

Our vision

Muscular Dystrophy Canada's vision is to find a cure for neuromuscular disorders in our lifetime.

Our mission

Muscular Dystrophy Canada's mission is to enhance the lives of those affected with neuromuscular disorders by continually working to provide ongoing support and resources while relentlessly searching for a cure through well-funded research.

“Together we can create great change for people living with neuromuscular disorders and turn hope into answers through research.”

– Yazmine Laroche,
donor and Board Member,
Muscular Dystrophy Canada

Contents

- 2 Message from the Chair of the Board
- 5 New discovery, new understanding
- 6 Q&A with Dr. Michael Rudnicki
- 9 With CRISPR, the sky's the limit
- 10 Q&A with Dr. Ronald Cohn
- 12 How does Muscular Dystrophy Canada fund research?
- 15 Fire Fighter profile: Jay Protz
- 16 The Walk for Muscular Dystrophy
- 18 Financial summary
- 23 Donor profile: Brian Keller
- 24 A special thank you to our donors

On the cover:
Comstock Images/Getty Images





MESSAGE FROM THE
CHAIR OF THE BOARD

It is my pleasure to welcome you to Muscular Dystrophy Canada's 2015–16 Annual Report. This year's report is something of a departure from our recent reports: for the first time since 2006–07, Catherine Sherrard is not providing the opening address. After nearly 10 years with Muscular Dystrophy Canada, Catherine has stepped down as Chief Executive Officer. Since joining our organization, Catherine has served as CEO with dedication and skill, successfully leading us through a period of growth and strengthening our ability to pursue our mission of enhancing the lives of those affected by neuromuscular disorders. We are very grateful for all of her contributions and wish her the best for the future.

We are very excited to welcome our new CEO, Barbara Stead-Coyle, who began her term on May 24th. Most recently, Barbara was the National Vice President of Annual Development with the Canadian Cancer Society; prior to that, she served as the CEO of the Nova Scotia Division of the Canadian Cancer Society and the CEO of the Cape Breton Regional Hospital Foundation. We are delighted to welcome Barbara to Muscular Dystrophy Canada, and we look forward to her guidance and leadership as we continue to pursue our mission. I'd also like to recognize and thank the senior management team for their excellent leadership during the CEO transition.

Although change is never easy, it is very much business as usual here at Muscular Dystrophy Canada. Thanks to our Strategic Plan, we have both a clear vision for the future of our organization and a well-defined roadmap for getting there. The HUB model of service delivery, which will help improve the efficiency and effectiveness of our services, has been piloted in Ontario and will be rolled out nationwide. We also continue to build the overall capacity of our organization and strive to be responsive to the needs of people affected by neuromuscular disorders.

In this year's Annual Report, however, we wanted to showcase one particular aspect of Muscular Dystrophy Canada's mission: our dedication to funding cutting-edge research. In the past year alone, projects with links to Muscular Dystrophy Canada have highlighted how research can transform our thinking about neuromuscular disorders and open new avenues for treatment. For example, a project funded in part by Muscular Dystrophy Canada released a groundbreaking study that showed Duchenne muscular dystrophy is actually a stem cell disease. This discovery completely changes our understanding of the disease, and in the words of the Dr. Michael Rudnicki, senior author of the study, it "could eventually lead to far more effective treatments."

This project is profiled in the following pages, but it serves as a reminder of the kind of research into neuromuscular disorders that is being performed every day. Research takes many forms, but

every discovery is crucial because it opens new avenues for potential treatments and brings us closer to our ultimate goal of finding a cure for muscular dystrophy.

Most importantly, successful research shows what we can accomplish when we work together. Everyone—volunteers, donors, staff, researchers, health-care partners, clinicians and family members—has a role to play when it comes to helping Canadians living with neuromuscular disorders lead their lives to the fullest. Whether you are raising funds, performing research or delivering evidence-based care and services, you are making a difference in the lives of those affected with neuromuscular disorders. On behalf of Muscular Dystrophy Canada, I want to thank you for all that you have done over the past year.

The continued generosity of donors like Brian Keller, profiled on page 23, helps us realize our goals. I also want to add a special thanks to our corporate sponsors for their continued support, and to the Fire Fighters, who have been our partners and biggest supporters since 1954. The dedication and passion of people like Jay Protz, who is featured on page 15, inspire all of us.

Finally, I would like to take a moment to remember Dr. Katie Manders, who passed away on January 29, 2016. Diagnosed with Facioscapulohumeral muscular dystrophy at age 12, Katie was an engaged and respected member of our community, serving as an active member of our National Board of Directors since June 2007 and as a member of our Medical and Scientific Advisory Committee from 2007 to 2015. Recognized for her outstanding contributions to Muscular Dystrophy Canada with the Michel Louvain Award in 2012, Katie demonstrated Muscular Dystrophy Canada's values of determination, courage, passion and caring in all that she did. She will be greatly missed.



Buzz Green, Chair of the Board

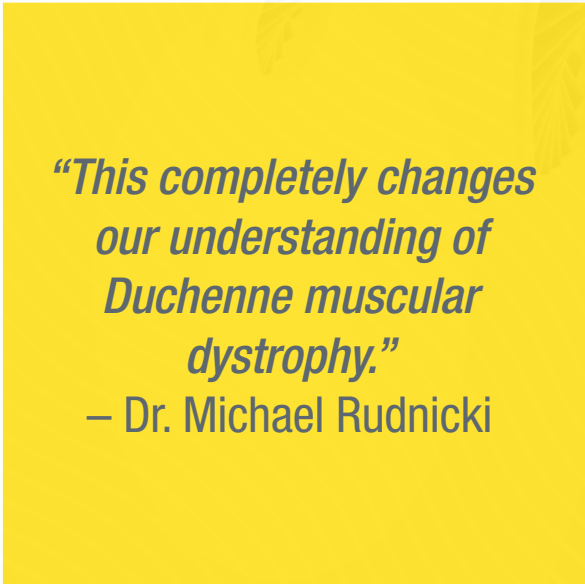
A farewell

How time flies: the 2015–16 Annual Report marks my 10th with Muscular Dystrophy Canada. It also will be my last. Looking back on our accomplishments over that time, I am very proud of what we have accomplished together: we have funded cutting-edge research, supported people living with neuromuscular disorders and their families, and worked to strengthen both our organization and the community that we serve.

In particular, I want to acknowledge the many donors, volunteers, researchers, stakeholders, board members and staff who have made these accomplishments possible. Thanks to your hard work and dedication, we have made a very real difference in the lives of those affected by neuromuscular disorders. It has been an honour and a privilege to work alongside you.



Catherine Sherrard
Catherine Sherrard



“This completely changes our understanding of Duchenne muscular dystrophy.”
— Dr. Michael Rudnicki

New discovery, new understanding

In November 2015, researchers from The Ottawa Hospital announced that they had made a breakthrough in their research into Duchenne muscular dystrophy.

“For nearly 20 years, we’ve thought that the muscle weakness observed in patients with Duchenne muscular dystrophy is primarily due to problems in their muscle fibres, but our research shows that it is also due to intrinsic defects in the function of their muscle stem cells,” explained Dr. Michael Rudnicki, senior author of the study, which was first published in the journal *Nature Medicine*. “This completely changes our understanding of Duchenne muscular dystrophy and could eventually lead to far more effective treatments.”

Affecting approximately 1 in 3600 boys, Duchenne muscular dystrophy results in muscle degeneration and premature death. Before this discovery, scientists knew that Duchenne muscular dystrophy is caused by genetic mutations that result in the absence of the dystrophin protein. The dystrophin protein was believed to be found only in muscle fibres, but Dr. Rudnicki and his team found that muscle stem cells also express dystrophin protein.

That is important because muscle stem cells are responsible for normal muscle repair, which constantly occurs due to things such as normal injuries or exercise. To do this, the muscle stem cells divide and create what are known as precursor cells, which then become the fibres that make up our muscles, repairing them. Without dystrophin, however, muscle stem cells produce ten times fewer muscle precursor cells. This, in turn, results in fewer functional muscle fibres, which contributes to the muscle weakening and wasting that characterizes Duchenne muscular dystrophy.

The discovery that Duchenne muscular dystrophy is a stem cell disease has profound implications for treatment possibilities. “We’re already looking at approaches to correct this problem in muscle stem cells,” said Dr. Rudnicki, who is also a professor at the University of Ottawa. “I’m not sure if we will ever cure Duchenne muscular dystrophy, but I’m very hopeful that someday...we will have new therapies that correct the ability of muscle stem cells to repair the muscles of afflicted patients, and turn this devastating, lethal disease into a chronic but manageable condition.”



Dr. Michael Rudnicki

Dwayne Brown/Dwayne Brown/Ottawa Hospital

Q&A with Dr. Michael Rudnicki

Dr. Michael Rudnicki (PhD, OC, FRSC) is the Senior Scientist in the Regenerative Medicine Program at the Ottawa Hospital Research Institute, the Director of the Regenerative Medicine Program and Sprott Centre for Stem Cell Research, a Professor in the Faculty of Medicine at the University of Ottawa, and the Scientific Director at the Stem Cell Network. Dr. Rudnicki holds the Canada Research Chair in Molecular Genetics.

Q: What led to your discovery that Duchenne muscular dystrophy is a stem cell disease?

A: It actually started because of an experiment looking at the effect of Wnt7a [a protein that stimulates and augments the repair process in muscle stem cells, and that also acts on muscle fibers to stimulate growth]. The control group without Wnt7a was very abnormal, and that provoked the whole series of experiments that led to this new discovery.

Q: Your initial research was conducted in mouse cells. What is the next step?

A: We are collaborating with Drs. Leanne Ward and Jodi Warman from the Children's Hospital of Eastern Ontario (CHEO) to examine human biopsies from human Duchenne muscular dystrophy patients in order to confirm our findings [in


humans]. Recently, we were provided with photomicrographs that show polarized expression of dystrophin in human muscle stem cells. We fully anticipate our findings to be confirmed in human patients with Duchenne muscular dystrophy.

Q: How will this new understanding of Duchenne muscular dystrophy affect treatment?

A: The design of any intervention—such as exon skipping, gene therapy or genomic editing—now must target both muscle stem cells and muscle fibers. This is already a consideration in the design of [therapeutic] interventions, but I think this point must be addressed even more strongly.

Q: Based on these findings, what are some potential therapeutic interventions for DMD? When might we see them?

A: We have discovered that Wnt7a restores the function of DMD muscle stem cells and are undertaking experiments to test whether we can use Wnt7a as a therapeutic to treat DMD. We are also assessing other drugs that we have identified that act like Wnt7a. Our hope is that we can target muscle stem cells using a pharmacological intervention as a treatment that would complement gene correction approaches.



“For the first time in my career—or anyone’s career—we have a tool we can use to develop concepts for correcting genetic issues.”
— Dr. Ronald Cohn

With CRISPR, the sky’s the limit

CRISPR: clustered regularly interspaced short palindromic repeats. It’s an innovative technology with an unwieldy name, and while you may not have heard of it yet, you soon will.

Named “Breakthrough of the Year” for 2015 by *Science* magazine, CRISPR is a powerful tool for editing the genome of any species. Faster, cheaper and far more precise than previous gene editing methods, CRISPR is poised to drive innovation throughout a number of fields, from human health to the production of biofuel.

Recently, however, researchers at The Hospital for Sick Children (SickKids) in Toronto used CRISPR to remove a duplicated gene from a genome taken from a cell donated by a young patient with Duchenne muscular dystrophy. Not only did CRISPR allow them to entirely remove the mutation that causes the disease, but the gene’s function also was fully restored.

“CRISPR is an incredibly efficient, precise and [relatively] inexpensive technology that has enormous potential for science and medicine,” says Dr. Ronald Cohn, the principal investigator of the study, which appeared in the *American Journal of Human Genetics*. “For the first time in my career—or anyone’s career—we have

a tool we can use to develop concepts for correcting genetic issues.”

Dr. Cohn—whose lab shared in the Muscular Dystrophy Canada’s 2015 Ontario Researcher of the Year award—is careful to caution that working on a single gene is very different from doing the same thing in a living person. “A hurdle will be determining how to deliver the construct [to repair the genetic issue] to the affected cell [in a person]. That is still years away,” he explains. Nonetheless, CRISPR provides opportunities that were not even considered just a few years ago. “No one could have even developed the concept until recently.”

The next step for Dr. Cohn is to recreate the duplicated gene in a mouse in order to attempt to correct it in a living animal. Still, the potential of the CRISPR technology cannot be denied. In the space of a few short years, it has become the tool of choice in genetic studies, and it promises to continue offering new possibilities for treating many inherited genetic diseases. “It may be cliché, but the sky is the limit,” Dr. Cohn says with a laugh. “We will find out the limits as we move forward. For now, let’s enjoy the ride.”



Dr. Ronald Cohn

Rick Madonik/Toronto Star/Getty Images

Q&A with Dr. Ronald Cohn

Dr. Ronald Cohn (MD, FACMG) is the Chief of the Division of Clinical and Metabolic Genetics at The Hospital for Sick Children (SickKids), Co-Director of the Centre for Genetic Medicine and Senior Scientist at SickKids, and an Associate Professor in the Department of Paediatrics at the University of Toronto.

Q: CRISPR has received a great deal of attention in the media, and you have called it “the most important technology” that you have encountered. What makes CRISPR so important and so exciting?

A: CRISPR is an incredibly efficient, precise and [relatively] inexpensive technology that has enormous potential for science and medicine. For the first time in my career—or anyone’s career—we have a tool we can use to develop concepts for correcting genetic issues.

Q: The technology has obviously led to remarkable results in your work, but how has it changed how you approach your research?

A: I actually changed my entire research because of it. Two years ago, I was doing basic science, trying to understand the mechanisms of neuromuscular disorders and why a gene defect leads to a muscle disease. Now I am focusing on identifying opportunities for developing CRISPR for therapeutic methods.

Q: Your findings involved the use of CRISPR on cells from a donor. What is the next step in your research?

A: Once we had shown results in [Duchenne muscular dystrophy] cells, I really had to think about what was necessary for the science to develop into therapy. Ultimately, we decided to recreate the genetic duplication [that was originally seen in the donor cell and removed by CRISPR] in a mouse model. That is currently in progress.

Q: What are some realistic expectations in the short term for the use of CRISPR on inherited diseases like Duchenne muscular dystrophy?

A: Delivering the construct [that corrects the disorder] to a particular cell will be a challenge, but not as much as it was 5–10 years ago. We also will need to start having conversations with regulatory bodies and industry, because we are looking at very individual approaches to treatment where clinical trial guidelines and traditional distribution methods won’t apply. Each treatment will deal with a unique mutation, so there is no one-size-fits-all solution.

Q: It really sounds like the sky is the limit.

A: [Laughs] It may be cliché, but the sky *is* the limit. We will find the limits as we move forward. For now, let’s enjoy the ride.

How does Muscular Dystrophy Canada fund research?

THE TERMS

Request for proposals (RFP)

An invitation for researchers to submit proposals for research that they would like to perform. It contains information about the amount of funding available, the type of research that is eligible for funding and how proposals will be evaluated.

Peer review

A process where scientists evaluate submitted proposals for their relevance, scientific merit and promise.

Basic research

Basic biomedical research relevant to Muscular Dystrophy Canada that attempts to advance our knowledge of the fundamental molecular, cellular and physiological mechanisms behind the development and progression of disorders.

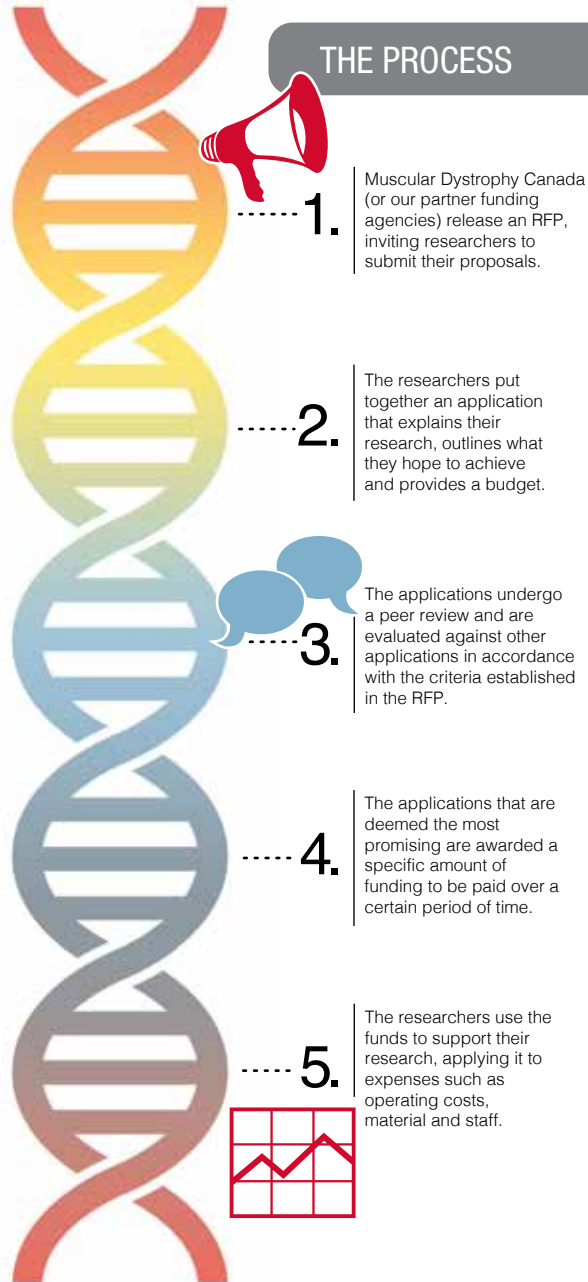
Clinical research

A research approach involving human subjects that studies the natural history of the disorders or assesses the safety and efficacy of tests, medication, devices and treatment regimens. Clinical research studies can focus on prevention, diagnosis, treatment or symptom relief.

Quality-of-life and health-care outcomes research

Research using mostly social science methodology to understand how people live with disorders and interact with the health-care system.

THE PROCESS



THE RESULTS

New understanding of the subject, such as how a neuromuscular disease develops or progresses.

New avenue of investigation, often based on an unexpected result during the study.

New therapeutic options (including drugs or treatments, pending regulatory approval).

New clinical methods and approaches.

“Volunteering makes a difference: your muscles move you, so let’s help make someone else’s move!”

— Jay Protz

Fire Fighter profile: Jay Protz

Canada’s Fire Fighters have been some of Muscular Dystrophy Canada’s strongest, most dedicated supporters from the very beginning. Each year, they tirelessly raise funds and awareness in support of people affected by neuromuscular disorders.

Jay Protz is a Fire Fighter from Saskatoon and a regular volunteer with Muscular Dystrophy Canada. He began volunteering with Muscular Dystrophy for two reasons. “I’m a Fire Fighter, and we are big supporters of Muscular Dystrophy Canada,” he explains. “But I also do it because of my daughter, Olivia, who has Charcot-Marie-Tooth syndrome (CMT). That personal connection is huge when you have a child with a neuromuscular disorder.”

Over the years, Jay has done many different things to help raise money for Muscular Dystrophy Canada, from bagging groceries at Safeway to participating in the Fill the Boot fundraising drive. More recently, he organized a game of wheelchair basketball between local paramedics and firefighters. In their first year, they raised \$5,000.

He also thinks it is important to encourage Olivia to participate. “We want her to see

that just because she has a neuromuscular disorder, it doesn’t mean she can’t do stuff,” he says. “So why not do it?” She definitely has a talent for it: in 2015, Olivia was Saskatoon’s Ambassador for the Walk for Muscular Dystrophy, and together with the Saskatoon Fire Department, Team Olivia raised \$15,000!

In Jay’s opinion, the best part of volunteering is “seeing the people and smiles that events bring. Everyone seems to be happy that we are doing the work and raising awareness, and that is positive in itself.” It is even more rewarding when you have a connection with the people who are being helped. “It’s great knowing that the money raised is helping those who are affected and actually getting to know them,” Jay explains. “It really puts that personal touch on the event.”

Ultimately, though, you don’t have to be a Fire Fighter to volunteer to help Muscular Dystrophy Canada—anyone can do it. “Just take a couple hours throughout the year and get involved,” says Jay. “Volunteering makes a difference: your muscles move you, so let’s help make someone else’s move!”

WALK FOR Muscular Dystrophy

Western Canada

In 2015, The Walk for Muscular Dystrophy (#Walk4MD) events in British Columbia, Alberta, Saskatchewan and Manitoba raised over \$410,200 thanks to help from volunteers, donors, Fire Fighters, volunteer chapters and Safeway. Thanks to everyone who got involved and said "I Can!" to raise spirits and funds in support of those affected by neuromuscular disorders!



"Because of the Walk for Muscular Dystrophy, I can give my child the gift of mobility."

Quebec

Sunshine, music, a wheelchair race, dancing Fire Fighters and lots of adorable mascots—the Quebec #Walk4MD events had it all! Professional singers and DJs at each event made sure everyone had fun, and a balloon release was held in memory of a former #Walk4MD participant. More than \$200,000 was raised!



Ontario

Sixteen #Walk4MD events were held in Ontario in 2015, raising a total of \$467,705. They enjoyed incredible support from Ontario Fire Fighters—who brought trucks, spoke at events and walked with participants—as well as health professionals, researchers, clinicians and local businesses.



Atlantic Canada

The Atlantic #Walk4MD events concluded in St. John's on September 12. Thanks to the efforts of donors, volunteers, Fire Fighters, our corporate partners, and participants and their families, more than \$200,000 was raised!



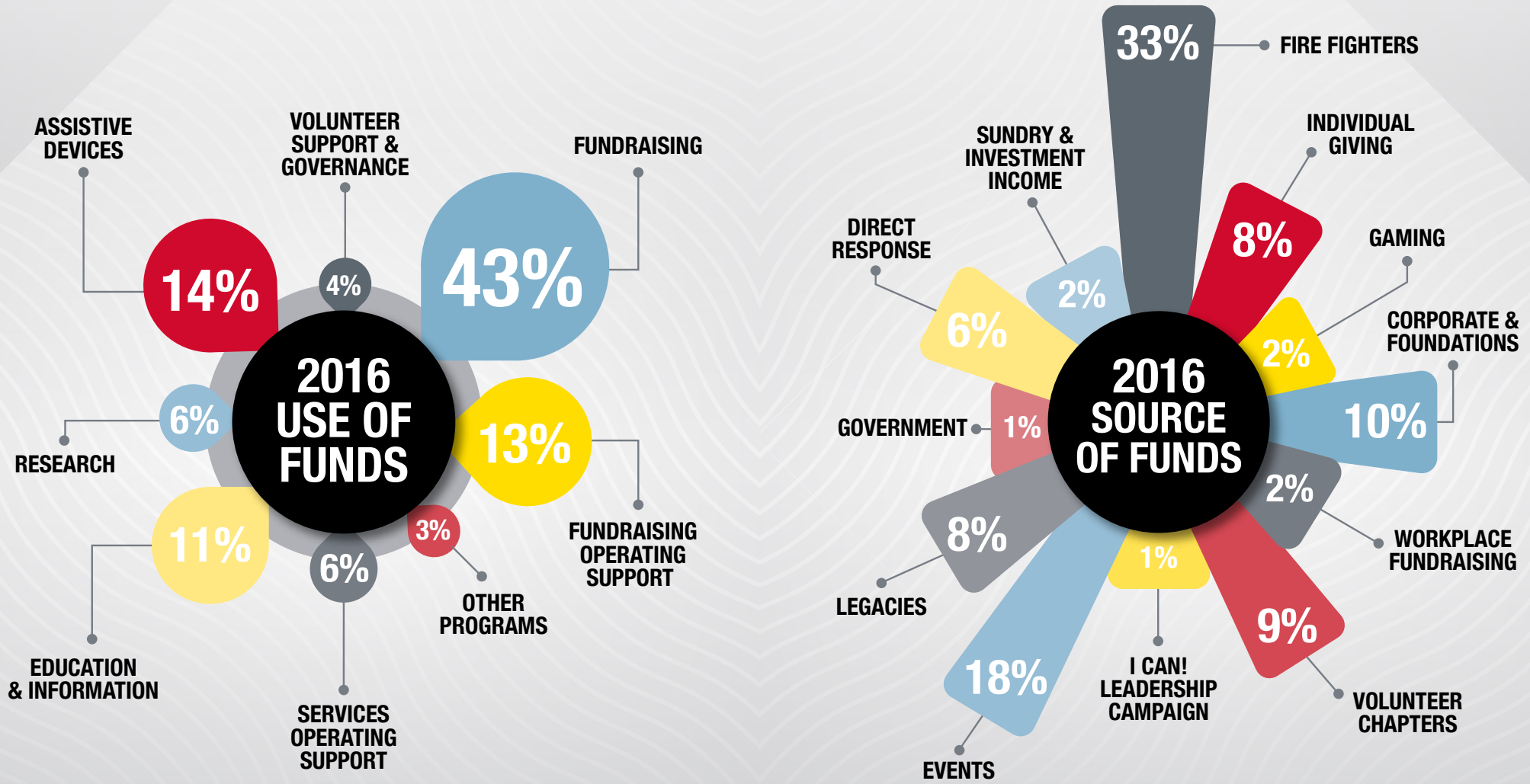
"Because of the Walk for Muscular Dystrophy, I can live a life where my disability is not an obstacle."

Across Canada:

\$1.3+ million
total dollars raised

4,400
total participants

Financial summary



Statement of Revenue and Expenditures

	2016	2015
Revenues:		
General Campaign & Donations	\$8,687,444	\$9,491,747
I Can! Leadership Campaign	34,677	--
Other Revenue:		
Legacies	512,436	256,607
Government Grants	61,471	65,825
	9,296,028	9,814,179
Investment & Sundry Income	233,762	259,662
Total Funds Raised	9,529,790	10,073,841
Expenditures:		
Fundraising	4,197,458	4,171,084
Fundraising Operating Support	1,219,940	1,029,738
Management Fees	44,713	43,478
	5,462,111	5,244,300
Volunteer Support and Governance	389,091	429,747
	5,851,202	5,674,047
Net Funds Available for Programs & Services	3,678,588	4,399,794
Programs & Services:		
Research Programs	533,195	724,689
Services	1,307,592	1,368,362
Education & Information Services	1,038,332	1,200,198
Other Programs	265,156	279,832
Services Operating Support	548,089	580,162
	3,692,364	4,153,243
(Deficiency) Excess of Revenues Over Expenditures Before the Undernoted	(13,776)	246,551
Amortization of Capital Assets	(128,193)	(128,453)
Unrealized Gain (Loss) on Investments	(108,888)	384,994
Excess of Revenue Over Expenditures	(\$250,857)	\$503,092

Disclosed in compliance with the Imagine Canada Ethical Fundraising & Financial Accountability Code

	2016	2015
Total fundraising revenues	9,296,028	9,814,179
Total direct costs & fundraising expenses	4,197,458	4,171,084
Total donations received for tax purposes	3,778,679	3,564,437
Total expenditures on charitable activities	3,686,764	4,153,243

Condensed Statement of Financial Position as of March 31, 2016

	2016	2015
Assets:		
Cash & Investments	\$10,640,998	\$10,691,633
Capital Assets	372,545	351,626
Other Assets	485,243	427,804
Total Assets	11,498,786	11,471,063
Liabilities:		
Accounts Payable & Accrued Liabilities	1,043,536	913,355
Deferred Revenue	215,977	248,212
Commitments for Research Grants	335,381	692,014
	1,594,894	1,853,581
Deferred Contributions:		
Neuromuscular Research	2,577,063	2,357,493
Services	1,558,748	1,300,351
Education	267,822	176,421
British Columbia Gaming	253,114	285,215
	4,656,747	4,119,480
Total Liabilities	6,251,641	5,973,061
Net Assets:		
Restricted for Endowment Purposes	834,426	805,481
Invested in Board Approved Priorities	1,103,746	990,773
Invested in Capital Assets	372,545	351,626
Unrestricted	2,936,428	3,350,122
	5,247,145	5,498,002
Total Liabilities & Resources	\$11,498,786	\$11,471,063

Complete audited financial statements available upon request or online at muscle.ca.
Certain comparative figures have been reclassified to conform to the current year's financial statement presentation.

“Muscular Dystrophy Canada works on an important cause that touches lots of individuals.”
– Brian Keller

Donor profile: Brian Keller

A former Chair of the Board for Muscular Dystrophy Canada, Brian Keller has been supporting Muscular Dystrophy Canada for more than 20 years. His first contact with the organization came through a friend and former colleague, John Hermann (former Executive Director of Muscular Dystrophy Canada). “At that point, I didn’t know anything about it,” Mr. Keller admits, “but he needed someone to serve on a committee, and I agreed.”

What followed was a long relationship between Mr. Keller and Muscular Dystrophy Canada. “I filled many Board and executive positions,” he explains, “including two terms as Chair of the Board, and I learned a great deal about the organization.” That connection led him to be a donor. “At the end of the day, it is part of becoming invested in an organization,” he says. “You meet people who are touched by what the organization does and you learn about what they are going through. It affects you.”

Mr. Keller has a special interest in Muscular Dystrophy Canada’s research activities. “I ended up knowing a lot of the researchers

during my time there. Dr. Ronald Worton, who discovered the gene linked to Duchenne and Becker muscular dystrophies, was vice-chair of the Board when I served as chair, and we became good friends.” Ultimately, though, he feels that his support is making a difference. “Muscular Dystrophy Canada works on an important cause that touches lots of individuals,” he says. “It deserves time and support.”

There are many ways to support Muscular Dystrophy Canada, but Mr. Keller prefers to donate monthly. “Frankly,” he says, “it is easier.” Monthly donations are very much appreciated by Muscular Dystrophy Canada, because stable funding for year-round campaigning allows us to help more people.

The generosity of donors like Mr. Keller allows us to provide essential services and fund critical research, and we are very grateful to everyone who helps ensure that Muscular Dystrophy Canada can continue to have a positive impact in the lives of people living with neuromuscular disorders.

A special thank you to our donors

You help people say “I Can!”

For more than 60 years, you have been helping us provide help, hope and possibilities to people living with neuromuscular disorders. From golf tournaments to raffles, to Fire Fighter rooftop campouts and boot drives, to individual, corporate and foundation partners, you have all invested in helping people live longer and better. Your contributions empower people to advocate for themselves and their family members, help them access the health care and other services they need, buy life-saving and life-enhancing mobility and accessibility devices, and enable us to invest in leading research.

We honour and appreciate the passion and commitment of our dedicated supporters.

INDIVIDUAL

\$100,000 & over

Lee MacPherson

\$10,000–\$49,999

Jeff Goldlist
Jim and Fiona Green
Maylene Cancilla
Peggy Smith
The Velan Family

\$5,000–\$9,999

Anonymous
Henry Rempel
Kathleen Wagner
Lloyd Lawrence
Sylvia Terpstra
Wade Challand

\$1,000–\$4,999

Alan Bartley
Alan Freedman
Andrew Sanderson
Annette Allen
Anonymous
Anthony Munk
Barry Sonshine
Benjamin A. Webster
Bert Mapson
Betty Dennis
Bob Baird
Brenda Viitasalo
Brian Keller
Bruce Sembaliuk
Buzz & Vicki Green

Carla Shoforost
Carole Buss
Chad Swayze
Christian Lague
Claire Ehman
Connie VanRooyen
Daniel Duchesne
Daniel McNamara
& Josée Saucier
Daniel Plante
Derek Caron
Derek Evans
Don Hannah
Doreen Pye
Drew J. Byers
Duane R. Allen
Esther Farlinger
Francois Baron
George & Susan Neilson
George Martell
Hanna Kolski
Heather Dreise
Herbert W. Hauffe
Isabelle Browne
J. A. Clark
Janice L. Boyle
Jean-Francois Fortin
Jeff Plewes
Jeffrey Neufeld
Jeffrey W. Sparks
Jennetta Bates
Jennifer Stephenson-Murphy
Jim Wiebe
Joan V. Black

Joe & Rami Chowaniec
John Mercer
Jordan A. Freedman
Joseph Foote
Joseph Franchomme
(Papou)
Juie Fleming
Julie Van Rooyen
Kathy & Mark Godin
Kathy Adams
Kathy Callas
Kelly Woodward
Kenneth E. Hastings
Kenneth R. Buhr
Larry J. Cooper
Leslie A. MacMillan
Lisa Pottie & Laurie Bryson
Louis Lamarche
Magali Brulot
Mandy Sherwood
Marcia Penwell
Maria Budin Morriss
Marie-Andrée Paré
Marie-Johanne Lacroix
(Mamou)
Mark D. Goddard
Martin Boisvert
Melanie Towell
Michel Chalifoux
& Marie-Hélène Pastor
Michel Villeneuve
Mike Babinsky
Murray O'Connor
Nancy E. Cumming

Nathalie Lemelin
Nora L. Kozak
Paul Munk
Réal Gagnon
Réjean April
Rémy Ferland
Richard Cote
Robert Tener
Ron Mills
Ronald A. Wasyllyk
Ronald Nicol
Shane R. McVitty
Sharon Woodward
Shaun E. Engele
Simon-Pierre Paré
Stacey A. Lintern
Tannis Bujaczek
Thomas Heintz
Till Davy
Tom Neilson
Troy Campbell
Valentine H. Mody
Vernon Kurtz
William T. Phillips
Yazmine Laroche

CORPORATE/FOUNDATION

\$100,000 & over

British Columbia Ministry
of Housing and Social
Development
Canada Safeway Limited
Tribute Communities

\$10,000–\$99,999

A.W.B. Charitable Foundation
Alberta Culture
ATCO
Bank of Nova Scotia
Financial Group
BMO Financial Group
Cadillac Fairview
Corporation Limited
Catalyst Credit Union
Central Okanagan Foundation
CGI
Colleen Kiers Memorial
Fund at the Niagara
Community Foundation
Crabtree Foundation
CSL Behring Canada Inc.
Desjardins Financial Group
DIRTT Environmental
Solutions Ltd.
Dollarama S.E.C./L.P.
Government of Canada
Grifols Canada Ltd.
Hewlett-Packard (Canada) Co.
Intact Financial Corporation
K.G.H.M. Mining
Liquor Control Board
of Ontario
Onx Enterprise Solutions
P.A. Woodward's Foundation
Pakmark Ltd.
Power Corporation of Canada
Province of New Brunswick
PTC Therapeutics
Royal Bank of Canada
Scott Safety
TELUS
The Catherine and Maxwell
Meighen Foundation
The Harold Ballard Foundation
The Slight Family Foundation
The Tenaquip Foundation
The Thomas Sill
Foundation Inc.
The Winnipeg Foundation

Toronto Dominion
Financial Group
Trev Deeley Foundation
Volunteers In Action—Golf
Walmart

\$5,000–\$9,999

Anonymous
Around the Bend Foundation
Arrow Electronics Canada
ATB Financial
Blakes
Bombardier
Carquest Canada Ltd.
CFFCA-2015 Host Committee
CGOV Asset Management
City of North Vancouver
E.S.T. Fundraising
Edmonton Millwoods
Breakfast Lions Club
Enhance Dental Care
Eric T. Webster Foundation
Fasken Martineau
DuMoulin LLP
Genzyme Canada Inc.
Herbert Black
Hydro-Québec
J.P. Bickell Foundation
La Capitale
La Foundation Blairmore
Les Restaurants Mac Vic Inc.
Manitoba Community
Services Council
McDaniel & Associates
Consultants Ltd.
NWM Private Giving
Foundation
Randstad Canada
Robert Gratton & Nicole
M. Gratton
The Alice & Murray
Maitland Foundation
The Coté Sharp
Family Foundation
The Holt Foundation

The Leflar Foundation
Virginia Parker Foundation
Voyages Encore Travel Inc.

THIRD PARTY

\$100,000 & over

Shad's R & R

\$25,000–\$99,999

Environmental Services
Assoc. of Alberta (ESSA)
Journey for Janice
Milton Downey Golf for
Muscular Dystrophy
Ride for Doug

\$10,000–\$24,999

Cooperators Golf Tournament
LeMans for
Muscular Dystrophy

\$5,000–\$9,999

Kevin Saunders Memorial
Softball Tournament
Kristy Godin Fundraiser
St. Mathew's Mar Thoma
Church Walk
Tournoi Karl Palin
Trehaven Golf Tournament

NAMED FUNDS

Emily Elizabeth Stoneham
Fund (*Victoria Foundation*)
Fonds Jessica Chami
(*Jeanine Chouer*)
Friends of Fraser Earl
(*Fraser Earle*)
Ilsa Mae Fund
(*Joe & Rami Chowaniec*)
Lawrie Goldlist Memorial
Fund (*Rodeen Stein
& Family*)
Safeway Bursaries

BEQUESTS

Estate of Albert Douglas
Armstrong
Estate of Andrew Csabi
Estate of Arnold Lautenslager
Estate of Beverley M. Kagnoff
Estate of Dorothy Mae Greer
Estate of Emily Regina Ross
Estate of Gordon L. Edgar
Estate of Gordon Wayne Elliott
Estate of Kenneth Petrie
Estate of Linda Moore
Estate of Marilyn
Barbara Crompton
Estate of Rena McEwen
Succession Edith De Courcy
O'Grady
Succession Gisele Frappier
Succession Hugette Baehler
Succession Lise Raymond
Succession Robert Hallé
The John A. Sanderson
& Family Trust

RACHEL FUND

Tribute Communities

SAFeway MAKING MUSCLES MOVE CAMPAIGN

Safeway

We apologize for any misspellings or omissions.
Please call 416-488-0030 to inform us of any changes.
Names appearing in italics indicate the creators of the respective funds.