

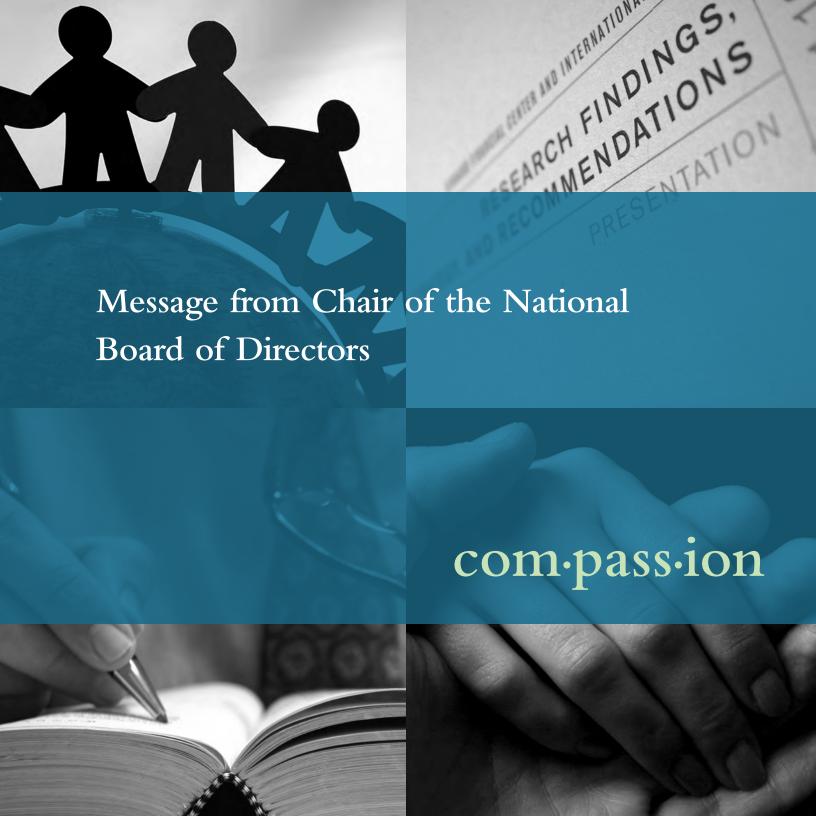
con·nec·tion: noun

persons associated together

cure: noun solution or remedy









Jan Martin National President and Chair, Board of Directors

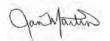
Although this is my first Annual Report as Board Chair, I have been a part of the Crohn's and Colitis Foundation of Canada (CCFC) community for 26 years ... first as a patient, then as a volunteer and donor, a Chapter President, and now as the Chair of the National Board of Directors. Having that combined experience really makes this year's theme - Compassion, Connection, Cure - resonate for me.

When I think about the CCFC community, I see a community linked through our connection to these chronic, terrible diseases, through the compassion we demonstrate when we give of our time and money, and in our commitment to fund the research that is going to find the cures for Crohn's disease and ulcerative colitis.

During my time as a member of this community, my commitment to the three "C's" of Compassion, Connection and Cure has grown. I am grateful for the amazing generosity and compassion of our many donors and supporters. I am continually inspired and motivated by the commitment of our dedicated volunteers from coast to coast to coast.

I am also inspired by the passion and commitment of the IBD research community, as well as their increasing engagement in our mission. Working together in our tireless efforts to defeat IBD gives me such great hope, because the need to keep pace with the increasing incidence of these diseases in Canada is absolutely vital.

Whichever part of the CCFC community you belong to, please accept my sincere appreciation for your commitment to our shared mission – to find the cure for inflammatory bowel disease.







Kevin W. Glasgow, MD Chief Executive Officer

I am very proud this year to report on how with the support of the entire CCFC community we have moved forward on the goals we set out to achieve in our five-year Strategic Plan. And, thanks to your continued support, we have done this during one of the most challenging recessions within recent memory.

As our National President and Chair has articulated, the words "Compassion, Connection and Cure" describe what unites the CCFC community. I share Jan's admiration for the compassion and generosity of our donors and volunteers, as well as a keen appreciation for how their contributions advance our mission to find the cure for inflammatory bowel disease.

One of CCFC's greatest successes in Fiscal 2009-2010 was, in fact, the driver behind this year's theme. In an effort to be more donor-centric and to improve our connection to the IBD community we know – and the many thousands of people living with IBD whom we don't yet know -CCFC initiated the move to a new information management system. Coined "The Connector," this system will revitalize our donor and volunteer databases, our online fundraising opportunities, our public website and our donors' and volunteers' online experience with CCFC. It is change on a scale CCFC has not experienced to date, and will significantly enhance CCFC's capacity to raise funds and to better recognize and steward our volunteers and donors.

Supported by the many Heel 'n' Wheel-a-Thon (HNW) volunteers, participants and Top Pledge Earners across Canada, CCFC realized a 15 per cent net increase in HNW revenue this past year. Some changes were made to the program to better support our volunteers' successes: an optimized web tool that increased our online fundraising ratio to 55 per cent of all funds raised; centralized pledge-form delivery to free volunteers of administrative work; and a new team recruitment and reward program that resulted in an incredible 450 teams raising 41 per cent of total pledged revenue.

Poor weather in many parts of the country this past May prevented us from realizing the full fundraising potential of Charity BBQ Day.

continued on page 4

MESSAGE FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

But thanks to the ongoing commitment of M&M Meat Shops all through the year – every year since 1988 – we did realize a significant milestone in the relationship this year as the cumulative total amount donated by M&M Meat Shops reached \$20 million. Consider that CCFC also reached the milestone of more than \$65 million spent on IBD research funding in Canada, and it is clear just how great an impact M&M Meat Shops Founder Mac Voisin and his franchisees have had on getting us closer to the cure.

CCFC received a record number of Grant-in-Aid of Research (GIA) funding applications this year (42) and funded just over half (11) of the 21 that met our fundable criteria as per our peer review process. Despite not being able to fund all worthy research proposals, there are two very positive aspects to this year's research funding story. There is clearly a growing interest in IBD research among Canada's scientific community, which researchers will tell you is a direct result of the steady source of IBD research funding CCFC has supplied since 1974. And the strategic partnerships and Memoranda of Understandings CCFC has signed with other health research funding bodies have attracted another

\$1.128 million in matching funding from other sources this year alone, and commitments for millions more in the next few years.

Illustrating the benefits of that multi-year funding commitment, nearly two years into the GEM (Genetic, Environmental, Microbial) Project, we are starting to see results. While it's always troubling to hear of new diagnoses, without that bad news we cannot get closer to the good news: finding out what causes Crohn's disease.

We saw major advances on the ulcerative colitis research front this past year as well. Dr. John Wallace et al of McMaster University and the University of Calgary recently announced the discovery of a specific chemical that may trigger remission. This research, co-funded by CCFC, was published in the prestigious journal Proceedings of the National Academy of Sciences (PNAS) on June 14, 2010.

Finally, while not yet the "household name" we'd like to be, CCFC is increasing its profile as the go-to source for IBD information and community in Canada. Two very successful public awareness campaigns were held in the past fiscal year. Our second-annual Gutsiest Canadian Contest and

our Crohn's and Colitis Awareness Month campaign in November earned us our second Hermes Award for Community Relations from the Association of Marketing and Communications Professionals. We reached even more Canadians through this campaign than in the past, judging by the increasing number of media outlets who covered our story and by the 7,000+ viewings of our new awareness video on youtube, called "Landon's Story."

On May 19, 2010 – the first-ever World IBD Day and just over one year after launching the CCFC Patient Declaration at www.isupportibd.ca – we reached our goal of 10,000 signatures. We then wrote to every Health Minister and Deputy Minister in Canada, letting them know each person who signed this "IBD Patient Bill of Rights" is looking forward to their support. At the time of this Annual Report's printing, we have received eight very positive replies, recognizing IBD as a chronic disease and acknowledging CCFC's work on behalf of people living with IBD.

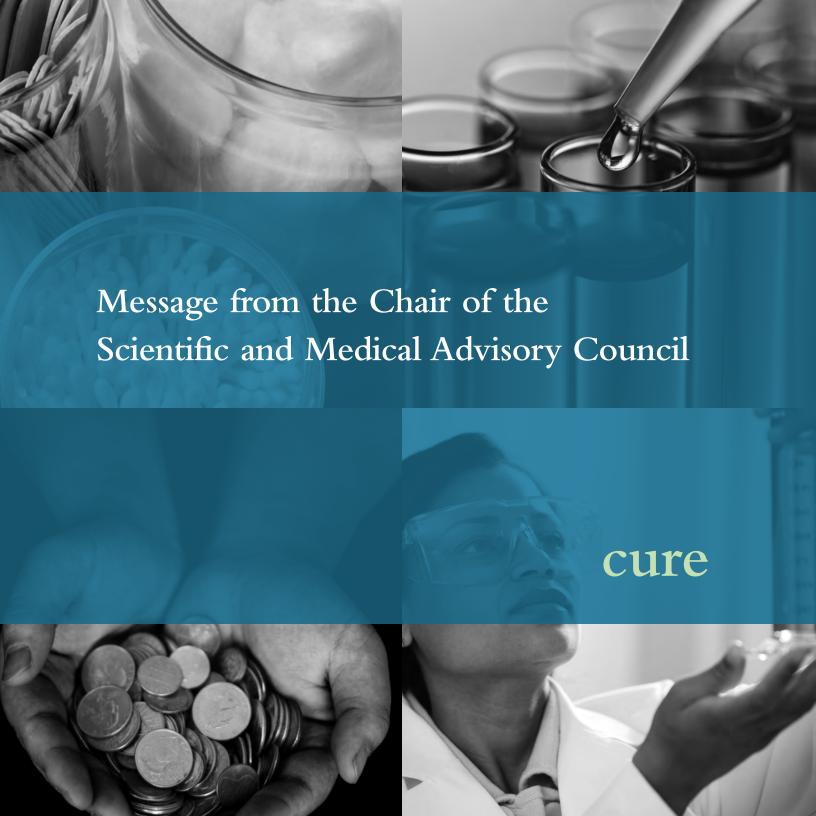
Our immediate challenge moving forward is to increase revenue to enable CCFC to fund all worthy IBD research that comes our way – not

just 50 per cent, as was the case this year. As some major governmental sources of research funding continue to constrict, the IBD research community increasingly relies on CCFC for support. Furthermore, this past fiscal year marked the last year of funding to CCFC from the Grocery Foundation via the SuperGala. This is a major revenue stream that we must work to replace via legacy giving, enhanced individual and corporate donations, Regional growth and improved execution on programs such as the Heel 'n' Wheel-a-Thon.

It has taken the entire CCFC community to help us achieve the growth and success we are experiencing, and I am honoured to use this Annual Report to introduce you to some of the many members of this community.

Respectfully submitted,

Keih Slugger





Dr. Hillary Steinhart Chair, Scientific and Medical Advisory Council

The second edition of the CCFC Research Report Card (viewable online at ccfc.ca) demonstrates that CCFC continues to be a major driver of cure-directed research in both the Canadian and International contexts. Canada continues to punch above its weight internationally in terms of number of publications and citations, and the majority of this contribution is from CCFC-affiliated researchers. Eight CCFC-affiliated researchers are in the top 100 of the world's most published authors in the area of inflammatory bowel disease and gastrointestinal inflammation.

CCFC remains the largest non-governmental funder of IBD-related research (measured in terms of dollars per-capita) in Canada and second largest internationally, next to the Crohn's and Colitis Foundation of America.

From 2005 to 2009, there has been significant growth both in terms of dollars spent on research and the number of research projects funded by CCFC. Approximately \$25 million has funded 200 projects in that five-year period. Most project funding, 85 per cent of it, is focused on cure-directed basic science

(biomedical) research. Consistent with CCFC's Strategic Plan, this past year we launched the Strategic Priority Partnership Initiative to boost clinical-translational research support through matching funding from organizations with similar interests.

This partnership direction is also reflected in the three new provincial partnerships (British Columbia, Nova Scotia and New Brunswick) adding to existing partnerships. The result is that CCFC's contribution of just over \$561,000 grows to almost \$1.7 million this year for IBDrelated projects and researchers.

In most cases, CCFC's partnerships fund trainees and provide early-career awards for those researchers who are gearing up now to make IBD a thing of the past. CCFC has seen many emerging scientists, some of whom have spent time as the unsung heroes of projects led by more senior scientists, flourish with CCFC funding and go on to win national and provincial research funding competitions co-funded by CCFC.

continued on page 8

MESSAGE FROM IBDRI CHAIR

Less directly but no less important, CCFC's Grants in Aid of Research provide important early-career training to those junior scientists hired as project staff on major research projects. This group currently represents more than 80 such aspiring researchers.

In addition to funding the scientific projects and personnel central to IBD research for the purpose of advancing knowledge, CCFC is beginning to focus on outcomes that have the potential to find their way toward commercialization. CCFC-affiliated researchers participated in the invention of approximately 32 per cent of the IBD-related international, U.S. and European patent applications registered by Canadian researchers. As reported in this year's Research Report Card, there are roughly 22 IBDrelated companies in Canada. The geographical proximity of IBD-related industries to academic and research institutes reflects the effectiveness. of innovation and knowledge transfer in the field.

Research funding over the past year continues to sustain and grow IBD research in Canada. The GEM Project is now enrolling subjects in over two dozen sites and has begun to recruit subjects in the United States. By fiscal year-end, the GEM project had enrolled about 2,500 people. GEM Project Coordinators continue to come up with creative strategies to recruit more subjects to the study, such as travel clinics, advertisements, clinic lists, communication with GI clinics, in order to speed up the rate of discovery. The expansion of the GEM project ensures that research dollars from CCFC make it to areas of the country which do not have the specialized research facilities needed to attract larger grants directly, from Newfoundland right across to British Columbia.

This past fiscal year, CCFC was able to fund the top 11 applicants from a pool of 42 proposals which came in through the Grants In Aid of Research and Strategic Priority Partnership Initiative competitions. One of these projects is a partnership both in terms of attracting external funding and in terms of linking institutions across the country. Dr. Mark Silverberg and the Mount Sinai Hospital IBD Group, along with the University of Calgary IBD Centre will work together to discover a panel of genetic markers that will, with a simple blood test, enable health care personnel to distinguish between those individuals with Crohn's disease most likely to

develop severe progressive disease and those who will have a milder experience of the disease. This translational project will enable better targeting of therapies and investigation for optimal patient outcomes.

This work builds on nuggets of IBD research that have the potential for significant breakthroughs in diagnosis and treatment. Dr. Silverberg and Dr. John D. Rioux of the Montreal Heart Institute are members of an international IBD Genetics Consortium that announced their discovery of new genes for ulcerative colitis this past year.

Their research identified approximately 30 more genetic markers for ulcerative colitis, which promise insight into disease pathogenesis. The work - in addition to genetic research supported by CCFC – brings the total number of known genes for ulcerative colitis close the number of known genes for Crohn's disease.

At McMaster University's Farncombe Family Digestive Health Research Institute and the University of Calgary, a team of researchers led by Dr. John Wallace recently identified a specific chemical that may trigger remission in patients with ulcerative colitis. The team found that people in long-term remission of ulcerative colitis

have elevated levels of the same chemical. prostaglandin D2, which they previously found to be important in promoting healing and maintaining remission of the condition in laboratory rats. This is an example of CCFCfunded research that has commercialization potential in humans.

In the coming year, CCFC continues to work with a planning committee of paediatric gastroenterologists across Canada to develop a new way to track paediatric IBD cases at sites across the country. CCFC launched this initiative in November 2009 to ultimately address questions such as how and why children develop IBD, how they fare with the diseases, and why certain ethnic groups are seeing steeper rises in IBD occurring in children.

Consistent with the paediatric initiative, CCFC is also modifying its peer review process in order to expand our research program beyond basic/biomedical science, to enhance our understanding of a wider variety of aspects of IBD.





Dr. Karen Madsen

IBD Researcher - Edmonton, AB

It wouldn't be a stretch to say that people with guts inspired Dr. Karen Madsen to pursue a career in inflammatory bowel disease research.

In 1990, Dr. Madsen had just finished her Ph.D. in gastrointestinal physiology at the University of Calgary and was looking for a post-doctoral position to continue her studies. Dr. Richard Fedorak at the University of Alberta in Edmonton came highly recommended, and she was about to marry someone in Edmonton, so the fit seemed natural.

What she hadn't counted on, as someone primarily interested in research, was that Dr. Fedorak's clinical practice would link her to the community of people living with inflammatory bowel disease, and that the mysteries behind

how those people developed IBD would focus her life's work.

"Initially the area of IBD research interested me because it's an immense puzzle. There's this huge immune aspect, but also a large microbial aspect. These are two completely different areas," says Dr. Madsen.

"But when I came to understand the human impact, I really understood how my work could be connected to people. This is an area of research that is more translational than most."

This "Aha!" moment initiated a long and mutually beneficial relationship between Dr. Madsen and the Crohn's and Colitis Foundation of Canada. For her part, she credits CCFC with kick-starting her career as an independent investigator with

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her first Grant in Aid (GIA) of Research in 1999. She says the grants were smaller then than they are now, but were instrumental in getting researchers started in IBD research. In fact, she says CCFC's GIA program is largely responsible for the immense growth of IBD research that is happening in Canada. This enhanced focus of investigators into IBD research has resulted in huge gains in the understanding of the disease over the past few decades.

From CCFC's perspective, Dr. Madsen has served on the Foundation's IBD Research Institute, including as the Chair. She is a favourite speaker at CCFC education events, and her own research on how probiotic bacteria may be used to treat and/or prevent IBD provides hope to the over 200,000 Canadians living with the disease. And Dr. Madsen does feel hopeful.

"Furthermore, seeing how much people suffer with this disease gives us strong motivation to work even harder in the lab."

"But in the end, progress is happening very quickly, and CCFC can be credited for making that happen!"

"When I visit hospitals and meet with people living with IBD, two things happen: I help them better understand how IBD researchers are tackling their disease, but I also see through their experience that research needs to be accelerated to help people living with the disease."



Nick Zifarelli

Raising Awareness – Winnipeg, MB

For Nick Zifarelli of Winnipeg, the biggest challenge about living with ulcerative colitis has been the lack of awareness about the nature and impact of the disease. A naturally outgoing guy, he's made it his mission to help people understand – and to know that they're not alone.

"This is a tough disease to have. When I was diagnosed with colitis in 1989, nobody knew what it was. When you talked about it, people reacted as though it was contagious," says Nick.

Even the medical community was challenged by his symptoms at the time. His first diagnosis was hemorrhoids, and six months later, one doctor was insistent that if he couldn't open him up and give him a colostomy, he wouldn't live another six months due to all the blood he had lost.

By seeking a second opinion from another surgeon, Nick delayed the thought of surgery and chose the complementary therapies he continues to follow today. He still experiences the occasional flare-up, however, and has even come close to losing a leg due to a leg ulcer.

For seven years after his first flare-up, he "muddled through," not fully understanding the entire scope of his disease and feeling a bit isolated, because so few people understood - or cared to try. He then connected with the Crohn's and Colitis Foundation of Canada. This helped him see that beyond his own family's constant support, he was not alone in his struggle, and he learned how he could help himself and others.

"It's not the easiest thing for others to talk about, I know. But being a mentor in my community, talking to people who are new to the disease or don't know anything at all about it has become my mission. And I'm happy to do it, because I believe in our shared mission to find the cure."

His first act was to join the Heel 'n' Wheel-a-Thon volunteer committee and participate in the Winnipeg event, where he guickly became a repeat Top Pledge Earner by earning \$1,000 or more. He even got his first tattoo – of the Gutsy Guy, with his year of diagnosis – as an open declaration of his battle. He has made it his mission to talk about the disease whenever possible, to lift the veil of secrecy and help support "HIS cause."

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Canadians is living with IBD



Shelby and Marlene Friesen

Coping with Crohn's, Abbotsford, BC

Shelby Friesen wasn't exactly a happy-go-lucky 11-year-old when she was diagnosed with Crohn's disease in 2008. In fact, when she was finally diagnosed, she told her mother she was relieved because she had come to the conclusion that she was "just one of those unlucky people whose life was going to be miserable."

For years Shelby had experienced every manner of weird bathroom patterns - diarrhea, constipation, cramping, painful anal fissures as well as disabling fatigue, lethargy and lack of appetite.

"Most people have no idea what someone with this disease goes through," says Shelby's mother, Marlene. "But as a parent of a child going through it, you just tear your hair out. You want to take their place, take on their pain."

Marlene's son Chad, two years older than Shelby, felt his sister's pain just as acutely as his parents. Marlene says the whole family felt helpless, watching her suffer.

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Doctors questioned whether her primary issue was anxiety and depression, then hemorrhoids, before she was finally referred to a pediatric hospital for a colonoscopy and endoscopy. Proper diagnosis and treatment followed, and Marlene says Shelby is now "a different person, living a different life." Biologics are keeping her well, and she's learning how to manage stress to prevent flare-ups.

When Shelby was diagnosed, Marlene was already aware of the Crohn's and Colitis Foundation of Canada. She recalled seeing notices for Chapter meetings in her local newspaper, so she made that first phone call and was invited to the next Chapter meeting. She's now her Chapter's Secretary and is their voting delegate for the 2010/2011 Annual General Meeting.

"I knew right away that I wanted to be a part of this. I have a daughter with a life of Crohn's disease ahead of her, and so few people understand what this disease is about." The awareness piece was big for me, but I'm also motivated to raise money for research," she says. She adds that years ago, it would have been hard to imagine the quality of life biologics could provide for someone with inflammatory bowel disease, which gives her faith that a cure is possible. But she also is active in her Chapter to serve as a role model for her daughter.

"Right now, Shelby finds it hard to think about how bad it used to be. And we are focused on helping her get ready for high school, making sure she doesn't step back from her potential because of her disease. But one day I hope she can take her place as an advocate for the cause."



Cathy Robichaud

Motivated Volunteer – Saint John, NB

Cathy Robichaud lives by the motto "Once you have made a decision to commit to something, the opportunities just come your way." How else can one explain the remarkable success she and her Saint John Chapter colleagues have achieved in raising funds and awareness for CCFC?

Cathy's drive and commitment stem from two places – her goal-oriented personality, and her own difficult battle with Crohn's disease. She's driven to accomplish what she sets out to do, but she also fears getting that telephone call from one of her kids saying they've also been diagnosed with Crohn's disease.

"I engage each and every day in activities for CCFC, with the belief that a cure will be found so that my children and my future grandchildren will never live with IBD," says Cathy.

There is not a volunteer function Cathy has not undertaken with enthusiasm and success. She has repeatedly organized the annual Saint John Charity Golf Classic (which has raised about \$55,000 over the past four years), has encouraged her local Member of Parliament to speak publicly about his own battle with IBD, worked with local media to raise awareness in the community, and started a Heel 'n' Wheel-a-Thon in Saint John that raised \$9,000 in its first year.

Cathy's volunteer career with the Crohn's and Colitis Foundation of Canada began when she woke up one morning and realized that her number one job in life – to raise their children – wasn't full time anymore, as they were both off to university. Having had Crohn's disease since the age of 18, and having suffered through a perforated bowel five months into her second pregnancy (which required emergency surgery and removal of 75 per cent of diseased bowel, leaving her with a temporary ileostomy), she had no trouble figuring out where to channel her boundless energy.

"That's when I called CCFC and said I'd like to do something." For years, Saint John had been the only Maritime city without a CCFC Chapter, so the timing and fit was perfect."

"We can be proud of the achievements we have made collectively as a CCFC family, but more can be done to stamp out IBD and it starts with each one of us."

"Since I was diagnosed, I've seen just how far we have come with improved medications, disease management and awareness," says Cathy.



Sheryl Joseph

Creative Fundraiser – Montreal, QC

Sheryl Joseph's battle with Crohn's disease began when she was just five years old, although like many in the IBD community, she wasn't properly diagnosed until years later. Since then, she has had eight surgeries, lost all of her large colon and lives with an ostomy bag.

Despite experiencing every hard knock Crohn's disease has dealt her, Sheryl decided six years ago she needed to fight back. She came into contact with the Crohn's and Colitis Foundation of Canada through her medical team, and quickly became one of the country's most creative and successful volunteer fundraisers.

For her very first HNW event in Montreal back in 2004, she raised over \$1,000, making her a Top Pledge Earner (TPE). Most of it was the traditional way, by asking for pledges, but she also asked a friend who owns a car wash if he would help her out by donating \$1 from each car wash during a set period to her HNW pot. She took it a step further, telling her story to local businesses and convincing them to donate raffle prizes.

Building on the positive reception she got that first year, she upped the ante.

"I just got better at it every year. I got better at asking people for money, and at asking them to ask people they knew for money," says Sheryl. "I know it's hard for some people, but I was just so motivated - not for me so much, because I was so far gone from the Crohn's at that point, but for a future when no more kids have to live with this vicious disease."

con-nec-tion

"I do this because I KNOW that working together, a cure is possible," says Sheryl.

Sheryl's HNW TPE status continued to grow. She raised close to \$4,000 in her second year, \$8,000 in her third year, and about \$10,000 in her fourth and fifth years. The past couple of years, she's experience major flares around HNW season, limiting her ability to drum up support, but her overall ability to raise more each year is linked directly to her creative, entrepreneurial approach.

"The raffle tickets were a hit that first year, so I got even more the second year. And when I secured CCFC as one of the charities in Comedy Show for a Cause, I got raffle prizes for that event as well. I got 60 prizes last year, which generated \$1,000 alone."

Sheryl has also distributed piggy jars to friends, offering to pick them up when they were full, and with the help of a DJ friend she organized a special event at a Montreal nightclub that raised \$1,200.

"People can do so many different things to raise money, and every bit of change that people can give helps. Sometimes people will say they only have change, and I'll say 'That's fine! I'll take it!"

Overall, Sheryl has raised nearly \$45,000 for CCFC through her own energetic HNW campaigns. She has also volunteered at Galas, Charity BBQ Days and other events, lending her photography talents as well.



Gerry and Christine Rudnick

Leaving a Legacy – Brantford, ON

Gerry and Chris Rudnick of Brantford, Ontario have a fairly compelling reason to contribute to finding the cure for inflammatory bowel disease, and a creative way to do it.

Chris was first diagnosed with colitis at the age of eight and experience two major flares by the time she was 10. When she was 27, and had started dating Gerry, she got sick again.

"I was very sick, had dropped to below 90 lbs and ended up needing surgery, a total colectomy with ileostomy, then pelvic pouch surgery," says Chris.

Gerry supported Chris through her journey then, and the two are still very much united in doing what they can to find the cure. Gerry and Chris work together as a wealth management team at RBC Dominion Securities. As part of their wealth management practice, they discuss charitable giving with many of their clients. And they are a perfect example of how it works, and why it's a perfect option for people like them.

"We decided a few years ago that even though we are not anywhere near retirement or the typical age for charitable giving, we wanted to donate to charities that are important to us. But we don't have a lump sum accumulated yet, as we are raising our two young children and we are both in our early 40s," says Chris.

The Rudnicks chose to donate a life insurance policy worth \$100,000 to the Crohn's and Colitis Foundation of Canada. They received a tax receipt when ownership of the policy was transferred to CCFC. They pay the insurance premiums each year, but receive a charitable tax receipt for the premiums.

This type of charitable donation – also called legacy giving - offers tax benefits to the donor while providing a way to help advance a cause that is close to the heart. Some other examples of legacy gifts are a bequest in your will or gifts of securities.

"With legacy giving, we are able to plan now to help charities in the future. The charities that we have chosen - including CCFC - are very important to us, and we benefit now by receiving the tax credit each year. We see this as a win-win situation," says Chris.

Chris says she and Gerry feel their reward would be if, in some small way, their legacy gift could someday help find a cure for inflammatory bowel disease.



Dianne Janes

Committed Donor – St. John's, NFLD

Being a monthly donor was a given for Dianne Janes of St. John's, Newfoundland.

"I've never thought otherwise," she says. And she doesn't' mind encouraging others to do the same.

In Dianne's 32 years as a CCFC volunteer, fundraiser and donor, she has learned that the way almost everyone comes to be involved with the Foundation is through direct contact from someone they know.

"Anyone at all who's close to me – and that's a large group - knows I have Crohn's disease. When they ask what they can do to help, I tell them to volunteer if they have time, but if not, they can be a monthly donor."

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"It doesn't have to be much, Just whatever you can do," says Dianne, while encouraging others in the CCFC community to reach out to their communities, adding "if you don't ask, you don't get."

Dianne has contributed in every possible way to CCFC. Since she was diagnosed at the age of 21, just after the birth of her son, she has volunteered at every level – from the local Chapter to the National Board of Directors. She has organized local fundraisers, and is currently Chair of the committee organizing CCFC's first Newfoundland Gala. By committing to a monthly donation, she is ensuring that CCFC can count on a steady supply of research funding.

"This Foundation does amazing work," she says. "I know it takes people to run it, but the fact that the vast majority of funds raised goes to research is key. Contributing to that equation means I'm part of the solution – to find the cure - and that's why we're all here."

While Dianne was diagnosed just over 30 years ago and research advances haven't changed her treatment regime substantially, where she sees the progress is in her son's treatment. He was diagnosed at the age of 21 as well, almost at the exact same age as Dianne's diagnosis. She says he has benefitted tremendously from biologics, and from the medical community's increased understanding of inflammatory bowel disease.

Funding the Cure

NATIONAL CORPORATE PARTNERS

PLATINUM



SILVER



BRONZE



Axcan Pharma Inc. Bio-K+ Pharma MIJO Corporation Shire Canada Inc.

As a CCFC partner for 22 years, M&M Meat Shops has contributed an incredible \$20 million to IBD research through the tireless efforts of Founder Mac Voisin and the more than 465 M&M Meat Shops Franchisees from coast-to-coast. This year they raised \$1.6 million to advance our shared mission, through the following programs and initiatives:

- Charity BBQ Day
- Star Program
- Coupon Book sales
- Ice Cream Novelty sales
- Employee and supplier donations
- Collection Coin Boxes
- National Family Dinner Night
- Heel 'n' Wheel-a-Thon
- Golf Tournaments

This year, the Health Charities Coalition of Canada recognized this incredible commitment to philanthropy by awarding Mac Voisin their Award of Distinction. This award singles out one person in Canada who has made a remarkable contribution to the charitable health sector. CCFC is proud to be the beneficiary of such compassion, and we thank Mac and his team for their role in giving hope to people living with IBD.

CCFC is grateful to every donor at every level, including those who have chosen to remain anonymous. We hope this donor report is accurate and complete, but if we have made an error, please contact us at publications@ccfc.ca or 1-800-387-1479.

LEADERSHIP DONORS

The CCFC is pleased to honour the following leadership donors:

\$100,000 and above

Alberta Lottery Fund

Fairmount Books Inc.

Federated Health Charities

HealthPartners/PartenaireSanté -GCWCC

Vancouver Foundation

\$20,000 to \$99,999

Canada Pension and Benefits Institute – Ontario

Marty Cutler

Government of Alberta - Culture and Community Spirit

The Grandey Family Foundation

The Ruth & Lewis Sherman Foundation

The Ryley Family Foundation

\$10,000 to 19,999

Beta Sigma Phi

John C Kerr Family Foundation

Kerry & Simone Vickar Family Foundation

The Moores Family

Peartree Financial Services

\$5,000 to \$9,999

Marilyn J. Armstrong

BMO Nesbitt Burns Diversified Trust

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Daniel & Louise Filion

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Family Foundation

Ledcor Industries Inc.

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Family Foundation

Margaret Stinson / Stinson Family

Richard Taylor

Alan G Thompson

Whistler Friends and Dusty's

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EVENT PARTNERS

The CCFC is pleased to honour the following event partners:

\$10,000 and above

Nancy Pencer and Michael Benjamin

The David and Stacey Cynamon

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Foundation

EllisDon Construction Services Inc.

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Pockar Masonry Ltd.

Rod Sturtridge

Terracon Development Ltd.

Texcan – A Division of Sonepar

Truman Insurance The Cooperators

Winnipeg Free Press

World Financial Group

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The CCFC is pleased to honour the following employee groups:

ATCO EPIC Program

All Charities Campaign -

Government of Manitoba

Bell Canada Employee Giving

Program

BMO Employee Charitable

Foundation

EnCana Cares Foundation

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continued on page 26

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The NLRP3-inflammasome is a key regulator of intestinal homeostasis

The Grocery Foundation

Allen-Vercoe, Emma University of Guelph

Interactions of Fusobacterium nucleatum with intestinal epithelial cells; implication for disease exacerbation in IBD

Great Little Box Company

Bercik, Premysl McMaster University

Intestinal Microbiota and the Increased Sensitivity to Colitis in Depression

The Grandey Family Foundation

Boudreau, Francois University of Sherbrooke

Blocking inflammatory genes expression during inflammatory bowel disease

All That Glitters Gala (Toronto)

Croitoru, Ken University of Toronto

Studies of the induction and regulation of colitis in a mouse model

Federated Health Charities

Gray-Owen, Scott University of Toronto

AIEC engagement of CEACAM6: Defining the link to Crohn's disease

In Memory of Linda Susanne Fox

Jones, Nicola Hospital for Sick Children Research Institute The role of ATG16L1 in Crohn's disease

CCFC Drive Fore The Cure Golf Tournament (Edmonton)

Kubes, Paul University of Calgary

Role of the Adapter Molecule MyD88 and the Protein Molecule TRIF in IBD

John M., Retired Pastor

McKay, Derek University of Calgary

Helminth Infection, Alternatively Activated Macrophages and the Inhibition of Colitis

Fay Shapiro Cutler

Petrof, Elaine Queen's University

Effect of probiotic conditioned media on a mouse model of inflammatory colitis

Saint John Chapter Golf Committee

Sarfati, Marika Centre de Recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM)

Characterization of disease-causing dendritic cells in Crohn's disease

M&M Meat Shops

Sigalet, David Alberta Children's Hospital

Immune Signaling Pathways of Glugacon Like Peptide 2 in the Inflamed Intestine

In Memory of Jack and Marion Stephenson

Silverberg, Mark Mount Sinai Hospital

Genetic markers of outcomes in Crohn's disease

HealthPartners/PartenaireSanté-GCWCC

Storr, Martin University of Calgary

Cannabinoids in colitis

Tiffany McPhee "Gutsiest Canadian"

Vallance, Bruce

University of British Columbia

Modeling Intestinal Fibrosis in Crohn's Disease

The Moores Family

Vanner, Stephen Queen's University

Investigation of new pain targets for treating patients with inflammatory bowel disease

In Memory of Margaret A. Elgie

Verdu, Elena

McMaster University

Sensing of microflora and colitis

GRANTS IN AID OF RESEARCH AWARDS

Asselin, Claude

University of Sherbrooke

Role of C/EBP transcription factors and deacetylation in intestinal inflammation

Blennerhassett, Michael Queen's University

Neuronal survival and axon regeneration in intestinal inflammation

Finlay, Brett

University of British Columbia

The role of the microbiota in infectious colitis and fibrosis

Gendron, Fernand-Pierre

University of Sherbrooke

Role of epithelial cells 2PY receptors in the dysfunction of the intestinal mucosa during inflammation

Girardin, Stephen

University of Toronto

The NOD-like receptor IL-22 signaling pathway in the defense of the intestinal lining

Khan, Waliul

McMaster University

Endocrinological regulation of gut inflammation by serotonin (5-hydroxytryptamine; 5-HT)

Lomax, Alan

Queen's University

Sympathetic neuropathy in IBD: causes and consequences

MacNaughton, Wallace

University of Calgary

Inflammation-induced changes in intestinal epithelial aquaporin expression

Madsen, Karen University of Alberta

Bacterial DNA and gut homeostasis

Philpott, Dana University of Toronto

Nod proteins in intestinal homeostasis

Rivard, Nathalie University of Sherbrooke

Role of the phosphate-removing enzyme, SHP-2, in intestinal inflammation

Sly, Laura University of British Columbia

Macrophage phenotype in inflammatory bowel disease

RESEARCH SCIENTIST AWARDS (\$300,000 Total)

Winnipeg Gala & The Kerry and Simone Vickar **Family Foundation**

Bernstein, Charles University of Manitoba

MacNaughton, Wallace University of Calgary

Madsen, Karen University of Alberta

Vanner, Stephen Queen's University

CCFC/CIHR/CAG FELLOWSHIP AWARDS

(\$180,000 from CCFC matched by the same amount from Canadian Institutes of Health Research [CIHR])

Jennifer Bishop

University of British Columbia

Regulatory mechanisms of gut inflammation: Characterizing the roles of LYN and SHIP in the immunopathology of Salmonella infections and IBD

Brian Gulbransen University of Calgary

Enteric glial P2X7 receptors in inflammatory bowel disease

Christina Hirota University of Calgary

The role of epithelial protease-activated receptors (PARs) in regulating mediators of intestinal inflammation and cancer

Sarah Mullaly University of British Columbia

The role of retinoic acid in intestinal immunity and inflammation

David Smyth University of Calgary

Mechanisms of interferon gamma regulation of intestinal epithelial barrier permeability

Mattitiahu Waterman University of Toronto

Molecular markers to predict disease outcomes in inflammatory bowel disease of the colon

CCFC/CIHR/CAG CAREER TRANSITION AWARDS

(\$112,500 from CCFC matched by the same amount from CIHR)

Aleixo Muise

Hospital for Sick Children

Understanding the functional role of inflammatory bowel disease genes

Laura Sly BC Children's Hospital

L-arginine metabolism in inflammation and fibrosis in inflammatory bowel disease

INNOVATIONS IN IBD (\$50,000)

John McLeod Queen's University

Improving treatment of IBD by titrating intestinal TNF-alpha signaling

VISITING SCIENTIST AWARD (\$75,000)

Philippe Langella

McMaster University sponsored by John Wallace

MICHAEL J. HOWORTH GEM STUDY (\$884,862 Total)

GEM Executive Committee

GEM Project Leader: Croitoru, Ken – Samuel Lunenfeld Research Institute

RESEARCH TOPIC IN GI DISEASE VIII PROGRAM

(\$25,000 matched by \$40,000 from

AstraZeneca Canada and \$15,000 from CIHR)

INSTITUTE OF GENETICS

(\$33,333 matched by \$469,000 from Canadian Association of Gastroenterologists [CAG] and CIHR)

Dr. John D. Rioux Montreal Heart Institute

SYMPOSIA SUPPORT (\$8,000 Total)

Heubi, James

North American Society for Pediatric Gastroenterology and Nutrition

NASPHGAN Mead Johnson Fellows Research Conference – April 2010

Schaafsma, Mary Ellen University of Ottawa

The Eighth Annual Symposium of the Canadian Cochrane Centre - May 2010

CCFC/CIHR/CAG NEW INVESTIGATOR AWARD

(\$35,000 from CCFC matched by the same amount from CIHR)

Geoffrey Nguyen

Samuel Lunenfeld Research Institute, Mount Sinai Hospital

Prevalence of Asymptomatic Venous Thrombosis in Hospitalized Inflammatory Bowel Disease Patients and Screening Strategies for their Early Detection

PROVINCIAL PARTNERSHIP - MATCHING FUNDS

\$66,500 from each CCFC and Alberta Innovates -**Health Solutions**

\$10,000 from each CCFC and Fonds De La Recherche en Sante du Quebec

\$14,750 from each CCFC and Michael Smith Foundation for Medical Research

\$50,962 from CCFC and \$152,887 from Nova Scotia Health Research Foundation

SUMMER STUDENT SCHOLARSHIPS 2010

(\$33,000 matched by the same amount from CIHR and CAG)

2009 Finkelstein Award Winner In memory of Donna Lee Zampieron (nee Stahls)

Leigh Beamish University of Alberta

Osteopontin involvement in the formation of attaching/ effacing lesions

Amanda Pichini Mount Sinai Hospital

Role of MicroRNA in Gene Regulation in Inflammatory Bowel Disease

Alexandra Cole University of British Columbia

Arginase activity and microbiome popluations in inflammatory bowel disease

Jovian Wat Queen's University

Examining the immunomodulatory effects of adrenoreceptor activation

Samantha Makarenko University of British Columbia

Protecting against inflammatory bowel disease by modulation of the intestinal microbiome through dietary lipids

Polly Yuet Wa Lam Hospital for Sick Children

Understanding the functional role of recently discovered IBD genes

CCFC CDDW STUDENT RESEARCH PRIZE (\$1,500 Total)

Travis Murdock Mt. Sinai Hospital

Supervisor: Mark Silverberg

Joannie Allaire University of Sherbrooke Supervisor: Nathalie Perreault

STUDENT BOOK AWARDS 2010 (\$500 Total)

Amanda Hogg Faculty of Medicine Memorial University of Newfoundland

Sara Langlais Faculty of Medicine Universite de Montreal

Financial Report

Over the past fiscal year CCFC volunteers and staff succeeded in raising more money and cutting spending. The result is a significantly reduced deficit of \$191,000 compared to the \$1.2 million deficit in Fiscal 2009. Congratulations to everyone who played a part in raising more money, donated to CCFC, and helped us manage our operating costs.

We achieved this by raising 8% more from our fundraising events last year over the previous year. Our Heel 'n Wheel-a-Thon participants – including our Top Pledge Earners and our many new teams - helped us achieve our best results to date at just under \$1.6 million net. That is \$200,000 more than the previous year.

We do have challenges ahead, though. A valued corporate partner for 25 years, The Grocery Foundation changed its mandate and has moved on to support other charities. We thank them for their many years of partnership and large contribution to IBD research. The impact for CCFC is a clear need to develop new corporate partnerships and fundraising methods, including legacy gifts such as bequests. These are areas we are focusing on, as indicated in our Strategic Plan.

Our fundraising growth was also partially offset by decreases in corporate sponsorships and direct mail revenues. Our investment portfolio performed better this year, as the financial markets recovered from the previous year, helping to counter these decreases.

Although we have challenges, we also have successes to celebrate. Galas held in our seven regions raised 41% more in net proceeds in the last fiscal year. As well, our overall expenditures decreased by 5% last year to \$11.3 million. Consistent with our Strategic Plan, we also invested 11% more, totaling just under \$1 million, in the education and awareness aspect of our mission, including expanding our Education

Symposia across the country. As a result of our overall increase in fundraising revenue last year, CCFC was able to invest \$5.5 million into the research program.

Finally, CCFC was the recipient of a generous gift of \$2 million in this past year. This amount is included in deferred revenue on the Balance Sheet due to the donor's direction on how it be spent, which will occur in the 2010-2011 fiscal year.

Overall, CCFC has had a successful year and the dedicated efforts of our many stakeholders are reflected in the financial results.

For audited financial statements and information regarding tax receipted revenue, please contact the CCFC National Office at:

600 - 60 St. Clair Avenue East. Toronto, ON M4T 1N5 1-800-387-1479

Ashraf Matta, CA CCFC Treasurer and Chair of the Finance, Audit and Risk Committee

Kaylea Bove, CA Director of Finance and Administration \$450,000

Growth in revenues

\$570,000

Reduction in expenditures

\$6.5 M

Invested in research and education programs

Crohn's and Colitis Foundation of Canada

- Summary Financial Statements

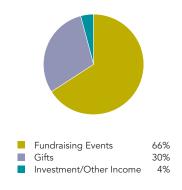
Balance Sheet

2010
\$796,350
2,292,210
704,029
99,003
\$3,891,592
\$378,171
9,178,564
\$9,556,735
231,085
\$13,679,412
\$593,827
2,178,920
\$2,772,747
\$385,483
7,568,054
2,953,128
\$10,906,665
\$13,679,412

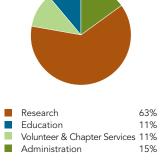
Statement of Revenues and Expenses

Revenue	2010
Current	
Fundraising event proceeds	\$7,381,010
Gifts	3,298,099
Investment income	379,650
Other	68,642
	\$11,127,401
Expenses	
Program Costs	
Research	\$5,507,404
Education/Awareness	983,523
Volunteer/Chapter Services	912,626
	\$7,403,553
Support Costs	
Fundraising expenses	\$2,617,806
General and administrative	1,296,879
	\$3,914,685
	\$11,318,238
Deficiency of revenue	
over expenses	\$(190,837)

Sources of Revenue



Use of Net **Fundraising Revenue**



Our 2009–2010 National Board of Directors

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National Past President

Victoria Prince Toronto, ON

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Ashraf Matta Toronto, ON

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Paul McCarten Toronto, ON

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Director

Vincent De Felice Montreal



1in160 Canadians

At least one person you know lives with Crohn's disease or ulcerative colitis.

These are chronic, currently incurable diseases that cause your digestive tract to become inflamed, form sores and bleed easily. Crohn's and colitis are painful, unpredictable and hard to talk about.

They are hitting more Canadians at younger ages.

Please help the Crohn's and Colitis Foundation of Canada (CCFC) lift the veil of silence and raise money to fund research.

Visit ccfc.ca or call 1-800-387-1479 to join us in our mission to find the cure.



Crohn's and Colitis
Foundation of Canada

Fondation canadienne des maladies inflammatoires de l'intestin