



### Financial Statements

# Canadian Diabetes Association (o/a Diabetes Canada) (Note 1)

December 31, 2016

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### Independent auditor's report

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To the Members of

### Canadian Diabetes Association (o/a Diabetes Canada)

We have audited the accompanying financial statements of the Canadian Diabetes Association (o/a Diabetes Canada), which comprise the statement of financial position as at December 31, 2016, the statements of revenue and expenses, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's responsibility for the financial statements

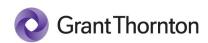
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that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

### **Auditor's responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



### **Basis for 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 individual giving and direct marketing, bequests and events revenue, excess of revenue over expenses, and cash flows from operations for the year ended December 31, 2016 and 2015, current assets as at December 31, 2016 and 2015 and fund balances as at December 31, 2016 and 2015.

### **Qualified opinion**

In our opinion, except for the possible effects of the matter described in the *Basis for qualified opinion* paragraph, the financial statements present fairly, in all material respects, the financial position of the Canadian Diabetes Association (o/a Diabetes Canada) as at December 31, 2016, 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.

Toronto, Canada March 9, 2017 Chartered Professional Accountants Licensed Public Accountants

Grant Thornton LLP

# Canadian Diabetes Association (o/a Diabetes Canada)(Note 1) Statement of financial position As at December 31

As at December 31 (In thousands of dollars)		2016	2015
Assets Current			
Cash Restricted cash (Note 3) Investments (Note 3) Restricted investments (Note 3) Accounts receivable Promissory notes from National Diabetes Trust (Note 4) Amount due from National Diabetes Trust (Note 14) Prepaid expenses Inventories	\$ -	995 2,424 1,485 202 1,135 1,500 2,731 904 158	\$ 4,757 2,828 3,368 429 1,661 603 2,934 438 141
Total current assets		11,534	17,159
Long-term Investments (Note 3) Restricted investments (Note 3) Promissory notes from National Diabetes Trust (Note 4) Accounts receivable Property and equipment (Note 5) Intangible assets (Note 6)	-	4,274 811 - 25 2,907 2,346	4,013 608 112 25 3,289 2,673
Total assets	\$	21,897	\$ 27,879
Liabilities and fund balances Current			
Accounts payable and accrued liabilities (Note 7) Deferred revenue (Note 8) Research grants payable and personnel awards	\$	3,680 2,016	\$ 3,710 4,864
payable (Note 9)	-	2,021	2,909
Long-term		7,717	11,483
Deferred revenue (Note 8) Employee future benefits (Note 10)	-	794 1,329	932 1,752
Total liabilities		9,840	14,167
Total fund balances (Page 5)	_	12,057	13,712
Total liabilities and fund balances	\$	21,897	\$ 27,879

Commitments (Note 12)

Approved by the Board of Directors

Jim Newton, Chair of the Board

John Reidy, Chief Financial Officer

The accompanying notes to the financial statements are an integral part of these financial statements.

# Canadian Diabetes Association (o/a Diabetes Canada) (Note 1) Statement of revenue and expenses Year ended December 31

Year ended December 31 (In thousands of dollars)	2016		2015
Revenue			
Support from the public			
Individual giving and direct marketing	\$ 8,912	\$	9,524
Income from National Diabetes Trust (Notes 1 and 14)	10,549		10,459
Bequests	6,257		10,737
Corporate giving	6,856		6,249
Events	3,632	•	3,640
Total support from the public	36,206		40,609
Government health programs	1,551		2,648
Services	3,671		3,363
Support from other charities and charitable			
foundations	2,900		2,682
Administrative services and interest - National			
Diabetes Trust (Note 14)	1,200		1,220
Government grants	1,299		1,156
Other income (Note 15)	744	,	589
Total revenue	47,571		52,267
Expenses			
Programs			
Services	24,045		22,524
Research	4,941		5,769
Government health programs	<u>1,556</u>	,	2,661
Total program expenses	30,542	•	30,954
Support			
Fundraising	11,167		10,928
Administration	8,089		9,768
Total support expenses	19,256		20,696
Total expenses	49,798	•	51,650
(Deficiency) excess of revenue over expenses	\$ (2,227)	\$	617

## Canadian Diabetes Association (o/a Diabetes Canada) (Note 1) Statement of changes in fund balances

Year ended December 31, 2016 (In thousands of dollars)

	_	Operating Fund	Charles H. Best Fund (Note 2)	E	indowments (Note 13)	_	2016 <u>Total</u>		2015 Total
Balances, beginning of year	\$	12,250	\$ -	\$	1,462	\$	13,712	\$	12,673
Revenue		44,922	2,649		-		47,571		52,267
Expenses		(44,857)	(4,941)		-		(49,798)		(51,650)
Transfers between funds		(2,292)	2,292		-		-		-
Contributions and investment income		-	-		27		27		38
Re-measurements and other items relating to employee future benefits	_	<u>545</u>	<u>-</u>	_	<u>-</u>	_	<u>545</u>	_	384
Balances, end of year	\$.	10,568	\$ 	\$_	1,489	\$_	12,057	\$_	13,712

## Canadian Diabetes Association (o/a Diabetes Canada) (Note 1) Statement of cash flows

Statement of Cash Hows				
Year ended December 31				
(In thousands of dollars)		2016		2015
Our amount of the state of				
Operating activities	•	(0.007)	Φ.	0.1.7
(Deficiency) excess of revenue over expenses	\$	(2,227)	\$	617
Add non-cash items		000		700
Amortization of property and equipment		666		732
Amortization of intangible assets		449		456
Amortization of deferred revenue related to capital asse	ts	(149)		(170)
Adjustment for employee future benefits		122		218
Amortization of deferred rent		(19)		(66)
		(1,158)		1,787
Changes in non-cash operating items				(4.400)
Amount due from National Diabetes Trust		203		(1,138)
Accounts receivable		526		1,095
Prepaid expenses		(466)		128
Inventories		(17)		147
Accounts payable and accrued liabilities		(30)		818
Deferred revenue		(2,818)		(1,095)
Research grants and personnel awards payable		(888)		(224)
		(4.040)		4 540
		(4,648)		<u>1,518</u>
Investing activities (Increase) decrease in promissory notes from National Diabetes Trust		(785)		497
Purchase of property and equipment		(284)		(1,152)
Purchase of intangible assets		(122)		(96)
Decrease (increase) in investments		1,646		(583)
,				,
		455		(1,334)
Financing activity	٥,	.=		00
Endowment contributions and investment income (Note 13	3)	27		38
Increase in cash during the year		(4,166)		222
increase in cash during the year		(4,100)		222
Cash, beginning of year		7,585		7,363
Cash, end of year	\$	3,419	\$	7,585
Cash consists of:	_			
Cash	\$	995	\$	4,757
Restricted cash		2,424		2,828
Cash, end of the year	\$	2 /110	\$	7 505
Casii, ciiu oi ille yeal	Φ	3,419	φ	7,585

December 31, 2016 (In thousands of dollars)

### 1. Description of the organization

Canadian Diabetes Association (the "Organization" or "Diabetes Canada") is a national, independent, self-financing organization. Effective February 13, 2017, the Organization changed its operating name to Diabetes Canada. It is established as a non-profit corporation under the Canada Not-for-profit Corporations Act and is a registered charity with Canada Revenue Agency, and thus not subject to income taxes. Diabetes Canada's mission is to lead the fight against diabetes by helping those affected with diabetes to live healthy lives, preventing the onset and consequences of diabetes, while it works to discover a cure. Diabetes Canada is national and membership based.

#### Controlled entities

### Diabetes Association (Foothills) ("Foothills")

Diabetes Association (Foothills) was incorporated on September 23, 1993 as a not-for-profit organization under the Alberta Charitable Fundraising Act, and was revived on March 4, 2014. Foothills was granted Charitable registration status as at January 1, 2015 and has a December 31 year end.

Diabetes Canada controls the activity of Foothills, and the financial statements of Foothills have been consolidated in these financial statements, as allowed under Canadian generally accepted accounting principles.

### National Diabetes Trust

On January 1, 2012, Diabetes Canada transferred its Clothesline operations to the National Diabetes Trust (the "Trust"), which was established to develop, invest and operate the Clothesline operations. The Trustee of the Trust is the National Diabetes Trustee Corp., a Canadian resident not-for-profit corporation without share capital established to carry out the fiduciary responsibilities of the National Diabetes Trust. The Trustee determines its projects, budgets and direction with a mandate to increase support for those affected by Diabetes.

The assets and liabilities of Diabetes Canada's Clothesline operations as at January 1, 2012 were transferred from Diabetes Canada to the Trust at their carrying amounts as at that date.

The income and capital beneficiary of the Trust is the Diabetes Canada, and the Trustee is required to transfer the net income for tax purposes of the Trust to the benefit of Diabetes Canada in each year.

The investment in the Trust is accounted for using the equity method, of which the financial information is provided in Note 14.

December 31, 2016 (In thousands of dollars)

### 2. Significant accounting policies

### **Basis of presentation**

The financial statements have been prepared in accordance with accounting standards for notfor-profit organizations, using the deferral method of reporting restricted contributions.

#### **Fund balances**

Fund balances are comprised of the following:

### Charles H. Best Fund

The Charles H. Best Fund ("Best Fund") represents amounts to finance research. Although the Best Fund has its own sources of revenue, these are not sufficient to provide for the research commitments approved to date. Funds are transferred from the Operating Fund to the Best Fund in order to cover the approved research commitments. During the year ended December 31, 2016, a transfer of \$2,292 (2015 - \$980) from the Operating Fund to the Best Fund was undertaken.

### **Endowment Fund**

Endowment funds represent funds received which are externally restricted, where the principal cannot be spent together with any designated unspent interest.

### Operating Fund

The Operating Fund represents amounts to fund the Diabetes Canada's activities that are not specifically restricted to research or endowments.

### Revenue recognition

Donations, which have been restricted through specific direction from a contributor, are deferred and recorded as revenue when the related expense occurs.

Sponsorships received in advance of the related expense are recorded as deferred revenue. Revenues received prior to year-end relating to fundraising projects not significantly complete by that date are recorded as deferred revenue until the project has been completed.

Donations and grants received specifically for the purchase of property and equipment are deferred and amortized to revenue on the same basis as the amortization of the related property and equipment.

Donations received by way of Charitable Remainder Trusts/Gifts of Residual Interest vest irrevocably with Diabetes Canada. These donations are tax receipted by the Diabetes Canada and are recorded as contributions receivable and offsetting deferred revenue at the present value of the contribution. At the time of transfer, the face value of the trust's assets will be recognized as revenue, provided no further restriction on their use exists.

Endowment contributions are recognized as direct increases in the fund balance. Certain endowment contributions require the capital to be retained for a specified period of time. On expiry of the retention period, the capital is recognized as a transfer to the Operating Fund.

December 31, 2016 (In thousands of dollars)

### 2. Significant accounting policies (continued)

### Revenue recognition (continued)

Other restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred.

All other donations, bequests and grants are recorded when received, unless the amounts have conditions requiring possible repayment, then they are deferred until such time as conditions no longer exist.

Service revenue, including Administrative services to National Diabetes Trust is recognized as revenue in the year in which the service is performed.

Other income is recognized as revenue when performance requirements have been met and collection is reasonably assured.

Diabetes Canada has contracted with the Ontario and Alberta governments to undertake the processing of claims for reimbursement of certain diabetes related expenses. All related expenses are funded by cash advances from the respective Provincial Governments. Revenue is recognized as the related expenses are incurred. Cash received from the Provincial Government in advance is deferred.

#### **Financial instruments**

Diabetes Canada considers any contract creating a financial asset for one entity and a financial liability or equity instrument of another entity as a financial instrument, except in certain limited circumstances. Diabetes Canada accounts for the following as financial instruments:

- cash
- receivables
- investments
- payables

### Initial measurement

The Diabetes Canada's financial instruments are measured at fair value when issued or acquired.

### Subsequent measurement

Investments are recorded at fair value based on the closing bid price at year end. Realized and unrealized gains and losses on investments are recognized as other income in the statement of revenue and expenses. All other financial assets and liabilities are recorded at amortized cost at year end, less any impairment allowance in the case of financial assets. Any impairment loss is recognized in the statement of revenue and expenses.

December 31, 2016 (In thousands of dollars)

### 2. Significant accounting policies (continued)

#### Investments

Investments are recorded and carried at fair market value. Unrealized gains and losses arising from the change in fair value of investments are recorded in the statement of revenue and expenses.

Short-term investments represent the amounts to be realized within one year. All other investments are considered long-term.

#### **Inventories**

Inventories are stated at the lower of average cost and net realizable value.

### Property and equipment

Property and equipment are recorded at cost, except for certain land, buildings and equipment, which are carried at a nominal value (Note 5). Buildings, furniture and equipment, and computer hardware are amortized on a straight-line basis over their average estimated useful lives, as follows:

Buildings 10 - 20 years Furniture and equipment 3 - 20 years Computer hardware 3 - 5 years

Leasehold improvements are amortized over the term of the related lease.

Amortization is charged from the date when the asset is put into use.

### Intangible assets

Intangible assets consist of computer software and are recorded at cost. The assets are amortized on a straight-line basis over their average estimated useful lives of 3-10 years.

Amortization is charged from the date when the asset is put into use.

#### Research

Monies awarded to various individuals and organizations to complete research projects are recorded as liabilities at the time the grants are approved. Should any condition of the award not be met, the monies which have been recorded as payable are credited to research grants expense.

### **Deferred rent**

Deferred rent consisting of lease inducements and free rent is amortized on a straight-line basis over the initial term of the lease.

December 31, 2016 (In thousands of dollars)

### 2. Significant accounting policies (continued)

### **Employee future benefits**

The cost of Diabetes Canada's defined benefit plan is determined periodically by an independent actuary. Diabetes Canada uses an accounting valuation performed every three years for measuring its defined benefit plan obligations. The estimated cost of future retirement benefits earned by employees is actuarially determined using the projected benefit method prorated on service, and management's best estimate of expected extended health care and life insurance cost. Experience gains or losses are recognized as a direct charge to the operating fund in the statement of changes in fund balances.

#### Use of estimates

The presentation of the Diabetes Canada's financial statements, in conformity with Canadian generally accepted accounting principles, requires management to make estimates and assumptions that affect the amounts in the financial statements and the disclosure in the notes thereto. Actual results could differ from those estimates used in preparing the financial statements. Balances which require some degree of estimation are property and equipment and intangibles (amortization), amounts payable and accrued liabilities, employee future benefits and allocated expenses.

#### 3. Investments

Investments are comprised of GICs and cash equivalents, fixed income instruments, Canadian equities including common and preferred shares, and foreign equities. The fixed income instruments have effective annual interest rates ranging from 1.7% to 6.5% (2015 - 1.7% to 5.8%) with maturity dates ranging from 6 months to 30 years (2015 - 6 months to 29 years).

### a) Unrestricted investments

,		<u> 2016</u>	_	2015
Short-term investments GICs and cash equivalents Canadian equities Foreign equities	\$ 	1,449 31 <u>5</u>	\$	366 3,000 2
Long-term investments	\$_	1,485	\$	3,368
Cash and cash equivalents Fixed income Canadian equities Foreign equities	<b>\$</b> 	260 1,633 1,242 1,139	\$	1,910 979 1,124
	\$_	4,274	\$	4,013

December 31, 2016 (In thousands of dollars)

### 3. Investments (continued)

### b) Restricted cash and investments

The following summarizes the Diabetes Canada's restricted investments at December 31:

	_	2016	_	2015
Restricted cash	\$_	2,424	\$_	2,828
Restricted investments				
Short-term investments GICs and cash equivalents Fixed income	<b>\$</b> -	- <u>202</u> 202	\$_	201 228 429
Long-term investments Fixed income	_	811	_	608
Total restricted investments	\$_	1,013	\$_	1,037
Total restricted cash and investments	\$_	3,437	\$_	3,865
The amounts are restricted for the following:				
Government health programs Research Endowments	<b>\$</b> _	703 1,245 1,489	\$	707 1,696 1,462
	\$	3,437	\$	3,865

December 31, 2016 (In thousands of dollars)

### 4. Promissory notes from National Diabetes Trust

	2016	2015
Promissory note (i) Promissory note (ii) Promissory note (iii) Total	\$ 1,500 - - - 1,500	\$ 165 <u>550</u> 715
Less: current portion	1,500	603
Long-term portion	\$ <u>-</u>	\$ 112

### (i) Promissory note

On December 13, 2016, Diabetes Canada loaned \$1,000 to the Trust under the short term lending agreement. On December 14, 2016, Diabetes Canada loaned another \$500 under the same agreement. The note was paid in full in 2017 and had interest at prime rate of a Canadian Chartered Bank + 0.25% per annum.

### (ii) Promissory note

The balance relates to the transfer of Diabetes Canada's Clothesline operations to the Trust on January 1, 2012. The promissory note was payable in 60 equal monthly instalments commencing on January 1, 2013 and bears interest at 4% per annum and is secured by the assets of the National Diabetes Trust. The note was paid in full in 2016.

### (iii) Promissory note

On December 22, 2015, Diabetes Canada loaned \$550 to the Trust. The note was paid in full on January 11, 2016 and had interest at 4% per annum.

### 5. Property and equipment

	 Cost	ccumulated amortization		2016 Net book value	 2015 Net book value
Land Buildings Computer hardware Furniture and equipment Leasehold improvements	\$ 25 1,766 1,832 1,034 1,880	\$ 733 1,116 598 1,183	\$ -	25 1,033 716 436 697	\$ 25 1,155 891 473 745
	\$ 6,537	\$ 3,630	\$_	2,907	\$ 3,289

December 31, 2016 (In thousands of dollars)

### 5. Property and equipment (continued)

In 1981, Diabetes Canada was granted a parcel of land in Foxtrap, Newfoundland by the Province of Newfoundland and Labrador and in 1993 acquired ownership of the land, buildings and equipment comprising Camp Huronda in Huntsville, Ontario. These assets are being carried at a nominal value of one dollar. In 2002, Diabetes Canada was the recipient of a parking lot adjacent to Banting House, which was recorded in Diabetes Canada's financial records for two dollars.

Diabetes Canada has \$43 (2015 - \$14) of property and equipment not being amortized at year end as they relate to projects not yet complete.

### 6. Intangible assets

		Cost	Accumulated amortization			2016 Net book value	 2015 Net book value
Computer software	\$_	3,537	\$_	1,191	\$_	2,346	\$ 2,673

Diabetes Canada has \$412 of computer software (2015 - \$407) not being amortized at year end as they relate to projects not yet complete.

### 7. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities include \$398 (2015 - \$79) with respect to amounts owing to the Government.

### 8. Deferred revenue

	 2016	 2015
Fundraising, bequests and other Government health programs Restricted bequests	\$ 1,428 292	\$ 3,209 855 14
Capital contributions Government grants Deferred rent	132 164 -	143 624 19
	\$ 2,016	\$ 4,864

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December 31, 2016 (In thousands of dollars)

### **8. Deferred revenue** (continued)

### Long-term

Long-term deferred revenue is comprised of deferred revenue related to each of property and equipment, donations and rent. Deferred revenue relating to property and equipment represents restricted donations made for the renovation of buildings and various other property and equipment purchases.

The changes in the deferred revenue balance are as follows:

		<u> 2016</u>		<u> 2015</u>
Deferred capital contributions, beginning balance Additions Amortization to revenue Deferred capital contributions, ending balance	<b>\$</b>	1,050 - <u>(149</u> ) 901	\$ 	969 251 (170) 1,050
Current portion of deferred capital contributions Deferred donations from Charitable remainder trust	\$ <u></u>	(132) 25 794	\$ <u></u>	(143) 25 932

### 9. Research grants and personnel awards payable

Under the authority of the Board of Directors, through the budget process, Diabetes Canada awarded research grants and personnel awards in the amount of \$4,658 during the year ended December 31, 2016 (2015 - \$5,356) which are payable from the Best Fund. As these grants and awards are for varying lengths of time and are paid out in quarterly instalments, a payable, which reflects the difference between the amounts authorized and the amounts paid to date, is recorded.

December 31, 2016 (In thousands of dollars)

### 10. Employee future benefits

Diabetes Canada provides extended health care and life insurance benefits to current retirees of Diabetes Canada and for eligible employees retiring before August 5, 2017. This plan is accounted for as a defined benefit plan. For all active employees, the accrued benefit obligation was calculated using the projected benefit method pro-rated on service.

The significant actuarial assumption adopted in measuring Diabetes Canada's accrued benefit obligation for the non-pension post-retirement benefit plans is as follows:

	<u>2016</u>	<u>2015</u>	
Discount rate	3.5%	4.00%	
Extended health care trend rates	10.5%	11.50%	

For measurement purposes, a 10.50% annual rate of increase of covered health care benefits was assumed for 2016. The rate is assumed to decrease by 0.50-1% per annum to an ultimate 5.00% per annum in 6 years.

The measurement date for the accrued benefit obligation, as calculated in Diabetes Canada 's actuarial valuation for post-retirement benefits was performed as of December 31, 2015 and was extrapolated forward to December 31, 2016.

		<u> 2016</u>		2015
Accrued benefit liability Balance, beginning of year Service cost for year Interest on accrued obligation Benefit payments Actuarial gains during the year	<b>\$</b> 	1,752 89 60 (27) (545)	\$	1,918 162 77 (21) (384)
Balance, end of year	\$	1,329	\$ <u></u>	1,752

#### 11. Pension plan

Substantially all full time, permanent employees participate in a defined contribution pension plan. Diabetes Canada's contribution for the year amounted to \$580 (2015 - \$551).

December 31, 2016 (In thousands of dollars)

#### 12. Commitments

### Operating leases

Diabetes Canada rents premises and operating equipment under various lease agreements. The minimum annual lease payments are as follows:

2017	\$ 2,180
2018	1,823
2019	1,548
2020	550
Thereafter	 227
	\$ 6,328

Diabetes Canada is also committed to its share of realty taxes and operational costs for its rented premises.

13. Endowmen	its								
		mie Malcolm Endowment	 Camp Endowment		Research Endowment	-	2016 <u>Total</u>	-	2015 Total
Balance, beginning of the year Contributions receiv Investment income Transfers to operation		1,121 - 27	\$ 50 - -	\$	291 -	\$	1,462 - 27	\$	1,488 10 28
fund	3				<u> </u>	-		-	(64)
Balance, end of yea	r <b>\$</b>	1,148	\$ 50	\$_	291	\$_	1,489	\$_	1,462

The Jamie Malcolm Endowment Fund was established to assist people who meet certain criteria in the management of their diabetes. The purpose of the Fund was amended in December 2014 to benefit children and youth affected by diabetes. The original capital of \$1,000 is to be held in perpetuity and invested, and the investment income is to be expended in accordance with the purpose of the Fund. During the current fiscal period, \$Nil (2015 - \$63) was transferred to the operating fund to support Camp Huronda.

The Camp Endowment Fund consists of a \$50 endowment gift and was established to support camp subsidies in Manitoba. The investment income was recognized as revenue of the Operating Fund and was used to support camp subsidies in Manitoba.

The Research Endowment Fund was established to support diabetes research and research projects for Type 1 diabetes. The capital of \$291 will be retained. The investment income was recognized as revenue of the Operating Fund and used to support research projects.

December 31, 2016 (In thousands of dollars)

### 14. Related parties

#### **Diabetes Ontario Trust**

The Organization entered into a declaration of trust with the Juvenile Diabetes Research Foundation to form Diabetes Canada. The trust was established to raise funds to be used to promote medical research and a greater understanding of diabetes. Effective September 30, 1991, Diabetes Canada ceased active fund-raising operations with the exception of the Ontario Federated Health Campaign. During 2016 Diabetes Canada changed its name to Diabetes Ontario Trust.

Under the terms of the trust agreement, Diabetes Canada receives a portion of the net proceeds from fund raising according to a formula determined by the Diabetes Ontario Trust Board from time to time. Included in other revenue is \$66 (2015 - \$71) representing Diabetes Canada's share of net proceeds from fundraising by Diabetes Ontario.

#### **National Diabetes Trust**

The financial information of the Trust is as follows:

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	 <u> 2016</u>		<u> 2015</u>
Assets	\$ 7,792	\$_	7,460
Liabilities Fund balance	\$ 9,106 (1,314) 7,792	\$ <u>_</u>	8,752 (1,292) 7,460

Liabilities include \$2,731 (2015 - \$2,934) that is payable to Diabetes Canada and is shown as due from the Trust on Diabetes Canada's statement of financial position. The amount is due on demand and is non-interest bearing. The Diabetes Canada's investment in the National Diabetes Trust is recorded at nil, since its fund balance is in a negative position.

December 31, 2016 (In thousands of dollars)

14.	Related	parties	(continued)	

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		<u> 2016</u>	-	<u> 2015</u>
Revenue Expenses before the undernoted	\$	46,009 34,282 11,727	\$_	44,304 32,499 11,805
Administrative services expense	_	1,200	_	1,220
Net income before distribution to Diabetes Canada Distribution of income to Diabetes Canada	_	10,527 (10,549)	_	10,585 (10,459)
Net (loss) income for the year	\$	(22)	\$	126

The administrative services amount of \$1,200 (2015 - \$1,220) is in accordance with an agreement dated January 1, 2012 between Diabetes Canada and the Trust, whereby Diabetes Canada agreed to provide certain services to the Trust. The agreement is for an indefinite term but may be terminated by either party providing 90 days or more notice to the other party.

### Statement of cash flows

		2016	_	2015
Cash flows from Operating activities Financing activities Investing activities	\$	3,745 (51) (920)	\$_	(103) 1,246 <u>(1,186</u> )
Net increase (decrease) in cash and cash equivalents during the year		2,774		(43)
Cash and cash equivalents (bank indebtedness), beginning of year		<u>(45</u> )	_	(2)
Cash and cash equivalents (bank indebtedness, end of year	r <b>\$</b> _	2,729	\$_	(45)

### 15. Other income

		2016	-	2015
Investment income Advertising and royalty income Expense recoveries	\$	380 146 218	\$	145 172 272
	\$ _	744	\$	589

December 31, 2016 (In thousands of dollars)

### 16. Allocation of expenses

Diabetes Canada allocates common expenses consisting of salaries, occupancy costs and other administrative expenses based on the estimated time spent on each activity. Such allocations are reviewed regularly by management.

All costs of fundraising are included in fundraising expenses; none are allocated to services.

Diabetes Canada has allocated its common expenses as follows:

	_	Salaries		Occupancy costs		Information stem costs		Other	•	2016 <u>Total</u>
Services Fundraising	\$ <b>\$</b>	22 22	\$ <b>\$</b>	589 312 <b>901</b>	\$ <b>\$</b> .	153 89 <b>242</b>	\$ <b>\$</b> .	1,029 <u>598</u> <b>1,627</b>	\$ \$_	1,793 999 2,792
	_	<u>Salaries</u>		Occupancy costs		Information stem costs		Other	•	2015 Total
Services Fundraising	\$ _ \$	117 - 117	\$ \$.	423 266 689	\$ \$_	199 120 319	\$ \$.	1,034 615 1,649	\$ \$_	1,773 1,001 2,774

### 17. Line of credit

Diabetes Canada has an unused line of credit of \$2,000 (2015 - \$2,000) at the bank's prime rate plus 0.25%. The line of credit is secured by the assets of Diabetes Canada.

#### 18. Financial instruments

Diabetes Canada is exposed to various financial risks through transactions in financial instruments.

### Credit risk

Credit risk arises as a result of the potential non-performance by counterparties of contract obligations which could lead to a financial loss to Diabetes Canada. Diabetes Canada's credit risk relates to its receivables and fixed income investments.

December 31, 2016 (In thousands of dollars)

### Financial instruments (continued)

### Liquidity risk

Liquidity risk is the risk that Diabetes Canada will encounter difficulty in meeting its obligations. Diabetes Canada meets its liquidity requirements by preparing and monitoring detailed forecasts of cash flows from operations, anticipating investing and financing activities and holding assets that can be readily converted into cash.

#### Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market prices compromise three types of risk: interest rate risk, currency risk, and other price risk.

#### Interest rate risk

Interest rate risk is the risk that the fair value of or future cash flows from a financial instrument will fluctuate because of market changes in interest rates. Diabetes Canada is subject to interest rate risk on its fixed income investments, as disclosed in Note 3.

### Foreign currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. Diabetes Canada is exposed to currency risk on its investments held in foreign currencies.

### Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. Diabetes Canada is exposed to other price risk through its investments quoted in an active market.

### 19. Contingencies

Certain claims arising out of the normal course of operations have been filed against Diabetes Canada. In the opinion of management, the outcome of the claims is not determinable. Any loss resulting from the resolution of these claims will be charged to operations in the year of resolution.