“The world thirsts for grace. When grace descends, the world falls silent before it.”

PHILIP YANCEY
WHAT’S SO AMAZING ABOUT GRACE
LETTER FROM THE EXECUTIVE DIRECTOR

2017 marks the 125th anniversary of our work together! Entering this year, we see how God continues to graciously open doors that we could only have imagined in the intervening years. We celebrate the evolution of the care we have offered.

Our focus remains on people: people who live with the pain, impairment, disfigurement and stigma of leprosy. Historically, our predecessors provided medical, palliative and spiritual care. They built leprosaria – villages where caregivers and those who suffered met, prayed, and persisted in their quest for a cure.

Decades later, in 1964, Dapsone fuelled the hope of that cure, but its effectiveness was limited. It was not until 1982, that hope was finally fulfilled with the successful introduction of Multi-Drug Therapy. Since then, caring Canadians have invested in bringing this cure to hundreds of thousands of people, and your generosity continues to deliver innovation and specialized care to those who need it most.

Today, we remain committed to the medical, social and spiritual care of people with leprosy; but now, we have amplified their voices by blending them with those of people battling the effects of other neglected diseases. It is our years of experience with our partners on the frontlines of care that position us to serve those who suffer from Buruli ulcer, lymphatic filariasis and several soil-transmitted helminths.

Together, we are focused on four objectives: to strengthen health care systems; to equip and empower people in remote communities; to advocate at all levels, from the local community to the country’s policy-makers; to conduct research into how these diseases are transmitted, and how we can better care for those affected by them.

While we treat disease, we are not about diseases – we are about people. We are about Canadians who compassionately seek grace in a hurting world. We are about building communities where an individual’s disease becomes the catalyst for passionate commitment to transformative change.

For the Board and staff of effect:hope, Christ’s love for us is the source of, and the driving force behind our love for others: all others. Our vision is for a world where no one is neglected, and no community is too far from care. Thank you for making this work possible.

With gratitude,

Peter Derrick,
Executive Director
In 1892 the Watts family in Guelph, Ontario invited Wellesley Bailey, a young Irish missionary, to share his story with them. He described communities of men and women affected by leprosy, cast aside by their families and shunned by their community. His words: “if ever there was a Christ-like work in this world, it was to go among these poor sufferers and bring them the consolation of the Gospel.”

So much has changed.

Today we know that leprosy can be cured. It is not a curse. It is a treatable disease. We also know that it’s not the only disease that affects those living in communities without access to medical care or medicines. The knowledge we have acquired from our work with leprosy patients helps address issues related to other Neglected Tropical Diseases.

I want to acknowledge the excellence I see in the effect:hope team – each member performing his/her role to ensure that no person is neglected and that no community is too far away. From ensuring the wise use of your gifts to sharing the work with you and making sure each program is well run, our team works together in their unique giftedness.

We look forward to 2017, a milestone year in which we will celebrate the faithfulness of God in the lives of generous Canadian supporters, the dedicated team at effect:hope, and the recipients of care, who have received the gifts of healing and restored hope.

Sincerely,

Mrs. Carol Morris
Board Chair

“With the right commitment, coordination and collaboration, the public and private sectors will work together to enable the more than a billion people suffering from Neglected Tropical Diseases to lead healthier and more productive lives – helping the world’s poorest build self-sufficiency. As partners, with our varied skills and contributions, we commit to doing our part…”

The London Declaration: Uniting to Combat Neglected Tropical Diseases
1892

At the start, our work was palliative – kind and compassionate care for those who suffered the devastating effects of leprosy.

In the 19th century, families affected by leprosy gravitated to leprosy communities. Wellesley Bailey, the founder of The Mission to Lepers in 1892 writes of his first visit to a leprosy-affected community: “They were in all stages of the malady, very terrible to look upon, with a sad, woe-begone expression on their faces – a look of utter helplessness.” Leprosy robbed people of their hands, their feet and their eyesight. With no cure, and immense fear, men and women affected by leprosy had very few choices. The first missionaries, like Bailey, came to these men and women for two purposes: One, to care for them, giving them comfort and peace. Secondly, to offer the love of God and the hope of heaven.

1982

The World Health Organization unveiled Multi-Drug Therapy, a cure for leprosy. For the first time in history leprosy could be cured! In the late 20th century our knowledge about leprosy and the way we approached treatment was transformed. Work intensified to help patients, their families and communities to understand that leprosy was not a life curse, but a disease. When cured, leprosy left no traces.

Today we continue to struggle to understand how leprosy is transmitted and why some people are at higher risk than others. In the first half of the 21st century we look forward to unravelling the last stubborn secrets of leprosy. As the research contributes to our medical knowledge, we know we can apply those learnings to Neglected Tropical Diseases that have many common characteristics to leprosy.

“...if ever there was a Christ-like work in this world, it was to go among these poor sufferers and bring them the consolation of the Gospel.”
Wellesley Bailey
HEALTH SYSTEMS STRENGTHENING

*Every Child Thrives* is a four-year program to reduce child mortality among children under age 5 in Kenya and Côte d’Ivoire through Vitamin A supplementation and deworming intervention.

This combined treatment, Vitamin A and deworming, began implementation by effect:hope and Medical Assistance Programs (MAP) International in 2016. We are working in close collaboration with the Ministry of Health in Kenya and Côte d’Ivoire to build the capacity to administer and deliver these child health-centred treatments.

More than 1.8 million children under age 5, across 24 districts in Côte d’Ivoire and 3 counties in Kenya, are directly benefitting from *Every Child Thrives*.

*Every Child Thrives* is undertaken with the financial support of the Government of Canada through Global Affairs Canada. It is the first grant awarded by the Government of Canada that addresses Neglected Tropical Diseases (NTDs) along with micronutrient supplementation to reduce mortality in children under age 5.

**OUR IMPACT:** 1.8 million children given Vitamin A supplements and treated for intestinal parasites.

---

Denise was very concerned about her young son. With frequent bouts of diarrhea and a real lack of appetite, his growth was severely stunted. Her son had intestinal parasites.

**KEY FACTS:**

- Every year, up to 500,000 children worldwide go blind because of Vitamin A deficiency.
- Half of these children die within 12 months of losing their sight (World Health Organization).
- In Côte d’Ivoire, 57 percent of children under age 5 are Vitamin A deficient.
- In Kenya, 84 percent of children under age 5 have a Vitamin A deficiency (Global Nutrition Report, 2014).
In partnership with the Leprosy Mission Ireland, effect:hope has launched R2STOP. This new and innovative initiative promotes and funds research into understanding the transmission of leprosy and other Neglected Tropical Diseases. It is this understanding that will ultimately equip us to break the chains of transmission that perpetuate these diseases.

Our current research agenda focuses on the following priorities:

1. To understand human-to-human transmission.
2. To discover the non-human hosts and their relationship to transmitting leprosy.
3. To learn the specific genetic properties that increase the risk factors of leprosy.
4. To understand the pathways of leprosy, where the hotspots are and why those regions are susceptible.

In 2016, research funding was awarded to six highly respected scientists:

Dr. Pushpendra Singh
is an Assistant Professor in the Maharaja Sayajirao University of Baroda, Vadodara in India, identifying molecular markers for M. lepra transmission using comparative genomics and biomarkers for early detection of leprosy using comparative transcriptomics. He is tracking six armadillos which have been infected with M. leprae, four of which have developed an infection.

Prof. Kevin Robert Macaluso
is at Tulane University and works as the Mary Louise Martin Professor and in the Department of Pathobiological Sciences. He is also an adjunct member of the Department of Entomology, located in the Louisiana Agricultural Experiment Station. His research is tracking the pathways of M. leprae, from the original zoonotic transmission from wild armadillos to intermediary organisms that pass the bacilli to humans.

Prof. Bouke de Jong
is the Head of the Unit of Mycobacteriology at the Institute of Tropical Medicine Antwerp. Her research is focused on the intensive investigation of the epidemiology of leprosy in Anjouan, the most endemic of the four islands in the Comoros. Her research will study specific interventions, helping medical teams target regions of risk.
Prof. Dr. Annemieke Geluk is a member of the Initiative for Diagnostic and Epidemiological Assays for Leprosy. Her research provides insights into why large numbers of the population are immune to leprosy and, in return, understand which people are at risk.

Dr. Rahul Sharma is a Scientist Microbiologist (Molecular) in the National Hansen’s Disease Program in Baton Rouge, Louisiana. Working in sequencing recovered DNA, the research provides a useful tool to understand how leprosy is transmitted and the dynamics of its networks.

Dr. JoAnn M. Tufariello studies the pathways of leprosy to identify people with the highest risk. M. leprae does not grow on independent cultures, which makes the study of its characteristics very difficult. Dr. Tufariello has had critical breakthroughs that will help researchers create the bacteria in a lab setting.
REACHING THE VULNERABLE

Working together with generous and faithful Canadians to ensure that communities and people everywhere have access to a life free from curable diseases that isolate and impoverish.

effect:hope serves children and families in countries shackled by poverty. We reach people suffering with leprosy and other *Neglected Tropical Diseases* like *Buruli ulcer*, *lymphatic filariasis* and intestinal parasites. Here is a snapshot of the impact your gifts had in 2016.

<table>
<thead>
<tr>
<th>People screened for Leprosy and other Neglected Tropical Diseases</th>
<th>People diagnosed with a Neglected Tropical Disease</th>
<th>People treated for a Neglected Tropical Disease</th>
<th>People referred for a Neglected Tropical Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>164,666</td>
<td>13,027</td>
<td>6,253</td>
<td>793</td>
</tr>
<tr>
<td>People given assistive devices</td>
<td>Children affected by leprosy helped to go to school</td>
<td>People received leprosy-related surgery &amp; follow-up treatments</td>
<td>Other surgeries provided</td>
</tr>
<tr>
<td>6,651</td>
<td>551</td>
<td>772</td>
<td>87</td>
</tr>
<tr>
<td>People given the tools for self-care</td>
<td>Self-help groups initiated</td>
<td>Micro-finance gifts/loans granted</td>
<td>People received training or support to earn a living</td>
</tr>
<tr>
<td>2,173</td>
<td>173</td>
<td>951</td>
<td>543</td>
</tr>
<tr>
<td>People received training or support to earn a living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>959,451</td>
<td>4,947</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Children received deworming treatment &amp; Vitamin A supplementation</td>
<td>Healthcare workers trained</td>
<td>Leprosy transmission research grants given</td>
<td></td>
</tr>
<tr>
<td>635,287</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lives changed through hope and healing in 2016.
WHERE WE WORK

effect:hope helps bring hope and healing to people affected by disease in many countries around the world.

A LIBERIA
• Curing and caring for people with leprosy and other Neglected Tropical Diseases

B CÔTE D’IVOIRE
• Curing and caring for people with leprosy and other Neglected Tropical Diseases
• Preschoolers receive deworming and Vitamin A supplementation

C GHANA
• Curing and caring for people with leprosy and other Neglected Tropical Diseases

D NIGERIA
• Providing care for those with leprosy and other Neglected Tropical Diseases

E DR CONGO
• Community-based rehabilitation

F KENYA
• Preschoolers receive deworming and Vitamin A supplementation

G INDIA
• Curing and caring for those affected by leprosy and lymphatic filariasis
• Referral hospitals for specialized care: Naini, Kolkata
• Stanley Browne Research Laboratory

H NEPAL
• Community-based support and development for people affected by leprosy and lymphatic filariasis

I BANGLADESH
• Curing and caring for people with leprosy
• Advocacy and community-based skills training
• Leprosy field research

J MYANMAR
• Essential leprosy services
• Integrated rehabilitation and improved access to rural health clinics for those disabled as a result of leprosy

K INDONESIA
• Training healthcare workers to provide support for people affected by leprosy and lymphatic filariasis through digital platforms

CANADA and USA
• R2STOP Research on transmission of leprosy and other Neglected Tropical Diseases
• Leprosy vaccine research at Infectious Disease Research Institute, Seattle

effect:hope helps bring hope and healing to people affected by disease in many countries around the world.
Leprosy is still a critical concern in Bangladesh – each week, 50 people and their families will be impacted by this horrific disease. These families know the stigma of leprosy, but few have access to the cure. They have seen the revulsion in the eyes of strangers, neighbours and even those they love. They lack the knowledge and the tools to care for themselves and, without support, they have plunged into desperate poverty. The World Health Organization calls it Ultra Poverty.

Poverty in Bangladesh: earning less than $16.53 (CDN) per month (1,000 Bangladeshi Taka).

Canadians can hardly imagine stretching $20 over an entire month.

But many people in Northern Bangladesh live on less. They depend on the kindness of others to help them survive. They have no voice to change their circumstances.

Yet you do. Canadians have the voice and the resources.

Working together, we help community health teams in Bangladesh reach people negatively impacted by Ultra Poverty. In 2016, effect:hope surveyed and identified 120 highly vulnerable families living in Ultra Poverty and in need of help.

Help began by teaching simple life skills: personal hygiene, caring for ulcers to reduce long-term disability, the importance of clean water and sanitation. As these skills become daily habits, new skills are introduced: how to care for livestock, managing a market stand, simple math and business practises.

We have learned that the best results happen when we work one-on-one with the participant. We visit their home, get to know their family and regularly check up on how they are progressing.
Many people have not had regular employment for years. The stigma of disability has closed every door they tried to open. In many cases, a community health team’s first task is to overcome years of stigma, helping each person understand that they are valuable.

Once they understand, they grasp new opportunities with enthusiasm. This past year, the impact on the lives of 120 families has been exceptional in the following ways:

- 89% of participants have been free from ulcers because they now understand the importance of caring for each and every wound.
- 40 people opened their own bank account for the very first time – as a result of income-generation training, they now have a steady income.
- 50 people were enrolled in local school programs to increase their level of basic education. Every one of them passed their exams.

Initial results are very positive. Thank you for your partnership – you are changing lives. But more than that, you are transforming entire communities.

Aging carries many challenges, but none so severe as living in Ultra Poverty. Leprosy-related disabilities rob men and women of dignity and self-worth.

OUR PROGRAM AT A GLANCE:

Name: North-West Bangladesh Ultra Poverty Initiative Project (NUPIP)

Country: North-West Bangladesh

Goal: Equip families living in Ultra Poverty with the tools they need to thrive

Number of families in the program: 120
effect:hope, in partnership with other organizations, must speak for those who have no voice.

Leprosy, lymphatic filariasis, Buruli ulcer and other Neglected Tropical Diseases threaten the lives and livelihoods of children and families every day. Few Canadians encounter these diseases. They are found in communities where there is little or no access to basic healthcare; in poor and remote regions of the world.

Without the support of Canadian partners, these voices go unheard.

effect:hope is a key partner and contributor to the London Declaration of 2012, where we committed to:

- Sustain, expand and extend programs that ensure the necessary supply of drugs and other interventions to help eradicate Guinea worm disease, and help eliminate (by 2020) lymphatic filariasis, leprosy, sleeping sickness (human African trypansomiasis) and blinding trachoma.

- Sustain, expand and extend drug access programs to ensure the necessary supply of drugs and other interventions to help control (by 2020) schistosomiasis, soil-transmitted helminths, Chagas disease, visceral leishmaniasis and river blindness (onchocerciasis).

- Advance research and development through partnerships and provision of funding to find next-generation treatments and interventions for neglected diseases.

- Enhance collaboration and coordination on Neglected Tropical Diseases (NTDs) at national and international levels through public and private multilateral organisations.

- Enable adequate funding with endemic countries to implement NTD programs necessary to achieve these goals, supported by strong and committed health systems at the national level.

- Provide technical support, tools and resources to support NTD-endemic countries to evaluate and monitor programs.

- Provide regular updates on the progress in reaching the 2020 goals and identify remaining gaps.

The London Declaration, January 2012
“By mobilizing partners and strengthening local capacity to diagnose, treat, and monitor diseases… eliminating NTDs within our lifetime is possible.”

UNITING TO COMBAT NEGLECTED TROPICAL DISEASES, FOURTH REPORT
## SUMMARY STATEMENT OF FINANCIAL POSITION  DEC 31

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets</td>
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<td></td>
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<tr>
<td>Cash</td>
<td>$873,336</td>
<td>$369,426</td>
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<td>Receivables, inventory and prepaid expenses</td>
<td>206,670</td>
<td>125,745</td>
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<td></td>
<td>$1,080,006</td>
<td>495,171</td>
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<td>Long-term assets</td>
<td></td>
<td></td>
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<tr>
<td>Investments, at market value</td>
<td>1,810,122</td>
<td>1,924,774</td>
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<tr>
<td>Donations receivable from charitable remainder trusts</td>
<td>57,217</td>
<td>57,217</td>
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<tr>
<td>Television production</td>
<td>-</td>
<td>47,230</td>
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<tr>
<td>Property and equipment</td>
<td>188,560</td>
<td>207,386</td>
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<td></td>
<td>$2,055,899</td>
<td>$2,236,607</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
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<tr>
<td>Current liabilities</td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$186,922</td>
<td>$233,255</td>
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<tr>
<td>Loan payable</td>
<td>402,537</td>
<td>425,884</td>
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<td>Due to field programs</td>
<td>516,484</td>
<td>281,372</td>
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<tr>
<td></td>
<td>1,105,943</td>
<td>940,511</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,029,962</td>
<td>1,791,267</td>
</tr>
</tbody>
</table>
| **SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS**  YEAR ENDED DEC 31

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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<tr>
<td>Contributions</td>
<td>$5,128,140</td>
<td>$5,702,454</td>
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<tr>
<td>Legacies</td>
<td>1,825,724</td>
<td>1,056,037</td>
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<tr>
<td>Designated government grant</td>
<td>1,281,990</td>
<td>-</td>
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<tr>
<td>Institutional funding</td>
<td>579,275</td>
<td>330,866</td>
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<tr>
<td>Investment and other income</td>
<td>90,437</td>
<td>43,893</td>
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<td></td>
<td>$8,905,566</td>
<td>7,133,250</td>
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<tr>
<td><strong>EXPENDITURES</strong></td>
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<td></td>
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<tr>
<td>Ministry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthening health systems</td>
<td>2,141,363</td>
<td>2,211,892</td>
</tr>
<tr>
<td>Designated government expenses</td>
<td>1,179,943</td>
<td>-</td>
</tr>
<tr>
<td>Activating and equipping communities</td>
<td>1,072,240</td>
<td>1,293,184</td>
</tr>
<tr>
<td>Research</td>
<td>992,302</td>
<td>486,528</td>
</tr>
<tr>
<td>Advocacy, policy and partnership</td>
<td>228,543</td>
<td>315,189</td>
</tr>
<tr>
<td>Constituency education</td>
<td>746,121</td>
<td>848,143</td>
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<tr>
<td>International management and consulting</td>
<td>317,899</td>
<td>398,300</td>
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<tr>
<td></td>
<td>$6,678,411</td>
<td>5,553,236</td>
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<tr>
<td>Support services</td>
<td></td>
<td></td>
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<tr>
<td>Promotion</td>
<td>1,270,523</td>
<td>1,542,074</td>
</tr>
<tr>
<td>Administration</td>
<td>717,937</td>
<td>613,036</td>
</tr>
<tr>
<td></td>
<td>$1,988,460</td>
<td>2,155,110</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenditures before restructuring costs</td>
<td>238,695</td>
<td>(575,096)</td>
</tr>
<tr>
<td>Restructuring costs</td>
<td>-</td>
<td>215,385</td>
</tr>
<tr>
<td>Excess (deficiency) of revenue over expenditures</td>
<td>$238,695</td>
<td>$(790,481)</td>
</tr>
<tr>
<td>Net assets, beginning of year</td>
<td>1,791,267</td>
<td>2,581,748</td>
</tr>
<tr>
<td><strong>NET ASSETS, END OF YEAR</strong></td>
<td>$2,029,962</td>
<td>$1,791,267</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITOR’S REPORT

ON 2016 SUMMARY FINANCIAL STATEMENTS

To Members of The Leprosy Mission Canada operating as effect:hope

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2016, and the summary statement of operations and net assets for the year then ended are derived from the audited financial statements of The Leprosy Mission Canada (operating as effect:hope) for the year ended December 31, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated March 14, 2017. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

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 Leprosy Mission Canada (operating as effect:hope).

Management’s responsibility for the summary financial statements
Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

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 810, “Engagements to Report on Summary Financial Statements”.

Opinion
In our opinion, the summary financial statements derived from the audited financial statements of The Leprosy Mission Canada (operating as effect:hope) for the year ended December 31, 2016 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants
Licensed Public Accountants

Markham, Canada
March 14, 2017
The first time a child with leprosy appeared on their television screen, Mini and Herman Woltjer made the commitment to cure families with leprosy. During the last 23 years, the Woltjers have worked with their community to raise awareness and more than $250,000 in donations.

Their gifts have cured more than 2,525 people of leprosy.

With compassionate hearts this couple rallied their community to assist in turning “Scrap into Cures”. Youth groups, businesses and other families donated scrap metal to the Woltjers. Together, they took on the laborious task of sorting the metal pieces, stripping away wire coverings, dismantling electric motors, collecting radiators, car brakes and drums – then reclaiming copper, iron, steel, brass and more. The harvested metals are transported to Harpers Metal Co., in Red Deer, Alberta, to be sold.

In 2009, Mini and Herman were presented with a Lifetime Members Award from effect:hope. Though in their honest humility, they would prefer not to receive any special recognition. Instead, their response to our gratitude is always the same: “Give God the glory, this is all being done in the name of Jesus!”

Our Lord and Saviour called Mrs. Mini Woltjer of Lacombe, Alberta home on Tuesday March 21, 2017 at the age of 89 years. Today, effect:hope honours Mini Woltjer, a precious wife, mother, grandmother, great grandmother, community member and volunteer, whose care for those less fortunate will never be forgotten.
BOARD MEMBERS
Mrs Carol Morris, Chair (Toronto)
*Mr Peter Hogg, Vice-Chair (Toronto)
Mr David Weind, Treasurer (Toronto)
*Mr David Bestvater (Toronto)
Rev Andrea Cambridge (Toronto)
*Mr Ravi Chandran (Toronto)
Mr John Humphreys (Toronto)
Mr Winston Miller (Stouffville)
Dr George Trusler (Toronto)
Dr David Williams (Stouffville)
*Audit Committee

LIFE MEMBERS
1990    Dr Donald A Gibson
1994    Mrs Margaret Graham
1998    Mrs Margaret Brown
1998    Dr John Clement
1998    Mr David C Greenwood
2004    Mr David Ogilvie
2004    Mrs Nena Ogilvie
2004    Ms Kathleen J Scott
2006    Mrs Sharol Josephson
2006    Mr Robert C Screen
2009    Mr Herman Woltjer

BANKERS
The Bank of Nova Scotia
The Royal Bank of Canada

LEGAL COUNSEL
Miller Thomson LLP

AUDITORS
Grant Thornton LLP
(Chartered Accountants)