

ALCOA



Annual Report 2006 / 2007



ALCOA Round Table Member Organizations 2006/07

Active Living Alliance for Canadians with a Disability
Alberta Centre for Active Living
Canadian Academy of Sport Medicine
Canadian Association for the Advancement of Women & Sport
Canadian Association of Cardiac Rehabilitation
Canadian Association of Occupational Therapists
Canadian Centre for Activity and Aging
Canadian Healthcare Association
Canadian Institute of Planners
Canadian Physiotherapy Association
Canadian Red Cross Society
Canadian Seniors Games Association
Canadian Society for Exercise Physiology
Manitoba Cardiac Institute Inc.
National Indian & Inuit Community Health Representatives Organization
Research Institute for Aging
Saskatchewan Seniors Mechanism
Victorian Order of Nurses for Canada
YMCA





Report from the Chair



ALCOA – Stronger than ever – a vibrant partnership of over eighty national, regional and community organizations!

ALCOA's mandate of promoting healthy active living in the older adult population has been possible again this year through the strong involvement of our many volunteers, increased corporate partnerships as well as other alliances, and of course the continued faith and financial support provided by Health Canada's various divisions.

Because of the span of our community based members in most every province and territory, coupled with our respected national members, ALCOA is firmly established as the leader in monitoring and promoting healthy, active living for older Canadians. Health Canada recognizes that through this extensive geographical network, ALCOA has the means to evaluate and identify needs and concerns at every level and offer meaningful recommendations. This confidence has manifested itself by the awarding of three important projects this year.

The first was the funding of another in its series of Research Updates. Recognized nationally as a research paper of the highest quality, the current edition addresses the effects of physical activity and cancer on older adults. The Research Update is bilingual, written in plain language and contains the latest research on active living and older adults. It is relevant to and can be used by older adults, health providers, programmers and leaders. ALCOA has successfully launched 12 issues - on Type 2 Diabetes, Strength Training for Older Adults, Mental Health, Cardiovascular Disease etc. This focus of this issue on cancer and physical activity is critically needed by health practitioners and older adults.

The Research Committee, chaired by Dr. Michelle Porter from the University of Manitoba, consists of top researchers based at a number of universities across Canada, who design and help manage each publication.

The second successful project is titled "Creating Multi-level Communication for Improved Physical Activity Levels in Older Adults". This project will provide ALCOA with the ability to discover a new awareness of core needs and barriers pertaining to seniors services across Canada. Through the project's design, needs will be identified primarily through input from community and regional ALCOA members/partners. The resulting findings will serve to assist in the establishment of new service programs and improve existing services. As a sustainability measure, a volunteer "Needs Coordinating Committee" will be formed to help manage the project to its completion and to monitor needs in the future.



The third successful project “Active Living and Diabetes: Building on Our Success” deals with the benefits of active living and healthy eating as a means of preventing and managing type 2 diabetes. This is a year long project and will terminate in March 2008. Activities include a needs assessment and environmental scan to identify gaps in information, and then design resources to fill those gaps.

The Need for the Project’s Deliverables

In view of the expected increase in the risk of developing type 2 diabetes and to assist those seniors who may already have developed the disease, there is a real need to educate older Canadians, and their families, on measures to avoid and/or manage diabetes. There is also a need to build the capacity of organizations capable of getting the required information out to older adults.

Partnerships and alliances continue to be a strong focus for the Coalition. A strong alliance with our corporate partner Merck Frosst continued this past year. ALCOA collaborated with Merck on a diabetes study and the Past ALCOA Chair Dr. Philippe Markon sat on the project’s committee. In addition, dialogue between our two organizations occurred on the subjects of osteoporosis and the benefits of Vitamin D.

ALCOA was pleased to welcome Pfizer to ALCOA, and along with Aventis Pharma, brings our total to three corporate partners.

Additional collaborations included working with Michelle Porter on the subject of mobility of older adults as well as the Canadian Institute of Health Research on the same subject.

In conclusion, this past year was, at times, filled with turmoil. Because of the federal review of all existing programs and the time involved, considerable uncertainty was created. Future funding opportunities came into question. Due to this uncertain state, operating expenses for the national office had to be drastically reduced necessitating the departure of our Executive Director and other cost cutting measures. After a number of weeks new funding project opportunities occurred but deadlines to respond were short. Quick action was necessary to write and respond - critical for ALCOA’s continued existence.

Dianne Austin was hired as Executive Director and through her efforts a new and far superior office was located in Brampton, Ont. Unfortunately because of the geographical logistics of the new location Pat Israel, Office Coordinator, decided not to relocate. Pat will be missed.

After six months Dianne Austin found permanent employment with benefits ALCOA could not provide. However in a stroke of good fortune we were able to acquire the services of Patricia Clark as ED. Patty comes highly recommended and is very familiar with the operation of organizations similar to ALCOA.

Sometime blessings occur when we least expect them. Welcome aboard Patty!

Finally I want to pay tribute to the Executive Committee as well as to our Board, The Guardians, for the time and effort they were able to take from their professional and personal lives to help further the goals of ALCOA – you have made a difference.

Jack Brownell





National Executive Director Report

Having been with ALCOA for just over one month, I am still feeling quite new to this position. However, through my previous employment in the fitness field, I have been aware of the work and research that ALCOA has produced over these past ten years and I feel that I already have a good understanding of the organization and its members. I was always impressed with the fact that once ALCOA completed their research publications, it was equally as important to ensure that the information was disseminated to organizations and facilities who work with older adults, and that the information was written in such a manner that consumers could understand the relevance and the importance of the research.

As you read through this annual report, you will see that ALCOA has several projects under way with another proposal currently being reviewed by the Ministry. This annual report provides us with the opportunity to reflect on and celebrate our successes of the past year, and then look forward to another productive year ahead. You will see from the audited financial statements, that ALCOA is fiscally strong. The report from the ALCOA Chairman, Jack Brownell, outlines our goals for the current projects that are underway and some nearing completion. It will be a busy year.

I hope that all the members of ALCOA truly understand the important role that they have within the organization. It is our members who make this coalition strong and unique. We have the ability to reach across the country to consult with researchers, program directors, managers and older adults, through the various institutions, associations, recreational facilities and senior's residences. ALCOA's strength is its membership and I hope we will be able to build on our strengths in the coming year.

I look forward to a long term relationship with ALCOA and to speaking with all of our members across Canada. Thank you for allowing me to be part of this growing coalition and to be able to provide my skills and knowledge to help move ALCOA forward in the years to come

Patricia Clark



A Survey of People living with Type 2 diabetes & Physicians

Fact Sheet - Summary of Results from the Merck Frosst Study

Disease management

Most (78%) people with type 2 diabetes said that diabetes has changed their daily lives.

Over half (56%) of people with type 2 diabetes said that diabetes has impacted the lives of their family and friends.

One in two (51%) people with type 2 diabetes reported they did not manage to be physically active as recommended by their health care professional:

The main reason reported for not exercising was lack of energy (37%)

Being active every day is a step towards better health and a healthy body weight and is also an important part of managing diabetes. *Canada's Physical Activity Guide* recommends building 30 to 60 minutes of moderate physical activity into daily life for adults¹.

Two in three (63%) people with type 2 diabetes have difficulty following a diet recommended by their health care professional:

The most important reason cited for not following a diet recommended by their health care professional was expense

As noted in the 2007 edition of Canada's Food Guide, it is recommended that adults consume between seven and 10 servings of fruits and vegetables per day, as well as six to eight servings of grains and two to three servings of meat².

Type 2 diabetes is a complex disease wherein people living with type 2 diabetes are most likely prescribed several medications for different conditions (e.g. high blood pressure, high blood cholesterol). On average, people with type 2 diabetes are prescribed five medications to effectively manage their different conditions, which can represent approximately eight pills daily:

More than half (57%) of people with type 2 diabetes did not take or forgot to take some of their pills, or did not follow their dosing schedule as recommended by their physician.

Four in ten (41%) people with type 2 diabetes gained weight since they started taking their oral diabetes medication.

Close to half (47%) of people with type 2 diabetes said their blood glucose was somewhat/not very/not at all controlled.

Insight into Canadians Living With Type 2 Diabetes



Awareness and education

All (100%) people with type 2 diabetes surveyed were aware that their disease could lead to complications such as cardiac problems, amputations and dialysis:

Even though type 2 diabetes can lead to complications such as stroke, heart disease, kidney disease, blindness, amputations and nerve damage³, most (63%) were not very worried about complications.

The longer a patient was diagnosed with the condition, the more severe their perception was of their disease:

72% of people surveyed diagnosed within one year perceived the disease to be severe or somewhat severe as opposed to 94% of people surveyed who had been diagnosed for over six years.

While two in three (65%) people with type 2 diabetes said they were somewhat/not very or not at all knowledgeable about their disease, 67% were very or extremely interested in improving their knowledge of type 2 diabetes.

Almost half (52%) of people with type 2 diabetes said they are not aware of undesirable side effects associated with oral diabetes medications.

The Canadian Diabetes Association's recommended HbA1c goal level, is ≤ 7 . Also known as A1C, HbA1c refers to glycosylated hemoglobin, a compound formed when glucose binds with hemoglobin in red blood cells. While measurements of HbA1c levels are used to give people living with type 2 diabetes an idea of their average blood sugar control over three months, over half (55%) of people surveyed with type 2 diabetes did not know what their target HbA1c levels should be.

Perceptions and awareness of specific type 2 diabetes complications were identical irrespective of socioeconomic class, education, insurance coverage, gender or age.

Epidemiology and resources

More than two and a quarter million Canadians are estimated to have diabetes.⁴ As many as one third of these people are unaware they have this condition⁵.

It is estimated that over three million Canadians will be diagnosed with diabetes by 2010⁶.

Type 2 diabetes accounts for about 90 per cent of all diagnosed cases of diabetes and is one of the fastest growing diseases in Canada⁷.

The majority of physicians (79% GPs, 92% endos) believe that provincial governments and the medical community should improve their support of people with type 2 diabetes.

Two-thirds of physicians (66% GPs, 67% endos) would like to spend more time with their patients, mainly to better educate them on diabetes:

This is important since most patients (84%) consult their physician for information on diabetes.

One-third of GPs and two-thirds of endocrinologists feel there are not enough effective treatments for their diabetes patients.

Limited access to medications is influencing physician prescribing behaviours as patients covered by public insurance are not receiving the same standard of care as patients covered by private insurance.

Most physicians (79% GPs, 89% endos) are worried that new products will not be covered by provincial formularies, thereby limiting their ability to properly treat their patients.

Methodology

Survey and data analysis were conducted by P\S\L Research Canada a global organisation dedicated to putting information at the service of medicine.

The results of the survey, completed in February 2007, were obtained by means of an Internet-based questionnaire conducted nationally with 700 respondents.

Respondents were broken down into the following groups: General practitioners (160 respondents), endocrinologists (40 respondents), people with type 2 diabetes (500 respondents).

For the general practitioner group, a sample of this size yields a margin of error of ± 8 per cent 19 times out of 20.

For the endocrinologist group, a sample of this size yields a margin of error of ± 14 per cent 19 times out of 20.

For the patient group, a sample of this size yields a margin of error of ± 4 per cent 19 times out of 20.

References:

1. Canada's Physical Activity Guide, website accessed June 13.
http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/activit/index_e.html
2. Canada's Food Guide, 2007 edition, website accessed June 13.
http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/quantit/index_e.html
3. Diabetes Facts, Canadian Diabetes Association, website accessed April 23, 2007
http://www.diabetes.ca/Section_About/comlications.asp
4. Public Health Agency of Canada website accessed July 3, 2007.
<http://www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/facts/index.html>
5. Young, TK and Mustard, CA. Undiagnosed diabetes: Does it matter? CMAJ. 2001, 164: 24-28
6. Diabetes Progress Report 2005, Canadian Diabetes Association, website accessed April 23, 2007.
<http://www.diabetes.ca/files/diabetesreport2005/CDA-diabetesreport-2005-en.pdf>
7. Health Canada website, It's Your Health – Type 2 Diabetes, website accessed April 23, 2007. http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/diabete_e.html



Active Living and Diabetes: Building on our Successes

One year funding was received from the Public Health Agency of Canada in the amount of \$299,400, to allow ALCOA to build on earlier work related to Type II Diabetes amongst older adults in Canada. The goal of the project is to develop a national/local framework to implement best practices related to seniors and active living, healthy eating, and diabetes. The aim is to identify, develop and recommend implementation strategies; as well as develop an action plan to build capacity to deliver these strategies to the appropriate stakeholders across Canada.

The project got off to a slow start as ALCOA had to hire a new Executive Director and three consultants in March/April 2006. The office was relocated to Brampton, and in the summer the Executive Director left, leaving ALCOA to hire a new Executive Director.

However, even with the challenges of new staff, consultants, and a new office, several tasks have been initiated. The consultants have developed the terms of reference, the definition of terms and the logic model. The survey from Merck Frosst, of which a copy of the summary is included in this report, will be used as background information for the regional and national meetings. Three regional meetings are scheduled for October and November, and will be held in the west, central and eastern Canada. The final national meeting will be scheduled for February 2008 in Ottawa.

Merck Frosst is currently developing a video news release and written articles for distribution to the press. ALCOA will be mentioned in the articles and will participate in the video.

Physical Activity and Cancer: From Prevention to Recovery

Research Update Issue Number 12 September 2007

Funding from the Public Health Agency of Canada has allowed ALCOA to publish another Research Update, entitled: Physical Activity and Cancer: From Prevention to Recovery. Michelle Porter, Laurie Hoffman-Goetz and Kerry Courneya were the three researchers responsible for developing and writing this document. It will be available in late September with an initial distribution expected of approximately 2500 copies.

Creating Multi-Level Communication and Collaborative Mechanism for Improved Physical Activity Levels in Older Adults

This project, also funded through the Public Health Agency of Canada is designed to further strengthen ALCOA's effectiveness by looking at meaningful communication between ALCOA's community based members and other agencies within the community. Formal and periodic feedback will be received from community agencies and ALCOA members on pressing needs, concerns and barriers.

At this point in the project, 104 surveys have been received from service providers. Surveys from older adults will be completed by the end of September. Regional consultations are being planned for Ontario, Alberta and PEI for November, with a final meeting scheduled for December in Toronto.

ALCOA Executive

Chair – **Jack Brownell** – Quispamsis, New Brunswick / Canada Senior Games Association

Vice -Chair – **Don Fletcher** – Winnipeg, Manitoba / Canadian Association of Cardiac Rehabilitation

Treasurer – **Margaret Barbour** – Winnipeg, Manitoba / Manitoba Cardiac Institute

Secretary – **Darene Toal-Sullivan** – Ottawa, Ontario / Canadian Association of Occupational Therapists

ALCOA Guardians

Chair – **Jack Brownell** – Quispamsis, New Brunswick / Canada Senior Games Association

Margaret Barbour – Winnipeg, Manitoba / Manitoba Cardiac Institute

Jennifer Dechaine – Edmonton, Alberta / Alberta Centre for Active Living

Clara Fitzgerald – London, Ontario / Canadian Centre for Activity and Aging

Don Fletcher – Winnipeg, Manitoba / Canadian Association of Cardiac Rehabilitation

Archie MacKeigan – Sydney River, Nova Scotia / ALCOA Older Adults Advisory

Philippe Markon – Ste Famile, Quebec / University of Quebec in Chicoutimi

Michelle Porter – Winnipeg, Manitoba / Canadian Society for Exercise Physiology

Sheila Schuehlein – Kitchener, Ontario / VON Canada

Anne Skuba – Winnipeg, Manitoba / Older Adult Advisory

Mike Sharatt – Waterloo, Ontario / Research Institute for Aging

Darene Toal-Sullivan – Ottawa, Ontario / Canadian Association of Occupational Therapists



Nominating Committee

Chair – **Jack Brownell** – Quispamsis, New Brunswick / Canada Senior Games Association

Philippe Markon – Ste Famile, Quebec / University of Quebec in Chicoutimi (Past Chair of ALCOA)

Bill Turney – Fredericton, New Brunswick

Older Adult Advisory Committee

Chair – **Anne Skuba** – Winnipeg Manitoba

Monique Camerlain – Sherbrooke, Quebec

Philip Joseph – Toronto, Ontario

Archie MacKeigan – Sydney River, Nova Scotia

Bill Turney – Fredericton, New Brunswick

Research Work Group

Chair – **Michelle Porter**– Winnipeg, Manitoba / Canadian Society for Exercise Physiology

Gareth Jones – London, Ontario / Centre for Activity and Aging

Philippe Markon – Ste Famile, Quebec / University of Quebec in Chicoutimi

Sandy O'Brien Cousins – Edmonton, Alberta / University of Alberta

Mike Sharratt – Waterloo, Ontario / Research Institute for Aging

Anne Skuba– Winnipeg, Manitoba / Older Adult Advisory



ALCOA Corresponding Member Organizations 2006/07

Aines en Marche/Go Ahead Seniors	NWT Seniors' Society
Bruce Peninsula Seniors Connect	Older Adult Centres' Association of Ontario
Cambridge 50+ Recreation Centres - Allan Reuter Centre	Pioneer Club Atikokan
Centres for Seniors Windsor	Retired Teachers of Ontario
City of Barrie 55 + Centres	Rutland Senior Centre Society
City of Campbell River Parks & Recreation	Saskatoon Council on Aging Inc.
City of Regina	Seniors Association of Greater Edmonton
Corp. of District of West Vancouver	Seniors Resource Centre
Cummings Jewish Centre for Seniors	South Granville Seniors Friendship Centre
Don Mills Foundation for Seniors	St. James Assiniboia Senior Centre Inc.
Dr. Inter Bhatia	St. Joseph's Community Health Centre
Ensemble Chez Soi	Swan River & District Community Resource Council
Good Neighbours Senior Centre	Town of Whitby Seniors Services
Greater Edmonton Foundation: Housing for Seniors	Valley View Villa Seniors
Inglewood Silver Threads Association	Vintage Fitness
Jewish Child and Family Service	Water Street Senior Centre Society
Minoru Place Activity Centre	West St. Catharines Seniors

ALCOA Corporate Members 2006/07

Merck Frosst Inc. Pfizer Canada Inc. Sanofi Aventis



AUDITORS' REPORT

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

We have audited the statement of financial position of Active Living Coalition for Older Adults / Coalition D'Une Vie Active Pour Les Aîné(e)s as at March 31, 2007 and the statement of operations and net assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2007 and the results of its operations and its cash flows for the the year then ended in accordance with Canadian generally accepted accounting principles.

Cowperthwaite Mehta

Chartered Accountants
Licensed Public Accountants

July 23, 2007
Toronto, Ontario

**ACTIVE LIVING COALITION FOR OLDER ADULTS / COALITION D'UNE VIE ACTIVE
POUR LES AÎNÉ(E)S**

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2007

	<u>2007</u>	<u>2006</u>
ASSETS		
Current assets		
Cash	\$ 365,514	\$ 142,191
Accounts receivable	2,368	4,909
Prepaid expenses	<u>2,226</u>	<u>9,781</u>
	<u>\$ 370,108</u>	<u>\$ 156,881</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 12,208	\$ 15,439
Deferred revenue (note 5)	<u>299,400</u>	<u>88,805</u>
	<u>311,608</u>	<u>104,244</u>
Net assets		
Designated (note 4)	53,530	53,530
Unrestricted	<u>4,970</u>	<u>(893)</u>
	<u>58,500</u>	<u>52,637</u>
	<u>\$ 370,108</u>	<u>\$ 156,881</u>

Approved on behalf of the Board:

_____, Director

_____, Director



**ACTIVE LIVING COALITION FOR OLDER ADULTS / COALITION D'UNE VIE ACTIVE
POUR LES AÎNÉ(E)S**

STATEMENT OF OPERATIONS AND NET ASSETS

FOR THE YEAR ENDED MARCH 31, 2007

	2007	2006
REVENUE		
Health Canada grants (note 6)	\$ 48,658	\$ 209,587
Corporate grants	76,392	8,779
Membership fees	7,910	5,365
Interest and other	<u>6</u>	<u>7,274</u>
	<u>132,966</u>	<u>231,005</u>
EXPENSES		
Personnel	53,988	124,950
Travel and accommodations	27,279	29,258
Premises	20,673	22,121
Materials and office supplies	14,009	21,343
Purchased services	5,619	4,342
Evaluation and dissemination	5,235	15,051
Outreach	300	350
Equipment	<u> </u>	<u>2,516</u>
	<u>127,103</u>	<u>219,931</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	5,863	11,074
Net assets, beginning of year	<u>52,637</u>	<u>41,563</u>
NET ASSETS, END OF YEAR	<u>\$ 58,500</u>	<u>\$ 52,637</u>

ACTIVE LIVING COALITION FOR OLDER ADULTS / COALITION D'UNE VIE ACTIVE POUR LES AÎNÉ(E)S

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2007

1. THE ORGANIZATION

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Capital assets

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

Revenue and expense recognition

Government assistance related to current expenditures is reflected in the accounts as a revenue item in the current period. Assistance related to the purchase of capital assets is recorded as revenue in the same period the related capital assets are charged to operations.

The organization follows the deferral method of revenue recognition. Under the deferral method, grants received in the year for expenses to be incurred in the following fiscal year are recognized as deferred revenue.

Membership fees are recorded when received. In 2005 the organization changed the membership fees billing from March to April.

Donated materials and services which are normally purchased by the organization are not recorded in the accounts.

Use of Estimates

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, revenues and expenses. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in the period in which they become known.

3. FINANCIAL INSTRUMENTS

The organization's financial instruments consist of cash, accounts receivables, and accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the organization is not exposed to significant interest, currency or credit risks. The fair value of these financial instruments approximates their carrying values.



ACTIVE LIVING COALITION FOR OLDER ADULTS / COALITION D'UNE VIE ACTIVE POUR LES AÎNÉ(E)S

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2007

4. DESIGNATED NET ASSETS

The Guardians (Board of Directors) of the organization have established a reserve of \$53,530 as at March 31, 2007 (\$53,530 as at March 31, 2006) to cover expenses in the event of an interruption in funding or an income shortfall.

5. DEFERRED REVENUE

Deferred revenue is composed of the following:

	2007	2006
Health Canada - Fitness Unit	\$ 299,400	\$ 9,458
Health Canada - Voluntary Sector		38,485
Deferred revenue		37,908
Memberships		<u>2,954</u>
Deferred revenue, end of year	<u>\$ 299,400</u>	<u>\$ 88,805</u>

6. HEALTH CANADA GRANTS

Health Canada funding recognized in the year was as follows:

	2007	2006
Health Canada		
Fitness Unit	\$ 48,658	\$ 158,542
Office of the Volunteer Sector		<u>51,045</u>
	<u>\$ 48,658</u>	<u>\$ 209,587</u>

7. INCOME TAX STATUS

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