WHEN YOU CAN’T BREATHE, NOTHING ELSE MATTERS

THE LUNG ASSOCIATION™

2012/2013 Annual Report
For over 100 years, The Canadian Lung Association has been dedicated to its mission of promoting and improving lung health for all Canadians. We are a non-profit and volunteer-based health charity that depends on donations from the public to support lung health research, education, prevention and advocacy.

The Lung Association movement began in 1900 to control the spread of tuberculosis and provide better services for TB patients. Today, The Lung Association focuses on all issues that affect the ability of Canadians to breathe every day: asthma, chronic obstructive pulmonary disease (COPD), healthy air, health-care professional education, research, smoking prevention and cessation and advocacy.

The mission of the Canadian Lung Association is to lead nationwide and international lung health initiatives, prevent lung disease, help people manage lung disease and promote lung health. Together with our national and provincial offices and our medical professional societies, we all work together to help the one in five Canadians who have breathing problems.

This annual report is for the national office of the Canadian Lung Association. To see the annual report for each of the separately incorporated provincial offices, please visit their respective websites, which can be found at www.lung.ca/provincial.
Honouring a long-time lung health champion

The Lung Association federation suffered a significant loss this year with the passing of Ken Maybee, a long-time clean air crusader and a former past president and CEO of the New Brunswick Lung Association.

Ken was instrumental in having Canada proclaim Clean Air Day in June of each year. In 2010, he was presented with an Honorary Life Membership to the Canadian Lung Association in gratitude for his leadership and outstanding commitment to advance the mission of The Lung Association.

Ken was also a recipient of the Order of Canada and posthumously awarded a Queen Elizabeth II Diamond Jubilee medal. Ken exemplified the highest qualities of leadership and contributed greatly to advance our mission of improving the lung health of all Canadians.
Breathing new life into our organization

Richard Shuhany, CA
Chair of the Board of Directors

Mary-Pat Shaw
Acting CEO and President

This past year was challenging for our organization in many ways, but it was also one filled with great hope.

According to a report released this year by the Conference Board of Canada, the economic burden of the three major lung diseases—asthma, chronic obstructive pulmonary disease (COPD), and lung cancer—continues to rise. The health and economic cost of these three diseases is pegged at $12 billion a year. Without additional action to reduce levels of disease, these costs are projected to double within 20 years.

However, with concerted efforts directed at reducing the impact of key risk factors, these costs and rates of disease and their costs can be reduced substantially. To meet this need, The Lung Association has made a strategic decision to work to increase funding into research into understanding, treating and preventing lung disease. In June 2012, we released $1.085 of our research reserve funding so that over the next five years it can be used to match funds provided by the Canadian Institute of Health Research, thereby doubling our impact.

The Canadian Lung Association, in partnership with our medical sections—the Canadian Thoracic Society and the Canadian Respiratory Health Professionals—has also committed to a national campaign to bolster and elevate respiratory research in Canada. The campaign aims to raise 10 million dollars over the next five years to enable our research strategy.

To ensure that we are an effective and efficient organization, we made the strategic decision to revitalize our federation, which includes 10 provincial partners, our national office and our two medical sections. In January 2013, the Canadian Lung Association Board of Directors created a task force to guide a collaborative process for federation leaders to determine new strategic directions. This upcoming year, the task force will develop framework for revitalization. Under review will be our vision, mandate/role, 2017 Practical Vision, strategic directions, roles and accountabilities and governance.

Our work could not be done without the support of dedicated people like our staff, volunteers, donors, partners and sponsors. We thank you all for helping Canadians breathe easier.
Saluting our supporters

For many years, the firefighters in British Columbia have participated annually in the Climb the Wall: Stair Climb for Clean Air and raised countless dollars to fund lung health services and vital research. We are privileged to know many selfless, dedicated individuals from across Canada like these firefighters who value lung health and make our work possible.
Why We Matter

TOBACCO
Tobacco use remains the single greatest preventable cause of death and disease. It is the leading cause of death from lung cancer and COPD (chronic obstructive pulmonary disease). Yet despite years of public education, smoke free legislation, tax increases, advertising and sales restrictions and more, almost 5 million Canadians aged 15 and older (16 per cent) are still smoking.

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE)
Chronic obstructive pulmonary disease (COPD) is the fourth leading killer of Canadians. It has a higher hospitalization rate and a higher hospital re-admission rate than heart failure, angina, and other serious chronic diseases; leaves some working-age people too sick to work, and costs billions of dollars a year nationally in medical bills and lost productivity. Yet the majority of Canadians don’t know what COPD is, whether they’re at risk, or how to get tested.

LUNG CANCER
Lung cancer is the deadliest of all cancers. While smoking is the main cause, a significant proportion of cases (10 to 15 percent) occur in people who never smoked a day in their lives. Researchers have identified a number of other possible causes; the best known is second-hand smoke. Radon gas and asbestos exposure are also known causes. In addition, environmental pollution and genetic factors are believed to play a role. In 2013, an estimated 25,500 Canadians will be diagnosed with lung cancer and 20,200 will die of it.

ASTHMA
Canada has one of the highest asthma rates in the world. About 2.7 million Canadians live with asthma. Asthma is the most common on-the-job lung disease, the third leading cause of lost work time, and the leading cause of school absenteeism and hospitalization for children. Though effective medication and treatment is available, many children and adults still do not effectively manage their asthma.

SLEEP APNEA
Statistics show that 26 per cent of Canadian adults aged 18 years and older are at high risk of sleep apnea, one of the most seriously under-diagnosed chronic respiratory conditions today. Obstructive sleep apnea is a serious breathing problem that interrupts one’s sleep. Those affected stop breathing dozens or hundreds of times each night. Left untreated, the consequences can be life-threatening. People with sleep apnea are at a higher risk for heart attacks and strokes, high blood pressure, depression and memory loss; and they’re seven times more likely to have a car crash.

AIR QUALITY
We breathe 20,000 times a day, passing 10,000 litres of air through our lungs, much of it containing air pollutants. Even so, convincing Canadians to take air pollution seriously is difficult, particularly if we rely on comparisons to cities and countries with even worse problems. Yet the evidence is clear: air pollution is an important public health issue, both in terms of the number of people affected and the range of diseases associated with it.

TUBERCULOSIS
Despite the low incidence of tuberculosis (TB) in Canada, 1,600 new cases are reported every year. Worldwide, almost 9 million people develop active TB each year and 1.4 million will die. If not treated, each person with active TB infects, on average, 10 to 15 others. TB tends to travels into Canada as people travel back and forth to high incidence countries, with the majority of all new TB cases in Canada occurring in people born outside of the country and Aboriginal peoples.
Improving patient care through research

We fund world-class research into better treatments and ultimately cures for lung disease. Dr. Louise Rose (above) is a recent grant recipient who is doing research on patients who require long-term mechanical ventilation for breathing. Her research will look into how to wean patients off ventilators earlier, so they can start breathing on their own. The benefits? Less complications due to prolonged use of breathing machines and significant cost savings for the health care system. Most importantly, this research will help improve patient care.
Helping families and caregivers through research

For her doctoral research at the University of Toronto, Krista Keilty is studying the sleep of parents who have a child who requires long-term ventilation and oxygen therapy. The Canadian Lung Association and the Ontario Lung Association have awarded Keilty with a grant and fellowship to further her research. Keilty will study how the lack of sleep affects caregivers’ health and quality of life. She hopes her research will lead to interventions that will help families get a better night’s sleep.
Helping Canadians manage their lung disease better

As a teacher, Heather Crysdale knows that asking for help to learn is important. That’s why she sought out the Lung Association’s help to learn how to manage her asthma better. Heather worked with Rosario Holmes, a certified asthma educator with the Lung Association in Ottawa, to learn more about her asthma medications and how to use her inhalers appropriately through proper breathing techniques. Rosario also was taught Heather how to keep her inhalers clean and sanitary.

“As a teacher of young children, I have since gone on to pass these same lessons about inhaler use and cleanliness to the students in my class who have asthma and to their parents.”
Long-term exposure to air pollution, even at moderate levels, harms long-term health, especially for children, older adults and people suffering from chronic lung disease, like asthma and COPD. This year, the Canadian Lung Association has been an active partner in the development process of the new Air Quality Management System, a comprehensive national system for managing harmful air pollution. Working with the federal government and national health, environmental, and industrial organizations, we helped advise on the overall design of the system and contributing to technical working groups. This is just one of the ways we are helping Canadians, like these children (above) who are attending asthma camp, breathe easier in the future.
Promoting early detection and diagnosis of lung disease

The earlier lung diseases can be detected and diagnosed, the earlier treatment can begin. And that means easier breathing and better quality of life for people with lung disease, like asthma, COPD and sleep apnea. At local events and health fairs across the country, we promote early detection and diagnosis of lung disease.
Celebrating smoke-free living, helping those ready to quit and preventing children from starting

For many years, the Canadian Lung Association has been helping those who smoke to quit, encouraging youth not to take up smoking and celebrating those who have successfully quit, like Karen who smoked for 18 years and was able to quit thanks to help and support she received from the Lung Association.

“I am quite sure becoming a non-smoker has added years to my life. It certainly has added life to my years!”

“After I’d been smoke-free for a year, the Lung Association in Ottawa approached me and asked whether I would like to lead the same course I had taken. I was. And I did, for two or three years. It helped me stay a ‘quitter’ and I loved helping other people make the same positive change in their lives.”
Advancing knowledge translation, improving patient care

Through our medical societies, the Canadian Thoracic Society and the Canadian Respiratory Health Professionals, we help strengthen our research capacity and move knowledge into practice so that Canadians can benefit more quickly from the latest research on respiratory diseases.

We provide health care professionals with access to training on best practices in chronic lung disease diagnosis, care and management and lend our support to local and regional lung health education and professional workshop initiatives.
Celebrating our recipients of the Queen Elizabeth II Diamond Jubilee Medal

The Queen Elizabeth II Diamond Jubilee Medal was created to celebrate Her Majesty’s ascension to the Throne sixty years ago. This commemorative medal is a tangible and lasting way to pay tribute to Canadians whose achievements have benefited their fellow citizens, their community, the Canadian Lung Association and the country. We salute the following winners:

Kelly Ablog-Morrant  
Dr. Nick Antonisen  
Pierre Baribeau  
Dr. Allan Becker  
Dr. Harry Benson  
Dr. Louis-Philippe Boulet  
Glen Bourque  
Murielle Breault  
Dr. Dina Brooks  
Vicki Bryanston  
Jim Burnett  
Michele Caskey  
Robert Constable  
Dr. Gordon Ford  
Dr. Dennis Furlong  
Richie Gage  
Dr. Donna Goodridge  
Dr. Brian Graham  
Rosario Holmes  
Dr. Robert Hyland  
Dr. Dale Lien  
Dr. G. Fred MacDonald  
Margaret Munro  
Dr. Gaston Ostiguy  
Noel Pendergast  
Cheryl Ralph  
Cathy Relf  
Dr. John Remmers  
Johnny van Tol  
Jane Wallingford
Recognizing our supporters

Our work could not be done without the countless volunteers, donors and sponsors who help us achieve our mission. We are inspired by their enthusiasm, creativity and passion.

We gratefully acknowledge the support of the Public Health Agency of Canada and our valued national corporate sponsors who make lung health their business, too.

Abbott
Actelion
Alpha-1 Canada
AstraZeneca
Boehringer-Ingelheim
CAREstream Medical Ltd.
GlaxoSmithKline
Graceyway Pharmaceuticals
Healthpartners
Home Hardware Stores Limited
Leon’s
MacDonald, Dettwiler & Associates Ltd.
ManthaMed Inc.
McArthur Medical Sales Inc.

McNeil Consumer Healthcare
Merck
Novartis
Nycomed
Pfizer
Public Health Agency of Canada
Sears Employee Charitable Fund
Shaw
Talecris Biotherapeutics
Trudell Medical International
Unither BioTech Inc.
Vector Aerospace Helicopter Services Inc.
Velan Foundation
VitalAire

Thank you for your ongoing commitment and support.
Together, we are helping Canadians breathe easier.
Financial Statements
Fiscal Year April 1, 2012 to March 31, 2013

Statement of Operations

<table>
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<tr>
<th></th>
<th>General Fund</th>
<th>Research Fund</th>
<th>International Project</th>
<th>Total 2013</th>
<th>Total 2012</th>
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<td>Provincial assessments</td>
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<td>Sale of materials</td>
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<td>Recovery of prior year awards</td>
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<td>990</td>
<td>—</td>
<td>990</td>
<td>5,000</td>
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<td>Interest and invested income</td>
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<td>97,789</td>
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<td>158,350</td>
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<td>Miscellaneous and other income</td>
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<td>4,692</td>
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<td>Conference registration</td>
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<td>171,070</td>
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<td><strong>Total Revenue</strong></td>
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<td>751,698</td>
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<td>3,115,032</td>
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<td>Admin allocation</td>
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<td>Advertising and Promotion</td>
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<td>141,670</td>
<td>583,007</td>
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<td>Consultants</td>
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<td>99,228</td>
<td>—</td>
<td>388,593</td>
<td>407,436</td>
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<td>76,538</td>
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<td>644,467</td>
<td>834,060</td>
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<td>Other operating expenses</td>
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<td>47,747</td>
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<td>425,130</td>
<td>376,500</td>
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<td>Office rentals and leases</td>
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<td>Research grants and awards</td>
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<td>1,158,403</td>
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<td><strong>Total Expenses</strong></td>
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<td>812,840</td>
<td>—</td>
<td>3,368,488</td>
<td>4,700,416</td>
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<td><strong>Excess (deficiency) of revenue over expenses before unrealized items</strong></td>
<td>(192,314)</td>
<td>(61,142)</td>
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<td>(253,456)</td>
<td>9,473</td>
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<td><strong>Unrealized gain (loss) on investments</strong></td>
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<td>66,396</td>
<td>—</td>
<td>114,476</td>
<td>58,424</td>
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<td><strong>Excess (deficiency) of revenue over expenses for the year</strong></td>
<td>$ (144,234)</td>
<td>$ 5,245</td>
<td>—</td>
<td>$ (138,980)</td>
<td>$ 67,897</td>
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The condensed financial information above has been extracted from the Audited Financial Statements. The 2010 report of the Auditors, Collins Barrow Ottawa LLP and complete audited financial statements, which include notes and more detailed financial information, are available for examination at the office of the CEO and Director of Finance.
2012/2013 BOARD OF DIRECTORS

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