

Annual Report 2013 ~ 2014



BCCDC Foundation
for Public Health

Driving Innovation. Advancing Service.



A Time of Growth

Strengthening the Research Enterprise of the BC Centre for Disease Control (BCCDC)



ALAN WINTER
Board Chair

Welcome to our first annual report!

As this is our first Annual Report, we would like to take a minute to introduce you to the BCCDC Foundation for Public Health (BCCDC Foundation), and also update you on our progress, our successes, and our vision for the future. Our team has been working hard over the past two years to build the BCCDC Foundation for Public Health into a successful foundation funding research. Through 2012-13 and 2013-14, the Foundation embarked on a strong and exciting growth trajectory.

We undertook strategic planning and engagement-building with the goal of transitioning the Foundation into a pro-active, philanthropic entity. This process entailed extensive meetings with internal and external stakeholders, and discussion and planning around needs and goals. The results of this hard work include: refinement of fundraising tactics; review and refinement of administrative and operational functions and policies; new financial strategies, such as audit

and investment planning; communication strategies, such as brand and website development; and board development, including the addition of three new Directors and initiation of a Scientific Advisory Board. We would like to thank our donors who have helped support us over the years, and whom we hope will be significant partners as we move into this exciting new



territory. We would especially like to thank the Provincial Health Services Authority, whose generosity has enabled the Foundation to support a wide-range of projects, including several large key projects. The time is ripe for proactive fundraising to leverage PHSA contributions, to strengthen BCCDC's research enterprise, and to advance service excellence. On a final note, I want to thank our dedicated Board of Directors and our Advisors

for their exemplary service to the BCCDC Foundation and for their leadership in continuing to drive the organization forward. We are well positioned heading into 2014-15 and look forward to another year of growth in our organization and investment in the BCCDC.

Alan E. Winter

Board Chair, BCCDC Foundation for Public Health

The BCCDC Foundation is
the philanthropic partner that enables
the BC Centre for Disease Control to
*drive innovation that advances population
and public health services*
for British Columbians and others.



About the Foundation

We work in partnership with BCCDC as a proactive strategic organization that seeds and supports the BCCDC brand of excellence in public health research

OUR VISION

People living in healthy communities protected from infectious disease and environmental health hazards through innovative research and collaborative public health solutions.

OUR MISSION

To protect and promote health, prevent harm, and prepare for threats by inspiring vision and philanthropy.

BCCDC Foundation History

The BCCDC Foundation was established in 2004 as a registered charity and incorporated under the Society Act of BC. During the first 8 years of existence, *'Phase 1'*, the Foundation operated

under a 'passive' business plan, receiving but not seeking funds, and supported several projects and special events through restricted funds. In early 2012, a strategic decision was made to enter into 'Phase 2', a dedicated growth period to transition the Foundation into an active fundraising and strategic support entity. Since this decision, the BCCDC Foundation has continued on a very strong growth trajectory. We have continued strategic planning, engagement-building, and development of key administrative activities, including hiring, financial controls, operational standards, and communications, with the goal of solidifying the Foundation as a pro-active, philanthropic entity that can successfully support excellence at the BCCDC.

Alignment with BCCDC

BCCDC, with its unique mandate not seen elsewhere, has developed an international reputation for its leading edge research into infectious diseases and environmental hazards, conducting innovative research that is driven by service to improve the health of populations. The mandate of the BCCDC Foundation is to work closely with BCCDC to build and sustain its role as an international leader in public health service to the local and global community by facilitating its innovative research. The BCCDC Foundation was established to fund and catalyze new research in the prevention, detection and control of infectious diseases and environmental hazards. The "value add" of these activities will help drive excellence in public health service for future generations. Operating as a tax-exempt charity with its own Board and administration, the BCCDC Foundation is at arm's length from BCCDC. This relationship allows receipt of donations from different sources in an open manner that is without conflict of interest to BCCDC investigators. Though a distinct entity, the Foundation is embedded within the BCCDC, allowing for unique functional and structural synergies.

BCCDC Foundation Strategic Areas

Strengthened by the tag line "Driving Innovation. Advancing Service.", the Foundation's strategies for success are to build alliances and sponsorship to support people, innovations, and partnerships, and the four key priority areas are to: build the profile and brand of BCCDC; build the research team at BCCDC; build the BCCDC research programs; and enhance knowledge mobilization and outreach. These priorities align perfectly with the strategic plans of the BCCDC, the UBC Faculty of Medicine and the Provincial Health Services Authority.



The BCCDC Foundation helps to support the research that is the "added value" advancing the BCCDC service functions. Working closely with BCCDC researchers and executive leaders, the Foundation is consistently linked with current and future BCCDC goals and strategies; with the overarching goal of supporting and advancing the BCCDC research enterprise, our key funding areas are: leadership; research; equipment; knowledge; and mobilization.

Our approaches include:

- Working with BCCDC to build a strong base of funding and to develop strategic research foci;
- Promoting a culture of enquiry throughout BCCDC;
- Securing directed and opportunistic funding with public and private sector partners;
- Ensuring transfer of research outcomes to all stakeholder partners; and
- Collaborating with PHSA, other Health Authorities, UBC and other stakeholders in the implementation of translational research.

What We Have Funded

The BCCDC Foundation has worked with partners to fund projects meeting a wide range of public health needs, both in British Columbia and around the world. Projects that have received funding from the BCCDC Foundation include:

ASPIRE

The ASPIRE (Advances in Screening and Prevention in Reproductive Cancer) program is a community-driven initiative in Uganda, designed to evaluate the acceptability and needs of a self-collection cervical cancer screening program for Human Papilloma Virus (HPV).

QUEST – Quadrivalent HPV Vaccine Evaluation Study

This program is part of a national initiative (QUEST) to compare the durability and efficacy of two different vaccination programs, two-dose versus three-dose, against HPV in girls ages 9-12.

The Complex Chronic Diseases Study

This study assesses new methods with which to differentiate patients with the symptoms of fatigue, memory change and musculoskeletal change usually associated with chronic or late Lyme disease from those with Myalgic Encephalomyelitis or Chronic Fatigue Syndrome (ME/CFS).

Molecular Epidemiology of TB in BC

Using innovative molecular epidemiology techniques to reconstruct person-to-person rates of tuberculosis transmission in large outbreaks, this project examines the hypothesis that high-risk infectious individuals moving between urban centres and remote populations are responsible for the majority of endemic transmission.

DPIC Visual DotLab Enterprise

A new electronic data collection system that enhances the service of the BC Drug and Poison Information Centre (DPIC), a 24-hour toll-free service that provides treatment advice and information regarding poisoning, drug overdoses, and chemical exposures to British Columbians.

mHealth Pilot for HIV/AIDS in BC

A small-scale pilot study with individuals taking antiretroviral therapy demonstrated that an interactive mobile phone text messaging intervention can improve adherence and viral load suppression and is a simple and useful approach to facilitating patient and health care provider communication and engagement

BCCDC Celebrate Research Week

BCCDC hosts a weeklong “Celebrate Research” symposium for staff and guests, to facilitate knowledge translation and exchange, and improve clinical care and practice.



What is Public Health?

Why have a public health foundation?

As the BCCDC Foundation grows, these are questions we hear. What is public health and why is it important? The answer to these questions is that public health is everything – from basic biology to global interactions – public health is everywhere – in our homes, in our schools, in our communities – and public health research can save lives, improve health, and sustain our world. Public health is about people. It is about making the world a healthier and safer place.

Why do we need another foundation? Another question one may ask. Part of the answer is that the absence of many problems is good public health, which means it may not be so ‘public’ all the time. BCCDC researchers and clinicians, scientists, public health professionals, and many other experts are hard at work behind the scenes, diligently making sure the public is safe and healthy. Another part of the answer is that, although the BCCDC receives operational healthcare funding, there are major gaps when it comes to research and research support money. The Foundation aims to fill these gaps. A final part of the answer lies in the very nature of what happens at the BCCDC – the work is unique, cross-cutting and highly translational and that means it is

» Past BCCDC Successes



1931

Public Health Labs open in Downtown Vancouver on Hornby Street



1960

Tuberculosis and Sexually Transmitted Diseases Clinics join Public Health Labs



1985 + 1986

The first HIV health clinic in Canada opens and the HIV/AIDS Prevention and Control Program is established



1989

British Columbia (BC) Street Nurses program is established



1991

Chee Mamuk, the first on-reserve sexually transmitted infection (STI)/HIV education and training program for Aboriginal peoples in Canada, is established

1994

BC becomes the first jurisdiction in the world to systematically recommend prenatal HIV screening and prevention of maternal to child transmission treatment

1997

The BC Centre for Disease Control (BCCDC) is created by the BC Ministry of Health

1999

BCCDC moves into a new building at 655 West 12th



2000

FOODSAFE training program is legislated by BC Government

2001

BCCDC is brought under the Provincial Health Services Authority

2003

The collaboration between the BCCDC, the National Microbiology Laboratory and the Genome Sciences Centre led to the successful sequencing of the SARS genome in Canada

2004

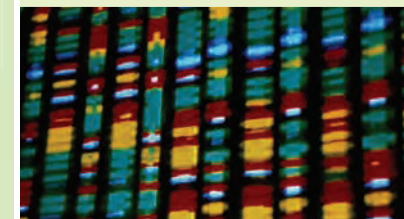
Provincial Health Services Authority Labs are created

2009

Heat Health Surveillance systems and action plans are established

2011

BCCDC is this first site in the world to use genome sequencing to reconstruct an outbreak



2013

State-of-the-art molecular methods are used to develop world-leading data on Lyme disease



2014

BCCDC provides leadership on national preparations for a possible Ebola outbreak and sends health professionals to combat the outbreak in West Africa

» Future Goals »

- ◆ Drastically reduce response times and increase emergency preparedness through investment in information management systems
- ◆ Complete a full spectrum of complex chronic disease prevention services and programs
- ◆ Use genomics in real time to solve public health emerging issues
- ◆ Make BC the most accessible and data-rich jurisdiction for public health information
- ◆ Use Drug and Poison Information Centre data to better detect events and improve response time
- ◆ Provide a better understanding of the relationship between the role of environmental exposures in chronic disease in BC
- ◆ Develop a comprehensive immunization registry that is interoperable with electronic medical records, PharmaNet and other registries
- ◆ Expand surveillance for foodborne diseases from farm to fork to significantly reduce human illness
- ◆ Undertake applied research into eradication of and a functional cure for HIV
- ◆ Use DNA fingerprinting to identify tuberculosis outbreaks and inform responses
- ◆ Significantly reduce HPV and cervical cancer in BC and the world
- ◆ Develop a tuberculosis screening and treatment program that will act as a model for tuberculosis prevention and elimination in Canada and globally

1930s

1960s

1980s

1990s

2000s

2010s

fundamental to good public health outcomes and a well-aligned foundation can help support these outcomes.

Our Main Themes Are:

- **VACCINES AND IMMUNIZATION RESEARCH**
- **SEXUAL HEALTH PROGRAMS**
- **COMMUNICABLE DISEASE SURVEILLANCE**
- **PUBLIC HEALTH LABORATORY**
- **VULNERABLE POPULATIONS**
- **KNOWLEDGE TRANSLATION**
- **PREPARATION FOR EMERGING THREATS**
- **MATHEMATICAL MODELING**
- **CUTTING-EDGE GENOMICS**
- **GLOBAL HEALTH SOLUTIONS**
- **ENVIRONMENTAL HEALTH**

BCCDC researchers are studying for example, water microbes, foodborne illnesses, human papilloma virus, air quality, tuberculosis, syphilis, Lyme disease, chronic fatigue syndrome, influenza, chlamydia, hepatitis, harm reduction tactics, and many other important areas. The Foundation is tasked with showcasing this work, building the profile and enterprise of the BCCDC, and placing public health needs at the forefront of our philanthropy.

Financial Statements

31 March, 2014

**BCCDC FOUNDATION FOR
POPULATION AND PUBLIC HEALTH**
Financial Statements
For the Year Ended 31 March 2014

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INDEPENDENT AUDITORS' REPORT

To the Directors,
BCCDC Foundation for Population and Public Health

Report on the Financial Statements

We have audited the accompanying financial statements of BCCDC Foundation for Population and Public Health, which comprise the statement of financial position as at 31 March 2014, and the statements of changes in fund balances, operations 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.

Auditors' 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 auditors' 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 audit opinion.





INDEPENDENT AUDITORS' REPORT - Continued

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of BCCDC Foundation for Population and Public Health as at 31 March 2014, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Report on Other Legal and Regulatory Requirements

As required by the Society Act of British Columbia, we report that, in our opinion, the accounting principles in the Canadian accounting standards for not-for-profit organizations have been applied on a consistent basis.

Rolfe, Benson LLP

CHARTERED ACCOUNTANTS

Vancouver, Canada
8 July 2014

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH

Statement of Financial Position

31 March 2014

	Unrestricted Fund		Restricted Fund		Totals	
	2014	2013	2014	2013	2014	2013
	\$	\$	\$	\$	\$	\$
Assets						
Current						
Cash and cash equivalents	564,457	678,487	5,797,621	5,827,747	6,362,078	6,506,234
Accounts receivable	29,232	38,048	-	-	29,232	38,048
Prepaid expenses	27,532	-	-	-	27,532	-
	<u>621,221</u>	<u>716,535</u>	<u>5,797,621</u>	<u>5,827,747</u>	<u>6,418,842</u>	<u>6,544,282</u>
Liabilities						
Current						
Accounts payable and accrued liabilities	24,302	15,652	861,725	-	886,027	15,652
Commitments (Note 5)						
Fund Balances						
Unrestricted	596,919	700,883	-	-	596,919	700,883
Restricted	-	-	4,935,896	5,827,747	4,935,896	5,827,747
	<u>596,919</u>	<u>700,883</u>	<u>4,935,896</u>	<u>5,827,747</u>	<u>5,532,815</u>	<u>6,528,630</u>
	<u>621,221</u>	<u>716,535</u>	<u>5,797,621</u>	<u>5,827,747</u>	<u>6,418,842</u>	<u>6,544,282</u>

APPROVED BY THE BOARD:



Director



Director

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


ROLFE, BENSON LLP
 CHARTERED ACCOUNTANTS

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Changes in Fund Balances
31 March 2014

	Unrestricted	Restricted	Total 2014	Total 2013
	\$	\$	\$	\$
Balance - beginning of year	700,883	5,827,747	6,528,630	2,882,066
Excess (deficiency) of revenues over expenses for the year	(110,839)	(884,976)	(995,815)	3,646,564
Fund transfer - administration fees (Note 6)	875	(875)	-	-
Fund transfer	6,000	(6,000)	-	-
Balance - end of year	596,919	4,935,896	5,532,815	6,528,630

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

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Operations
For the Year Ended 31 March 2014

	Unrestricted Fund		Restricted Fund		Totals	
	2014	2013	2014	2013	2014	2013
	\$	\$	\$	\$	\$	\$
Revenues						
Contributions	-	50,000	468,400	4,520,000	468,400	4,570,000
Investment income	82,596	50,986	-	-	82,596	50,986
In-kind contributions (Note 3 (d))	13,000	48,481	-	-	13,000	48,481
	<u>95,596</u>	<u>149,467</u>	<u>468,400</u>	<u>4,520,000</u>	<u>563,996</u>	<u>4,669,467</u>
Expenses						
Chronic Complex Diseases Clinic (Note 5)	-	-	861,725	-	861,725	-
TB Molecular Epi Project	-	-	272,931	429,785	272,931	429,785
Evaluation of HPV Interventions	-	-	150,000	-	150,000	-
Consulting fees	108,230	53,312	-	-	108,230	53,312
Administration support	60,564	-	-	-	60,564	-
ASPIRE project	-	-	25,000	-	25,000	-
Office	22,343	49,054	-	-	22,343	49,054
Global Health Collaboration	-	-	15,820	-	15,820	-
Audit and accounting fees	11,686	13,620	-	-	11,686	13,620
Western Immunization Forum	-	-	10,000	-	10,000	-
Celebrate Research Week	-	6,000	6,000	-	6,000	6,000
Grand Rounds Webcasting	-	-	6,000	-	6,000	-
BC Zoonoses Symposium	-	-	5,000	-	5,000	-
Legal fees	1,827	1,185	-	-	1,827	1,185
Travel	1,785	8,422	-	-	1,785	8,422
STI/HIV Prevention and Control Research Team	-	-	900	-	900	-
Etiology of Chronic Complex Diseases	-	-	-	430,659	-	430,659
Hep Education Program	-	-	-	19,000	-	19,000
Case Development Phase I and Phase II	-	11,866	-	-	-	11,866
	<u>206,435</u>	<u>143,459</u>	<u>1,353,376</u>	<u>879,444</u>	<u>1,559,811</u>	<u>1,022,903</u>
Excess (deficiency) of revenues over expenses for the year	(110,839)	6,008	(884,976)	3,640,556	(995,815)	3,646,564

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



ROLFE, BENSON LLP
 CHARTERED ACCOUNTANTS

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH**Statement of Cash Flows**
For the Year Ended 31 March 2014

	2014	2013
	\$	\$
Cash provided by (used in):		
Operating activities		
Excess (deficiency) of revenues over expenses	(995,815)	3,646,564
Changes in non-cash working capital balances		
Accounts receivable	8,816	938,993
Prepaid expenses	(27,532)	-
Accounts payable and accrued liabilities	870,375	15,652
	<u>(144,156)</u>	<u>4,601,209</u>
Net increase (decrease) in cash	(144,156)	4,601,209
Cash and cash equivalents - beginning of year	<u>6,506,234</u>	<u>1,905,025</u>
Cash and cash equivalents - end of year	<u>6,362,078</u>	<u>6,506,234</u>
Cash and cash equivalents consist of:		
	612,078	556,234
Term deposits	<u>5,750,000</u>	<u>5,950,000</u>
	<u>6,362,078</u>	<u>6,506,234</u>

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



ROLFE, BENSON LLP
CHARTERED ACCOUNTANTS

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2014

1. Purpose of the Organization

The BCCDC Foundation for Population and Public Health (the "Foundation") was incorporated under the Society Act of British Columbia on 13 February 2004 and is registered as a charitable organization under the Income Tax Act of Canada and as such it is exempt from income taxes providing certain requirements are met.

The Foundation raises funds to support innovative and critical research at the BC Centre for Disease Control, the provincial centre of excellence for the prevention, detection and control of infectious disease and environmental health hazards.

2. Economic Dependence

The Foundation is economically dependent on Provincial Health Services Authority ("PHSA"). Approximately 93% of the Foundation's total revenue to date has been received from PHSA.

3. Summary of Significant Accounting Policies

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant policies are detailed as follows:

(a) Financial Instruments

(i) Measurement of Financial Instruments

The Foundation initially measures its financial assets and liabilities at fair value and subsequently measures all of its financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(ii) Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of operations.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2014

3. Summary of Significant Accounting Policies - continued

(a) Financial Instruments - continued

(iii) Transaction Costs

The Foundation recognizes its transaction costs in the statement of operations in the period incurred. However, financial instruments that will not be subsequently measured at fair value are adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption.

(b) Cash and Cash Equivalents

The Foundation's policy is to disclose bank balances under cash and cash equivalents, including bank overdrafts with balances that fluctuate frequently from being positive to overdrawn and highly liquid temporary investments usually with a maturity period of three months or less from the date of acquisition. Term deposits that the Foundation cannot use for current transactions because they are pledged as security are excluded from cash and cash equivalents. The cash and cash equivalents balance shown in the restricted fund is not maintained in a separate bank account and has been allocated from the bank account of the unrestricted fund for financial statement presentation purposes.

(c) Revenue Recognition

The Foundation follows the restricted fund method of accounting for contributions.

The Unrestricted Fund accounts for the administration of the Foundation and the unrestricted resources for general operating purposes. Unrestricted contributions are recognized as revenue of the Unrestricted Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Restricted Fund reports resources contributed for specific purposes which are recognized as revenue in this fund. Restricted contributions are externally restricted as specified by the donor at the date of contribution. Prior years restricted contributions are presented as an externally restricted fund balance. Investment income earned on Restricted Fund assets is recognized as revenue of the Unrestricted Fund.

(d) Contributed Services

The Foundation recognizes contributed services when the fair value of such services can be reasonably estimated and the services are used in the normal course of the Foundation's operations and would otherwise have been purchased.

In-kind contributions recorded in these financial statements consist of the estimated fair value of salaries and office space expenses that were contributed to the Foundation during the year.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2014

3. Summary of Significant Accounting Policies - continued

(e) Use of Estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses and disclosure of contingencies at the date of the statement of financial position. Actual results could differ from those estimates.

4. Financial Instruments

The Foundation is exposed to various risks through its financial instruments. The following analysis provides a measure of the Foundation's risk exposure and concentrations at the statement of financial position date, 31 March 2014.

(a) Liquidity Risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Foundation is exposed to this risk mainly in respect of accounts payable and accrued liabilities.

(b) Market Risk

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

(c) Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Foundation is exposed to interest rate risk on its fixed rate financial instruments. Fixed-rate instruments subject the Foundation to a fair value risk.

5. Commitments

The Foundation is committed to annual payments under various award agreements between the 2015 to 2016 fiscal years:

2015	\$	180,472
2016		<u>31,312</u>
	\$	<u>211,784</u>

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2014

5. Commitments - continued

In addition, the Foundation has awarded \$969,341 to the Complex Chronic Disease Clinic. The timing of disbursements for this award is dependent on invoicing from recipient. As of 31 March 2014, the Foundation has been invoiced for \$861,725 which has been recognized as an expense in the statement of operations with \$107,616 remaining to be disbursed in future years.

6. Administrative Fees

To ensure that funds are available for the ongoing administration and project management costs of the Foundation, 5% of certain restricted contributions are transferred to the unrestricted fund for this purpose.

7. Subsequent Events

Subsequent to year end, the Foundation transferred \$4,640,000 from its cash and cash equivalents to a portfolio of marketable securities.

With support,
we can do much more to
*drive innovation that advances
population and service*
at the BCCDC.



Thank you to our Partners

It is with your generous support that we are able to support excellence at the BCCDC

BCCDC and the BCCDC Foundation have defined strengths that are unique and offer exciting opportunities of partnership and collaboration. Every donation to the BCCDC Foundation has a direct effect on the programs and research we fund. We would like to explicitly thank the following partners:

**BC PROVINCIAL HEALTH SERVICES AUTHORITY
CANADIAN INSTITUTE OF HEALTH INSPECTORS
UNITED WAY
GLAXOSMITHKLINE INC
BRISTOL-MYERS SQUIBB CANADA
TELUS CORPORATION**

**MEDBUY CORPORATION
MERCK
ROCHE
VERTEX
GILEAD**

To join us as a partner, please email info@bccdcfoundation.org or phone 604-707-2490. For more information, please visit our website at www.bccdcfoundation.org

Thank you to our Board of Directors and our Advisors

It is with a great dedication to public health that these leaders come together to support and grow the BCCDC Foundation. Coming from diverse backgrounds, they make up a unique team with the experience and expertise, and the willingness, to drive innovation and advance service at the BCCDC.

Dr. Alan E. Winter

Chair, BCCDC Foundation
President, Genome BC

Donald J. Avison

Director, BCCDC Foundation
President, Avison and Associates

Ellen Chesney

Director & Secretary Treasurer,
BCCDC Foundation
Chief Administrative Officer, Research
BC Provincial Health Services Authority

Dr. Jennifer Gardy

Advisor, BCCDC Foundation
Senior Scientist (Genomics & Molecular
Epidemiology), BCCDC

Andrew Hazlewood

Director, BCCDC Foundation

Dr. Robert C. Brunham OBC

Advisor, BCCDC Foundation
Head, BCCDC Vaccine Research Laboratory

Dr. B. Brett Finlay OC, OBC

Director, BCCDC Foundation
Chair, BCCDC Foundation Scientific
Advisory Board
Professor, UBC Michael Smith Laboratories

Dr. Bonnie Henry

Advisor, BCCDC Foundation
Interim Executive Medical Director, BCCDC

Dr. Judith G. Hall OC

Director, BCCDC Foundation

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