

**Community Care HIV/AIDS Program**  
**Year End Report 2022 to 2023**  
**Redbud Health Care District**

For the 2022 to 2023 fiscal year, Community Care was awarded \$44,000 by Redbud Health Care District to support the efforts Community CARE/CCHAP in assisting those in our community who have an HIV/AIDS Diagnosis through access to our Drop-In Center food pantry and client events and our outreach efforts in the community. The monies awarded to Community Care were allocated to support personnel, operating expenses, HIV and HCV testing supplies, nutritional support, outreach efforts and harm reduction strategies for STDs and substance use. The funds were also accessed to better support CCHAP clients in meeting unexpected expenses that put their health and stable living environment at risk. Mid-year, we requested additional funds as increased need and rising inflation nearly depleted our grant amount with months to go until the end of the fiscal year. We were awarded an additional \$8,000 that made it possible to continue our client services without interruption.

We are thankful that Redbud continues to assist Community Care in providing clients with consistent access to nutritional foods in our Drop in Center/Food Pantry. This past year our Lake County office served approximately 69 clients per month, approximately 6 more clients per month than the previous year. This is a 6% increase in use over the previous fiscal year. Our clients continue to receive Social Security/Social Security Disability, on average \$800.00. Clients continue to have difficulty being able to budget money in ways that would allow them to choose healthy options that maintain their optimum nutritional health. This is especially true when we are experiencing inflation in this country and food costs rose. Thankfully, food prices have somewhat mitigated, but still remain higher than last year. The funds that Redbud awards to CCHAP allows us to continue to try to aid clients with sustainable nutrition, including fresh fruits and vegetables as well as protein, for the Drop in Center and the Food Pantry. CCHAP does received Ryan White funding for nutritional services, but it is not enough to keep the food pantry stocked for client consumption throughout the year. Our clients are given the opportunity to access the food pantry once per week. Clients can access the food pantry on Wednesdays. The clients are given food, hygiene, and cleaning supplies. Most clients access the Food Pantry approximately two times per month. CCHAP does receive additional funding through the HIV Care Program (HCP), but those funds have been designated for vitamins and nutritional supplements, and for Personal Protective Equipment (PPE), and hygiene and cleaning supplies.

As can be seen in our financial statement, Redbud funds were utilized in accordance with our budget, with most funds being spent on client services. You can also see clearly that our expenditures have risen dramatically. We have experienced such an increase in need, and have had to pay so much more for food and services, that we were in danger of running out of funding in a number of areas. For instance, our housing support program already had a freeze on

spending with four months left in the fiscal year. More clients have had unseen expenditures that resulted in a need for assistance with rent or mortgage payments. We had to deny help to clients until the start of new fiscal year, July 1<sup>st</sup>. Some of those housing funds go toward helping homeless clients with hotel/motel stays. The cost of motel rooms has nearly doubled, and rents have increased, but our funding has remained the same. It is difficult to have to tell a client we cannot help them because our funds for the year have run out, but that's what we had to do. In the past we often ended the year with a surplus of funds in that program. The same is true with other programs. Our HCP program, which helps clients with expenditures not covered by other programs, also had a freeze on any spending outside of covering items for our pantries for the remainder of that program's fiscal year which ended March 31<sup>st</sup>.

We have had to stop providing clients with the same quality of food we have in the past. We have instituted new curbs on spending, and limited the weekly amount we spend on food. We would like to provide the same quality we have in the past, but at this point we are just trying to keep the pantries open and stocked. We are also soliciting donations of food and hygiene and cleaning supplies because we don't have the funding to purchase everything we need. Our financial statement shows we are using more funding from donations to help cover expenses for our Drop-In Center program, without those additional funds we would have run out of funds for the year.

The problem is, we have an increase in need, and increases in costs for food and services, and staff salaries, while our funding has remained the same.

### **Nutrition and HIV**

Good nutrition is very important for long-term health and well-being. Studies have found that people living with HIV who regularly eat healthy food in the right amounts can better tolerate HIV drugs, maintain a healthy weight, and feel better overall. Experts often use the term "nutritional status" to describe whether someone is getting the right amount of nutrients from their diet. Diet here means whatever you eat and drink, not a specific set of food restrictions for losing weight.

Nutrients are things like fats, protein, carbohydrates, vitamins, minerals, and other important chemicals. You need proper levels of different nutrients in order to build and repair cells, keep hormones regulated, fight infection, and maintain energy levels. For the most part, we cannot make nutrients. We get what we need from food and, when that is not possible, from dietary supplements.

Good nutrition depends on many things, including:

- What type of food you eat and how much
- How your body breaks down and ingests nutrients
- How different parts of your body use these nutrients

HIV-related changes in any of these factors can affect your nutritional status. Over time, this can lead to a variety of problems, including:



- Weight loss
- Muscle wasting (loss of muscle)
- High levels of fats and sugars in the blood
- Not enough vitamins and minerals

Many of these problems can be avoided or managed by eating the right foods.

### **How Is Nutrition Measured?**

Nutritional status can be determined in many ways, including:

- Weight and other measurements of body fat and muscle mass
- Hemoglobin or hematocrit counts, which measure iron in the blood (hemoglobin helps your red blood cells carry oxygen, which gives you energy)
- Other blood tests to check levels of important fats (cholesterol and triglycerides), proteins (such as albumin), vitamins (B-12, vitamin D), and minerals (sodium, potassium)
- Hemoglobin A1c levels to diagnose pre-diabetes or to monitor diabetes

### **Diet and HIV**

A healthy diet is a key part of any HIV treatment plan. A diet is simply any food and drink that you consume regularly. Your diet should give you the nutrients you need to:

- Fight weight and muscle loss
- Keep energy levels high
- Help you get what you need from medications you take
- Minimize the negative effects of HIV drugs

### **Women Living with HIV and Nutrition**

Nutritional guidelines such as the US Recommended Dietary Allowance (RDA) are set by the government to let people know how much of each nutrient they need each day to maintain good health. However, the RDA does not take into account that having HIV increases these needs. One study showed that people living with HIV needed between six and 25 times the RDA of some nutrients.

Due to dieting (restrictive eating), eating unhealthy foods, lack of time, and other pressures, some women in the US do not eat what they need to meet even the basic RDA requirements for many nutrients. This puts women, especially women living with HIV, at particular risk for not getting enough nutrients to maintain their health.

However, this does not mean that women living with HIV are necessarily underweight. In fact, in some resource-rich countries like the US, more women living with HIV are overweight or obese than women in the general population. Weight gain is a common side effect of some HIV drugs. Although HIV drugs greatly reduce AIDS-related illnesses and help people live longer, healthier lives, recent research shows that weight gain associated with HIV drugs can increase a woman's risk of diabetes. Since being obese can increase the chances of getting conditions already common for many people living with HIV (e.g., heart disease, cancer, high blood pressure, high cholesterol), it is important to maintain a healthy weight.

## **Ways to Improve Nutritional Status**

### **Maintain a Healthy Weight**

With a chronic infection like HIV, your body may burn more energy (calories). If you are using more than you are bringing in, you may lose weight. It is also possible to eat more calories than you are using, and thus gain weight. Either way, if you are not eating healthy foods, you can hurt your health. Some people living with HIV need to eat more calories each day to prevent weight loss.

### **Include Foods to Reduce Inflammation**

Because the immune system of a person living with HIV is always struggling to get rid of the virus, it is always activated, or "turned on." An activated immune system produces inflammation. Ongoing inflammation appears to be related to many conditions, including heart disease and cancer.

## **HIV/AIDS Education and Testing**

One of the most important components of the work CCHAP has done in the past involves our outreach and testing. This is an aspect of our program that Redbud has been extremely helpful in providing materials and supplies for. Due to the restrictions imposed by COVID, CCHAP had to curtail our outreach and testing. We were given the OK to resume our outreach and testing by the Lake County Department of Public Health at the start of the fiscal year. We have a number of sites identified for outreach and testing, and were able to do 17 outreach events during the past fiscal year.

Each year there are more and more new HIV infections, which shows that people either aren't learning the message about the dangers of HIV, or are unable or unwilling to act on it. Many people are dangerously ignorant about the virus - a survey found recently that a third of teens thought there was a 'cure' for AIDS. Education is an important component of preventing the spread of HIV.

Even if education were completely successful, it would still have to be an ongoing process - each generation a new generation of people become adult and need to know how to protect themselves from infection. The older generations, who have hopefully already been educated, may need the



message reinforced, and need to be kept informed, so that they are able to protect themselves and inform the younger.

There are three main reasons for AIDS education, the first of which is to prevent new infections from taking place. This can be seen as consisting of two processes:

- Giving people information about HIV - what HIV and AIDS are, how they are transmitted, and how people can protect themselves from infection.
- Teaching people how to put this information to use and act on it practically - how to get and use condoms, how to suggest and practice safer sex, how to prevent infection in a medical environment or when injecting drugs.

A second reason that AIDS education is needed is to improve quality of life for HIV positive people. Too often, AIDS education is seen as being something which should be targeted only at people who are not infected with HIV in order to prevent them from becoming infected. When AIDS education with HIV positive people is considered at all, it is frequently seen only in terms of preventing new infections by teaching HIV positive people about the importance of not passing on the virus. An important and commonly neglected aspect of AIDS education with HIV positive people is enabling and empowering them to improve their quality of life. HIV positive people have varying educational needs, but among them are the need to be able to access medical services and drug provision and the need to be able to find appropriate emotional and practical support and help.

The third reason people need AIDS education is to reduce stigma and discrimination. In many countries there is a great deal of fear and stigmatization of people who are HIV positive. This fear is too often accompanied by ignorance, resentment and ultimately, anger. Sometimes the results of prejudice and fear can be extreme. Discrimination against HIV positive people can help the AIDS epidemic to spread - if people are fearful of being tested for HIV, then they are more likely to pass the infection to someone else without knowing.

### **Who needs to be educated?**

Anyone who is vulnerable to AIDS, and almost everyone is vulnerable, unless they know how to protect themselves. It's not only young people, injecting drug users or gay men who become infected - the virus has affected a cross-section of society. This means that education ought to be aimed at all parts of society, not only those groups who are seen as being particularly high-risk. People who have not yet been educated and may be at risk of becoming infected. This usually means young people, who need to know the risks involved in unsafe sex and drug use before they are old enough to find out for themselves. But others need to be educated as well:

- People who have already been educated for whom the education was not effective. If AIDS education were completely effective, there wouldn't be nearly so many new infections. These infections do not only occur amongst young people - many people who have already experienced AIDS education continue to become infected with HIV.
- Everyone needs to learn how and why not to discriminate against positive people. People who are not HIV positive must learn about how the virus is transmitted in order that they are able to protect themselves from infection. At the same time, they must also learn how the virus is not transmitted. People need to know that they cannot become infected from such things as sharing food, towels or toilets. This will help to reduce discrimination against positive people by reducing ignorance and fear.
- People who are already infected also require education. Initially, this must involve an element of counseling and support, and must teach them how about living well with HIV, the tests they may need to have and the medications they may need to take. They must also learn about HIV transmission and safer sex, for two reasons - they need to know how to live positively without passing the virus on, and they need to know how to avoid contracting a strain of the virus which differs from the one they already have.
- If AIDS education that had been done up until now had been fully effective, then there wouldn't be so many new cases of HIV. It is clear that the campaigns carried out so far have failed to prevent the spread of the virus, so the message needs to be repeated, in different forms, until people appreciate it, or until, hopefully, education is no longer needed.
- One of the problems we see regarding preventing new cases of HIV is the increasing mindset among individuals who have lifestyles that put them at risk that HIV is no longer that bad. People, especially younger people, know that there are drugs that treat HIV and can prolong life. However, they are ignorant of the consequences of using these drugs for a long period of time. Older individuals with HIV see that taking the medications for a number of years causes debilitating physical issues, and negatively impacts both the length of life and the quality of life. It is important that information regarding the long term effects of HIV medication reaches anyone who is at risk for developing HIV.

The current national goal is to reduce new HIV infections by 90% by 2029. Lake County is second in the state for poverty and substance use. These two demographics are major players in the risk for transmission for HIV and Hepatitis C. A recent study conducted by the CDC stated that 40% of people who are newly diagnosed with HIV contracted the disease three to five years prior to their diagnosis. HIV does not show any notable symptoms, like other STDS, so early detection and linkage to care are vital components. CCHAP assists residents in early detection, thereby providing a pathway to health and wellness.



## **AIDS Fundraiser**

In the past, CCHAP was able to raise additional funds and also raise public awareness through our AIDS Fundraisers, which took place at Austin Park, and brought in donations from sponsorships and booth purchases as well as the silent auction and raffle. As a result, CCHAP was able to provide clients with essential services that would improve their overall health and safety that are not covered under the Medi-Cal Waiver Program, or the HIV Care Program. Due to COVID we were unable to have our AIDS Fundraiser the past two years. This year we were able to have an AIDS Awareness/Open House event that was held at our new offices in Clearlake. We were able to raise approximately \$7,000. We were also able to raise additional funds and food donations due to the efforts of our Pantry Coordinator. This individual took initiative and engaged on a fundraising effort to help make the holidays happier for our clients. We have also been doing additional fundraising to supplement our budget.

## **Drop-In Center**

With the COVID health emergency officially over, we have been able to open our Drop-In Center once again. Even during COVID CCHAP was able to maintain regular contact with our clients. Case Managers made weekly calls to clients to help them feel connected. Clients who utilize our Food Pantry also had the opportunity to visit with CCHAP staff and other clients when they came by to pick up their pantry items. It was not an ideal situation, but we did everything we could to ensure that clients felt we were still there for them.

CCHAP is also once again providing our clients with socialization opportunities through our Drop-In Center. Our primary mode of opportunity was our monthly potluck. This year we were able to host BBQ events outdoors, using safe social distancing practices. We continued to have monthly outdoor events serving a variety of foods on a monthly basis until the weather no longer permitted our being able to hold the events. We resumed holding outdoor events again in the spring, however, we are now able to also have indoor events. We had our first indoor client luncheon event in December. We are still not having potlucks with client's sharing food they prepared, but we are getting close to a return to nearly normal operations.

## **Conclusion**

Enclosed, please find the Redbud financial report for the fiscal year as well as a Pantry Use log. We are also sending a budget report for CCHAP as a whole for the 2022-2023 fiscal year as requested.

If you look at our total budget, including all federal grants that are administered through the state of California, you will see that total revenue was a bit more than \$550,000 for the 2022-2023 fiscal year. However, costs for every program have gone up, and most federal money did not increase to account for inflation. Many costs including; hotel stays for homeless clients, rental, mortgage, and utility assistance have risen while need has increased. Our CCHAP program ended the fiscal year approximately \$275,000 over budget. Other Community Care programs came in under budget, but the agency as a whole ended the year with approximately a \$100,000 shortfall. We have had to dip into donations to keep the agency afloat. We are hoping that this next fiscal year we will be able to come in on budget. We have been looking at ways to better monitor spending and cut costs wherever possible.

Community Care Management Corporation continues to be appreciative of the financial support that Redbud has provided over the years. Your support allows us provide our clients with a holistic approach, where CCHAP, as an agency, can address their health, psycho-social, home and nutritional needs. Redbud funding continues to play a key role in keeping our clients out of an institutional setting, like hospitals or nursing homes. With this funding, we are able to provide outreach out to vulnerable populations in the Lake County area and to continue to generate awareness and extinguish stigmas relating to HIV/AIDS and HCV and promote safer sex practices and sexual health strategies. We are also able to educate individuals living with HIV on how to protect themselves and those around them to decrease the risk of transmission. Finally, we are also able to increase community awareness with our AIDS Awareness Fundraiser. All of these components allow us to take another step towards decreasing new diagnosis of HIV/AIDS in Lake County. And we are able to accomplish these things because of your help.

Please find enclosed:

- \* Pantry Use Data
- \* Redbud Financial Statement for 7/2022 through 6/2023
- \* CCHAP Financial State for 7/2022 through 6/2023

Submitted by:

Henry Sadowski, MA

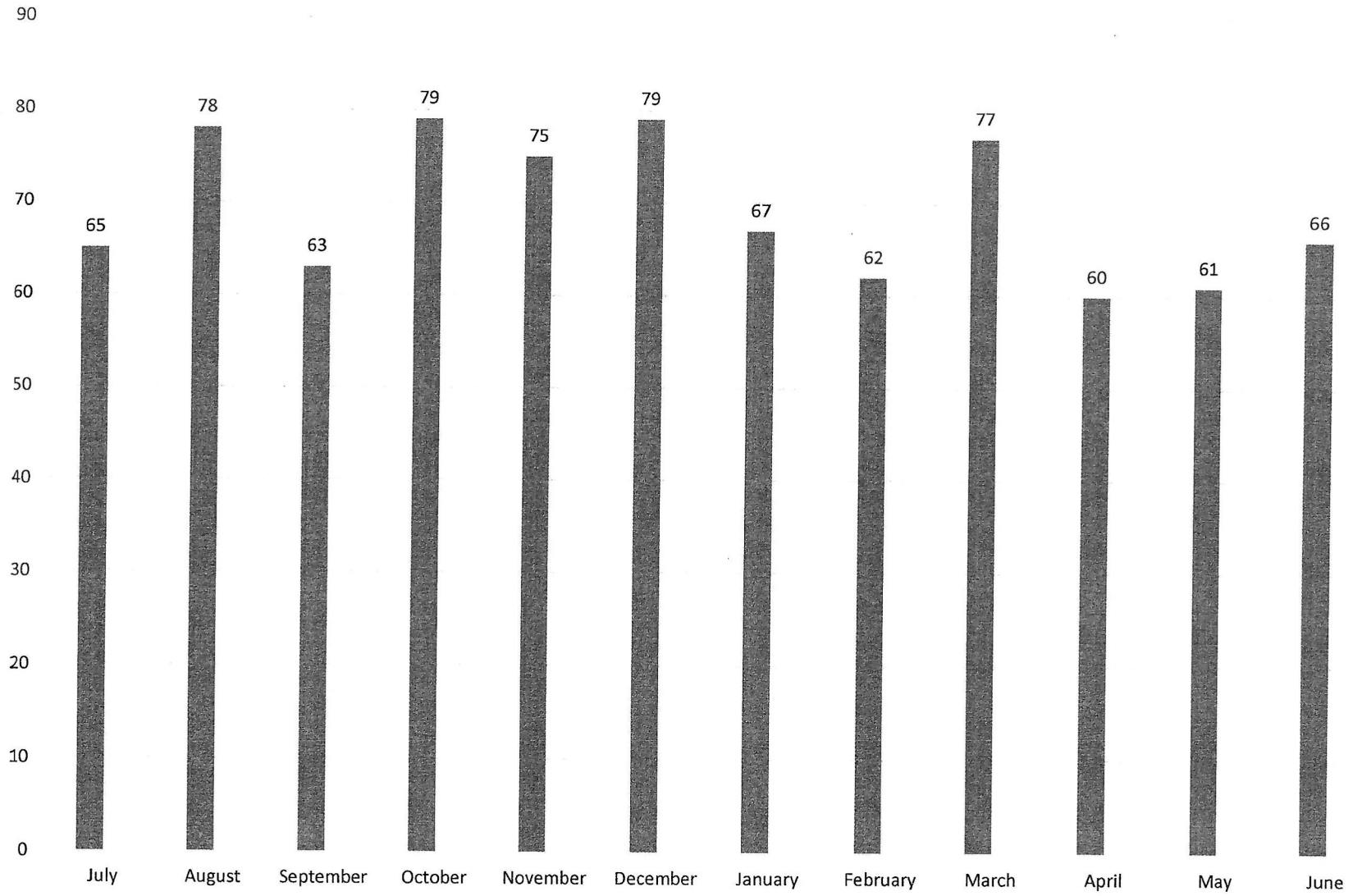
CCHAP Program Director

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707-472-7079



# Pantry Use Fiscal Year 2022-2023



**Community Care Management Corporation**  
**Profit & Loss by Class**  
 July 2022 through June 2023

	TOTAL	BUDGET	VARIANCE
Ordinary Income/Expense			
Income			
Total 4100 · Grants & Awards	52,000.56	44,000.00	18%
Total 4400 · Donations	11,286.59	1,150.00	881%
Total Income	<u>63,287.15</u>	<u>45,150.00</u>	40%
Expense			
6000 · Personnel Expenses			
Total 6100 · Salaries & Wages	21,008.76	15,626.00	34%
Total 6500 · Benefits	7,880.79	2,344.00	236%
Total 6000 · Personnel Expenses	<u>28,889.55</u>	<u>17,970.00</u>	61%
7000 · Operating Expense			
Total 7100 · General Expenses	5,040.51	216.00	2234%
Total 7200 · Consultants/Training Temp	544.51	588.00	-7%
Total 7400 · Communications	2,688.34	1,133.00	137%
7640 · Insurance	652.25	2,000.00	-67%
7660 · Occupancy	6,033.43	1,300.00	364%
7680 · Utilities	1,604.16	600.00	167%
Total 7000 · Operating Expense	<u>14,798.64</u>	<u>5,837.00</u>	154%
Total 8000 · Client Services -			
Client Services	21,382.24	19,343.00	11%
Fundraising	0.00	2,000.00	-100%
Total Expense	<u>65,070.43</u>	<u>21,343.00</u>	205%
Net Income	<u><u>-1,783.28</u></u>	<u><u>-</u></u>	8%



**Community Care Management Corporation**  
**Profit & Loss by Class**  
July 2022 through June 2023

	<u>DIC</u> <u>(CCHAP)</u>	<u>HCP</u> <u>(CCHAP)</u>	<u>HOPWA</u> <u>(CCHAP)</u>	<u>WAIVER</u> <u>(CCHAP)</u>	<u>CCHAP - Other</u> <u>(CCHAP)</u>
<b>Ordinary Income/Expense</b>					
<b>Income</b>					
<b>4100 · Grants &amp; Awards</b>					
<b>4110 · Federal Grants</b>					
Total 4110.51 · Waiver Revenue	0.00	0.00	0.00	269,681.27	0.00
4110.53 · HIV Care Revenue	0.00	98,185.00	0.00	0.00	0.00
4110.55 · HOPWA Revenue	0.00	0.00	133,861.00	0.00	0.00
<b>Total 4110 · Federal Grants</b>	<u>0.00</u>	<u>98,185.00</u>	<u>133,861.00</u>	<u>269,681.27</u>	<u>0.00</u>
<b>4130 · Local Govt. Grants</b>					
4130.59 · RHCD Revenue	52,000.00	0.00	0.00	0.00	0.00
<b>Total 4130 · Local Govt. Grants</b>	52,000.00	0.00	0.00	0.00	0.00
<b>Total 4100 · Grants &amp; Awards</b>	52,000.00	98,185.00	133,861.00	269,681.27	0.00
4410.05 · Aidswalk	10,286.44	0.00	1,400.00	0.00	0.00
4440.00 · Donations -General Unrestricted	1,000.00	0.00	0.00	0.00	3,987.96
<b>Total 4400 · Donations</b>	<u>11,286.44</u>	<u>0.00</u>	<u>1,400.00</u>	<u>0.00</u>	<u>3,987.96</u>
<b>Total Income</b>	<u>63,286.44</u>	<u>98,185.00</u>	<u>135,261.00</u>	<u>269,681.27</u>	<u>3,987.96</u>
<b>Expense</b>					
<b>6000 · Personnel Expenses</b>					
Total 6100 · Salaries & Wages	3,570.91	4,483.51	3,447.68	118,525.70	0.00
Total 6500 · Benefits	5,058.95	2,965.87	1,274.96	71,313.93	0.00
<b>Total 6000 · Personnel Expenses</b>	<u>8,629.86</u>	<u>7,449.38</u>	<u>4,722.64</u>	<u>189,839.63</u>	<u>0.00</u>
<b>7000 · Operating Expense</b>					
Total 7100 · General Expenses	238.19	521.95	467.57	8,877.99	0.00
Total 7200 · Consultants/Training Temp	378.06	1,215.18	1,116.49	12,425.28	0.00
Total 7400 · Communications	1.73	11.73	2.90	497.39	0.00
Total 7600 · Facility	514.92	3,534.00	1,348.12	22,383.04	0.00
Total 7800 · Travel	106.25	918.37	75.00	4,330.63	0.00
Total 7900 · Equipment	0.00	0.00	0.00	787.11	0.00
<b>Total 7000 · Operating Expense</b>	<u>1,239.15</u>	<u>6,201.23</u>	<u>3,010.08</u>	<u>49,301.44</u>	<u>0.00</u>
<b>8000 · Client Services -</b>					
Rental Assistance	0.00	460.00	62,340.43	0.00	0.00
Hotel/Motel Assistance	0.00	0.00	20,127.00	0.00	0.00

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 Accrual Basis

**Community Care Management Corporation**  
**Profit & Loss by Class**  
 July 2022 through June 2023

	DIC (CCHAP)	HCP (CCHAP)	HOPWA (CCHAP)	WAIVER (CCHAP)	CCHAP - Other (CCHAP)
8010 · Transportation	0.00	4,140.00	0.00	54,860.00	0.00
8011 · Nutritional Services	21,382.24	29,540.87	0.00	214,821.27	0.00
<b>Total 8000 · Client Services -</b>	<b>21,382.24</b>	<b>34,140.87</b>	<b>82,467.43</b>	<b>269,681.27</b>	<b>0.00</b>
<b>Total Expense</b>	<b>31,251.25</b>	<b>47,791.48</b>	<b>90,200.15</b>	<b>508,822.34</b>	<b>0.00</b>

**Community Care Management Corporation**  
**Profit & Loss by Class**  
 July 2022 through June 2023

	<u>Total CCHAP</u>	<u>TOTAL</u>	<u>Budgeted</u>	<u>Difference</u>
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>4100 · Grants &amp; Awards</b>				
<b>4110 · Federal Grants</b>				
Total 4110.51 · Waiver Revenue	269,681.27	269,681.27		
4110.53 · HIV Care Revenue	98,185.00	98,185.00		
4110.55 · HOPWA Revenue	133,861.00	133,861.00		
Total 4110 · Federal Grants	<u>501,727.27</u>	<u>501,727.27</u>		
<b>4130 · Local Govt. Grants</b>				
4130.59 · RHCD Revenue	52,000.00	52,000.00		
Total 4130 · Local Govt. Grants	52,000.00	52,000.00		
Total 4100 · Grants & Awards	553,727.27	553,727.27		
4410.05 · Aidswalk	11,686.44	11,686.44		
4440.00 · Donations -General Unrestricted	4,987.96	4,987.96		
Total 4400 · Donations	<u>16,674.40</u>	<u>16,674.40</u>		
Total Income	<u>570,401.67</u>	<u>570,401.67</u>		
<b>Expense</b>				
<b>6000 · Personnel Expenses</b>				
Total 6100 · Salaries & Wages	130,027.80	130,027.80	153,090.52	23,062.72
Total 6500 · Benefits	80,613.71	80,613.71	26,025.39	(54,588.32)
Total 6000 · Personnel Expenses	<u>210,641.51</u>	<u>210,641.51</u>	179,115.91	(31,525.60)
<b>7000 · Operating Expense</b>				
Total 7100 · General Expenses	10,105.70	10,105.70	17,053.43	6,947.73
Total 7200 · Consultants/Training Temp	15,135.01	15,135.01	7,000.76	(8,134.25)
Total 7400 · Communications	513.75	513.75	4,137.00	3,623.25
Total 7600 · Facility	27,780.08	27,780.08	16,085.66	(11,694.42)
Total 7800 · Travel	5,430.25	5,430.25	4,605.83	(824.42)
Total 7900 · Equipment	787.11	787.11	360.56	(426.55)
Total 7000 · Operating Expense	<u>59,751.90</u>	<u>59,751.90</u>	49,243.24	(10,508.66)
<b>8000 · Client Services -</b>				
Rental Assistance	62,800.43	62,800.43		(62,800.43)
Hotel/Motel Assistance	20,127.00	20,127.00		(20,127.00)



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Accrual Basis

**Community Care Management Corporation**  
**Profit & Loss by Class**  
July 2022 through June 2023

	<u>Total CCHAP</u>	<u>TOTAL</u>	<u>Budgeted</u>	<u>Difference</u>
8010 · Transportation	59,000.00	59,000.00		(59,000.00)
8011 · Nutritional Services	265,744.38	265,744.38		(265,744.38)
Total 8000 · Client Services -	<u>407,671.81</u>	<u>407,671.81</u>	171,408.67	(236,263.14)
Total Expense	678,065.22	678,065.22	399,767.82	(278,297.40)