Contents

President’s Message 1
Executive Director Report 2
Summary Report 4
Summary of CAEP’s Goals for 2015 10
Board of Directors 11
CAEP Staff 12
CAEP Award Winners 14
CAEP Top Research Award Winners 14
Committees We Depend On and their Members 16
2014 Financial Numbers 20
Barack Obama’s quote on change could apply to the current status of the Canadian Association of Emergency Physicians (CAEP), as could palaeontologist, Stephan Jay Gould’s quote on evolution.

Over the past several years CAEP has been gradually evolving and branching out in new directions. We have been making bold forays into new areas. We’re employing new methods of delivery for our CPD offerings, and novel methods of communicating and disseminating information through social media. We have developed and integrated important new areas of focus, such as the Academic Section with its yearly symposia, new committees, and have introduced new strategic initiatives to further advance the mandate of the ‘4 Pillars of CAEP’.

2014 was an exciting year. We saw many bountiful results come from our ability to transform. As you read through the enclosed pages; you will see examples of how we as an association have evolved and how individual members have progressed and in turn have made our association better.

It is our ability to be open to change and to expand our horizons that allows CAEP to produce results. We continue to grow and strengthen our membership, advocate for and advance Emergency Medicine, and support innovations in research and education. In doing so, we ultimately improve the care of our patients.

CAEP is in the midst of a great transformation; one that will bring our association to new heights through new methods, ideas, partners and projects.

I invite you to join me as we look forward to even more of this evolution in the coming year.

Respectfully,

Jill McEwen, MD, FRCPC
President
Canadian Association of Emergency Physicians
EXECUTIVE DIRECTOR REPORT

CAEP continues to ‘gather steam’ and grow stronger after another successful year. Many of the goals outlined in last year’s Annual Report came to life over the past twelve months, while several more are currently in development and will be completed in the near future.

2014 was the first year that CAEP conducted business from our new offices in downtown Ottawa. Now that we have a year under our belt in the new location, I can tell you the move has been nothing but positive for the staff and our business dealings. The more central location has made it easier to connect with business partners and provide a way to be more productive.

2014 saw the development of new CPD initiatives. The Board of Directors approved the development of the new Emergency Medicine Review Course (EMR). This course is a comprehensive review of emergency medicine highlighting hot topics and controversies. It is broken into six different ‘Acts’; each Act will be offered at different times over the next several years. ‘Act One’ will debut at both CME in the SUN events in 2015. EMR ‘Act One’ will remain a strong fixture on the CPD calendar this year and until the CAEP 2016 Conference in Quebec City.

The Imedicus series was a successful foray into the world of online CPD. This online series was co-developed by CAEP, AstraZeneca and Bayer and offered the latest recommendations and clinical data on the use of antiplatelet and anticoagulant therapies in the emergency department.
How we presented material to the membership also changed over the past year. With the creation of CAEP TV and CAEP Cast, we have been able to bring knowledge to the membership through video and audio mediums. CAEP TV provided informative segments on the annual conference, and the highly popular ‘Talk Nerdy to Me’ series highlighted EM researchers presenting at the CAEP conference. CAEP Cast showcased the Academic Section’s Feature Education Innovations series through podcasts. We will continue both platforms in new and exciting directions in the coming year.

*CJEM (Canadian Journal of Emergency Medicine)* has just finished an evolution of its own. Beginning in 2015, *CJEM* will be published by Cambridge University Press. With this new publisher came a new format; *CJEM* is now a completely digital publication and can be found on their website at www.cambridge.org. With the change a number of features are available including FirstView which allows articles to be published within weeks of acceptance, as well as metrics that allow readers to track article downloads, social media posts and citations.

The Academic Section of Emergency Medicine continues to grow in exciting areas. The Academic Symposium on Research at the 2014 Conference was a huge success. The Section initiated the CAEP Academic Consultation Service to provide in-depth analysis and best practices to those institutions seeking assistance to improve their performance in the areas of education, leadership and research. A monthly Great Evidence in Medical education Summary (GEMeS), the environmental scan on Canadian medical schools and the fore mentioned CAEP Casts. Led by the Research, Education and Leadership Working Groups, the Academic Section is developing other new initiatives.

Our staff changed as well this year as we added two new positions and three new staff members. Christina Bova took over the Membership Manager role in August. From her first day, she has taken a direct approach to improve CAEP’s membership benefits and increase our membership. Kelly Wyatt joined the team in September as Administrative/Research Assistant. She has been helping Christina with membership and CTAS duties as well as Jennifer Artz with research responsibilities. Kim Stephens joined Finance in a part-time role, one day a week. As Finance Assistant, Kim ensures the bills are paid and every dollar is accounted for. The growth and expertise of our staff demonstrates the solid foundation of our organization. The ability to increase our staff presence has allowed us to move forward with our mandate.

From a financial perspective CAEP had another strong year, finishing with an excess of $28,390 revenue over expense. This financial success allows CAEP to reinvest in the association and allows us to pursue new projects. As 2015 begins I can tell you that many of these new projects have already begun and they come to fruition they will contribute to the on-going evolution of CAEP. Please read our ‘Summary of Goals for 2015’ within this Annual Report for a sneak preview at what we are currently working on.

Finally I want to take a moment to thank the Board of Directors, the membership, all of our volunteers and staff for their continued efforts and dedication. With their support, CAEP continues to grow and evolve. The future is bright for the Canadian Association of Emergency Physicians.

Respectfully submitted,

Vera Klein
Executive Director
Canadian Association of Emergency Physicians
EACH NEW PROJECT MOVES US FORWARD...
ONE STEP AT A TIME

The CAEP Board of Directors held a meeting to discuss our strategic direction in June 2013. Over those two days, they studied a range of potential strategic initiatives. An approach was adopted that aligned each initiative with one of the ‘4 Pillars of CAEP’ to keep us clearly focused on our mission.

We are pleased to inform you that many of these strategic initiatives are currently being developed by our CAEP staff, board, volunteers, and membership. The following report outlines each of the four pillars and some of the associated strategic initiatives in development, as well as additional projects that have helped strengthen our presence in emergency medicine within Canada.

Our CAEP Pillars are:

- Advocating For Emergency Physicians and Their Patients
- Connecting Emergency Physicians
- Providing Leading Emergency Medicine Education
- Providing a Forum for Research in Emergency Medicine
Advocating For Emergency Physicians and Their Patients

We aim to ensure that emergency patients receive the best care possible and that emergency physicians work in the best possible conditions. We continue to enhance emergency care by developing guidelines and advocating on behalf of our members to decrease wait times and reduce access block, as well as develop strategic partnerships. We believe that as a valuable resource for media and a reliable partner for the different levels government, we can improve emergency health care across Canada.

- **The Critical Care Practice Committee (C4):**
  a. Published guidelines on the use of Vasopressor and Inotropes in Canadian Emergency Departments.
  b. Finalized an update to the guidelines for Targeted Temperature Management after Cardiac Arrest.
  c. Developed a website for C4 committee members for resource materials, case reviews, mentorship, and networking opportunities across Canada (emicu.org).

- **The Emergency Medical Services (EMS) Practice Committee** participated in a steering committee led by the Paramedic Association of Canada to produce the next revision of the National Occupational Competency Profile for paramedics, an evolving vision of a professional code similar to the updated CanMEDS concept.

- **The Public Affairs Committee (PAC):**
  a. Released a Bicycle Safety Position Paper in partnership with Dr. Carolyn Snider and the Trauma, Illness and Injury Prevention Committee.
  b. Continued to partner with the Wait Time Alliance (WTA). In September CAEP representatives assisted the WTA in the development of their strategic plan.
  c. Since the publication of the updated position statement on Advocating for “ED overcrowding” and “access block” at the end of 2013, members of PAC held meetings with the federal NDP and Liberal Members of Parliament health care critics on how to tackle this issue.
  d. PAC committed itself to the Government Tour in 2015, where they are meeting with each provincial health minister to discuss how we can assist the provinces in eliminating overcrowding.
  e. We are participating in the Seniors Strategy: Hospital Care Working Group, which was started by the Canadian Medical Association (CMA). Dr. Elizabeth Shouldice & Dr. Don Melady will represent CAEP on this project.

- With the Public Health Agency of Canada (PHAC), the CAEP Disaster Practice Committee surveyed disaster receivers across the country and determined the criteria required for a community of practice.
  a. The Disaster Practice Committee is also working on a project with McMaster University to promote interdisciplinary communications using disasters as a framework.

- With the Disaster and International EM Practice Committees, we were represented at the opening meeting of the Global Humanitarian Health Association project, which was launched in Montréal in 2014 and is responsible for establishing and certifying standards for humanitarian healthcare workers.

- In May 2014, the CAEP Board authorized the creation of a Geriatric Emergency Medicine Special Interest Group (GEM SIG), which is now co-chaired by Don Melady and Debra Eagles. The first meeting was held during CAEP 2014 annual conference.

- To further their voice and academic focus, the Resident Section created a new position, Vice President Academic, whose role includes sitting on the CAEP Academic Section and embarking on and supporting academically themed projects targeting resident education.
Connecting Emergency Physicians

Our members come from all across Canada. Whether an emergency physician in a downtown urban hospital or a rural physician who serves the emergency department for a town of 5,000, we want to keep our members connected.

• We had a 1% increase in overall membership with 2,134 members, our highest annual membership to date!

• A number of new member benefits were introduced, including discounts on:
  • Via Rail
  • Rogers Wireless
  • Broadway across Canada Tickets
  • Mirvish Theatre Productions

• The *Canadian Journal of Emergency Medicine (CJEM)* is published by Cambridge University Press and is now a digital publication.

• The International Emergency Medicine Practice Committee collated members’ responses and created an online global map highlighting where CAEP members are or have worked.

• CAEP is liaising with the International Federation of Emergency Medicine (IFEM) to establish a Communications Committee, with our members Al Drummond & Jim Ducharme acting as Chair and Vice-Chair respectively.

• The Disaster Practice Committee has been in discussion with the World Association for Disaster and Emergency Medicine (WADEM) and has agreed that WADEM and the Centre for Excellence in Emergency Preparedness will become affiliates to avoid duplication and share resources.

• The “bridge” membership category (a reduced rate for physicians in their first two years of practice) attracted more than 100 members.

• Our ‘Learn, Grow, Inspire’ member promotion was a success and allowed us to showcase the faces and stories of our diverse group.

• The GEM SIG was successful in connecting EM clinicians by hosting their first meeting attended by emergency physicians and nurses, researchers, educators, and administrators from all regions of the country. They are working to develop a descriptive model of a ‘senior-friendly ED’ in both small and large hospitals.

• A major overhaul was done to the resident section the CAEP website was completed. There is now easier access to emergency medicine resources and links. A detailed and comprehensive list of Canadian and American Emergency Medicine Fellowships was compiled and is on display for resident members.
Providing Leading Emergency Medicine Education

Every year, we find exciting ways to make our continuing professional development (CPD) more interesting and meaningful. We are one of the leading providers of continuing medical education (CME) and strive to provide emergency physicians with the best training, through our Courses, annual conference, CME in the SUN, and online modules.

- The new 2-day EDTU Course was a success, with each course full and most participants completing their 50 required scans.

- We launched online CPD with the iMedicus Series, which was co-developed with AstraZeneca and Bayer to offer the latest recommendations and clinical data on the use of antiplatelet and anticoagulant therapies in the emergency department.

- We developed promotional videos for two of our CPD courses, AIME and EDTU.

- Close to 850 people attended the 2014 CAEP Annual Conference in Ottawa. Our conference has grown so popular that it can now only be hosted in Canada’s large conference centres. In Ottawa, it boasted six keynote speakers and an abundance of choice in education and research tracks.

- Listening to the voice of the membership, the Continuing Professional Development (CPD) team spent the year planning two CME in SUN locations for 2015. One location was a family-oriented resort (Beaches, Turks & Caicos) while the other was an adult getaway (Jamaica).

- The CAEP Board approved the new Emergency Medicine Review Course. Making its debut at the 2015 CME in the SUN events, this course is a review of emergency medicine highlighting hot topics and controversies.

- The International Emergency Medicine Practice Committee placed a focus for on pre-departure training programs for international electives.

- An emergency medical services (EMS) series is appearing in CJEM over the next one to two years. Alix Carter and the chair of the National Association of EMS Physicians Canadian Relations committee, have worked with members of the EMS community to solicit commentary and original research relevant to the intersection of EMS and emergency medicine.

- The PoCUS Practice Committee reviewed the IFEM document pertaining to Emergency Ultrasound Curriculum Guidelines. After review, they asked CAEP to endorse the IFEM guidelines as a supporting document and framework for residency training and credentialing programs and to work with stakeholders in establishing a framework for unified PoCUS standards and credentialing.

- CAEP has been active in supporting the dissemination of an accredited CME resource for physicians working in emergency departments who want to provide optimal care to their older patients. The www.geri-EM.com site currently has over 2000 registered users and has given over 500 hours of CME credits.
The three Education Scholarship Panels of the Academic Section of Emergency Medicine published their findings and recommendations in the 2014 May CJEM abstract supplement. They covered a range of topics including innovating and improving teaching and learning, supporting and developing scholars, and a how-to guide for education scholarship in emergency medicine.

In 2014, the Education Working Group established a team of CAEP EM Education Champions at academic institutions across the country to facilitate bidirectional communication between medical schools and CAEP. The current list is available on the Academic Section webpages.

Starting in September 2014, the CAEP EM Education Champions coordinated two new initiatives: Feature Education Innovations (FEI) and Great Evidence in Medical education Summary (GEMeS). The EM Education Champions identified education experts within their departments, who provide these two one-page reports, a description of a local education initiative and a summary of a recent education article. Both are overseen by two dedicated editors: Julien Poitras and Teresa Chan. The CAEP office manages the correspondence, materials, website, and publicity.

To further the appeal of the FEI program and engage EM educators in discussions around the great work being done in Canadian EM education, Ken Milne began hosting and producing CAEP Casts (a podcast) on each of the FEIs. CAEP Casts are in an interview format and structured to understand each project fully, identify the benefits, and show how they can be done at other institutions.

**Pillar 4: Providing a Forum for Research in Emergency Medicine**

We know that research is integral to our future. We are leaders in emergency medicine research and CAEP is looking to increase research in emergency medicine and raise funds to support research projects that improve patient care.

CAEP Research Committee received 290 abstracts, including 30 education innovation abstracts, for the CAEP 2014 Conference in Ottawa.

The Research Committee and CAEP office accepted Education Innovation abstracts into the 2014 Annual CAEP Abstract Competition (and were fully integrated into 2015 competition). In the 2014 Abstract Competition, 30 education innovation abstracts were submitted, and a new $250 CAEP Research Award was approved and available for highest-ranked education innovation abstract from a CAEP member in 2015.

A complete list of all of the previous grant recipients, including the project titles was posted to the Research Committee webpages. Reviewing all of the data, the total amount of funding awarded from 1996 to 2014 was $428,568, with a mean and median amount per grant of $4202 ± 1101 and $4756 (800, 5000), respectively.

The CAEP Research Committee and CAEP staff compiled a list of CAEP abstract award winners, including abstract titles from 2000 to the current 2014 winners. They are now displayed in the research section of the CAEP website.

In 2014, the Research Committee web pages were updated to facilitate use and access to information. There is now an Announcements page, and the latest activities and notices of the committee are posted in a timely fashion.

In 2014, a survey for previous CAEP grant award winners was conducted to assess the strengths and weaknesses of the program. All previous recipients were invited to participate. The survey asked about their CAEP-funded project, training, current research and the impact of the CAEP grant on their career. The overwhelming opinion was that CAEP research grants were important in supporting both the research project and the career of the recipient. Two abstracts based on the results were accepted in the CAEP 2015 abstract competition.
• Both grant and abstract competitions were run on a newly updated submission platform from ScholarOne Abstracts. Overall, there was positive feedback on the new site. The CAEP office received a fraction of the number of questions about the system compared to last year. Feedback was solicited from high-volume users (e.g., research coordinators). The suggestions received from these research coordinators and authors have been compiled and sent to ScholarOne to further improve the site for next year.

• The Research Committee received 30 submissions (which is up from 20 in 2013/14) to its annual grant competition that closed in late October 2014. The five highest scoring grants are being awarded for a June 2015 project start.

• Numerous research survey requests were made this year. The Research Committee oversees the process and has now documented the procedure on the website. The number of survey distributions per survey has been limited, so that the needs of CAEP members who answer surveys will be balanced with researchers. This solution endeavors to limit survey fatigue, while allowing researchers access to a pool of content experts for their research surveys.

• A member of the EMS Practice Committee serves on the steering committee of the newly formed Canadian EMS Research Network (CERN), working to promote collaboration, mentorship and knowledge translation of EMS and paramedicine research across Canada.

• The Research Working Group began its investigation into the best practices associated with forming a research network. Working with Research Committee and looking to PERC and other successful networks to learn how to start a CAEP Research Network, the groundwork is being laid.

Final Thoughts

CAEP has never been busier. We have never been in a stronger financial position. We have never been more productive. We advocate for better patient care, connect emergency physicians, provide leading CME, and give a forum to research. We are finding better and more productive ways to provide you with these services. We are achieving our strategic mandate. We are excited about the current and upcoming projects.

And we are always looking for physicians, researchers, government representatives, and fellow associations to contribute. Volunteer your time and expertise with us and improve emergency care for your patients.

Most importantly, remember we are available to help those associated with emergency medicine. If you have a question about membership or what we do – contact us. If you are a journalist who needs information on a story or insight from an emergency physician – contact us. If you want information on CAEP CPD – contact us. If you need information on how to apply for a research grant – contact us. CAEP has, and will always be here to assist you.
CAEP is always looking for new projects that will execute the Board’s strategic direction. Thanks to efforts of the Board, volunteers and staff; we have set our sights high on a number of projects we look forward to achieving in the coming calendar year. Some of the goals for CAEP in 2015 include:

- Increase CAEP membership by 5% to 2,242 members
- Improve the overall value of membership by partnering with companies to offer our members benefits that are desirable and provide personal savings.
- Meet every Provincial Health Minister to determine how CAEP can assist in reducing Wait Times & ED Overcrowding.
- Develop a Position Statement on Alternative Care Providers.
- Launch the Emergency Medicine Advancement Fund (EMAF) to support research and improve patient care.
- Develop a new CAEP website; which will launch in early 2016
- Produce the *History of Emergency Medicine in Canada* video; which will be released at CAEP 2016 in Quebec City.
- Develop the Emergency Medicine Review – ACT II; it will make its debut at CME in the SUN 2016 events – Beaches, Turks & Caicos and Sandals Grande St. Lucian in Saint Lucia.
- New CME to be released on CAEP TV.
- Expand the CAEP online CPD experience.
- Development of an EM Research Network.
- Continue to provide the Academic Section Consultation service.
- Launch of the national FOAMed simulation scenario database.
President: Jill McEwen, MD, FRCPC
Vancouver General Hospital
Vancouver, BC

President-Elect: Paul Pageau, MD, CCFP(EM)
Ottawa Civic Hospital
Ottawa, ON

Treasurer: Thomas Chan MD, CCFP(EM)
Toronto ON

Director: Rebecca Rosenblum, MD, FRCPC
Royal Alexandra Hospital
Edmonton, AB

Director: Tom Currie, MD, CCFP(EM)
Cape Breton Regional Hospital
Sydney, NS

Director: Benjamin Fuller, MD, CCFP(EM)
Lakeridge Health
Bowmanville, ON

Director: Jaelyn Caudle, MD, FRCPC
Queens University
Kingston, ON

Director: Chryssi Paraskevopoulos, MD, CCFP(EM)
St. Mary’s Hospital Centre
Montreal, QC

Director: Jim Christenson, MD, CCFP, FRCPC
UBC Faculty of Medicine
Vancouver, BC

Chair, Section of Academic Emergency Medicine:
Ian Stiell, MD, FRCPC, ABEM
The Ottawa Hospital - Civic Campus
Ottawa, ON

Chair, Resident Section:
Martin Kuuskne, MD
Montreal, QC

Chair, Section of Pediatric Emergency Medicine:
Rodrick Lim, MD
London, ON

Past-President:
Bruce McLeod, MD, FRCPC
Valley Regional Hospital
Port Williams, NS
(Consultant to the Board)

Non-voting Board members appointed or elected by their organization or Section

AMUQ Representative:
Stéphane Borremans, MD CCFP(EM)
Montreal, QC

CAEP Representative:
Vera Klein
Executive Director
Ottawa, ON
CAEP STAFF

**Vera Klein**  
Executive Director • ext. 12 • vklein@caep.ca

Vera is accountable to the CAEP Board of Directors; responsible for the overall management of the Association including the planning and implementation of CAEP’s policies and strategic initiatives. She ensures effective and efficient administration of all programs and services with a view to add value to members while achieving the mission and vision of CAEP.

**Christina Bova**  
Manager, Member Services • ext. 17 • cbova@caep.ca

Christina is responsible for addressing all member inquiries, processing membership payments, and reviewing member benefits to continuously add value to the membership dollar. Other tasks also include working with the Membership Committee and Marketing Department to determine yearly goals and projects and identifying new member opportunities. She also assists with the operations of the EMAF.

**Lee Arbon**  
Manager, Communications & Marketing • ext. 15 • larbon@caep.ca

A marketing Jack of all trades, Lee handles all communications and marketing efforts for the Association – both in-house and working with outside vendors. He is responsible for the CAEP Communiqué and all major forms of public relations correspondence. Lee is also the main point of contact for media requests and is the liaison for the CAEP Public Affairs Committee.

**Janice MacIsaac**  
CPD Manager • ext. 20 • jmacisaac@caep.ca

Janice works with the CPD team to provide the most current and relevant accredited CPD to the CAEP membership. The CPD team is very excited to be developing online educational offerings as well as an emergency medicine review course. The 2015 calendar will include two CME in the Sun destinations, as well as a variety of Courses held across the country.

**Adele Ashby**  
Manager, Finance & Administration • ext. 16 • aashby@caep.ca

As the Finance Manager, Adele reports on the financial health of the Association. She is responsible for preparing the quarterly and annual financial statements and annual department budgets with three year projections. She also manages and reports on cash-flow. Adele is also a member of the EMAF team.

**Jennifer Artz**  
Senior Manager, Academic Section and Research • ext. 18 • jartz@caep.ca

As the Manager of Research, Jennifer manages the Research Committee activities and other projects, including the CAEP grant and abstract competitions. With the Academic Section, Jennifer handles the projects from the Leadership, Research, and Education Working Groups, as well as the Academic Symposium Panels, which include surveys, statistics, data analysis, background research, and preparing reports. Jen also assists with the operations of the EMAF.
Gail Chapman
CPD Coordinator • ext. 13 • gchapman@caep.ca

Gail oversees the yearly budget for all of the CPD Courses and destination events. She plans, administers and coordinates registration and logistics for the CME in the SUN destination events and the AIME Roadshow. She also manages attendee, exhibitor and sponsor registration for the CAEP Annual Conference.

Carrol Ann Lapierre
CPD Administrator • ext. 14 • calapierre@caep.ca

As part of the CPD team, Carrol Ann is the point of contact for accreditation applications on behalf of the Royal College of Family Physicians for both CAEP and external applicants. As well, she oversees and executes the administration and logistics for numerous CAEP CPD Courses and associated activities, including coordination of the CPD marketing requirements.

Gisele Leger
Administrative Assistant • ext. 10 • admin@caep.ca

Gisele is the main point of contact for all CAEP members who have general inquiries. She provides support to the Executive Director, Vera Klein, the CAEP Board of Directors, and various CAEP Committees.

Kelly Wyatt
Administrative & Research Assistant • ext. 21 • kwyatt@caep.ca

Kelly provides support to the Academic Section, Research Committee and Membership Committee. She also works as part of the EM Advancement Fund team. In addition Kelly is the administrator and point of contact for the CTAS courses, and co-ordinates conference registration.

Kim Stephens
Finance Assistant • ext. 22 • kstephens@caep.ca

As part-time Finance Assistant, Kim helps the finance department ensure that every vendor is paid and every deposit is accounted for correctly within the budget.
CAEP AWARD WINNERS

On Tuesday June 3, 2014 during the 2014 CAEP Conference in Ottawa ON, CAEP handed out its annual awards in a number of categories. Each of the recipients has illustrated exceptional work in a specific area. CAEP received open nominations from the CAEP membership during the first quarter of 2014.

All winners were selected by a designated committee with recommendations being put forth to the CAEP Board of Directors for final approval.

Please visit caep.ca/caep-awards to view complete award criteria as well as award winners from previous years.

Anyone with questions regarding the CAEP Awards Program is asked to contact Manager of Marketing and Communications, Lee Arbon via larbon@caep.ca.

The winners of the 2014 CAEP Awards were:

CAEP President’s Award
*Michael Schull, MD, FRCPC*

CAEP Award for Medical Journalism
*Kevin Rollason - The Winnipeg Free Press*

The Penelope Gray-Allan Memorial CJEM Writing Award
*Stephanie VandenBerg, MD*

The Grant Innes Research Paper and Presentation Award
*Paul Atkinson, MD*

Dr. Helen Karounis Memorial Award for Professionalism in Emergency Medicine
*Gary Olsson, MD*

Resident Leadership Award
*Laurie Robichaud, MD*

Dr. Richard Kohn Memorial Award for Mentorship in Emergency Medicine
*Mathieu Gatien, MD, CCFP (EM)*

Resident Teacher of the Year Award
*Mathieu Gatien, MD, CCFP (EM)*

CJEM Photography Award
*Wayne Choi, MD*

The winners of the 2014 CAEP Awards were:

CAEP TOP RESEARCH AWARD WINNERS

CAEP is firmly committed to the advancement of EM research to improve emergency patient care for all Canadians.

CAEP holds two annual competitions in which grant proposals and abstracts are reviewed, scored and awarded. The grant competition provides funding to five junior investigators with top-ranked grant proposals, while the annual scientific meeting provides an important venue for the dissemination of EM research results in Canada, with close to 300 submissions accepted for presentation in 2014.
Research Grant Winners

R. Mengual, MD FRCPC - What is the value of initial blood lactate level in predicting morbidity and mortality in adult patients presenting in the Pre-hospital or Emergency Department setting with presumed infection, sepsis, severe sepsis or septic shock?

Lianne McLean, MD - Point-of-care ultrasound-guided axillary nerve block versus procedural sedation for the reduction of forearm fractures in the Pediatric Emergency Department.

Kaitlin Hayman, MD - Does utilization of an intubation safety checklist improve patient safety during simulated resuscitation scenarios?

Steve Lin, MD FRCPC - Evaluating Cardiopulmonary Resuscitation Quality Measures for the Complete Duration of Resuscitation in Out-of-Hospital Cardiac Arrests

Geneviève Tourigny-Ruel, MD - Randomised controlled trial of intravenous dexamethasone to prevent relapse in the treatment of migraine in a pediatric emergency department

Abstract Winners

Top 4 Abstracts

Grant Innes Research Paper and Presentation - 1st Plenary Presentation
Paul Atkinson, MD - Does use of a point of care ultrasound protocol improve outcome in emergency department patients with undifferentiated hypotension? The first Sonography in Hypotension and Cardiac Arrest in the Emergency Department (SHOC-ED 1) Study: an interim analysis.

2nd Place - 2nd Plenary Presentation
Jeffrey Perry, MD, CCFP(EM) - Prospective Validation of the Ottawa Subarachnoid Hemorrhage Rule in Headache Patients

3rd Place - 3rd Plenary Presentation
Natalie Le Sage, MD FRCPC - Criteria for transfer to tertiary trauma centers: validation phase based on the severity of cases treated in tertiary centers

Top Resident - 4th Plenary Presentation
Andrei Karpov, MD - Validation of Trigger Tools and the National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Surveillance Project (NEISS-CADES) Algorithms for Identification of Adverse Drug Events within Emergency Department Health Records

Top New Investigator
Steve Lin, MD FRCPC - Targeted Temperature Management: Exploring the Association Between Processes of Care and Outcomes After Out-of-Hospital Cardiac Arrest

Top Medical Student Project
Hannah Buhariwalla - Innovative Use of AED by RNs and RTs During In-Hospital Cardiac Arrest

Top Pediatric Abstract
Alexander Sasha Dubrovsky, MD - Point-of-care ultrasound accurately guides reductions of distal forearm fractures in children

Top 8 CAEP Resident Abstracts
Andrei Karpov, MD - Validation of Trigger Tools and the National Electronic Injury Surveillance System-Cooperative Adverse Drug Event Surveillance Project (NEISS-CADES) Algorithms for Identification of Adverse Drug Events within Emergency Department Health Records

Robert Ohle, MD - Ultrasonography of the Optic Nerve Sheath Diameter for Detection of Raised Intracranial Pressure: A Systematic Review and Meta-analysis

Keerat Grewal, MD - Peripheral vertigo discharged from the emergency department: Examining outcomes in the province of Ontario

Justin Yan, MD - Ketamine-propofol vs propofol alone for procedural sedation in the emergency department: a systematic review and meta-analysis.

Joanna Moore, MD - Was the Return of Spontaneous Circulation Protocol effective? Survival to Discharge and Adherence to the Protocol through a Health Record Review

Huma Ali, MD - Pediatric Pain Management: the Emergency Medicine Residents’ Perspectives

William Lee, MD - Effect of triage nurse initiated radiography using the Ottawa Ankle Rules on emergency department length of stay at a tertiary care center

Emily Sullivan, MD - Emergency physicians as human billboards for injury prevention messaging: a randomized controlled trial
COMMITTEES WE DEPEND ON AND THEIR MEMBERS

**Board Executive Committee**
- Jill McEwen MD, FRCP - Chair
- Thomas Chan MD, CCFP(EM)
- Tom Currie MD, CCFP(EM)
- Bruce McLeod MD, FRCP
- Paul Pageau MD, CCFP(EM)
- Chryssi Paraskevopoulos MD, CCFP(EM)

**Bylaws Committee**
- James Stempien MD, CCFP(EM) - Chair
- Eric Fonberg MD, CCFP(EM)
- Geoffrey Hung MD, FRCP
- Vera Klein – Ex-Officio
- Gisele Leger – Ex-Officio

**COFA - Committee on Financial Audit**
- Chris Evans MD - Chair
- Adele Ashby – Ex-Officio
- Brad Brookman CA - Consultant

**Continuing Medical Education (CME) Committee**
- Mark Mensour MD, CCFP(EM) - Chair
- Adele Ashby – Ex-Officio
- Thomas Chan MD, CCFP(EM)
- Vera Klein – Ex-Officio
- Janice MacIsaac – Ex-Officio
- Jill McEwen MD, FRCP - Co-Chair
- Howard Ovens MD, CCFP(EM)
- Paul Parks MD, FRCP
- David Petrie MD, FRCP
- Rebecca Rosenblum MD, FRCP
- Brian Rowe MD, CCFP(EM)
- David Savage MD
- Elizabeth Shouldice MD, CCFP(EM)
- Emily Sullivan MD
- Scott Wilson MD, CCFP(EM)

**Membership Committee**
- Tom Currie MD, CCFP(EM) - Chair
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- Adele Ashby – Ex-Officio
- Christina Bova - Ex-Officio
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- Jill McEwen MD, FRCP
- Bruce McLeod MD, FRCP
- Paul Pageau MD, CCFP(EM)
- Chryssi Paraskevopoulos MD, CCFP(EM)
- Rebeccah Rosenblum MD, FRCP

**Nominating Committee**
- Bruce McLeod MD, FRCP - Chair
- Geoffrey Hung MD, FRCP
- John King MD, FRCP
- Carolyn Snider MD, FRCP
- Ian Stiell MD, FRCP, ABEM

**Public Affairs Committee**
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- Alan Drummond MD, CCFP(EM) – Co-Chair
- Lee Arbon – Ex-Officio
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- Richard Fleet MD
- Atul Kapur MD, FRCP, ABEM
- Vera Klein – Ex-Officio
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- Jill McEwen MD, FRCP
- Bruce McLeod MD, FRCP
- Howard Ovens MD, CCFP(EM)
- Paul Parks MD, FRCP
- David Petrie MD, FRCP
- Rebeccah Rosenblum MD, FRCP
- Brian Rowe MD, CCFP(EM)
- David Savage MD
- Elizabeth Shouldice MD, CCFP(EM)
- Emily Sullivan MD
- Scott Wilson MD, CCFP(EM)

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- Robert Green MD, FRCP, ABEM - Chair
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**Standards Committee**
- Suneel Upadhye MD, FRCP – Chair
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- Garth Hunte MD, CCFP(EM)
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- Niranjan Kissoon MD, FRCP
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- Heather Murray MD, FRCP
CJEM-CAEP Liaison Committee

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Riyad Abu-Laban MD, FRCP, ABEM
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Garth Dickinson MD
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Christina Bova - Ex-Officio
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Eddy Lang MD, CCFP(EM)
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Paul Atkinson MD
Laurel Chauvin-Kimoff MD, FRCP, ABEM
Joseph Copeland MD, CCFP(EM)
Jocelyn Gravel MD, FRCP
Geoffrey Hung MD, FRCP
Katrina Hurley MD, FRCP
Dorothy Jarvis MD, FRCP
Gary Joubert MD, FRCP
Anna Karwowska MD, FRCP
Cheri Nijssen-Jordan MD, FRCP
Melissa Parker MD, FRCP
Carrol Pitters MD, FRCP
David Warren MD, FRCP

Resident Section

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Tawfeeq Altherwi MD
Tudor Botnaru MD
Josh Koczerginski MD
Rohit Mohindra MD
Fiona Pinto MD

Medical Student Subsection

Lucas Richardson - Chair
Gautam Goel
2014 CAEP Conference Organizing Committee
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MD, FRCPC, ABEM - Conference Chair  
Eric Clark MD FRCPAC - Scientific Chair  
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Rachel Baril  
Robert Green MD, FRCPC, ABEM  
Vera Klein – Ex-Officio  
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Christian Vaillancourt MD, FRCPC

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Michael Curry MD, CCFP(EM)  
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Jacqueline Parker MD, CCFP(EM)  
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Gisele Leger – Ex-Officio  
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Jean Marc Benoit MD, CCFP(EM)  
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Graham Dodd MD, CCFP(EM)  
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Carl Jarvis MD, CCFP(EM)  
Eric Juneau  
Elene Khalil MD  
Justin Maloney MD, FRCPC  
Valerie Rzepka RN  
Brian Schwartz MD, CCFP(EM)  
Janice Spivey  
Karen Wanger MD, FRCPAC  
Michelle Welsford MD, FRCPAC, ABEM

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Alix Carter MD, FRCPAC - Chair  
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Asha Bienkowski  
Michael Bullard MD, CCFP(EM), FRCPAC  
Richard Dionne MD, CCFP(EM)  
Sweta Gowda MD, CCFP  
Kevin Hanrahan MD, CCFP(EM)  
Tomislav Jelic MD, FRCPAC  
Jan Jensen  
Justin Maloney MD, FRCPAC  
Ian Martin MD, CCFP(EM)  
Peter Palma MD, CCFP(EM)  
John Ryan MD, CCFP(EM)  
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Andrew Travers MD  
Christian Vaillancourt MD, FRCPAC  
Etienne Van Der Linde MD, MCFP  
Karen Wanger MD, FRCPAC  
Michelle Welsford MD, FRCPAC, ABEM  
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Injury Prevention Practice Committee
Carolyn Snider MD, FRCPAC – Chair  
Rahel Ahmed MD, CCFP(EM)  
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Catherine Hagen MD, CCFP(EM)  
Tomislav Jelic MD, FRCPAC  
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Caroline Kowal MD, CCFP(EM) - Chair  
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Tomislav Jelic MD, FRCPAC  
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John Ross MD, FRCPAC  
James Stempien MD, CCFP(EM)  
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Ryan Henneberry MD - Chair  
Frank Ackermann MD, CCFP(EM)  
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Jason Fischer MD
Amanda Hanson MD
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Spencer Cleave MD
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Charles Duffy MD, CCFP(EM)
Michael Ertel MD, CCFP(EM)
Indy Ghosh MD, CCFP(EM)
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Matthew Grabeve MD, CCFP(EM)
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Andrew McRae MD, FRCPC
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Hugh Mitenko MD, CCFP(EM)
Tanya Munroe MD, CCFP(EM)
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Ravi Parkash MD, CCFP(EM)
Jeff Perry MD, CCFP(EM)
Nadder Sharif MD, CCFP(EM)
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Jagdeep Singh MD, CCFP(EM)
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Gabe Woollam MD, CCFP

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Jeffrey Fuss MD, FRCPC
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Trevor Langhan MD, FRCPC
Richard Lee MD, CCFP(EM), FRCPC
Ryan Oland MD, CCFP(EM)
Rick Penciner MD, CCFP(EM)
Curtis Rabuka MD, FRCPC
Catherine Seviour MD, FRCPC
Jean-Francois Thibert MD, CCFP(EM)
Rob Woods MD, FRCPC
Stella Yiu MD, CCFP(EM)

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Kimberley De Souza MD, CCFP(EM) - Chair
Samina Ali MD, FRCPC
Huma Ali MD, FRCPC
Lisa Calder MD, FRCPC
Erica Dance MD, FRCPC
Kathryn Dong MD, ABEM
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Lisa Evered MD, FRCPC
Lisa Fischer MD, FRCPC
Sara Gray MD, FRCPC
Corinne Hohl MD, CCFP, FRCPC
Carol Holmen MD, FRCPC
Katrina Hurley MD, FRCPC
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Georgina Manca MD
Shazma Mithani MD, FRCPC
Meite Moser MD, FRCPC
Heather Murray MD, FRCPC
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Janet Nuth MD, CCFP(EM)
Jacqueline Parker MD, CCFP(EM)
Laura Piccinin MD, CCFP(EM)
Carol Pitters MD, FRCPC
Anita Pozgay MD, FRCPC
Sarah Reid MD, FRCPC
Christine Richardson MD, CCFP(EM)
Rebecca Rosenblum MD, FRCPC
Kari Sampsel MD, FRCPC
Katherine Smith MD
Carolyn Snider MD, FRCPC
Margaret Thompson MD, FRCPC
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Jennifer Williams MD, FRCPC
Karen Woolfrey MD, FRCPC
Marianne Yeung MD, CCFP(EM)
Stella Yiu MD, CCFP(EM)
FINANCIAL STATEMENTS
Canadian Association of Emergency Physicians
For the year ended December 31, 2013

Contents

Independent Auditor's Report 21-22

Financial Statements

Statement of Financial Position 23
Statement of Changes in Research Endowment Fund 24
Statement of Changes in Internally Restricted Net Assets 25
Statement of Changes in Unrestricted Net Assets 26
Statement of Operations - General Programs 27
Schedule of Head Office Operations 28
Statement of Cash Flows 29
Notes to Financial Statements 30-36
To the members of
Canadian Association of Emergency Physicians

We have audited the accompanying financial statements of Canadian Association of Emergency Physicians, which comprise the statement of financial position as at December 31, 2014, and the statements of operations - general programs, changes in research endowment fund, internally restricted net assets and unrestricted net assets, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Canadian Association of Emergency Physicians as at December 31, 2014, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

BDO Canada LLP
Chartered Professional Accountants, Licensed Public Accountants
Ottawa, Ontario
May 1, 2015
# Canadian Association of Emergency Physicians
## Statement of Financial Position
### December 31 2014

### Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$769,907</td>
<td>$481,664</td>
</tr>
<tr>
<td>Short-term investments (Note 2)</td>
<td>506,854</td>
<td>763,934</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>223,160</td>
<td>134,482</td>
</tr>
<tr>
<td>HST receivable</td>
<td>47,784</td>
<td>42,195</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>193,271</td>
<td>193,544</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>$1,740,976</td>
<td>$1,615,819</td>
</tr>
<tr>
<td><strong>Investments (Note 2)</strong></td>
<td>300,000</td>
<td>309,862</td>
</tr>
<tr>
<td><strong>Tangible capital assets (Note 3)</strong></td>
<td>59,339</td>
<td>39,140</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>40,630</td>
<td>-</td>
</tr>
<tr>
<td>Intangible assets (Note 4)</td>
<td>11,494</td>
<td>22,046</td>
</tr>
<tr>
<td><strong>Total Investments</strong></td>
<td>$2,152,439</td>
<td>$1,986,867</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$141,725</td>
<td>$198,538</td>
</tr>
<tr>
<td>Deferred revenue (Note 5)</td>
<td>847,707</td>
<td>717,317</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td>989,432</td>
<td>915,855</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>34,582</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,024,014</td>
<td>915,855</td>
</tr>
<tr>
<td><strong>Contractual obligations (Note 10)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research endowment fund</td>
<td>168,812</td>
<td>139,789</td>
</tr>
<tr>
<td>Internally restricted</td>
<td>959,613</td>
<td>931,223</td>
</tr>
<tr>
<td>Invested in tangible capital assets</td>
<td>59,339</td>
<td>39,140</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>(59,339)</td>
<td>(39,140)</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>1,128,425</td>
<td>1,071,012</td>
</tr>
</tbody>
</table>

On behalf of the board:

Director  

Director

The notes are an integral part of these financial statements.
<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of the year</td>
<td>$139,789</td>
<td>$82,202</td>
</tr>
<tr>
<td>Direct increase in net assets (Note 9)</td>
<td>29,023</td>
<td>22,548</td>
</tr>
<tr>
<td>Transfer from the Strategic Fund (Note 8)</td>
<td>-</td>
<td>35,039</td>
</tr>
<tr>
<td>Balance, end of the year</td>
<td>$168,812</td>
<td>$139,789</td>
</tr>
</tbody>
</table>

The notes are an integral part of these financial statements.
## Statement of Changes in Internally Restricted Net Assets

For the year ended December 31

<table>
<thead>
<tr>
<th></th>
<th>Operational Fund</th>
<th>Strategic Fund</th>
<th>Total 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, beginning of the year</strong></td>
<td>$364,677</td>
<td>$566,546</td>
<td>$931,223</td>
</tr>
<tr>
<td><strong>Internal restriction (Note 8)</strong></td>
<td>(70,944)</td>
<td>70,944</td>
<td>-</td>
</tr>
<tr>
<td><strong>Transfer from unrestricted net assets (Note 8)</strong></td>
<td>-</td>
<td>28,390</td>
<td>28,390</td>
</tr>
<tr>
<td><strong>Balance, end of the year</strong></td>
<td>$293,733</td>
<td>$665,880</td>
<td>$959,613</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Operational Fund</th>
<th>Strategic Fund</th>
<th>Total 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, beginning of the year</strong></td>
<td>$355,864</td>
<td>$371,982</td>
<td>$727,846</td>
</tr>
<tr>
<td><strong>Internal restriction (Note 8)</strong></td>
<td>8,813</td>
<td>(8,813)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Transfer to the Research Endowment Fund (Note 8)</strong></td>
<td>-</td>
<td>(35,039)</td>
<td>(35,039)</td>
</tr>
<tr>
<td><strong>Transfer from unrestricted net assets (Note 8)</strong></td>
<td>-</td>
<td>238,416</td>
<td>238,416</td>
</tr>
<tr>
<td><strong>Balance, end of the year</strong></td>
<td>$364,677</td>
<td>$566,546</td>
<td>$931,223</td>
</tr>
</tbody>
</table>

The notes are an integral part of these financial statements.
# Statement of Changes in Unrestricted Net Assets

<table>
<thead>
<tr>
<th>For the year ended December 31</th>
<th>Invested in tangible capital assets</th>
<th>Unrestricted</th>
<th>Total 2014</th>
<th>Total 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning of the year</td>
<td>$39,140 ($39,140)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>-</td>
<td>28,390</td>
<td>28,390</td>
<td>238,416</td>
</tr>
<tr>
<td>Purchase of tangible capital assets</td>
<td>31,231 (31,231)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Amortization of tangible capital assets</td>
<td>(11,032) 11,032</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Transfer to internally restricted net assets (Note 8)</td>
<td>- (28,390) 28,390</td>
<td>(238,416)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance, end of the year</td>
<td>$59,339 ($59,339)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The notes are an integral part of these financial statements.
### Canadian Association of Emergency Physicians
### Statement of Operations - General Programs

For the year ended December 31

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head office (Schedule)</td>
<td>$ 836,033</td>
<td>$ 735,757</td>
</tr>
<tr>
<td>CME - Roadshows (Note 6)</td>
<td>1,071,178</td>
<td>1,002,912</td>
</tr>
<tr>
<td>CJEM (Note 7)</td>
<td>212,620</td>
<td>215,794</td>
</tr>
<tr>
<td>Annual conference</td>
<td>883,107</td>
<td>877,108</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,002,938</td>
<td>2,831,571</td>
</tr>
<tr>
<td><strong>Excess of revenues over expenses</strong></td>
<td>$ 28,390</td>
<td>$ 238,416</td>
</tr>
</tbody>
</table>

| **Expenses**         |             |             |
| Head office (Schedule) | 1,056,258  | 795,112     |
| CME - Roadshows      | 817,919     | 718,847     |
| CJEM                 | 347,605     | 287,175     |
| Annual conference    | 752,766     | 792,021     |
| **Total**            | 2,974,548   | 2,593,155   |

The notes are an integral part of these financial statements.
## Canadian Association of Emergency Physicians
### Schedule of Head Office Operations

**For the year ended December 31**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership fees</td>
<td>$725,660</td>
<td>$626,848</td>
</tr>
<tr>
<td>Publication sales</td>
<td>13,066</td>
<td>44,044</td>
</tr>
<tr>
<td>Royalties</td>
<td>18,286</td>
<td>29,948</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>21,565</td>
<td>16,598</td>
</tr>
<tr>
<td>Projects</td>
<td>43,191</td>
<td>13,030</td>
</tr>
<tr>
<td>Investment income</td>
<td>14,265</td>
<td>5,189</td>
</tr>
<tr>
<td>Sponsors - others</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$836,033</td>
<td>$735,757</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of intangible assets</td>
<td>$-</td>
<td>$33,096</td>
</tr>
<tr>
<td>Amortization of tangible capital assets</td>
<td>11,032</td>
<td>10,318</td>
</tr>
<tr>
<td>Bank interest and service charges</td>
<td>64,919</td>
<td>55,170</td>
</tr>
<tr>
<td>Committees</td>
<td>53,291</td>
<td>30,414</td>
</tr>
<tr>
<td>Computer fees</td>
<td>34,254</td>
<td>20,108</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>65,416</td>
<td>32,224</td>
</tr>
<tr>
<td>Graphic design</td>
<td>26,339</td>
<td>5,109</td>
</tr>
<tr>
<td>Insurance</td>
<td>14,178</td>
<td>15,883</td>
</tr>
<tr>
<td>Liaison meetings</td>
<td>2,561</td>
<td>2,150</td>
</tr>
<tr>
<td>Office</td>
<td>91,597</td>
<td>67,403</td>
</tr>
<tr>
<td>Printing and photocopying</td>
<td>4,502</td>
<td>3,159</td>
</tr>
<tr>
<td>Professional fees</td>
<td>51,849</td>
<td>25,397</td>
</tr>
<tr>
<td>Projects</td>
<td>40,988</td>
<td>26,178</td>
</tr>
<tr>
<td>Promotion</td>
<td>28,926</td>
<td>19,391</td>
</tr>
<tr>
<td>Rent and parking</td>
<td>96,088</td>
<td>44,780</td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>399,665</td>
<td>339,024</td>
</tr>
<tr>
<td>Telephone and fax</td>
<td>8,891</td>
<td>10,859</td>
</tr>
<tr>
<td>Translation</td>
<td>661</td>
<td>2,108</td>
</tr>
<tr>
<td>Travel</td>
<td>61,101</td>
<td>52,341</td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>$1,056,258</td>
<td>$795,112</td>
</tr>
</tbody>
</table>

The notes are an integral part of these financial statements.
### Canadian Association of Emergency Physicians
### Statement of Cash Flows

For the year ended December 31 2014

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of revenues over expenses</td>
<td>$ 28,390</td>
<td>$ 238,416</td>
</tr>
<tr>
<td>- General programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct increase in net assets</td>
<td>29,023</td>
<td>22,548</td>
</tr>
<tr>
<td>- Research endowment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Items not affecting cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization of tangible capital assets</td>
<td>11,032</td>
<td>10,318</td>
</tr>
<tr>
<td>Amortization of intangible assets</td>
<td>10,552</td>
<td>53,343</td>
</tr>
<tr>
<td></td>
<td>78,997</td>
<td>324,625</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes in non-cash working capital:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts receivable</td>
<td>(88,678)</td>
<td>(20,043)</td>
</tr>
<tr>
<td>HST receivable</td>
<td>(5,589)</td>
<td>(13,010)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(40,357)</td>
<td>(84,991)</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>(56,813)</td>
<td>34,646</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>130,390</td>
<td>(175,233)</td>
</tr>
<tr>
<td>Deferred lease inducement</td>
<td>34,582</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>52,532</td>
<td>65,994</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cash flows from investing activities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of tangible capital assets</td>
<td>(31,231)</td>
<td>(19,458)</td>
</tr>
<tr>
<td>Acquisition of intangible assets</td>
<td>-</td>
<td>(21,902)</td>
</tr>
<tr>
<td>Acquisition of investments</td>
<td>(7,287)</td>
<td>(542,346)</td>
</tr>
<tr>
<td>Disposal of investments</td>
<td>274,229</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>235,711</td>
<td>(583,706)</td>
</tr>
</tbody>
</table>

| Net increase (decrease) in cash     | 288,243  | (517,712) |
| Cash, beginning of the year         | 481,665  | 999,377   |
| Cash, end of the year               | $ 769,908 | $ 481,665 |

The notes are an integral part of these financial statements.
Canadian Association of Emergency Physicians
Notes to Financial Statements

December 31, 2014

1. Accounting Policies

Purpose of Organization
Canadian Association of Emergency Physicians is a not-for-profit organization incorporated without share capital under the Canada Not-for-profit Corporations Act. The Association’s purpose is to improve and promote emergency health services in Canada. The Association is a registered charity under the Income Tax Act and, as such, is exempt from income taxes and may issue income tax receipts to donors.

Basis of Accounting
The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Use of Estimates
The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the reported amounts of revenues and expenses for the year covered. The main estimate relates to the useful life of tangible capital and intangible assets.

Tangible Capital Assets
Tangible capital assets are stated at cost less accumulated amortization. Amortization is provided on the basis of their useful lives using the following method and annual rates:

- Equipment: 20% diminishing balance basis
- Computer equipment: 30% diminishing balance basis

Intangible Assets
Intangible assets are stated at cost less accumulated amortization. Amortization is provided on the basis of their useful lives using the following methods and annual rates:

- Roadshow development: As roadshows are delivered
- Computer software: 100% diminishing balance basis

Impairment of Tangible Capital Assets and Intangible Assets
When a tangible capital asset or intangible asset no longer has any long-term service potential to the Association, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations - general programs.
1. Accounting Policies (continued)

**Net Assets**

**Unrestricted**
The general fund accounts for current operations and programs as well as the Association’s general operations. Unrestricted contributions (donations and grants) and restricted contributions to be used for operations are reported in these net assets.

**Operational Fund**
The Operational Fund was established to maintain sufficient resources to continue operations in the event of a catastrophic occurrence or sustained economic downturn. The fund balance represents the amount available to the Association to meet its contractual obligations in the event that the Association discontinues operations.

**Strategic Fund**
The strategic fund was established to fund future strategic initiatives as approved by the Board of Directors.

**Research Endowment Fund**
The Research Endowment Fund was established to provide financial support for research in emergency medicine in Canada. The Association is seeking donations to this fund from members, industry and the public.

**Invested in Tangible Capital Assets**
The tangible capital assets fund reports the assets, liabilities, revenues and expenses related to tangible capital assets.
1. Accounting Policies (continued)

Revenue Recognition

The Association follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Revenue from CME roadshows, conferences and projects is recorded in the year in which the roadshow or conference takes place.

Unrestricted investment income is recognized as revenue when earned.

Revenue from membership fees are recognized over the year of membership.

Revenue from CJEM advertising is recognized in the year the related advertisement is published in the Canadian Journal of Emergency Medicine (CJEM).

Endowment contributions are recognized as direct increases in net assets.

Deferred Revenue

Deferred membership fees are amounts received in advance of the membership year.

Deferred CAEP-RC revenue relates to funds that are required to be used for specific research activities. Funds received from Wyeth Pharmaceuticals are to be used to support the study of community acquired methicillin resistant staphylococcus aureus infections in Canadian emergency departments. Funds received from Merck Frosst are to be used to conduct research and analysis relating to patients with Type 2 diabetes and hypoglycaemia in the emergency department.

Deferred roadshow sponsorships and registrations are amounts received prior to the roadshow being held.

Deferred conference sponsorships are amounts received prior to the conference being held.

The deferred research project relates to funds from Merck Frosst to be used for the CAEP rotavirus education program raising awareness about the National Advisory Committee on Immunization (NACI) statement regarding rotavirus.
1. Accounting Policies (continued)

Financial Instruments

Measurement
The Association initially measures its financial assets and liabilities at fair value. The Association subsequently measures all its financial assets and liabilities at amortized cost, except for investments which it chose to measure at fair value. Changes in fair value are recognized in the statement of operations - general programs.

Financial instruments measured at amortized cost are cash, accounts receivable, and accounts payable and accrued liabilities.

Impairment
Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment.

Transaction costs
The Association recognizes its transaction costs in the statement of operations in the year incurred for financial instruments measured at fair value. Financial instruments that are subsequently measured at amortized cost are adjusted by the transaction costs in the initial measurement of the asset or liability.

Deferred Lease Inducement
The rent inducement, which is recorded as a reduction to rent expense in Rent and parking, is deferred and amortized over the term of the lease.

2. Investments

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renaissance High Interest Savings Account</td>
<td>$496,899</td>
<td>$490,747</td>
</tr>
<tr>
<td>CPN Intact Financial Corp., matured November 23, 2014</td>
<td>-</td>
<td>73,187</td>
</tr>
<tr>
<td>CIBC Cashable GIC, 1.20%, matured November 3, 2014</td>
<td>-</td>
<td>200,000</td>
</tr>
<tr>
<td>BDC McLean Budden Balanced Growth Fund Notes, due on March 9, 2015</td>
<td>9,955</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total short-term investments</strong></td>
<td>$506,854</td>
<td>$763,934</td>
</tr>
<tr>
<td><strong>Long-term investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BDC McLean Budden Balanced Growth Fund Notes, due on March 9, 2015</td>
<td>-</td>
<td>$9,862</td>
</tr>
<tr>
<td>CIBC Cashable GIC, 1.9%, maturing November 1, 2016</td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td>CIBC Cashable GIC, 1.9%, maturing November 1, 2018</td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td><strong>Total long-term investments</strong></td>
<td>$300,000</td>
<td>$309,862</td>
</tr>
</tbody>
</table>
### Canadian Association of Emergency Physicians
#### Notes to Financial Statements

**December 31, 2014**

#### 3. Tangible Capital Assets

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated Amortization</td>
</tr>
<tr>
<td>Equipment</td>
<td>$88,859</td>
<td>$52,474</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>110,649</td>
<td>87,695</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$199,508</td>
<td>$140,169</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>$59,339</td>
<td>$39,140</td>
</tr>
</tbody>
</table>

#### 4. Intangible Assets

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated Amortization</td>
</tr>
<tr>
<td>Computer software</td>
<td>$155,467</td>
<td>$155,467</td>
</tr>
<tr>
<td>Roadshow development</td>
<td>110,524</td>
<td>99,030</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$265,991</td>
<td>$254,497</td>
</tr>
<tr>
<td><strong>Net book value</strong></td>
<td>$11,494</td>
<td>$22,046</td>
</tr>
</tbody>
</table>

Amortization of the roadshow development during the year was $10,552 (2013 - $10,552), which was included in CME - roadshows expenses on the statement of operations - general programs.

#### 5. Deferred Revenue

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>$440,003</td>
<td>$432,636</td>
</tr>
<tr>
<td>Roadshow sponsorship and registration</td>
<td>276,649</td>
<td>208,470</td>
</tr>
<tr>
<td>Research projects</td>
<td>23,518</td>
<td>23,518</td>
</tr>
<tr>
<td>CAEP-RC</td>
<td>8,093</td>
<td>8,093</td>
</tr>
<tr>
<td>CTAS/CPAS</td>
<td>3,544</td>
<td>-</td>
</tr>
<tr>
<td>Conference sponsorship</td>
<td>95,900</td>
<td>44,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$847,707</td>
<td>$717,317</td>
</tr>
</tbody>
</table>
6. CME - Roadshows

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>CME - Gate receipts</td>
<td>$964,558</td>
<td>$944,264</td>
</tr>
<tr>
<td>CME - Sun</td>
<td>$106,620</td>
<td>$58,648</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,071,178</strong></td>
<td><strong>$1,002,912</strong></td>
</tr>
</tbody>
</table>

7. Canadian Journal of Emergency Medicine

The Association had entered into an agreement of publication to have the Canadian Journal of Emergency Medicine ("CJEM") manufactured, published, promoted and distributed. In consideration of the rights granted within the agreement the Association was entitled to a royalty based on fifty percent of the operating profit generated from the Journal. The agreement of publication was terminated on December 31, 2014.

A new agreement was entered into with a new publisher, effective January 1, 2015, for the next five years. Similar to the previous agreement, the Association is entitled to a royalty based on fifty percent of the net receipts generated from the Journal.

8. Internal Restrictions

During 2014 the Board approved a transfer of $28,390 (2013 - $238,416) from unrestricted net assets to the Strategic Fund in order to fund the Association’s strategic initiatives.

During 2014 the Board approved a transfer of $70,944 from the Operational Fund to the Strategic Fund (2013 - $8,813 from the Strategic Fund to the Operational Fund) to fund operations during the year.

9. Research Endowment Fund - Direct Increase in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>$27,588</td>
<td>$20,910</td>
</tr>
<tr>
<td>Investment income</td>
<td>$1,435</td>
<td>$1,638</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$29,023</strong></td>
<td><strong>$22,548</strong></td>
</tr>
</tbody>
</table>
10. Contractual Obligations

During 2013 the Association entered into a new operating lease for office space beginning January 1, 2014 and expiring June 30, 2019 with an option to renew for an additional five years. If the renewal option is not exercised, there is a $30,000 non-renewal charge due two months before the end of the lease. This new agreement includes free rent for the first 5 months. Future minimum lease payments total $463,603 and include the following payments over the next five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$103,023</td>
</tr>
<tr>
<td>2016</td>
<td>$103,023</td>
</tr>
<tr>
<td>2017</td>
<td>$103,023</td>
</tr>
<tr>
<td>2018</td>
<td>$103,023</td>
</tr>
<tr>
<td>2019</td>
<td>$ 51,511</td>
</tr>
</tbody>
</table>

Commitments Related to Future Conference Agreements

The Association has entered into multiple agreements for the 2015, 2016 and 2017 conferences in which the Association would be subject to cancellation fees totaling $264,403.

11. Financial Instruments

Credit risk

The Association is exposed to credit risk for its accounts receivable. The majority of the Association’s receivables are from event sponsors and government sources. The Association provides credit to its members and event sponsors in the normal course of its operations. A provision for bad debt expense is taken where appropriate.

Other price risk

The Association is exposed to other price risk through its investments in the BDC McLean Budden Balanced Growth Fund Notes.

12. Comparative Figures

Certain figures for the previous year have been reclassified to conform to the presentation adopted in the current year.