



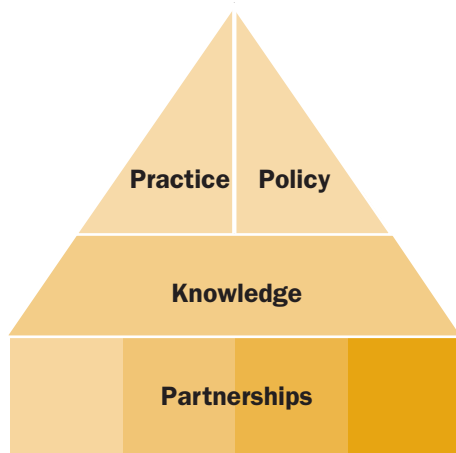
Knowledge Shaping Action

Canadian Centre on Substance Abuse



2004-2005 ANNUAL REPORT

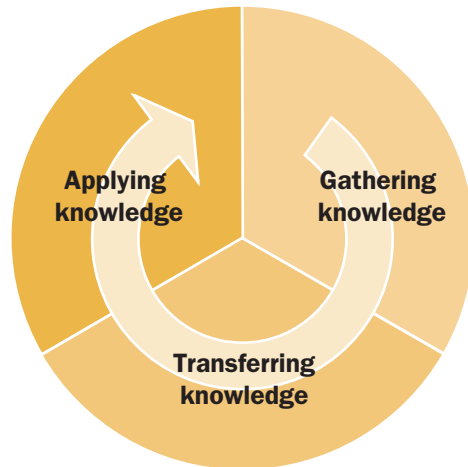
CCSA AT A GLANCE



The shape of progress

As Canada's national addictions agency, CCSA is in a unique position to constructively influence the work of those who endeavour to reduce or eliminate the harm associated with substance abuse in this country. That influence is rooted in knowledge, finds full expression in policy and practice, and thrives in a partnering environment.

In 2004-2005, the Centre focused much of its energies on strengthening the roots—gathering and sharing new knowledge—and on enhancing the networks and partnerships that make those formidable tasks possible. This was the year in which the promise of progress—in the form of a knowledge-sharing exercise called the National Framework for Action on Substance Use and Abuse—began to bear fruit.



Putting knowledge to work

CCSA has a mandate from Parliament to contribute to “the development and application of knowledge and expertise” in the substance abuse field. One of our long-term goals is to create a Canadian knowledge system on alcohol and other drugs to provide substance abuse professionals at the national, provincial-territorial and local levels with a basis for sound policy and program decision making.

There are three stages involved in putting knowledge to work to address substance abuse problems—all equally important and all central to the way CCSA functions. The process moves from *gathering, collecting and storing* information toward *transferring and disseminating* that information to those who need it, and finally culminates in the *application* of that information to real problems and situations. This report looks at all three stages and the broad spectrum of activity they embraced during 2004-2005.

CCSA's mission is to provide objective, evidence-based information and advice to help reduce the health, social and economic harm associated with substance abuse and addictions. Established by an Act of Parliament in 1988, CCSA is an arm's-length, not-for-profit organization supported by the federal government through Canada's

Drug Strategy. The evolution of knowledge—from development to application—has always been at the heart of CCSA's organizational structure. The Centre's 26 employees and 11 associates operate within a framework of five divisions that all exist to facilitate the flow of information in one way or another.

Shaping a knowledge-based organization



Research and Policy contributes to the creation, dissemination and application of knowledge and expertise related to substance abuse, its prevalence and associated risks, and the measures needed to minimize its impact on Canada's social and economic well-being.

Training and Workforce Development works with a wide variety of partners to develop written materials and workshop resources that translate best practice knowledge and skills into learning opportunities for practitioners and programmers.

Information and Reference Service is one of the oldest addictions information services in Canada.

Its role is to develop information products and to provide information services to Canada's addictions community.

Public Relations and Marketing provides support for virtually all of CCSA's knowledge-oriented activities, including the editing, production and dissemination of information products, research reports and policy documents.

Strategic Operations provides a wide range of services to CCSA staff and associates, including tracking of spending and progress on projects, hiring of staff, and contracting of consultants.



We needed to update our knowledge about Canadians' use of alcohol and other drugs. The CAS partnership made that possible.

John Borody, Canadian Executive Council on Addictions

Mounting a project such as the Canadian Addiction Survey (CAS) is something no organization can do alone. Sharing the costs and the workload gets the job done and everyone benefits. This is true whether the search for knowledge goes on in a university, a clinic or a conference room.

GATHERING KNOWLEDGE

Last year, Canada witnessed a remarkable surge of activity dedicated to gathering knowledge about substance abuse, its impact on Canadians, and the measures needed to address that impact. CCSA and its partners were at the centre of much of the activity—some of it aimed at updating old data, some of it focused on new areas of investigation.

An important measure of the health of a population is its use of alcohol and other drugs. Until last year, our knowledge in this area was based on data from 1994. The release of the Canadian Addiction Survey (CAS) closed that 10-year information gap and pointed to a substantial rise in alcohol and cannabis use, especially among young Canadians. CCSA undertook the survey in collaboration with the Canadian Executive Council on Addictions (CECA) and its member organizations, together with Health Canada, and the provinces of Nova Scotia, New Brunswick and British Columbia.

Raising awareness, raising funds

The quality of Canada's addictions treatment workforce is critical to success in reducing the harm associated with substance abuse. Yet, until last year, little was known about the education and professional development experiences of our treatment workers. CCSA's national survey of treatment service providers, released in March 2005, is raising awareness of the issues and laying the groundwork for a national workforce development agenda.

Last year, CCSA invested \$100,000 in a unique partnership aimed at providing much-needed funding for substance abuse and addictions research in Canada. Spearheaded by the Canadian Institutes of Health Research, the project establishes a pool of money for research in 10 eligible areas of interest.

Seeking input, seeking agreement

Much of what we need to know reveals itself through dialogue. This was illustrated in consultations leading to a National Framework for Action on Substance Use and Abuse—a comprehensive and coordinated approach to reducing the harm associated with alcohol and other drugs. In a series of regional roundtables co-hosted by CCSA and Health Canada in seven communities across Canada, representatives of a broad spectrum of interest in substance abuse issues were asked to say which of those issues deserved the most attention. The wisdom and insight contained in their responses adds immeasurably to the “big picture” of substance abuse in Canada.



CCSA was asked to help establish an information-sharing partnership in the North. Our northern Web page was the first step.

Manon Blouin, CCSA Information and Reference Service

Often the information needs of Canada’s substance abuse professionals can be met from existing sources—provided there is an “infostructure” in place for easy access to those sources. Partnerships like the one that led to the creation of CCSA’s northern Web page are a critical mechanism for transferring knowledge.

TRANSFERRING KNOWLEDGE

Because of its unique national mandate, CCSA has a special responsibility to those looking for a central source of substance abuse information in Canada. To fulfil that duty, the Centre depends on its many partners to share their knowledge. These partnerships produce much of the content that appears on our website, in our library and in our information products.

When CCSA's website was launched in 1995, few people imagined how central it would become to CCSA's role as an information provider. Last year, the site was reorganized, searching was made easier, and new features were added, including a fully searchable database of addictions funding sources.

Another recent website innovation illustrates how partnerships and knowledge transfer are linked. A representative of the Yukon government drew CCSA's attention to the need for a single information platform on northern issues. CCSA recruited partners from each territory and created a Web page that allows substance abuse professionals in the North to share information and resources with each other and with the rest of Canada.

Hard copies, hard drives

Many of CCSA's information products lead a double life—as electronic and Web-based resources, and as printed documents. The Centre's newsletter, *Action News*, is mailed to nearly 3,700 subscribers across Canada, while more than 1,800 readers receive the quarterly publication electronically. In a recent survey, *Action News* readers expressed

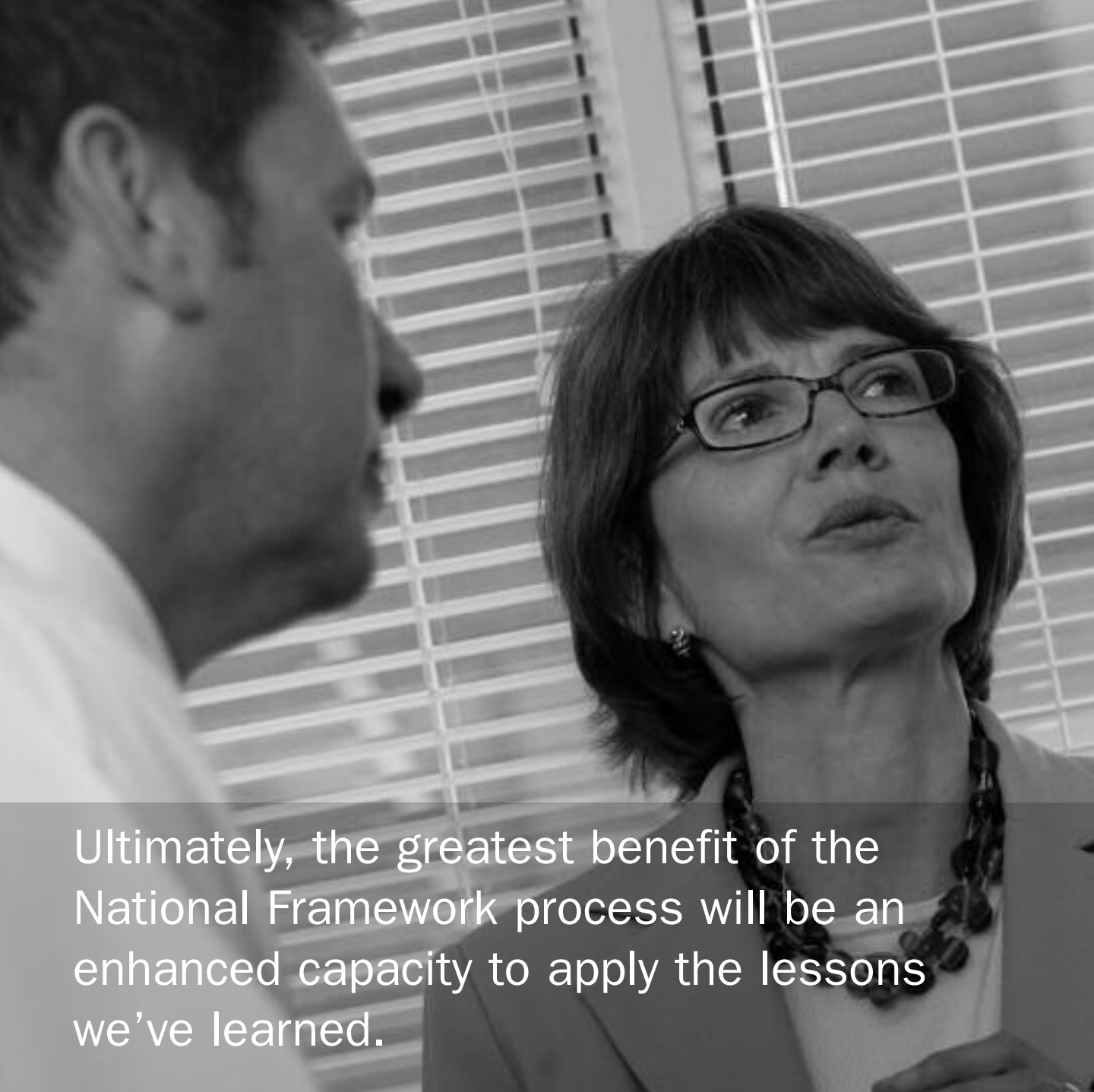
strong approval for the unique blend of information the newsletter provides.

CCSA produces fact sheets and FAQs (Frequently Asked Questions) on a variety of current issues, including supervised injection sites, substance abuse in prison, OxyContin, and hepatitis C. These and other such documents were downloaded thousands of times from CCSA's website last year, and printed copies were distributed widely to elected officials and opinion leaders.

Addiction News Daily, a round-up of alcohol and other drug-related articles in the media, was distributed electronically five days a week to a growing number of regular readers.

Shared data, shared objectives

CCSA has maintained a national database of treatment services in Canada since 1994. Last year, Quebec, British Columbia and Ontario—the provinces where nearly 80% of Canada's treatment programs are located—agreed to share their treatment service data with CCSA, a development that will mean less duplication of effort, improved data integrity, and reduced “survey fatigue” among treatment service providers.



Ultimately, the greatest benefit of the National Framework process will be an enhanced capacity to apply the lessons we've learned.

Beth Pieterston, Health Canada

A knowledge-based partnership such as the one supporting the National Framework for Action on Substance Use and Abuse must target knowledge application as its ultimate goal. Its success will be measured by how well it can demonstrate that it promotes evidence-based decision making on policy, programming and practice.

APPLYING KNOWLEDGE

Knowledge application typically takes place on the front lines where policy and practice theory bumps up against situational reality. Information-based organizations such as CCSA need to understand what is happening on the ground and to clearly demonstrate how evidence-based advice can and should be applied in real-life circumstances. The Centre achieved this goal in a variety of ways in 2004-2005.

Last year, CCSA and Health Canada jointly launched a consultative process around a proposed National Framework for Action on Substance Use and Abuse. A key component of the exercise was a series of national thematic workshops intended to present current, evidence-based knowledge on a variety of issues, including Fetal Alcohol Spectrum Disorder (FASD), addictions workforce development, and research. Among several successful outcomes was agreement on a set of recommendations to reduce alcohol-related harms that emerged from a CCSA-hosted thematic workshop on alcohol policy.

Learning to partner, partnering to learn
Training activities, carried out jointly with a variety of partners, were an important focus for CCSA last year. The 2004 National Summer Institute on Addictions, co-sponsored by the Addiction Research Centre (Correctional Service of Canada), exposed 60 addictions and mental health professionals to applied learning in the treatment of clients with concurrent disorders.

CCSA recruited Health, Education and Enforcement in Partnership (HEP) network coordinators, in partnership with seven provinces, for training in informa-

tion sharing and coordination aimed at supporting provincial-territorial drug strategies. As part of a memorandum of agreement with the National Native Addictions Partnership Foundation (NNAPF), CCSA provided training at NNAPF's 2004 national training event in Saskatoon.

Informing policy, informing Parliament

A significant development for CCSA last year was the publication of its milestone report, *Substance Abuse in Canada: Current Challenges and Choices*, which explores the policy implications of existing knowledge around six key contemporary issues. Intended as an annual "snapshot" of substance abuse in Canada, the report targets a broad audience that includes politicians and the media.

Another CCSA report, *Addiction Treatment Indicators in Canada: An Environmental Scan*, argues that many of the lessons emerging from health care reform in Canada are not being applied to substance abuse treatment. Finally, at the invitation of the Parliamentary Standing Committee on Health, CCSA presented evidence on the effectiveness of alcohol warning labels as a deterrent to misuse.

MESSAGE FROM THE CHAIR



The past year has been a time of consolidation, stabilization and validation at CCSA following a period of rapid growth and adjustment sparked by the renewal of Canada's Drug Strategy. As CCSA staff rose to new challenges on the operational side, the Board continued to focus its attention on governance issues by monitoring and evaluating the results of changes instituted over the past two years to ensure greater accountability to Canadians.

A new Board committee structure has now been in place for a full year and is achieving its objectives, which include strengthened fiscal management and a more broadly representative Board. On the financial side, the Board devoted much of its work to prudent fiscal planning aimed at addressing CCSA's long-term needs and potential liabilities. To address requirements for Board composition, including issues of geographic

balance, we undertook a national membership drive that resulted in an overwhelming response from dozens of highly qualified applicants.

Beyond fiscal and structural issues, the Board also exercised its responsibility for ensuring that CCSA operates according to its legislated mandate in the area of policy development. Last year, the Board reviewed and approved a set of updated policy development guidelines and principles—the first exercise of its kind since the guidelines were drafted in 1992.

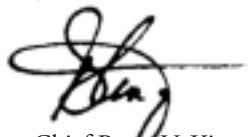
An important part of the Board's commitment to accountability is reflected in our expanding efforts to reach out and connect with key stakeholders across Canada. By scheduling Board meetings and special events in various communities across our country, Board members gain first-hand knowledge of

the challenges facing Canadians where they live. At the same time, our presence serves to remind people that CCSA is an important national resource that is here to serve their needs. We are particularly pleased that our first meeting in the North will take place in June 2005 in Iqaluit where Nunavut Premier Paul Okalik will be our guest speaker.

A key outreach event for the Board is our annual government relations day, which gives us an opportunity to meet with senior federal government officials and elected representatives from all political parties to talk about CCSA accomplishments and emerging issues. We need to demonstrate to the government that its commitment to CCSA and our partners in the addictions field is a valuable investment. Coinciding with the Board's February meeting in Ottawa, this year's event focused on several projects aimed at reinforcing important national priorities. Officials were especially eager to hear about the National Framework for Action on Substance Use and Abuse, consensus-building around the issue of cannabis and driving, and the Canadian Addiction Survey.

A high point of this year's government relations effort was an address to the Board by Health Minister Ujjal Dosanjh and an opportunity to meet Canada's first Chief Public Health Officer David Butler-Jones. Dr. Butler-Jones heads up the newly created Public Health Agency of Canada, whose broad mandate now includes responsibility for programs and policies aimed at preventing Fetal Alcohol Spectrum Disorder (FASD).

We are all aware that Canada is living through a period of political uncertainty and that public spending has come under closer and closer scrutiny. In this kind of environment, it is critical for publicly funded organizations such as CCSA to demonstrate that the fundamental faith of the vast majority of Canadians in our institutions and values is well placed. The Board is confident in its ability to meet its obligations to the public and to demonstrate an exemplary approach to good governance in years to come.



Chief Barry V. King, OOM
Chair

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



In last year's annual report, we identified three global activities that flow from CCSA's legislated mandate—transferring knowledge, developing policy and building partnerships—and we described how those activities influence the national substance abuse and addictions agenda. We see significant evidence of progress on that agenda in the past year, much of it driven by those three activities and particularly by the gathering and sharing of knowledge through enhanced networks and consultation with our partners.

The interplay of knowledge transfer and partnership was evident in the process leading toward a National Framework for Action on Substance Use and Abuse. This joint Health Canada-CCSA consultation demonstrates how we can

tap into the rich storehouse of substance abuse information and expertise that resides in government and the non-governmental sector, in remote communities in Canada's north, and in our large urban centres. The professionals we met in these vastly different settings were remarkably united on fundamental issues and priorities. At our National Thematic Workshop on Alcohol Policy in November 2004, for example, a broadly diverse group reached consensus on a set of recommendations aimed at reducing alcohol-related harms.

In cases where substance abuse knowledge and evidence are lacking or out of date, CCSA has always tried to work with partners to fill the gaps. In 2004, we collaborated with the Canadian Executive Council on Addictions (CECA), Health

Canada and several provinces to release the Canadian Addiction Survey (CAS)—the first comprehensive survey of alcohol and drug use in Canada since 1994. With guidance from a national steering committee, we also conducted the first-ever study of the training and education needs of Canada’s addictions treatment workforce.

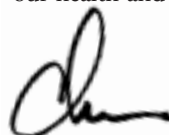
CCSA invests significant energy and resources in building and strengthening knowledge channels. Last year, we set new goals for our Health, Education and Enforcement in Partnership (HEP) network, providing training in information sharing for a team of HEP coordinators working at the provincial-territorial level. In partnership with the Addiction Research Centre (Correctional Service of Canada), we hosted another successful National Summer Institute on Addictions. We also pursued closer links with the Canadian Society of Addiction Medicine (CSAM) with a presentation I was privileged to make at their annual scientific meeting in October.

Last year, CCSA signed Memorandums of Agreement with two Aboriginal groups to encourage the sharing of information and research with Canada’s First Nations and Inuit communities. When someone in the North drew my attention to the need for a single information platform on northern issues, we recruited partners from each territory

and worked with them to create a comprehensive Northern Web page. In response to demands for a single source of information on substance abuse funding opportunities, we created an online funding sources database.

Beyond Canada’s borders, the sharing of knowledge with our international partners shows the value they place on “made-in-Canada” solutions. CCSA’s advice was solicited by the International Council on Alcohol and Addictions (ICAA) on governance structures, and by the United Nations Office on Drugs and Crime (UNODC) on building stronger partnerships between government and non-governmental interests.

The process by which knowledge is used to shape action on substance abuse never stops. One of the milestones in this process will be the Issues of Substance conference that CCSA will host in November 2005. This unprecedented event will mark a significant turning point not only for CCSA in our role as Canada’s national addictions agency, but for all Canadians who believe in evidence-based solutions to our health and social problems.



Michel Perron
Chief Executive Officer

PROGRESS ON GOALS

GOAL

Increase awareness and understanding of the nature, extent and consequences of substance abuse

ACTIVITY	OUTCOME
Knowledge Generation/Transfer	
Research and Policy Reports	> 65,917 downloads/targeted transfers · <i>Canadian Addiction Survey (CAS)</i> · <i>Optimizing Canada's Addiction Treatment Workforce</i> · <i>Substance Abuse in Canada: Challenges and Choices</i>
Training Activities	> 60 advanced learning clients · 2 nd National Summer Institute on Addictions
Information Products	> 55,418 downloads/targeted transfers · 6 new fact sheets, FAQs, background documents and discussion papers
Informing Parliament	> 50 high-level contacts · Evidence presented on Alcohol Warning Labels · Members of Parliament briefed by CCSA Board
Information Services	> 49,486 information transactions · Information requests up by 50% · <i>Addiction News Daily</i> service expands · Online databases expanded and updated · Library collection grows by 17%

GOAL

Increase financial, in-kind and human resources support

ACTIVITY	OUTCOME
Leveraging investment	
\$387,000 invested	> \$1,360,000 generated (3.5:1 ratio) · Eric Single Studentship Award · Development/implementation of research and knowledge generation activities

GOAL

Increase awareness of CCSA services and activities

ACTIVITY	OUTCOME
<p>Public Relations/Marketing</p> <p><i>Action News</i> (quarterly newsletter, monthly e-bulletin)</p>	<ul style="list-style-type: none"> · 5,525 print and electronic subscribers · newsletter downloaded 11,143 times · 90%+ readers find <i>Action News</i> “moderately” or “very” useful; 2,500 pass on copies to friends and colleagues (December 2004 reader survey)
<p>Website</p>	<ul style="list-style-type: none"> · 1,715,665 visits; 509,595 downloads
<p>News Releases</p>	<ul style="list-style-type: none"> · 13 news releases issued to 725 media outlets · 274 media calls · 110 print, radio and TV items generated
<p>Annual Report, 2003-04</p>	<ul style="list-style-type: none"> · 8,628 downloads/targeted transfers
<p>Board Meetings</p>	<ul style="list-style-type: none"> · 3 Board meetings (Ottawa, Halifax) · 350 stakeholder contacts

GOAL

Improve inter-sectoral and cross-jurisdictional collaboration and cooperation

ACTIVITY	OUTCOME
<p>Networking/Coordination/Leadership</p>	
<p>Outreach</p>	<ul style="list-style-type: none"> · Participated in 435 events involving more than 5,230 stakeholders
<p>Coordination</p>	<ul style="list-style-type: none"> · Continued active role as a charter member of the Canadian Executive Council on Addictions · Continued to support the Canadian Community Epidemiology Network on Drug Use (CCENDU)
<p>Leadership</p>	<ul style="list-style-type: none"> · Worked with federal, provincial-territorial and local partners to design the consultation process for the National Framework for Action on Substance Use and Abuse
<p>Consultation</p>	<ul style="list-style-type: none"> · Hosted or co-hosted 7 regional roundtables and 4 thematic workshops focusing on the National Framework
<p>Recruitment</p>	<ul style="list-style-type: none"> · Recruited and trained Health, Education and Enforcement in Partnership (HEP) network coordinators in partnership with 7 provinces

BOARD OF DIRECTORS 2004-2005

CCSA is governed by a Board of Directors reflecting the broad interests of its 15 members, six of whom are appointed by the Governor in Council with the remaining members coming from the community at large.

Chief Barry V. King, OOM

(Chair)

Chief of Police
Brockville Police Service

David Nicholson

(Vice Chair)

Consultant
Federal/Provincial Affairs

Anne M. Lavack, Ph.D.

(Treasurer)

Associate Professor
Faculty of Business Administration
University of Regina

Beverley Clarke

(Secretary)

Chief Executive Officer
St. John's Region Health &
Community Services

Dr. André Aubry

(Executive Committee member)

Retired Obstetrician

Normand (Rusty) Beauchesne

Member of the National Parole Board

Leonard Blumenthal, LL.D.

President
Lazy Beaver Holdings, Inc.

Heather Hodgson-Schleich

Consultant and Proprietor
Tales by the Brook—
children's drug prevention services

Edgar F. Kaiser, Jr., O.B.C., LL.D.

Chairman
The Kaiser Foundation

A.J. (Bert) Liston

President
A.J. Liston & Associates

Dr. Christine Look

Pediatrician
Children's & Women's Health Centre
of British Columbia

R.A. (Sandy) Morrison

Chair
Board of Directors of Nav Canada

Yvon Picotte

President
Des Pavillions du Nouveau Point de Vue

Ex-officio Members

Morris Rosenberg

Deputy Minister
Health Canada

Margaret Bloodworth

Deputy Minister
Public Safety & Emergency
Preparedness Canada

Michel Perron

Chief Executive Officer
Canadian Centre on Substance Abuse

STAFF AND ASSOCIATES 2004-2005

Executive Office

Michel Perron
Chief Executive Officer

Linda Bordeleau
Executive Assistant

Training and Workforce Development Division

(The position of Director was
vacant as of March 31)

Greg Graves
Coordinator

Information and Reference Services Division

Nina Frey
Director

Mitra Assadollahi
Library and Information Technician

Debbie Ayotte
Web Coordinator

Manon Blouin
Acquisitions and Cataloguing
Coordinator

Chad Dubeau
Information Specialist

Karen Palmer
Information Specialist

Susan Rosidi
Database Coordinator

Lee-Anne Ufholz
Information Specialist / Web
Technician

Public Relations and Marketing Division

Enid Harrison
Director

Richard Garlick
Publisher / Editor-in-Chief

Brooke Somers
Communications Advisor

Research and Policy Division

Patricia Begin
Director

Karen Cumberland
National HEP / CECA Policy
Coordinator

Colleen Anne Dell
Senior Research Associate /
Academic Liaison

Anne-Elyse Deguire
Senior Research Analyst

Gerald Thomas
Senior Policy Analyst

John Weekes
Senior Research Analyst

Strategic Operations Division

Colette Rivet
Director

Tom Axtell
Manager, Substance Abuse /
Addictions Health Centre,
Canadian Health Network

Marguerite Grant
Administrative Officer

Shauna Kelly
Finance / Administrative Assistant

David O'Grady
Information Technology Manager

Anne Richer
Finance Manager

Deborah Robillard
Administrative Assistant

Associates

John Borody
Associate, Research and Policy

Michael Boyd
Senior Advisor, National Relations

Jacques LeCavalier
Associate, Research and Policy

Pat McKenna
Associate, Information and
Reference Services

Alan Ogborne
Associate, Training and Workforce
Development

Bette Reimer
Associate, Strategic Operations

Eric Single
Scientific Advisor Emeritus

Kendra Smith
Associate, Strategic Operations

Paula Stanghetta
Associate, Strategic Operations

Gilles Strasbourg
Associate, Strategic Operations

Jamie Wiebe
Associate, Research and Policy

AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the Board of Directors of the Canadian Centre on Substance Abuse:

The accompanying summarized statement of financial position and summarized statement of revenues and expenses are derived from the complete financial statements of the Canadian Centre on Substance Abuse as at March 31, 2005 and for the year then ended on which we expressed an opinion without reservation in our report dated May 11, 2005. The fair summarization of the complete financial statements is the responsibility of the organization's management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related

complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Ottawa, Ontario
May 11, 2005

van Berkom & Ritz
Chartered Accountants

SUMMARIZED STATEMENT OF FINANCIAL POSITION

	March 31	
	2005	2004
Assets		
Current assets		
Cash and investments	\$ 418,069	\$ –
Accounts receivable	936,811	1,296,904
Prepaid expenses	58,872	53,881
	1,413,752	1,350,785
Restricted cash and investments	1,193,199	1,173,508
Capital assets	405,189	458,123
	\$ 3,012,140	\$ 2,982,416
Liabilities and net assets		
Current liabilities		
Cash and cash equivalents	\$ –	\$ 262,438
Accounts payable and accrued liabilities	564,084	210,449
Deferred contributions	626,639	730,014
Current portion of leasehold financing	10,772	3,385
	1,201,495	1,206,286
Leasehold financing	32,641	43,413
Net assets		
Invested in capital assets	405,189	458,123
Internally restricted for contingencies	772,415	761,585
Internally restricted for future projects	420,784	411,923
Unrestricted	179,616	101,086
	1,778,004	1,732,717
	\$ 3,012,140	\$ 2,982,416

SUMMARIZED STATEMENT OF REVENUES AND EXPENSES

	Year ended March 31	
	2005	2004
Revenues		
Health Canada contribution agreement	\$ 3,400,000	\$ 2,304,933
Solicitor General of Canada	–	70,000
Services	1,181,934	1,293,340
Sales of literature and conference revenues	34,128	19,801
Interest and other	2,810	1,047
	4,618,872	3,689,121
Expenses		
Advertising and promotion	35,504	12,916
Amortization	171,312	135,028
Insurance	12,887	9,508
Membership fees	11,374	15,042
Office and administration	182,969	175,465
Printing	72,473	41,647
Rent	196,319	205,237
Salaries, benefits and associate fees	2,454,214	1,753,023
Subcontractors	1,146,714	917,562
Telephone	30,702	16,018
Travel	278,808	354,763
	4,593,276	3,636,209
Excess of revenues over expenses	\$ 25,596	\$ 52,912