



**DIABETES
CANADA**

TOGETHER, WE ARE
STRONGER THAN DIABETES

Your 2018 Impact in the Fight to End Diabetes



1 IN 3 OF US LIVE WITH THIS DISEASE

The number of Canadians living with diabetes has doubled since 2000. Every three minutes someone new is diagnosed. Another young child, grandparent, partner, friend or loved one faces this life-altering diagnosis — and a slew of potential complications, including a shortened life expectancy.

Those with diabetes account for 30% of strokes, 40% of heart attacks and 50% of

kidney failure cases requiring dialysis. Diabetes is the leading cause of lower limb amputations in Canadian adults, associated with approximately 70% of all non-traumatic amputations.

More than 500,000 people are affected by diabetic retinopathy, making it the leading cause of


blindness for working-age adults in our country.

We are racing against the clock as the cases of diabetes advance at a staggering rate. We need to work faster and invest in a bolder approach to confronting the root causes of this disease.


We've learned from our sustained efforts that diabetes is simply too widespread for us to tackle alone. That's why we are partnering strategically across various sectors to address gaps and barriers to deliver

WE TOUCH THE LIVES OF CANADIANS JUST LIKE YOU.

PROVIDING VITAL SUPPORT

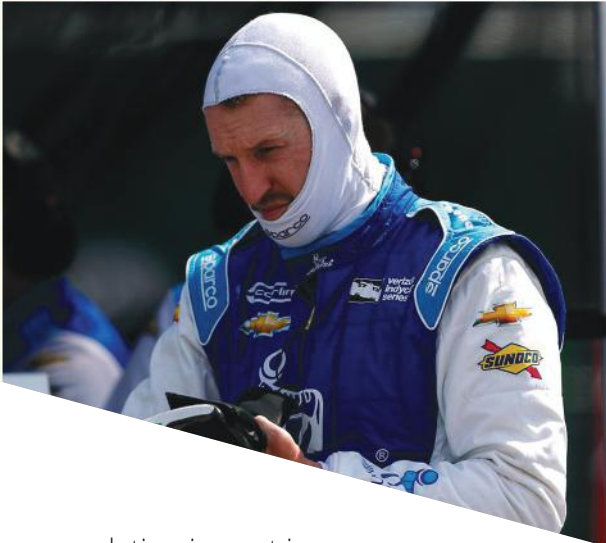


23,734
people accessed support and connected to vital resources through Diabetes Canada's 1-800-BANTING phone line, email centre and information kits



1900 +
children and youth with type 1 diabetes and their families attended D-Camps

MAKING SPACE FOR CONNECTION



on population impact in an unprecedented way. We are increasing the capacity of Canadians to live a healthy lifestyle and to overcome the barriers and challenges diabetes brings by shifting our efforts from the individual level to focus on shifting our efforts to create change at the level of public policy and healthcare delivery.

Diabetes Canada has been leading the fight against diabetes since 1953 by helping those affected live healthy lives,

preventing the onset and consequences of diabetes and working to discover a cure.

But we need more power to turn the tide against the damage of this disease. The support and partnership of volunteers, advocates, change makers, donors, champions and community groups is essential to realizing a national diabetes

strategy that will bring about sustainable change for all Canadians.

Together, we are stronger than diabetes.

2.7 M +
unique visitors accessed Diabetes Canada's website to find critical diabetes resources and information

370,000 +
unique visitors accessed our world class clinical practice guidelines electronically

ADVOCATING TO THE GOVERNMENT FOR FINANCIAL RELIEF FOR THOSE WHO NEED IT MOST

2200 +
previously denied applications for the disability tax credit were reviewed and 60% subsequently approved, paying an average of \$1500 per year in tax relief

100 M LBS +
of textile waste diverted from landfills through our partnership with the National Diabetes Trust

EDUCATING PHYSICIANS AND THE PUBLIC

A MESSAGE FROM THE CHAIR OF THE BOARD

This is a pivotal moment in diabetes history. As we near the 100th anniversary of the discovery of insulin in 2021, we at Diabetes Canada are keenly aware of the remarkable strides in diabetes care we have been able to make thanks to your support — and yet we are also aware there is still so much work to do in the fight to End Diabetes.

We're committed to bringing research-based evidence to the front lines of diabetes care, making connections between the lab and the real world. Our sharp focus on Clinical Practice Guidelines ensures that what is discovered in labs in Canada and across the world benefits people living with diabetes in our communities.

We've been pushing harder than ever in our advocacy work for a government commitment to a national diabetes strategy, and as we head into an election year we will only continue

to build on the tremendous successes we saw as a result of our collaboration in 2018.

Together, we can make an incredible impact on diabetes care at the population level. We must recognize that with 11 million Canadians impacted by diabetes, this disease has reached epidemic levels within our country.

I am so thankful for your steadfast trust in Diabetes Canada. Please know that we are moving confidently and boldly forward under our new leadership to continue the prevention of diabetes and mitigate its complications, work towards healthier communities through exceptional diabetes care, and find a cure for this epidemic of disease.

I offer my heartfelt thanks to the thousands of Diabetes Canada staff, volunteers and donors who champion our work.

Thank you for being a part of this vital moment in diabetes history.



Jim Newton
Chair of the Board

A MESSAGE FROM OUR PRESIDENT

There has never been a more urgent time to act to End Diabetes. Canadians in their 20s now face a 50% chance of developing this disease. That staggering number speaks to the epidemic diabetes has become across the nation.

Together with our partners, Diabetes Canada is investing in a bold new vision to radically change the course of diabetes in our country.

We know this disease is anything but simple — and that's why we need to examine the multitude of complex factors that affect its onset and treatment through the lens of population impact. Factors like food insecurity, urbanized neighbourhoods, and socioeconomic status all influence the incidence of diabetes. It's not enough to focus on change at the individual or even local level — we must scale our efforts to tackle the primary causes of diabetes and empower every Canadian to live their healthiest life.

Diabetes Canada has mapped out, documented and written a

formal strategy, Diabetes 360°, to do just that. With the help of supporters like you, our voice has been amplified to tell the stories of our most important stakeholders — the 11 million people in our country affected by diabetes. We will be unrelenting in our pursuit of seeing a commitment to this strategy in every federal party's platform this upcoming election season.

Thanks to your efforts, we are building from our collective investment to push for preventative public policy to halt the development of type 2 diabetes. We are driving better health outcomes for people with diabetes by educating their health care providers, advocating for access to resources and offering impactful camp programs. We are funding world class research towards a cure. Prevention, care and a cure — it's our focus.

And your continued support is more critical than ever. The goal to End Diabetes is a bold one — but it's firmly rooted in Canadian history. Canada is where we discovered insulin,

and Canada is where we believe we will find a cure for diabetes. This is a pivotal moment in the fight to eradicate this disease, and together we are pushing towards a healthier tomorrow.

Thank you for investing in the future of prevention, care and a cure for diabetes.



A handwritten signature in blue ink that reads "Jan Hux".

Dr. Jan Hux
President and CEO

MANAGING THE

ROLLERCOASTER OF DIABETES

When Camille was diagnosed with type 1 diabetes at just two years old, her family had no experience with the disease. “We reached out to Diabetes Canada early,” says her mother Carol Cruickshank. “We were looking for resources that could help us explain her disease to others, and for connections to other people who understood what we were experiencing.”

Carol and her husband Jim Lisser, along with Camille’s grandfather Michael Cruickshank, have become loyal supporters of the charity in the 14 years since Camille’s diagnosis. And Camille has become a vocal advocate in her own right, too, thanks to the empowering experience she has

had at D-Camps. “It’s so important to me that everyone who wants to go to camp has the opportunity to,” explains Camille. Their philanthropy is truly a family affair!

While Camille’s diabetes is well controlled, her parents point out that every day is hard work. They live with the reality that the disease carries high risks for complications. Camille’s twin brother Joey also supports her and looks out for her. The family is hopeful for promising advances in research that point to the potential for simpler day-to-day diabetes management, which has inspired their commitment to give back.

“There’s never been a more important time to invest in diabetes prevention, care, and research,” says Carol. “It’s all about quality of life,” continues

Michael. “We don’t have a cure yet and people still have to live with this disease.”

Camille’s family believes in the importance of collective impact — they know that our voices are stronger together, and that more important innovations can be achieved through the joint commitment of donors, volunteers, partners, and other stakeholders coast to coast to coast.

“I truly believe we’re at the precipice of really important breakthroughs. And with the growing prevalence of diabetes in Canada, moving the dial even in small increments, can have a significant impact.”

— Carol Cruickshank





STRIVING FOR EXCELLENCE IN DIABETES CARE

Your investment allows us to bring evidence-based insights disciplined by data to Health Care Providers and advocate for both policy and practice change. With your support, we launched our refreshed Clinical Practice Guidelines in 2018.

Our Clinical Practice Guidelines put the power into patients hands, by giving them the tools to self-advocate and Health Care Providers the resources needed to provide the best possible patient-centered diabetes care and management.

Diabetes Canada is recognized by the Canadian College of Family Physicians as a “continuing professional development” (CPD) provider, and has held multiple events to help Health Care Providers stay up-to-date on developments and best practices

in diabetes care to ensure exceptional patient care.

“The Guidelines are essential because they summarize the evidence and best practices to try to implement. But there’s a difference between knowing what to do and reliably being able to do it. That’s why Diabetes Canada’s website is so fantastic. It gives me the practical tools I need to put the Guidelines into practice.”

—Noah Ivers, MD, PhD, CCFP
Family Physician, Women’s College Hospital, Clinician Scientist -
Department of Family and Community Medicine, University of Toronto

CLINICAL PRACTICE GUIDELINES

Diabetes Canada engaged **22,118** Health Care Providers in 2018 through our webinars, conferences, and education events.

1 REDUCING THE RISK OF DIABETES COMPLICATIONS

2 KEEPING PEOPLE WITH DIABETES **SAFE**

3 SUPPORTING THE SELF-MANAGEMENT OF DIABETES



RISING TO THE CHALLENGES OF DIABETES

As you help us strive to find a cure for diabetes, we are emboldened by a new approach based on population impact that can forever transform the future of diabetes care in our country.

Research funded by Diabetes Canada has shown that the environment we live in plays a significant role in the development of type 2 diabetes. For instance, Dr. Gillian Booth has found that more walkable neighbourhoods have lower rates of diabetes and stable rates of obesity.

This means we must shift our focus from the individual to the population level. Rather than repeating the same advice of “eat less, move more”, we

have a responsibility to turn research into action through our advocacy for health-related public policy.

Instead of providing individualistic advice, we can touch more people more meaningfully through interventions such as:

- Advocating for updates to Canada’s food guide.
- Encouraging the implementation of front-of-package nutrition labels across the country.
- Taxing sugar-sweetened beverages.


That’s why Diabetes Canada has recommended the

implementation of a national diabetes strategy using the Diabetes 360° framework. We know now that public policy is every bit as vital to the prevention of type 2 diabetes as research — and that the government has a significant role to play in how we screen for and treat diabetes in our country.

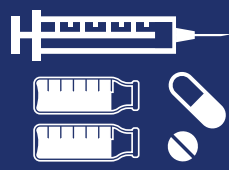
With your support, we will continue fighting to make the prevention of diabetes a key concern on Canada’s health policy agenda.



A national diabetes strategy will help us work towards the following goals:




90%
of Canadians are aware of their diabetes status



90%
of Canadians living with diabetes are engaged in appropriate interventions to prevent diabetes and its complications



90%
of Canadians live in an environment that preserves wellness and prevents the development of diabetes



90%
of Canadians engaged in interventions in achieving improved health outcomes



TURNING THE TIDE OF AN EPIDEMIC

As the epidemic of diabetes continues to grow across our country, 2018 saw Diabetes Canada supporters coming together in search of a cure.

A cure means no one gets left behind. And research is the key to boldly working towards a future where people will no longer have to live with the complications, struggles, and adversities that have come to define this disease.

Through the generosity of stakeholders just like you, we have every confidence in our belief that we will see a much healthier population in the years to come. That belief comes through our unwavering commitment to furthering diabetes research.

While we are working to prevent diabetes and find strategies for better care, we are ultimately striving for a cure to this epidemic of disease — and we're looking for answers from every possible angle.

A panel of expert scientists evaluates every research application we receive. That panel identifies the most innovative and promising programs and researchers for funding. They select the recipients who may very well change our world — and none of it would be possible without a strong base of donors and partners investing in this collective impact.

We are unrelenting in our determination to End Diabetes.

FUNDING THE QUEST FOR A CURE



\$5.1 million

in research funding to support the latest and most innovative diabetes research



61 research grants

given to scientists whose work shows great promise to End Diabetes

THE NEXT GENERATION OF RESEARCH EXCELLENCE

Diabetes Canada is committed to ensuring continuity through our investment in transformative research. Through our rigorous application review process, we select the best and the brightest new researchers — and we support their work in the labs of mentors who can offer the wisdom and guidance of their experience.

Dr. Bruce Perkins was awarded funding from Diabetes Canada early in his career. Today, he's a prolific and accomplished researcher who is working to refine artificial pancreas technology so it more accurately controls blood glucose levels.

“We are finding amazing new ways to improve and refine technology to relieve the burden of diabetes management.”

- Dr. Bruce Perkins

Dr. Alanna Weisman is an up-and-coming researcher who received Diabetes Canada funding in 2018 and is benefiting from the mentorship of

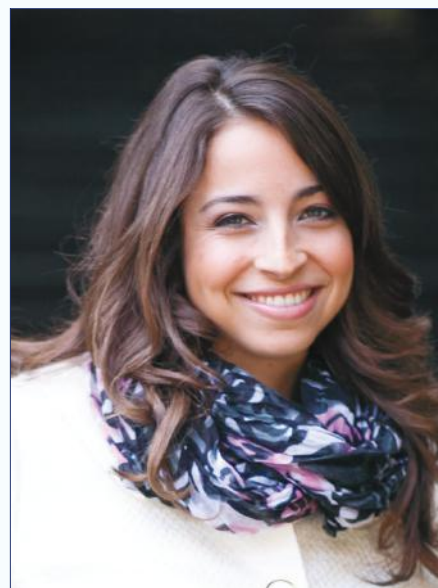
Dr. Perkins. Diabetes is the leading cause of kidney failure. Her work is probing the link between high uric acid levels, which those living with diabetes are more likely to have, and the onset of kidney disease.

Dr. Weisman and her team are exploring the use of a medication called allopurinol, which has already been found to lower uric acid levels. Now she is investigating whether the use of the medication is associated with a lower risk of kidney failure... And she has the benefit of an accomplished mentor, Dr. Perkins, to turn to through it all.

Dr. Perkins understands the critical role that Diabetes Canada funding has played in his research career — and in the search for better disease management. Just like so many other members of our greater Diabetes Canada community, he has been inspired to give back. As he shares his knowledge and learnings with newer scientists like Dr. Weisman, the baton is passed to the next generation of problem-solvers and innovators.



DR. BRUCE PERKINS



DR. ALANNA WEISMAN

NEVER GIVE UP

The first time Eva gave herself a needle, she was four years old. She'd been diagnosed with type 1 diabetes by her family doctor in Toronto. The next day, she and her parents were in educational classes being counselled on how to manage diabetes, the disease that would change the course of Eva's life.

Eva is one of 300,000 Canadians living with type 1 diabetes — a member of an ever-expanding population diagnosed with this disease. Children under the age of five are the most rapidly growing segment of people with type 1 in our country.

Her first low blood sugar episode happened on her fifth birthday. She was in gym class and her teacher didn't know what to do, so she sent her to the bathroom with another student.

"I kept going toward the classroom because I knew my juice was there. My mom walked in with a cupcake for me, and I could barely say her name."

Fortunately, children like Eva can attend D-Camps — special

summer programs for children and youth living with type 1 diabetes. Eva went to Camp Huronda for the first time at age 11. Her parents were used to checking on her multiple times a night, and were terrified to leave her in someone else's hands. But Eva happily spent two amazing weeks climbing, playing shinny, and learning from campers and counsellors with firsthand experience managing type 1.

Your support ensured she didn't have to feel alone. Your support gave her parents the relief of knowing their daughter was in capable hands.

Eva is now 15, having just celebrated 10 years on insulin. She has a big dance coming up, and a dress with a black tulle skirt and velvet flowers. She'll wear shorts underneath, with zippered pockets. Diabetes means she's constantly looking at backpacks and clothing that will fit her pump and hold her snacks.

Eva has conquered mountain biking trails. She has watched a whale breach in front of her from a kayak on the open ocean. She has played ice hockey for the last five years, and recently made her rep team. And while Eva has been able to overcome so much, her life is also filled with challenges.

The risk of complications for Eva is an ever-present reality. She has a long battle ahead. "I can't even imagine what my life would be like with a cure..." she says wistfully.

You're helping give Eva something to imagine. You're helping build a future where our children don't have to worry about life with this disease.

Children and their families relied on us once again in 2018 to help create a community and ground their children through D-Camps — the only program of its kind connecting children from the type 1 community across the country.



EVA - AGE 15



**EVA WITH A SMALL SAMPLING
OF THE NEEDLES SHE'S USED
SINCE SHE WAS 4 YEARS OLD**

FIGHTING FOR A HEALTHIER



8,000
PEOPLE REACHED
ANNUALLY

YELLOW QUILL FIRST NATION, SK


We launched the Breaking the Cycle program in partnership with Boehringer Ingelheim to further our outreach to Saskatchewan's Indigenous communities.



CARE OF
CHILDREN WITH
DIABETES

CALGARY AND EDMONTON, AB

We partnered with Alberta's Minister of Education to introduce provincial guidelines for the care of children with diabetes at school, ensuring safety and dignity for all.



LIFTING AGE
RESTRICTIONS ON
INSULIN PUMPS

VANCOUVER, BC

Our collective advocacy efforts led to the BC government lifting the age restrictions on insulin pumps in June – an important win for equitable diabetes treatment.



600
PEOPLE
ATTENDED

REGINA, SK

Diabetes Canada helped create community by co-hosting the North Central Health Fair to reach high-risk populations.



\$25,000
RAISED

MANITOBA

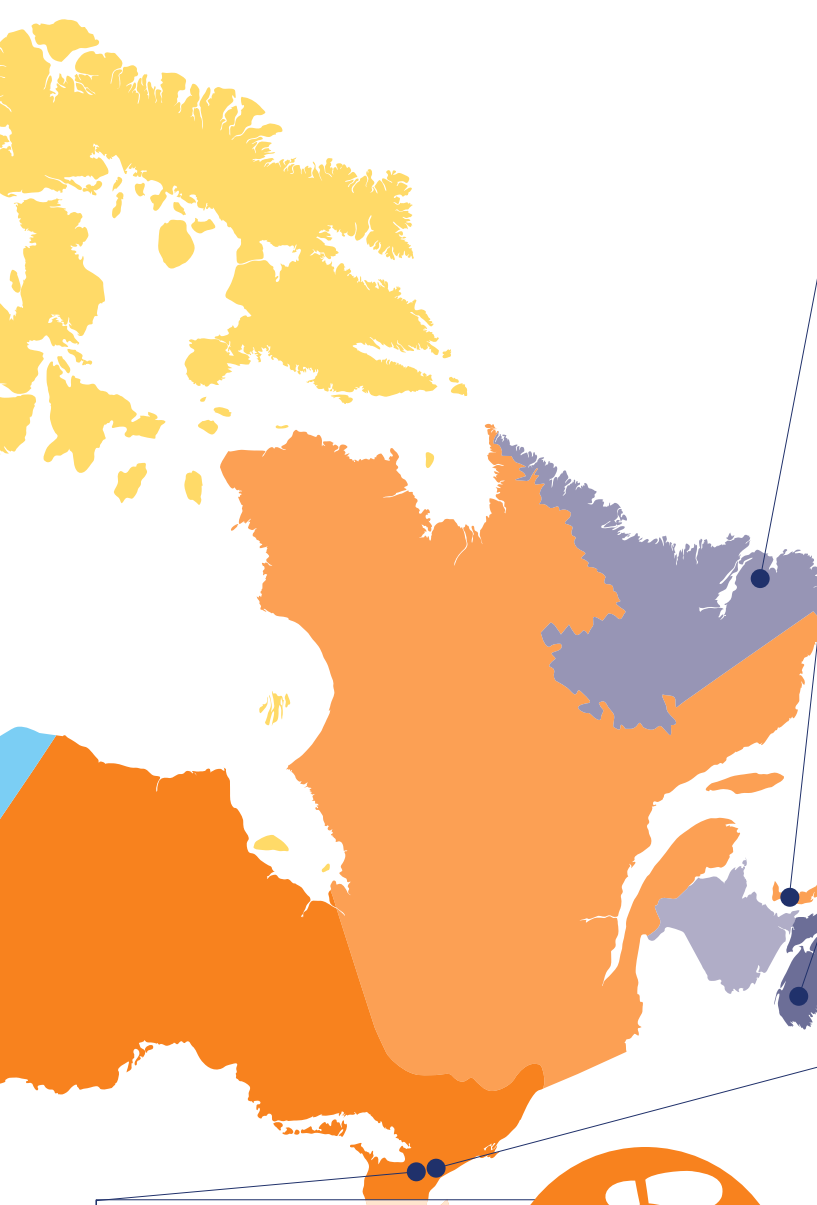
We strengthened our partnership with Dynacare Canada, who donated 50 cents from every A1C diabetes test taken during a 6-week period.

"Dynacare and Diabetes Canada in Manitoba combined efforts last fall to organize Manitoba's largest-ever diabetes wellness initiative. This collaboration meant that we could increase awareness about this important public health issue and get more Manitobans tested for pre-diabetes and diabetes. Diabetes Canada's strong reputation and deep relationships with key stakeholders in the province contributed greatly to the huge success of the campaign."

- Scott Hickey, Vice President, Corporate Communications and Public Affairs, Dynacare

CANADA

Your support allows us to continue making progress in our work to End Diabetes coast to coast to coast.



ATLANTIC REGION (incl. Newfoundland & Labrador)

Our updated 2018 Clinical Practice Guidelines were introduced to Health Care Providers through two educational conferences.

100+
PROVIDERS
ATTENDED

PEI

Our unrelenting advocacy paid off when the Department of Education implemented guidelines for the safe management of diabetes in schools.

**GUIDELINES FOR
SAFE MANAGEMENT
OF DIABETES**

NOVA SCOTIA

An investment of \$77,000 from Medavie Health Foundation allowed us to pilot The Matter of Black Health project.

150 | 400
PEOPLE | GROUPS
SUPPORTED

TORONTO, ON

Jamie Cleghorn and Max Armstrong, Diabetes Canada volunteers who started the fundraiser "Put a Squeeze on Diabetes" are awarded Young Philanthropists of the Year by the Association of Fundraising Professionals.

\$240,000
RAISED
TO DATE

BRAMPTON, ON

We increased our outreach to Brampton's growing South Asian community through the second BIC Annual Walkathon - Walk for Diabetes.



"Diabetes Canada and Brampton Islamic Centre created "BIC Annual Walkathon - Walk for Diabetes" to educate and engage the South Asian Community, a high-risk population for diabetes. The Brampton Islamic Center has been excited to partner with Diabetes Canada for the last 2 years and we look forward to many more coming years working with them. Truly an inspiring charity!"

- The Brampton Islamic Centre

INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Diabetes Association (o/a Diabetes Canada)

Qualified Opinion

We have audited the financial statements of Canadian Diabetes Association (o/a Diabetes Canada) (the "Organization"), which comprise the statement of financial position as at December 31, 2018, the statements of revenue and expenses, changes in fund balances and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the accompanying financial statements present fairly, in all material respects, the financial position of Canadian Diabetes Association (o/a Diabetes Canada) as at December 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Qualified Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

In common with many charitable organizations, the Canadian Diabetes Association (o/a Diabetes Canada) derives revenue from donations, bequests and other fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Canadian Diabetes Association (o/a Diabetes Canada). Therefore, we were not able to determine whether any adjustments might be necessary to support from the public, deficiency of revenue over expenses, and cash flows from operations for the year ended December 31, 2018 and 2017, current assets as at December 31, 2018 and 2017 and fund balances as at December 31, 2018 and 2017.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement

resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Toronto, Canada
March 7, 2019

Grant Thornton LLP

Chartered Professional Accountants
Licensed Public Accountants

OUR SUPPORTERS MAKE AN IMPORTANT DIFFERENCE

2018 Financial Statements

Every dollar invested in diabetes prevention, care, and cure has a tremendous impact throughout the year.

REVENUE BY SOURCE

71%

SUPPORT FROM
THE PUBLIC

8%

INCOME FROM
**OTHER CHARITABLE
ACTIVITIES**

14%

INCOME FROM
**NATIONAL
DIABETES TRUST**

3% **CAMP**
SERVICES

4% **EDUCATION**
SERVICES

HOW THE FUNDS ARE USED

30%

IMPROVING
**MANAGEMENT
AND PREVENTION**

8%

DRIVE FOR EXCELLENCE
IN DIABETES CARE

30% **PUBLIC RELATIONS
AND DEVELOPMENT**

13%

RESEARCH

12%

HELPING CHILDREN
AND ADULTS
WITH **T1D**

7%

ADMINISTRATION

CANADIAN DIABETES ASSOCIATION (O/A DIABETES CANADA)

Statement of financial position

Year ended December 31
(In thousands of dollars)

| | 2018 | 2017 |
|--|------------------|------------------|
| Assets | | |
| Current | | |
| Cash | \$ 1,004 | \$ 1,097 |
| Restricted cash | 778 | 1,455 |
| Investments | 2,246 | 1,045 |
| Restricted investments | 266 | 224 |
| Accounts receivable | 1,581 | 1,590 |
| Amount due from National Diabetes Trust | 1,239 | 2,083 |
| Prepaid expenses | 875 | 630 |
| Total current assets | 7,989 | 8,124 |
| Long-term | | |
| Investments | - | 4,535 |
| Restricted investments | 612 | 809 |
| Accounts receivable | 25 | 25 |
| Property and equipment | 2,660 | 2,525 |
| Intangible assets | 3,808 | 3,676 |
| Total assets | \$ 15,094 | \$ 19,694 |
| Liabilities and fund balances | | |
| Current | | |
| Accounts payable and accrued liabilities | \$ 2,396 | \$ 4,181 |
| Deferred revenue | 2,122 | 1,870 |
| Research grants and personnel awards payable | 1,280 | 1,141 |
| | 5,798 | 7,192 |
| Long-term | | |
| Deferred revenue | 1,090 | 836 |
| Employee future benefits | 653 | 726 |
| Total liabilities | 7,541 | 8,754 |
| Total fund balances | 7,553 | 10,940 |
| Total liabilities and fund balances | \$ 15,094 | \$ 19,694 |

Approved by the Board of Directors



Jim Newton, Chair of the Board



Dr. Jan Hux, President & CEO

CANADIAN DIABETES ASSOCIATION (O/A DIABETES CANADA)

Statement of revenue and expenses

Year ended December 31
(In thousands of dollars)

| | 2018 | 2017 |
|--|-------------------|-------------------|
| Revenue | | |
| Support from the public | \$ 25,870 | \$ 27,055 |
| Income from National Diabetes Trust | 5,035 | 8,708 |
| Education services | 1,425 | 1,408 |
| Camp services | 1,152 | 1,142 |
| Income from other charitable activities | 2,736 | 3,551 |
| Investment and other income | 11 | 408 |
| Total revenue | <u>36,229</u> | <u>42,272</u> |
| Expenses | | |
| Improving management and prevention | 12,090 | 16,217 |
| Research | 5,116 | 5,308 |
| Drive for excellence in diabetes care | 3,239 | 5,198 |
| Helping children and adults with T1D | 4,564 | 3,633 |
| Total program expenses | <u>25,009</u> | <u>30,356</u> |
| Support | | |
| Administration | 2,599 | 2,281 |
| Public relations and development | 11,804 | 11,264 |
| Total support expenses | <u>14,403</u> | <u>13,545</u> |
| Total expenses | <u>39,412</u> | <u>43,901</u> |
| Deficiency of revenue over expenses | <u>\$ (3,183)</u> | <u>\$ (1,629)</u> |

THANK YOU

Diabetes is an epidemic. But through your support, we believe we can End Diabetes.

We need you to invest in world-class research that can change the trajectory of diabetes care in our country. We need you to help us drive excellence in diabetes care through greater integration of our world-renowned Clinical Practice Guidelines. And, we need you to raise your voice in support of Diabetes 360°, our national diabetes strategy that has the potential of permanently changing hundreds of thousands of lives. **We need you as our champion!**

Canadians just like you are creating new possibilities for the future of diabetes prevention, care, and cure each and every day.

With you by our side, we will never give up the fight for a healthier Canada.

2018 DIABETES CANADA SUPPORTERS

Diabetes Canada is grateful for the support of its loyal donors whose commitment and dedication help to realize our shared vision of a world free from diabetes.

Foundations

A & A King Family Foundation

A.E. (Ted) and Deanna M. Turton Charitable Foundation

A.W.B. Charitable Foundation

Abundance Canada

Access Communications

Airlie Foundation

Allard Foundation Ltd

Anna Ruthven Greig Fund, held at Vancouver Foundation

Aqueduct Foundation

Arbor Memorial Foundation

Art Kelm & Mary Lewis Endowment Fund, held at Vancouver Foundation

Arthur J E Child Foundation (The)

Association of Saskatchewan Realtors

Barbara and Harvey Wolfe Family Charitable Foundation

Beautiful Plains Community Foundation Inc

Benefaction Foundation

Bracebridge Lions Foundation

Brant Community Foundation

Brantford Community Foundation - City Of Brantford

Buffalo River Dene Nation Aboriginal Healing Foundation

Calgary Foundation (The)

Calgary Shaw Charity Classic Foundation

Cambridge & North Dumfries Community Foundation

Canada Foundation for Innovation

Canada Gives Foundation (#CG 0633)

Canadian Medical Association Foundation (CMA Foundation)

Canadian Service Corp.

Carthy Foundation

Cenovus Employee Foundation

Central Okanagan Foundation

Chimp Foundation

Chimp: Charitable Impact Foundation (Canada)

CIBC World Markets Children's Miracle Foundation

City Of Welland

Community Foundation Of Greater Grande Prairie

Community Futures Treaty Seven

Community Initiatives Fund

Crosbie Family Foundation

Davies Ward Phillips & Vineberg Foundation

Don and Vivian Horoko Fund

Dr Samuel S Robinson Charitable Foundation

Dr. Woo Hon Fai Memorial Foundation

Edmonton Civic Employees Charitable Assistance Fund

Edmonton Community Foundation

Edmonton Rodeo Cowboy Benevolent Foundation

Edward Louis Schneider Fund

Edwards Charitable Foundation

Elkhorn And Area Foundation Inc

Employment and Social Development Canada

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