Annual Report 2014/2015





Message from the

Executive Director & Chair of the Board





"Our end of 2014 results for the Dr. Peter Centre day health program show that 299. or 80% of all clients achieved a suppressed viral load. End of 2014 results for the province as a whole show that 56% of those diagnosed with HIV attained a suppressed viral load."

This is a remarkable time in the history of HIV and AIDS. It's also a remarkable time in the history of the Dr. Peter AIDS Foundation and Dr. Peter Centre.

The Dr. Peter Centre's commitment to compassionate HIV care is contributing to British Columbia and global goals to end AIDS and dramatically reduce new cases of HIV. In 2014, UNAIDS set ambitious HIV treatment targets to end AIDS by 2030. This goal can be met if, by 2020 – just five years from now – 90% of all people living with HIV know their HIV status; 90% of all people diagnosed receive sustained antiretroviral therapy; and 90% receiving antiretroviral therapy are virally suppressed, thus not progressing to AIDS.

The Dr. Peter Centre is very effective at engaging in care individuals who live with significant health and social disparities that get in the way of taking HIV medication daily, which is necessary for its effectiveness. Our end of 2014 results for the Dr. Peter Centre day health program show that 299, or 80% of all clients achieved a suppressed viral load. End of 2014 results for the province as a whole show that 56% of those diagnosed with HIV attained a suppressed viral load.

In addition to the day health program achieving this impressive clinical outcome, a 2014 client satisfaction survey showed that 92% of clients who completed the survey say they feel safe and secure at the Dr. Peter Centre, 89% say they feel cared for by staff, and 86% say they feel engaged by staff.

The Dr. Peter Centre is an important part of the Vancouver Coastal Health/Providence Health Care HIV Program initiative to engage in HIV treatment individuals with significant health and social disparities. The day health program has a growing waitlist of individuals assessed as needing HIV treatment adherence support; there is an increasing focus on admissions to the Dr. Peter Centre residence for HIV treatment stabilization; and, our enhanced supportive housing program in the neighbourhood provides long term health and housing stability for clients whose successful transition out of the residence is dependent on significant daily support.

The galvanizing impetus of health jurisdictions and health providers, locally and internationally, to respond to the UNAIDS HIV treatment targets has generated considerable interest in the Dr. Peter Centre model of care. Our knowledge sharing ranges from tours and consultations to best practices training.

The directors of the board have approved a 2015–2020 strategic plan with three core strategies: organizational excellence, build direct care capacity, and build knowledge transfer and evaluation capacity. The intended outcomes are that the Dr. Peter Centre will make an even greater contribution to British Columbia's HIV treatment targets, help other health care providers in BC and elsewhere to build their capacity to do the same, and add to the body of knowledge regarding effective design of HIV care.

We are thankful to Vancouver Coastal Health, BC Housing, and the VCH/PHC HIV Program for core funding and collaborative work to achieve common goals.

We offer our sincere gratitude to our donors and supporters – you enable us to offer meals to meet the daily nutritional needs of a person living with HIV, to meet psycho-social needs with music, art and recreation therapy, and to provide a therapeutic space for compassionate HIV care. As well, with your generous support, we can maintain the Dr. Peter Centre building and grounds long into the future and offer the many small things that mean a lot to our clients' wellbeing, whether it's a supply of socks and underwear or vitamin supplements.

A special thank you to our employees and volunteers – you exemplify the compassion in compassionate HIV care at the Dr. Peter Centre.

Thank you all,

Maxine Davis

MAXINE DAVIS

Executive Director

PETER GREEN

Chair, Board of Directors

On the cover: Dr. Peter Centre day health program participant, Debbie, housekeeping supervisor, Sue, and resident, Johnny.

Dr. Peter AIDS Foundation 2014/2015 Board of Directors

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Leaving a Legacy of Compassionate HIV Care

Have you given thought to your life's legacy? As eloquently stated by one of our supporters, Saeedeh Salem, "Our legacy is about the footprint we leave behind. If we can give love and help others, we will have peace now and forever."

Leaving a legacy is an expression of your deepest values. Your generous support of compassionate HIV care at the Dr. Peter Centre is one way you have chosen to express your values – and it is already part of your legacy, your footprint.

The Dr. Peter Centre has been blessed with bequests and other gifts from individuals who continued – or started

- their legacy by including the Dr. Peter AIDS Foundation in their will. Their lasting generosity has helped the Foundation to steward the original investment in the Dr. Peter Centre building, have the infrastructure required to operate a modern health care facility, and build greater capacity to provide compassionate HIV care.

To ensure proper stewardship of funds received from bequests, the directors of the board have established a Legacy Fund. All funds from bequests, other than those designated for a specific purpose by the donor, are immediately transferred into

the Legacy Fund. The Fund is structured and invested to extend over multiple years and disbursement from the Fund requires approval of the board for a specific need.

The Foundation's Philanthropy team is available for a confidential conversation to assist you in articulating your legacy and ensure your intentions are honoured, including how your gift is recognized. Our Philanthropy Officer, Louise Pedersen, can be reached at foundation@drpeter.org or 604-331-3452.

Thank you for considering compassionate HIV care at the Dr. Peter Centre as part of your legacy footprint.

MEALS AND MEDICATION

This fiscal year in the day health program we served 64,233 meals, a 6% increase compared to last year. Daily meals in a therapeutic environment is an effective approach to engaging in care persons living with HIV and coping with concurrent health and social issues, including severe food insecurity. Our nutrient-dense food helps with taking HIV medication and other treatments; consistent access contributes to improved HIV treatment adherence and the successful clinical outcome of suppressed viral load, as well as better overall health.

DR. PETER CENTRE 24-HR SPECIALIZED NURSING CARE RESIDENCE 2014–2015 OCCUPANCY RATE

Consistent with previous years, our occupancy rate for the Dr. Peter Centre Residence was 97.7% for the fiscal year 2014–2015 (2013–2014, 98.0%; 2012–2013, 98.8%). In 2014–2015, 45 individuals received care in the 24-suite residence. Vacancy days are due to cleaning, including any necessary repairs and painting, prior to new admissions, as well as notification and move-in time for the new resident.

Research In Action

DR. PETER CENTRE DAY HEALTH PROGRAM: OUR SUCCESS IN HELPING BC REACH THE UNAIDS 90-90-90 TREATMENT TARGET

The Cascade of Care is a model used globally that outlines the stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of HIV viral suppression (a very low level of HIV in the body).

HIV viral suppression is the key measure for Treatment as Prevention strategies. Lowering the amount of the virus in the body with HIV medication can help people with HIV live longer, healthier lives, and greatly reduces an individual's risk of HIV transmission. One landmark study showed that individuals who maintain a regular HIV medication treatment regime are 96% less likely to transmit the virus.

In October 2014, UNAIDS published an ambitious goal entitled the 90-90-90 Treatment Target, which states that by 2020:

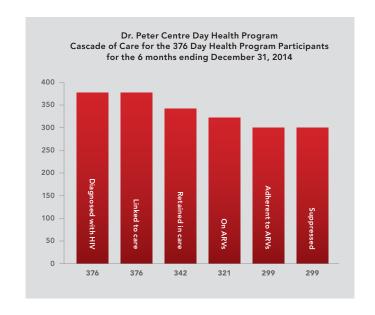
- 90% of all people living with HIV will know their HIV status (Diagnosed with HIV)
- 90% of all people with a diagnosed HIV infection will receive sustained antiretroviral therapy (On ARVs)
- 90% of all people receiving antiretroviral therapy will have viral suppression (Suppressed)

Modelling suggests that achieving these targets by 2020 will enable the world to end the AIDS epidemic by 2030.

Our end of 2014 result of 80% of all enrolled day health program participants achieving a suppressed viral load shows that the Dr. Peter Centre is helping the Province of British Columbia achieve the UNAIDS Treatment Target. End of 2014 results for the province as a whole show that 56% of those diagnosed with HIV attained a suppressed viral load.

Why didn't 100% of our clients achieve viral suppression? At any one time, there are newly admitted clients for whom it can take three to six months to achieve viral suppression. As well, at any one time, there are clients with fluctuating mental health, addiction, and other issues that affect their consistent participation in the program and thus their medication adherence.

Contributing to the strong results of the Dr. Peter Centre Day Health Program Cascade of Care is the collaborative care with Vancouver Coastal Health, including street outreach workers and the person's physician, as well as other agencies.



Sources:

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). 90-90-90: An ambitious target to help end the AIDS epidemic. Retrieved from http://www.unaids.org/en/resources/documents/2014/90-90-90.

U.S. Department of Health & Human Services. (March 6, 2015). HIV Care Continuum. Retrieved from https://www.aids.gov/federal-resources/policies/care-continuum/.

British Columbia Centre for Excellence in HIV/AIDS. (March 10, 2015). HIV Monitoring Quarterly Report for British Columbia. Fourth Quarter, 2014. Retrieved from http://www.cfenet.ubc.ca/sites/default/files/uploads/ publications/centredocs/bc-monitoring-report-14q4-final-2015-mar-10.pdf.

EXPLAINING THE CASCADE OF CARE GRAPH

At the Dr. Peter Centre, we developed a Cascade of Care for our day health program to show how the Centre supports our participants in their HIV medication adherence and overall health care. The estimates are based on a snapshot of the 376 participants enrolled in the Dr. Peter Centre day health program on December 31, 2014:

- 100% or all 376 of our participants have been diagnosed with HIV and linked to HIV care. Linked to care means that a person has connected with an HIV-related service following a diagnosis.
- Generally, retained in care is defined as accessing HIV-related physician services or completing HIV-related bloodwork in the last year. For the purpose of our analysis, we defined Retained in Care as a participant being retained in our care in the Dr. Peter Centre day health program. Out of the 376 enrolled, 342 participants accessed services at the Dr. Peter Centre during 2014, which means

- that 91% of our participants were retained in care according to our definition.
- Pharmacy data is generally used to measure the On ARVs category. We developed an estimate of those on ARVs as being represented with a number halfway between those retained in care and those adherent to ARVs. Thus, we estimate that 85% of our participants are on ARVs.
- We used the same number of participants who have achieved a suppressed viral load as an estimate of those adherent to ARVs. This is a conservative estimate.
- The number of participants with a suppressed viral load is based on HIV bloodwork within the last 6 months of 2014. During that time, 299 or 80% of all enrolled participants achieved a suppressed viral load.

DR. PETER CENTRE 24-HR SPECIALIZED NURSING CARE RESIDENCE: WITHIN TOP 5 FINDINGS FROM THE BC CENTRE FOR EXCELLENCE IN HIV/AIDS

Our continued collaborative work with researchers led to a March 20, 2015 online post by the British Columbia Centre for Excellence in HIV/AIDS (BC-CfE).

66 Finding #2

Supervised injection service, or harm reduction services, can improve health care outcomes. According to a BC-CfE-led study at the Dr. Peter Centre, supervised injection service integrated into the Dr. Peter Centre Residence in Vancouver can improve health care access and outcomes among people living with HIV.



David MacKay's **Story**

David is an articulate man who has a dry sense of humour and is happy to share the latest book he's reading or his opinion about the current state of politics. His passion for history and social justice has shaped the path he has taken in life and helped him cope with the challenges of living with HIV.

He grew up in South Vancouver in a working class family that was "pro-union and knew what side of the tracks they came from." David's father immigrated to Canada from Scotland and became a teacher after World War II. David's mother worked as a telephone operator. His parents were both political activists and he accompanied them when they attended events, such as anti-nuclear protests. "I was taught to be anti-authority," David says.

David was inspired by his father's devotion to education and studied hard so he could go to university. Between 1965 and 1970, he studied history at UBC. In 1969, he was one of 114 students who

were arrested for occupying the SFU administration building in order to demand equal access to education, resulting in three months in jail.

"An entire generation of my friends died."

Three years after David finished university, he decided to go to New York City. "The Gay Liberation Movement emerged in New York in 1969 and I came out as gay in the early 1970s. New York was the place to be," he says. David lived in Greenwich Village for three months and then returned to Vancouver where he took a job with the postal service, where he was active in the union and pushed for human rights clauses and equitable employment for postal workers. However, he also struggled with alcoholism and eventually lost his job.

A series of tragic events followed. Many of David's friends died of AIDS and he lost

his partner. He notes that many people today don't realize how traumatic the AIDS epidemic was for the gay community of his generation. "Think about it this way," he explains, "An entire generation of my friends died. I don't have a circle of friends to last me my entire life. I lost most of them."

"I had a guilt complex about surviving when so many people in my life had passed away."

David became HIV-positive as a result of unprotected sex. "I had a guilt complex about surviving when so many people in my life had passed away. In my grief, I threw caution to the wind," he explains.

After exhausting his funds and struggling to pay high rent in a small suite in the West End, David didn't have enough money to eat properly or to take care of his declining health. Eventually, he ended



David and his mother sit on the front steps of their home in Vancouver.

up in St. Paul's Hospital. David knew about the Dr. Peter Centre and got on the waiting list. "I was aware of the Dr. Peter Centre ever since it was built and before that I was brought to tears watching Dr. Peter on CBC – it broke my heart," he remembers.

He was relieved when he was admitted to the Centre's day health program in 2013. He began to eat well and put on 30 pounds in the first couple of months he was in the program. Staff at the Centre helped him find social housing in the West End. "The Dr. Peter Centre helped me find good housing and they feed me. I think I'll live another 10 years," he declares.

"Don't be afraid to ask for help. We all have problems."

For David, it's hard to deal with the health challenges of aging with HIV as well as the loss of so many of his friends,

but there have been many positive developments in his life. He has struggled with alcoholism, but has been clean for 25 years. He has returned to his religious background, his Scottish heritage and his interest in history for comfort and inspiration.

He shares that he has learned many things from the tragedies he experienced and his time at the Dr. Peter Centre. "Don't be afraid to ask for help," he says. "We all have problems. We are all works in progress. Everyone is different and it's important not to judge. I am eternally grateful to the Dr. Peter Centre for their help and acceptance," he says.



David, a Dr. Peter Centre day health program participant sits in front of the fountain on the Centre terrace.

The Struggle is Worth It: **Don Allison, Dr. Peter Centre Volunteer**

For Don Allison, the importance of volunteerism and community engagement was instilled at an early age. His mother and father were both actively involved in many causes in his home town of Edmonton and as a teenager he participated in a Ban the Bomb march in the middle of the city. Through these experiences, he learned that "being a volunteer is great but you also become aware, through your involvement, of the challenges the community faces."

One of these challenges was overcoming the fear and prejudice towards the LGBTQ community at the height of the AIDS epidemic. Don moved to Vancouver in the 1970s and came out as gay in 1972. In 1978, when he participated in the first Pride Parade in the city along with 300 other marchers, they faced a jeering crowd of onlookers who threw stones at them.

He has since volunteered with many community organizations in Vancouver's West End. Don became involved with the Dr. Peter Centre in 2006 when he began working as a cook in the Centre's kitchen. Upon retiring in 2012, he became a volunteer, helping to serve day health program participants lunch every Monday.

Don saw a hundred of his friends and acquaintances die of AIDS in the 1980s. "I volunteer at the Centre to honour and remember the people I knew who passed away during the AIDS epidemic," he says. "The Dr. Peter Centre is important to the community. It is unique because of the many programs and services it offers and many of the clients would have nowhere to go if the Centre wasn't here."

Don's favourite part of volunteering in the food and nutrition service is the positive relationships he has developed with participants and residents. "Food is so important to the health of clients – nutrition is critical and it saves lives in many ways. Dr. Peter Centre clients have contact with other people. Someone greets them and asks them how they are doing. They come to the Centre to get their meals and it keeps them from being isolated.

He believes that making even a small difference in their lives and in the community is an important step and he quotes the motto used by Edward Norton's character in the movie, *Death to Smoochy:* "You can't change the world, but you can make a dent."

TELUS recently produced a video about Don's life and his LGBTQ activism

titled, "He's Proof One Man Can Make A Difference," which aired on TELUS Optik Local in June. In the video, Don explains, "What I've learned in my 70 years, 50 of them being out and 40 of them being active in the community, is the struggle is worth it." We are grateful for the difference that Don has made at the Dr. Peter Centre and in the community.



Don Allison, a volunteer at the Dr. Peter Centre, serves lunch in the day health program café

THIS YEAR, 140 VOLUNTEERS DEVOTED 7,790 HOURS TO THE DR. PETER CENTRE.

M·A·C Cosmetics

Brings Beauty and Hope to the Dr. Peter Centre

Aaron Johnston is the Retail Manager for M·A·C Cosmetics at the Oakridge Mall Hudson's Bay store. He coordinates M·A·C volunteer activities at the Dr. Peter Centre and has been a dedicated volunteer for many years. He and other M·A·C volunteers come to the Centre each month to do makeup for our participants and residents and volunteer at events, such as the Pride Parade, Scotiabank Passions fundraiser, and World AIDS Day Voices of Hope concert.

On the afternoons that Aaron volunteers at the Centre, he can be found in one of the complimentary therapy rooms, where a client relaxes in the makeup chair and talks about their appearance with him. In turn, he gently applies makeup while giving beauty advice and catching up. The atmosphere is quiet and calm and people often smile or chuckle shyly as they gaze into the mirror once he is finished.

Long-term M·A·C volunteers, like Aaron, have built trusting relationships with clients at the Dr. Peter Centre. This trust is critical because many clients have experienced trauma and violence. M·A·C volunteers' gifts of time and talent allow clients to reconnect with themselves through the therapeutic activity of a makeover.

Dr. Peter Centre recreation therapist, Vlatka Maksimcev, explains that many of the clients who sit in the makeup chair express their frustration with body changes that are HIV-related. "Through the application of makeup, they have the opportunity to feel better, to feel festive, and to have fun," she says. The act of

permitting someone to be face-to-face and in close contact is an important way for a person to feel cared for and engaged."

Through a cohort of devoted volunteers, who have been coming to the Dr. Peter Centre for more than ten years, as well as through significant financial support, M·A·C Cosmetics has made a lasting, positive impact on the Centre and our clients. Since 1997, M·A·C has donated over a million dollars to the Dr. Peter AIDS Foundation. Every dollar of the sale of M·A·C Viva Glam lipstick and lip gloss goes directly to the M·A·C AIDS Fund, which has helped expand the Dr. Peter Centre's day health program to seven days a week.

The M·A·C AIDS Fund has also enabled the Centre's Knowledge Translation and Evaluation Program to share our innovative model of care, which is responding to the evolving future of HIV care. Over the past two years, M·A·C funds have made it possible for the Dr. Peter Centre to host knowledge exchange visits by over 100 key policy makers, researchers

and practitioners from across Canada, the U.S., France, Brazil, Columbia, Australia, New Zealand and China.

Aaron began working for M·A·C Cosmetics in 2003 because he was inspired by the company's mission to help people living with HIV and AIDS. "M·A·C gives a lot back to the people living with HIV

and AIDS, and it is important because there is a lot of stigma attached to HIV and AIDS," Johnston says. "M·A·C volunteers show that there are people who care and treat them as people and not as someone with a disease."

He hopes that by giving clients at the Centre his time, he can help them to move beyond the stigma they've experienced and he is impressed by the gratitude they express. "One thing that I've found is that if you give your time to the clients at the Dr. Peter Centre, they are so appreciative – they look you in the eye and thank you," he says.

For decades, M·A·C Cosmetics has made a global difference in the lives of people of all ages, races, and genders who are living with HIV and AIDS. M·A·C's support of the Dr. Peter AIDS Foundation exemplifies their dedication to sustaining organizations that provide vital services for people living with HIV. We are grateful for their generous support that has enabled us to grow in many ways.



Aaron Johnston, Retail Manager for M·A·C Cosmetics at the Oakridge Mall Hudson's Bay store and a volunteer at the Dr. Peter Centre, does a client's makeup

Financials 2014/2015

These financial statements are derived from the audited financial statements of the Dr. Peter AIDS Foundation as at March 31, 2015 and the year then ended.

Complete audited financial statements are available at www.drpeter.org.

Consolidated Statement of

Financial Position

(Prepared by Management)

| As at March 31 | 2015 \$ | 2014 \$ |
|---|------------|------------|
| Assets | | |
| Total current assets | 1,760,313 | 1,893,160 |
| Capital assets | 5,822,448 | 6,027,832 |
| TOTAL ASSETS | 7,582,761 | 7,920,992 |
| Liabilities | | |
| CURRENT | | |
| Accounts payable and accruals | 212,073 | 403,897 |
| Deferred revenue – current portion | 89,446 | 356,942 |
| Current portion of mortgage payable | 1,511,666 | 44,128 |
| Current portion of capital lease payable | - | _ |
| TOTAL CURRENT LIABILITIES | 1,813,185 | 804,967 |
| Deferred contributions | 890,727 | 817,429 |
| Mortgage payable | - | 1,511,666 |
| Deferred contributions related to capital assets | 3,940,460 | 4,104,616 |
| TOTAL LIABILITIES | 6,644,372 | 7,238,678 |
| Net Assets (deficiency) | | |
| Invested in capital assets | 370,322 | 367,421 |
| Unrestricted | 121,098 | 148,757 |
| Replacement reserve | 117,528 | 116,136 |
| Internally restricted – identified future capital needs | 329,441 | 50,000 |
| TOTAL NET ASSETS | 938,389 | 682,314 |
| TOTAL | 7,582,761 | 7,920,992 |

Financials 2014/2015

Consolidated Statement of

Operations (Prepared by Management)

| Revenue VCH (Vancouver Coastal Health) 4,079,935 3,903,493 PHSA (Provincial Health Services Authority) - 159,516 BC Housing 201,102 180,365 BC Community Gaming Grant 100,000 100,000 Donations and fundraising 885,146 886,858 Bequests 274,716 - Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions 226,427 242,311 related to capital contributions 26,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 EXCESS OF REVENUE (EXPENSE) | Year Ended March 31 | 2015 \$ | 2014 \$ |
|--|--|------------|------------|
| PHSA (Provincial Health Services Authority) – 159,516 BC Housing 201,102 180,365 BC Community Gaming Grant 100,000 100,000 Donations and fundraising 885,146 886,858 Bequests 274,716 – Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions 226,427 242,311 related to capital contributions 266,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Revenue | | |
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| BC Community Gaming Grant 100,000 100,000 Donations and fundraising 885,146 886,858 Bequests 274,716 - Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions 226,427 242,311 related to capital contributions 226,427 422,311 TOTAL REVENUE 6,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | PHSA (Provincial Health Services Authority) | _ | 159,516 |
| Donations and fundraising 885,146 886,858 Bequests 274,716 - Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions related to capital contributions 226,427 242,311 TOTAL REVENUE 6,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | BC Housing | 201,102 | 180,365 |
| Bequests 274,716 - Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions 226,427 242,311 related to capital contributions 6,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | BC Community Gaming Grant | 100,000 | 100,000 |
| Resident contributions 277,989 266,878 Other income 182,273 49,567 Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions related to capital contributions 226,427 242,311 TOTAL REVENUE 6,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Donations and fundraising | 885,146 | 886,858 |
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| Amortization of deferred contributions related to operations 374,085 527,044 Amortization of deferred contributions related to capital contributions 226,427 242,311 TOTAL REVENUE 6,601,673 6,316,032 Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Resident contributions | 277,989 | 266,878 |
| Amortization of deferred contributions related to capital contributions 226,427 242,311 TOTAL REVENUE 6,601,673 6,316,032 Expenses 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Other income | 182,273 | 49,567 |
| related to capital contributions TOTAL REVENUE 6,601,673 6,316,032 Expenses Suppress of the program of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Amortization of deferred contributions related to operations | 374,085 | 527,044 |
| Expenses Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | | 226,427 | 242,311 |
| Amortization of capital assets 310,230 315,665 Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | TOTAL REVENUE | 6,601,673 | 6,316,032 |
| Operations 426,749 452,111 Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Expenses | | |
| Program services and other supplies 545,615 522,597 Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Amortization of capital assets | 310,230 | 315,665 |
| Property maintenance and utilities 357,440 339,028 Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Operations | 426,749 | 452,111 |
| Human resources 4,705,564 4,704,441 TOTAL EXPENSES 6,345,598 6,333,842 | Program services and other supplies | 545,615 | 522,597 |
| TOTAL EXPENSES 6,345,598 6,333,842 | Property maintenance and utilities | 357,440 | 339,028 |
| | Human resources | 4,705,564 | 4,704,441 |
| EXCESS OF REVENUE (EXPENSE) FOR THE YEAR 256,075 (17,810) | TOTAL EXPENSES | 6,345,598 | 6,333,842 |
| | EXCESS OF REVENUE (EXPENSE) FOR THE YEAR | 256,075 | (17,810) |

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