



THE MASONIC FOUNDATION OF ONTARIO

ANNUAL REPORT 2009

For The Cause Of Good

“The MFO’s tremendous commitments over the years have helped make SickKids a world leader in the science of cochlear implantation, constantly advancing knowledge of how best to bring “the hearing option” to children” (SickKids Foundation)

“Just six years ago, I immigrated to Canada from China and started my new life. I haven’t found a job that is related to my original education background. So I decided to go back to school and became a full time college student. I am a mother of three children and have encountered a heavy financial burden. From the bottom of my heart, I thank you for this generous donation.” (Bursary recipient)

Brittany C. and Vivian H. are two of this year’s scholarship recipients, supported by the Masonic Foundation of Ontario, whose goal is to assist young people to be the best that they can be. “As the first child entering university in my family, this award is not only meaningful for me but also for my family, “says Vivian, an engineering science student at the University of Toronto. (Girl Guides of Canada)

“I would like to thank you so much for selecting me for the Masonic Foundation of Ontario Award. This scholarship has helped me greatly and I am now able to financially take care of my remaining tuition. This has taken a huge weight off my shoulders because now I can focus stronger on my studies and not have to worry as much about financial difficulties°...thank you for the award and helping me to work harder to one day help someone, like you have helped me.” (Bursary recipient)

“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 the 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*

Dr. Samuel Kalinowsky

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

It is again my privilege to present this Report, on behalf of the Officers and Directors, to the Forty-sixth Annual General Meeting of the Masonic Foundation of Ontario, being held at the Fairmont Royal York Hotel in the City of Toronto, Ontario on Tuesday, July 14, 2009.

Introduction: For the last several years, I have started the Annual Report by describing some of the characteristics of the environment in which we live. This serves as a useful backdrop or framework within which the activities of the Foundation are being presented. The successes and failures that we have experienced and the challenges that lie before us can, thus, be viewed in a broader perspective.

The year 2008-09 was one for the ages, one not easily forgotten. Its impact on every facet of everyday life was disconcertingly harsh and unforgiving. The global financial and economic meltdown brought with it an industrial and financial bafflegab, a new lexicon of terms and phrases....swaps, toxic assets, defaults on sub-primes, collateralized debt obligations (CDOs) and other exotic products that packaged subprime mortgages.... and the list goes on, language that even bankers and Harvard professors could not fathom.

Beyond the financial crisis, growing unemployment, staggering deficits, automotive and forestry sectors in a shambles, venerable financial institutions becoming extinct, geopolitical turmoil and threats, rampant terrorism ...has the world gone mad?

Despite this chaos, the world is ready for change. Opportunities present themselves everywhere. A recent IBM advertisement “think IBM” enumerated the impact of smart traffic systems reducing gridlock, smart food systems monitoring food production, smart healthcare systems lowering costs, smart systems transforming energy grids, supply chains and water management....the transformation of how we do things in pursuing economic growth, societal progress, environmental sustain ability and cures for disease. How we interact with each other and with the world will change forever. The important question is whether we will seize the opportunity? Will we venture forth into a brave new world with courage and conviction or slink back into mediocrity and despair?

The Masonic Foundation of Ontario, and, indeed, most private, voluntary, charitable organizations, both large and small, must become more adaptive, more flexible to eke out a survival in a harsh and unrelenting economic, financial and social environment. The stakes are high, the stakeholders are more cautious and demanding, but the need is unrelentingly more complex and unabated.

This Annual Report highlights the activities of the Foundation, as described by the Directors or other contributors. These topical chapters constitute the “meat” of the Report. I strongly recommend that you read the Report in its entirety to derive a full picture of how your donation dollars are spent and how management tries to be accountable to its shareholders.

Copies of the Annual Report will be distributed to the brethren in your respective Lodges and throughout the 44 Districts in Ontario. We encourage you to share it with your brethren, with friends and family, with potential donors and with every new Entered Apprentice that joins your Lodges.

What better way to be informed about “the Foundation Story of Giving” and about charity, in general? Aside from getting a “hard copy” from the Foundation Offices in Hamilton, this Annual Report will be posted to the MFO Website at www.masonicfoundation.on.ca several weeks after the Annual General Meeting.

Appreciation: The voluntary sector bears witness to constant change in its membership and its management. We welcome new faces with great expectations... we bid farewell to those who move on to other interesting pursuits. Again, such is the case this year as we express our appreciation to three Directors who have served the Foundation with dedication.

* Kenneth Campbell, from Prince Edward District, has completed four years on the Board of Directors. He was responsible for the Masonic Foundation Display, at the Annual Communication of Grand Lodge, at the Annual International Ploughing Matches and at various “Special Events” throughout the province.

* Barry Hutton, from Toronto District East, provided oversight over the District Projects for two years and contributed regularly to deliberations of the Board of Directors.

* Ian Millar, from Wellington District, has completed a three-year term as a Director-at-large on the Board of Directors of the Foundation

Aside from these three Directors, the Foundation has relied heavily on the dedicated services of a highly competent group of Directors and Program Chairmen. They contribute most generously of their time and expertise to ensure that the trust reposed in us by our stakeholders has not been misdirected and that our operations are maintained in an effective and efficient manner.

The Masonic Foundation has again enjoyed the unqualified support of our Grand Lodge and our Grand Master, M.Wor.Bro. Allan J. Petrisor, who never missed an opportunity to extol the virtues of the MFO as “the Charity of Choice” for the 50,000+ Freemasons of Ontario.

His personal project (MFO#2244) “Prostate Cancer Research-Early Detection and Awareness” was truly inspirational and hit a resonant chord with his many audiences throughout this grand jurisdiction, raising in excess of \$75,000 during his two-year tenure as Grand Master. His “Prostate Snippets” became a regular and interesting feature in the monthly DDGM Communique, providing valuable information to help sensitize men to the issues associated with prostate cancer.

The Foundation recognizes and commends the unheralded individuals who regularly endorse and validate our objectives. These include the Members of the Board of General Purposes and its Management Committee, the 44 District Deputy Grand Masters, the District and Lodge MFO Representatives, the Worshipful Masters and Secretaries of the individual Masonic Lodges spread out across our great province and lastly, you, the brethren, who arguably, are the most important, as you support financially and promote the invaluable work of the Foundation. To all of you, the Management of the Foundation owes a debt of gratitude.

Our recipients also, be they students receiving bursaries, researchers probing the edges of knowledge, youth groups trying to grow up to soon assume the mantle of responsibility, the poor, the desperate, the distressed, regularly acknowledge our help and generous support. Your continuing affirmation of our efforts establishes our Foundation, not only as a beacon of hope for those in need, but also a gentle nudge to all those who may wish to exercise their charitable and planned giving.

And finally, our personal gratitude and appreciation to Melvyn Duke, our Corporate Secretary and our Secretary, Marlene Victor who quietly and efficiently maintain the administrative operations of the Foundation. Their patience, understanding and clear, but firm, advice have established the reputation of our Hamilton Office and have endeared them to our Directors, Chairmen and brethren and to the public at large. We thank you for your many and valuable contributions to our ongoing success.

Financial Matters: The Masonic Foundation depends largely on the annual investment income from our capital portfolio to finance on-going operations and donations. To maximize on potential earnings, we are indebted to an excellent investment team for its responsible guidance in an unstable financial environment. This team is comprised of Mr. Edward Yablonski of BMO Nesbitt Burns who provides astute investment counsel, Mr. James T Cassie, who provides dedicated oversight and liaison and off course, our Treasurer, A Douglas Nichols. To all three and our overly-cautious Corporate Secretary, we proffer our sincerest appreciation for a job well done.

As our primary source, investment income realized in 2008-09 was \$395,086, down only \$9,000 from the previous year, and this performance in an unpredictable market. The unrestricted net assets of your Foundation at March 31, 2009 rose, quite dramatically, to \$10,636,675.00, an overall increase of over 30%, which can be accounted for by bequests of over \$2.5million received during the year. Of note, this is the first time in our 45-year history that the Masonic Foundation capital base has exceeded \$10million.

In addition to investment income, the Foundation receives additional donations through a number of Donor mechanisms. Yellow Envelopes, which are included with our mailing of the Ontario Mason magazine raised \$32,140 while other Member and Lodge Contributions amounted to \$23,600.

Grey Memorial Envelopes are used in memory of departed brethren and raised an additional \$10,875. The total of these types of voluntary, personal donations amounted to \$66,615, a slight drop from the previous year. Bequests, which are not budgeted for or included as revenue in our forecasts, were received from 9 estates and amounted to \$2,553,622, a fantastic expression of planned giving in action.

The Board of Directors takes great pride in demonstrating effective stewardship over the resources entrusted to it.

During 2008-09, I can state unequivocally that your Board of Directors, Officers and Staff exercised their fiduciary obligations honestly, faithfully and ethically in the best interests of the Foundation and its membership. Collectively, they adopted the highest possible standards of personal behaviour and governance in delivering their mission and objectives, and in so doing, have made the Masonic Foundation attractive to its donors and stakeholders.

And finally, I wish to commend our auditors, Lepore and Company, Chartered Accountants, Hamilton for their professionalism, understanding and cooperation in performing and completing their audit.

The Work of the Foundation: Since the Masonic Foundation was incorporated 45 years ago, in 1964, there has been a gradual growth in our capital base and an increased capacity to respond to the growing need for charitable assistance. During 2008-09, the total disbursed for bursaries and donations was \$829,649 which included \$425,038 on District Projects in support of “grass roots” community activity.

During the year, using funds generated from investing our accumulated capital, the Foundation continued to support a number of continuing projects and initiated one major new project. These initiatives are referred to, in brief, in this Section, while noting that each of these projects/initiatives is fully documented in individual chapters of this Report.

The Bursary Program, our first charitable outreach initiative, has again responded to the cries for emergency assistance from students at Universities and Community Colleges, by awarding \$55,800 to 58 students.

Our commitment in support of hearing research under Help-2-Hear was maintained for an eighth consecutive year through contributions of \$35,000 each to the Universities of Ottawa and Western Ontario and the Hospital for Sick Children in Toronto.

The diversity of the Foundation's support is reflected in its support of the following: School Peer Education Programs delivered through the Parent Action on Drugs organization- \$45,000; Kerry's Pace (Autism)- \$17,000; VOICE for Hearing Impaired Children- \$13,500; Youth Organizations (4-H, Boy Scouts, Girl Guides, and Demolay for Boys)- \$13,000; Other Donations in support of "one-off" projects and incentives for District Projects-\$20,311; and 2 Programs directed at prostate cancer....da Vinci Surgical Robotic System at St Joseph's Health Care Centre in London-\$15,000 and \$120,000 to Prostate Cancer Canada for the development and distribution of a Public Education for Prostate Cancer Program. The total support provided for these projects amounted to \$404,611.

The Administrative and Fund-Raising Costs totalled \$134,309, a drop of \$17,259 due to reduced bulk printing of yellow envelopes and the production of a video during the previous year. Your Board of Directors is confident that the allocation of our scarce resources to these expenditures was handled with utmost frugality and care and does represent good value for money.

Honours and Recognition: During 2008-09, the Masonic Foundation of Ontario was honoured on two occasions for its philanthropic activities: (1) The Children's Hospital of Ontario honoured the Masonic Foundation of Ontario as "Donor of the Week" in April, by placing a recognition plate on its Donor Wall and by presenting the Foundation with a Plaque of Appreciation; (2) St Joseph's Health Care, London launched the St Joseph's Cornerstone Society in the Fall in recognition of cumulative gifts received. The Masonic Foundation of Ontario was inducted into this Society and had its name listed on a special donor wall located at St Joseph's Hospital and received a memento that signified lifelong membership.

In addition, your President and a number of Directors participated in cheque presentations in respect of District Projects in a number of cities, eg., Ottawa, Peterborough, and Sterling.

Other Activities: In addition to being involved in charitable giving, which is our primary activity and *raison d'etre*, the members of the Board of Directors were also involved in communications, in fund-raising, public speaking, attendance at cheque presentations and information seminars, all of which underscores and supports our intended public image as the “Charity of Choice for Masons in Ontario”

- **The Masonic Foundation Display** is a useful tool to visually convey an image of the Foundation at work. It was used, quite effectively at Grand Lodge in July and at the International Ploughing Match in Teeswater. Greater and imaginative use of this Display affords an excellent opportunity to communicate the Foundation Story to large “captive” audiences and to the public, generally. I strongly recommend its use and a smaller, easily transportable model at large or small Masonic functions, at fund-raising events, at MasoniChip clinics, at shopping malls, at Festivals, Open Houses(Brother-2-Brother or Friend -2-Friend), Family Days, DDGM Orientation Sessions... the opportunities are almost limitless. Contact our Hamilton Office for details... it is free to borrowers and assistance might be provided for its assembly.

- **MFO Information Seminars** were presented in Brockville, Newmarket and Chatham during 2008-09. These one-half day informative Seminars provide an opportunity for the Foundation to explain its programs and to tell its story, for the attendees to gain valuable insight into how the Foundation works and to listen to and respond to observations, criticisms and needs at the local and community levels.

- **Resource Kits** containing an array of useful information regarding the Masonic Foundation were mailed to all 44 District Deputy Grand Masters at the beginning of their tenure in the August-September time frame. It remains the hope of the Foundation that this information will equip DDGMS to respond to most questions at the local level, to develop and implement their District Projects and to champion the cause of the Foundation at their Masonic and public speaking engagements.

- **The Web Page** at www.masonicfoundation.on.ca continues to experience “growing pains” in terms of its basic content and usefulness.

During the last year, the 2008 Annual Report and a short video on the Foundation were placed on the Web for easy access by surfers. Also, based on a sense that many donors would want to use the Internet to make their regular donations, a **“To Donate”** button was introduced using the reliable services of CanadaHelps.

One has to simply click on the “To Donate” button and you will be linked to CanadaHelps website which accepts donations on behalf of thousands of Canadian charities. The existence of this capacity must be extensively communicated to the Masonic community, if it is to attract greater use.

It is inescapable that the future of communications for the Foundation lies in its ability to optimize the use of the Internet. As the median age of our membership continues to drop, there will be a concomitant increase in demand for more “active” messaging, eg. Facebook.. Businesses and charitable organizations ignore the wireless web at their peril. Just how dramatic the mind set is changing is glaringly shown in a recent study by the Pew Foundation, entitled “The Future of Internet III”, which stated that “mobile devices will surpass computers as the primary tool for Internet connectivity by 2020”, just a short decade from now!!

It is essential that the Masonic Foundation begin to “plan for the future” by taking a brave step forward and immediately begin to optimize the potential of internet technology for much of its active communications with its members and stakeholders, for operational purposes for the Directors and Staff, for promoting and enhancing our image and presence in the community and to increase our fund-raising potential.

- **Development of a Short Video**, which had been highly recommended during our District Seminars, became a reality in July, 2008, with the release of a 7-minute video “The Masonic Foundation of Ontario-For the Cause of Good”. It was shown at the MFO Display at Grand Lodge and was subsequently distributed to all new DDGMs and to all Masonic Lodges in Ontario for their information and use. It is now available on the MFO Web Page.

- **Communications:** In March, 2009, the Board of Directors, under the capable facilitator, Wayne Elgie, met to put some form and substance to our Communications activities.

The inter-relationships between Vision, Branding, External Communications and the use of the Website and possible overlap between them were explored. The Vision of the Masonic Foundation was simply stated as “to be the Charity of Choice for the Cause of Good.” Brand Identity will require further clarification, Methodologies for greater and more effective communication with the Masonic membership were agreed on for implementation and the future use of the Website will be pursued during the next year.

In arguably, active communication with and by our members and stakeholders is essential for the future acceptance and growth of the Masonic Foundation of Ontario.

BURSARIES

...helping to create opportunities and realize dreams

Donald L. Jagger

The Bursary Program, established in 1965, was the first charitable outreach undertaken by the newly established Masonic Foundation of Ontario. It was instituted to provide non-repayable financial assistance to enable students to complete their post secondary education when financial circumstances might otherwise compel them to give up before graduation.

The Bursary Program 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 bursaries to students who hail from towns and cities throughout the Province.

Guidelines Governing the Awarding of Masonic Bursaries

1. Masonic Bursaries are awarded to assist students enrolled full time in a program of studies at an Ontario College or University recognized by the Foundation, who have encountered an unexpected financial emergency during the final term of a 2 or 3 year program OR during the final term of the 3rd or 4th year of a 4 year program.
2. Masonic Bursaries are valued at \$1,000. With special consideration, awards from \$800 to \$1,200 may be made according to request and indicated need.

3. Applicants must have exhausted all other sources of income and financial support and may be unable to complete their program of studies and forced to leave school before graduation.
4. Academic standing shall provide a sound expectation of ultimate success leading to graduation.
5. Applicants must be a Canadian citizen and a permanent resident of Ontario.
6. Students enrolled in M.A. and Ph.D. Graduate Programs or LLB Programs are not eligible for funding.
7. There must be reasonable assurance that, upon receipt of this financial support, the applicant will complete their program of studies as a full time registered student and graduate.
8. Students experiencing difficulty beyond the conditions listed above may be considered.
9. Applications must be endorsed by, and submitted through, the Awards Officer of the College or University. Application forms are made available through the College or University Awards Office.

A member of the Foundation will arrange, through the University/ College Awards Officer, to meet the recipient and the Award's Officer to personally present the award (cheque), usually within one month of receiving the application.

Bursary Funding Statistics -- April 1, 2008 to March 31, 2009

| | |
|-----------------------|----|
| Applications Received | 83 |
| Applications Denied | 25 |
| Bursaries Awarded | 58 |

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

| | |
|------------------------------|----------|
| 14 @ \$ 800 = \$ 11,200 | 20% |
| 35 @ \$1000 = \$35,000 | 63% |
| 8 @ \$1200 = <u>\$ 9,600</u> | 17% |
| Total | \$55,800 |

Applications were received from **2** Universities and **10** Community Colleges.

From the many letters received from Bursary recipients expressing their grateful thanks, it is easy to see that the Bursary Program continues to fill a great need in enabling many students, who otherwise would not have graduated, to complete their program, graduate, and fulfill their dreams. Brethren, this is an example of your donations at work... helping to create well-rounded, academically proficient citizens to undertake the increased challenges of the future.

HEARING RESEARCH (HELP-2-HEAR)

inspiring innovation and discovery

Dr Gareth R. Taylor

HELP-2-HEAR: Dr. Gareth R. Taylor reports that these findings represent the second year of a third three year term for these research projects.

Each of these projects receives \$35,000 and is progressing well as indicated in the following reports:

Hospital for Sick Children: Dr. Robert Harrison's support under the Help-2-Hear Program is for investigations into novel diagnostic techniques that help to clarify the causes and the exact functional deficits of different types of hearing loss. The two main areas of study relate to [a] otoacoustic emissions and [b] central brain imaging methods (MEG and EEG) particularly related to children with cochlear implants. Dr. Harrison explains his progress in these areas as follows:

Otoacoustic emission research: Let me start by explaining that otoacoustic emissions are sounds emitted by the ears. More exactly, the hair cells in the inner ear (cochlea) are mechanically active and generate small movements which are transmitted out of the inner ear and can be recorded as acoustic signals (sound) with a very sensitive microphone in the ear canal. In early work (funded by the Masonic Foundation), we helped develop a novel method to record these minute sound signals in "real time".

This method allows us to measure both the strength of such signals and their dynamics (properties as a function of time).

Of importance, we found that if you put a sound into the opposite ear to that producing the otoacoustic emission, it will modify the signal. This shows us that the two ears are linked with a system of neuronal connections. In the last year we have continued to determine the properties of this neural link between the ears and to determine its function.

We have a general working hypothesis that the system is important for the central brain to control the gain of the cochlear amplifiers. Two specific questions that we currently are asking are:

1. Is this descending control system important in “attention” mechanisms. In other words can the central brain “decide” to pay attention to a certain sound, and turn up the gain of the ears to help that?
2. Our second question (experimental hypothesis) is that the system is involved in balancing the sensitivity (gain) of the ears (in analogy to balancing the speaker output of a stereo system). This balance may be of importance in sound localization. These are questions that we are currently investigating.

We have also been using otoacoustic emissions clinically to ascertain if some premature babies have a functional auditory brainstem system (i.e. can we measure contra lateral OAE suppression). We continue with this work on babies with hyper-bilirubinemia (jaundice).

We are also trying to characterize the neural pathways in children with auditory neuropathy, a hearing problem which involves not just the inner ear but also central auditory nerves.

This work continues at a slow pace because children with this hearing problem are not that common (which is good for them but not our research!). Recent publications (including prepared manuscripts and lectures) relating to our otoacoustic emission research have been prepared. This work has led to four peer reviewed publications and 4 lectures and posters being presented nationally and internationally.

Brain imaging and cochlear implant-related research. The Help-2-Hear funding has contributed to more than one research project relating to children with cochlear implants. As part of our original research plan, we have completed studies exploring the use of MEG (magneto-encephalography) to obtain brain activity patterns in subjects with hearing loss.

This was work initiated by Daniel Wong, my graduate student (from Engineering and Physiology, U of T). This work has been written up in a paper and submitted to IEEE Transaction, an engineering journal.

Part of Daniel's findings was that MEG could (unfortunately) not be used in children with cochlear implants because of the electrical (or rather magnetic field) artifact noise produced by the implant device. Because of this, Dan Wong has changed his direction for his PhD thesis work, and is converting MEG analysis techniques to apply to "standard" electrical brain evoked potentials. This work is ongoing, and will potentially lead to very useful tools for future diagnosis of "central" hearing problems.

Other projects funded in part by Help-2-Hear (or were initiated under the HELP program) relate to recording brain potentials from children with cochlear implants. Publications(5) over the past year, including lectures and posters(3) have evolved from this research.

Basic science and other studies: The previous (HELP) and ongoing (HELP-2-HEAR) support from the Masonic Foundation initiated a number of research projects in the Auditory Science Lab, some of which have come to fruition in the last year.

These include the completion of a study of voice production in children with meningitis who have a cochlear implant. This work has led to three publications in peer reviewed journals as well as four lecture and poster presentations and three text book chapters.

University of Ottawa: University of Ottawa/CHEO Research Institute Auditory Research Laboratory houses a multi-disciplinary research group under the direction of Dr. Andrée Durieux-Smith. A variety of research projects have explored factors that can influence the development of children with a permanent hearing loss (PHL), including age of diagnosis of hearing loss, degree of hearing loss, additional handicaps, hearing technology such as cochlear implants, and the impact of service delivery models that are available to families after diagnosis of hearing loss.

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.

As part of the infrastructure for the various research projects, 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). Data on audiological, medical, and family histories of children are monitored on a regular basis. This database allows us to track the characteristics of the population of children with hearing loss in the Eastern Ontario Region, which in turn contributes to ongoing and future research.

In the last year, 4 papers have been published and 5 submitted for publication. As well, members of our team are participating in the authoring of two books and two chapters. In 2008, team members presented 3 peer-reviewed papers at scientific meetings.

Clinical Practice for Children with Mild and Unilateral Hearing

Loss: The impact of unilateral and mild hearing loss on the development of children has been identified by our team as an area which requires further inquiry. Some newborn hearing screening (NHS) programs include very mild hearing losses in their target populations while others do not. The impact of such losses on child development is unclear and currently there is little agreement on the management of such losses in children. Traditionally NHS programs have targeted moderate to profound PHL, for which the adverse impacts on infants and children are well documented. The evidence to support the inclusion of lesser degrees of PHL (referred to as minimal HL), including mild, high frequency and unilateral PHL, in screening programs, is inconclusive.

In Canada, the province of Ontario and six other Canadian provinces/territories have implemented NHS programs. Research has shown that population screening leads to earlier age of identification of hearing loss which may be associated with improved speech and language outcomes for children with moderate to profound degrees of hearing loss. Many providers believe that early identification should improve the outcomes for all children with HL including those with “minimal” hearing loss. However, some countries have been reluctant to commit resources to targeting the identification of this population of children on the basis that there is insufficient evidence regarding the effectiveness of interventions. Other NHS programs such as the Ontario Infant Hearing Program have set the target disorder for newborn screening to include minimal hearing loss on the basis that all degrees of hearing loss are important.

Intervention for minimal hearing loss ranges from a “wait and see” approach to intervention with hearing aids and language stimulation services. Prior to NHS, treatment decisions were largely based on the child’s speech-language and/or academic functioning. With the advent of NHS, it is now possible to identify minimal hearing losses in infants, yet the impact of such losses on child development is unclear.

In 2005, the Centres for Disease Control and Prevention - Early Hearing Detection and Intervention Program, held a workshop with experts from across the US on mild and unilateral hearing loss. A significant number of recommendations for future research resulted from this workshop.

The highlights of these recommendations included the need to provide evidence to justify early intervention for children with minimal hearing loss and the need to collect additional data on the communication, educational and social/emotional outcomes of children who are not fitted with amplification or have experienced early FM or hearing aid use.

In a pilot study, funded by the University of Ottawa, the prevalence of minimal PHL in the CHEO clinical population was documented and practices regarding recommendations for amplification and language stimulation were examined. Data were collected for a population of children diagnosed in the Ottawa area from 1990 to 2006. Of 629 children identified with congenital PHL during the time period, 273(42.1%) had a mild, high frequency or unilateral hearing loss. The results illustrated that different patterns of practice for the three categories exist.

For children with mild bilateral PHL, two-thirds were fit with amplification within 3 months of diagnosis. Alternatively, for children with unilateral hearing loss only one-third were fit with amplification within 3 months of diagnosis. The data also showed that only 46% of children fit with amplification used their devices consistently. Furthermore, focus group interviews with practitioners in Ottawa confirmed that there is major uncertainty about best practices for these children and that there is considerable variation in practice even within the same clinical service. A key variable in decision-making was age, as audiologists were more likely to provide amplification for older identified children who may already be showing speech or language delays. Evidence for interventions and outcome from large-scale studies of early-identified children with minimal PHL is lacking.

The results were presented at the Newborn Hearing Screening Conference in Cernobbio, Italy in 2008. This pilot study led to the development of the proposal submitted to CIHR.

The purpose of the CIHR grant 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.

The study plan is to: .

- obtain longitudinal measures of children's development (both children with hearing loss and with normal hearing) through direct assessments and parental questionnaires as well as information on clinical recommendations and uptake;
- . conduct interviews with parents of children with mild/unilateral hearing loss to elicit their perceptions of their child's development and their needs for support during the child's early years; and
- Conduct a conjoint analysis survey to quantify parents' preferences for service provision during the early years.

Candidacy for Cochlear Implantation: How Much Hearing is Too Much?: Technological 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 criteria is an important one with limited evidence to assist clinicians in decision-making.

Research and clinical experience suggest that a review of candidacy criteria for children with less severe degrees of hearing loss is indicated. Published research suggests that children with borderline hearing loss who received cochlear implants make significant gains in auditory capacity.

The purpose of this research was to explore the issue of implantation of children with less severe degrees of hearing loss, in the Canadian context. Two different avenues have been explored. Canadian paediatric cochlear implant centres were surveyed to learn about current decision-making practices for “borderline” candidates. As well, pilot data were collected on a group of children with hearing aids at the Children’s Hospital of Eastern Ontario and their performance in multiple domains compared to a group of children with cochlear implants.

The objective of the first phase was to examine clinical practice related to the cochlear implantation of children who typically do not meet audio logic criteria for this technology. The purpose was to ascertain the perspective of service providers who make decisions about which children may receive greater benefit from cochlear implantation than from conventional amplification.

Practitioners’ perspectives on the process and the factors influencing candidacy decisions were explored through focus group interviews with hospital and school-based practitioners. The interviews were analysed using qualitative techniques to identify key issues. The findings from the interviews formed a questionnaire which was sent to all cochlear implant centres in Canada to further examine clinician views and experiences with this special population.

The results indicated that the majority of centres in Canada are currently implanting children who do not meet typical audio logic criteria. However, there is not a consistent definition of borderline audio logic candidacy criteria. Several factors are associated with the decision to implant children in this range of hearing, particularly the team’s assessment of overall functioning of the child in therapy, school, and social interactions. Age was identified as a key factor in decision-making. Children less than two years of age, with hearing in this audiometric range, were rarely considered candidates for cochlear implants.

This finding was explained through the focus group discussion by the fact that practitioners are uncomfortable implanting very young children outside usual audiometric criteria until reliable behavioural audio logic testing can be completed and a measure of speech recognition can be documented.

Our findings suggest 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. The results of this study have recently been published in the International Journal of Audiology.

In the second phase of the study, pilot data were obtained on a group of children with hearing aids at the Children's Hospital of Eastern Ontario. Data from the second phase of the study are currently being analysed to compare the outcomes across multiple domains for a group of school-age children with residual hearing who use hearing aids and a group of children who use cochlear implants. This will provide important information regarding an appropriate assessment protocol for the design of a larger scale multi-centre study aimed at increasing the evidence in the area of paediatric cochlear implant candidacy decisions.

Composite Checklist of Communication Skills: Baby Benchmarks: As our research program has progressed, the clinicians from the Audiology Clinic at CHEO are increasingly becoming involved in research. Dr. Deirdre Neuss, an auditory-verbal therapist and Dr. Andree Durieux-Smith, professor emeritus, have received a Faculty of Health Sciences - CHEO Research Institute grant for a study that will 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.

In Phase 1 of this study a survey was administered to all certified auditory-verbal therapists, internationally to explore the current checklists being used to determine children's progress after cochlear implantation. The survey was analyzed and the results were used to create a preliminary composite checklist in the areas of audition, speech and language.

In the first round of Phase 2, this composite list was sent to an expert group of auditory-verbal therapists experienced with preschool-aged children. They were asked to identify 20 items in each category (audition, speech and language) that they judged the most important to document the progress and prognosis in young children with cochlear implants. This round resulted in a modified checklist.

Currently, the second round of Phase 2 of this study is underway, using the Delphi Technique. The revised checklist has been sent out to a larger group of certified auditory verbal therapists for their review and feedback. Based on this phase, the Composite Checklist of Communication Skills will be developed.

The third phase of this study will assess the reliability of the final version of the checklist which will involve training participating therapists to use the Composite Checklist and establishing of intra-rater and inter-rater reliability. Once reliability is established an external grant will be applied for to carry out a nation-wide study that will use the Composite Checklist of Communication Skills to study the communication skills that children with CI develop at specific post-implant intervals. The purpose will be to establish Canadian benchmarks for children who receive their cochlear implants at 12 to 15 months of age. These benchmarks will help parents and auditory-verbal therapists better understand the communication progress that is made by babies with cochlear implants.

The development and exploration of the influence of a decision aid for sequential paediatric bilateral cochlear implantation

Bilateral paediatric cochlear implantation is a new clinical option for children with bilateral severe to profound hearing loss. Cyne Johnston, a doctoral student in Population Health at the University of Ottawa, has been studying the benefits and risks associated with bilateral implantation in order to provide parents with adequate information to guide them in their decision.

The objectives of this project have been to explore the decision-making needs of parents regarding cochlear implants, to provide updated, comprehensive information on the risks and benefits associated with paediatric bilateral cochlear implants and finally, to develop a decision aid for sequential paediatric bilateral CIs. Clinicians and parents were interviewed using a semi-structured approach regarding CI decisions that are perceived to be difficult, the barriers and facilitators to decision-making, and potential strategies for overcoming barriers. The need for additional decisional support was identified for some parents, particularly for bilateral CI decisions. Published research on paediatric CI benefits and risks was systematically gathered and synthesized. A retrospective chart review of paediatric CI surgeries done in Ottawa was also undertaken to estimate risks.

A decision aid was designed to provide information about the options, their risks and benefits. In addition, this decision aid provides tools for parents to clarify and communicate the value they attribute to the risks and benefits. A pre-test post-test design was used to pilot the decision aid and measure knowledge and decisional conflict with parents. The piloted decision aid was acceptable to parents and clinicians and significant improvements in parents' knowledge were noted.

This is the first time a decision aid has been developed to address an audiology question. The results of the assessment of parent needs have been published in the Canadian Journal of Speech Language Pathology and Audiology and highlighted on the website

of the Canadian Association of Speech Language Pathology and Audiology.

A paper stemming from the systematic review on benefits has been accepted for publication in the International Journal of Audiology and the paper on risks is being submitted for publication.

The conclusion of this study is that parents considering the bilateral CI decision have needs that are not being met with current decision support. An intervention that addresses this clinical gap was designed with updated evidence of benefits and risks and shows promise on improving parental decision-making for their children with hearing loss.

University of Western Ontario: Dr. Richard Seewald and Dr. Susan Scollie, Co-Directors, Child Amplification Laboratory.

Introduction: In Ontario, up to 400 children are born every year with hearing impairment. Ontario alone spends over \$6M annually on early detection and intervention programs for infants and young children. Research has shown that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and provided with appropriate audiological, educational and medical services. This reduction in societal costs underscores the importance of early selection and use of amplification so that these children become very productive members of our communities.

The following provides a brief description of our major activities and accomplishments during 2008. Our proposed projects to Help-2-Hear aimed to

(1) study the time course of children's acclimatization to new hearing aid signal processing; and

(2) 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 (Glista et al., in review; Scollie et al., in review) 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 will use the pitch compression in this hearing aid as a means to provide new cues to children with hearing loss. We will follow these children in two-week intervals, reevaluating their speech recognition abilities at each visit. The effects of training will also be assessed. 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 different treatments (hearing aids, training) 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: One of our doctoral candidates (D. Glista) has completed the first stage of this project, evaluating our original participants after two years of device use. The results indicate that benefit continues to accrue following the initial two month fitting period. One of our Master's students (M. Polonenko) also collected speech recordings from these participants, and recruited a group of raters with normal hearing to rate the quality of the speech recordings. Some children showed significant changes in their speech production following two years of device use, with improvement in the overall sound quality of their speech, and improved production of high pitched sounds.

The next stage of this project will follow a new group of children over a course of four months of treatment, to examine the time course of acclimatization to the new signal processing. Over this time, we will 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. One of our Doctoral candidates (D. Glista) has developed a new set of tests to measure brainwaves that occur when children are wearing frequency lowering hearing aids. An example of this measurement is shown below.

This child (age 13) has sensorineural hearing loss and was wearing behind-the-ear (BTE) hearing aids from our previous study. These 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 are seen for the sounds “s” and “sh” (labelled as N1 and P2 at approximately 160 msec), that are not present when only the “eee” sound is played. 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.

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, some directional microphones “rove” their sensitivity to search for a talker in a background of noise. This very likely disrupts the normal cues needed to localize a sound source. However, the degree to which children’s sound localization abilities are, or are not, disrupted has never been evaluated.

Simply put, we do not know whether directional microphones are safe for use by children with hearing loss, even while we know that they are likely beneficial in some environments. In this study, we will recruit a sample of children who use hearing aids, and measure their abilities to detect sound and to find the location of a sound source.

We will have them perform these tasks while using their own hearing aids, and while wearing laboratory hearing aids that use various microphone settings (i.e., non-directional, directional at fixed settings, directional at roving settings).

Their scores on these tasks will be compared to a sample of children with normal hearing.

The results will allow us to better understand whether directional microphones disrupt the normal cues used for sound source localization.

Progress: One of our Doctoral students (J. Crukley) has completed the normative evaluation of the test system, including performance on children with normal hearing. The results indicate that young children have more difficulty localizing sound sources than adults. More importantly, young children have additional difficulty when background street noise is present. This may have important consequences for safety, and may be of greater importance for children who use hearing aids with directional microphones. We will replicate this study on a sample of children who use hearing aids, commencing in the summer of 2009.

Updates from past projects: Our DSL software system for hearing aid fitting in infants and children continues to be used worldwide. We have continued to place significant efforts in transferring this knowledge to policy makers and clinicians who serve children with hearing loss.

In the 2008 year, we placed emphasis on creating timely and interesting clinical support materials that are available online, for easy and rapid access by clinical audiologists who provide hearing aid services to children. Help-2-Hear funding has continued to help us support our graduate students. In the 2008 year, we recruited a fourth Doctoral student (Bagatto) to our laboratory. Her research will be carried out in conjunction with the Ontario Infant Hearing Program and the Ontario Early Researcher Award program to develop better ways to measure benefit in infants and toddlers who use hearing aids.

This work is a logical extension of the past support given by the Help-2-Hear Program toward the DSL method for fitting hearing aids. The support of Help-2-Hear has helped us to attract doctoral students who, like Ms. Bagatto, are also clinical audiologists.

This allows us to focus on helping children who use hearing aids through our research. For our past and current projects, we are very grateful for your support.

VOICE

...helping to give children the gift of sound

Donald L Jagger

The Masonic Foundation of Ontario is the single largest supporter of the mission to give deaf children a VOICE for life and is the most valued supporter of the Auditory- Verbal Rehabilitation Program.

AUDITORY-VERBAL REHABILITATION 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 Auditory-Verbal Rehabilitation 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 six. For children and youth aged six to eighteen, who have a decrease in their residual hearing, 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 option to children outside their jurisdiction, who do not have access to auditory-verbal therapy services locally. As the VOICE Auditory-Verbal Rehabilitation Program is province-wide, referrals to VOICE For Hearing Impaired Children regarding direct therapy, 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 the essential component for the successful language development of 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 in order to understand speech and learn to talk. Auditory-Verbal Therapy gives hearing-impaired children the tools they need to develop speech and auditory skills as well as 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 therapists' 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.

This extremely effective Program teaches 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. The Program helps deaf children to learn to listen and speak with the help of advanced listening technologies. As a result of newborn infant hearing screening, access to cochlear implant technology, and the VOICE Auditory-Verbal Therapy Program, over 96% of babies born deaf today are learning to listen and to speak.

Since its inception, 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. Through the advancements of technology, deaf children CAN learn to speak whereas historically they used sign language.

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 deaf students in Ontario today are educated in their community schools in regular classrooms. It is in large part due to the initiatives of the VOICE organization that Ontario has become a model North American location for families with children with hearing loss providing supports and services that enable deaf children to lead independent lives. VOICE continues to be the only organization that exclusively supports children who are deaf who are learning spoken language.

The Hospital for Sick Children in Toronto now conducts over 100 pediatric cochlear implants per year and looks to VOICE to provide the essential pre and post surgical Auditory-Verbal Rehabilitation for children and youth who are between the ages of six and 18.

In 2007, with the closure of the Learning to Listen Foundation in Toronto, and with growing support for bilateral implants, VOICE has responded to increased demand for Auditory-Verbal intervention and their caseload of children requiring therapy has doubled in size. The Program has grown to be the largest of its kind in the world and includes 18 certified Auditory-Verbal Therapists who are located throughout the province.

With support from organizations like The Masonic Foundation of Ontario, VOICE has been able to support hundreds of children and their families over the years as they struggle to accept their child's diagnosis, as they seek to acquire support, information, and valuable connections to help them and their child cope and move forward in a hearing world. VOICE is about improving life prospects of oral deaf children and youth.

In fact, research shows that by the time a child with hearing loss graduates from high school, more than \$400,000 per child can be saved in special education costs if the child is identified early and given proper educational, medical, and audiological services. (White, K.R. & Maxon, A.B., 1995)

A survey of VOICE's Auditory-Verbal Therapy graduates, 18 years and over, is a testament to the success of this Program. One hundred percent (100%) of respondents indicated they had not only graduated from high school but that greater than 50% had post-secondary education; the other 50% are still attending university or college. This is a significant outcome in light of the Statistic Canada findings that revealed that only 24% of deaf Canadians held a high school diploma.

The Masonic Foundation of Ontario's support has a significant impact on the future of a deaf child by giving them the chance they deserve and enabling them to become fully participating members of a hearing society.

VOICE's Programs and 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 Therapy The objective of the Auditory-Verbal Therapy 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.

Public Education One of VOICE's goals is to provide their target audiences with the knowledge, tools and information they need to make informed decisions. They accomplish this through their website, their resource library and their 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 loss 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 1,100 members (parents and professionals) in 19 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.

“My granddaughter, Lauren, lost her hearing over twelve years ago from meningitis. Today, thanks to her Cochlear Implant and her Auditory-Verbal Therapy, Lauren is a full and able member of her mainstream peer group in virtually every aspect of school and social activity. She, and others like her, are inspirational role models for other deaf children who require the services of VOICE”.

Voice Grandparent

PARENT ACTION ON DRUGS (P.A.D)

...addressing the issues of substance abuse

Allan C. Dvorak

With support from the Masonic Foundation of Ontario, PAD has developed and delivered innovative Peer Education Programs in the substance abuse field for over twenty years.

Current interest in youth engagement models by the Ministry of Health Promotion and the Canadian Centre for Substance Abuse and the emphasis on building resiliency in youth by public health departments make the program model developed, tested and implemented by PAD all the more current and relevant within the field. PAD continues to keep its programming contemporary through assessment and reviews.

In May and June, 2008, PAD undertook a review of the Challenges, Beliefs and Changes(CBC) Peer Education Program. School coordinators involved with the program were asked a series of questions about the effectiveness of the program and recommendations for change. Respondents noted that the program was very worthwhile for their students as peer education and the feedback from the grade eight teachers remained positive.

Revisions to the CBC Program were begun over the summer. In the fall, the new activities were tested in one of the peer training workshops and with the grade eight destination audience. Further revisions to the activities were then completed and a new manual developed for the new CBC Program, including a new “look”.

Following the Report of last year and consultation with school professionals, 2008-09 offered three options for peer delivered programming, depending on the needs of the school community:

- CBC-Challenges, Beliefs and Changes (revised)-two-day training workshop for peer educators;

- WWW-“What’s With Weed?”-a one-day workshop for peer leaders, followed by delivery in grade 9 classes;

- PEP-Peer Empowerment Program-a one-day peer education workshop accompanied by an assembly for the grade nine classes, followed by a period of classroom activities led by peer leaders or a one-day workshop for community youth groups.

The choice of programming allows schools to pick the programming that best suits their needs; PAD chooses the trainer to deliver the programming according to the strengths of the trainer.

The underlying constant with all program options is the involvement and capacity of trained peer leaders to deliver important factual information, explore attitudes and help younger students to learn skills related to making critical decisions about the use of alcohol, marijuana and other drugs.

During the current academic year (September-June), PAD will train 350 senior high school students who provide workshops to 1,800 grade 9 students and 1,200 grade 8 students.

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.

Since the *Enhanced Support Model's* inception, the Enhanced Support Committee has approved a total of 153 requests for individuals and families throughout the province.

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.

With the assistance of The Masonic Foundation of Ontario, last year KPAS was able to fund a total of 8 respite opportunities totalling \$16,665 that were provided to individuals with Autism.

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.

In 2008, the Enhanced Support Model approved 8 requests for consultation services, which has resulted in a total fund allocation of \$25,468. These requests included sessions with an Occupational Therapist and regular visits with a clinical psychologist.

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.

In 2008, The *Enhanced Support Model* provided funds in the amount of \$4,200 for the establishment of new or "seed" programs. 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 \$2,000 in funding enabled KPAS to make 400 copies for distribution across KPAS regions.

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.

During 2008-09, assistance from the Masonic Foundation of Ontario was directed, as follows: Respite (\$7,000); Consultation Support (\$5,800) and Seed Programs (\$4,200) for a total of \$17,000.

PROSTATE CANCER - PUBLIC EDUCATION FOR PROSTATE CANCER

...the first line of defence

Greg Sarney, Vice President
Prostate Cancer Canada

Public Education for Prostate Cancer—the First Line of Defense

*Masonic Foundation of Ontario sponsors innovative education
program for men and their families*

In 2009, 11,200 Ontario men will be diagnosed with prostate cancer. This represents close to half of the 25,500 cases that will be identified Canada-wide this year. In addition, 1,650 Ontarians will die of the disease—representing 38 per cent of all prostate cancer deaths across the country.

These numbers illustrate a significant health issue. Prostate cancer is the most common cancer in men, with rates of incidence and mortality similar to those of breast cancer in women. During their lifetime, 1 in 6 Canadian men will be diagnosed with the disease, and this is expected to rise to 1 in 4 within a decade.

Even with this rising threat, public awareness of the threat of prostate cancer remains low. Unless men and their families are aware of prostate cancer and understand the value of screening, they won't know what questions to ask their doctor about the disease—if they know to ask at all.

“Rising rates of prostate cancer incidence are a problem across the country, but particularly in Ontario which has the highest proportion of new cases each year compared to other provinces,” said Steve Jones, President & CEO of Prostate Cancer Canada. “The best thing a man can do is know the facts and get tested regularly, starting with a baseline test at age 40. This will give him his best odds of successful treatment if he happens to be diagnosed with the disease.”

One of the biggest challenges facing Prostate Cancer Canada is the dissemination of clear and concise information about prostate cancer to audiences across the country. Thankfully, the Masonic Foundation of Ontario has stepped in to help solve this problem.

Thanks to a donation of \$120,000 from the MFO, in 2009, Prostate Cancer Canada will develop the **Prostate Cancer Canada Public Education Program** a comprehensive overview of the disease including: prevention and risk factors; early detection and PSA screening; treatment options and their side effects; and life following treatment.

The format will not only standardize a wealth of information and make it dynamic and engaging to all audiences, but it will also be packaged so that non-experts can deliver the presentation themselves and answer basic questions at the conclusion. Program elements will be reviewed for accuracy and edited by members of Prostate Cancer Canada’s Scientific and Medical Advisory Committee. This committee is comprised of some of the leading surgical, medical and radiation oncologists in Canada.

The program will include a PowerPoint presentation and speaker’s notes, a short video featuring insights from doctors, researchers and survivors and their families, information brochures for attendees, and resources to promote an event and provide feedback to Prostate Cancer Canada.

The support of the Masonic Foundation of Ontario will not only help in the creation of this package, but also in its promotion to the public and dissemination to corporate and community groups across the province.

“As a national organization with limited staff and volunteer resources, one of our biggest challenges is the provision of consistent and accurate information to men and their families across the country,” said Greg Sarney, Vice President of Development for Prostate Cancer Canada. “Thanks to the Masonic Foundation of Ontario, we will be able to educate on a mass-scale and assist Ontario men in asking their doctors the right questions about their own risk - and what they might face following a diagnosis. We thank the MFO for their foresight in supporting this important program.”

The program is expected to roll out this fall, beginning with media announcements during Prostate Cancer Awareness Week (September 2009).

About Prostate Cancer Canada: Prostate Cancer Canada is the only national foundation dedicated to eliminating the most common cancer in men. We raise funds for the development of programs related to awareness, public education, advocacy, support of those affected, and research into the prevention, detection, treatment and cure of prostate cancer.

For more information, visit [ww.prostatecancer.ca](http://www.prostatecancer.ca)

PROSTATE CANCER- DA VINCI SURGICAL ROBOTIC SYSTEM

...on the cusp of a revolution in surgery

Dr Samuel Kalinowsky

Prostate Cancer is of great concern in a fraternity with a membership of some 50,000 men, many of whom are advanced in years. The impact of prostate cancer in men has significant implications for all family members.

In 2008, the Masonic Foundation of Ontario made a pledge of \$45,000 over 3 years to St Joseph's Health Care Foundation in London Ontario. The donation is in support of the da Vinci Surgical Robotic System, a minimally-invasive tool that can play a key role in the treatment of prostate cancer. It provides surgeons with high-resolution viewing, three-dimensional screens and precise surgical instruments for work where access is difficult.

The da Vinci robot, aside from being used for prostate cancer, has been used in the treatment or removal of cancers of the bladder, colon and pancreas. Patients benefit from robotic minimally-invasive surgery because of reduced trauma to the body, less anaesthesia, less post-operative pain and discomfort, less risk of infection, less scarring, shorter hospital stays, faster recovery and return to normal activity.....but perhaps the most important benefit to men is a greatly reduced risk of sexual dysfunction and incontinence, factors that sometimes deter men from having surgery at all.

The Masonic Foundation recognizes and salutes the complementary initiative of our Grand Master, M Wor.Bro Allan J Petrisor with regard to his personal project, the Early Detection and Awareness of Prostate Cancer.

This two-year initiative has resonated with the Masons of Ontario who have supported the initiative, willingly and most generously. To date, in excess of \$70,000 has already been raised in support of this most worthwhile initiative.

It is significant that early detection, through a digital rectal examination coupled with the PSA test, is vitally important in defeating this most frequently diagnosed cancer in Canadian men.

DISTRICT PROJECTS

...responding to local community needs

Paul E Todd

This year, the Brethren of 22 Districts across Ontario have developed and implemented local, community-benefiting projects, in co-operation with the Masonic Foundation of Ontario. These Projects are varied in nature helping to relieve suffering, support research or assist individuals or groups to enhance their quality of life.

Well over \$150,000 has been targeted, but it is highly likely that considerably more will be raised through the charitable efforts of the many Masons that are involved. These Projects, limited in scope only by the imagination of District Deputy Grand Masters and the brethren of each District, vividly demonstrate the diversity of activities that Masons across Ontario have chosen in a continuing effort to benefit their communities.

| <u>District</u> | <u>Project</u> | <u>Target(\$)</u> |
|---------------------|-------------------------------------|-------------------|
| Bruce | Children's Health Foundation-London | TBD |
| Eastern | Prostate Cancer | 3,000 |
| Frontenac | Cardiac Rehab Program-Hotel Dieu l | 15,000 |
| Georgian South | Learning Centre for Children-Barrie | 10,000 |
| Grey | Prostate Cancer Research | 4,000 |
| Muskoka-Parry Sound | Canadian Diabetes Association | 5,000 |
| Niagara A | Red Roof Retreat | TBD |
| Ontario | MasoniChip | 10,000 |
| Ottawa 1 | Starlight Starbright Foundation | 4,000 |
| Ottawa 2 | Children's Hospital of Eastern Ont | 5,000 |
| Prince Edward | MasoniChip | 10,000 |
| Sarnia | CEEH Foundation-Cataract Clinic | 2,000 |
| St Lawrence | Children's Hospital of Eastern Onto | 3,000 |
| Toronto Don Valley | Toronto Ronald MacDonald House | TBD |
| TorontoHumberValley | Prostate Cancer Research | TBD |
| Toronto West | Juvenile Diabetes | 10,000 |
| Toronto West | Bursary | 1,000 |
| Victoria | District Defibrillator | TBD |
| Waterloo | National Centre for Audiology | 10,000 |
| Wilson North | Juvenile Diabetes Research | 2,000 |
| Windsor | Warm Hands-Happy Hearts | TBD |
| York | Prostate Cancer Research | 10,000 |

The Masonic Foundation of Ontario has encouraged Districts to organize and fund-raise individual District Projects by contributing 10% of the amount raised up to a maximum of \$1,000 for each District Project.

CHARITABLE PROJECTS

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

Raymond S J Daniels

Requests for charitable assistance are received in relatively large numbers, particularly during troubled economic times such as we are currently experiencing. Many of them originate from large and well-funded and well-established special interest groups. However, there are other specific, one-of-a-kind individual requests, unique in their nature, that are reviewed by the Special Requests Committee..

Since the Foundation's inception in 1964, a number of guidelines have been adhered to in considering the requests which are received:

- *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;*

Funds from this source are not to be used to support either capital building projects or the operating/administrative requirements of established charitable organizations.

With the above criteria in mind, the following requests were approved for assistance:

- A young lady, from Greely, Ontario, who became a paraplegic as a result of a drunk-driving accident was assisted in obtaining a new wheelchair-\$1000.00

- A couple from London, Ontario received assistance to purchase a small portable output device and a co-writer and smart speaker-\$1,312.00
- Sarnia-Lambton Rebound Lochiel Kiwanis Centre received assistance for its SNAP program-\$1,000.00
- Windfall Clothing Service in Toronto received assistance for its Clothes for Kids Program-\$1,000.00

The assistance of Mel Duke and Marlene Victor in the Foundation Office in administering this Program is gratefully acknowledged. Their willingness to obtain supplementary information and to offer critiques, in confidence, greatly assisted in making difficult decisions.

The Masons throughout Ontario, but in particular the DDGMs are reminded to be constantly on the lookout for young people in their communities who may have “special needs” that do not fit the regular programming of the MFO. Please advise this Committee through the Masonic Foundation Office....we just may be able to provide some help!

IN ADDITION, it should be noted that individual District Projects approved by the MFO, will automatically receive a further 10% of the amount fund-raised, up to a maximum of \$1,000.

PLANNED GIVING

...a Mason’s legacy of giving

Brian V Koivu

On November 15th of each year, philanthropy, translated as the “love of humanity” is celebrated in communities around the world.

Over the last century, philanthropy has generally come to mean charitable giving of financial resources and the personal energy of volunteers.

Throughout history, Canadians have been generous in their giving, even in times of economic downturn, through recessions, credit crises and the tech bust. During downturns, the *overall rate of growth* of charitable giving has decreased, but charitable individuals and groups continue to support and sometimes increase their support to their trusted charities.

LEAVE A LEGACY is a national public awareness program designed to encourage people to leave a gift through their will or any other gift planning instrument to a charity or non-profit organization of their choice. Its goal of advancing philanthropy is supported by beneficiary federal government legislation, insofar as it allows Canadians to claim donations and other benefits in their taxes. Statistics Canada reports that, in 2006, 25% of Canadians, who filed tax returns, claimed a charitable donation. These claims totalled \$8.5 billion. What about our potential for the future? 81% of Canadians contribute to charitable organizations throughout their lifetime. However, research shows that only 7% continue this support through a gift in their will or estate plan.

The **PLANNED GIVING PROGRAM** of the Masonic Foundation is consistent with and complementary to LEAVE A LEGACY. We have produced an informative pamphlet on PLANNED GIVING which has been extensively distributed to brethren throughout Ontario to assist them in making informed decisions regarding their charitable giving.

Planned Giving can take many forms: gifts of cash/cheque through our Yellow and Grey Envelopes; will bequests; gifts of securities; gifts of property; gifts of life insurance; gifts of Retirement Plans.... whatever the mechanism, all these gifts increase our capital base and “continue to give” long after our brother has departed this earth.

The Foundation is most grateful to the widows of those departed brethren who have also kept us in mind when making plans for their charitable giving. These efforts have significantly added to your Foundation's ability to meet our giving objectives.

This past year, the Masonic Foundation of Ontario received bequests totalling \$2,553,622 from the estates of 9 individuals. These bequests varied in amounts from \$2,000 to \$ 2,096,255.

Charitable giving is a personal decision we can only ask that you keep the Masonic Foundation of Ontario, "the Charity of Choice of Masons", in mind when contemplating your annual donations and your estate planning. All donations, regardless of size, will be "gratefully received and faithfully applied."

LOOKING AHEAD

...whither are we directing our course?

Dr Samuel Kalinowsky

The Masonic Foundation, like many other charitable organizations, faces daunting challenges in these uncertain financial and economic times.

But with the collective help of the Masonic Family and the astute management of our Board of Directors, I am confident that we will successfully resolve the issues before us and continue to provide a top-quality, charitable service in Ontario. The Foundation will continue to be that beacon of hope for those in need while contributing to the betterment of a global society.

Out of adversity comes opportunity, and the Masonic Foundation has developed for itself a genuine reputation for rising to meet its challenges with vitality, imagination and renewed strength. It has done so in the past, and I know it will do so now and in the future.

As we begin the last half of the fifth decade of our existence, we should stop for a moment to examine what we have done, where we have come from, what has worked successfully and what hasn't. We must approach the future with strong minds, great ideas and profound understanding in a manner that is ethical, just and respectful of the fragile nature of our planet, the diversity of the peoples who share it and mindful of the myriad needs of so many in our communities.

In summary, that is our challenge, and towards that end, the Masonic Foundation will undertake a number of initiatives, as follows, but not in order of priority:

- Complete the Communications Initiative which involves a clear Vision Statement, an appropriate Branding and Identity, Methodologies for Better Communications and Increased Use of the Internet in Communications.
- Extend the Strategic Framework, our accountability document, for another 5 years-2010-2015.
- Communicate widely the electronic capacity "To Donate" now available on our Web Page.
- Continue Information Seminars in St Catharines/Niagara Falls and Toronto East and consider the development of a 5-year strategy for presentations across Ontario.
- To distribute Resource Kits containing useful information to all 44 Masonic Districts.

- To review our ongoing commitments to longstanding programs such as Help-2-Hear and Nip Drugs in the Bud with a view to determining whether there are other worthwhile causes that the Foundation may wish to support in the future.

- To develop specific guidelines for District Projects and communicate to all future DDGMs, including clear principles for selecting, implementing and fund-raising such projects.

- To review our Investment Strategy, in consultation with BMO Nesbitt Burns, consistent with the vision and philosophy of the Masonic Foundation.

- Other initiatives to be developed by the in-coming President and the Board of Directors.

The onus of responsibility for the future well-running and governing of the Masonic Foundation will be on the incoming President and the new Board of Directors. As I step down as President in July, after 5 wonderful years at the helm, I have absolute confidence in their wisdom and resolve. Discipline, imagination and fervour will be the watchwords of the new Management Team, which will guide our fortunes through to our 50th Anniversary in 2014. To them, I commit myself with unreserved passion and limitless energy to the realization of all our collective hopes and dreams.

As my term winds down, I feel reassured that under my watch, the Masonic Foundation has progressed as a credible vehicle for distributing charitable assistance on behalf of the Masons of Ontario. I sincerely thank all those who, with total loyalty, have celebrated achievement and who have suffered through failure, the Grand Masters of the day, the members of successive Boards of General Purposes, the annually changing District Deputy Grand Masters and the legions of Masons in every reach of this great province. But above all, I have benefited immensely from an incredibly talented and supportive Executive Committee and Board of Directors...and,

finally...words cannot describe my total dependence on the M and Ms...Mel and Marlene...who were my protective angels and my guiding light.

As I conclude my tenure as President of the greatest foundation in the world, let us pause and remember these immortal words of Kahlil Gibran, "The moving finger writes; and having writ, moves on;"**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, J. D. Bell, G. Boyce, D. A. Campbell, K. Campbell, R. J. S. Daniels, J. T. Cassie, M. J. Duke, A. C. Dvorak, A. J. Hope, B. J. Hutton, D. L. Jagger, B. Koivu, I. Millar, D. H. Mumby, A. D. Nichols, H. E. Standish, G. R. Taylor, P. E. Todd..

Samuel Kalinowsky,
President

The Masonic Foundation Office is available to serve you:

Regular Hours: Monday to Thursday 9am to 2pm
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

THE MASONIC FOUNDATION OF ONTARIO
SUMMARIZED STATEMENT OF FINANCIAL POSITION
YEAR ENDED MARCH 31, 2009

| | <u>2009</u> | <u>2008</u> |
|---|----------------------|---------------------|
| ASSETS | | |
| Cash | \$ 497,198 | \$ 86,162 |
| Accrued investment income | 66,867 | 67,801 |
| Marketable investments | 10,276,038 | 8,147,542 |
| Other | 4,713 | 5,117 |
| | <u>\$ 10,844,816</u> | <u>\$ 8,306,622</u> |
| LIABILITIES | | |
| Payable and accrued liabilities | \$ 13,641 | \$ 16,900 |
| District project funds for disbursement | 194,500 | 129,450 |
| | <u>208,141</u> | <u>146,350</u> |
| UNRESTRICTED NET ASSETS | 10,636,675 | 8,160,272 |
| | <u>\$ 10,844,816</u> | <u>\$ 8,306,622</u> |

SUMMARIZED STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 2009

| | <u>2009</u> | <u>2008</u> |
|--|------------------|----------------|
| REVENUE | | |
| Investment income | \$ 395,086 | \$ 404,267 |
| Bequests | 2,553,622 | 114,897 |
| Donations | 66,615 | 69,547 |
| District project funds | 425,038 | 287,832 |
| | <u>3,440,361</u> | <u>876,543</u> |
| EXPENSES: | | |
| Administration and fund raising | 134,309 | 151,568 |
| Bursaries and donations | 829,649 | 563,171 |
| | <u>963,958</u> | <u>714,739</u> |
| EXCESS OF REVENUE OVER EXPENSES | <u>2,476,403</u> | <u>161,804</u> |

**STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2009**

| | <u>2009</u> | <u>2008</u> |
|--|----------------------|---------------------|
| UNRESTRICTED NET ASSETS, beginning of year as previously reported | 8,160,272 | 7,948,239 |
| ADJUSTMENT ON IMPLEMENTATION OF FINANCIAL INSTRUMENTS STANDARDS | | 50,229 |
| RESTATED NET ASSETS, beginning of year | 8,160,272 | 7,998,468 |
| EXCESS OF REVENUE OVER EXPENSES | 2,476,403 | 161,804 |
| UNRESTRICTED NET ASSETS | \$ 10,636,675 | \$ 8,160,272 |

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, 2009 and for the year ended March 31, 2008 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 31, 2009

Audited copies of the financial statements as at and for the year ended March 31, 2009 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 | - | S. Kalinowsky |
| Vice-Presidents | - | D. A. Campbell |
| | - | A. C. Dvorak |
| | - | G. R. Taylor |
| | - | H. E. Standish |
| Directors | - | J. Ault |
| | - | J. D. Bell |
| | - | G. Boyce |
| | - | K. Campbell |
| | - | R. S. J. Daniels |
| | - | B. J. Hutton |
| | - | B. V. Koivu |
| | - | I. Millar |
| | - | D. H. Mumby |
| - | P. E. Todd | |
| Secretary | - | M. J. Duke |
| Treasurer | - | A. D. Nichols |
| Assistant Treasurer | - | D. L. Jagger |
| Committee Chairmen | - | J. T. Cassie |
| | - | A. J. Hope |

CELEBRATING FORTY FIVE YEARS OF SERVICE

OUR LEADERS 1964-2009

| | |
|-------------------|----------------|
| 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 - |

“This bursary will be invaluable in helping me complete my final year of undergraduate studies. As I had mentioned, I will be starting medical school in the fall, and will work towards achieving my dream of becoming a physician. I will try to contact you from time to time to update you on my progress towards becoming a doctor.”
(Bursary recipient)

“On behalf of our patients and their families-thank you. Thank you for making a real difference to the care St Joseph’s Health Care, London provides to our community. Through your support, patients will have access to leading-edge medical solutions in a compassionate, caring environment.” (St Joseph’s Health Care, London re: da Vinci Surgical Robotic System)

*It is my sincere hope that someday the Masonic Foundations’s financial support will lead to a scientific breakthrough that will help alleviate the debilitating effects of hearing loss in infants.
(University of Western Ontario)*

“We achieve our mission only through the help of organizations such as yours. It is the ongoing support of our members and friends that enables us to continually enhance the quality of life for individuals with Autism spectrum Disorder and other pervasive developmental disorders.”
(Kerry’s Place-Autism Services)

“This Masonic Bursary will help me complete my final semester (advertising program) at Loyalist College in Belleville” (Bursary recipient)



MASONIC FOUNDATION OF ONTARIO

361 King St. West Hamilton, ON L8P 1B4
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