) made to all qualified donees	5050\$
Total amount of enduring property transferred to qualified donees (excluding specified gifts of enduring property)	5060\$
Total amount of specified gifts made to qualified donees (including specified gifts of enduring property)	5070\$
<b>Total expenditures (add amount from line 4950 and the amounts from lines 5050, 5060, and 5070)</b>	<b>5100\$</b>

**Other financial information**

**Permission to accumulate property:** Only registered charities that have written permission to accumulate should complete this question.

• Enter the amount accumulated for the fiscal period, including income earned on accumulated funds	5500\$	0
• Enter the amount disbursed for the fiscal period for the specified purpose we have permitted	5510\$	0
• Enter the amount deemed to be a tax-receipted gift for the fiscal period	5520\$	0

**Enduring property and the capital gains pool**

From the amount reported at line 4950, what is the fair market value of all enduring property spent during the fiscal period? 5710\$

Enter the capital gains from the disposition of enduring property in the fiscal period. Do not enter an amount reflecting a capital loss or a negative amount in this field. 5720\$

Is the charity claiming an amount that is less than the maximum capital gains reduction? 5730  Yes  No

If yes, enter the amount from line 11 of Form T1259, *Capital Gains and Disbursement Quota Worksheet* 5740\$

If the charity has received approval from the Charities Directorate to make a special reduction to its disbursement quota, enter the amount for the fiscal period 5750\$ 0

**Property not used in charitable activities**

Enter the value of property not used for charitable activities or administration during:

• The 24 months before the <b>beginning</b> of the fiscal period	5900\$
• The 24 months before the <b>end</b> of the fiscal period	5910\$



21 2009-07-31 891726325 RR 0001 3011515

3  
rm

### Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the Agency; makes the public information section on this worksheet available to the confidential data, may be shared as permitted by law (e.g. with certain other go for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name:	First name:	Initial:			
Strangway	David				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?				
Director	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last name:	First name:	Initial:			
Strangway	Alice				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?				
Director	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last name:	First name:	Initial:			
Bromley	Blake				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?				
Director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth (mandatory for identification):	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		( ) -		

**GLEN LAMOND FOUNDATION  
BALANCE SHEET  
as at July 31, 2009**

<b>Assets</b>	<u>\$ 0.00</u>
<b>Liabilities</b>	<u>\$ 0.00</u>

**STATEMENT OF CHANGES IN EQUITY**

Balance at Beginning of Period	\$0.00
Decrease in Equity during period	<u>0.00</u>
Surplus at End of Period	<u>\$0.00</u>

**GLEN LAMOND FOUNDATION  
STATEMENT OF RECEIPTS AND DISBURSEMENTS  
for the period ending July 31, 2009**

<b>Receipts</b>		
Received Donations	\$0.00	
Investment Income	<u>0.00</u>	
		\$0.00
<b>Disbursements</b>		
Gifts to "Qualified Donees"	\$0.00	
Administration expenses	<u>0.00</u>	
		<u>0.00</u>
<b>Equity</b>		
Increase (Decrease) in Equity during period		\$0.00