



The Triage Emergency Services & Care Society

Annual Report
2004-2005





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2004 - 2005 Board of Directors

Jaime Hall.....	President
Barbara Smith	Vice-President
Victor Waese	Treasurer
Lucy Hough	Secretary
Darrell Mounsey	Director
Robert Ramsay	Director
Natasha Chetty	Director
Maggie Xie	Director
Bev Gallagher	Director

President's Message

It has been a very eventful year at Triage, marked by some significant advances for the organisation and some personal losses as well.

Triage continues to be a leader in the provision of housing and other services to the hard to house in Vancouver. Day after day, our dedicated staff provide much-needed services in a compassionate and constructive manner.



One theme repeated throughout the year was the organisational evolution required to successfully address Triage's expanding role. A strategic plan was adopted in the fall, which will provide a key planning tool.

Triage's leadership was recognized in our selection by Vancouver Coastal Health to be the operator of the proposed abstinence-based facility on Fraser Street in Vancouver. This proposal sparked a torrent of local opposition and media attention. With patient response from Mark, Greg and our advisors, the positive impact of the proposed facility was communicated to the community at large, culminating in unanimous approval by City Council, the Development Permit Board, and the Board of Variance.

Meanwhile, the dream of a facility addressing the particular needs of women was realized by the opening of the Vivian in the late fall. The combined efforts of Leslie Remund and the Ash family were instrumental. Commitments have now been secured for a significant portion of the operating cost of the Vivian to be covered by public funding.

On the development side, the efforts of John Everett and Peggy Douglas resulted in a hugely successful Spring Luncheon, attracting over 400 supporters and generating funds beyond the most optimistic projections.

We will be losing John Everett to retirement this summer. John is a Triage pioneer and we owe him a huge debt of gratitude. We all wish John a happy and productive retirement. Long-time board member Victor Waese will also be resigning this summer, with our thanks for many years of dedicated service.

We also lost a good friend with the passing last November of long-time board member and President Richard Achtem. We can take some comfort in the fact that at the time of his death, Richard was happily pursuing a new career direction as Crown Counsel in Nelson. Shortly after we heard of Richard, we were shocked to hear of the untimely death of Heather Werner, who had worked in the Shelter kitchen for two years. Our sympathies go to both families.

At the board level, renewal has led to several new people joining the board.

So, it has been a very eventful year in which the groundwork has been laid to continue (and expand) Triage's work into the future.

Sincerely,
Jaime Hall

Executive Director

We have had another great year at Triage. We set a number of goals for the year and have achieved, or made good progress, on all of them. Many people have contributed to our success over the last year and I would like to take this opportunity to say thank you to all of them.



I will start with our clients, residents and service recipients. The people who use our services continue to amaze me with their astounding strength, courage and passion in the face of extremely difficult life circumstances. I am grateful to all of them for the lessons they have taught me.

The staff and management of Triage are nothing short of fantastic. Day in and day out, this group of dedicated, hard working people provide support to our clients in a very challenging environment. Without them there would be no Triage.

The volunteers who support the work of Triage are critical to our success. From the laundry to the kitchen to the volunteer Board of Directors, these people give the precious gift of their time, hearts and expertise.

The thousands of people who donate money, clothing, food, household goods and sundries allow us to provide the quality service for which we strive. There are too many of you to name, but I thank each and every one of you.

Through the collective efforts of the entire Triage community we achieved a number of important goals this year. Among them are:

- Permanent 24/7 staffing at the Princess Rooms, a transitional housing program for men and women with concurrent disorders.
- Opening of The Vivian, a transitional housing program for women with concurrent disorders.
- Approval of the 5616 Fraser Street alcohol and drug free concurrent disorders housing project.
- Restructured the management team to provide better human resources support to the staff group.

We all look forward to the year ahead as we continue to work together to provide solutions to the many challenges faced by people struggling with mental health, addictions, poverty and homelessness. The year behind reminds us that much can be achieved through hard work, perseverance and the hope for a better future for those our society often ignores.

Mark Smith
Executive Director

Community Housing

PRINCESS ROOMS

The most exciting news about Princess Rooms is that as of April 1, 2005 Princess Rooms secured annualized funding from Vancouver Coastal Health. This allows us to staff the building 24 hours per day and to finally stabilise our programming and staff group. Our thanks go to the Vivian Grace Ash Foundation and the Vancouver Foundation, whose help in creating a demonstration project played a crucial role in securing this funding.



We have also improved the physical environment at Princess Rooms. Gates and fences were installed around the perimeter of the building to discourage the drug trade, and additional security cameras were installed on the outside of the building. To improve the overall safety of our tenants, we replaced all of the building's gas stoves with electric stoves. A local employment agency, E-Scape, donated plants and materials to build a street level garden along the front of the building. And we expanded our staff office, creating a space where the staff can meet with tenants one-on-one.

In February we received more fantastic news, this time from BC Housing. They are providing Triage with the funds to renovate all of the tenant suites, including new flooring, custom designed cabinetry, doors with electronic card readers, lighting and window coverings. We anticipate these renovations to be completed by the end of 2005.

The staff of Princess Rooms has been working hard to improve our service model and our partnerships. We now have substantially more effective working relationships with local hospitals, including weekly support from Dr. Bill McEwen who works with tenants in the building who are struggling with psychosis. Additionally, the local mental health team has appointed a liaison worker for Princess Rooms, which assists both staff groups in providing coordinated services to mutual clients.

And last, in February 2004 we began offering regular activities to our tenants, both in the building and in the community. In 2004/05 we offered our tenants 94 activities, for an average of 7.7 per month and an average of 14.4 participants per activity. Our medication support program continues to expand and is now serving 20 tenants.

Statistics

Our turnover rates have slowed dramatically. In 2003/04, we had 43 tenants leave the program, for an average monthly turnover of 3.6; in 2004/05, 26 tenants left the program, for a monthly turnover rate of 2.2.

We have seen a substantial increase in the number of new tenants aged 19 to 34. In 2003/04 only 23.3% of referrals belonged to this age group; in 2004/05, this increased to 50%.

Tenants leaving the program are accessing appropriate housing at greater rates, with an increase from 29.7% in 2003/04 to 56.7% in 2004/05. This outcome is likely due to a more mature program

with increased staffing levels, as well as an increased length of stay of those leaving—from 8.4 months in 2003/04 to 14.2 months in 2004/05.

We are also pleased to note that the number of clients moving out of Princess Rooms due to not feeling safe in the building decreased from 4 in 2003/04 to 1 in 2004/05.

We have also seen more goals being identified and worked on by our tenants, with the average number of goals per client increasing from 25.2 to 32.9. The number of goals that were fully achieved has also increased from 49.5% to 54.1%.

MENTAL HEALTH SUPPORTED HOUSING

Triage's supported housing department includes Windchimes Apartments and our partnership with Neighbourhood Housing Society. Our partnership with Veteran's Manor Society was ended this year due to substantially decreased levels of need amongst the tenants in Veteran's Manor.

This year our partnership with Neighbourhood Housing Society at Bridget Moran Place (668 Powell Street) was expanded from 21 to 26 units, with Vancouver Coastal Health funding Triage for a part time worker so that we can provide seven day per week staffing. The new worker focuses largely on rehabilitation and community building, providing a range of activities both in the building and out in the community.

As with last year, the most significant challenge facing Bridget Moran Place has been the local drug trade. Dealers have been aggressively targeting tenants, causing elevated levels of stress and substance use. This resulted in 12 tenants moving from the building. However, in the spring of this year, concerted efforts by Triage and Neighbourhood Housing staff as well as Vancouver Police have resulted in dramatically reduced levels of drug related activity. Bridget Moran Place is once again providing safe, secure housing for our tenants.

Windchimes continues to be a wonderful community. The tenants and staff work together to create a supportive community that encourages independence and growth. From September 2004 to June 2005, Windchimes was under tarps while the building envelope was repaired. However, as part of this renovation, the common areas and many of the suites were painted and re-carpeted. Thanks go to the tenants, who were exceptionally tolerant of the noise and disruption to their lives, and to the Windchimes staff—Vicki and Jeremy—for their hard work in ensuring minimal disruption.

CONCURRENT DISORDERS OUTREACH TEAM

Triage's Concurrent Disorders Outreach Team has had an excellent year. The team began last April, spent six weeks training and developing a service model specifically tailored for homeless individuals with a mental illness and active substance use, and then began delivering service. To date they have served a total of 56 clients, and carry a caseload of approximately 40 clients at any one time.

The team serves individuals who have been chronically homeless, either living on the streets or cycling through the shelter system. Through sustained, intensive engagement processes, the team has seen some remarkable outcomes.

One client, who has lived on the streets for at least three years, was very slow to engage with the team. After eight months of intensive work and numerous frustrated attempts to refer her into housing, she finally chose to move into supported housing. Since then she has received patient and welcoming support from the on-site housing staff while she adjusts to living indoors. Equally important, she is now in contact with the mental health system.

Another client, a 20 year old man, was more or less living in the shelter system, moving from shelter to shelter interspersed with time on the streets. The outreach team suspected a psychotic illness, though the client also used street drugs. After a sustained six months of intensive engagement work following him from shelters to the streets and back into shelters, he finally agreed to be admitted to hospital. During this hospital admission he was diagnosed with schizophrenia and transferred to Riverview Hospital. He has since moved back home to live with his parents in northern BC. These are two examples of the kind of work that the outreach team does, and why housing programs alone cannot solve homelessness.

Our proposal to extend the funding of the outreach team was accepted by Human Resources and Social Development Canada, providing us with funding through the 2005/006 fiscal year. Triage will continue to solicit permanent funding for this project, as it is a crucial part of the continuum of care for chronically homeless people.

Greg Richmond

Director of Community Housing

Women's Services and Emergency Shelter

THE EMERGENCY SHELTER

Everyday I have the opportunity to work with an exceptional team of people. The staff at the shelter saw little of me this past year because of the opening of The Vivian. Thank you for being the incredible group that you are: Jeff Colvin for his leadership; the staff for your experience, knowledge, and the heart that you bring to the work; and to the graveyard shift, who keep us running while most of the city sleeps.



The facility at 707 Powell spent the year undergoing major renovations. The environment of the shelter is challenging at the best of times, balancing the numerous demands of frontline work: taking referrals, crisis intervention, managing conflict, supporting residents, administering medications, meal programs, phone calls, and assisting visitors. Hammering, grinding, banging, tarps and scaffolding added to the stress this year but did not interfere with the exceptional front line work that has given Triage a solid, positive community reputation. The renovations were completed this June, much to our relief.

In 2004, there were 708 intakes into the shelter. This is down from 855 in 2003. The reduction is reflective of several emergency shelter clients staying 90 days or more each. This was because of the extremely complicated health, housing and support needs of the individuals and the lack of appropriate housing options. Many of these individuals arrived at the shelter after being evicted from supported housing projects. In two cases, each individual stayed close to one year in the shelter as absolutely no housing opportunities were available. Lengthy shelter stays mean that fewer individuals access fewer beds and this makes a strong case for the need of additional transitional housing units for hard to house people with challenging residential behaviours coupled with complex health and social issues.

2004 Shelter Statistics – Client Demographic:

Circumstances	Men		Women		Total	
Chemical Dependency	217	50.3%	136	49.1%	353	49.9%
Mental Health	150	34.8%	36	13.0%	186	26.3%
Concurrent Disorders	47	10.9%	95	34.3%	142	20.1%
Other	17	3.9%	10	3.6%	27	3.8%
TOTAL	431		277		708	

The emergency shelter plays an integral part in engaging the homeless population. Connections to health care, mental health supports and the Ministry of Human Resources are often initiated through a stay at the shelter. We have seen an increase over the years in the diversity of people accessing the shelter. This is due to policy changes such as the adoption of a harm reduction approach and focusing on the individual's unique abilities, coping strategies and situation. An example of this is the bed usage policy. Previously (like most shelters) people who did not use their bed for two nights were checked out. This policy was based on the assumption that they did not need the bed while someone else did. What we found is that this policy excluded a number of individuals from the shelter system. Specifically, those whose lives had adapted to the night for

survival purposes: bidders, sex trade workers and others. For many homeless, sleeping rough outdoors is safer in the day than at night. The policy is now based on contact. Residents who do not access the service over a 48 hour period (day or night) are checked out.

Barriers that are created by a strict rule based environment means that individuals who are not able to conform to those rules are left outdoors. The changes in shelter policies were a staff initiative. Their participation, insight and their own adaptability is reflected in the unique and progressive service that Triage Emergency Shelter offers.

Where do people with complex needs move to after the shelter? In 2004:

Acute Care Hospital	20	2.9%
Another Shelter	35	5.1%
Detox-Addiction Treatment	44	6.4%
Family/Friends	16	2.3%
Hotel/Rooming House	157	24.5%
Jail	4	0.6%
Long Term Care Facility	0	0.0%
Mental Health Residential Facility	11	1.6%
Move Out of Region	20	2.9%
No Show	13	1.9%
Own Accommodation	99	14.5%
Riverview	10	1.5%
Unknown	266	38.9%

As identified in the strategic plan, the organisation is working hard to develop projects that address the limited amount of supported housing units for the people we work with. The high recidivism rate at the shelter is indicative of the lack of those units.

People need real housing options that are tailored to their specific needs and their unique situations. Minimal barriers, longer term environments, coupled with emergency, short term stay facilities give our clientele real opportunities.

THE VIVIAN TRANSITIONAL HOUSING FOR WOMEN

Triage's dream of providing housing exclusively for at-risk women was realized in November 2004. The Vivian Transitional Housing Program is for at-risk, hard to house women in Vancouver's Downtown Eastside. The Vivian provides housing and 24 hour support to women who have been unable to secure and/or maintain housing, have faced numerous evictions, or have chosen the street over current housing options.

It was opened as a response to the absence of no/low barrier women-specific transitional housing for the chronically homeless. It is designed to accommodate women with mental health issues, active substance use, and at-risk lifestyles, all of which severely affect their safety and security.

Who are the residents? These women represent the most marginalized people in the community. They are disproportionately Aboriginal, HIV infected, survival sex trade workers with untreated

mental health issues and victims of layers of past and present violence. The Vivian mandate is to screen women in, not out, of the program based on the complexities of their needs and histories.

Housing Two Years Prior to Intake:

History of Multiple Evictions	46.9%
History of Living on the Street	59.4%
History of No Fixed Address	71.9%

Housing Barriers:

(Factors for Previous Evictions from Short and Long-Term Housing)

Violence to Tenants/Staff	18.8%
Non-Payment of Rent/Disputes with Landlord	21.9%
Transience	21.9%
Damages to Room/Building	25.0%
Problem Guests	34.4%
Loses Control of Room to Others	43.8%
Severe Interpersonal Conflict	43.8%
Not linked with MH Treatment	68.1%
Involvement in Sex Trade	73.1%
Psychosis	78.8%

Ethnicity:

Afro-Canadian	9.5%
Aboriginal*	51.3%
Caucasian	39.3%

* Aboriginal people are 2% of the regions population based on the Regional Homelessness Report

Health:

HIV+	71.1%
Hepatitis C	88.8%
Mental Health	91.0%
Substance Use	94.4%

Prior to opening, The Vivian received four times its capacity in referrals to the project, indicating an overwhelming need to serve this demographic. This supported our experience at the Emergency Shelter which had shown us that chronically homeless women with concurrent disorders had limited supported housing options.

Since opening six months ago, seven women have moved on from the Vivian:

Secured Appropriate Supported Accommodation	2
Entered Substance Use Recovery Program	2
Extended Hospital Stay (Riverview)	1
Returned to Family/Home Community	1
Eviction Due to Extreme and Ongoing Violence	1

New Linkages for Residents:

(Based on The Vivian Transitional Housing's Six Month Report)

Mental Health Treatment/Support	↑ 6.2%
Substance Use Treatment/Support	↑ 8.1%
Extended Hospital Stay (Riverview)	↑ 16.6%

The building has affectionately become known as the "Viv" and has brought together a diverse group of people, all of whom have a common belief in the value and worth of the women of the Downtown Eastside.

That diversity is represented in The Vivian staff group. Women from all walks, backgrounds and experiences have made an incredible commitment to the women of the Downtown Eastside. The situations they encounter at work are not what is considered usual community social work. They model innovation, creativity and compassion. No one person can make a project like this happen and it has been an honour to create this with you.

It's hard to talk about the Vivian without mentioning David Ash and his family. Although much attention has obviously and justly been focused on his incredibly generous financial contribution, David's involvement has been so much more. He and his son Donovan laboured over the backyard, creating the way for a beautiful garden for the residents. His wife Lise, daughter Jasmine, and Donovan, along with their home school friends and mothers, painted all the furniture in The Vivian prior to the opening. Their kindness, humility, sense of community, and strong belief in the women has brought together this amazing and respectful partnership.

Although we have secured a small portion of the operational funding, we are actively seeking ongoing funding sources for The Vivian. To date only 1/6th of the total funding has been secured. Discussions with VCH are ongoing, while other governmental and private sector dollars are being solicited.

SUMMARY

The work is challenging because of the complexity of people and because of societal values. Poverty, deprivation, mental illness, HIV, addictions, homelessness, ongoing exposure to violence, and grief and loss is our reality. But more importantly, our other reality is also the spirit, strength, humour and kindness we encounter every day. This work is about creating opportunities for positive change, creating and maintaining thoughtful environments, and forging respectful relationships. This is community.

My sincerest thanks to the Triage community: the staff, volunteers, Board of Directors, management team, donors, people who come by with donations, and, most of all, the people who share their lives with us each and every day.

Leslie Remund

Director of Women's Services and Emergency Shelter

Operations

FOOD SERVICES

The kitchen at Triage has had its ups and downs over the last year. The annual Les Dames BBQ last summer was a roaring success, with nearly 1000 awesome meals served. The holiday season flew by, and Christmas Dinner was a lot of fun. Thanks to Allan and Issaku and all the rest of the volunteers who helped out that day with the cooking and serving. The kitchen has received a new paint job, but other refurbishing is necessary as the dishwasher and flooring gets older. This summer will hopefully see some funds raised to keep the kitchen going strong.



The New Year brought sadness as one of our cooks, Heather Werner, passed away after a brief illness. Heather meant a great deal to our clients and staff, and is sorely missed.

BUILDING OPERATIONS

Our new Women's project—the Vivian—has added another facility to the Triage family. The building stood more or less empty for years, so filling it up with tenants put a lot of pressure on the old infrastructure. Russell, the Operations Supervisor, has been doing a great job of keeping the building in good working order and, as a result, the Viv is a comfortable and secure home for the tenants. The backyard has been landscaped and a gazebo built. It is an oasis of peace and quiet for the women and a great place for a summer BBQ!

The Princess Rooms has been going great. At last, all the kinks have been resolved in terms of the operations and the building is in good shape. BC Housing recently earmarked funds to do some renovations to the rooms themselves, so all the tenants will be noticing new flooring, cabinetry, and tough new doors and entry systems. These changes will make the 'Rooms safer, cleaner and easier to maintain. We will gradually renovate, and while tenants will be required to move to a different room, no one will be evicted by this process.

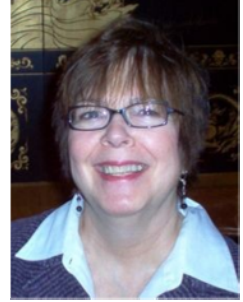
The Shelter and Windchimes facility has seen the most action this past year. A major envelope remediation has just wrapped up—we were under the tarps and scaffolding for seven months! Major improvements to Windchimes were executed at the same time, with new flooring and paint in all the hallways, as well as new paint in every apartment. The garden level will be getting new planter boxes and picnic tables so the tenants can begin their gardening once more.

One more note—our multi-purpose van, donated by the Centre for Disease Control several years ago, and used for everything—moving clients, picking up donations, delivering mattresses, bringing folks to their doctor's office or hospital etc., etc.—is on its last legs. If there's a van out there that's looking for a good and useful home...

George Simpson
Operations Manager

Fund Development

The Fund Development Department has made significant progress in encouraging private individuals and corporations to share in Triage's goal to improve life for our most misunderstood and exploited citizens. Our donor base has been increased through the initiatives and broad based public support we have realized through the positive media coverage of the "Viv" opening, as well as through our very successful Annual Luncheon.



The Ash family's commitment continues both personally and corporately, to enable the expansion of our women's programs. In June 2004, David Ash announced the purchase of a rooming house on Cordova Street, to be operated by Triage, and devoted to providing housing and support to women living at risk in the Downtown East Side. The David Ash family generously funds the day to day operation of the building which has become known as "The Viv".

With the help of Natasha Chetty, Board Member, a press release was organized through the Fund Development Department in November to announce the opening. The resulting media attention generated significant public interest in the plight of exploited women and to Triage's approach to helping them. The attention has forged relationships between Triage and a number of women's groups and individuals who have become stakeholders in the success of The Viv. These individuals and groups understand the challenges of serving women at risk and often have family members or friends with mental illness or substance abuse problems.

Our Thanksgiving and Christmas direct mail campaigns raised 20% more funds than in previous years, which are used to augment day to day financial requirements of the Princess Rooms and The Vivian as well as necessities such as extraordinary building maintenance and fuel costs for the Outreach Department vehicle and the Society's van.

Our primary fund raising event is the Annual Spring Luncheon: the second annual luncheon, which was held at the Hotel Vancouver, was very well attended by private individuals and corporations, as well as several non-profit housing societies and BC Government agencies. E-Care Contact Services generously sponsored the cost of the luncheon and Board members were instrumental in achieving a sell out audience to hear Dr. Martha Piper, President and Vice-Chancellor of UBC, and Ida Goodreau, CEO of Vancouver Health, speak about the challenges facing the homeless. The event, which raised over \$60,000, benefited The Vivian and The Princess Rooms, and generated more monthly contributors whose regular gifts enable us to establish base funding.

Regular in-kind donations from hotels such as the Vancouver Westin Grande, Four Seasons Hotel, and Comfort Inn kept us well stocked, and committed donors such as Michael McBride contributed warm clothing. In kind donations save the Society significantly as items such as toiletries, linens and blankets are donated instead of purchased.

We sincerely thank Les Dames D'Escoffier for holding their 7th Annual Summer Barbeque at Triage. The neighbourhood celebrated as the women of Les Dames served 1000 in their usual outstanding and delicious fashion.

Chix with Stix held a golf tournament, raising over \$3,500 towards a new dishwasher for the kitchen, and the E-Care Benevolent Committee raised \$35,000 to benefit The Vivian at their annual golf tournament.

The Fund Development Department will continue to develop the capacity to address the issues that count the most. The objective of the Development Department is primarily to increase our overall capacity to meet the needs of our clients and to steward the donations and trust our stakeholders have placed in us to meet those needs.

Peggy Douglas

Fund Development Manager

Human Resources

As the position of Human Resources manager at Triage is brand new—effective May 9, 2005—this report will be more of a brief introduction to me and to some of the HR issues I am already working on.



My background is varied but the common thread is a strong social component. After a long career with a local business run as an employee owned cooperative, I went to BCIT to study Human Resources management (grad 1999). I did some consulting and was the HR Advisor for the Developmental Disabilities Association for 2½ years (non-profit, 600 unionized employees, 40 programs, community social services sector). That background has proven a good fit with the Triage philosophy.

The HR position compliments the new management structure:

- Provides human resources and labour relations expertise to a growing organisation.
- Removes human resource/labour relations administration from senior management, allowing them to focus their skills and energy on program development and funding.
- Coaches the program supervisors to better handle tasks like hiring and staff relations.

After orienting myself by spending some time in staff meetings and talking to the Supervisors and Directors, I have jumped right in working on these issues:

- Hiring,
- Emergency planning,
- Performance evaluations,
- Advising managers on staff issues.

I am impressed with the dedication and hard work of the staff, working as they do in a difficult area with many problems. I see the role of HR as ensuring Triage has effective staff and helping to make sure the staff are supported in their work.

Hughe Wilkinson
Human Resources Manager

THE TRIAGE EMERGENCY SERVICES AND CARE SOCIETY
STATEMENT OF FINANCIAL POSITION**
March 31, 2005

ASSETS	2005	2004
CURRENT ASSETS		
Cash & Short-Term Investments	\$ 242,479	\$ 334,262
Accounts Receivable	445,366	108,702
Inventory & Prepaid Expenses	33,235	52,235
	<u>721,080</u>	<u>495,199</u>
CAPITAL ASSETS	5,209,437	5,322,144
RESTRICTED CASH	161,939	167,979
	<u>\$ 6,092,468</u>	<u>\$ 5,985,322</u>
 LIABILITIES		
CURRENT LIABILITIES		
Accounts Payable	\$ 563,450	\$ 276,385
Tenant Deposits	22,400	21,453
Deferred Revenue	232,070	266,586
Current Portion of Long-Term Debt	101,532	97,286
	<u>919,452</u>	<u>661,710</u>
LONG-TERM DEBT	3,919,113	4,022,632
DEFERRED CONTRIBUTIONS	677,544	707,179
	<u>\$ 5,516,109</u>	<u>\$ 5,391,521</u>
 NET ASSETS	576,347	593,801
	<u>\$ 6,092,456</u>	<u>\$ 5,985,322</u>

* This financial information is an excerpt from the complete financial statements. To obtain a full set of financial statements, please contact the Society.

THE TRIAGE EMERGENCY SERVICES AND CARE SOCIETY
STATEMENT OF OPERATIONS*
YEAR ENDED MARCH 31, 2005

	Operating Funds	Society Fund	Capital Asset Fund	Replacement Reserve Fund	Total 2005	Total 2004
REVENUE						
Government Grants	\$ 4,290,607	\$ -	\$ -	\$ -	\$ 4,290,607	\$ 2,417,816
Rent	273,314	-	-	-	273,314	267,818
Other	113,322	21,637	79,928	3,678	218,565	167,055
Donations	-	406,244	-	-	406,244	262,480
	<u>\$ 4,677,243</u>	<u>\$ 427,881</u>	<u>\$ 79,928</u>	<u>\$ 3,678</u>	<u>\$ 5,188,730</u>	<u>\$ 3,115,169</u>
EXPENSES						
Wages and Benefits	\$ 2,134,822	\$ 164,486	\$ -	\$ -	\$ 2,299,308	1,753,016
Food and Supplies	121,887	3,531	-	-	125,418	123,505
Amortization	4,661	-	210,993	-	215,654	195,813
Other Operating Expenses	2,489,040	76,764	-	-	2,565,804	938,311
	<u>\$ 4,750,410</u>	<u>\$ 244,781</u>	<u>\$ 210,993</u>	<u>\$ -</u>	<u>\$ 5,206,184</u>	<u>3,010,645</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	<u>\$ (73,167)</u>	<u>\$ 183,100</u>	<u>\$ (131,065)</u>	<u>\$ 3,678</u>	<u>\$ (17,454)</u>	<u>104,524</u>
CASH USED FOR MORTGAGE PRINCIPAL AND REPLACEMENT RESERVE					120,165	97,876

* This financial information is an excerpt from the completed financial statements. To obtain a full set of financial statements, please contact the Society.

" A home for every person "





Triage Emergency Services & Care Society
707 Powell Street, Vancouver, BC V6A 1H5
Tel: 604.254.3700 Fax: 604.254.3747
website: triage@bc.ca