The Fundamentals of Change
Canadian Feed The Children – a 100 per cent independent Canadian international development agency – currently works in six countries including Canada to reduce the impact of poverty on children.

Our goal is to deliver meaningful, sustainable change through local partners by funding projects that apply an integrated approach to four key development sectors: health, nutrition, education and livelihood.
As we reflect on 2010, the importance of good fundamentals emerges as the defining theme. On January 12, 2010, as Canadian Feed The Children shared the world’s horror at the news from Haiti, we knew that it would be our sound fundamentals that would make the difference: well-established partnerships, top-notch field representation, and solid project infrastructure.

The same was true in the other countries in which CFTC works, most of which continued to feel a disproportionate impact of global economic strife. Although Canada has recovered relatively quickly from the recession, rising food and fuel costs make food security a growing challenge in the world’s most impoverished nations.

Through it all, we looked to our vision, our mission and our fundamentals to keep us focused and effective. Even as we assisted with emergency support to Haiti, we kept our eye on investing in the kind of long-term sustainable projects there and elsewhere that make lasting change in people’s lives.

2010 was a year of change within CFTC, too. In May 2010, Debra Kerby joined us as Executive Director. With extensive expertise in international development, she’s brought fresh energy, light and leadership to our work as we enter our twenty-fifth year of reducing the impact of poverty on children.

The stories you’ll read in this Annual Report are just some of the highlights from 2010. They represent the pillars of growth and best practices in international development. But it is you, our supporters, who are the bedrock upon which we stand and build. You empower us with your generosity and demand the best from us for the thousands of children and families we serve together. Your compassion enriches their lives, as it does ours, and we continue to be deeply grateful for your ongoing support.

Anne Marie Turnbull
Chair, Board of Directors

When I joined CFTC in May 2010, the tragedy of Haiti was still unfolding. After visiting in August, catastrophe continued to threaten that country: Hurricane Tomas and cholera in October; presidential elections that touched off riots and civil unrest through the rest of the year.

But as tragedies often do, Haiti provided CFTC with an opportunity to evaluate our priorities and practices. To look, with unflinching eyes and open hearts, at where we are able to do the greatest good. To be ceaselessly diligent in stewarding our donors’ generous contributions to ensure they have the impact and achieve the objectives intended.

So at the end of the year, when we learned we had been successful in obtaining a CIDA grant for an irrigation project in Léogâne, Haiti, we felt a sense of synergy and a surge of optimism. While January shook Haiti to its foundations, December saw us well on the path to helping Haiti rebuild by leveraging our core strengths and supporting long-term capacity building. The CIDA grant speaks to the strength of our fundamentals, the talent of our team, and the unique value we offer as a small and focused international development agency.

Together with our local partners and our generous supporters in Haiti, Bolivia, Uganda, Ghana, Ethiopia and Canada, we’ve laid the foundation for what is often missing in children’s lives: good food, clean water, health care, education and a source of family income. I’m humbled to lead a team with the dedication and integrity to achieve the many positive outcomes you’ll read about in this year’s Annual Report. And I’m honoured to work on behalf of our valued supporters who have the long-term vision to partner with us in our mutual goal to help children and families thrive, relieved of the tremendous burden of poverty.

Debra Kerby
Executive Director
The Fundamentals

THE LANDSCAPE
Ghana’s story is one of disparity between the north and south. In its three drought-prone northern regions – the Upper East, Upper West and Northern – soils are depleted, farming is difficult, education levels are low and malnutrition is common. Ghana’s youth leave for the educational opportunities and relative prosperity of the south, making sustainable improvement a challenge. But, we are making inroads, especially in agricultural development, small business capacity-building and education.

POPULATION ———— 23,837,000

INCOME
Gross national income per capita PPP¹ ———— $1,320
UNDP Multidimensional Poverty Index² ———— 0.140

HEALTH
Life expectancy at birth ———— 57 m | 64 f
Childhood mortality/1,000 live births ———— 69
Children <5 underweight for age ———— 18%

EDUCATION
Mean years of schooling, adults ———— 7.1

UNDP HDI RANK² 130 /169

The Foundation

REGIONS WHERE CFTC WORKS IN GHANA
Upper East, Upper West and Northern Regions

# OF CFTC BENEFICIARIES
6,110

CFTC IN GHANA SINCE 1999

COUNTRY REPRESENTATIVE
Chrysogonus Anab

LOCAL PARTNERS
• Regional Advisory Information and Network Systems (RAINS)
• Sustainable Integrated Development Services Centre (SIDSEC)
• TradeAID Integrated

AREAS OF FOCUS
Livelihood, education, nutrition

* 3 acres of land planted for school garden clubs • 450 students enrolled in primary and secondary school • 120 farmers increased income 25% and crop yields 50% • 4 new teachers trained • 6 classrooms renovated •
Reliant on small-scale farming as their primary income, the farmers of northern Ghana – where up to 90 per cent of the population lives below the poverty line – have a tough row to hoe. But they are getting a helping hand from a CFTC-funded pilot project delivered through our partner, RAINS. Aligned with local government, NGO and community representatives, RAINS is teaching sustainable agriculture and environmental protection through school garden clubs in Kpachelo, Bidima and Zoosali.

Each garden occupies one acre of land donated by local farmers. Rotating crops of pepper, alefu (a high-nutrient green, leafy vegetable) and maize have been planted. In return, CFTC’s donors have funded resources, tools, technology and experts to show students, teachers and parents how to grow nutritional and lucrative crops from indigenous plants and protect the fertility of the soil.

Linked to a curriculum that emphasizes environmental and agricultural science, farming is starting to be seen as an attractive occupation once again.

While the short-term goal is to teach sustainable agricultural practices and nurture an interest in farming as a vocation, the long-term goal is both educational and nutritional: to support an in-school feeding program that reduces malnutrition among the region’s vulnerable populations, enhances school attendance and boosts students’ learning capabilities at the same time.

Getting there is the first step toward the vision of a northern Ghana where food security has increased, and where farming families – and the land they live on – are well-respected and well-nourished.

“Women in this part of the country usually do not have access to land but thanks to RAINS and CFTC we now own land that we farm on. We now contribute to the welfare of our families especially our children’s education.”

Kubura Sulemana
a farmer in Zoosali

1 nursery block built • school desks provided for 320 children • 500 textbooks and teacher aids supplied • 600 adults engaged in environmental protection and sustainable agriculture • 350 mango, guava, moringa and orange trees
The most populous landlocked country in the world, Ethiopia remains – despite 40 years of steady improvement – one of the world’s poorest. Rates of malnutrition, malaria and water-borne illness are high, worsened by poverty, low access to health care and poor sanitation. Although primary education is state-sponsored, mandatory uniforms and school supplies are not covered, making regular attendance impossible for many children. Development work continues to be critical to Ethiopia’s emergence from poverty.

**Population**  
82,825,000

**Income**  
- Gross national income per capita (PPP): $870
- UNDP Multidimensional Poverty Index: 0.582

**Health**  
- Life expectancy at birth: 53 m | 56 f
- Childhood mortality/1,000 live births: 104
- Children <5 underweight for age: 38%

**Education**  
Mean years of schooling, adults: 1.5

**UNDP HDI Rank**: 157 / 169

---

### Communities Where CFTC Works in Ethiopia
- Sululta and Chancho Towns, Wolliso District, Woldia Mekdela Kebele
- Addis Ababa
- Akaki-Kality Sub-city

### # of CFTC Beneficiaries
11,334

### CFTC in Ethiopia Since 1991

### Country Representative
Gebriel Galatis

### Local Partners
- Aberash’s Memorial Development Organization (AMDO)
- Emmanuel Development Association (EDA)
- Organization for Child Development and Child Transformation (CHAD-ET)
- Integrated Service for AIDS Prevention and Support Organization (ISAPSO)
- Mission for Community Development Program (MCDP)

### Areas of Focus
Livelihood, health, nutrition, education

---

* 600 children attending kindergarten, elementary and secondary school in Wolliso
* 453 children treated for colds, fevers, malaria and skin diseases at local clinics
* 4 child rights workshops attended by 1,320 adults
* 10 self-help groups
In early 2010, CHAD-ET facilitated legal certification of 10 self-help groups (SHGs) in Wolliso District, a mixed rural/urban area southwest of Addis Ababa. SHGs help some of the district’s most impoverished parents improve their life skills and build a better future for their children. The legal certification is not merely a formality; it allows groups to open bank accounts, access credit and work with government to finance sustainable income-generating businesses – key to long-term poverty reduction.

Ten SHGs (200 women, twice the number originally anticipated) received start-up loans and training. After learning about savings and credit, record-keeping, planning and cost analysis, groups used their loans to found businesses that included selling grain, sheep and goat farming. Three were organized as savings and credit groups, extending their small business capacity-building even further.

Pay-outs on profits earned have been distributed. But most importantly, income has been re-invested to grow the women’s businesses as well as send children to school where they receive not only an education, but also health care that would otherwise be unavailable. With the means to earn a good livelihood, mothers and grandmothers are now free to focus on other aspects of their own and their children’s health: the value of education, proper hygiene, sanitation, good nutrition and health practices. More prosperous communities are healthier communities overall – CHAD-ET has created a platform for sustainable long-term community development with the roots to grow strong.

“Through this project I have been saved from quitting school and become a strong student. My grandmother didn’t believe in girls’ education. After I joined the project, my neighbour and project staff told her about my school performance and the importance of education. So she let me continue my schooling. I am happy that my vision to be a doctor will become true in the future.”

13-year-old Derartu Kumsa, a CHAD-ET program beneficiary and CFTC sponsor child
The Fundamentals

THE LANDSCAPE
The poorest country in South America, Bolivia’s children pay the greatest price for its poverty. Orphaned, abandoned and often victims of abuse and neglect at home, an estimated 800,000 youth live and work in Bolivia’s urban centres with little to no access to health care, education, housing or protection. The sexual exploitation of Bolivia’s children is difficult to quantify but abundantly obvious in the nightclubs and streets of La Paz, Cochabamba, Santa Cruz and El Alto.

POPULATION ———————————— 9,863,000

INCOME
Gross national income per capita PPP1 ———— $4,140
UNDP Multidimensional Poverty Index2 ———— 0.175

HEALTH
Life expectancy at birth ———— 66 m | 70 f
Childhood mortality/1,000 live births ———— 51
Children <5 underweight for age ———— 6%

EDUCATION
Mean years of schooling, adults ———— 9.2

UNDP HDI RANK2 95 /169

* 305 children formerly living in the street sheltered in 4 Alalay villages • 305 children registered in school with supplies and uniforms • 305 students received 4 life skills and child rights’ workshops • 305 students received nutritional evaluation

The Foundation

COMMUNITIES WHERE CFTC WORKS IN BOLIVIA
El Alto, La Paz, Santa Cruz, Cochabamba, Sucre

# OF CFTC BENEFICIARIES
2,624

CFTC IN BOLIVIA SINCE 2004

COUNTRY REPRESENTATIVE
Fernando Diaz Romero

LOCAL PARTNERS
• Alalay
• Tomás Katari Politechnic Institute (IPTK)
• Juana Azurduy de Padilla Centre
• Niño Jesús de Praga Support Centre (NJDP)
• Sant’Egidio (Casa de los Niños)
• La Paz Foundation (Jiska Pankarita)
• Sociedad Católica de San José (SCSJ)

AREAS OF FOCUS
Health, education
Since 2005, CFTC has partnered with Alalay, an organization that offers children living in the streets a refuge and the skills they need to become successful adults. In 2010, CFTC donors funded shelter, food, education and care for 305 children between the ages of 5 and 14 who otherwise would be living in the streets of Alta Lima, Huajchilla, El Torno and Santa Cruz. Alalay enrolled these children in school, provided them with uniforms and school supplies, and offered nutritional, health and dental care, vocational and life skills training. Alalay also conducts outreach programs for parents to sensitize them to issues of child welfare and develop their ability to care for their children.

Alalay’s social workers seek out Bolivia’s most vulnerable children and adolescents in the streets where they live and work. Through the slow process of building trust with those who’ve been badly abused and traumatized, they eventually encourage many to visit a drop-in centre that provides a transitional safe haven from life on the street. Most of these children have never attended school, and many have been subjected to physical, emotional and sexual abuse.

Children who make a commitment to the process of rehabilitation move into residence houses called aldeas or villages. There, they develop bonds with caregivers and fellow residents that they may never have experienced before. With love, support and training, the majority will graduate to become healthy adults and break the cycle of poverty and abuse that plagues Bolivia’s at-risk children.

“[My mother used to say, ‘I will kill you! You are good for nothing! I got you from the garbage!’ Now, I am alright. I’m making a big effort because I have never studied before. I want to be a doctor.”

Silvia, 13 years old, who lived on the streets with alcoholic and abusive parents until she came to Alalay
**The Fundamentals**

**THE LANDSCAPE**
In Uganda, HIV/AIDS continues to ravage a population that already experiences severe poverty. Of 25,000 children infected each year, only a fraction are treated. Over two million children are orphans and another five million classified OVC ("orphans and vulnerable children"), a situation further aggravated by the unequal distribution of Uganda's meagre economic improvements of the last few years. While school enrollment has increased, the quality of education has declined because of overcrowding and teacher shortages. Greater access to health care and more teachers, classrooms and textbooks are only part but at least a start of the solution.

**POPULATION** 32,710,000

**INCOME**
Gross national income per capita PPP$ 1,140
UNDP Multidimensional Poverty Index n/a

**HEALTH**
Life expectancy at birth 48 m | 57 f
Childhood mortality/1,000 live births 135
Children <5 underweight for age 20%

**EDUCATION**
Mean years of schooling, adults 4.7

**UNDP HDI RANK** 143 /169

---

**The Foundation**

**COMMUNITIES WHERE CFTC WORKS IN UGANDA**
Masindi, Bugiri, Kampala, Entebbe

**# OF CFTC BENEFICIARIES**
18,065

**CFTC IN UGANDA SINCE 1991**

**COUNTRY REPRESENTATIVE**
Christina Sempebwa

**LOCAL PARTNERS**
- Baylor College of Medicine Children’s Foundation-Uganda (BCM-U)
- Child Rights Empowerment and Development Organization (CEDO)
- HuysLink Community Initiative (HUYSLINCI)
- Uganda Community Based Association for Child Welfare (UCOBAC)

**AREAS OF FOCUS**
Health, education, livelihood, nutrition

---

*205 families received weekly visits by a home-care volunteer • 80 households were renovated • new HIV/AIDS cases declined by 50% • 80 income generation grants awarded • 66% increase in average income of HIV/AIDS households*
In Uganda, neighbours helping neighbours are the first line of defense against HIV/AIDS. The disease has spread so fast in an already vulnerable population that supportive care (much less proper diagnosis or treatment) simply hasn’t been able to reach everyone who needs it. This is especially true in Bugiri District, where poor living conditions, extreme poverty and community stigma make living with the disease even more difficult.

CFTC’s partner UCOBAC has trained a team of community volunteers to work with 200+ families affected by HIV/AIDS in Bugiri. Running since 2005, their Home-Based Care Program is a model for HIV/AIDS education, prevention and symptom management. UCOBAC helps people “Live Positively” using a multi-sectoral approach that includes livelihood programs, community awareness, nutrition and health education, counselling and basic treatment or referrals.

Volunteers receive a bicycle for transportation, a kit of materials and medical supplies for the families they will be visiting, plus ongoing training and peer support – critical in this emotionally-intensive work. For the beneficiaries – often grandparent- or child-headed families where HIV/AIDS has taken both parents – the services are life-changing and life-saving. From the home improvements and basic supplies, to the livelihood grants of livestock and the regular counselling and guidance of a well-trained neighbour, UCOBAC provides practical, compassionate care that makes a difference in the lives of Uganda’s most vulnerable children and families.

“Without the Home-Based Care program, I would have given up. I cannot begin to imagine where we would be today. Now I have hope and a reason to carry on. My brothers and sisters have a chance for something better.”

14-year-old head of household, UCOBAC Home-Based Care beneficiary
While most Canadians enjoy one of the highest standards of living in the world, our Aboriginal population fares much worse. Approximately one-third of First Nations, Inuit and Metis children live in poverty. Educational inequities, substandard housing and infrastructure, poor water quality and other negative indicators of health disproportionately affect Canada’s Aboriginal peoples. Food security is a serious concern. Rates of most major mental and physical illnesses are many times higher among Registered Indians, than in the non-Aboriginal population.

The disparities between Aboriginal and non-Aboriginal populations in Canada do not appear in the UNDP Health Development Index. Underreporting, changes to legislative definitions, and wording of census ethnic identity questions make collection, comparison and analysis of First Nations health data problematic. For comparison purposes between Canada and other CFTC countries, we offer HDI rankings for Canada as well as additional metrics from Indian and Northern Affairs Canada.*

### THE LANDSCAPE

#### POPULATION

<table>
<thead>
<tr>
<th>CANADA</th>
<th>REGISTERED INDIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>33,573,000</td>
<td>1,172,790</td>
</tr>
</tbody>
</table>

#### INCOME

- Gross national income per capita PPP: $38,710
- Average annual income Cdn$: $29,769 — $16,935

#### HEALTH

- Life expectancy at birth: 79 m | 83 f — 70 m | 76 f
- Infant mortality/1000: 5.2 — 7.2

#### EDUCATION

- Mean years of schooling, adults: 11.5
- High school completion: 68.7% — 48.6%

#### UNDP HDI RANK

<table>
<thead>
<tr>
<th>CANADA</th>
<th>REGISTERED INDIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>73</td>
</tr>
</tbody>
</table>

* Indian and Northern Affairs Canada, A Comparison of Socio-economic Conditions, 1996 and 2001 (based on 2001 Census Data, published 2005 — more recent data not available)
Aboriginal children in Canada face extraordinary hardships that are inconsistent with the wealth of the country around them. At Eel Ground First Nation near Miramichi, NB, CFTC funds breakfasts and lunches suited to the unique needs of this population, where fetal alcohol syndrome and Type II diabetes are significant problems.

Two meals a day are served to 85 kindergarten to Grade 8 students throughout the school year to encourage attendance and minimize fluctuations in attention during the day. Breakfasts consist of fruit, yogurt, whole grain toast or cereal and a protein – usually cheese or peanut butter. Lunch might be a tuna sandwich on whole grain bread or macaroni and beef casserole with vegetables and a glass of milk – for some, the last real meal of the day.

Since the program started, Eel Ground’s teachers report that students are less disruptive in class and better able to maintain focus during the day. Educational outcomes are also trending up: the school’s performance on standardized provincial test scores have been rising steadily since 2008.

Once the basics of good nutrition were in place, essential literacy and numeracy skills could be taught and retained. Companion programs dealing with other aspects of child and community health are now being designed to further mitigate the negative health outcomes to which the Aboriginal community is so susceptible.

“I marvel at what a difference the lunch and breakfast program has made at our school. Often you hear people complain that their children don’t like vegetables or milk, etc. That is definitely not the case at Eel Ground! The children appreciate receiving the free breakfast and lunch. On behalf of all our stakeholders, “Thank You” for making a noticeable difference in the lives of our children.”

Donald Donahue, Principal, Eel Ground First Nation School
Haiti – the poorest country in the Americas – has experienced political violence and great poverty throughout its history. In 2010, tragedy repeatedly struck and threatened: earthquake in January; outbreak of never-before-seen cholera in October followed immediately by Hurricane Tomas; violence and rioting in the wake of November’s contested elections. CFTC and our local partners provided emergency aid but remained focused on foundational development goals: building infrastructure and services for maternal and child health, reducing malnutrition, and nurturing sustainable livelihoods to increase the quality of life for Haitians in the long-term.

**The Fundamentals**

**THE LANDSCAPE**
Haiti – the poorest country in the Americas – has experienced political violence and great poverty throughout its history. In 2010, tragedy repeatedly struck and threatened: earthquake in January; outbreak of never-before-seen cholera in October followed immediately by Hurricane Tomas; violence and rioting in the wake of November’s contested elections. CFTC and our local partners provided emergency aid but remained focused on foundational development goals: building infrastructure and services for maternal and child health, reducing malnutrition, and nurturing sustainable livelihoods to increase the quality of life for Haitians in the long-term.

**POPULATION** 10,033,000

**INCOME**
- Gross national income per capita PPP $1,300
- UNDP Multidimensional Poverty Index 0.306

**HEALTH**
- Life expectancy at birth 60 m | 63 f
- Childhood mortality/1,000 live births 87
- Children <5 underweight for age 22%

**EDUCATION**
- Mean years of schooling, adults 4.9

**UNDP HDI RANK** 145 /169

**The Foundation**

**COMMUNITIES WHERE CFTC WORKS IN HAITI**
Goyavier, Delmas, Cameau, Thor, Gressier, Courjeolles

**# OF CFTC BENEFICIARIES**
12,404

**CFTC IN HAITI SINCE 2003**

**COUNTRY REPRESENTATIVE**
Madsen Gachette

**LOCAL PARTNERS**
- International Child Care (ICC) – Grace Children’s Hospital
- Organisation de la Mission Evangélique Salem (OMES)
- Service Oecuménique d’Entraide (SOE)
- House of Hope Orphanage

**AREAS OF FOCUS**
Nutrition, health, livelihoods

* 4 mobile health clinics resourced • thousands of tuberculosis, measles, polio, tetanus and diphtheria vaccinations given • more than 12,000 bags of AK-1000 distributed • 250+ attended cholera prevention sessions
OMES – one of CFTC’s first partners in Haiti – operates a health clinic in Thor 65, a slum on the outskirts of Port-au-Prince home to 80,000. OMES also runs clinics just west of the Haitian capital in Cameau. Specializing in maternal and child health, they have made significant gains treating the extremely high malnutrition rates in the area, distributing food aid and nutrition education, providing immunizations and primary health care, and offering the residents of these destitute communities malaria, HIV/AIDS and tuberculosis prevention and treatment.

OMES was a key partner to CFTC in the weeks and months following the earthquake. On top of regular nutrition and primary health programs, OMES distributed emergency food, water, hygiene and medical supplies to 600 families living in the tent cities.

In late 2010, funded by CFTC’s Combat Cholera campaign, OMES was on the front-lines providing cholera education and treatment through its brick-and-mortar and mobile health clinics. Their efforts were directly responsible for stemming the tide of cholera in these hard-hit communities, which experienced a lower-than-national incidence and mortality rate from the disease despite being already vulnerable and weakened by years of poverty and the more recent deprivations resulting from the earthquake.

OMES’s multi-sectoral focus also includes building food security through agricultural training, seeds and equipment for farming projects. They offer school supplies to area schoolchildren and also improve water and sanitation in the area, distributing water purification tablets through their clinics, and building latrines and community wells. With all of that activity, they also managed to build a new maternity ward which will serve the community for years to come.
The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2010, the summary statement of revenue and expenditure and changes in net assets for the year then ended, are derived from the audited financial statements of Canadian Feed the Children for the year ended December 31, 2010. We expressed a qualified audit opinion on those financial statements in our report dated June 13, 2011.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Canadian Feed the Children.

Management is responsible for the preparation of the summary financial statements. Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with the applicable assurance guideline of The Canadian Institute of Chartered Accountants.

In our opinion, the summary financial statements derived from the audited financial statements of Canadian Feed the Children for the year ended December 31, 2010 on which we expressed a qualified opinion with respect to the completeness of revenue from the general public are a fair summary of those financial statements.

Our qualified audit opinion is based on the fact that the organization derives income from contributions the completeness of which is not susceptible to satisfactory audit verification. It states that, except for the possible effects of the described matter, those financial statements present fairly, in all material respects, the financial position of Canadian Feed the Children as at December 31, 2010, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Nethercott & Company
Chartered Accountants
July 11, 2011
North York, Ontario

For our complete audited financial statements, please visit www.CanadianFeedTheChildren.ca or call us at 1-800-387-1221.
# Statement of Financial Position
As at December 31

<table>
<thead>
<tr>
<th>Assets</th>
<th>2010</th>
<th>2009 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>1,096,854</td>
<td>825,859</td>
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<tr>
<td>Portfolio investments</td>
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<td>1,408,694</td>
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<tr>
<td>Capital</td>
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<td>18,291</td>
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<td></td>
<td>2,545,353</td>
<td>2,252,844</td>
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<table>
<thead>
<tr>
<th>Liabilities and Fund Balances</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>311,486</td>
<td>342,950</td>
</tr>
<tr>
<td>Fund balances</td>
<td>2,233,867</td>
<td>1,909,894</td>
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<tr>
<td></td>
<td>2,545,353</td>
<td>2,252,844</td>
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</tbody>
</table>

# Statement of Revenue & Expenditure
Year ended December 31

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2010</th>
<th>2009 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and events</td>
<td>6,820,519</td>
<td>6,780,043</td>
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<tr>
<td>Medicines/Gifts-in-kind</td>
<td>9,164,112</td>
<td>11,884,245</td>
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<tr>
<td>Grants, investment and other income</td>
<td>34,325</td>
<td>181,417</td>
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<tr>
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<td>16,018,956</td>
<td>18,845,705</td>
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<table>
<thead>
<tr>
<th>Expenditure</th>
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</thead>
<tbody>
<tr>
<td>Programs</td>
<td>12,966,871</td>
<td>15,699,782</td>
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<td>Fundraising</td>
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<td>749,036</td>
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<td>15,694,983</td>
<td>18,917,437</td>
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<table>
<thead>
<tr>
<th>Excess Revenue/(Expenditure) For the Year</th>
<th>2010</th>
<th>2009 Restated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>323,973</td>
<td>(71,732)</td>
</tr>
</tbody>
</table>

# Statement of Changes in Fund Balances
Year ended December 31

<table>
<thead>
<tr>
<th>Fund Balances, Beginning of Year</th>
<th>2010</th>
<th>2009 Restated</th>
</tr>
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<tbody>
<tr>
<td>As previously reported</td>
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<td></td>
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<tr>
<td>Changes in accounting policies</td>
<td>(1,261,565)</td>
<td>(1,114,265)</td>
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<tr>
<td></td>
<td>1,909,894</td>
<td>1,981,626</td>
</tr>
</tbody>
</table>

| Excess Revenue/(Expenditure) for the year | 323,973    | (71,732)      |

| Fund Balances, End of Year             | 2,233,867  | 1,909,894     |
In 2010, we were able to improve the lives of thousands of children, families and communities because of the generous contributions of our many donors.

From monthly Everyday Heroes and child sponsors, to our Best.Gift.Ever gift-givers, to our community fundraisers and leadership donors, our heartfelt appreciation goes out to each and every one of you who gave so selflessly in 2010 to help children thrive.
Leadership Supporters 2010

Dany and Lisa Assaf
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Leadership Community Fundraisers

From backyard birthday parties to cross-country campaigns, community fundraising is one of the most fun and cost-effective ways to help children affected by poverty. We are inspired and impressed with the work that our community fundraisers did in 2010, and extend our appreciation to:

Albert Campbell Collegiate
École Arthur Meighen School
The Athletic Club
Canadian Electrical Industry - Hungry for Change
The Colette and Sylvain Special Relief Fund for Children
Sylvain and Colette Dion
Deborah Duncan - From Hope to Haiti
Cindy Fuller - Have a Heart for Haiti
Glen Acres Baptist Church
Lesley Henshaw-O’Connor & Friends
Kailey & Dylan’s Birthday Party for Haiti
Shelagh McCracken
Luiz Nascimento
Pierre-Jerome Haiti Relief Fund - Rise Up Art for Haiti
Bernie Schopp - Bernie’s New Adventure
Steel Workers’ Union Golf Tournament
Stem the Hunger
Trish and Jo Stenson-Hansen
Trinity College
Canadian Feed The Children Club at
The University of Western Ontario
Wesley Christian Academy
West Elgin School - Haiti Fundraiser
Susan Wienert - Scholarships Haiti

Thank You
We extend our deepest gratitude to the Hungry for Change campaign of the Canadian Electrical Industry. These individuals and businesses raised over $300,000 in 2010, achieving a three-year total of $750,000 – the equivalent of three million meals. Our sincere thanks to:

2010 Hungry for Change Committee
Wayne Donaldson (Chair), Rexel Canada Electrical Inc.
Tom Brockway, Brockway Enterprises
Tom Crist, EECOL Electric
Steve Crocker, Wesco Distribution Canada
Mary-Ellen Donaldson, Purolator
Steve Eldson, Columbia MBF
Mike Gentile, Canlyte Inc.
Elaine Gerrie, Gerrie Electric Wholesale Ltd.
Carol McGlogan, Canlyte Inc.
Dick Roney, Roney Marketing
Rob Ruys, Thomas & Betts
Dave Syer, Hubbell Canada Inc.

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Oscan Electrical Supply Ltd.
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Panduit Canada Corp
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Philips Lighting
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Q2 Electrical Contractors Ltd.
Quasar Western Electric Ltd.
RAB Design Lighting Inc.
Reptech Enterprises Ltd.
Rexel Canada Electrical Inc.
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Robertson Electric Wholesale
Rockwell Automation
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Territorial Electric Ltd.
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Triple A Electric
Vector Electrical and Controls
Voyageur Electric Ltd.
Wesco Distribution Canada
Westburne Electrical Supply
Westburne Quebec
Westburne Ruddy Electric
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Thank you to the Board

We deeply appreciate the time, expertise and governance of our volunteer Board of Directors in 2010.

Ms. Anne Marie Turnbull (Chair)
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Notes:


1 PPP: Purchasing power parity calculated as international dollars. An international dollar has the same purchasing power over a country’s GDP that the US dollar does in the United States.

2 The UNDP Multidimensional Poverty Index is a composite measure of the percentage of deprivations in education, health and living standards that the average person would experience if those of poor households were shared equally across the population. Source: UNDP, International Human Development Indicators.

3 The UNDP Human Development Index (HDI) is a summary measure of human development. It measures the average achievements in a country on three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. Source: UNDP, Human Development Report, 2010.