



Annual report

2012 **2013**

The symbol of **excellence**
in long-term care.



Actionmarguerite

Service & Compassion

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Over the past year, Actionmarguerite has endeavoured to make compassionate care and ethical decision-making a part of our daily activities and we have made great strides toward wholly achieving that goal. We have improved our quality of care and have made a number of improvements that have resulted in workload and financial efficiencies.

Actionmarguerite would like to acknowledge our staff, board and volunteers for their outstanding work in helping us achieve our goals throughout the organization.



Major Highlights of 2012-2013

Actionmarguerite is dedicated to providing compassionate care in French and English to all its residents, helping them maintain their autonomy and independence whenever possible. To this end, Actionmarguerite offers the following programs and services:

- **Personal Care Home Program**, at both the St. Vital and St. Boniface residences, for elderly people who can no longer live on their own;
- **Complex care for younger adults** (less than 60 years of age), located at the St. Boniface residence, offers care for adults with complex and chronic health needs;
- **Dementia care**, at both the St. Vital and St. Boniface residences, offers specialized care for persons suffering from dementia and related disorders;
- **Supportive Housing**, located at Chez Nous and Windsor Park Place, for adults requiring 24-hour supervision and some assistance managing with physical limitations or ongoing health conditions;
- **Adult Day Program**, located in the St. Boniface residence, allows adults living in the community with the opportunity to improve their well-being through social gatherings and activities;
- **Spiritual Care and Recreation Services;**
- **Rehabilitation Services and Social Work;**
- **Support Services** (food services, housekeeping, maintenance and safety);
- **Volunteer Services;**
- **Human Resources and Financial Services** to St. Joseph Residence, Centre de santé de Saint-Boniface Health Centre, Golden Links Lodge and River Park Gardens (WRHA).

Compassionate care continues to be a cornerstone of the programs and services that we provide. Guided by the example of our founders, the Grey Nuns, and the Catholic Health Corporation of Manitoba's Compassion Project, our focus of care is the whole individual and their family. While we continue to make compassion an important part of the care we give our residents, we believe it is also an important element of the relationships between all members of our team. Through our teamwork and our interprofessional relationships, we show that we care for each other as community of care providers and leaders in delivering long term care services.

Actionmarguerite continues to work closely with the Health Care Ethics Service located at St. Boniface Hospital. The clinical ethicists are part of our leadership team and help ensure that ethical care is part of all clinical and leadership decisions. Over the past year, there has been an increase in consultations with the clinical ethicists, resulting in greater quality and compassionate care for our patients. Following the release of the newest edition of the Health Ethics Guide in 2012, several workshops and presentations were held for staff and the Board of Directors to ensure that the principles in the guide are reflected in our daily practices.

Recreation Services' arts-related programming helps residents channel their creativity and work together to discover their hidden talents.

Clinical Ethics Labs are held for clinical managers, social workers and nurses on a monthly basis. Every lab is designed to deal with a specific topic related to actual challenges faced by our staff, providing scenarios and tips for resolution in a fair and ethical manner. These labs aim to help develop skills in communication with residents, family and staff; conflict resolution; and dealing with difficult resident and family care situations.

Following a review of the Ethics for Lunch series, a new program was launched, the Ethics Complex Care Rounds for Health Care Aides. This series aims to increase reflection on ethical and care issues, leading to a greater environment for compassionate care and to more effective communication with residents, families and colleagues.

Our Spiritual Care Services continue to respond to the spiritual and emotional needs of our residents, families and staff. Chaplain services, worship, smudging ceremonies and memorial services foster greater spiritual health. In an effort to provide 24 hour compassion services to our Palliative Care residents, Spiritual Care has launched a new Comfort Cart. This cart resembles a night table on wheels and contains information on death and dying, resources for family members, prayer materials, a CD player and CDs, and other comfort items.

In May 2012, our Recreation Rejuvenation team was honoured with an Award for Excellence in the Recreation Therapy Services category during the Provincial Conference of the Long Term & Continuing Care Association of Manitoba. Also in May 2012, the Osborne Library displayed a children's book called The Caterpillar and the Butterfly, written and illustrated by residents from our Adults with Complex Care Needs. Recreation Services' arts-related programming helps residents channel their creativity and work together to discover their hidden talents.

Recruitment and retention remains a high priority at Actionmarguerite. To help our recruitment efforts, we accept students from Recreation, Health Care Aide, Licensed Practical Nurse and Registered Nurse programs. Having the opportunity to meet and train these students allows us to show them the great care that can be achieved by working on our team.

Upcoming retirements in the next five years have led to discussions on leadership succession and the leadership role that the new Clinical Resource Nurses could provide. Leadership has been a topic of discussion at the Board level in order to enhance their understanding on the challenge of developing leadership capacity within the organisation.

The Attendance Support and Assistance Program (ASAP) was systematically introduced at Actionmarguerite. The Program is a non-culpable process to support staff who may have attendance challenges. This WRHA process supports management and staff in communicating workplace issues, challenges and performance issues that may contribute to a staff person's ability to meet their employment contract. This region-wide program is acceptable to unions as a reasonable approach to attendance management.

Our Supportive Housing Program is meeting community needs, with an average 97% occupancy at Chez Nous and 93% occupancy at Windsor Park Place. In 2012-13, efforts to relocate the Adult Day Program to 66 Moore were unsuccessful due to financial constraints. The space, owned by the Sara Riel Foundation, would have provided Actionmarguerite, in partnership with the WRHA, the opportunity to redesign and consolidate the regional program and serve the senior population with innovative programs such as a Memory Café, daily respite, and weekend programs to enable individuals to live with supports in the community. The program will be pursued in the next few years as Manitoba Health continues to support initiatives under its Ageing in Place Refresh Strategy.

We strive to achieve excellence in our practices and have worked to ensure that staff feel empowered to assist in that goal.

Manitoba Health completed two unannounced standards visit for Personal Care Homes in March 2013. Their visits showed quality improvement at all levels, a result of our regular internal audits by staff. We also allow standards and quality improvement to be communicated to staff. Actionmarguerite staff have been working diligently at all levels to continually improve safety and quality of care, resulting in improved medication reconciliation and safety, thorough care plans and a decrease in critical incidents. Improvements continue to be sought in areas of constraints as well as resident and family satisfaction.

We strive to achieve excellence in our practices and have worked to ensure that staff feel empowered to assist in that goal. Scope of practice workshops focus on RNs as leaders, clarifying expectations and building working teams. Interprofessional collaborations at all levels (i.e. management, nurses and allied health) has increased communication and lead to better decision-making. At the leadership level, there is a greater ability to recognize and share concerns regarding work completion, accountability and staff recognition.

Ensuring that we respect our francophone mandate continues to be a priority. With support from the Conseil communauté en santé du Manitoba (CCS), Actionmarguerite is developing a Manager's Guide to French Language Services. This guide gives an overview of our policies with regard to French language services and provides managers with easily accessible information to help support the active offer of French and English services. The organization's ability to maintain and build capacity in providing French language services is becoming increasingly challenging. As services and staffing levels increase, the ability to find quality bilingual staff is more difficult, in large part due to the increasing competitive market for bilingual staff and the ongoing flow of retirements.

The Actionmarguerite Foundation introduced a new three year fundraising and memorial program that introduces to donors the opportunity to support the new consolidated vision. As programs evolve and resources are available, the Foundation will focus its fundraising efforts on programs rather than infrastructure. We continue to enjoy the benefits of endowments funds. The Ghislaine Lacerte Fund supports francophone culture programming at St-Vital during the Festival du Voyageur, while the Ursuline Sisters of Tildonk Fund supports a summer student program to accompany adults with complex care needs as well as the annual Pow Wow during the summer solstice.

We also owe a great deal of gratitude to families and the Ladies Auxiliary who continue to financially support a number of resident enhancement projects. In particular, the Ladies Auxiliary continue to contribute to the annual Christmas program on all units at St-Boniface and this year paid for the replacement of 120 new blinds on the D&E building. The same building received approximately \$500,000 in WRHA Safety & Security Funding to replace the windows, sills and perform major brick repair in order to preserve the integrity of the building envelope.

The recommendations from the Internal Auditor and subsequent implementation of these will only strengthen the integrity and transparency of our operations.

In addition to the Windows and Sills project, a major roof replacement on the auditorium and kitchen roof was completed in 2012-13 at St-Boniface. There were also important investments made through the equipment fund to replace a number of outdated tubs, mechanical lifts and bedside tables and improvements to the administrative work areas to support the consolidation of finance and human resources services. St-Vital received approval to expand, renovate and replace two tub rooms that will create more contemporary bathing and shower environments for our residents of the second and third floor.

Actionmarguerite undertook a major restructuring project in the dietary services located at 185 Despins. In collaboration with the WRHA and MGEU, the new services addressed a number of operational and supply chain issues as well as restructured production areas in order to reduce operating and financial inefficiencies. Although this was disruptive on staff, there was minimal change to the delivery of food services to residents. These changes will allow for the reinvestment of savings in new kitchen equipment as well as an improved work environment. Since January 2013, Actionmarguerite is waiting for WRHA and Manitoba Health approval of its self-funded capital replacement and renovation business plan to replace its dishwashing machine.

The Board and Management of Actionmarguerite has also been preoccupied with strengthening governance policies and financial controls. The WRHA Internal Audit conducted in March 2013 demonstrated the diligence, professionalism and strong management principles present at the Board and Management levels. The recommendations from the Internal Auditor and subsequent implementation of these will only strengthen the integrity and transparency of our operations.

Actionmarguerite Management Team continued to be called on by the WRHA and other agencies to contribute to the development of health system improvements. Our senior managers are involved in regional working groups related to medical administration, hours of care, restraints, ethics, panelling improvement, public engagement and strategic planning. Its leadership role is a testimony of the commitment to adapting to the changing needs of our community and our desire to be partners in the regional structure.

In 2012- 2013, Actionmarguerite incorporated the CHCM's Governance and Accountability Framework in developing a new strategic plan for its new vision. The Board and Leadership Team have made this framework an integral part of its future plans, projects and development strategies. In particular, it has embraced the Compassion Project and continues to introduce the compassion video at every opportunity. It is also committed to pursuing even further the integration of mindfulness in everyday actions.

Our accomplishments and elements of our strategic plan are outlined in the following section, under the categories of Spiritual Health, Ethics, Responding to Unmet Needs, Sustainability and Excellence. Each category highlights our successes over the past year and also the challenges that we need to address in order to continue to provide excellence in compassionate care for our residents and staff.



Governance and Accountability Framework

As a Community of Service of the Catholic Health Corporation of Manitoba (CHCM), Actionmarguerite has integrated CHCM's Governance and Accountability Framework into our 2013-2018 Strategic Plan. Our plan focuses on the strength of our current initiatives, highlights challenges we face today and those we foresee, and proposes actions to respond to these challenges.



Spiritual Health

Our goal is to promote spiritual health by supporting initiatives that focus on the needs of the whole person and demonstrate compassion towards others.

Over the past year, CHCM's Compassion Project was introduced across the organization. This consisted of management and staff participation in interdisciplinary reflections on compassion, mindfulness and ethics rounds - all of which have increased our ability to continue to keep compassion at the forefront. Examples of the benefits of these initiatives that have led to the creation or improvement of programs and services to better serve the whole person are:

- the creation of a writing and art group for young adults;
- the launch of a summer music therapy program;
- the gradual integration of the Spiritual Care team under one leadership, helping support an increased demand for spiritual support and to tailor residents' care plans;
- the creation of a Comfort Cart, now available to palliative care residents and their families; it contains reading materials on death and dying and other comfort items and is available 24 hours a day;
- palliative care training, workshops and in services to direct care staff.

We are proud of staff's accomplishments to date, and also recognize that there are more challenges ahead. As we improve our understanding of compassion principles, we also increase our ability to identify areas of concern related to the spiritual well-being of our residents and staff, and offer possible solutions.

Isolation, depression and mental health have been identified as areas that need to be addressed. Residents have less and less social supports as staff resources are stretched completely. Many residents cannot receive their care in a timely fashion, stay in their rooms, and have limited social contacts outside their unit. In order to help them feel more connected, some ideas being considered include increasing activities in the evening and in-room musical therapy, access to a broader range of social interaction programs and increasing staff training to assist in relating to residents' spiritual needs and mental health conditions.

We are also reviewing our palliative care services as the physical environment is not favourable to resident and family support during this very difficult period. The high need and system pressures for these beds means that rooms are vacated quickly after a death, limiting the time for staff and families to process their loss. Also of concern is the lack of hospice care for people with active terminal diagnoses (1-6 month predicted life expectancy), who often die in hospital while waiting for a PCH bed. Possible solutions include having a dedicated palliative care space on each unit or a palliative care unit in one of the two facilities, as well as a palliative care unit for francophones.

Actionmarguerite assisted Jocelyn House in reviewing its nursing model, staffing levels and program challenges given its current context. We continue to discuss options and opportunities to support Jocelyn House as well as the WRHA Palliative Care Program in terms of developing the most appropriate services, within the limitations of our physical environment.

Cultural diversity also presents a challenge at the staff level and awareness should be raised with residents and staff in order to facilitate communication and sensitivity. We continue to experience an increase in staff diversity and mobility which challenges our ability to ensure continuity of care.

Ethics

Our goal is to support a culture of compassion by ensuring that residents care is consistent to organisational values and ethical decision-making.

Integrating ethics at Actionmarguerite continues to be important if quality care is to be provided to our residents. The reflective approach used by our clinical ethicists and health professionals encourages teamwork, interprofessional relationships and valuable conversations with residents and families. The valued leadership of the Ethics Service is providing a more comprehensive ethics training program for leadership, social workers, nurses and health care aides. We have also seen an increase in the number of staff consultations with ethicists when discussing resident care or concerns, leading to more ethical decision-making. We continue to strive towards greater integration, collaboration and reflection of the Health Ethics Guide in all aspects of organisational life.

The Board of Directors has received an introductory presentation of the 2012 ethics guide and has committed to pursue greater understanding of how it applies to organisational culture.

Actionmarguerite remains an active participant at the WRHA-PCH Ethics Committee and is also exploring a leadership role in the development of an ethics education program in long term care.



Responding to an Unmet Need

Our goal is to find innovative ways of responding to client and community needs.

Responding to the needs of our residents and the community is the cornerstone of who we are. As such, we aim to keep pace with industry standards and find innovative ways to respond to the increasing demand for long term care services. In 2012-13, we accomplished this by:

- adapting to new waiting list management criteria for PCH placement and supportive housing;
- participating in a WRHA Paneling Improvement Project and collaborating on innovative housing options for people with behavioural challenges or degenerative diseases;
- actively engaging with the WRHA Transition Advisory Panel for dealing with complex and challenging behaviours in long term care;
- looking at options for the delivery of long-term care for people with behavioural challenges based on testimonials from our new 9-bed Behavioural Unit;
- reviewing and developing new options to increase participation in our day program for the elderly;
- participating in a multi-stakeholder project, Accès Santé, designed to increase access to French-language health services, with a specific focus on our ageing population;
- consolidating human resources services and introducing a new payroll and scheduling system (QHR) for better access and communication with staff;
- developing a proposal for the re-development of the ABC building at 185 Despins that would create a number of regional programs for specialised long term care populations;
- restructuring food services to achieve operational efficiencies that, subject to Manitoba Health approval, would allow for reinvestments in kitchen renovations and equipment replacement.

One of our greatest challenges is the increased complexity of our residents. Residents suffer from multiple medical problems, behavioural challenges and neurological diseases. Some residents do not fit well in the traditional PCH environment and innovative community residential options can often be the better solution. Possible actions to meet these needs include reconfiguring some units to more behavioural, brain injury and chronic care, looking at new real estate that would allow for the building of more LTC beds and sponsoring a small group home or other special needs place in collaboration with St. Amant and WRHA Home Care.

We are also concentrating on the work that is done pre-admission, as the number of people waiting for LTC placement has increased considerably in the past year. Of particular note is the Francophone population, which has to wait twice as long for admission. A recent inventory of available French-language services for seniors in southeast Winnipeg reveals a number of gaps in services for seniors whose autonomy is compromised. Our team was actively involved in researching and identifying gaps in the continuum of care for the Francophone community. In partnership with the Conseil communauté en santé, Université de Saint-Boniface, Centre de santé Saint-Boniface, Conseil 55 Plus and the St. Boniface Hospital, we have engaged with the Francophone community in designing a community health access center that will improve the access and the integration of services for the Francophone elderly.

Sustainability

Our goal is to achieve an optimal and efficient delivery of care and services.

Maximising our resources ensures that we can offer more services to our residents and staff. In 2012-2013, we made improvements to capital planning and equipment purchasing based on a 10-year plan. We also centralised our support operations and shared positions throughout the organisation, consolidated our legal and financial reporting and restructured our food services. We also completed our transition to a united Actionmarguerite by amalgamating Les Amis de Taché Friends Inc. and Les Amis de Valade Inc. to better align their fundraising efforts.

We have adopted the Government Non-Profit Accounting Standards in 2012-13. We have achieved positive financial results in supporting housing in large part due to the new funding arrangement with the renewal of the service purchase agreement. The program is now sustainable and can explore new opportunities to invest in better quality programming.

The Adult Day Program continues to be in a positive financial position and, although the program's operational efficiency is below 70% in 2012-13, the program has consolidated the Golden Links Programs that closed March 31, 2013. This should improve the program's optimisation and operational efficiency. The goal is still to find an alternative location for this program as it would be better suited in a community setting.

The operating entities continue to find ways to achieve a balanced position. Despite the small deficits, the personal care home program continues to face financial pressures, even with the completion of the hours of care project in 2013-14. The organisation is increasingly limited in its ability to invest in facility renewal projects that do not qualify for safety and security. These projects include the creation of better resident and staff lounges, work spaces, and the enhancement of public spaces.



Excellence

Our goal is to achieve a high level of excellence by maintaining standards and quality in the delivery of care and services.

Excellence can only be achieved when everyone is working towards it. At Actionmarguerite, we are proud of our staff's ability to recognize excellence and share their concerns, if they believe there could be improvements to the quality of care for our residents and our colleagues. Leadership is leading by example and empowering staff to support each other in the delivery of care. Our successes include:

- education and audits have increased quality and safety and decreased falls, aggressive behaviour and medication errors;
- implementation of RL 6 software to track resident and family complaints; individual care plans and care conferences help us know what residents' needs are;
- increases in hiring to reduce agency staff use and improved retention of staff in rehabilitation department;
- participation in regional PCH program accreditation through Accreditation Canada;
- participation in WRHA Personal Care Home Program strategic planning and active involvement in the governance of LTCAM, MARCHE, ICHAM and CCS.

Our challenges in human resources affect continuity of services leading to some inconsistencies in care. Staff also have limited time for training, unit meetings and care conferencing to share care information and become familiar with resident and family needs. We continue to address these issues and improve work schedules to reduce the small staffing codes and use of agencies, and ensure more consistency on the unit.

Our staff work hard to deliver quality care and we recognize that their workload has increased. Human resources continue to be a challenge, where staffing levels and resident needs sometimes do not allow staff enough time to reflect on how they care for residents' individual needs. In addition, our staff are approaching retirement age and challenge our ability to proactively recruit and train new talent.

The 2012-2013 fiscal year has provided us with many opportunities to improve our quality of care and support to staff, and to identify areas for further improvement and challenges that we must address.

Our staff work hard to deliver quality care and we recognize that their workload has increased.

Financial Results

Combined Actionmarguerite (Saint-Boniface) Inc. and Actionmarguerite (Saint-Vital) Inc.

At March 31, 2013, the combined statement of operations and changes in fund balances show a net increase of \$383,824.

The operating fund results show a surplus of \$156,421 (2012 - deficit of \$21,573); the results by program break-down are as follows:

- deficit of \$16,921 for the Saint-Vital Personal Care Home Program (2012 - deficit of \$11,123);
- surplus of \$129,183 for the Saint-Boniface Personal Care Home Program (2012 - deficit of \$39,851);
- surplus of \$8,413 for the Adult Day Program (2012 - surplus of \$4,907); and
- surplus of \$35,746 in the Supportive Housing Program (2012 - surplus of \$24,494).

The financial statements have been prepared in accordance with Canadian public sector accounting standards including 4200 standards for government not-for-profit organizations. The notes to the combined financial statements include disclosures related to both corporations. All inter-company transactions have been eliminated in the combined reports.

Fondation Actionmarguerite Foundation Inc.

Fondation Actionmarguerite Foundation Inc. finished with a surplus of \$127,495 for the twelve months ended December 31, 2012 (nine months ended December 31, 2011 – deficit of \$66,389). The variation in fund balances is mostly due to market fluctuations of investments held with the Winnipeg Foundation.

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



CONDENSED COMBINED STATEMENTS OF FINANCIAL POSITION March 31, 2013, March 31, 2012 and April 1, 2011	March 31, 2013 \$	March 31, 2012 \$	April 1, 2011 \$
Assets	32,122,094	32,264,207	30,186,142
Liabilities & Deferred Contributions	28,163,072	28,689,009	26,843,598
Fund Balances	3,959,022	3,575,198	3,342,544
	32,122,094	32,264,207	30,186,142

CONDENSED COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN FUND BALANCES
Year ended March 31, 2013 and March 31, 2012

	Operating Fund	Ancillary Operations and Internally Restricted Funds	Capital Fund	2013 Total \$	2012 Total \$
Revenue:					
Winnipeg Regional Health Authority	26,583,930	-	-	26,583,930	26,214,514
Resident and service fees	8,054,375	-	-	8,054,375	7,864,232
	34,638,305	-	-	34,638,305	34,078,746
Amortization of deferred contributions	-	-	910,292	910,292	913,370
Offset income	682,363	199,812	-	882,175	828,380
	35,320,668	199,812	910,292	36,430,772	35,820,496
Expenses	34,984,385	45,827	1,016,736	36,046,948	35,668,041
Excess (deficiency) of revenue over expenses before the undernoted	336,283	153,985	(106,444)	383,824	152,455
Winnipeg Regional Health Authority prior year adjustments	-	-	-	-	80,199
Winnipeg Regional Health Authority future employee benefits recoverable	6,034	-	-	6,034	84,159
Employee future benefits	(6,034)	-	-	(6,034)	(84,159)
Excess (deficiency) of revenue over expenses	336,283	153,985	(106,444)	383,824	232,654
Fund balances, beginning of year	-	2,619,385	955,813	3,575,198	3,342,544
Transfer to Capital Fund	(179,862)	(30,840)	210,702	-	-
Transfer of Personal Care Home Program surplus	(112,262)	112,262	-	-	-
Transfer of Adult Day Program surplus	(8,413)	8,413	-	-	-
Transfer of Supportive Housing Program surplus	(35,746)	35,746	-	-	-
Fund balances, end of year	-	2,898,951	1,060,071	3,959,022	3,575,198

These combined financial statements represent an aggregation of the financial statements of Actionmarguerite (Saint-Boniface) Inc. and Actionmarguerite (Saint-Vital) Inc., which are under common control. All significant inter-company balances and transactions have been eliminated.

On April 1, 2011, both Corporations adopted the requirements of the new accounting framework, Canadian public sector accounting standards for not-for-profit organizations. These are the first financial statements prepared in accordance with this framework.

The condensed combined financial statements do not contain all disclosures. For more detailed information on the organization's financial situation, results of operations and cash flows, readers should refer to the related complete combined financial statements which are available at our offices.

CONDENSED STATEMENT OF FINANCIAL POSITION December 31, 2012, December 31, 2011 and April 1, 2011	December 31, 2012 \$	December 31, 2011 \$	April 1, 2011 \$
Assets	2,740,217	2,632,541	2,675,537
Liabilities	7,536	27,355	3,962
Fund Balances	2,732,681	2,605,186	2,671,575
	2,740,217	2,632,541	2,675,537

**CONDENSED STATEMENT OF OPERATIONS
AND CHANGES IN FUND BALANCES**
Year ended December 31, 2012 and nine months
ended December 31, 2011

	2012 \$	2011 \$
Revenue:		
Fundraising & Donations	40,413	53,175
Investment income	188,852	(48,375)
	229,265	4,800
Expenses	101,770	71,189
Excess (deficiency) of revenue over expenses for the year	127,495	(66,389)
Fund balances, beginning of year	2,605,186	2,671,575
Fund balances, end of year	2,732,681	2,605,186

Investments	December 31, 2012 \$	December 31, 2011 \$	April 1, 2011 \$
Term deposits	900,000	650,000	650,000
Investments - The Winnipeg Foundation:			
Managed	1,581,809	1,498,014	1,624,881
Endowment	70,114	62,458	67,690
	1,651,923	1,560,472	1,692,571
	2,551,923	2,210,472	2,342,571

On April 1, 2011, the Foundation adopted the requirements of the new accounting framework, Canadian accounting standards for Not-for-profit organizations. These are the first financial statements prepared in accordance with this framework.

In December 2011, the Foundation changed its fiscal period end, from March 31 to December 31.

The condensed financial statements do not contain all disclosures. For more detailed information on the corporation's financial situation, results of operations and cash flows, readers should refer to the related complete combined financial statements which are available at our offices.

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Actionmarguerite

Service & Compassion