

Glen Lamond Foundation

BALANCE SHEET as at July 31, 2014 (Unaudited)

Assets

Cash in Bank	\$	110.76
GST Receivable - federal portion		<u>1,276.62</u>
TOTAL ASSETS	\$	1,387.38

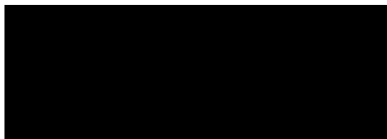
Liabilities

Loan Payable	\$	<u>0.00</u>
TOTAL LIABILITIES	\$	0.00

STATEMENT OF CHANGES IN EQUITY

Balance at Beginning of Period	\$	720,330.58
Increase in Equity during period		<u>-718,943.20</u>
Surplus at End of Period	\$	1,387.38
Liabilities and Surplus	\$	1,387.38

Approved by:



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Glen Lamond Foundation

STATEMENT OF RECEIPTS AND DISBURSEMENTS for fiscal year ended July 31, 2014 (Unaudited)

Receipts

Gain/Loss on disposition	\$ 333,334.00
Interest income	<u>116.93</u>

Total Receipts \$ 333,450.93

Disbursements

Gifts to Qualified Donees	\$ 1,000,000.00
<i>Administrative Expenses</i>	
Consulting	49,815.00
Interest and bank charges	52.50
Accounting and Legal fees	<u>2,526.63</u>

Total Disbursements 1,052,394.13

EQUITY

Increase (Decrease) in Equity during Period \$ -718,943.20

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Directors/Trustees and Like Officials Worksheet



You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a director/trustee and like official and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials:

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Public Information	Confidential data	
Last name: Thast First name: Robert Initial:		
Term ▶ Start date (Y/M/D): 2 0 1 2 1 1 0 2 End date (Y/M/D):		
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 (Y/M/D): 2 0 1 2 1 1 0 2 End date (Y/M/D):		
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 (Y/M/D): 2 0 1 2 1 1 0 2 End date (Y/M/D):		
Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Last name: First name: Initial:		Home address - Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):		City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Home address - Street number and name:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):	
Last name: First name: Initial:	Home address - Street number and name:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):	
Last name: First name: Initial:	Home address - Street number and name:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):	
Last name: First name: Initial:	Home address - Street number and name:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Telephone number: Date of birth (Y/M/D):	



Qualified donees worksheet / Amounts

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Registered charities can make gifts to qualified donees. Enter the required information for each gift made to a qualified donee or other organization. See the reverse for information on filling out this form.

Total number of qualified donees/other organizations:

Name of organization: Pacific Spine Research and Education Foundation		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 85004 8976 RR 0001	City and Prov/Terr: Vancouver		BC
Amount of gifts in kind \$	Total amount of gifts \$		200,000
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$			
Name of organization: Surrey Foundation		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 89237 8043 RR 0001	City and Prov/Terr: Surrey		BC
Amount of gifts in kind \$	Total amount of gifts \$		200,000
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$			
Name of organization: Timothy Foundation		Associated charity: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BN/Registration number: 83220 0463 RR 0001	City and Prov/Terr: Vancouver		BC
Amount of gifts in kind \$	Total amount of gifts \$		600,000
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter amount \$			
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr:		
Amount of gifts in kind \$	Total amount of gifts \$		
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$			
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr:		
Amount of gifts in kind \$	Total amount of gifts \$		
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$			
Name of organization:		Associated charity: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BN/Registration number:	City and Prov/Terr:		
Amount of gifts in kind \$	Total amount of gifts \$		
Was any part of the gift intended for political activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter amount \$			