

Glen Lamond Foundation

BALANCE SHEET as at July 31, 2013 (Unaudited)

Assets

| | |
|-------------------------------------|--------------|
| Cash in Bank | \$ 50,547.97 |
| Software - License agreements | 1,000,000.00 |
| less Acc. Dep. | (333,334.00) |
| GST Receivable - federal portion | 10,872.93 |
| HST Receivable - provincial portion | 17,243.68 |

TOTAL ASSETS \$ 745,330.58

Liabilities

Loan Payable \$ 25,000.00

TOTAL LIABILITIES \$ 25,000.00

STATEMENT OF CHANGES IN EQUITY

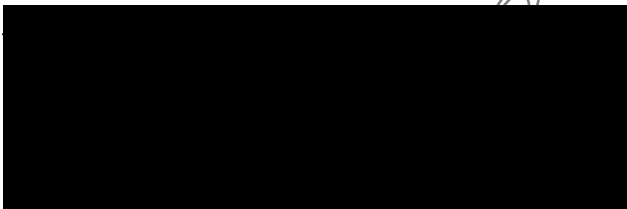
Balance at Beginning of Period \$ 0.00

Increase in Equity during period 720,330.58

Surplus at End of Period \$ 720,330.58

Liabilities and Surplus \$ 745,330.58

Approved by:



Glen Lamond Foundation

STATEMENT OF RECEIPTS AND DISBURSEMENTS for fiscal year ended July 31, 2013 (Unaudited)

Receipts

| | |
|--------------------------------|------------------|
| Donations from other charities | \$ 1,430,000.00 |
| Interest income | \$ <u>128.41</u> |

Total Receipts

\$ 1,430,128.41

Disbursements

| | |
|--------------------------------|------------------|
| Gifts to Qualified Donees | \$ 133,334.00 |
| <i>Administrative Expenses</i> | |
| Consulting | 82,855.05 |
| Depreciation expense | 400,000.00 |
| Meals | 80.06 |
| Parking | 129.92 |
| Telephone, website | 590.58 |
| Travel | 830.00 |
| HST/GST expense | 68,814.69 |
| Legal and accounting | <u>23,163.53</u> |

Total Disbursements

709,797.83

EQUITY

| | |
|---|---------------|
| Increase (Decrease) in Equity during Period | \$ 720,330.58 |
|---|---------------|



Directors/Trustees and Like Offi

You must give us complete information for each director/trustee and like official w/ member of the charity's board of directors/trustees. Directors/trustees and like offic reverse for information on filling out this form.

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Total number of directors/trustees and like officials:

| Public information | Confidential data | |
|--|-------------------|---|
| Last name: Brandlmayr First name: Leslie Initial: _____ Term ▶ Start Date: <u>2010-04-25</u> End Date: <u>2012-11-02</u> Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | [REDACTED] | |
| Last name: Lee First name: Anna Initial: _____ Term ▶ Start Date: <u>2010-04-25</u> End Date: <u>2012-11-02</u> Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last name: Nalugwa First name: Victoria Initial: _____ Term ▶ Start Date: <u>2011-07-04</u> End Date: <u>2012-11-02</u> Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last name: Thast First name: Robert Initial: _____ Term ▶ Start Date: <u>2012-11-02</u> End Date: _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last name: Wake First name: Tim Initial: _____ Term ▶ Start Date: <u>2012-11-02</u> End Date: _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last name: Bonney First name: Patrick Initial: _____ Term ▶ Start Date: <u>2012-11-02</u> End Date: _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Last name: _____ First name: _____ Initial: _____ Term ▶ Start Date: _____ End Date: _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Home address – Street number and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ |
| Last name: _____ First name: _____ Initial: _____ Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Telephone number: _____ Date of Birth: _____ () - _____ Home address – Street number and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ |
| Last name: _____ First name: _____ Initial: _____ Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Telephone number: _____ Date of Birth: _____ () - _____ Home address – Street number and name: _____ City: _____ Prov/Terr: _____ Postal code: _____ |
| Last name: _____ First name: _____ Initial: _____ Term ▶ Start Date: _____ End Date: _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Telephone number: _____ Date of Birth: _____ () - _____ |



Qualified donees worksheet / Amounts pro

Registered charities can make gifts to qualified donees. Enter the required information for each gift on information on filling out this form.

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Total number of qualified donees/other organizations:

| | |
|--|---|
| Name of organization: Habitat for Humanity Vancouver Island North Society | Associated charity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| BN/registration number: <input type="text" value="86508 8140 RR 0001"/> | City and Prov/Terr: <input type="text" value="Courtenay BC"/> |
| Amount of gifts-in-kind: \$ <input type="text" value="0"/> | Total amount of gifts: \$ <input type="text" value="133,334"/> |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/> | |
| | |
| Name of organization: | Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/registration number: <input type="text" value="RR"/> | City and Prov/Terr: <input type="text"/> |
| Amount of gifts-in-kind: \$ <input type="text" value="0"/> | Total amount of gifts: \$ <input type="text" value="0"/> |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/> | |
| | |
| Name of organization: | Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/registration number: <input type="text" value="RR"/> | City and Prov/Terr: <input type="text"/> |
| Amount of gifts-in-kind: \$ <input type="text" value="0"/> | Total amount of gifts: \$ <input type="text" value="0"/> |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/> | |
| | |
| Name of organization: | Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/registration number: <input type="text" value="RR"/> | City and Prov/Terr: <input type="text"/> |
| Amount of gifts-in-kind: \$ <input type="text" value="0"/> | Total amount of gifts: \$ <input type="text" value="0"/> |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/> | |
| | |
| Name of organization: | Associated charity <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BN/registration number: <input type="text" value="RR"/> | City and Prov/Terr: <input type="text"/> |
| Amount of gifts-in-kind: \$ <input type="text" value="0"/> | Total amount of gifts: \$ <input type="text" value="0"/> |
| Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$ <input type="text" value="0"/> | |