



THE MASONIC FOUNDATION OF ONTARIO

ANNUAL
REPORT

2010

For The Cause Of Good

I appreciate everything you do for people in your surrounding communities. This award will help me with my rent and food for the next two months so that I may continue my education and excel in my studies. I have had a lot of recent financial setback and with your help I may now move forward.

It is people like yourselves that give students the little bit of extra hope and support mentally and financially that they need to strive.

I am very grateful to you for your assistance during a challenging period in my life. Due to your award I was able to throw all my energy into achieving excellence in this program and completing what I planned to accomplish.

I wanted to express a heart felt thank you for the bursary your organization awarded me. This money will allow me to finish my Accounting Diploma without all of the financial stress I was under.

Thank you for this great gift. It is way more than money to me. It is a great gift allowing me to reach my academic goals

Thank you so much for allowing me to breathe a little easier and finish out my year. I will be graduating in June with honours from the Community Development and Outreach Program

I cannot begin to thank you enough for your generosity. Please know that as a result of this bursary I will be able to graduate, and on graduation day I will celebrate all of my accomplishments. I will also be thinking about those people who have helped me along the way. The Masonic Foundation of Ontario will definitely be on my mind.

Your generosity is so greatly appreciated. Thank you! Thank you!

We would like to thank you for your generous sponsorship sending us to National Citizenship Seminar in April. Your sponsorship allows us to experience an opportunity of a lifetime. This seminar has helped increase our awareness and understanding of the rights and responsibilities as Canadian citizens as well as increase our understanding of the functions and structure of the Canadian governmental systems. Building us as today's youth, we will become tomorrow's leaders.

“FOR THE CAUSE OF GOOD”

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THE MASONIC FOUNDATION OF ONTARIO

STATEMENT OF PURPOSE

The Foundation was formed in 1964 by a special act of the Ontario Legislature. It is a public Foundation and is registered with Canada Revenue Agency.

The objects of the Foundation set out clearly its charitable nature:

to receive, maintain, manage, control and use donations exclusively for charitable purposes within Ontario.

The Foundation is permitted to use its donations for the relief of poverty, the advancement of education and the advancement of other purposes beneficial to the community.

The Foundation is committed to funding bursaries, hearing research, drug and substance abuse education in the school systems and other specific and community projects which fall within its guidelines.

“FOR THE CAUSE OF GOOD”

PRESIDENT'S REPORT

... honouring the past, celebrating the present, shaping the future

A. Douglas Nichols, FCA.

To The Directors, Members and Friends of The Masonic Foundation of Ontario.

On behalf of the Directors, it is my privilege to present my first Report as President to the forty-seventh Annual General Meeting of The Masonic Foundation of Ontario at this, the Fairmont Royal York Hotel in the City of Toronto, on Tuesday, July 20, 2010.

Year in Review: This past year has been one of challenges and accomplishments for the Foundation, as Ontario, and indeed Canada and the World, have struggled to regain some measure of confidence in the return to prosperity. As I write this report, the economic signals for recovery seem to be brighter and prospects for continued progress seem better every day. The economic events of the last year have highlighted the fact that the world is becoming a much smaller place, and with that comes the realization that our continental economies are becoming intertwined, whether or not we like it. Mutual co-operation and respect for our neighbours has become a must. With the advent of sophisticated communications the world has become a small village. Goodwill and co-operation must become the mantra for all.

The Annual Report highlights the regular, ongoing activities of the Foundation, as described by the Directors. As you read through the various reports of the programs supported by the Foundation, you will see the accomplishments of the various recipients of The Foundation's funding. Your Directors are ever vigilant in ensuring the efficient use of funding.

From a financial perspective, the Net Assets of the Foundation grew by \$2 million, spurred mainly by capital gains and investment income, the result of a recovering economy and the addition of bequests near the end of the last fiscal year. Details of the financial position and results of operations may be found in the Treasurer's Report and related financial statements.

Appreciation: At the conclusion of the 2009 Annual General Meeting, President Sam Kalinowsky retired after completing 9 years as a Director, Vice-president, and for the last five years of that term, President of the Foundation. Under his leadership the Foundation grew from a capital base of \$7.4 million to \$10.6 million, an increase of over 40%. Under his leadership, donations to other charities amounted to \$3.7 million. His energy and enthusiasm have been an inspiration to the Board. The Foundation is fortunate to have had the benefit of his leadership and dedication...*For the cause of good.*

This Foundation, like all charities, could not operate without the many volunteers who so ably assisted in its operations. To them, a big "Thank you" - we could not have done it without your help. To our donors, we say "Thank you" for your generosity. You have helped make many peoples' lives better by your contributions. To our members we say "Thank you" for your loyal support. We appreciate the confidence you have placed in your Directors.

With the retirement of five Directors last year, we welcomed four new ones: Ivan Elliot, Henry Krajewski, and Robert McBride. I was honoured to have been re-elected after an absence of two years. In addition, two ex-officio Directors retired to take on new duties of Grand Lodge. We welcomed R.W. Bro. Gregory Hazlitt, Grand Lodge Chairman of Benevolence, and The Deputy Grand Master, R.W. Bro. D. Garry Dowling, who succeeded M.W. Bro. Raymond S. J. Daniels, who was elected and installed as The Grand Master, A.F. & A.M. of Canada in the Province of Ontario, at the 2009 annual communication of Grand Lodge.

The Foundation has been the beneficiary of the unwavering support of The Grand Master, and indeed of Grand Lodge, and we thank all Grand Lodge Officers.

No organization could function without the unsung heroes of administration. They are the backbone of the Foundation and the people who keep things moving, ensure the volunteers are kept on their toes, and render sage advice and counsel. We are fortunate to enjoy the excellence of Melvyn Duke, Secretary, and Marlene Victor, our administrative assistant. Without their dedication and support the Foundation would not enjoy its current success. The Directors salute them for their hard work.

This year marks the conclusion of the six year term of Director and Vice-president, Allan Dvorak. Al has exemplified great leadership skills in his office of Vice-president, as well as assuming responsibility for the Parent Action on Drugs program. He has given yeoman service to that organization as a Director for several years. We wish Al every success as he assumes new and greater responsibilities in our masonic family.

The Work of the Foundation: As you read through the reports of committee chairmen you will appreciate the wide spectrum of social needs which are addressed by the Foundation. Our main focus has always been children and young people, but we have not ignored the needs of our "more experienced" people.

Our work with **Prostate Cancer Canada** has resulted in the production of over a thousand information kits and the sponsorship of information media to get the message out that early detection is the key to surviving prostate cancer.

Our contributions have helped in the purchase of the **da Vinci Surgical Robot Surgical System** at St. Joseph's Hospital in London. The system enables minimally invasive abdominal surgical procedures which result in less hospital time for patients and quicker surgical recovery.

Since the Foundation's beginning, \$7.2 million has been paid out in bursaries to post secondary school students. In the last ten years Districts have raised \$2.5 million for charities in their community.

Please take the time to read the progress of research and charitable works funded by the Foundation in the pages which follow, and the care and attention your Directors have given to each charitable program.

BURSARIES

...helping to create opportunities and realize dreams

Donald L. Jagger

The Bursary Programme, established in 1965, has been the Foundation's major charitable outreach, being especially unique as the only Foundation activity involving local members, from all Masonic Districts, who personally meet and present the bursaries to the recipients. In the future, the Masonic Foundation will once again be there to assist students in financial need.

Professor James J. Talman, University of Western Ontario, was the Director in charge of the programme from its inception in 1965 to 1981. Professor Wallace McLeod, Victoria College, University of Toronto, administered the programme from 1981 to 1997. Donald R. Thornton served as Chairman from 1997 to 2006. Donald L. Jagger now administers the programme.

The programme was instituted to provide non-repayable financial assistance to full time students at Ontario Colleges and Universities who have encountered an unexpected financial emergency during the final term of a two or three year programme or during the final term of years three or four of a four year programme, who have exhausted all other sources of revenue and who may be forced to leave school before graduation. There must also be reasonable assurance that, upon receipt of this financial support, the applicant will complete his/her programme of studies as a full time registered student and graduate. Applicants must be a Canadian citizen and a permanent resident of Ontario. The normal bursary awarded is \$1,000. Amounts from \$800 to \$1,200 may be given based on request and indicated need.

Since inception, the Foundation's Bursary Committee has awarded over \$2,300,000 to help approximately 3,400 students to complete their studies. This year \$34,900 has been awarded to 33 students in financial distress from universities and community colleges throughout Ontario.

**Bursary Funding Statistics
April 1, 2009 to March 31, 2010**

	2008-2009	2009 - 2010
Applications Received	83	57
Applications Denied	25	24
Bursaries Awarded	58	33

Total Value of Bursaries Awarded: (% values are approx.)

1 @ \$ 500 = \$ 500	1.4%
1 @ \$ 800 = \$ 800	2.3%
18 @ \$1000 = \$18,000	51.6%
13 @ \$1200 = <u>\$15,600</u>	44.7%
Total	\$34,900

In addition to the bursaries administered by the Foundation, awards are made from special Masonic Foundation Bursary accounts of the *Ontario Student Opportunities Trust Funds*, established at some selected Universities and Colleges, through a one-time donation to the College or University, which generated matching funds from the Ontario Government. The institutions administer and present these MFO Bursaries annually, in the name of the Masonic Foundation of Ontario.

From the many letters received from Bursary recipients expressing their grateful thanks, it is easy to see that the Bursary Programme is filling a great need in enabling many students, who otherwise would not have graduated, to complete their programmes, graduate, and fulfill their dreams. This is an example of your donations at work. –

“For the Cause of Good”

HEARING RESEARCH (HELP-2-HEAR)

... inspiring innovation and discovery

Dr Gareth R. Taylor

HELP-2-HEAR: Director Dr. Gareth Taylor reports that these findings represent the third year of a three year term for these research projects. All three hearing research projects being supported by the Masonic Foundation, each receiving \$35,000 annually, are progressing well as indicated in the following reports:

Dr. Robert V. Harrison of the Auditory Research Laboratory at the Hospital for Sick Children reports that in the past year, the HELP-2-HEAR funding has supported further studies on novel diagnostic techniques that can show us more about the causes and the functional deficits of different types of hearing loss. In this regard, progress in our two main projects (otoacoustic emissions; central brain imaging) is summarized below. Other basic and clinical studies and some research collaborations that have benefited from Masonic support are also outlined. In the past year, 8 papers have been published or submitted for publication and there were 10 invited lectures or abstracts on this work.

Research related to otoacoustic emissions: Otoacoustic emissions are very low level sounds that come from the inner ear and can be recorded with a sensitive microphone. These signals are used in newborn hearing screening and can inform us if the hearing is normal or impaired. In early work funded by the HELP-2-HEAR program, we collaborated with colleagues at the University of Toronto to develop a novel method to record otoacoustic emissions. We have found that if we record emissions from one ear and stimulate the opposite ear with a sound, there is a change in the emission which means that the two ears are actually linked through a neural network in the brainstem. In the latest experiments, we have been able to show some important properties of this “ear-to-ear” link. The outcome of our studies suggests that this link may be important for balancing the sensitivity of the two ears. This is important when both ears are being used for sound localization. This mechanism may also play a role to improve hearing when in a noisy environment. The “more senior” foundation directors might relate to this problem of understanding conversations in a crowded restaurant.

This initial work funded by the Masons has provided some interesting “pilot data” and we have, this year, put this research forward as an application to CIHR (part of a “team-grant” initiative on Hearing and Aging). In this proposed study, we explore the possibility that as we age, this ear-to-ear link deteriorates, and this, in part, is why older people have speech-in-noise problems.

On the clinical research side, we continue to study otoacoustic emissions in premature babies in our neonatal intensive care unit (NICU). We are trying to see if a combination of emission testing and brain evoked electrical potential testing (ABRs) can be used to identify a type of hearing loss called “auditory neuropathy”. This work has been presented at various conferences and in peer-reviewed publications.

Research related to brain imaging and cochlear implants in children: The HELP-2-HEAR funding has previously assisted my graduate student Daniel Wong complete his Master's thesis research; he has now transferred into a PhD program. He has been working on “engineering” issues related to recording brain waves from children when they are hearing sounds through a cochlear implant. Essentially, he is working on methods to separate out the very large electrical signal coming from the electrodes implanted in the ear, and the minute electrical signals generated by the hearing areas of the brain. Progress is good. Also working in this area of recording brain signals from children with cochlear implants, is my Master's student Sho Tanaka. He is about to defend his Master's thesis. Both projects have been supported in part by the HELP-2-HEAR funding, and have been valuable in our studies about how cochlear implants work in children with different degrees and types of hearing loss.

Other basic and clinical research: HELP and HELP-2-HEAR support from the Foundation has started a range of projects in the Auditory Science Laboratory which continue on today. Trecia Brown (my graduate student for four years, and partially supported by this funding) has been involved in very basic science research looking at how the central auditory brain develops from birth. She has successfully completed her PhD thesis this year and her studies have been recently published in two very high impact science journals.

On the clinical research side, continuing work on the analysis of voice production in children with cochlear implants has resulted in some very important results that indicate how much a child with an implant can benefit in terms of improved ability to control voice.

Research collaborations facilitated by Masonic Foundation

Support: The HELP-2-HEAR funding has enabled Dr. Harrison's research team to establish collaborations with other research groups. These collaborations have been to test the hearing of various genetic mouse models of disease. In the past year we have initiated studies with:

- Sunnybrook Health Science Centre, where Dr. Vincent Lin is working on studies to determine how hair cells in the ears degenerate with age.
- Department of Pharmacology and Toxicology at the University of Toronto. Work with Dr. R Laposa on possible hearing loss caused by environmental toxins.
- Samuel Lunenfeld Research Institute, work with Dr. Lee Adamson on testing a new mutant mouse with possible neurological disorders.
- Toronto Centre for Phenogenomics working with Dr. John Sled on mouse models of Alzheimer's disease which has led to a recent publication.
- University of Ottawa, collaborating with Dr David Schramm (Dept Surgery) on research into auditory neuropathy in children and currently have a paper "in press".

University of Western Ontario: During the past year Dr. Susan Scollie has taken over as Director of this unit from Dr. Richard Seewald, Professor Emeritus. Other members of this research team include Sheila Moodie, Research Audiologist Marlene Bagatto, Research Audiologist Steve Beaulac, Software Design EIT and 6 graduate students.

The primary mission of the Child Amplification Laboratory at the National Centre for Audiology, is to develop state-of-the-art algorithms and procedures for the prescription, fitting and verification of the new generation of digital signal processing (DSP) hearing aids for infants and young children who are diagnosed to have hearing loss.

We also ensure that the procedures and protocols developed and evaluated in our laboratory are made available through publications, presentations and workshops to hearing healthcare professionals throughout the world.

The funding that we receive through HELP-2-HEAR greatly assists our group in meeting these goals. The following provides a brief description of our major activities and accomplishments during 2009.

Our projects funded by HELP-2-HEAR aimed to:

- study the time course of children's acclimatization to new hearing aid signal processing; and
- study children's sound detection and localization with hearing aids.

It is our hope that these two lines of research will help clinicians and families to better understand whether and how a given technology can serve the hearing needs of a child who has hearing loss.

Update on Project 1: The time course of acclimatization to new hearing aid signal processing: children's needs for time and training: Recent studies in our laboratory have evaluated the benefit of a prototype hearing aid that compresses the highest-pitched sounds in speech to a lower pitch region. This is done so that hard-to-hear speech sounds (e.g., "s", "sh") can be heard by the hearing aid user. This is a rather drastic measure, but is deemed necessary because conventional hearing aids are not always able to make these sounds available due to technology limitations. We have found that children with severe high frequency hearing loss benefit significantly from this technology. We have also seen that some time may be needed before children can make optimal use of the new speech cues they are hearing. Also, some children seem to require training to orient themselves to the new speech cues. The aspects of time and training were not the focus of our original study, and therefore were not systematically evaluated. The literature on adults who use hearing aids is clear that acclimatization to new hearing aids can take as much as three months.

Early evidence is also emerging that training may enhance our ability to understand pitch-shifted speech. Little is known about how children acclimatize to new signal processing, nor whether the time course of change in speech recognition can be affected by training.

In this study, we have used the pitch compression in this hearing aid as a means to provide new cues to children with hearing loss. We follow these children in two-to-four week intervals, reevaluating their speech recognition abilities at each visit. All children will serve as their own experimental controls, within a multiple-baseline case series study. This means that different children in the study will receive treatment with pitch compression at different times during the study. However, all children will receive the same type of treatment. This type of design is commonly used when treatment effects are studied in children, as it allows the researcher to quantify both maturation effects and treatment effects, and avoids the ethical problem of withholding treatment to some participants.

Progress: Doctoral candidate Danielle Glista is currently following a group of children over a course of six months of treatment, to examine the time course of acclimatization to the new signal processing. The project is designed to measure the cortical auditory evoked responses (or brainwaves) for high pitched speech sounds to measure changes in how the brain processes these sounds as the children have more experience. D. Glista has developed a new set of tests to measure brainwaves that occur when children are wearing frequency lowering hearing aids. Preliminary results show that the pitch lowering hearing aids are providing high pitched speech sounds that are being received by his auditory cortex.

Clear brainwave patterns were seen for speech sounds and tonal signals. Measures such as these will help us to determine if a child's brain changes in its response to sound after hearing new, higher pitched sounds once the pitch lowering hearing aids are worn for the first time.

This project, currently in the final stages of data collection, will also assess the parallel between basic detection at the level of the auditory cortex (i.e., the brainwave measurements cited above) and behavioural measures. Various speech perception measures have been designed and evaluated to specifically evaluate high-frequency hearing. Examples of the new tests include: (1) A test that assesses the children's ability to distinguish between "s" and "sh" sounds; (2) A test that evaluates whether the children can hear the plurality (i.e., the "s" sound at the end of words); (3) Measurements of the hearing level at which the children can detect various speech sounds. Findings from this project will help us determine how long children need to get used to new high-pitched sounds presented through hearing aids coupled with direct measures of how well they can hear high-pitched sounds.

In a parallel project on the same children, we are recording their voices, and analysing their speech for changes in speech production. In our previous project, we measured the level of their speech, their vowels, and their ability to clearly produce "s" and "sh". For some children, we measured changes in all three of these indices. We are continuing with this battery in the current project, to assess the time course of change in speech production.

Update on Project 2: Sound detection and localization with directional hearing aids: effects in children with hearing loss:

Studies in adults are very clear that directional hearing aids help people with hearing loss to understand speech in a background of noise. They do this by making the hearing aid more sensitive to sounds from the front, and less sensitive to sounds from behind. Very few studies of directional microphone benefit have been done on children. Those that do exist have used older technology, and have studied primarily laboratory performance on speech recognition tasks. The possible negative consequences of directional microphones for children are not well understood. Specifically, a directional microphone may make it more difficult for a child to detect traffic sounds from non-front directions. Also, the degree to which children's sound localization abilities are, or are not, disrupted has never been evaluated.

Whether this is an issue for a given child has to do, in part, with whether or not they can manage multiple memories in their hearing aids, and whether or not they orient their heads to sound sources. Some authors are suggesting that all children should be fitted with directional hearing aids in order to manage noise.

Our original intent was to evaluate laboratory-based sound localization in children who use hearing aids, with and without directionality. However, directional hearing aids are typically used in combination with noise reduction and/or gain reduction for noise management. Therefore, we have determined the need to understand how combinations of directionality, noise reduction, and gain reduction work together in order to (a) maximize loudness comfort while (b) maintaining high speech recognition. We are setting up a study to examine these issues. Future work on localization could therefore proceed with settings that meet these two goals first, so that real world benefits are maximized.

Progress: Doctoral candidate Jeff Crukley is partnering with two schools in the Thames Valley District School Board to recruit and test up to twenty children and teens who use hearing aids. He will complete an acoustic survey of their classrooms and recreational areas at school, to determine noise levels and reverberation characteristics. He will then re-fit all of the children with new hearing aids and assess their performance (for loudness comfort and speech recognition) using various settings. The children will also wear the devices for several weeks at various settings, reporting to Jeff as to their experiences with real world loudness, comfort, spatial hearing, and speech understanding. Automatic data records in the hearing aids will tell Jeff how often the children wear their hearing aids, including the number of hours they spend in each setting.

The University of Ottawa/CHEO Research Institute *Auditory Research Laboratory* houses a multi-disciplinary research group under the direction of Dr. Andrée Durieux-Smith.

Ongoing research projects are exploring factors that can influence the development of children with a permanent hearing loss (PHL), including degree of hearing loss, the impact of cochlear implant technology, and the influence of service delivery models. The funding received through HELP-2-HEAR provides a stable base of support that significantly assists the research group in carrying out its various projects.

In 2009, Dr. Elizabeth Fitzpatrick and colleagues received funding from the Canadian Institute of Health Research (CIHR) for a five year study which is investigating the impact of mild and unilateral hearing losses on the development of pre-school children. In addition, Dr. Fitzpatrick received a five year CIHR New Investigator award. Funding has also been received from CHEO, University of Ottawa and Advanced Bionics for ongoing cochlear implant research.

Another important aspect of our research program is the participation of graduate students. Cyne Johnston, a member of our team, completed her PhD in Population Health in 2009. As well, a number of students from the Masters program in Audiology and Speech Language Pathology have collaborated with the team.

As part of the infrastructure for the research group, work continues on maintaining a database on children who are diagnosed with permanent hearing loss (PHL) and followed at the Audiology Clinic of the Children's Hospital of Eastern Ontario (CHEO). This database allows us to track the characteristics of the population of children with hearing loss in the Eastern Ontario region.

In the past year, 7 papers have been published and 1 submitted for publication. In 2009, team members presented 8 peer-reviewed papers at scientific meetings. Work is ongoing on five research projects. In addition, members of our research team also work with the adult cochlear implant program at The Ottawa Hospital where three studies are on-going. This link is becoming more important as greater numbers of CHEO patients transition to adult care.

Clinical Practice for Children with Mild and Unilateral Hearing

Loss: Worldwide, there have been considerable efforts to improve the developmental outcomes for children with hearing loss through population-based newborn hearing screening. Although these programs have now been widely developed, there are differences in the cut-off for the severity of hearing loss which should be targeted through screening. One particular population which requires further inquiry is infants with mild and/or unilateral hearing loss which constitutes 30 to 40% of the population identified through universal newborn hearing screening (UNHS) programs. Prior to UNHS, these children were typically not identified until 4 to 6 years of age. Research has shown that late-identified children with mild bilateral/unilateral hearing loss may experience difficulties in speech-language and academic development. The Ontario Infant Hearing Program (IHP), implemented since 2002, provides the opportunity to study prospectively the developmental trajectory of children with early onset mild/unilateral hearing loss.

The purpose of the current study, funded by CIHR, is to examine the consequences of permanent mild/unilateral hearing loss in early childhood, the factors that are associated with developmental outcomes, and the identification of parents' needs and service preferences. Understanding the consequences of mild/unilateral hearing loss is a complex question and requires the application of both quantitative and qualitative approaches in order to understand the effects on the child and family. Accordingly, this study incorporates a multi-centre, multi-inquiry design.

Cochlear Implant Research: Since the early 1990s, cochlear implantation has become the standard of care for management of children with severe to profound hearing loss who do not derive significant benefit from hearing aids. To date, almost 300 children have received cochlear implants at CHEO. Our research group has focussed a number of studies on this population.

This work is continuing as the number of children with cochlear implants grows and variability in patient characteristics as well as advances in implant technology and speech coding strategies continues to present interesting questions.

Development of Auditory Skills in Young Deaf Children with Bilateral Cochlear Implants: In the past several years, bilateral cochlear implantation has become increasingly common. In 2007, Canadian implant surgeons, audiologists, rehabilitation specialists and researchers met to share knowledge on bilateral cochlear implantation and create an opinion paper to facilitate the advancement of bilateral implantation and the harmonization of clinical practice among cochlear implant centres across the country. The Canadian Cochlear Implant Centres Group subsequently performed a systematic review and developed a position statement unanimously advocating bilateral implantation in children (Schramm, et al, 2010).

The primary objective of this study, funded by Advanced Bionics, is to describe the auditory development and performance of young deaf children who receive bilateral implants during the first two years following their first cochlear implant. The secondary objective is to identify variables that may predict the degree of auditory development and performance (e.g. age at implant, pre-implant hearing thresholds, communication mode, family socio-economic status, post-implant aided thresholds, simultaneous vs. staged placement of devices).

Bilateral Cochlear Implants: Parents' Perspectives of Benefits: This research project, supported by University of Ottawa funding, is aimed at furthering our understanding of the benefits related to bilateral cochlear implantation for children with hearing loss from the perspective of the parents.

Parents of children who have received a second implant are being interviewed to better understand what constitutes benefits from their perspective and to gain insights into the issues and concerns for parents when making the decision regarding bilateral implants.

The specific behaviours that parents observe in their children after receiving the second implant as well as any negative aspects related to a second implant are explored. Also, parents are asked to identify the factors that affect decision-making as well as their needs for information and support during the decision-making period.

Transitioning from Paediatric to Adult Services for Patients with Cochlear Implants: The availability of cochlear implantation for children since 1993 has resulted in a paediatric population with unique health care needs. Many of these paediatric patients are now making the transition from the paediatric hospital setting to adult services at The Ottawa Hospital. The purpose of this project, funded by Advanced Bionics, is to identify variables important in the transition to adult services, and to develop a care map for a seamless transition that is consistent with the highest standards of quality, safety and effectiveness.

The issue of transition from paediatric to adult care is not unique to cochlear implant services. There is a body of evidence documenting the challenges faced by children with disabilities and chronic medical conditions when they transition to adult care. Although recommendations have been developed by a number of organizations such as the American Academy of Paediatrics (2002), these do not address the technological, safety and communication challenges that are key components for this population. There is a need to examine the transition process for paediatric patients with cochlear implants in order to ensure high quality health care and cost effective resource use.

Composite Checklist of Communication Skills: Baby Benchmarks: Very young children who receive a cochlear implant are too young to be tested with the common outcome measures used to monitor progress. The goal of this study, funded by a Faculty of Health Sciences - CHEO Research Institute grant, is to examine early communication skills in very young children who have received a cochlear implant.

The purpose of this study is to create a checklist that will be used to document the early communication skills that babies with cochlear implants develop.

The development and exploration of the influence of a decision aid for sequential paediatric bilateral cochlear implantation: In this study, now completed, Cyne Johnston, a past doctoral student in Population Health at the University of Ottawa, studied the benefits and risks associated with bilateral implantation and the challenges that parents face during the assessment process for cochlear implantation. The objectives of this project were to explore the decision-making needs of parents regarding cochlear implants, to provide updated, comprehensive information on the risks and benefits associated with bilateral cochlear implants and finally, to develop a decision aid.

The decision aid has the potential to become a useful support tool since users of the aid showed increased knowledge of the bilateral cochlear implant options, risks, and benefits. Some participants experienced meaningful reductions of their decisional conflict surrounding the sequential bilateral cochlear after reading the decision aid. This work was important since bilateral cochlear implants are now becoming a standard of care.

Candidacy for Cochlear Implantation: How Much Hearing Is Too Much? Advances in hearing technology such as hearing aids and cochlear implants have had a positive impact on the potential of children to develop spoken communication. However, in recent years, as children are diagnosed earlier through universal screening programs and outcomes for children with cochlear implants exceed early expectations, the decision of whether to implant children whose hearing levels fall outside typical candidacy criteria is important although there is limited evidence to assist clinicians in decision-making. The purpose of this research, funded by the CHEO Research Institute, was to explore the issue of implantation of children with less severe degrees of hearing loss, in the Canadian context.

In the first phase of the study, our findings suggested that most clinicians are relatively comfortable with their decision to implant older children with borderline hearing when their speech recognition skills are aligned with the pre-implant performance of children who meet usual audiometric criteria. In the second phase of the study, outcomes on a range of speech recognition, speech-language, and literacy measures for a group of children with moderately severe to severe hearing loss that use hearing aids were compared to children with severe to profound hearing loss, who have a cochlear implant.

Children with moderately severe or severe hearing loss using hearing aids, performed better than children with severe to profound hearing loss using cochlear implants, on measures of receptive vocabulary, language and phonological memory. However, the two groups obtained similar scores on several open-set speech recognition word and sentence tests that are commonly used in cochlear implant candidacy evaluations. Although there was great individual variability in scores, on average, the children using cochlear implants did not outperform the children using hearing aids on any outcome measure in this study, suggesting that current practices of fitting hearing aids rather than cochlear implants for children with severe hearing loss are appropriate.

Can You Hear Me?

“A personal perspective of the practical application of hearing research”

How Hearing Research Helps Kids

By: Paul

The sun was shining, it was March Break. What a great day to go outside and play driveway hockey. I stepped out the back door and was bombarded by sounds I had never heard before. The birds were so noisy! The day before I had started participating in an audiology study and had been given a new pair of hearing aids to test. By taking part in this study I would be able to help other hearing impaired kids. As it turns out, I was benefiting as well!

There are many medical technologies being developed on a daily basis. The one that I got to try out was a technology that was designed to help people with high frequency hearing loss by compressing high frequency sounds. When the sounds are compressed they are moved to a lower frequency so they can be heard well. This can especially benefit children because it helps bring some speech sounds down into the hearing range of a child with a high frequency hearing loss so they can improve their speech and communicate better.

There are many stages technology has to go through before it reaches the market and can be used by kids. First the technology was developed in the laboratories of the hearing aid companies. Then it was sent to the people who were organizing the study, in this case it was the Child Amplification Laboratory at the University of Western Ontario. The study involves 20 to 30 people who were screened to be sure they have the hearing loss that the study is targeted for (a severe hearing loss between 2000 Hz and 8000 Hz). The subjects were given the hearing aids with the changes and were tested in a laboratory setting as well as in every day circumstances.

During the laboratory tests I was tested for “s” and “sh” distinction, plural tests and speech quality tests, which were all related to the high frequency hearing. The tests involved listening to music and speech recordings and I had to give my answers using a computer mouse. I also had to fill out a questionnaire each time that asked me my satisfaction level with my hearing: teachers and school, movies, television, church, and other everyday events were asked about. Each time I visited the laboratory for testing my hearing aids were changed but I wasn’t told how they were changed. At the end of the study I learned my results from the study and I had the opportunity to keep the newly developed technology if I wanted to. Of course, I kept the hearing aids.

The information from all the subjects in the study was compiled by the laboratory and sent back to the hearing aid company. Based on the data from the lab and from the company changes are made.

The hearing aids are tested within the company again and then are released to audiologist who can prescribe them for their patients.

This is a description of the study I participated in; there are other studies that are done at the Child Amplification Laboratory that help kids in other ways. Examples are: evaluating how to use brainstem response hearing test results to fit hearing aids on infants so they can benefit from early use of hearing aids, measuring infants ears with probe-tube microphones so that hearing aids can fit better and evaluating the acceptable noise levels for children who wear hearing aids. There are also studies done that can benefit all children on the prevention of hearing loss.

Hearing loss in children can lead to a lifetime of difficult communication, under achieving at school, social isolation and self esteem issues. We are so lucky to have a facility like the Child Amplification Laboratory at the University of Western Ontario who do research and improve hearing devices for kids. I, for one, have benefited in a big way from research and technology improvements to hearing aids.

Bibliography

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Child Amplification Laboratory, University of Western Ontario. (2007) The Effect of Frequency Compression Processes on Speech Recognition in Children with Hearing Impairment. [Brochure]. London, ON.

Child Amplification Laboratory, University of Western Ontario. (2005) University of Western Ontario's study of a Prototype Hearing aid: What was it all about? [Brochure]. London, ON. ___

VOICE

...helping to give children the gift of sound

Donald L Jagger

Since incorporating in July 1975, VOICE has evolved into a successful charitable organization that provides programs and services to deaf and hard of hearing children who use speech as their primary mode of communication. Recognized as the largest parent—support organization for families with children who have hearing losses in Canada, VOICE strives to ensure that all hearing impaired children have the right to develop their ability to listen and speak, and have access to services enabling them to learn these critical life-skills.

VOICE's Programs & Services are within four key areas:

Parent Support: VOICE ensures that all parents are educated regarding communicative approaches and options, and become well informed as to appropriate services that should be in place within their community to ensure successful integration for their deaf or hard of hearing child.

Auditory-Verbal Rehabilitation & Training Program: The objective of the Auditory-Verbal Rehabilitation Program is to teach deaf children to use whatever usable hearing they have in order to acquire speech and language, thereby enabling them to become fully integrated and independent members of the community. VOICE has been engaged by the Ontario Ministry of Education to deliver training in the Auditory-Verbal Approach to each school board across the province.

Public Education: One of VOICE's goals is to provide our target audiences with the knowledge, tools and information they need to make informed decisions. We accomplish this through our website, our resource library and our official News magazine "Sound Matters."

Advocacy: Raising awareness of the needs of children with hearing loss has directly impacted the Ontario policies developed for early identification programs and early intervention supports. Two decades ago it was common for children with severe and profound hearing losses to attend a Provincial Residential School for the Deaf. The majority of students in Ontario today are educated in their community schools in regular classrooms.

VOICE maintains over 1,000 members (parents and professionals) in 18 chapters across Canada, 14 of which are in Ontario, and partners with school boards, hospitals, government and other organizations to ensure appropriate programs and services are in place for Deaf children in the mainstream. VOICE's presence is well-regarded within the provincial education and health sectors.

AUDITORY-VERBAL REHABILITATION PROGRAM (the "VOICE Program")

Objective: The objective of the auditory-verbal approach is to teach hearing-impaired children to use whatever usable hearing they have in order to develop spoken language. No child will be left behind.

The Need: The VOICE Program continues to experience heightened demand largely due to increasing requests for service by the Provincial Infant Hearing Screening Program and the Hospital for Sick Children's Cochlear Implant Program. Children who receive cochlear implants must participate in auditory-verbal therapy for a minimum of six months prior to implantation and for two years following their surgery. Through the Provincial Infant Hearing Program the therapy is funded only for children up to age 6. For children and youth aged 6 to 18 who have a decrease in their residual hearing, a cochlear implant is their only option and therapy is not funded.

The increase in bilateral implants for this demographic has increased the demand for therapy.

The three hospitals in London, Ottawa, and Toronto, which perform cochlear implants, are reluctant to provide this surgery to children who live outside these centres, if they do not have access to auditory-verbal therapy services locally. As the VOICE Program is province-wide, referrals to VOICE For Hearing Impaired Children regarding direct auditory-verbal intervention continues to be in high demand.

Technology: A cochlear implant is a small, complex electronic device that helps provide a sense of sound to a child who is profoundly deaf or severely hard of hearing. The implant is surgically placed within the cochlea and under the skin behind the ear and is then activated by a device worn outside the ear. The device replaces the damaged cochlea and transmits sound to the auditory nerve. When a child first receives the cochlear implant, he/she cannot interpret the sounds that are heard. This is where auditory-verbal therapy comes in – it teaches awareness and meaning of sounds. It is an essential component for the use of this amazing technology and for successful language development for deaf children.

Auditory-Verbal Therapy: Auditory-verbal therapy is a specialized type of therapy designed to teach a child to use the hearing provided by a hearing aid or a cochlear implant for understanding speech and learning to talk. Auditory-verbal therapy gives hearing-impaired children the tools they need to develop speech and auditory skills, speech, and language.

The therapy operates on the principle that usable hearing is common to 95% of all hearing impaired children. The child is taught to become aware of sound so that listening becomes automatic and the child seeks out sounds in life. This is what auditory-verbal therapy does – it teaches deaf children how to listen. Hearing and active listening become an integral part of communication, recreation, socialization, education and employment.

The approach is parent-centred and the auditory-verbal therapist's main tasks are to continually assess the auditory and language capabilities of the child and to teach the parent/caregiver how to help their child develop these skills during daily activities.

For further information about VOICE for Hearing Impaired Children, their Aims, Objectives, and Services, I would recommend that you visit their Web Site at: www.voicefordeafkids.com

The Masonic Foundation of Ontario is proud to help VOICE fulfill its goal – “We give deaf children a VOICE for life.”

PARENT ACTION ON DRUGS (P.A.D.)

...addressing the issues of substance abuse

Allan C. Dvorak

Parent Action on Drugs has a range of programs and resources to approach the complex issues related to youth and alcohol, marijuana and other drugs. While there have been important changes in the trends in the use of alcohol and other drugs among Ontario youth over the past two decades, alcohol use continues to be prevalent, particularly among senior high school students, and binge drinking is still an identified health and social problem. As well, marijuana has reached a high level of use.

In a cultural environment where drinking and marijuana use are seen as "no big deal", youth are increasingly faced with difficult decisions around drug use.

In partnership with the Masonic Foundation of Ontario, over the years, P.A.D, has become a highly professional organization which develops and provides a range of high caliber, evidence-based programs for parent, youth and professional audiences. P.A.D. enhances the capacity of parents, youth and communities to promote an environment that encourages youth to make informed choices.

PAD's Peer Programs bring together activities which have proved to be successful in engaging youth to address substance use issues whether they are making the transition to high school, dealing with specific concerns about marijuana use in high school or tackling personal, social and community safety issues.

Since 1988, the PAD Peer Education Program has:

- Worked with **220 different schools** throughout the province
- Trained over **8,000 peer leaders** in a comprehensive workshop, of one-two days duration. Senior youth (peer leaders) interacting with younger youth.
- reached over **75,000 students in grades 7 - 10** in a comprehensive 3-hour program.

The key element of peer leadership education is at the core of its success-it exemplifies the youth-to-youth approach that is universally recognized as the key in school based drug education.

KERRY'S PLACE (AUTISM SERVICES)

...enhancing the quality of life of persons with Autism

A. J. (Tony) Hope

Imagine living in a world in which you perceived physical sensations differently than most people and could not make much sense of most social situations. Imagine the frustration and challenges you would encounter trying to communicate your needs.

This is the world that individuals with Autism Spectrum Disorder (ASD) live in and these are the challenges that Kerry's Place Autism Services (KPAS) strives to combat in order to enhance the quality of life of the individuals we support.

Our experiences have shown that these feelings of frustration with communication and sensory processing (which includes external and internal stimuli) commonly lead to extremely stressful situations for both the individual with ASD and their family unit as a whole. In many cases, the build-up of extreme stress within a family can lead to a breakdown and disintegration of the familial relationships. Individuals with ASD rely on their families and support networks for structure and continuity in their daily lives and therefore a crisis in this relationship can result in major challenges for the individual with Autism.

For many years, Kerry's Place Autism Services has encountered situations in which crises were imminent for families. In many cases, these families did not have the financial resources to combat the level of stress by accessing the appropriate supports. KPAS identified that with just a small amount of short-term one-time funds, they could help the family to recover from the stressful situations, helping them to avoid more intrusive solutions. In response to these findings, in 2003, Kerry's Place Autism Services developed the *Enhanced Support Model* which is focussed on providing short-term, small amounts of funding to families and individuals in a crisis situation.

The *Enhanced Support Model* included the creation of an Enhanced Support Committee, who is responsible for the review of each request. The committee meets on a monthly basis (unless an urgent request arises) to review the requests brought forward by KPAS employees.

Each request is given careful consideration and once it has been determined that all other sources of funding have been exhausted for the situation at hand, the Enhanced Support Committee approves the request.

Enhanced Support Model Categories: Respite Support is defined as a short-term, temporary relief (or rest) for the family or primary caregiver. Typical respite opportunities may include the temporary relocation of the individual with Autism from the family home – some examples have been to attend a summer or March break camp, support while Mom was in hospital, or simply for a trip to the nearest shopping mall. Caring for an individual with Autism is a constant responsibility and can therefore make it very difficult for the caregiver to perform the smallest household tasks. Given time and intensity, these tasks can build up to cause undue stress on the family unit. Providing respite either before the stress builds up to unbearable levels or at the point of extreme exhaustion provides the caregiver with the opportunity to tend to these duties or simply to recuperate or have time to themselves. Unfortunately in many situations, the respite is required because the primary caregiver is ill and must attend to their own health concerns for a period of time.

Consultation The Enhanced Support Model also provides short-term funding for individuals and their families to access various types of consultation services such as occupational therapy, speech therapy, nutritional consultation and counselling. Individuals with Autism often experience sensory challenges, which if left un-managed, can lead to extremely problematic behaviour. For example, KPAS works closely with Occupational Therapists, who are able to intervene in crisis situations. The Occupational Therapists are able to work with the individual and their family to develop a plan which will ease the sensory challenges encountered by the individual with Autism.

KPAS is also committed to developing Person-Centred Plans (PCPs) for the individuals we support. These PCPs are created, monitored and adjusted completely around the interests, needs and desires of the individual with Autism.

The Person-Centred Plan is regularly reviewed and updated dependent on the current needs and future plans of the individual. PCPs also aid in crisis prevention since the planning process targets those areas of the individuals' life that are most needed, such as a change in environment.

Seed Requests The *Enhanced Support Model* also provides funding for creative initiatives on a short-term basis. These types of supports provide the individual with the opportunity to explore their creativity and are expected to operate independently of Enhanced Support Funding following the initial allocation amount.

This type of short-term funding has proven to be very successful in several situations. Some of the families we support have extraordinary high medical costs (IBI, Speech Therapy, Occupational Therapy, etc) and extra spending money is limited. One family has four children, 2 of which have Autism and mom is a single parent. Kerry's Place runs two social skills programs for ASD children, called The Kidz Club. Many families access a program in which their children attend after school. Some toys were donated to this program as these children are in constant need of educational toys, toys that encourage parallel play, and social interaction. The Kidz Club supports approximately 6 children per session (3 sessions in total), ranging in age from 4 years old to 11 years.

These activities included a DVD created by KPAS-Central West entitled "What Now?" The purpose of the DVD is to share information with families that have a new diagnosis. To assist families in knowing key steps they can take to keep their family healthy and well grounded as they begin their process of advocating for their child with ASD. Emphasis is placed on maintaining good self care and quality family time in order to remain a strong family unit. Each DVD was professionally created and has an insert with information about ASD and KPAS.

The DVD was created through interviews with 4 different families we support - on commonly asked questions that a family has when they receive a new diagnosis, how they coped, managed and learned. The DVDs are shared with families through Family Resource Days,

In-Home consultation and upon request of partner agencies. Families will be able to view the DVD in the privacy of their own home and learn from others – and know that they are not alone. It is hoped that this resource will be recommended to families by our partner community agencies and will aid in the education of families in gaining the skills to remain healthy as a family unit.

The Importance of the Enhanced Support Model The *Enhanced Support Model* not only serves to prevent crises, but also serves to keep families together at times when they are most vulnerable to the stresses of caring for a family member with Autism. In many situations, the small, short-term funding provided by the *Enhanced Support Model* provides much needed rest, consultation or counselling services for the family. In turn, KPAS has seen the mending of familial relationships. KPAS strongly believes that in the majority of cases, keeping the family together is the best situation for the individual with Autism. The *Enhanced Support Model* enables KPAS to meet the critical needs at crucial points in an individual's life.

DISTRICT - LODGE PROJECTS

...responding to local community needs

Paul E Todd

Once again District Projects increased over last year with 27 projects being approved and assigned project numbers

District Deputy Grand Masters are reminded that District Projects come in three segments, first segment is to apply for approval (applications on the Website for downloading) which should be done as early as possible in the Masonic year, second segment is the actual raising of the funds, and the final segment is a letter to the Foundation at the end of your term as DDGM indicating the project is complete, so that the funds that have been raised along with a 10% top up (maximum top up \$1,000) can be paid out to your designated charity.

District	Project
Birch Cliff	Purchase of a Wheel Chair Van
Bruce	Children Health Foundation London Health Sciences Centre
Frontenac	Refurbish occupational therapy gym for children at Hotel Dieu Hospital in Kingston
Georgian North	Canadian Blood Services
Georgian South	Hospice Simcoe Programs
Grand Master's	Project Centre for Masonic studies
Grey	Parkinson's Disease
Hamilton C	Ronald McDonald House
King Hiram	Down Syndrome Research Institute
Niagara A	Wellspring Niagara Cancer Support Centres
Nipissing East	Prostate Cancer Canada
North Huron	MasoniCH.I.P
Ontario	Prostate Cancer Canada
Ottawa 1	Starlight Starbright Children's Foundation
Ottawa 2	Prostate Cancer Canada
Peterborough	Campbellford Memorial Hospital
Prince Edward	Wounded Warrior Fund
Sarnia	Autism Ontario Sarnia Lambton
St. Lawrence	Brockville Hospice Palliative Care
Sudbury–Manitoulin	MasoniCH.I.P
Toronto Don Valley	Tony Stacey Centre for Veteran Care and Community Home Assistance to Seniors
Toronto Humber Valley	C.N.I.B.
Toronto West	Juvenile Diabetes
Victoria	Kawartha Lakes Food Banks

Waterloo
Windsor
York

Kids Ability Centre for Child Development
Seniors Downtown Coalition
Autism Ontario

CHARITABLE PROJECTS

... making a difference in the lives of those with special needs

D. Garry Dowling

As indicated elsewhere in this report your Masonic Foundation is involved in a big way in a number of significant charitable endeavours and research projects. However, your Foundation also receives many individual one-of-a-kind requests, unique in nature, for consideration. It is the job of the Special Requests Committee to evaluate these requests based on the guidelines established below.

It seems strange that in such difficult economic times, the number of requests received does not skyrocket. These charitable needs are often identified by you, the Masons of Ontario, at the grass roots level in the communities in which you live, work and play. Every Mason in Ontario is therefore encouraged to be observant in the search for special request needs that would fit these guidelines. Please call the Foundation Office to get the support you need in providing assistance where the need is greatest and cannot be otherwise satisfied.

Charitable Projects - Special Requests

- All assistance must be used in the province of Ontario (as per the Articles of Incorporation)*
- Children and young people are to receive primary consideration*
- Individuals or small groups, who have no access to other support, may be given assistance in emergency situations*

· Funds must be used in support of a specific person, activity or project

Acknowledgement of Mel Duke and Marlene Victor in the Foundation Office must be given for the exemplary service they provide in offering confidential support, advice and experience to the process of making decisions on the many applications, all of which reflect genuine need.

This year your Foundation was able to provide/respond to the following charitable requests:

The Jean Tweed Centre - \$1000 - whose mission is to provide counselling and care to assist the needs of women with substance abuse and gambling problems, allowing each woman to restore herself to a meaningful life within her community.

Giant Steps - Teach the Teacher Project - \$5000 - which is a registered charity and the only school & therapy centre in the GTA to provide specialized programs for kids with autism and directly support them in their own local schools by helping to facilitate the children's participation with their siblings and neuro-typical peers.

Camp Kirk - \$2500 - to provide support for the Camp Kirk Summer Camp program designed to serve Children with Learning Disabilities, Attention Deficit Disorders and Autism Spectrum Disorders.

PLANNED GIVING

...a Mason's legacy of giving

Brian V. Koivu

There are as we all know various ways that we as Masons in Ontario can financially support the work of the Masonic Foundation of Ontario.

While most of the Foundation's funding is derived from faithful and regular donations, an increasing amount is coming from planned or legacy gifts such bequests made in wills, the willing of residual funds, from life insurance policies and through gifting the ownership of capital assets such as stocks, bonds, term deposits and mutual funds.

Planned Giving by definition is a philanthropic program by which a donor can arrange a substantial gift now or in the future. As a planned gift is usually made from accumulated assets which have taken a lifetime to build, there are a variety of estate planning and tax planning issues to be considered by the donor.

Planned gifts are designed so that the donor realizes his or her philanthropic objectives while maximizing tax and other financial benefits. In short it is a method of giving that takes into consideration not only the good of the recipient (the Masonic Foundation of Ontario in this instance), but equally the need or the good of the donor.

A Planned Giving Program of the Masonic Foundation of Ontario by its nature is an educational program. Its focus is to inform potential donors within the Masonic fraternity that there is a continuing need for legacy gifts and that their individual interest in making a planned gift can be well accommodated by the Foundation. In short and as always that it will be thankfully received and faithfully applied. Through your ongoing support your Foundation is able to continue its funding of a number of charitable projects.

The Foundation remains committed to making the world better for future generations. The need for our philanthropy will continue. Perhaps you are in a position to consider a planned gift to the Masonic Foundation of Ontario. If so please speak your lawyer, tax and financial advisor and then contact a representative of the Foundation to assist you. It is all for the Cause of Good.

LOOKING AHEAD

...whither are we directing our course?

A. Douglas Nichols, FCA

Last year we developed a plan to increase our communications to our members and friends. In the past year we completed an overhaul of our website to enable us to more easily update the material and to keep the information fresh and current. We will be taking initiatives to update the website on a more current basis and invite you to visit it more often for news and information.

This last year we enjoyed an increase in the number of Districts registering their District Charity project with the Foundation. We will work hard again this year to support the Districts in any way we can to make their projects as successful as they can possibly be. Our objective is to increase the number of masons involved in raising money to make their community a better place to live and work.

We have begun the process of examining our commitments to our longstanding funding of programs to ensure we are meeting our mandate and fulfilling the needs of our society in the most effective and efficient manner.

We will continue to examine our investment objectives on a regular basis to ensure our investments are appropriate and meet the criteria laid down with our investment advisors.

We will continue to strive to make this Foundation the **charity of choice for the masons of Ontario...for the cause of good.**

All of which is respectfully submitted on behalf of the Officers, Board of Directors and Committee Chairmen of The Masonic Foundation of Ontario: J. Ault, G. Boyce, D. A. Campbell, J. T. Cassie, D. G. Dowling, M. J. Duke, A. C. Dvorak, I. Elliot, G. H. Hazlitt, A. J. Hope, D.L. Jagger, B. V. Koivu, H. Krajewski, R. C. McBride, D. H. Mumby, H. E. Standish, G. R. Taylor, P. E. Todd.

A. Douglas Nichols,
President

The Masonic Foundation Office is available to serve you:

Regular Hours: Monday to Thursday 9am to 1pm
An answering machine will take messages when staff are not available. A Facsimile line is available 24 hours, 7 days a week.

Administrative staff: Melvyn (Mel) Duke, Mrs Marlene Victor

**Address: The Masonic Foundation of Ontario,
361 King Street, West,
HAMILTON, ON L8P 1B4**

Telephone: (905) 527-9105

Facsimile: (905) 527-8859

Web site: www.masonicfoundation.on.ca

Treasurer's Report

To The Directors, Members and Friends of the Masonic Foundation of Ontario:

It is my privilege to present the Treasurer's Report for the Masonic Foundation of Ontario for the year ended March 31, 2010. The audited financial statements have been summarized and printed in the annual report. A copy of the full audited financial statements can be obtained from our office upon request.

The Masonic Foundation Ontario has enjoyed two successive and very successful years for 2009 and 2010. The Revenue has exceeded disbursements by \$2.5 million and \$2.0 million respectively for those years. These surpluses are about 3.5 times our tradition operating results. This position is the result of a \$2.5 million in bequests in 2009. These bequests were in equities that produced \$1.9 million in realized capital gains during the fiscal year ended March 31, 2010. The Foundation also adopted and implemented an investment policy of holding up to 30% of the value of the portfolio in equities.

The budget for fiscal 2011 is based on a return on investment of 3.5% a more realistic projection when considering the make up of our portfolio and the present and foreseeable market performance expectations. Administration and Fund Raising costs were on budget for 2010 and have been budgeted at the same level for next year. Donations totalled \$618,742 for the year ended March 31, 2010 and are projected at a similar level for 2011.

Mr Edward Yablonski of BMO Nesbitt Burns continues to provide us with the best possible return in these challenging times in the global market place. We thank him for his counsel and direction. I express my thanks and appreciation to our secretary Mel Duke and his staff for their support in my first year as Treasurer.

Respectfully submitted
H. Edward Standish, Treasurer.

**THE MASONIC FOUNDATION OF ONTARIO
SUMMARIZED STATEMENT OF FINANCIAL POSITION
YEAR ENDED MARCH 31, 2010**

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash	\$ 58,048	\$ 497,198
Accrued investment income	86,325	66,867
Marketable investments	12,611,647	10,276,038
Other	4,940	4,713
	<u>\$ 12,760,960</u>	<u>\$ 10,844,816</u>
LIABILITIES		
Accounts Payable and accrued liabilities	\$ 7,000	\$ 13,641
District project funds for disbursement	113,522	194,500
	120,522	208,141
UNRESTRICTED NET ASSETS	<u>\$ 12,640,438</u>	<u>10,636,675</u>
	<u>\$ 12,760,960</u>	<u>\$ 10,844,816</u>

**SUMMARIZED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2010**

	<u>2010</u>	<u>2009</u>
REVENUE		
Investment income	\$ 1,970,028	\$ 395,086
Bequests	363,324	2,553,622
Donations	96,178	66,615
District project funds	354,578	425,038
	<u>2,784,108</u>	<u>3,440,361</u>
EXPENSES:		
Administration and fund raising	148,603	134,309
Bursaries and donations	631,742	829,649
	<u>780,345</u>	<u>963,958</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$2,003,763</u>	<u>\$ 2,476,403</u>

**STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2010**

	<u>2010</u>	<u>2009</u>
UNRESTRICTED NET ASSETS, beginning of year		
	\$ 10,636,675	8,160,272
EXCESS OF REVENUE OVER EXPENSES	<u>2,003,763</u>	<u>2,476,403</u>
UNRESTRICTED NET ASSETS	<u>\$ 12,640,438</u>	<u>\$ 10,636,675</u>

AUDITORS REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the members of The Masonic Foundation of Ontario

The accompanying summarized statements of Financial Position and Revenue and Expenses and Changes in Net Assets are derived from the complete financial statements of The Masonic Foundation of Ontario as at March 31, 2010 and for the year ended March 31, 2009 on which we expressed a reservation of opinion regarding the completeness of donation revenue because we were unable to satisfy ourselves concerning the completeness of that revenue. The fair summarization of the complete financial statement is the responsibility of the Foundation's management. Our responsibility, in accordance with the applicable Assurance guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with criteria described in the Guideline referred to above.

These summarized financial statements do not contain all of the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the Foundation's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Lepore & Company Chartered Accountants
Professional Corporation
Authorized to Practice Public Accounting by the
Institute of Chartered Accountants of Ontario

Hamilton, Ontario May 4, 2010

Audited copies of the financial statements as at and for the year ended March 31, 2010 may be obtained by contacting The Masonic Foundation of Ontario at 361 King Street West, Hamilton Ontario L8P 1B4

THE MASONIC FOUNDATION OF ONTARIO

DIRECTORS AND OFFICERS

President	-	A. D. Nichols
Vice-Presidents	-	J Ault
	-	D. A. Campbell
	-	A. C. Dvorak
	-	G. R. Taylor
Directors	-	G. Boyce
	-	D. G. Dowling
	-	I. Elliot
	-	G. H. Hazlitt
	-	B. V. Koivu
	-	H. Krajewski
	-	R. C. McBride
	-	D. H. Mumby
	-	P. E. Todd
Secretary	-	M. J. Duke
Treasurer	-	H. E. Standish
Assistant Treasurer	-	D. L. Jagger
Committee Chairmen	-	J. T. Cassie
	-	A. J. Hope
	-	D. L. Jagger

CELEBRATING FORTY SIX YEARS OF SERVICE

OUR LEADERS 1964-2010

John Irvine	June-July 1964
Russell Treleaven	1964 - 1968
Clifford Ashforth	1968 - 1974
William Bailey	1974 -1986
Richard Richards	1986 - 1990
John Woodburn	1990 - 1992
Alan Newell	1992 - 1993
Wallace McLeod	1993 - 1994
John Arthur	1994 - 1996
Neil Britton	1996 - 1999
Ronald Campbell	1999 - 2004
Samuel Kalinowsky	2004 -2009
A Douglas Nichols	2009-

I appreciate everything you do for people in your surrounding communities. This award will help me with my rent and food for the next two months so that I may continue my education and excel in my studies. I have had a lot of recent financial setback and with your help I may now move forward.

It is people like yourselves that give students the little bit of extra hope and support mentally and financially that they need to strive.

I am very grateful to you for your assistance during a challenging period in my life. Due to your award I was able to throw all my energy into achieving excellence in this program and completing what I planned to accomplish.

I wanted to express a heart felt thank you for the bursary your organization awarded me. This money will allow me to finish my Accounting Diploma without all of the financial stress I was under.

Thank you for this great gift. It is way more than money to me. It is a great gift allowing me to reach my academic goals.

Thank you so much for allowing me to breathe a little easier and finish out my year. I will be graduating in June with honours from the Community Development and Outreach Program.

I cannot begin to thank you enough for your generosity. Please know that as a result of this bursary I will be able to graduate, and on graduation day I will celebrate all of my accomplishments. I will also be thinking about those people who have helped me along the way. The Masonic Foundation of Ontario will definitely be on my mind.

Your generosity is so greatly appreciated. Thank you!

We would like to thank you for your generous sponsorship sending us to National Citizenship Seminar in April. Your sponsorship allows us to experience an opportunity of a lifetime. This seminar has helped increase our awareness and understanding of the rights and responsibilities as Canadian citizens as well as increase our understanding of the functions and structure of the Canadian governmental systems. Building us as today's youth, we will become tomorrow's leaders.



MASONIC FOUNDATION OF ONTARIO

**361 King St. West Hamilton, ON L8P 1B4
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