



BCCDC Foundation
for Public Health

Driving Innovation. Advancing Service.

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The BCCDC Foundation for Public Health and the BC Centre for Disease Control

A Year of Strategy

WITH ANOTHER YEAR OF PROGRESS, more partnerships secured, and new directions underway, I am very happy to say, with confidence, we are creating a unique and engaging Foundation with a bright future. With a dedicated board and staff team, we have been able to build upon our past successes, and our interim strategic plan, to begin to set a clear and positive direction for the upcoming years.



DON AVISON
Board Chair

Looking back on day one of my term as Board Chair - from the days of building a website to the upcoming development of a full marketing plan; from a logo re-design to co-hosting a public event for 800 people; from introductory meetings to long-lasting partnerships - we have come a long way. Recognizing we have much work still to do, we are invigorated for our next phase.

This next phase will see us launch a new strategic plan; a plan that is coming together through hard work and collaboration between the Board of Directors, staff and BCCDC leadership. This will both guide our growth and enable us to refine our priorities and areas of focus over the coming years. Embarking on a marketing strategy, we will raise the profile of the work that we do, and the partnership with BCCDC, and this will simultaneously support new philanthropic activities, projects, and partnerships to create positive and long-lasting public health outcomes.



Towards the end of our fiscal year we were extremely pleased to welcome a new director to the Board - Dr Perry Kendall - who brings a wealth of expertise, knowledge and experience to the Foundation team. Dr Kendall was Provincial Health Officer for nearly 19 years, and in that role came to know the Foundation; with a desire to continue to shape public health in BC, Dr Kendall decided to take on a governance role to support the important work that we do in partnership with the BCCDC. We now have a Board of eight devoted directors and it is always with pleasure that I offer thanks for their ongoing dedication and expertise.

It is with a positive view that I look to the future of the Foundation - I look forward to what comes next with our strategic plan and new direction, and to working with my fellow board directors, our staff team, BCCDC leadership and faculty, key stakeholders and our external partners as we continue to mark our path forward.

A handwritten signature in black ink, appearing to read 'Don Avison', with a long horizontal stroke extending to the right.

Don Avison

Board Chair, BCCDC Foundation for Public Health

The Foundation partners with BCCDC to protect and promote health, prevent harm, and prepare for threats through research, innovation, and translation.



TUBERCULOSIS GENOTYPING IN BRITISH COLUMBIA, 2005-2014

2012 **GOAL**

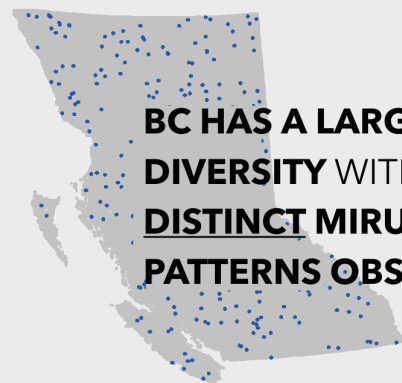


TB INCIDENCE IN **10-YEARS**

GENOTYPING SUPPORTS THIS GOAL BY **INFORMING** CONTACT INVESTIGATIONS OF TB STRAIN **MATCHES**

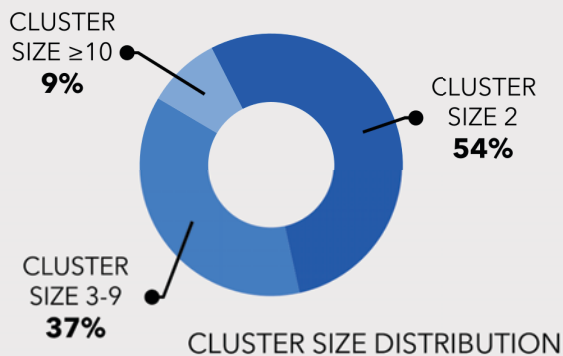


OF **2,290** ISOLATES GENOTYPED **42%** CLUSTERED, FOR A RECENT TRANSMISSION ESTIMATE OF **34%**

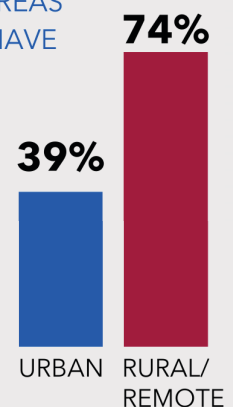


BC HAS A LARGE STRAIN DIVERSITY WITH **1,508** DISTINCT MIRU-VNTR PATTERNS OBSERVED

BC'S LARGEST CLUSTER HAS **70** PERSONS



PATIENTS RESIDING IN **RURAL** and **REMOTE** AREAS ARE MORE LIKELY TO HAVE **CLUSTERED** STRAINS



Genomics to Clinical Data to Translational Activities

Generating Actions, Building Systems

Led by Drs Jay Johnston and Jennifer Gardy, *Molecular Epidemiology of TB in BC* was a five-year project funded by the Foundation that recently wrapped up, and with our support the team was able to undertake the largest complete genomic study of TB transmission to date - nearly 1500 TB genomes. Working on genotyping and sequencing tuberculosis bacteria collected in BC between 2005-14, Drs Gardy and Johnston feel that the impact of this project has been profound, a world first, and is generating actionable insights into TB transmission and is changing how BC approaches TB prevention. The work has generated 16 publications (with more on the way) and been presented internationally, with over 50 invited talks and poster presentations. Begun with funds through the Foundation, additional funds were secured through Genome BC, allowing the Foundation to successfully leverage our initial investment. When asked to report on any challenges or limitations encountered during the study, Dr Gardy stated, “None - this project has been the best experience of our scientific lives so far!”. It is with statements like that, the Foundation is eager to support such a great team undertaking valuable work.

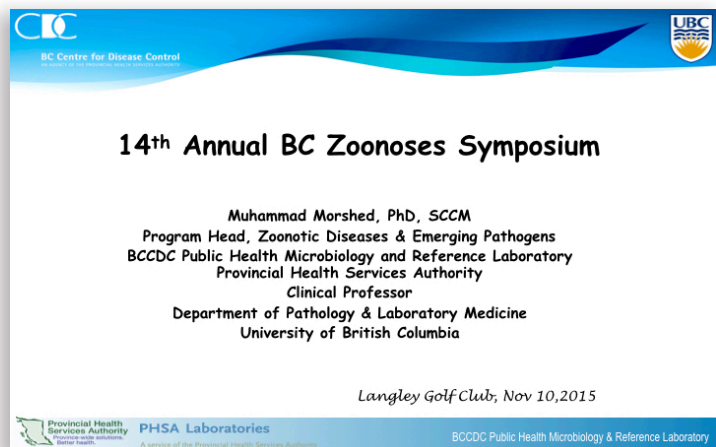
The Complex Chronic Disease Program (CCDP) at the BC Women’s Hospital and Health Centre, which has been extensively supported by the Foundation over the last five years, includes a clinic and a clinical research program on Fibromyalgia, Chronic Fatigue Syndrome and/or Chronic Lyme-Like Syndrome. The newest project that we are pleased to fund, over the next five years, is the *CCDP Data Registry*. Led by investigator Dr Wee-Shian Chan, this multi-year project aims to characterize the CCDP patient population to better serve the population and have better understanding of these debilitating conditions. This registry will be accessible by researchers over an extended period of time that will hopefully lead to improved assessments and therapeutic interventions for the tens of thousands of individuals in BC with symptoms or a diagnosis of Fibromyalgia, Chronic Fatigue Syndrome and/or Chronic Lyme-Like Syndrome. It is with innovative data collection and clinical research programs that conditions such as these will be better understood, and patients will have access to better outcomes. collection and clinical research programs that conditions such as these will be better understood, and patients will have access to better outcomes.



Generating Knowledge, Exchanging Ideas

The BC Zoonoses Symposium was first held in 2001 to support knowledge translation and networking between government and researchers, and to increase collaboration around zoonotic diseases. The Foundation has been able to provide funding for the symposium since 2013 - five years of support that enabled an annual symposium to be held, whereby more than 865 individuals participated, representing over 100 different agencies from BC, across Canada and the US. Participation tripled last year with the addition of a webcast option, and archived video footage is available [here](#). It is with moderate investments such as this that the Foundation is able to support highly translational activities that have a huge impact.

The Foundation was pleased to be able to support the Western Canada Immunization Forum, held in January 2018, which brought together public health professionals, immunization staff and primary care practitioners to share scientific, policy and operational lessons learned, and to inform the planning and delivery of immunization programs in Western Canada. Held at UBC Robson Square, the event was a collaboration between the Governments of Alberta, Yukon, Saskatchewan and Manitoba, as well as BC's Ministry of Health, the regional health authorities and the First Nations Health Authority. With 20 expert speakers from across Western Canada and the US, more than 260 attendees were able to learn across three key themes: new recommendations for old and new vaccines; vaccines in pregnancy; and vaccine hesitancy. All of the presentations are available [here](#).

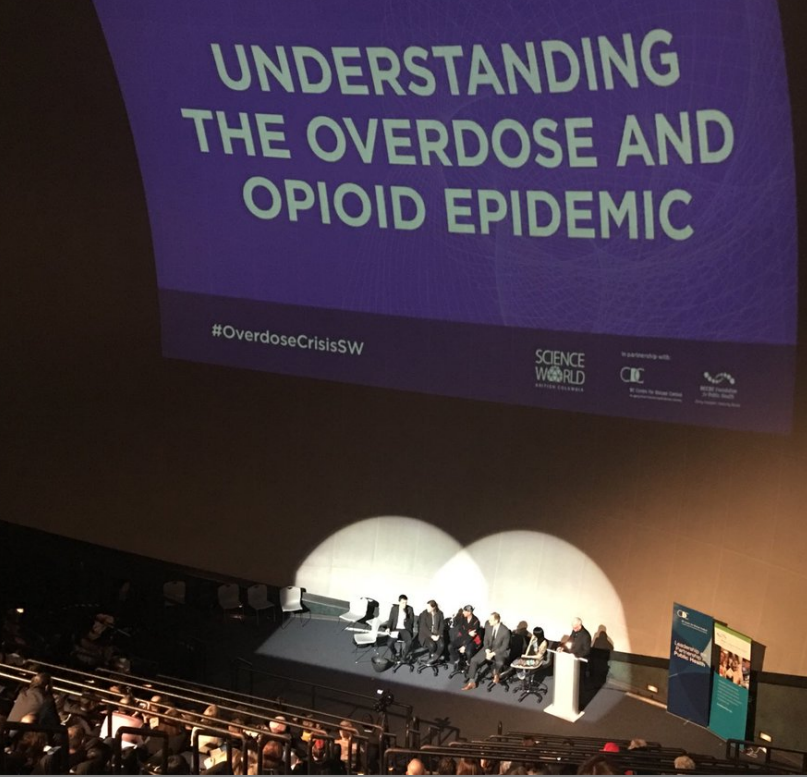


One of our longest-running grants truly demonstrates our commitment to knowledge translation and exchange, as well as our partnership with the BCCDC. The BCCDC Annual Research Week celebrated its 10th anniversary in the fall of 2017, and this was our 7th year of support. With a very timely theme - “Public Health Emergencies: The New Normal” - the week was action packed. Activities included two keynote speakers: Nathan Yozwiak, Associate Director, Viral Genomics at the Broad Institute at MIT and Harvard, who presented on “Outbreak Response in the Genomic Age”; and BCCDC’s own Jane Buxton, who spoke on “Naloxone: A Miracle Medication for the Opioid Epidemic: but is it Enough?”. In addition, there were twelve BCCDC presentations, two workshops and dozens of posters. Most of the Research Week presentations from this, and other years, are available [here](#).



The BCCDC Foundation for Public Health has been a great partner for Science World, collaborating with us on programs which have engaged our audiences on compelling topics at the intersection of science and health. Our partnership has resulted in events which are educational, fun and further our common vision of healthy, thriving communities.

Mila Cotic, Director of Public Programs, Science World British Columbia



Growing our Reach and Raising our Profile through Partnerships

Building Capacity, Boosting Immunity and Bringing Zombies!

NOT ONLY DID THE FOUNDATION HOST OUR FIRST LARGE PUBLIC EVENT, we did so with one of our new key partners – an extremely well-known organization, Science World - as well as zombies! As natural partners, we came together around a special Halloween event, to make science and health engaging and fun, teaching the science of outbreaks through zombies. This sold out event helped raise the profile of the Foundation and the BCCDC together, showcasing our work and doing so in an entertaining fashion. It was wonderful to see so many BCCDC and PHSA Labs employees volunteer their time and knowledge developing activities and clues for the mystery; and uplifting to see so many people fascinated by real information on disease transmission, infection rates and immunization development, among other things. We couldn't have done this work without Science World, and without zombies!

We also worked with Science World to present a free community awareness event on the overdose epidemic. BCCDC's Dr Mark Tyndall was one of five panellists helping to shed some light on the situation and offering insights on how to move forward. Other panellists included Sarah Blyth, founding member of the Overdose Prevention Society, Sgt Michael Wheeler of the Vancouver Police Department, Erica Thompson, regional peer coordinator with Fraser Health and Patrick Smith of Culture Saves Lives.

We are grateful to Science World for this significant partnership that allows us to be involved in not only expanding our reach but important community activities. And we look forward to more fun, engagement, and a strengthened partnership into the coming years.

This year we would like to acknowledge Pfizer, one of our original partners, supporting activities since early days, and demonstrating a remarkable relationship and successful partnership. Pfizer's support has enabled us to develop our capacity and key activities, such as our strategic planning process, and to support innovative immunization activities such as Kids Boost Immunity (KBI) and the Western Immunization Forum. We truly appreciate the ongoing commitment, support, and confidence in our mission, and are optimistic that Pfizer will continue to be part of our success.

Another funder is now supporting KBI - Pacific Blue Cross - and this new partnership for the Foundation is helping KBI to achieve its goals of educating children about immunization, while making it fun for them to learn and also earning UNICEF vaccines as rewards to vaccinate children across the globe. KBI, a partnership between the Public

Health Association of BC (PHABC), the BC Ministry of Health, and the Public Health Agency of Canada, is expanding and bringing vital education to kids, parents and teachers across Canada. KBI is managed by the BCCDC and the Foundation is pleased to both financially support the program and have been able to develop new partnerships with Pacific Blue Cross and PHABC that we trust will continue into the future.



Left to right: Hon Ginette Petitpas Taylor, Federal Minister of Health; Ian Roe, KidsBoost Content Strategist, BCCDC; Shannon Taylor, Executive Director, PHABC; David Morley, President & CEO, Unicef Canada.

Piloting Research and Supporting Knowledge Exchange



Leveraging a moderate investment
Funding seven diverse projects
Generating significant public health impact

Financial Statements

March 31, 2018



**BCCDC FOUNDATION FOR
POPULATION AND PUBLIC HEALTH**
Financial Statements
For the Year Ended 31 March 2018

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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 2018, 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 2018, 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 Societies 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 PROFESSIONAL ACCOUNTANTS

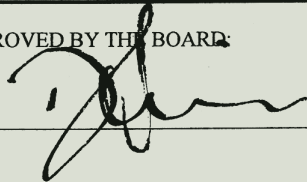
Vancouver, Canada
17 July 2018

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Financial Position

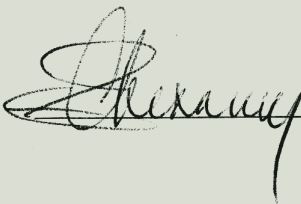
31 March 2018

	Unrestricted Fund		Restricted Fund		Totals	
	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$
Assets						
Current						
Cash and cash equivalents	113,341	69,516	-	-	113,341	69,516
Investments (Note 5)	-	-	2,775,061	3,914,066	2,775,061	3,914,066
Accounts receivable	1,780	3,025	560,081	-	561,861	3,025
Prepaid expenses	-	127	-	-	-	127
Due from restricted fund	976,759	779,762	-	-	976,759	779,762
	1,091,880	852,430	3,335,142	3,914,066	4,427,022	4,766,496
Liabilities						
Current						
Accounts payable and accrued liabilities	13,533	16,143	205,143	718,473	218,676	734,616
Due to unrestricted fund	-	-	976,759	779,762	976,759	779,762
	13,533	16,143	1,181,902	1,498,235	1,195,435	1,514,378
Fund Balances						
Unrestricted	1,078,347	836,287	-	-	1,078,347	836,287
Restricted	-	-	2,153,240	2,415,831	2,153,240	2,415,831
	1,078,347	836,287	2,153,240	2,415,831	3,231,587	3,252,118
	1,091,880	852,430	3,335,142	3,914,066	4,427,022	4,766,496

APPROVED BY THE BOARD:



Director



Director

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

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Statement of Changes in Fund Balances
For the Year Ended 31 March 2018

	Unrestricted	Restricted	Total 2018	Total 2017
	\$	\$	\$	\$
Balance - beginning of year	836,287	2,415,831	3,252,118	3,804,761
Excess (deficiency) of revenues over expenses for the year	(18,335)	(2,196)	(20,531)	(552,643)
Fund transfer - administration fees (Note 6)	260,395	(260,395)	-	-
Balance - end of year	1,078,347	2,153,240	3,231,587	3,252,118

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 2018

	Unrestricted Fund		Restricted Fund		Totals	
	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$
Revenues						
Contributions	53,128	5,478	611,374	100,000	664,502	105,478
Investment income (Note 4)	143,424	519,294	-	-	143,424	519,294
In-kind contributions (Note 2(d))	10,500	10,500	-	-	10,500	10,500
Research income	-	-	-	73,670	-	73,670
	207,052	535,272	611,374	173,670	818,426	708,942
Expenses						
PHSA Lab System Improvements	-	-	426,016	706,762	426,016	706,762
Administration support	177,095	161,681	-	-	177,095	161,681
Open Awards Program	-	-	67,206	87,580	67,206	87,580
MOA Food Safety Project	-	-	22,111	73,319	22,111	73,319
MOH Food Safety Project	-	-	19,870	78,258	19,870	78,258
Investment management fees	19,621	23,434	-	-	19,621	23,434
Pacific Northwest Immunization Forum	-	-	15,300	-	15,300	-
Office	13,316	12,537	-	-	13,316	12,537
Audit and accounting fees	9,855	13,060	-	-	9,855	13,060
Merck Research Week	-	-	5,400	1,871	5,400	1,871
BC Zoonoses Symposium	5,000	3,500	-	-	5,000	3,500
Legal fees	500	6,662	-	-	500	6,662
Vancouver Foundation gbMSM Project	-	-	57,667	49,016	57,667	49,016
Chronic Complex Diseases Clinic	-	-	-	41,972	-	41,972
Travel	-	1,933	-	-	-	1,933
	225,387	222,807	613,570	1,038,778	838,957	1,261,585
Excess (deficiency) of revenues over expenses for the year	(18,335)	312,465	(2,196)	(865,108)	(20,531)	(552,643)

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

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH**Statement of Cash Flows****For the Year Ended 31 March 2018**

	<u>2018</u>	<u>2017</u>
	\$	\$
Cash provided by (used in):		
Operating activities		
Excess (deficiency) of revenues over expenses	(20,531)	(552,643)
Items not involving cash:		
Realized (gain) loss on sale of investments	(19,959)	1,428
Unrealized (gain) loss on investments (Note 4)	4,059	(315,821)
	<u>(36,431)</u>	<u>(867,036)</u>
Changes in non-cash working capital balances		
Accounts receivable	(558,836)	57,954
Prepaid expenses	127	(127)
Accounts payable and accrued liabilities	(515,940)	647,309
	<u>(1,111,080)</u>	<u>(161,900)</u>
Investing activity		
Proceeds on sale of investments	2,643,994	606,000
Purchase of investments	(1,489,089)	(551,985)
	<u>1,154,905</u>	<u>54,015</u>
Net increase (decrease) in cash and cash equivalents	43,825	(107,885)
Cash and cash equivalents - beginning of year	69,516	177,401
Cash and cash equivalents - end of year	113,341	69,516
Cash and cash equivalents consist of:		
Cash	88,341	44,516
Term deposits	25,000	25,000
	<u>113,341</u>	<u>69,516</u>

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

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2018

1. Purpose of the Organization

The BCCDC Foundation for Population and Public Health (the “Foundation”) was incorporated under the Societies 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. 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, except for investments in equity instruments and other securities that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations.

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.

Financial assets measured at fair value include investments.

(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 2018

2. 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.

(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.

Investment income includes dividends and interest income, and realized and unrealized investment gains and losses.

(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 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 2018

2. Summary of Significant Accounting Policies - continued

(e) Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of management estimates include in-kind contributions and recognition of accrued liabilities. Management believes that the estimates utilized in preparing its financial statements are reasonable and prudent; however, actual results could differ from these estimates.

3. 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 2018.

(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. The Foundation manages liquidity risk by maintaining adequate cash and highly liquid investments. There has been no change to the risk exposure from the prior year.

(b) Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Foundation's main credit risks relate to its accounts receivable. The Foundation is not subject to significant credit risk. There has been no change to the risk exposure from the prior year.

(c) 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 and other price risk. There has been no change to the risk exposure from the prior year.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2018

3. Financial Instruments - continued

(d) 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. The Foundation does not use financial instruments to reduce its risk exposure. There has been no change to the risk exposure from the prior year.

(e) Other Price Risk

Other price risk is the risk that the fair market 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. The Foundation is exposed to other price risk through its investments, which are held in professionally administered funds. These funds are subject to fluctuating returns based on the market and are exposed to the risk of market volatility. Risk has been assessed by management and an investment policy adopted to mitigate such market risk. There has been no change to the risk exposure from the prior year.

4. Investments

Investments consist of the following:

	2018		2017	
	Cost	Market Value	Cost	Market Value
Fixed income	\$ 1,422,710	\$ 1,349,017	\$ 1,704,865	\$ 1,616,822
Equity	1,125,514	1,158,570	1,985,169	2,035,686
Cash equivalents	268,422	267,474	261,558	261,558
	\$ 2,816,646	\$ 2,775,061	\$ 3,951,592	\$ 3,914,066

Investment income includes \$4,059 of unrealized losses (2017 - \$315,821 of unrealized gains) on the investment assets during the year.

BCCDC FOUNDATION FOR POPULATION AND PUBLIC HEALTH
Notes to the Financial Statements
For the Year Ended 31 March 2018

5. Commitments

The Foundation is committed to annual payments under various award agreements between the 2019 to 2020 fiscal years as follows:

2019	\$ 839,538
2020	<u>333,611</u>
	<u>\$ 1,173,149</u>

In addition, the Foundation has also committed to the following award agreements:

- CCD Research Program Data Registry Project - a total of \$184,034 has been committed over five years with a maximum annual funding of \$45,240 for the first four years and a maximum of \$3,075 for the fifth year. This funding has been awarded on a cost recovery basis and the amount to be disbursed each year will be dependent on the actual expenditures as reported by the recipient.
- BC Ministry of Health Foodborne Illnesses Project - a total of \$440,000 will be committed to the project over the next two years, however, the timing of disbursement of funds is still to be determined.

6. Administration Fees

To ensure that funds are available for the ongoing administration and project management costs of the Foundation, 5% or 15% of certain restricted contributions, or other amounts as agreed upon with the funder, are transferred to the unrestricted fund for this purpose.

7. The British Columbia Societies Act

The new British Columbia Societies Act ("new Act") came into effect 28 November 2016. The new Act requires a society (other than a society designated as a member-funded society) to include, in its financial statements, the disclosure of any remuneration paid to its directors, and remuneration paid to employees and contractors earning more than \$75,000 during the fiscal year. For the fiscal year ended 31 March 2018, the Foundation had one employee with remuneration in excess of \$75,000. The total amount of this employee's remuneration of \$106,315 is included in administration support expense. The directors of the Foundation did not receive any remuneration during the 2018 fiscal year.

Inspiring vision and philanthropy, and growing our reach through collaborations, the BCCDC Foundation recognizes our partners and shareholders as key to our success.





Thank you to our Partners

It is with your generous support that we are able to pursue public health excellence:

Donations, grants and other funds provided to the BCCDC Foundation for Public Health allow us to develop innovative programs and projects and key research activities, to improve the public health landscape in BC. We would like to extend our thanks to the following partners who supported us in 2017-18:

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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' for the BCCDC.

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