Annual Report 2015
CANADIAN LIVER FOUNDATION
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2015–2016

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The Canadian Liver Foundation is committed to bringing liver research to life and the events of the past year only served to highlight the critical importance of this mission.

In 2015, the media brought attention to public appeals for living donors for children and adults in desperate need of liver transplants. The three-year-old Wagner twins, 11-year-old Allexis Siebrecht and Ottawa Senators owner Eugene Melnyk were just a few of the high profile stories carried by media outlets across Canada and beyond.

In response to these stories, the Canadian Liver Foundation was asked time and again whether these public appeals were ‘fair’ to others who were also waiting. In 2014, 506 liver transplants took place but 119 people died waiting for a new liver. The question that should be asked is ‘how do we decrease demand for liver transplants?’ Clearly liver transplantation is not the whole answer to liver disease. What we need is research to find treatments and cures and advocacy to ensure those with liver disease have access to the care they need.

According to the most recent data, 1 in 4 Canadians may be affected by liver disease. The CLF invests in liver research to discover ways to prevent, treat or cure liver diseases so liver transplants may one day no longer be necessary. In 2015, we had $2.6 million available for research. These funds helped support research into pediatric liver disease, liver cancer, hepatitis C, liver transplantation, and autoimmune liver disease. Regardless of whether these were individual investigators studying diseases at a molecular level or multi-disciplinary, multi-site teams pursuing large scale projects in fields like immune tolerance, each and every discovery brings liver research to life for the eventual benefit of those with liver disease. It is only with the support of our donors and corporate supporters that we are able to continue this vital work.

Breakthroughs in the lab make their impact when they are applied in real world settings. Hepatitis C is a good example. Thanks to research we have tests to identify the virus and effective therapies that can cure it. If these tools are not being used however, we will not achieve our goal of eliminating a disease that is the leading cause of liver transplants in this country. Too many patients with hepatitis C do not have access to treatment because they have not yet been diagnosed, or because their liver disease is not severe enough to qualify for drug coverage.

In 2015, the CLF continued to call for hepatitis C testing of adults born between 1945 and 1975 through public awareness programs and government advocacy. Our ‘Could You Have It?’ awareness campaign featured three people who have been cured of hepatitis C. Through videos, social media and web content, we encouraged the public to assess their own risk using our online tool. The campaign reached more than 1.4 million and, to date, more than 2,500 have completed a risk assessment. This issue is now being considered by government groups who will recommend whether revised testing recommendations should be made official.

“It is only with the support of our donors and corporate supporters that we are able to continue this vital work.”

In addition to reaching out to the public about testing, we also pushed for federal approval and provincial coverage of the newest — and increasingly effective — drug therapies for hepatitis C.

Research has brought us answers to many questions about liver disease and we, in turn, share those answers through our outreach and support programs.

While the day that we can treat liver disease without liver transplants may still be far off, our research, education and support efforts today are bringing us closer to realizing that future. Thank you to all our volunteers, staff, donors and supporters for your time, talents, financial contributions and enthusiasm in support of the Foundation. You are helping the CLF bring liver research to life!
Liver diseases are as diverse and complex as the liver itself. They can result from viruses, genetics, obesity, toxins or even unknown causes. The CLF invests in basic science research that helps investigators gain a better understanding of how the liver works, the causes and progression of different types of liver diseases and the areas to target in treatment and prevention.

Through our research grant program and joint funding projects, the CLF supplies critical funding to doctors and researchers at various stages in their careers. By providing these much-needed financial resources, the CLF helps attract and retain some of Canada’s top talent in the field.

Research Partnerships

Reducing the need for anti-rejection medications for transplant patients

Anti-rejection medications are a part of life for post-transplant patients. While some only experience mild side effects, the drugs do leave patients more vulnerable to infections and have the potential to cause a range of side effects from mood changes and nausea to kidney and blood problems.

Dr. Lori West from the University of Alberta and a team of scientists from across the country are studying how to re-educate the immune system so it will accept a newly transplanted organ rather attacking it like a foreign invader.

“Our goal is to be able to manipulate the immune system precisely so we can use immunosuppressive drugs more safely and effectively, or possibly minimize the need for these drugs,” says Dr. West. “Because of its ability to regenerate, the liver has the greatest capacity for developing this ‘immune tolerance’. Our team is working with regulatory T-cells that control the body’s immune response and hold the most promise for suppressing rejection. We just discovered a new source of these potent cells which will help move the research forward more quickly.”

Dr. West and her colleagues are part of the Canadian National Transplant Research Program, an initiative funded in part by the CLF, which is looking at ways to improve transplantation and quality of life for transplant recipients. In addition to their discovery of a new source of T-cells, the team has also established a new standardized immune monitoring procedure that will make it easier to track what is working and not working in studies being conducted at multiple research sites.

“This level of collaboration is unprecedented in the field of tolerance research and we are already seeing exciting results,” says Dr. West. “In time we hope our work with the immune systems will make it possible to decrease the required dosage or the length of time that recipients need to take anti-rejection drugs which would further improve their long-term health.”
Facilitating collaborative research in hepatitis C

In 2002, the CLF was a founding funding partner of a new multi-disciplinary research training program in hepatitis C.

Over the past 14 years, the National CIHR Research Training Program in Hepatitis C has leveraged the expertise of individual clinicians and researchers at leading academic institutions to help increase Canada’s research capacity and to turn the knowledge gained from that research into practices and policies.

In 2015, the program secured renewed funding from the federal government and has expanded its mandate for the next five years. Under the leadership of Dr. Naglaa Shoukry from the Centre hospitalier de l’Université de Montréal, the now renamed Canadian Network on Hepatitis C (CanHepC) will focus on prevention, treatment and outcomes including promising interventions like a hepatitis C vaccine.

The CLF will continue as a funding partner for CanHepC and will assist with translating and sharing research results with the public, patients, health care providers and the government.

Equipping the medical community to treat hepatitis C

Thanks to research, it is possible to treat — and in many cases cure — more hepatitis C patients than ever before. A wide range of health care professionals currently diagnose, counsel and treat hepatitis C patients who are at different stages of the disease from the beginnings of fibrosis to advanced cirrhosis.

Due to the variety of treatment options available, treatment is now simpler and at the same time more complex. Simpler in that drug therapies only require one to four pills per day and have fewer side effects but complex in that a patient’s genotype and other complicating health issues requires that treatment be more customized.

In order to better equip health care professionals, ranging from nurses and family physicians to gastroenterologists and infectious disease specialists, with the knowledge they need to treat patients, the CLF partnered with CASL and CAHN to conduct an assessment of the educational needs of Canadian health care providers.

Results showed that specialists were more comfortable treating patients but that nurses and primary care physicians play an important role in diagnosis and could treat more patients with additional training.

The survey results will help in developing a targeted education strategy which in turn may help increase the treatment capacity of health care professionals at all levels.
Finding new ways to treat biliary atresia and PSC to avoid liver transplants

Taking a tiny skin sample from a patient, Dr. Binita Kamath and her team at SickKids Hospital are able to use breakthrough technology to create customized stem cells which can in turn be coaxed into becoming virtually any kind of cell. By turning these stem cells into bile duct cells, Dr. Kamath can create a patient-specific model of biliary atresia and other bile duct diseases like PSC in order to better understand how these diseases work and to test possible treatments.

Discovering how to make better liver cancer treatment decisions

Liver cancer has become one of the fastest rising and deadliest forms of cancer in Canada. Currently, liver cancer treatment decisions are made based on the size and number of tumours. Drs. Sean Cleary, Anand Ghanekar and Trevor Pugh from the University of Toronto have found that there are genetic mutations that may serve as effective indicators of how a tumour can be treated and the risk of its reoccurrence. By studying these genetic mutations, the team hopes to discover new ways to treat liver cancer.

Halting hepatitis C re-infection in transplanted livers

When a person with hepatitis C receives a liver transplant, the hepatitis C virus always re-infects the new liver. Working at the University of Toronto, Drs. Jordan Feld, Markus Selzner and Nazia Selzner’s goal is to make the new liver impossible to re-infect. Miravirsen is a medication that prevents the hepatitis C virus from reproducing itself. Dr. Feld and his research team will deliver miravirsen to donor livers through a new system that keeps the liver oxygenated outside of the body before transplantation. Miravirsen will destroy specific genetic material in the donor liver, making it impossible for the hepatitis C virus to re-infect when the liver is transplanted into a hepatitis C-infected person. This research will lead to a cure of hepatitis C infection in liver transplant recipients.

Identifying new approaches to liver cancer treatment

Chronic hepatitis C and fatty liver disease are contributing to the increase in liver cancer rates. Dr. Marc Bilodeau at the Université de Montréal, is investigating how fibrosis contributes to the development of liver cancer. By creating a laboratory model he will be able to study the changes that occur in the liver during fibrosis and how they may promote the development of liver cancer and its resistance to treatment.

Summer Studentships

Domnick Singh Manhas
(University of Northern British Columbia)
Supervisor: Dr. Paul Winwood
A study of the role of certain proteins (called perlecans) play in the development of scarring of the liver. Perlecans are proteins that allow communication among cells.

Shraavan Raveendran
(University of British Columbia)
Supervisors: Drs. Orlee Guttman and Richard Schreiber
Research to determine how to effectively test for and monitor the development of liver scarring in children with cystic fibrosis-associated liver disease.

Ayush Ray
(Dalhousie University)
Supervisor: Dr. Ian Alwayn
Study of the effectiveness of a protein (called heme-oxygenase –1) in protecting a donor liver from damage that can occur when blood supply returns to the tissue after a period without oxygen.
In 1983, the Canadian Liver Foundation established a **Gold Medal Award** to recognize the outstanding work of doctors and scientists who have made significant contributions to liver disease research.

Cirrhosis (scarring of the liver) can be the end result of many forms of chronic liver disease. Cirrhosis in turn causes other, potentially life-threatening, complications. **Dr. Guadalupe Garcia-Tsao**, the 2015 recipient of the CLF/CASL Gold Medal, has done extensive research on the conditions associated with cirrhosis including varices, variceal hemorrhage, ascites, spontaneous bacterial peritonitis and hepatorenal syndrome.

In addition, Dr. Garcia-Tsao, who is a professor of internal medicine at Yale University School of Medicine and is chief of the Section of Digestive Diseases and program director of the Hepatitis C Resource Center at the Connecticut Veterans Affairs Healthcare System, has worked with international teams to establish current standards in the treatment of portal hypertension and its complications.

**CLF/CASL Gold Medal Award**

**Saas-Kortsak Award**

The **Sass–Kortsak Award** was established by CASL and the CLF in 1990 to honour the late Dr. Andrew Sass–Kortsak who did much to further the work of the CLF and made tremendous contributions to the field of pediatric hepatology.

**Dr. Mei–Hwei Chang**, a Professor in the Department of Pediatrics at the National Taiwan University and Director of the Hepatitis Research Center at the National Taiwan University Hospital, received the 2014 Sass–Kortsak Award (presented in 2015) in recognition of her outstanding achievements for the benefit of children with liver disease.

Dr. Chang is the President of the Federation of the International Society of Pediatric Gastroenterology, Hepatology, and Nutrition and President of the Taiwan Pediatric Association.

She has provided leadership and expertise as a member of several organizations and associations including the World Health Organization, the Asia-Pacific Pediatric Association and the Asian Society of Pediatric Research. She has also made key contributions in the fields of pediatric hepatology, liver cancer prevention, and liver cell transplantation.

**Liver Leaders**

The liver labours diligently but often unrecognized, so too do liver specialists. The Canadian Liver Foundation gives two awards that provide well-deserved acknowledgement to clinicians and researchers who are leaders in the field of hepatology and who have contributed to the collective knowledge and understanding of the liver and liver disease.
Liver disease can come on as suddenly as a heart attack, be as difficult to manage as diabetes or be as deadly as cancer. Unfortunately, people understand far more about these health conditions than they do about liver disease.

The CLF’s community outreach and education programs offer liver health information that can help individuals identify risk factors and potential warning signs of liver disease. For those who have already been diagnosed, we offer guidance and support to help patients and their families cope with their disease, connect with others and navigate the health care system.

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Taking liver health to the community

1 in 4 Canadians may be affected by liver disease which means that potential liver patients outnumber liver specialists more than 80,000 to 1.

As part of the CLF’s efforts to bring liver research to life, we create opportunities to make experts and their specialized knowledge more accessible to the public.

In 2015, CLF held two LIVERight Health Forums in Calgary and Vancouver that were open to the public. In Calgary, eight liver specialists discussed topics ranging from liver cancer and PSC to fatty liver disease and liver transplantation. In addition to obtaining valuable information from the experts, the 120 attendees also had the opportunity to hear about the personal experiences of individuals living with liver disease. Based on the success of this inaugural event, Alberta will host forums in Edmonton and Calgary in 2016.

The LIVERight Health Forum in Vancouver attracted more than 800 people keen to learn about liver disease from some of the province’s top doctors. The forum agenda included presentations on hepatitis C, hepatitis B, fatty liver, children’s liver diseases, liver cancer treatment and cirrhosis. The audience also had the opportunity to ask questions as part of a Q&A session with six of the guest speakers as well as with two dietitians on site. To make the content as accessible as possible, the audience could take advantage of live translation into both Cantonese and Mandarin. The forum received significant media coverage along with high ratings from participants that demonstrated the appetite for this type of educational event within the community.

Education & Support

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Liver health on campus

University and college students — many living away from home for the first time — are faced with decisions about food, alcohol, drugs, sexual partners and other situations that can impact their liver health in the short term and long term.

Often, the most trusted sources for advice are their peers. The CLF’s campus chapters and student clubs are made up of dedicated student volunteers who offer peer-to-peer information on how to make liver-healthy decisions and protect against liver disease risk factors.

Through on-campus health fairs, club days and fundraising events, the students promote the importance of liver health and help support peers that may be coping with liver disease themselves or within their families.

In 2015, we expanded our outreach and now have campus groups at McMaster University (Ontario), McGill University (Quebec), Simon Fraser University (BC), University of British Columbia, University of Toronto (Ontario) and Western University (Ontario).

Answers when and where they’re needed

Liver disease does not care about age, gender, geography, language or schedules.

This is why the CLF’s patient support and outreach programs strive to provide answers and guidance through a variety of channels in order to reach as many people as possible.

Our website offers 24/7 access to information on liver health, liver diseases, testing and treatment in English, French and Chinese. Those with specific questions can reach out via our 1-800 National Help Line or email. People can also request to have printed materials mailed to them.

The CLF’s Peer Support Network and Facebook groups give patients and families the opportunity to connect and share their concerns, frustrations and triumphs with others who understand what they’re going through while the Living with Liver Disease program offers access to experts as well as opportunities to meet in person with others.

With liver disease on the rise, we are constantly seeking ways to enhance and expand our services so that people coping with liver disease will never have to feel alone. We are grateful to the volunteers, staff and corporate partners who continue to support our patient outreach programs in 2015 and beyond.
Lean Liver 2015

At the beginning of every year, people make New Year's resolutions and commit to positive lifestyle changes. To show how a healthy lifestyle can benefit liver health, the CLF launched a ‘Lean Liver’ campaign that highlighted the connection between fatty liver disease and obesity and offered 10 Dos and Don’ts for a Healthier, Happier Liver.

‘Lean Liver 2015’ reached more than 130,000 people via Facebook, Twitter, email and our website.

Awareness

The first step toward liver health and liver disease prevention is understanding why the liver is important and how it can be protected. The Canadian Liver Foundation’s awareness programs use a variety of channels — website, social media, traditional media, e–newsletters, email — to educate and engage Canadians in liver health.

In 2015, our campaigns reached millions of Canadians with information on fatty liver disease, liver disease risk factors and the need for hepatitis C testing.
Liver Health Month

Liver disease is most often associated in people’s minds with alcohol. To expand the public’s perception of the risk factors and the people affected by liver disease, CLF featured 5 Surprising Risk Factors for Liver Disease during Liver Health Month in March.

Using the tagline “Maybe it’s not the disease you think it is”, CLF shared personal stories and risk factor facts via social media and online media outlets reaching more than three million people.

Hepatitis C Testing Campaign

The majority of people living with chronic hepatitis C in Canada contracted the disease years, even decades, ago. Many are not aware they have it. In July, CLF launched a hepatitis C awareness campaign entitled ‘Could You Have It?’ to encourage testing.

A public service announcement (PSA) and four testimonial videos featured CLF volunteers – Lance Gibson, Sharon Rider and Frank Bialystok – who had been cured of hepatitis C. The goal of the campaign was to drive people to the campaign page www.liver.ca/couldyouhaveit where they could take an online risk assessment quiz.

- 1,400,000 people reached
- 530,000 people watched the videos
- 17 media stories
- 2,500 completed risk assessments

The CLF reaches more people online than through any other channel.

In 2015,

- Over 2 million people searching for liver-related information visited our website, liver.ca
- Our national social media accounts attracted more people looking to connect and learn. Our Facebook audience grew by 43% and Twitter by 24% over the previous year
- Our Google AdWords campaigns offered up our messages and links 4 million times and prompted 85,436 people in need of liver information to access relevant content hosted on our website
Hepatitis C Testing

In 2012, the CLF recommended hepatitis C testing for adults born between 1945 and 1975. This age-based testing, when added to the current risk-based testing, would help identify thousands of Canadians who are living with undiagnosed hepatitis C.

The CLF has kept up pressure on the federal government to issue new hepatitis C testing guidelines that incorporate age-based (also known as birth cohort) testing. Liver specialists and other patient groups have supported this change and in 2015 the Canadian Task Force on Preventative Health Care was assigned the task of reviewing the evidence and making recommendations (expected in 2016).

Access to Treatment

Thanks to research, there are drug therapies that can effectively treat liver diseases like hepatitis C and conditions like hepatic encephalopathy which are consequences of advanced cirrhosis. In 2015, as part of our focus on bringing liver research to life, the CLF advocated for approval and reimbursement for these treatments by completing 10 submissions to federal and provincial governments.

These submissions help impress upon decision-makers the burden of disease and the need for effective and affordable treatment options. In many cases, thanks to insights from both patients and treating physicians, the CLF’s input has helped secure drug plan coverage for these therapies.

Advocacy

Liver disease faces a great challenge in Canada. The majority of the population — including government leaders and policy makers — do not see liver disease as a priority. Through our advocacy activities, the Canadian Liver Foundation champions liver-related issues and helps give a voice to individuals and families coping with liver disease.

Acetaminophen Safety Initiative

Acetaminophen is an effective pain reliever that is included in over 400 prescription and over-the-counter medications in Canada. In response to increases in acetaminophen overdoses which can lead to acute liver failure, Health Canada launched a collaborative safety initiative to look at possible packaging changes and public outreach to educate about the risks of taking too much acetaminophen.

CLF consulted on labelling recommendations and was invited to be part of the Steering Committee tasked with determining current levels of awareness, key messages and ways to reach the public with safety information. While the labelling changes have yet to be approved, the public awareness campaign launched in 2015 and will continue to roll out in 2016.

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Every year, committed individuals and families help the CLF raise critical funds for liver research, education and patient support programs. Whether they do it by participating in a marathon halfway across the world, buying a one-of-a-kind auction item or trekking through a corn maze, every person is demonstrating their belief in the importance of liver health and of the work of the Canadian Liver Foundation.

For all those who walked, ran, danced, shopped or dined to help Canadians with liver disease, THANK YOU!

### A night to remember

Dining, dancing, shopping, live music and inspiring stories — our 2015 LIVERight Galas had something for everyone. Four cities — Vancouver, Calgary, Toronto and Ottawa — played host to the CLF’s annual gala which attracted local dignitaries, the business community, health care providers, patients and families.

Thanks to the generosity of sponsors and all those in attendance, the galas raised more than $500,000 for liver research.
Taking the fight against liver disease on the road

In 2015, our dedicated runners and walkers racked up hundreds of kilometres in mileage for the sake of Canadians with liver disease. The Give’r for Liver teams completed three marathon/half marathon events in Calgary, Dublin, Ireland and Maui, Hawaii while CLF supporters crossed the finish lines in the Scotiabank Vancouver Half Marathon and the Scotiabank Toronto Waterfront Marathon, Half-Marathon & 5K.

We are grateful for all these athletes who gave their heart and ‘sole’ in support of the CLF.

Stepping out for liver health

In communities across Canada, hundreds of people stepped out for liver health at our annual Stroll for Liver events. Whether they were walking along city streets, park paths or even through a corn maze, each step brought us closer to treatments and cures for liver disease.

Our volunteers, attendees, supporters and sponsors helped raise over $155,000 for liver research and education programs. Stroll on!
GIVING BACK

We are grateful for the individuals, groups and organizations that chose to support the CLF by holding their own fundraising events in communities across Canada. Thank you for making us your ‘cause’ for celebration!

In memory of Gina

Former Ottawa Citizen reporter Tony Lofaro lost his wife Gina on June 17, 2014. A healthy, beautiful woman and a long-time cataloguer at the Ottawa Public Library, Gina was diagnosed with a cancerous liver and she died just 44 days later. To honour their beloved wife and mother, Tony and his children Anthony and Joseph and daughter-in-law Maria, organized a charity event in her name for the Canadian Liver Foundation.

The gala evening featured many heartfelt tributes to Gina from friends and family along with a live and silent auction, DJ, and live entertainment.

By the end of the evening, Gina’s Gala raised $48,000 in support of liver research.

Campaign for PSC
Sandy VanOstrand, Vancouver, BC

FEB–ulous Luncheon
Vancouver Chinatown Lioness Club, Vancouver, BC

Kailey Jackson
Windsor, ON

Children’s Golden Bell Awards
Mega Global Marketing, Vancouver, BC

Run For Lives
Richmond, BC

16th Annual Lower Deck Golf Tournament
(In memory of Barry Martin)
Lower Deck Inc, Mike Condy, NS

Holiday Party
International Credit Experts, Toronto, ON

Howard Dill Memorial Walk
Windsor, NS

2nd Annual Jeff Musson Memorial Golf Tournament
Innisfil, ON

Kyle’s Run
Niagara Falls, ON

BMS Cycle for CLF
Montreal, QC
The Foundation’s Donations and Chapter Revenue was $6.5 million in 2015 compared to $6.2 million in 2014. This reflects ongoing support from our loyal and committed volunteer and donor base.

The research trust funds revenue increased to approximately $1.9 million compared to $1.4 million in 2014, due to increased support of our existing partnership programs as well as support from new partnerships and donor-designated research funding.

The research trust funds have paid nearly $1.2 million in research programs compared to $690,000 in 2014. In 2015, we paid out $499,000 in research grants to fund projects in pediatric liver disease, liver cancer, hepatitis C, liver transplantation, and autoimmune liver disease. In total, research programs we have paid out over $1.7 million in research in 2015, compared with approximately $1.2 million in 2014, a 40% increase over 2014.

Our expenditures on Programs in 2015 were approximately $2.5 million compared to $2.0 million in 2014, a 28% increase over 2014. At the end of 2015 we had committed approximately $1.6 million for future research projects. This is 34% greater than our commitments of $1.2 million at the end of 2014.

Our support for current research and education and our commitments for future research (all from existing resources) are at unprecedented levels. We have maintained operational efficiency and have reduced operating costs to $2.9 million in 2015 compared to $3.0 million in 2014. This includes all fundraising and administration costs.

Our financial position remains sound. At the end of 2015, we had current assets amounting to $1.7 million. Our investments total $4.6 million, an increase of approximately $1.1 million (32%) over 2014. The annual investment return for 2015 included over $139,000 interest and dividends, a $28,000 increase from 2014.

On behalf of the Foundation’s Finance Committee, I want to express our sincere appreciation for the efforts and ongoing dedication of our volunteers, donors, program partners, professional advisors and staff. Their commitment will enable us to continue supporting medical research and education into the causes, diagnosis, prevention and treatment of liver disease for all Canadians in 2016 and beyond.

Elliott M. Jacobson, FCPA, FCA, ICD.D
Secretary/Treasurer

With the rise of liver disease rates in Canada, the need for the Canadian Liver Foundation’s research, education and patient support programs has never been greater. It is thanks to the generous financial support of individual and corporate supporters that we are able to maintain and grow our funding resources and services for the benefit of Canadians with liver disease.
## Financial Position Summary

### as at December 31, 2015 and 2014

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## Operations Summary

### for the year ended December 31, 2015 and 2014

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<td>to support activities</td>
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<td>Beginning of Year</td>
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<td>End of Year</td>
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<td>$2,971,164</td>
<td>$2,903,639</td>
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Complete financial statements including explanatory notes as audited by Grant Thornton LLP are available from the Canadian Liver Foundation National office.

---

### Where our revenue comes from

- **Charitable activities**: 57%
- **Individual donors**: 45%
- **Partnerships**: 28%
- **Corporate Gifts**: 15%
- **Estates**: 5%
- **Foundations**: 4%
- **Gaming**: 1%
- **Government**: 1%
- **Other**: 1%

### Research vs. Education

- **Research**: 57%
- **Education, Public Information and Community Support**: 43%
**THANK YOU TO OUR DONORS!**

We want to thank everyone who invested in our research, education, patient support and advocacy programs for the benefit of all Canadians living with or at risk for liver disease.

The Canadian Liver Foundation’s work would not be possible without the support of generous individuals, groups and organizations.

<table>
<thead>
<tr>
<th>$25,000+</th>
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<td>Abbvie Corporation</td>
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<td>Sunny &amp; Florence Leong</td>
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<td>Robert A Steane</td>
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| AltaGas | Richmond Chinatown Lions Club Society |
| ATCOenergy | Gerry Roy |
| ATCO Gas | Dr Morris Sherman |
| Canadian Online Giving Foundation | Bill Skuse |
| CK Choi Foundation | TELUS Corporation |
| Edmonton Community Foundation | Tentes Fiesta |
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| United Way Alberta Capital Region | United Way Calgary |
| Victor Anna Kern Foundation | |

Donors listed are for the period January 1 — December 31, 2015. Every effort has been made to ensure the accuracy of our donor listing.

Should you find any errors or omissions, please contact Judy Thompson at 1–800–563–5483 ext. 4945 or clfdonation@liver.ca.
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- D James Christie
- Christmas Family Ball Society
- CN
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- Carol Ellen
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- Kirk Ewsacheiko
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