



Annual Report 2014

A Report to the Membership on the Finances and Activities in 2013

Hospice Society of Greater Halifax
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New Mission, Vision and Values Statement Adopted September 2011

Mission

Hospice Society of Greater Halifax: Supporting people affected by a life-limiting illness, death and bereavement.

Vision

All citizens of the Halifax Regional Municipality (HRM) affected by life-limiting illness have access to the programs and services needed to live fully and die well in a caring, compassionate environment of their choice.

Guiding Principles

- The focus of hospice care is on living fully and dying well.
- The option to be cared for in a home-like setting is available to people in HRM.
- The Society respects the uniqueness and diversity of all.
- Families, friends and care-givers are included within the circle of care.
- The hospice strives to support the physical, psychosocial and spiritual needs of people affected by life-limiting illness and bereavement.
- The Society supports a team approach. Volunteers are seen as an integral part of the team.

The Hospice Society has two purposes:

- To establish residential hospices to provide the option to die in a home-like setting for those who cannot or choose not to die at home.
- To increase community awareness of issues of death and dying.

Our Society is a small organization that is building its resources. Those resources include the connections that we can make with others to explore and develop the full potential of hospice and its practical place in this community.

Hospice Society of Nova Scotia AGM Board of Directors Report 2013

The 'Speak Up' campaign and 'The Way Forward' are national initiatives to guide Canadians to talk about how they wish to have their care provided and where that place of care should be when they are faced with life limiting illnesses.

The Hospice Society of Greater Halifax has done incredible work this year toward enabling people in our community to have the option to live a dignified end of life in a residential hospice setting.

With you, and on your behalf, we have continued to raise awareness and funds through our annual 'Angels in Memory Campaign' in December and 'Hike for Hospice' in May. These events raised over 6,000 and 20,000 dollars respectively and, with your support, we will look to grow these events in the future. In December, work began on the development of our first 'Hearts for Hospice' fundraiser - "Feeling the Love" - held on Valentines Day, 2014. Under the leadership of Bob MacKinnon and thanks to incredible volunteer support, it was a tremendous success and will become an annual event.

The success of hospice care is determined not only by people who contribute financially, but by people who also voluntarily commit their time, expertise and ability to advocate for compassionate care. Many hands have contributed to making Pryor House our inviting home for education and community support. Our programs and services – such as the Living Room and Bereavement Support Group – are led by trained volunteer facilitators and continue to be held regularly at the house.

A dynamic keynote address by Canada's foremost advocate for palliative care, The Honorable Sharon Carstairs, was hosted by the HSGH on May 28th, 2013 at the Waegwoltic Club. She challenged the audience of over 100 guests to consider this; "We know how to care for people who are dying. We know the best settings for people who are dying. So the question is – how do we get there? How do we make it happen?"

WE are going to make it happen.

Partnerships and stakeholder engagement rose to a new level this year. In May, Capital Health committed, in writing, to the provision of \$800,000 in annual funding in order to support and sustain the operation of Nova Scotia's first 10 bed residential Hospice. The Capital Health Integrated Palliative Care Service (CHIPS) contributed \$25,000 toward our Residential Hospice strategic plan. In October, the 6 Rotary Clubs of Metro Halifax joined together and ratified a Memorandum of Understanding for the purpose of raising 2 million dollars toward the building of the first residential hospice – The Rotary House Hospice. Their contribution is invaluable and truly marks the community engagement that defines hospice care. Members of the board have also supported the formation of a Hospice Steering Committee (HSC) that will focus on the building of the residential hospice(s). It has been an extremely active group comprised of members of the HSGH, Rotary Clubs, Capital Health and the business community. Members of the HSC met with our previous Minister of Health and Wellness, Dave Wilson and have prepared for a meeting with the Honorable Minister Glavine to request support for hospice palliative care in a residential hospice setting. We are also building relationships with our academic partners to ensure that the care we offer is exceptional and well founded.

With great progress we see change and the need for growth. In June we said goodbye to Marguerite White, our office manager and in October we welcomed Doreen Cordeiro as our new administrative assistant. I am also pleased to announce the hiring of Wendy Fraser, who will join the HSGH as CEO on April 7th. Wendy comes with vast experience from other non-profit organizations in Nova Scotia and a passion to see Hospice flourish in our communities.

I wish to express my gratitude to all of you who continue to contribute to the Hospice Society of Greater Halifax and in doing so ensure dignified and compassionate end of life care is available in our community.

Sincerely,

Dr Stephanie Connidis
Board Chair HSGH

Treasurer's Report for the Year 2013

Treasurer's Report for the year 2013

I respectfully submit the Treasurer's Report for 2013. The following is a summary of results for the year, with comparison to 2012 actual and 2013 actual:

	2012 A	2013 A	Variance
Revenue	\$ 58,935	\$ 95,320	\$ 36,385
House General & Mtnc	9,623	9,896	(273)
House other	8,533	3,369	5,164
Administrative	45,044	73,150	(28,106)
Program and services	138	444	(306)
Fundraising	3,735	3,744	(9)
Total expenses	67,073	90,603	(23,530)
Excess / (deficiency)	\$ (8,138)	\$ 4,717	\$ 12,855

Revenue was \$36,000 higher than the prior year, primarily due Rotary fundraising (\$16,000) and QE2 / CHIPCS donation (\$25,000) specific for projects related to the Hospice Steering Committee. Ongoing fundraising and donations were in fact down \$5,000 compared to the prior year. As in the three year prior years, the Hospice Society benefited again in 2013 from a donation of stock with a value of about \$10,000 that occurred late in the fiscal year.

Fundraising reflects the hard work of many volunteers. Fundraising revenue was about \$30,000, with the majority of this being due to the Hike and the Angel Tree. All fundraising efforts are recognized as being critical to HSGH's viability and ability to achieve its mission. Turnover in staff and volunteers contributed to the decrease in 2013, trends that are expected to reverse in 2014.

Expenses were \$24,000 higher in 2013. Savings (\$14,000) occurred due to change in staff arrangements. It is recognized that during the time of vacancy, some volunteers and Board members went above and beyond normal expectations, filling in roles normally done by a paid staff member. There were increased expenses of about \$43,000 related to the residential hospice project (capital campaign consultant, and a reserve amount related to the CHIPCS donation). Other expenses were under budget \$5,000 with the main reasons being fewer repairs and windows (as there was less windows donation revenue).

Overall, there was a surplus of revenue compared to expenses of \$4,700. This is an improvement of \$12,900 compared to the prior year when the deficiency was \$8,100.

Not reflected in the revenues or expenses are the contribution, time and talents of many volunteers and members of the community who have made improvements to the House and participated in the programs and services of the Society: thank you!

Respectfully submitted,
Laura Lewis
Treasurer, Hospice Society of Greater Halifax

Hospice Society of Greater Halifax Balance Sheet As at 12/31/2013

ASSET

Current Assets

Clearing Acct		0.00
Petty Cash	300.00	
Royal Bank Account	<u>106,603.72</u>	
Total Cash		106,903.72
Investments		20,566.85
Reserve For Sign		0.00
Reserve for Windows		<u>0.00</u>
Total Current Assets		<u>127,470.57</u>

Capital Assets

Office Furniture & Equipment	4,560.20	
Accum. Amort. -Furn. & Equip.	<u>-1,510.50</u>	
Net - Furniture & Equipment		3,049.70
Spring St House	<u>250,000.00</u>	
Net - Spring St		<u>250,000.00</u>
Total Capital Assets		<u>253,049.70</u>

TOTAL ASSET		<u><u>380,520.27</u></u>
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LIABILITY

Current Liabilities

Accruals		18,000.00
Reserve For Windows		4,026.09
Reserve For Sign		3,255.00
Res,Hospice Fund Reserve		25,000.00
HST Paid on Purchases	<u>-7,352.37</u>	
HST Owing (Refund)		<u>-7,352.37</u>
Total Current Liabilities		<u>42,928.72</u>

TOTAL LIABILITY		<u>42,928.72</u>
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EQUITY

Owners Equity

Retained Earnings - Previous Year		82,874.17
Contributed Assets		250,000.00
Current Earnings		<u>4,717.38</u>
Total Owners Equity		<u>337,591.55</u>

TOTAL EQUITY		<u>337,591.55</u>
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Hospice Society of Greater Halifax Income Statement 01/01/2013 to 12/31/2013

REVENUE

Sales Revenue

Donation - General	12,179.02
Donations - Capital Campaign	150.00
Donations - In Memoriam	3,100.00
Donations - United Way	5,330.26
Donations -Online	675.00
Donations -Grants and Corporate	2,000.00
Donations Services In- Kind	249.55
Fundraising - General	1,276.85
Fundraising - Angel Tree	3,786.06
Fundraising - Angel Tree Online	<u>2,236.63</u>
Fundraising - Angel Tree Total	6,022.69
Fundraising - Hike Donations	20,871.09
Fundraising - Hike On-Line	0.00
Fundraising - Hike T-shirt Sales	0.00
Fundraising - Hike Registration	<u>0.00</u>
Fundraising Hike Total	20,871.09
Membership Dues	1,380.00
Windows Campaign	1,000.00
FundRaising-Valentine Event	0.00
Auction Donations FMV	0.00
Less; Loss on Disposition	<u>0.00</u>
Net Auction Proceeds	0.00
Rotary Deposits General	100.00
ALS Art Auction Share Proceeds	3,810.75
Wine Fund Raiser	12,175.00
Rotary Club Fundraising for Hospice	16,085.75
Residential Hospice Fund Donations	25,000.00
Net Sales	95,320.21
 TOTAL REVENUE	 95,320.21

EXPENSE**Payroll Expenses**

Wages & Salaries	20,805.75
EI Expense	526.27
CPP Expense	863.30
Employee Tax Expense	<u>0.00</u>
Total Payroll Expense	<u>22,195.32</u>

General & Administrative Expenses

Accounting & Legal	2,000.00
Advertisement Purchases	365.09
Newsletter Production	262.75
Other Communication	<u>105.99</u>
Communication Expenses Total	733.83
Business Transaction Fees	0.00
Licensing Fees and Dues	0.00
Courier Fees	0.00
Fundraising Postage	0.00
Newsletter Postage	0.00
General Postage	<u>480.00</u>
Courier & Postage Total	480.00
General Meeting Expenses	37.01
Hike For Hospice Expenses	1,123.41
Angels In Memory Expenses	126.00
General Fundraising Expense	<u>370.00</u>
Fundraising Expenses Total	1,619.41
Valentine Event Expense	2,125.00
Insurance	2,857.00
Interest & Bank Charges	1,328.10
Admin Fees & Int.	-101.83
Office Supplies	355.24
House Supplies	79.57
Furnishing and Equipment	104.38
Windows Reserve Expense	1,000.00
Res Hospice Fund Reserve Exp.	25,000.00
Consultant/Professional Fees	18,000.00
Property Taxes	3,888.00
Conference Fees and Expenses	60.90
Miscellaneous Expenses	202.23
Rent	0.00
Repair & Maintenance	2,185.19
Telephone Spring Garden	0.00

Telephone - Spring Street	362.45	
Security	200.00	
Water	495.31	
Lights	752.69	
Oil	<u>3,647.12</u>	
Utilities Total		5,457.57
Internet fees		<u>551.40</u>
General & Admin Expenses Total		<u>67,963.00</u>

Programs and Services Expenses

General Educational Resources		0.00
General Bereavement Program Expense	<u>95.99</u>	
Bereavement Program Expense Total		95.99
Living Room Program Exp	348.52	
Palliative Care Prog. Expense Total		348.52
Programs & Serv. Expenses Total		444.51

TOTAL EXPENSE 90,602.83

NET INCOME 4,717.38

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Programs and Services Report 2013 - 2014

AGM, March 27, 2014

Programs and services are an integral part of reaching the full potential of hospice care within greater HRM. Day programs offer a supportive, safe and friendly environment to enhance the independence and quality of life for those living with a life limiting illness, while giving relief to their care providers.

There has been a lot of positive growth and experience gained in running day programs over the last number of years at Pryor House. In **The Bedford Sunshine Room**, trained volunteers have offered complementary Therapeutic Touch and Reiki therapy to both care givers and their loved ones. **The Pryor House Living Room**, which meets on the second and fourth Thursday of each month, has provided fun and activities to a number of regular participants. The Living Room program is an exciting concept with the aim to enable those living with life limiting illness the opportunity to enjoy time away from home in a safe, supportive environment.

While both of these programs have received very positive feedback on the service and on the great volunteers running the programs, here has been a marked decline in those attending. In order to continue to offer these services and develop new ones, we need to plan a strategy to promote the programs among caregivers and health professionals.

Anyone interested in participating on such a strategy, can please leave their name with Doreen Cordeiro, Administrative Assistant (902)446-0929.

Bereavement Program

Four volunteer co-facilitators pair up on a rotating basis to offer a drop-in, confidential bereavement group the first and third Saturday of each month at Pryor House. We welcome, on average, eight to 12 adults, male and female, to our sessions. Most group members have experienced the death of a partner or spouse; many members have encountered the loss through their partner or spouse's terminal illness. Many group members cite the Hospice Society of Greater Halifax bereavement group as a fundamental source of support in their grief and indeed, many members attend the drop-in group on a regular basis because it is the place where they can "have the conversation" about their grief. Members introduce session topics which range from coping with unexpected grief reactions to establishing a new way of life without their loved one.

Since January, 2014, our bereavement group has faced a surge of popularity: we have welcomed as many as 16 members to our sessions and we have received two new requests from potential volunteers to assist in co-facilitating the group. Some group members have suggested increasing the number of times our bereavement group meets from bi-weekly to weekly, while other members have suggested increasing the time to meet from one and one half hour to two hours. These requests are under consideration. Kyla Friel, Bereavement Facilitator.

Respectfully Submitted

Sandra Cook - Board Member

Hospice Steering Committee

The Hospice Steering Committee (HSC) is comprised of the following members:

Kim Carter	Rotary clubs
Dr. Stephanie Connidis	HSGH
Alex Handyside	Rotary clubs
Dr. Robert Horton	CDHA
Bob MacKinnon	HSGH
Dr. Fred McGinn	HSGH
Gordon Neal	Business community
Vickie Sullivan	CDHA

The HSC is an extremely active group, meeting approximately monthly and conducting a range of business in between meetings.

Among highlights from 2013 are:

- Presented to then Minister of Health and Wellness, Dave Wilson
- Continued discussions with officials at CDHA
- Drafted and facilitated the signing of Memorandum of Understanding (MOU) between Rotary clubs and HSGH
- Drafted a MOU that could potentially be signed between HSGH and CDHA, and reviewed it with officials at CDHA
- Prepared a job description and advertisement, then executed the recruitment process resulting in interviews for a CEO for the HSGH to drive the residential hospice project
- Initiated and commenced organizing the February 14, 2014 event
- Continued discussions with CDHA regarding arrangements for a residential hospice
- Received from CDHA, a letter setting out that CDHA is prepared to fund 50% of the cost of the first residential hospice
- Conducted various stakeholder and public engagement activities, including with the media, and met with potential strategic parties
- Developed an RFP, evaluated proposals, and hired a capital campaign consultant, and initiated a feasibility study for a capital campaign
- Submitted a key grant proposal

The Hon. Sharon Carstairs Event, May 28, 2013

With Halifax Regional Municipality being the largest health district in Canada without a residential hospice, the Hospice Society of Greater Halifax is calling on Nova Scotians to join together to help advance the cause of residential hospice in Nova Scotia.

"We *know* how to care for people who are dying. We know the best settings for people who are dying. So the question is - how do we get there? How do we make it happen?"

So began the dynamic keynote address by Canada's foremost advocate for palliative care, to an attentive Halifax audience on May 28, 2013 at the Waegwoltic Club. The Hon. Sharon Carstairs, former Senator and native Haligonian, was in town to receive an honorary Doctorate of Laws from Dalhousie University and addressed close to one hundred guests at a special event organized by the Hospice Society. Most recently, Carstairs served as both Chair and member on numerous Senate Committees related to hospice palliative care and aging. Since her retirement from the Senate in 2011, Carstairs has continued to drive change and conversations to keep the issue of palliative hospice care on the agenda in Canada.

"I look to the fact we have 3,700 practicing pediatricians for those that are just born to age 18...we have 250 practicing gerontologists. Now there's something wrong with that picture."

The event was organized by the Hospice Society of Great Halifax, with excellent attendance of close to one hundred guests including the Board and Members of the Society, politicians including Nova Scotia's then Finance Minister, the Honourable Maureen MacDonald, Rotarians, and any other community leaders and interested parties. Carstairs spoke with the informed authority and conviction one might expect from a retired Senator and tireless advocate for palliative care. By 2021, 25% of Canadians will be over the age of 65, and Atlantic Canada is especially under prepared for the onslaught of need, with only one residential hospice located in Saint John.

"Keeping people in their homes with hospice support or alternatively in a 24 hour hospice where the patient and their family have round the clock care is simply the right thing to do," said Carstairs. "It is the most humane care and it also makes economic sense - a true win/win accomplishment."

Establishing residential hospice care will provide better care and ultimately help reduce health care costs for Nova Scotians. The average per diem cost for an acute care bed in Capital Health is approximately \$1,000/day. The cost of delivering palliative care in a residential hospice bed has been shown to be significantly less than in acute care, with an average cost of \$450/day. Although Nova Scotia has developed some quality palliative care services, the province has fallen behind. Carstairs was clear in her message that it's now time for Nova Scotia "to go a step further in terms of palliative care services."

When asked for advice for those working towards establishing residential hospice in Halifax, Carstairs stressed the importance of securing government support. "For Nova Scotia to have a genuine hospice, with a 24 hour setting, you have to have a provincial government that is willing to provide the 24 funding. That 24 hour funding is imperative...particularly for the nurses and for the physicians who will work within that institution. When someone is dying they need professional help – and that professional help will be funded through a provincial health ministry."

Like most hospice volunteers and advocates, Carstairs connection to the cause is a personal one. “One of the driving forces for me in my whole engagement in hospice palliative care, was that my mother literally killed herself looking after my father. My father died in May of 1980, and my mother died in December of 1980. And I realized that my mother had denied herself for the previous ten years, because my father was a stroke victim, of getting to know her grandchildren, of spending quality time with her own children...she came to die with me in Winnipeg. She left Halifax and we spent three quality weeks together before she passed away. But, I would have liked more time with my mother. And I think my mother would have had more time if my mother had not been so totally devoted to her husband’s care – and in my own view gave up her own life as a result.”

The Hospice Society of Greater Halifax thanked The Hon. Sharon Carstairs for her inspiring and informative address.

Board of Officers and Directors 2013/2014

Officers:

Fred McGinn, Co-Chair
Stephanie Connidis, Co-Chair
Judy Simpson, Secretary
Laura Lewis, Treasurer

Directors:

Sandra Cook
Peter Delefes
Chris Lirette
Robert (Bob) MacKinnon
Peggy McCalla

Board Members Completing Term and Re-Offering

Peggy McCalla

Board Members Resigning

Gail Ellsworth
Grace MacConnell
Judy Simpson

Board of Directors Nominations

Returning Officers/Directors

Fred McGinn
Stephanie Connidis
Laura Lewis
Sandra Cook
Peter Delefes
Chris Lirette
Robert (Bob) MacKinnon

Nominations of Board of Directors- Vacancies

Board Chair
Secretary
Rotary Club
Public Relations/Social Media
Human Resources
Technical Support

Respectfully submitted

Stephanie Connidis and Judy Simpson
Nomination Committee

Minutes from HSGH AGM, March 28, 2013

Opening Remarks: Fred McGinn, chair, opened the AGM by welcoming members and friends, and commending them on coming out on a holiday eve. He stated that the purpose of the AGM is to go over the events of the year, found in the annual report, and to bring everyone up to date on current situations.

Board Departures: Fred began the meeting by mentioning the current board members who did not reoffer for this year. Kathleen McKinnon has been prominent in activities in the past, including setting up our board conference calls, but due to illness and demands of her job, will no longer be able to participate on the board. Rob Horton is stepping off the board, but will continue his role on the steering committee promoting a residential hospice. Jacquie Bell is stepping down from the secretary's job but will continue to work with programs and services. Betty Morton, who was one of the founders of the Hospice Society, will be more than missed, as she has been instrumental in all our activities over the years. She will continue to be involved in many aspects of the organization.

This Past Year: Last year at this time we were feeling great about the possibility of a residential hospice. Since then, we've had a few stumbling blocks. Capital Health sent us to the Province, which originally seemed interested, but then sent us back to Capital Health. Then Capital Health, which originally was quite enthusiastic, basically withdrew their support and sent us to a newly formed Provincial Committee. Rob Horton made a presentation to that committee, which seemed to be appreciated, but they have no power. Their report should come out soon. Capital Health has expressed support for the project in theory, and all six Rotaries are still behind the project, but there is concern by Capital Health around budget issues. Paul McIntyre, medical director of palliative care for the District, sent a letter to Chris Power expressing his disappointment over the decision not to support the plan at this time. This seemed to have some effect, as Chris Power has agreed to a meeting with Fred, Bob MacKinnon, and Alex Handyside to further discuss the proposal on April 10. We will be presenting some alternative plans at that meeting. We need Capital Health's involvement for operating expenses, but also because the head of the QE11 Foundation is quite supportive of our plans, and feels it would be an easy campaign to raise money, but cannot do anything unless Capital Health is involved.

We still need to continue to put pressure on the Provincial government to come up with a palliative care strategy. The B.C. government has recently put money into such a strategy, as well as designated specific monies for several residential hospices scattered throughout the Province. When an election is called here, members can help by bringing up the issue of palliative care and residential hospices with the candidates.

We need to continue to grow our membership. Many more people now know about hospice through our efforts, but more work needs to be done to publicize the issues. We will continue the work we have been doing for the next year, starting with the Hike coming up soon. We will also let the membership know the results of the April 10 meeting with Chris Power.

Programs and Services Report (Jacquie): Our grief and bereavement program is going quite strong, thanks to the efforts of Jen MacDonald and her crew. At this time last year, we began the Bedford Sunshine Room program. It seemed to catch on at first, but has since dropped off. We are going to be starting a new program next month, the Pryor House "Living Room," which will be a day hospice type program for people with a diagnosis of a life-limiting illness who are mobile, cognitively alert, and able to take their own mediations. A tremendous amount of publicity has been done regarding this service,

but so far we only have one registration, for the second day in the month it is offered. We had hoped to be able to get more participation in our programs by contacts we would make at the Cobequid Centre's palliative care clinic which meets twice a month. We worked out a job description with Barbara Stewart, the R.N. at the clinic, and she is quite enthusiastic about getting our help. However, we have run into a stumbling block with Capital Health as well. They still haven't approved the job description, and are adamant that we can only have one designated volunteer for the service even though we have five people interested in doing an occasional shift. In May, when the clinic expands to every Wednesday morning, we may be able to have two volunteers, but in either case, they have to make a commitment to be there regularly. This apparently comes down to another budgetary issue, as Capital Health reimburses volunteers for their criminal records check, and these now have to be renewed every three months. We will keep working on this as the contacts we make there could be really important in spreading the news about our programs, both to the patients and their care givers. Barb has been handing out flyers describing our programs, but having a personal connection with someone is so important in establishing trust for a new service.

Treasurer's Report: Bob MacKinnon, our treasurer, was not able to be here tonight. Bob will remain on the board and participate on the steering committee, but wants to give up the treasurer's job. Fred pointed out three things to consider: we raised less than our projected budget, but we got a full time employee and raised less for the Hike than we had anticipated. We didn't get as much corporate money as in the past. In other areas we increased. The house is an asset, but we are bound by our purchase agreement with HRM. We may sell the house sometime in the future, but for now, we are happy to use it for programs and services. Angel Tree donations did well this year; the virtual tree brought in a lot more than in the past. There was a comment praising the balance sheet.

Hike (Betty): Tony will be co-chairing again this year. The planning is going well, but we would like to increase participation from 70-90 up to 150. Stephanie will be on Global TV on April 25 and will promote the Hike. Some of the big companies in the area have been approached to have teams. Members and friends need to register on-line and then send it out to friends and associates. Betty pointed out that sending it to one's entire email list can be helpful as often people donate who may not be expected to. May 5 is the date for the Hike. We need another source of bottled water.

Board Nominations: Fred McGinn and Stephanie Connidis, co-chairs; Bob MacKinnon, acting treasurer; and Grace McConnell, Peggy McCalla, Peter Delefos, Judy Simpson, and Gail Ellsworth. Paddy Muir moved, and Paulette Edwards seconded, that the nominations be accepted. Motion carried.

We are currently looking for new board members that have skills in the following areas: legal, public relations, financial, fundraising, secretary.

Special appreciation goes to our office manager, Marguerite White, who has been essential in keeping all the facets of the organization together.

Adjournment: The meeting was adjourned at 8:10, and refreshments were served.

Respectfully submitted,

Jacquie Bell
Secretary