



Our mission

TO LEAD THE FIGHT AGAINST DIABETES BY:

- Helping those affected by diabetes to live healthy lives
- Preventing the onset and consequences of diabetes
- Discovering a cure

We improve lives



BUBBA VERMETTE, living with type 2 diabetes:

"Everyone knows about diabetes, but a lot of people don't fully understand how serious it can be. Three years ago, on one of my daily walks, I thought to myself: 'Why not walk for diabetes?' That was the start of Bubba's Journey, my CDA fundraiser."



JESSICA SCHMIDT, living with type 1 diabetes:

"I want everyone to see diabetes through my eyes and know that it isn't something to be afraid or ashamed of. With the Diabetes Charter for Canada in place, perhaps more effort will be made within the education system to teach others about diabetes."

On the cover: Other members of our CDA community include Robert Screaton, Farah Ahmad, <u>Kathleen Nelson</u> and <u>Philip Bobawsky</u>.

Transforming the diabetes landscape

JOINT MESSAGE FROM OUR PRESIDENT AND CEO. AND CHAIR OF THE BOARD

The past year has been an exciting one at the Canadian Diabetes Association (CDA). We accomplished so much together in a year marked by common purpose, passion and dedication toward a healthy future for people living with diabetes. Against the backdrop of an evolving landscape for health charities in Canada, we designed, built and are implementing our bold strategic plan for 2015 to 2019. It will help us better serve the 3.3 million people with diabetes, the one million living with undiagnosed type 2 diabetes, and the 5.7 million people living with pre-diabetes. Our vision of a world free of the effects of diabetes has shaped our new mission statement, which reflects the needs of those we serve.

Our 2014 journey involved our CDA family, from those we serve, to our staff, board of directors, members, researchers, health-care professionals, advocates, donors, fundraisers, community leaders and corporate supporters. Many are part of our more than 30,000-strong volunteer base whose support is essential for the CDA to reach every corner of our country.

Read more about our successes here and on the following pages of this report.

Delivering on our promise to those we serve through:

- Consistent programs and services to better serve people living with diabetes, particularly with self-management
- The <u>Diabetes Charter for Canada</u>, which champions more equitable access and support, dignity and respect, and enhanced health and quality of life for people with diabetes, and their caregivers
- Partnership with the <u>International Diabetes Federation</u> to provide support for children with diabetes in school through tools such as our <u>position statement</u> and <u>guidelines</u>, which provide leadership and guidance on the roles of students, parents/guardians, school personnel and health-care providers

Improving volunteer and member engagement with:

- A new and improved user-friendly website to help visitors and members find the information they need and want
- Our new myCDA online community that offers a personalized experience through information, offers and more
- Our Regional Volunteer Engagement Services Teams (VEST) to facilitate the onboarding, orientation and staff support of volunteers





Expanding our research and support for health-care professionals with:

- Continued investment in basic and clinical science research, and new population health research initiatives
- Improved dissemination and information programs to ensure our world-leading <u>Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada</u> (CPG) are used by health-care professionals to help those living with and at risk for diabetes
- Closer and better integrated working relationships with our
 <u>Diabetes Educator Section</u>, <u>Clinical and Scientific Section</u>, and
 <u>National Advocacy Council</u>, as well as with the National Research
 Council Canada, for a seamless and integrated approach to
 research and best practices dissemination

Investing in our people and increasing organizational efficiency through:

- Our expanded People First strategy, including an engagement survey and a rollout of initiatives based on employee feedback
- New technologies to significantly improve efficiency and effectiveness, such as customer relationship management and human resources systems
- Collaboration pods that bring together staff across the CDA to debate issues, explore options and develop solutions

Developing new revenue streams and expanding partnerships with:

- A national and regional account management system
- New sales and clothing collections programs under the National Diabetes Trust (NDT) Clothesline banner
- A renewed and innovative partnership between NDT and Value Village to fund more diabetes research and send more children and youth with type 1 diabetes to the CDA's 12 D-Camps
- New product development programs to help donors and partners connect with us and better serve our community

Our commitment to transforming the diabetes landscape has inspired our efforts in the past year. We will continue to work toward becoming a better organization for those we serve. There is no doubt we are stronger together.

Suzanne Deuel

Chair, Board of Directors

Rick Blickstead

President and Chief Executive Officer

Help us continue the work we've done this year.
This is how the CDA has made a difference in the lives of people living with diabetes and those who are at risk:

Improving Lives

support

- 19,230 people learned to better manage their diabetes at 349 CDA expos, workshops and webinars.
- 2,400 children, youth and families attended 51 <u>D-Camps</u> programs for children and youth living with type 1 diabetes.



20,432 people got answers to their diabetes-related calls and emails.

investigate

- \$6.7 million from the CDA funded leading research in genetics, obesity, complications, pathophysiology, prevention and management, and new treatments.
- From 1975 to 2014, the CDA funded more than \$125 million in diabetes research



104 research projects focused on improving life for people with diabetes.

1.7 million

homes donated used clothing and household items to <u>Clothesline</u>, helping to raise \$13.5 million for research programs and advocacy.



share

- More than 77,000 new supporters were welcomed.
- More than 30,000 <u>volunteers</u> helped with fundraising, programs and more.
- \$2.7 million was raised by more than 650 people who walked, ran, cycled and hiked with <u>Team Diabetes</u> in 22 events around the world and across Canada.

More than

1,500 delegates attended the 17th Annual Professional Conference

and Annual Meetings of the CDA and the Canadian Society of Endocrinology and Metabolism.

educate

- More than 450 people living with diabetes learned about self-management in the first-ever public forum.
- More than 6,000 primary-care physicians learned how to use *CPG* information to help patients.
- 3.3 million Canadians with diabetes benefited from having the *CPG* inform their care.





influence

5,000 people with type 1
 diabetes received insulin pumps
 and supplies through new
 government-funded programs in
 Nova Scotia and Prince Edward
 Island, and extended eligibility
 in British Columbia.







inform

- 2.3 million visited diabetes.ca.
- More than 22,500 joined our myCDA online community.

Only with You, Do We Achieve!

We are extremely grateful for the commitment and dedication of all of our donors and partners—each and every person and group who supports our cause. You are all members of our <u>Banting Circle</u> in recognition of your leadership in the fight against diabetes.

OUR DONORS



These extraordinary individuals and organizations have given \$1,000 or more up to Dec. 31, 2014*.

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^{*}We apologize for any errors or omissions. For corrections, please contact Ericka Tovey, Director, Donor Marketing & Relations, at ericka.tovey@diabetes.ca.

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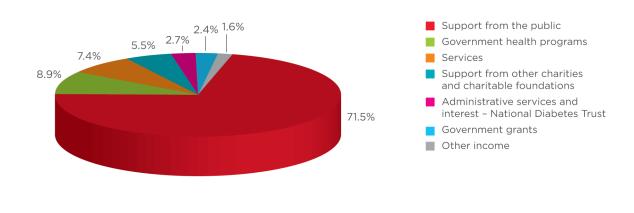
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Financials

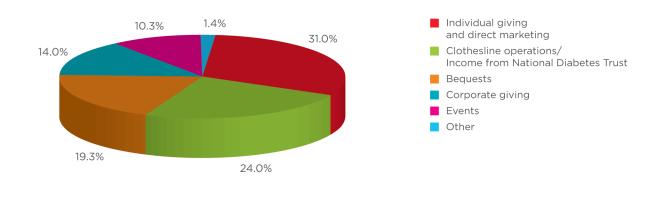
2014 Canadian Diabetes Association Financial Summary

CANADIAN DIABETES ASSOCIATION Revenue Pie Charts

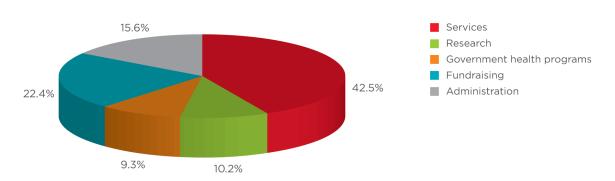
REVENUE BY SOURCE



SUPPORT FROM THE PUBLIC BY SOURCE



HOW THE FUNDS ARE USED



Financials

Report of the Independent Auditor on the Summary Financial Statements

To the Members of Canadian Diabetes Association

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2014, the summary statement of revenue and expenses for the 16 month period ended December 31, 2014, and the related notes, are derived from the audited financial statements of Canadian Diabetes Association (the "Association") for the 16 month period ended December 31, 2014. We expressed a qualified audit opinion on those financial statements in our report dated March 26, 2015.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Association.

MANAGEMENT'S RESPONSIBILITY FOR THE SUMMARY FINANCIAL STATEMENTS

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Note 1.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard ("CAS") 810, "Engagements to Report on Summary Financial Statements."

OPINION

In our opinion, the summary financial statements derived from the audited financial statements of the Association for the 16 month period ended December 31, 2014 are a fair summary of those financial statements,

on the basis described in Note 1. However, the summary financial statements are impacted, to the same extent as the audited financial statements, by the possible effects of the limitation in scope of our audit of the audited financial statements of the Association for the 16 month period ended December 31, 2014.

Our qualified opinion on the audited financial statements is described in our report dated March 26, 2015, and indicated that the Association, in common with many not-for-profit organizations, derives revenue from donations and other fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of the Association and we were not able to determine whether any adjustments might be necessary to individual giving and direct marketing, beguests and events revenue, excess of revenue over expenses, and cash flows from operations for the 16 month period ended December 31, 2014 and the fiscal year ended August 31, 2013, and current assets and fund balances as at December 31, 2014, August 31, 2013, September 1, 2013 and September 1, 2012. Our qualified opinion states that, except for the possible effects of the described matter, those financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2014 and the results of its operations and its cash flows for the 16 month period then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Delotte LLP

Chartered Professional Accountants, Chartered Accountants Licensed Public Accountants March 26, 2015

SUMMARY FINANCIAL STATEMENTS

Summary statement of financial position as at December 31, 2014 and at August 31, 2013 (In thousands of dollars)

| | December 31, | August 31, |
|--|--------------|---------------------|
| | 2014 | 2013 |
| | | (Restated – Note 2) |
| | \$ | \$ |
| Assets | | |
| Cash and investments | 9,209 | 14,216 |
| Restricted cash and investments | 5,989 | 4,746 |
| Capital assets | 5,902 | 3,513 |
| Other assets | 4,847 | 3,620 |
| Amount due from National Diabetes Trust | 1,796 | 3,619 |
| Total assets | 27,743 | 29,714 |
| Liabilities and fund balances | | |
| Accounts payable and accrued liabilities | 2,892 | 4,503 |
| Research grants and personnel awards payable | 3,133 | 5,271 |
| Deferred revenue | 7,127 | 7,747 |
| Other liabilities | 1,918 | 2,060 |
| Total liabilities | 15,070 | 19,581 |
| Fund balances | 12,673 | 10,133 |
| Total liabilities and fund balances | 27,743 | 29,714 |

The above information has been extracted and summarized from the complete 2014 audited financial statements.

SUMMARY FINANCIAL STATEMENTS

Summary statement of revenue and expenses

16 month period ended December 31, 2014, and 12 month period ended August 31, 2013 (In thousands of dollars)

| (In thousands of dollars) | 2014 (16 months) | 2013 (Restated — Note 2) (12 months) |
|--|---------------------|--|
| | \$ | \$ |
| Revenue | | |
| Support from the public | | |
| Individual giving and direct marketing | 14,846 | 10,213 |
| Income from National Diabetes Trust | 11,504 | 8,859 |
| Bequests | 9,250 | 8,103 |
| Corporate giving | 6,726 | 5,794 |
| Events | 4,940 | 4,287 |
| Gaming | 463 | 190 |
| Car recycling | 206 | 62 |
| Total support from the public | 47,935 | 37,508 |
| Government health programs | 5,972 | 4,868 |
| Services | 4,980 | 3,563 |
| Support from other charities and charitable foundations | 3,700 | 2,558 |
| Administrative services and interest – National Diabetes Trust | 1,790 | 1,348 |
| Government grants | 1,589 | 1,107 |
| Other income | 1,043 | 795 |
| Total revenue | 67,009 | 51,747 |
| Expenses | | |
| Programs | | |
| Services | 27,598 | 20,942 |
| Research | 6,651 | 7,160 |
| Government health programs | 6,007 | 4,902 |
| Total program expenses | 40,256 | 33,004 |
| Support | | |
| Fundraising | 14,546 | 12,205 |
| Administration | 10,108 | 6,000 |
| Total support expenses | 24,654 | 18,205 |
| | 2.700 | -, |
| Total expenses | 64,910 | 51,209 |
| Excess of revenue over expenses for the year | 2,099 | 538 |

The above information has been extracted and summarized from the complete 2014 audited financial statements.

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

December 31, 2014

1. Basis of the summary financial statements

The Canadian Diabetes Association (the "Association") has prepared these summary financial statements to be included as part of their annual report.

The criteria applied by management in the preparation of these summary financial statements are as follows:

- (a) the information in the summary financial statements is in agreement with the related information in the audited financial statements;
- (b) a summary statement of cash flows has not been presented, as the relevant information can be obtained from the audited financial statements; and
- (c) the summary financial statements contain the information necessary to avoid distorting or obscuring matters disclosed in the related audited financial statements, including the notes thereto.

In April 2014, the Board of Directors approved a change in the year end of the Association from August 31 to December 31, effective for calendar year 2014. The 16 month period ended December 31, 2014 represents the financial reporting period required to transition from the August 31 year end date to December 31.

The audited financial statements can be obtained from the Association.

2. Change in accounting policy

In the current year 16 month period, the Association adopted the requirements of the CPA Canada Handbook ("Handbook"), Part III Accounting for Not-For-Profit organizations Section 3463 Reporting Employee Future Benefits by Not-For-Profit Organizations ("Section 3463"). In accordance with the transitional provisions of this section, the Association retrospectively applied the revised standard. The 2013 corresponding figures and notes have been restated.

3. 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 a charitable organization within the meaning of the Income Tax Act.

The Association became the sole member of Foothills on April 15, 2011 and controlled it, since the Association determined its projects and direction.

Foothills' operations were wound up by the Association during the 2012 fiscal year, and the net assets transferred to the Association.

Articles of dissolution were filed on December 6, 2012 voluntarily dissolving Foothills pursuant to Section 211 of the Business Corporations Act (Alberta), and registration as a charity under the income Tax Act (Canada) was voluntarily revoked on July 20, 2013.

Foothills was revived on March 4, 2014 as a not-for-profit organization under the Alberta Charitable Fundraising Act in order to continue to receive gifts left under Last Wills and Testaments. The objectives were amended on September 19, 2014 to support scientific research for a cure for diabetes. Foothills has applied for charitable registration status under the Income Tax Act (Canada) on September 8, 2014.

The financial statements of Foothills have been consolidated in these financial statements, as allowed by Canadian accounting standards for not-for-profit organizations.

4. National Diabetes Trust

On January 1, 2012, the Association transferred its Clothesline operations to the National Diabetes Trust, which was established to develop, invest and operate the Clothesline operations. The Trustee of the National Diabetes 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 is controlled by the Association, since the Association determines its projects and direction.

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

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

The financial statements of the National Diabetes Trust have not been consolidated in these financial statements, as allowed by Canadian accounting standards for not-for-profit organizations.

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