



ALCOA

*Active Living
Coalition for
Older Adults*

ANNUAL

REPORT



2008/09

Report

from

the

ALCOA

Chairman



If it is not already apparent, the coming decade will prove that the tsunami of older adults in this country will flood through all segments of our society... housing, transportation, long term care, medical and social services, and education services. The impacts economically and emotionally on individuals and families will be significant.

If ever there was a time for a coalition of agencies, organizations, and individuals to come together to work towards a society in which all older Canadians are leading healthier, more active, more engaged lifestyles, then this is it.

It is important to realize, that there are some people in our society that are looking towards this coming age wave with dread, as a major potential catastrophe. They view this population as a problem ... and they will be right ... IF the older population are not included as part of the solution.

Older adults actively engaged in their communities, leading productive lifestyles, living independently, engaged in part time work, involved as volunteers, providing the 'wisdom of the ages' to the decision and policy making structures of society, can be and will be part of the solution. There can be no doubt that the aging population will bring unique issues and concerns, yet now is the time to prepare for this coming age wave.

Being part of the solution just doesn't happen in and of itself. It takes vision, commitment and adequate human and financial resources to make it work. It begins with defeating the concept of ageism (that idea that older people should be set aside) and continues with the strengthening of existing not for profit voluntary agencies and organizations that provide services for older adults. It requires collaboration and cooperation amongst these agencies and active advocacy for older adults to all levels of Government (Municipal, Provincial, and Federal) to support and to invest in the cause.

ALCOA is but one such organization. With extremely limited resources, but with considerable good will and huge effort, by a group of dedicated volunteers and our Executive Director, ALCOA has continued to press the active aging agenda. Our Executive Director's report provides the details of ALCOA's projects and activities accomplished in this past year. I would be remiss if I did not publicly express my sincere appreciation for the ongoing support of PHAC, and the University of Waterloo for their significant efforts and the wonderful WELL FIT program.

The coming year will continue to be one of significant financial challenges. Without a base of core funding support (from whatever source) ALCOA must continue to rely on the ability to manage from project to project. A strong sustainable source of funding (or a base of funding for a 3-5

year window) continues to be an elusive goal, yet one towards which we must continue to strive.

In the meantime, we must take reports such as the Senate Special Report on Aging, to our respective governments, politicians (of all stripes) and organizations, to press towards solutions and resources as outlined in the report. We must continue our work with the Age Friendly Communities Initiative, and our potential partners of the Canadian Parks and Recreation Association (CPRA) and the International Federation on Aging (IFA), to bring the issues and concerns of active living forward.

We must engage, more effectively, our own member organizations of ALCOA in these issues of healthy active aging.

In closing, I wish to express my appreciation to all the Guardians, the Round Table members and ALCOA supporters, and our hard working Executive Director, Patty Clark.

I remain, sincerely yours,

A handwritten signature in blue ink, reading "Don Fletcher".

Don Fletcher
ALCOA Chair
June 18, 2009





Report

from the

ALCOA National Executive Director



We are all very aware of the current and future demographics of the Canadian population. Older adults (aged 65+) will outnumber children under the age of 14, within a decade.¹ In 2021, 1 in 3 adults will be over the age of 55.² With those numbers, there surely can be no better place to be working than with older adults. ALCOA has been and will continue to be, well positioned to develop resources, collaborate with other organizations, and advocate for older adults.

This past year provides an excellent example of the work that ALCOA continues to do in order to strive towards our vision of “all older Canadians leading active lifestyles thereby contributing to their physical and overall well-being.” ALCOA was fortunate to have received funding from the Public Health Agency of Canada for two projects. We were also asked to participate in a variety of projects initiated by other national organizations, and we have also continued to service our membership to the best of our ability.

It has been a very busy, but a very productive year for the Coalition. In this report, I would like to share with you the successes of your Coalition. The challenge of financial resources seems to be never ending; however, at this time I think it is more appropriate for us to be celebrating all the work that has been accomplished and we will optimistically look forward to another productive year ahead of us.

PROJECTS

Primary Prevention of Type II Diabetes in Older Adults — Follow up Report

In the 2007/08 year we worked on a diabetes project, which was reported in the last Annual Report. All the resources that were developed may be found on the ALCOA website at:
www.alcoa.ca/e/diabetes2008/index.htm.

There are some excellent programs showcased, and I hope you have all had an opportunity to view the DVD and read the report. The project was completed on March 31, 2008; however, ALCOA then received additional funds in the amount of \$25,000 to complete a six-month follow up review to evaluate the effectiveness of our material.

The objective was to increase awareness of the needs and issues faced by older adults in regard to the primary prevention of Type II diabetes. To achieve this objective, the final Executive Summary report was distributed to 137 individuals across Canada (committee members and ALCOA members) and all the material was posted on the ALCOA website. A survey followed, to determine if the report had been read, what was learned from it, and if it was shared with others.

Between April and August 2008, the ALCOA website received approximately 15,000 hits with 2174 of those hits accessing the diabetes pages of the website. From the total of 137 surveys that were distributed, approximately 28% responded and



were very positive. The information increased their awareness and many shared it with other colleagues in the field. Increasing awareness is the first step to making a change, and this project and the summary report was successful in meeting that objective.

The *National Recommendations* document developed from the National Consultation held in February 2008 was used in the process of developing a strategic plan for ALCOA. This planning meeting was held in August 2008 and the strategic planning document that was developed has been, and hopefully will continue to be, used in applications for funding in the future.

UW WELL-FIT: A holistic framework for active living for older adults with cancer and their partners in care

With an addendum to the grant:
Knowledge Transfer to Health and Fitness Practitioners and Older Adults

ALCOA received in total, \$165,000 from the Public Health Agency of Canada to work on the above project for the fiscal year April 2008 — March 31, 2009.

Cancer is primarily a disease of older Canadians. In 2008 an estimated 166,400 new cases of cancer and 73,800 deaths occurred from cancer. Of those cases, 116,000 (69%)



were Canadians 60 years and older, and 61,000 (82%) of the deaths were in this age group. Relative survival ratios vary depending on the type of cancer, from 14% up to 98%, but research has shown that physical activity can play an important part in both prevention of, and recovery from cancer.³

ALCOA worked in partnership with the University of Waterloo WELL-FIT Centre. The first goal for the project was to provide the opportunity for an enhanced quality of life for an increased number of older adult cancer patients and cancer survivors, as a consequence of holistic support built around a physical activity base.

The second goal (the addendum to the original grant) was knowledge transfer of the UW WELL-FIT program and the benefits of exercise, for both older adult cancer patients and cancer survivors, to health care and fitness practitioners across Canada and to older adult cancer survivors.

The goals were met by completion of the following activities:

1) *Developed a model exercise program that will encourage older adult cancer patients to participate in the exercise program.*



➤ The UW WELL-FIT program was revised based on the feedback received from older adults. After modifications were made, the results showed:

- 29% increase in referrals to the program
- 41% (n=34) of participants 60 years of age or older were in the program (25% participation prior to the project)

2) *Documented the model exercise program.*

- A ‘how-to’ manual entitled *Active Living for Older Adults in Treatment for Cancer – Framework for Program Design*, was published with a DVD, and disseminated to a network of health care and fitness practitioners.
- A complimentary webinar on the UW WELL-FIT program was hosted for over 50 participants working in the health care field.

3) *Knowledge transfer to health care and fitness practitioners.*

- A background paper and a practitioner summary paper on *Older Adult Cancer Survivors and Exercise* was published and distributed to a large network of fitness and health care professionals across Canada.

4) *Knowledge transfer to older adult cancer survivors.*

- 5000 pamphlets for older adults entitled, *Getting Active after Cancer Treatment – Make Physical Activity a Fun and Safe Part of Your Life* were published and distributed.

This project would not have been as successful without the hard work of many people — in particular **Caryl Russell** (Director, UW Fitness), **Madeleine Noble** (UW WELL-FIT staff), and

Dr. Mike Sharratt (UW Faculty Consultant). I would like to sincerely thank them all for their commitment and dedication to this project.

Collaboration With Other Organizations

Public Health Agency of Canada — Age-Friendly Communities Initiative

The Age-Friendly Communities Initiative, developed by the WHO, is being well established throughout Canada. Jim Hamilton, Special Advisor, Healthy Aging, from the Public Health Agency of Canada, has been spreading the word about this initiative across Canada at provincial /territorial meetings, conference presentations, and local gatherings. With funding made available through PHAC, ALCOA has been able to attend each provincial/territorial meeting where the delegates include representatives from all government departments dealing with seniors, and provincial and local senior associations. At each meeting, I have made a presentation on the Coalition, its history, resources and future direction. This has been an excellent opportunity for the work and resources of ALCOA to be shared from sea to sea to sea. It has also allowed us to expand our distribution network and we hope our membership in the future.

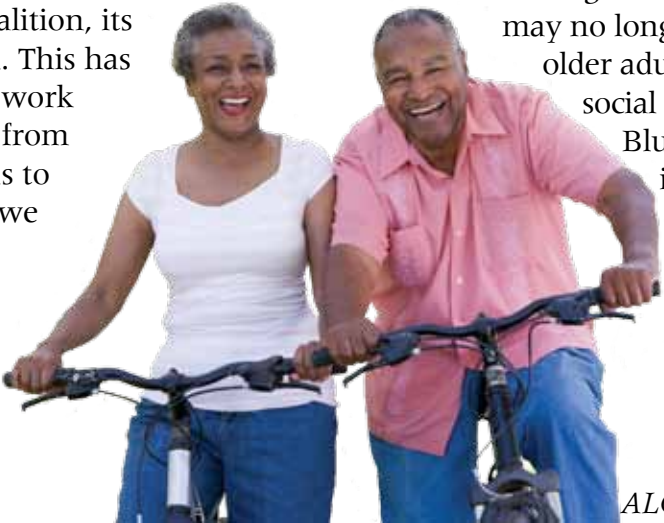


Canadian Association of Occupational Therapists — National Blueprint for Injury Prevention in Older Drivers

ALCOA was asked to sit on the National Advisory Committee for the CAOT, in order to assist in the development of this Blueprint. The Blueprint, released in the winter of 2009, states that in the year 2040 there will be double the number of older drivers on the roads in Canada.⁴

At the press conference, I spoke to the importance of older adults maintaining their independence. “An active living lifestyle promotes physical and emotional well being. These qualities are also critical so that older adults can maintain their ability to drive safely and enjoy their independence. All these factors work together to benefit their overall well being. This Blueprint addresses this issue for older adults indicating that necessary services and resources must be both appropriate and accessible.

But even with these services, resources, and knowledge translation, at some point driving may no longer be an option. How then do older adults maintain their independence, social connectedness and well being? The Blueprint also addresses this perspective in their priority goals, by indentifying the Age-Friendly Communities document as a direction for action. For example, sidewalks that are well lit with flat pavement making it safe to walk on, benches to rest on, light



changes which last long enough to cross the road, and access to transportation for those not driving or walking, are all issues which are addressed. This *National Blueprint for Injury Prevention in Older Drivers* is one more important step in being proactive and positively responding to the changing needs of the population.”

This document is an excellent resource and may be obtained from the CAOT website at: www.caot.ca/driving.

Volunteer Canada —
An Introductory Workbook: Rethinking Your Organization’s Approach to Baby Boomer Volunteers

ALCOA was also asked to participate on the steering committee to develop this workbook, published by Volunteer Canada, and released in the spring 2009. This project was important because most organizations and associations could not survive without the significant contribution of their volunteers.

Twelve million Canadians contributed almost two billion volunteer hours to organizations in 2004 – the equivalent of one million full-time jobs. It is a small percentage of Canadians who are carrying most of the load, and many of them are already in their seventies. As older volunteers step down, a new generation of volunteers need to fill their places – in new and varied ways. Volunteering is good



not only for the organization but it is also good for the individual. It can reduce anxiety and depression and increase life satisfaction. They will feel connected to their community and it can play a key role in how healthy they feel.⁵ Dr. David Butler, the Chief Public Health Officer for the PHAC stated, “It’s no coincidence that those who volunteer, who give of themselves and who take an active part in their community end up, on average, healthier and happier.”

This project also supports the vision for ALCOA. It is another excellent resource for anyone who is in need of recruiting new volunteers. Please visit their web site at www.volunteer.ca or call 1-800-670-0401.

Membership Services

This past year a Membership Committee was developed, chaired by Sheila Schuehlein, a Round Table Member representing VON Canada. The committee accomplished many tasks over the year.

- Membership benefits were reviewed and additional resources were made available through the ALCOA membership (i.e. Human Kinetics, AACC)
- A new membership brochure was designed and distributed
- A membership campaign welcomed in a new Round Table Member — The Alzheimer Society of Canada

- A membership renewal drive produced a 96% renewal rate for ALCOA Members
- ALCOA Resource Directory was published and distributed to all members
- Members were kept informed through a variety of newsletters:
 - QU newsletter (publ. 4 x/yr)
 - *Celebrating Healthy Active Lives* newsletter (publ. 3 x/yr)
 - *Active Living Report* — with the *ALCOA News* insert (publ. 6 x/per)
- A survey was developed on the effectiveness and usefulness of the ALCOA resources and was distributed to the membership and other organizations across Canada. Those results are still being compiled with surveys being received from each provincial meeting. A final report will be written and distributed in the fall at the completion of the provincial forum meetings.



ALCOA values its members and sincerely appreciates the support of the membership and their organizations.

As you can see it has been a very busy year for me and the ALCOA Guardians. I am looking forward to another productive and prosperous year ahead. My sincere thanks are extended to all the members of ALCOA for their interest and support of the Coalition. You are the strength of the organization and it is both a privilege and a pleasure to work with such a dedicated group of individuals.

Sincerely,

Patricia Clark,
ALCOA National Executive Director
June 18, 2009

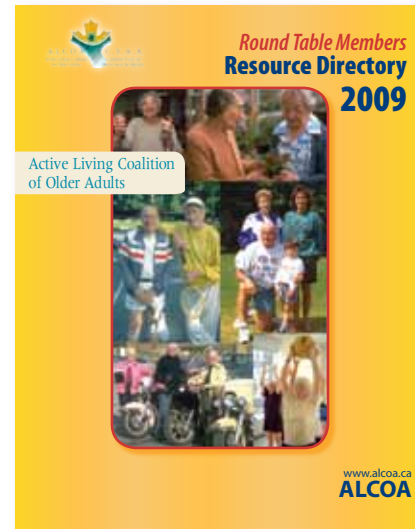
^{1,2} *Healthy Aging in Canada: A New Vision, A Vital Investment* – A Background Paper prepared for the Federal, Provincial and Territorial Committee of Officials (Seniors), September 2006.

³ *A Background Paper on Older Adult Cancer Survivors and Exercise – Following Treatment; Towards the Development of a Practitioner and Consumer Handout.* ALCOA, June 2009.

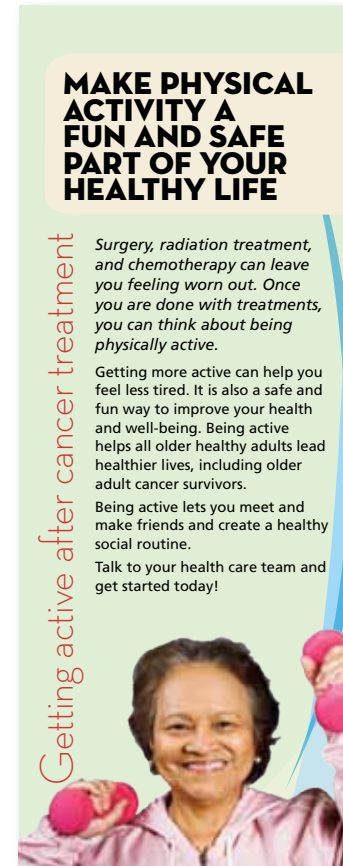
⁴ *National Blueprint for Injury Prevention in Older Drivers.* Canadian Association of Occupational Therapists, 2009.

⁵ *Baby Boomers – Your New Volunteers.* Volunteer Canada, 2009.

PUBLICATIONS



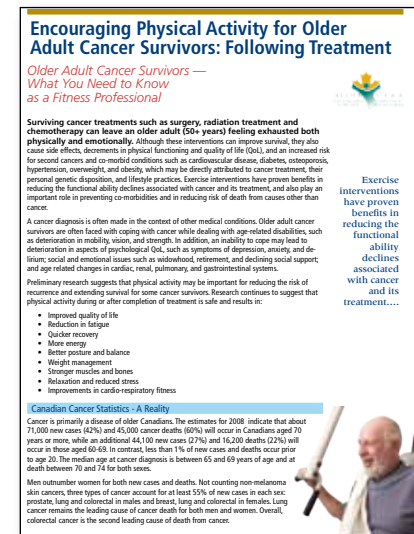
◀ Annual directory of resources available from the Round Table Members.



▶ Flyer for older adults encouraging physical activity for cancer survivors.



▶ A 'how-to' manual on designing an exercise program for older adult cancer patients.



ALCOA's new banner displayed at presentations and shows.



◀ Paper written for health and fitness professionals to inform them on the research related to the benefits of older adult cancer survivors becoming physically active.

ALCOA Executive 2008/09

Jack Brownell — *Past Chair* — Quispamsis, New Brunswick / Canada Senior Games Association
Don Fletcher — *Chair* — Winnipeg, Manitoba / Canadian Association of Cardiac Rehabilitation
Clara Fitzgerald — *Vice Chair* — London, Ontario / Canadian Centre for Activity and Aging
Bill Krever — *Treasurer* — Toronto, Ontario / Better Living Health and Community Services
Mike Sharratt — *Secretary* — Kitchener, Ontario / Schlegel-UW Research Institute for Aging

ALCOA Guardians

Don Fletcher — *Chair* — Winnipeg, Manitoba / Canadian Association of Cardiac Rehabilitation
Jack Brownell — Quispamsis, New Brunswick / Canada Senior Games Association
Clara Fitzgerald — London, Ontario / Canadian Centre for Activity and Aging
Bill Krever — Toronto, Ontario / Better Living Health & Community Services
Mike Sharratt — Waterloo, Ontario / Research Institute for Aging
Michelle Porter — *Research Committee Chair* — Winnipeg, Manitoba / Canadian Society for Exercise Physiology
Sheila Schuehle — *Membership Chair* — Kitchener, Ontario / VON Canada
Sharon Purvis — *Older Adults Advisory Co-Chair* — Stellarton, NS / Pictou County Council of Seniors – Seniors Outreach
Brenda Wong – *Older Adults Advisory Co-Chair* — Edmonton, Alberta / Community Services Dept.
Carol Miller — Gloucester, Ontario / Canadian Physiotherapy Assoc.
Charles Keple — Regina, Saskatchewan / Saskatchewan Seniors Mechanism

ALCOA Round Table Member Organizations 2008/09

Active Living Alliance for Canadians with a Disability
 Alberta Centre for Active Living
 ALCOA Manitoba
 Alzheimer Society of Canada
 Canadian Association for the Advancement of Women and Sport
 Canadian Association of Cardiac Rehabilitation
 Canadian Association of Occupational Therapists
 Canadian Centre for Activity and Aging
 Canadian Healthcare Association
 Canadian Institute of Planners
 Canadian Orthopaedic Foundation
 Canadian Physiotherapy Association
 Canadian Red Cross Society
 Canadian Senior Games Association
 Canadian Society for Exercise Physiology
 Manitoba Cardiac Institute – (Reh-Fit Centre)
 National Indian & Inuit Community Health Representatives Org.
 Older Adult Centres' Association of Ontario
 Osteoporosis Canada
 Saskatchewan Seniors Mechanism
 Schlegel-UW Research Institute for Aging
 VON Canada
 YMCA Canada



Corresponding Members 2008/09

Aines en Marche/Go Ahead Seniors
Berigitte Cormier
Better Living Health & Community Services
Bruce Peninsula Seniors Connect
Cambridge 50+ Recreation Centres - Allan Reuter Centre
Centres for Seniors Windsor
City of Barrie 55 + Centres
City of Campbell River Parks & Recreation
City of Regina
Corp. of District of West Vancouver
Cummings Jewish Centre for Seniors
Dr. Inter Bhatia - Indo Canadian Senior Group
Elder Active Recreation Association
Ensemble Chez Soi
Good Neighbours Senior Centre
Greater Edmonton Foundation: Housing for Seniors
Horton Street Seniors Centre
Inglewood Silver Threads Association
Jewish Child and Family Service
Kingston Community Health Centres
Minoru Place Activity Centre
N.B. ExtraMural Program (St. Joseph's
NWT Seniors' Society
Older Adult Centres' Association of Ontario
Pioneer Club Atikokan
Retired Teachers of Ontario
Rutland Senior Centre Society

Saskatoon Council on Aging
Seniors Association of Kingston Region
Seniors Association of Greater Edmonton (SAGE)
Seniors Resource Centre
South Granville Seniors Friendship Centre
SPRA
St. James Assiniboia Senior Centre Inc.
St. Joseph's Community Health Centre
Swan River & District Community Resource Council
Town of Milton
Town of Whitby Seniors Services
Valley View Villa Seniors
Vintage Fitness
Water Street Senior Centre Society
West St. Catharines Seniors

Corporate Members 2008/09

Merck Frost Canada



Pfizer Canada



Working for a healthier world™



Sanofi-Aventis Pharma Inc.

Financial Statements March 31, 2009 Auditors' Report

To the Members,

Active Living Coalition for Older Adults / Coalition D'Une Vie
Active Pour Les Aîné(e)s

We have audited the statement of financial position of Active Living Coalition for Older Adults / Coalition D'Une Vie Active Pour Les Aîné(e)s as at March 31, 2009 and the statements of operations and net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2009 and the results of its operations and its cash flows for the the year then ended in accordance with Canadian generally accepted accounting principles.

Cowperthwaite Mehta

Chartered Accountants
Licensed Public Accountants
May 28, 2009, Toronto, Ontario



STATEMENT OF FINANCIAL POSITION AS AT MARCH 31, 2009

	2009	2008
ASSETS		
Current assets		
Cash	\$ 119,991	\$ 68,157
Term deposits		61,036
Accounts receivable	9,989	13,124
Prepaid expenses	1,075	
	<u>\$ 131,055</u>	<u>\$ 142,317</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 50,501	\$ 36,966
Deferred revenue (note 5)		24,337
	<u>50,501</u>	<u>61,303</u>
Net assets		
Designated (note 4)	53,530	53,530
Unrestricted	<u>27,024</u>	<u>27,484</u>
	<u>80,554</u>	<u>81,014</u>
	<u>\$ 131,055</u>	<u>\$ 142,317</u>



**STATEMENT OF OPERATIONS AND NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2009**

	2009	2008
REVENUE		
Public Health Agency of Canada (note 6)	\$ 199,332	\$ 359,200
Membership fees	13,035	14,380
Corporate grants		5,500
Interest and other	<u>7,240</u>	<u>6,022</u>
	<u>219,607</u>	<u>385,102</u>
EXPENSES		
Personnel	135,884	197,165
Materials and office supplies	43,087	21,897
Travel and accommodations	18,647	109,086
Evaluation and dissemination	14,535	16,503
Premises	5,800	13,173
Purchased services	<u>2,114</u>	<u>4,764</u>
	<u>220,067</u>	<u>362,588</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	(460)	22,514
Net assets, beginning of year	<u>81,014</u>	<u>58,500</u>
NET ASSETS, END OF YEAR	<u>\$ 80,554</u>	<u>\$ 81,014</u>

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2009**

	2009	2008
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	\$ (460)	\$ 22,514
Net change in non cash working capital items	<u>(8,742)</u>	<u>(258,835)</u>
	(9,202)	(236,321)
FINANCING ACTIVITIES		
Decrease (increase) in term deposits	<u>61,036</u>	<u>(61,036)</u>
NET INCREASE IN CASH FOR THE YEAR	51,834	(297,357)
Cash, beginning of year	<u>68,157</u>	<u>365,514</u>
CASH, END OF YEAR	<u>\$ 119,991</u>	<u>\$ 68,157</u>
Net change in non cash working capital items;		
(Increase) decrease in accounts receivable	\$ 3,135	\$ (10,756)
Decrease (increase) in prepaid expenses	(1,075)	2,226
Increase in accounts payable and accrued liabilities	13,535	24,758
Decrease in deferred revenue	<u>(24,337)</u>	<u>(275,063)</u>
	<u>\$ (8,742)</u>	<u>\$(258,835)</u>

1. THE ORGANIZATION

Active Living Coalition for Older Adults / Coalition D'Une Vie Active Pour Les Aîné(e)s (the "organization") is a not for profit organization incorporated under the laws of Canada without share capital.

The organization's goals are to undertake public education, communicate research and study results in plain language, to train community based volunteer presenters and to hold education events and activities regarding the health benefits of active living for older adults.



2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies of the organization are in accordance with Canadian generally accepted accounting principles. Outlined below are those policies considered particularly significant:

Investments

The cost of short term securities and term deposits maturing within a year, plus accrued interest income, approximates the fair value of these instruments.

Capital assets

Capital assets individually in excess of \$5,000 are recorded at cost. Amortization is provided annually at rates calculated to write off the assets over their estimated useful lives.

Revenue recognition

The organization follows the deferral method of revenue recognition. Its principal sources of revenue and recognition of these revenues for financial statement purposes are as follows:

- Project funding related to current expenditures is reflected in the accounts as a revenue item in the current period. Project funds received in the year for expenses to be incurred in the following fiscal year are recorded as deferred revenue. Funding related to the purchase of capital assets is recorded as revenue in the same period the related capital assets are charged to operations.
- Membership fees are recorded when received. Prepaid fees are recorded as payables and deferred to the next year.
- Interest is recognized when earned.
- Contributions are recorded when funds are received. Donated materials and services which are normally purchased by the organization are not recorded in the accounts.

Expenses

Expenses are recorded when goods or services are consumed.

Use of estimates

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, revenues and expenses. Specifically, significant assumptions have been made in arriving at deferred revenues. These

estimates are reviewed periodically, and, as adjustments become necessary, they are reported in the period in which they become known.

3. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

The organization's financial instruments consist of cash, Guaranteed Investment Certificates, accounts receivable, accounts payable and accrued liabilities. The carrying value of accounts receivable and accounts payable and accrued liabilities approximates their fair value because of the short term nature of these instruments.

It is management's opinion that the organization is not exposed to significant interest, currency or credit risks.

The organization manages its liquidity risk by monitoring actual and projected cash flows to ensure that it will have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses.

4. DESIGNATED NET ASSETS

The Guardians (Board of Directors) of the organization have established a reserve of \$53,530 as at March 31, 2009 (\$53,530 as at March 31, 2008) to cover expenses in the event of an interruption in funding or an income shortfall.

5. DEFERRED REVENUE

Deferred revenue is composed of the following:

	2009	2008
Public Health Agency of Canada		
Fitness Unit	<u>\$ nil</u>	<u>\$ 24,337</u>

6. HEALTH CANADA GRANTS

Health Canada funding recognized in the year was as follows:

	2009	2008
Public Health Agency of Canada		
Fitness Unit	\$ 174,995	\$ 44,800
Diabetes Strategy	<u>24,337</u>	<u>314,400</u>
	<u>\$ 199,332</u>	<u>\$ 359,200</u>

7. INCOME TAX STATUS

The organization is exempt from income tax in Canada as a registered charitable organization under the Income Tax Act (Canada).

ALCOA



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