

PERSONAL ASSISTANCE SERVICES COUNCIL

Annual Report

FY 2014-2015



Mission Statement

PASC is committed to improving the IHSS Program and enhancing the quality of life for all people who receive and provide In-Home Supportive Services



In-Home Supportive Services

The In-Home Supportive Services (IHSS) Program helps pay for services provided to low-income elderly, blind or disabled individuals to hire someone to help them with housework, meal preparation and personal care. With help, individuals who receive IHSS can remain safely in their own homes and do not need to move into care facilities.

Some of the services that can be authorized through IHSS include: housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision.

To be eligible for IHSS you must reside in California, must have a Medi-Cal eligibility determination, must live at home or an abode you call home, and submit a completed health care certification form.

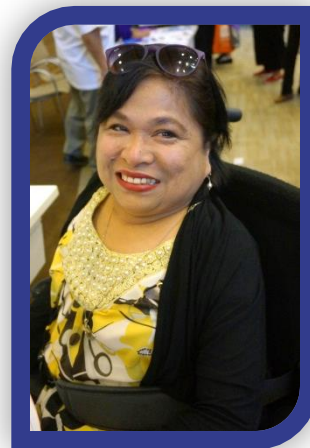
The program in Los Angeles County is overseen by the Department of Public Social Services and the Registry is overseen by PASC.

Who we are

The Personal Assistance Services Council (PASC) is the public authority for In-Home Supportive Services (IHSS) in Los Angeles County. PASC was established by the County Board of Supervisors in 1997, and its main goal is to enhance the IHSS Program. PASC operates a Registry to provide referrals for IHSS consumers and providers, provides access to training for IHSS consumers and providers, operates the county back-up program, administers the PASC-SEIU Health Plan for eligible homecare workers, has an Issue Solving Unit, and provides an array of support services to the IHSS Program in general.

PASC Chair's message

On the 25th anniversary of the Americans with Disabilities Act of 1990, we should never forget that the many years of campaigning for our own civil rights legislation included the sacrifice and heroic work of thousands of people with all kinds of disabilities and their personal care providers.



As one of the Los Angeles advocates and activists involved in the ADA campaign, I have personally witnessed caregivers getting us up, preparing us for the day's rallies and marches. They helped with bathing and grooming, the medication routine, dressed us up, helped with the meals, got our equipment maintained and cleaned, passing out flyers as we marched and then too, getting arrested with us so we could also get adequate care in jail. Now, the ADA is the law of the land, and in fact, it also covers our caregivers if and when they are being discriminated against, based on their connection with people with disabilities.

In the 25 years of ADA implementation, we have seen pathways made straight, the physical environment still changing, the communication channels opening up, employment accommodations begin working wonders, and on and on. Government programs have been developed as a consequence of more access, more mobility and more opportunities. The specter of more costly accommodations has been rendered baseless by compliant businesses who now know that accommodation to people with disabilities is not a major financial burden, but another source of income through new patronage from people with disabilities.

Where do we go from here? As PASC, we are almost 300,000 people strong - both IHSS recipients and providers of Los Angeles County. We can and should vote and continue putting the pressure on ourselves, on government and business to do the right thing on ADA compliance. As voters, we can make sure that caring institutions like HMOs, government agencies and non-profit organizations that serve the disabled keep to their missions of health, wellness and civil rights.

Focusing the attention on us, PASC, how much of personal care services should and could be enhanced by better assistive technology so that our IHSS recipients could get

their right equipment, their repair and maintenance from HMOs and enhance their independent living? How much should SSI and Social Security income increase so that our recipients could eat better food and get better health? How adequate is the housing out there so that disabled recipients are able to live in affordable and accessible homes? How much should IHSS be enhanced so that there is timely pay or pay for when the recipient is in the hospital so that there is respite care and so that there is adequate and dependable back- up? These were the questions we grappled with this year as advocates at PASC. We made our thoughts known, we advertised our positions, we testified to be heard. And we haven't stopped—we never do and we never will.

Lilibeth Navarro

PASC Chair

Executive Director's Message

This past year, the Personal Assistance Services Council (PASC) celebrated its 15-year anniversary! We are an independent public authority created by the Los Angeles County Board of Supervisors in December of 1999 to provide the delivery of In-Home Supportive Services and serve as employer of record for IHSS providers for purposes of collective bargaining concerning wages and benefits. Several years later, the Board of Supervisors appointed us administrator for the PASC-SEIU Homecare Workers Health Care Plan. In 2010, PASC was tasked by the Department of Public Social Services to review the Criminal Background Investigations for all potential IHSS providers in Los Angeles County.

On a personal note, I celebrated my 5-year anniversary as PASC'S Executive Director. These last 5 years have been filled with many challenges as the IHSS Program and the individual provider mode of service delivery have been under constant attack. The good news is PASC has shared in the successful efforts by many to preserve the program and person-centered services.

This past year brought many challenges to the IHSS Program, creating the need for PASC to increase our advocacy efforts. We found ourselves working very hard on the following important issues:

- New IHSS provider timesheets
- Collaboration with Cal MediConnect health plans
- New statewide public authority
- Restoration of 7% cut to IHSS hours
- California's failure to restore the COLA to SSI/SSP and refusal to increase SSP
- New Fair Labor Standards Act regulations authorizing overtime for IHSS providers
- MOU with SEIU Local 2015, creating wage increases for IHSS providers

We expanded our advocacy efforts by participation on both the California State Assembly and Senate Budget Subcommittee panels.

We continued to develop and upgrade our IT equipment to improve communication with consumers and providers. This included monthly Tele Town Halls, electronic newsletters, and frequent informational e-blasts.

PASC continues to be committed to improving the In-Home Supportive Services Program and enhancing the quality of life for all people who receive and provide IHSS, and I am proud to say we remained true to our mission in our 15th year of operation.

A handwritten signature in blue ink, appearing to read "G. Thompson".

Greg Thompson, MSW
Executive Director

PASC Governing Board

Lillibeth Navarro - Chair
James Adler - Vice Chair
Chris Otero - Treasurer



Deborah Miles - Member at Large
Bertha Poole
Jerry N. Davila-Castro



Maggie Belton
Nancy Becker-Kennedy
Terry Magady



Teddie-Joy Remhild
Randi Bardeaux



Not Shown
Hope Boonshaft

The PASC Governing Board meets on the first Monday of the month in the Kenneth Hahn building, downtown Los Angeles, from 1:00 PM to 4:00 PM. The PASC Board provides direction and oversight to the PASC staff in their efforts to develop and implement a comprehensive approach to improving IHSS in Los Angeles County. Each year, the Board analyzes current challenges to the IHSS Program and develops areas of focus for the upcoming year. In addition to their core functions, in FY 2015-2016, the PASC Board identified the following priorities for PASC to focus on:

- **Improve the IHSS new provider enrollment process** to minimize wait times for providers to be approved to work, and to prevent long delays in providers being paid
- Work to **expand the PASC Back-Up Program**
- Continue to support efforts to **ensure the 7% restoration** of IHSS hours is made permanent
- Ensure state caps on the new Fair Labor Standards Act rule on **provider overtime do not negatively impact IHSS consumers** and their families
- **Protect the IHSS individual provider mode** and consumer self-direction during the Medi-Cal transition to managed care
- Continue to fight for seniors and people with disabilities to receive sufficient **SSI payments and COLA increases** so they can continue to live safely in their communities
- Work to **solidify the PASC as an essential part of IHSS services** in Los Angeles County

This year, we lost a longtime Board member, friend, and advocate for seniors and people with disabilities.

In Loving Memory of Ernie Castano



As the third employee hired at PASC in 2000, I have had the pleasure of knowing Ernie Castano all these years. He was a friend who loved to laugh and share humor. Despite the challenges, he always had a cheery word for all who knew him, while still being a committed advocate in the disability community.

I miss my friend, Ernie.

Teddie-Joy Remhild, PASC Board Member

"Ernie was like a big brother to me who took me under his wing and showed me how to advocate for IHSS Consumers appropriately and effectively to make the maximum impact!"

Deborah Miles, PASC Board Member at Large

“Imagine Ernie Castano HAPPY!”

Ernie Castano always sent out funnies on email—jokes of all kinds and breathtaking pictures of nature and science stories and incredible innovations. He also shared pictures of his beloved grandkids from the time they were small, and following him on the internet was a vicarious participation in his life. Because of the volume of his emails, I did not have the time to respond to each one—just an occasional “Hehehehe, I needed that!” Or “Thank, Ernie, that was beautiful!” Or “What lovely kids!” I knew Ernie from our disability circles, and we both worked on issues together: homecare, transportation, budget, accessibility and many others.

He worked for the local independent living center for a time, we campaigned for consumers’ and workers’ rights and then we served on the PASC Board together. About two years ago, we went to a collective bargaining meeting with the Union, after which we were left waiting on Access Services for our way home. We had time for small talk, and we went into a store that thankfully had snacks available as we waited for our late rides. That afternoon I saw Ernie in 3-D, so to speak—his serious thoughtful side, his friendly concern for people. In a few more months, he took ill and could participate only by teleconference, but life went on for Ernie without fanfare, and we always sought his valuable participation.

Last year, Ernie started calling me at home to talk shop and then life in general. We enjoyed our chats, and I realized that it suddenly felt like I had an older brother in my corner. At this time, Ernie was under hospice care and he struggled with his speech, but I could still understand much of what he said. So we continued our discovery of the other—our cultures were similar, as we had common Latin-Spanish roots, we shared the same Catholic faith, and we loved family, especially children. We both had a lot of friends and loved music. During big family occasions, we each went to enjoy our own families and shared how the experience was during our chats.

Last year, he said, “You have to come and see my mall—the Lakewood Mall!” He described its size and all its amenities. This was the one place he could go visit daily, for two hours a day max, after which he had to drive his power chair home and lay down in bed. It was the highlight of his day to hang out there, if only for two hours, to breathe in the sights and sounds and all the delights of people-watching. So I made a commitment to come with my sisters to visit him in September 2014.

We agreed to wait for each other in front of a store, and I brought him a little gift from our family. It was a long trek from Los Angeles to Lakewood, and we were beginning to look disheveled from the traffic and heat of the summer sun. Then there he appeared—the man in yellow, Ernie Castano, looking spiffy as though on a hot date! His cheeks were flush and pink, his face youthful and every inch the gentleman. He was dignified and dapper and took our breaths away!

We had very little time, barely an hour and 45 minutes, so he gave us a tour of the mall, introducing us to the store personnel. He wanted us to be purposeful, so he asked the girls what they needed to find at the mall and escorted us to the stores. Victoria got her watch repaired, Myla got her cinnabon, and I did a little window shopping at the clothing store. I showed him my choices among the blouses and was surprised that he frowned at one of them.

“Why?” I asked. “It’s too revealing!” he said with a scowl. “I won’t wear that by itself!” I said, “It’s a thing you put on top of a decent blouse!”

“Ok” he said.

But for me, that was enough of a reaction to put it aside.

As we got close to our pickup time, he monitored his watch to make sure we were not late and kept looking out for the van. He figured out a shortcut for us and escorted us to the van stop. He made sure the driver did the wheelchair straps right, he looked out for the girls and waved us his friendly good-bye. As we moved away, I saw him getting smaller and smaller until he was gone from view, but that one day with him gave me a deeper appreciation of Ernie, the man.

What a lovely, confident, dignified man who knew his place in the world and implemented it well, undaunted by anything potentially dangerous and overwhelming—he never complained, never whined, never expressed bitterness, but was always thoughtful, constructive, strategic with his no-nonsense approach. He is the man I could shout to the world as worthy of emulation and respect. When I saw him, I did not see the chair, I did not even see his disability, and, if I did, I saw it as his source of strength and beauty, very much like the fertilizer that grows the plant and nurtures it. His efficient management of his disability and his illness brought out all the wonderful qualities of man—his raw strength of character and wisdom, and also his soft side of thoughtfulness and helpfulness. For the Christmas season, I wanted us to visit with him again, but we could not do it. So, when he called and my family guests were here singing karaoke, I took the phone to the living room so he could enjoy it too and he did. He knew the lyrics to the old songs we were singing, and he sang along with us. Then I offered to find his favorite old songs on YouTube, and he got excited. He asked me to look for that sad country song that was a father’s song to his wife about to leave him with their little son. I forget the title, but essentially it was a question of, “Will he (the new guy) know how to take care of my son like I do?” It was heartbreaking, but, as I played it for Ernie, I let him sing it, and I kept mum and felt the sentiment of the moment.

Last week on a Tuesday, he called and he said, struggling, “Beth, imagine Ernie Castano happy!” Everything after that was garbled speech. I kept trying to decipher what else he was trying to say, but he could not get it out, so I suggested that we talk another time. The next day he called again, this time clearer, and explained that he was having a seizure the day before. Again we chatted, and this time he was worried about something he thought was out there negative about him. I helped him with it step by step. Often I wondered if he was hearing me, so I had to say things louder. I made one call for him and then assured him that there was nothing to be worried about.

“People love you, Ernie. You have nothing to worry about. Relax and be happy like you said!” And that was our last conversation. It took me a day to cry my heart out. The loss of a dear friend is among the worst desolation I know. But Ernie has dulled the pain with what he gave me, even to the last hour: **“Imagine Ernie Castano HAPPY!”**

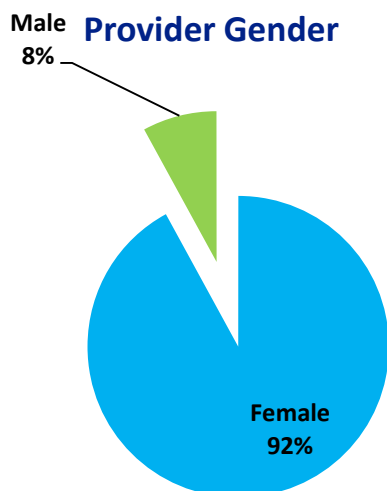
*--Lillibeth Navarro,
PASC Board Chair
February 15, 2015*

PASC Homecare Registry

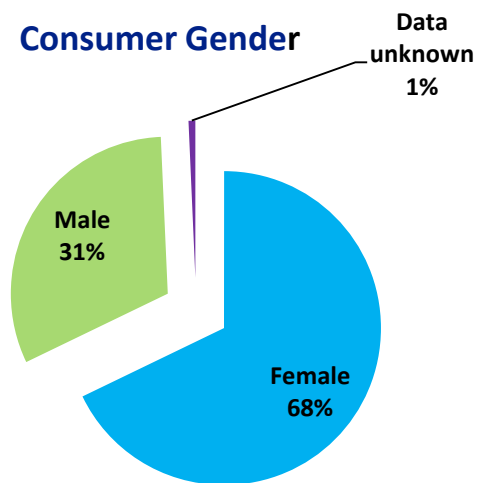
The PASC Homecare Registry is arguably the largest IHSS registry in the State of California and the primary referral source of IHSS workers in the County of Los Angeles. Registry services include consumer-provider matching, referrals of back-up attendants as short-term replacement workers, assistance with resolving IHSS enrollment and payment issues, and training workshops for consumers and providers. Following are highlights of these services for fiscal year 2014-2015, as well as our organizational goals for their enhancement in the new fiscal year.

In fiscal year 2014-2015 the PASC registry had **1,306 providers** join and **1,862 consumers** join. The following is a breakdown of those enrolled members by language spoken. The provider enrollment by language for fiscal year 2014-2015 was; English 854, Spanish 418, Mandarin/Cantonese 8, Korean 7, Arabic 4, Armenian 3, Tagalog 2, ASL 2, Other 8. The consumers enrollment by language for fiscal year 2014-2015 was; English 1,241, Spanish 451, Mandarin/Cantonese 49, Korean 28, Farsi 22, Armenian 19, Tagalog 14, Vietnamese 11, and other 22.

Provider Gender



Consumer Gender



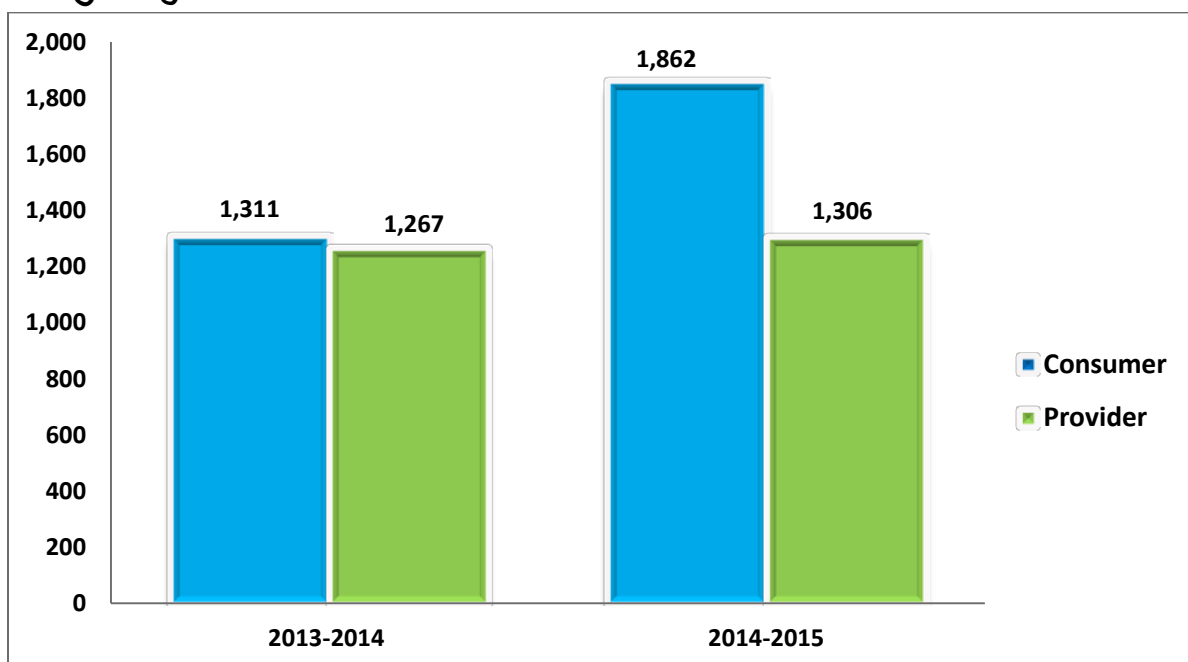
Consumer-Provider Matching Services

PASC Homecare Registry signed up **1,862 new consumers** and **1,306 new providers** in **FY 2014-2015**. Registry consumer participants are approved IHSS beneficiaries who reside in Los Angeles County and have completed a Registry application; providers are individuals who meet all state requirements for IHSS providers, in addition to PASC's requirements, which include participating in a Registry Orientation-Recruitment Meeting. PASC conducted **78 provider orientation-recruitment meetings** at different sites throughout the county, filled **8,026 consumer requests** for **provider referral**

reports, and made **3,400 verified consumer-provider matches** during the reporting period. The goals for the next fiscal year are to **1) increase Registry membership by 5% and 2) streamline the Registry provider referral process**. We will do this by automating some of the Registry matching and referral tasks, and conducting more registry orientation-recruitment meetings throughout the county.

In fiscal year 2014-2015, there were **8,026 consumer requests** for provider referral lists and **3,400 verified consumer-provider matches**.

Registry Enrollment in FY 2013-2014 and FY 2014-2015



Back-Up Attendant Referral Program

The PASC Back-Up Attendant Program (BUAP) is a service that provides short-term, temporary homecare assistance to qualifying IHSS consumers when there is an urgent, yet unexpected, need for a substitute homecare provider, and the consumer's own emergency back-up person is unavailable. This service is earmarked for consumers who have a high level of care needs and whose health and wellbeing would be seriously compromised if there were even a short gap in the receipt of timely homecare assistance. BUAP provider participants are homecare providers who have a nursing background, training or extensive experience working for individuals with high care requirements.

182 new consumers and 27 providers joined the BUAP Program during the past year. Total enrollment for the program at the end of the reporting period was **1,688 consumers and 224 providers**.

BUAP activity in fiscal year 2014-2015 was the following; Eligibility inquiries **441**, Services requested **325**, services completed **191**, enrolled consumers **182**, request cancelled by the consumer **58**, PASC was unable to fill request **45**, ineligible or denied requests **25**, and **5** providers did not show up to fulfill the request.

The most pressing goals for the BUAP in the coming months are to 1) reinstate the \$3.00/hour pay differential, 2) streamline the BUAP assignment verification process and 3) increase the number of participating providers by 5%. We plan to do this by working closely with the county, keeping them up to date on programmatic issues, and by recruiting providers in the locations where they are needed to meet consumer needs.

Assistance with IHSS Enrollment and Payment Issues

PASC's Issue Solving Unit helped hundreds of consumers and providers who had difficulties reaching their IHSS Specialized Provider Clerks and Social Workers, scheduling county orientations, registering new hires, and obtaining timesheets and paychecks.

During the reporting period, the unit processed **258 consumer and provider requests** for assistance with resolving IHSS-related payroll problems.

The goal of the Issue Solving Unit for the new fiscal year is to educate consumers and providers on how to resolve similar issues on their own. We will do this by encouraging them to follow the IHSS issue solving chain of command, and providing them with the necessary phone numbers to do so.

Criminal Background Investigation (CBI) Review and Processing

PASC coordinates the CBI process for IHSS provider applicants in Los Angeles County: Prepares live scan forms for fingerprint submission and CBI checks; receives, reviews, and determines the outcome of CBI responses received from the Department of Justice; and completes applicable notification requirements for CBI applicants and appropriate IHSS personnel. During the reporting period, PASC **processed 47,511 CBIs**, including **14,544 subsequent arrest notifications**, (SAN), and/or subsequent convictions. Many of the SANs required visits and/or written requests to different courthouses to obtain

court dockets and other case documents to aid in the CBI review process. In addition to coordinating the CBI process for IHSS provider applicants, PASC operates a call center to respond to homecare provider inquiries related to IHSS enrollment requirements, status of fingerprint submissions, CBI results and other related matters. In FY 2014-2015, the call center responded to **27,742 enrollment or CBI-related** telephonic inquiries.

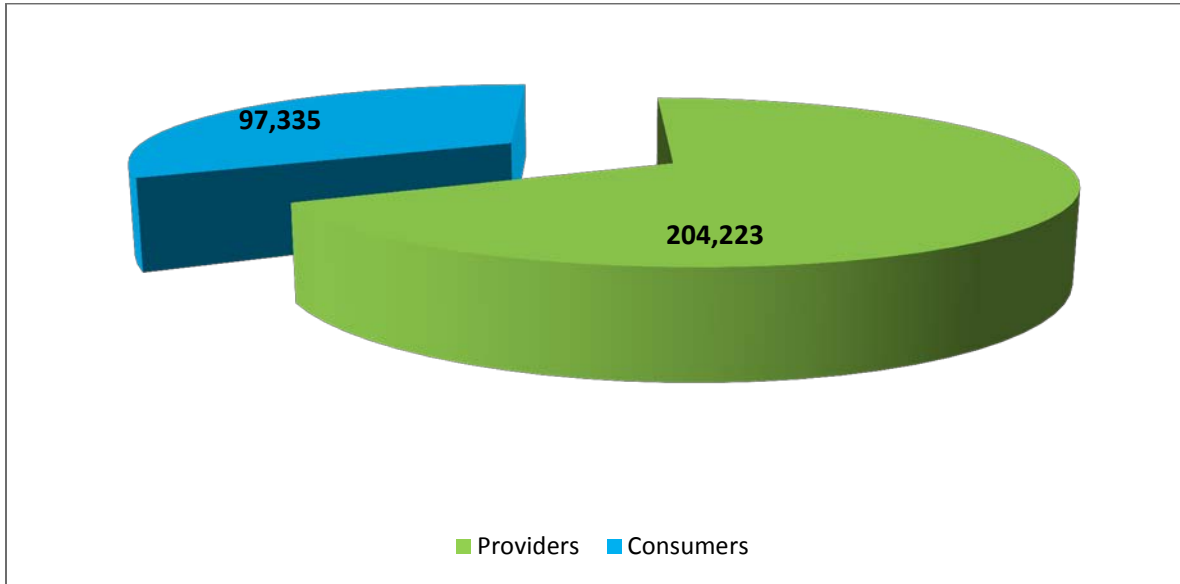
The following are the outcomes related to PASC's handling of the CBI process for LA County homecare providers in fiscal year 2014-2015. Total number of enrollees whom passed the CBI was 32,680; 287 enrollees failed the CBI and were mailed a letter of notification, there was 14,544 subsequent arrest and or conviction notifications to follow up on; and PASC received 27,742 telephone inquiries regarding CBI status.

A significant number of homecare providers expressed to us that they experienced notable financial difficulties when they were unable to complete the state requirements for IHSS providers in a timely manner. Difficulties completing the enrollment process stem from the inordinate length of time it takes to get an appointment for a county orientation, coupled with the time it takes to submit fingerprints, obtain CBI results from the Department of Justice (DOJ), and have the results input in the Case Management Information and Payroll System (CMIPS) 11. In the coming fiscal year our goal is to inform providers on how to complete the enrollment process as expeditiously as possible. To accomplish this, PASC will **1) Work closely with county IHSS staff to coordinate effective ways to educate providers** on how to best handle the IHSS enrollment process. **2.) Make live scan documents available for download** from the www.pascla.org website, and encourage providers to submit their fingerprints while they await a date for county orientation.

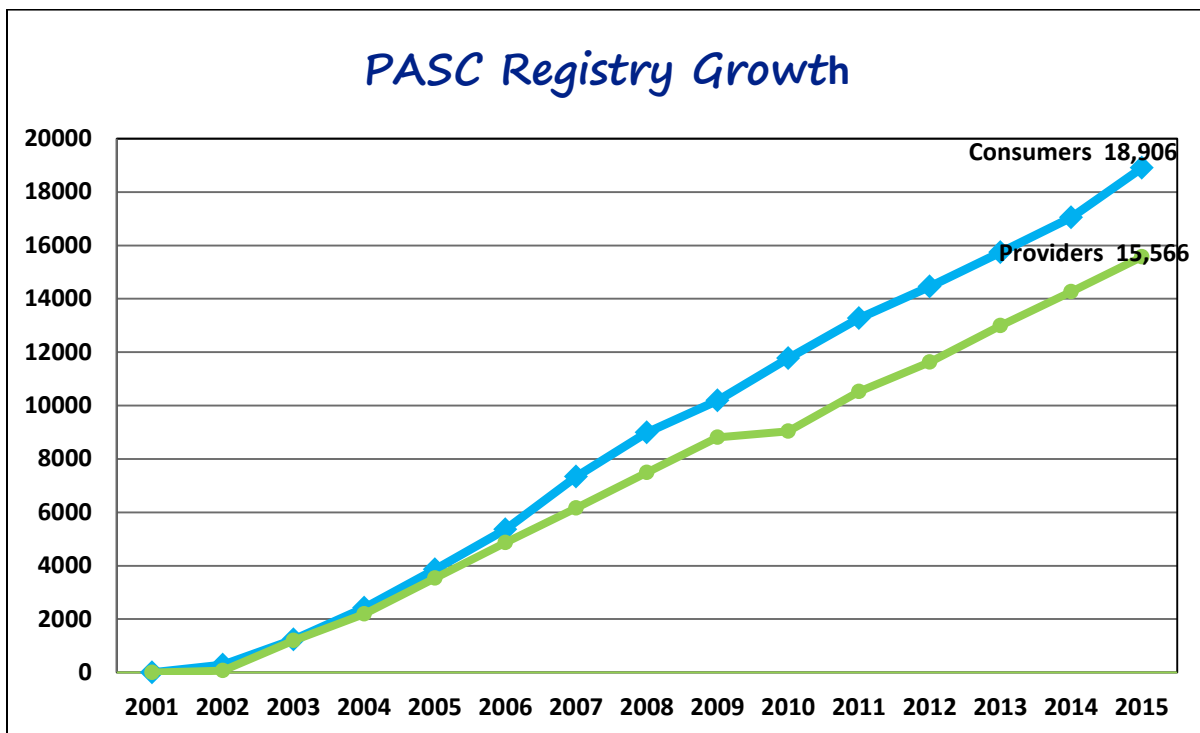
Registry Call Center

PASC's call center consists of Registry Specialists and Clerks who are trained to aid in the Registry enrollment and matching process. In FY 2014-2015, the Registry call center managed **301,558** calls. On average, the phone was answered in **51 seconds**, with an average talk time of **two minutes and 21 seconds**.

FY 2014-2015 Total Registry Calls

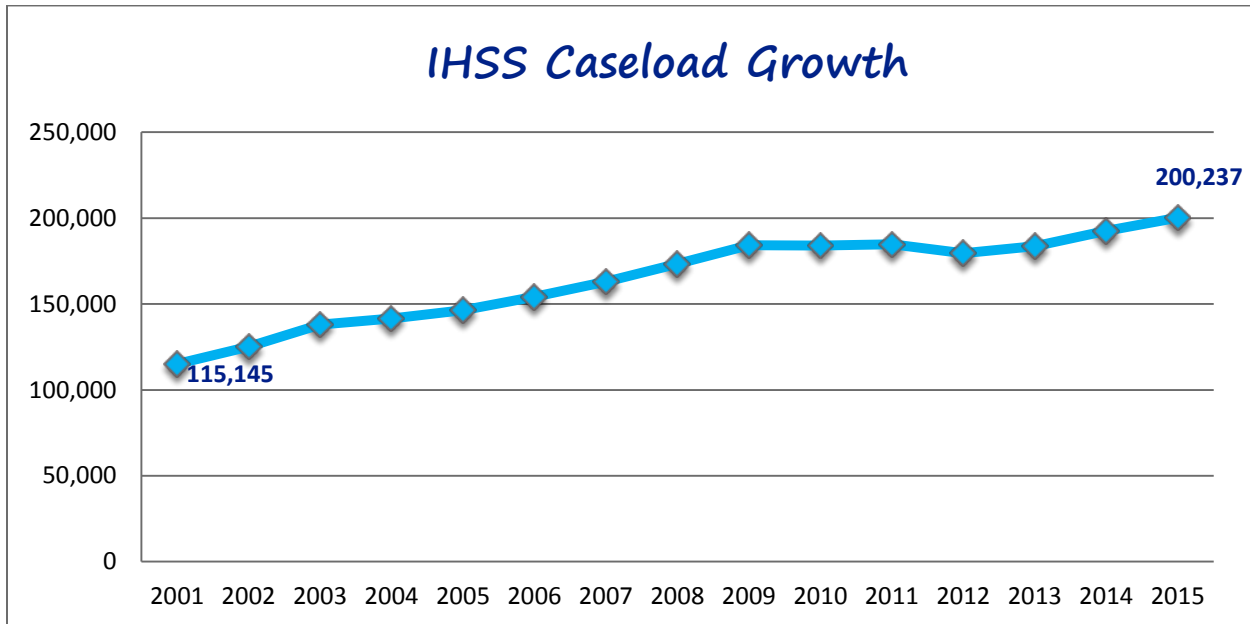


The graph below shows PASC's Registry growth from 2001 through June, 2015.

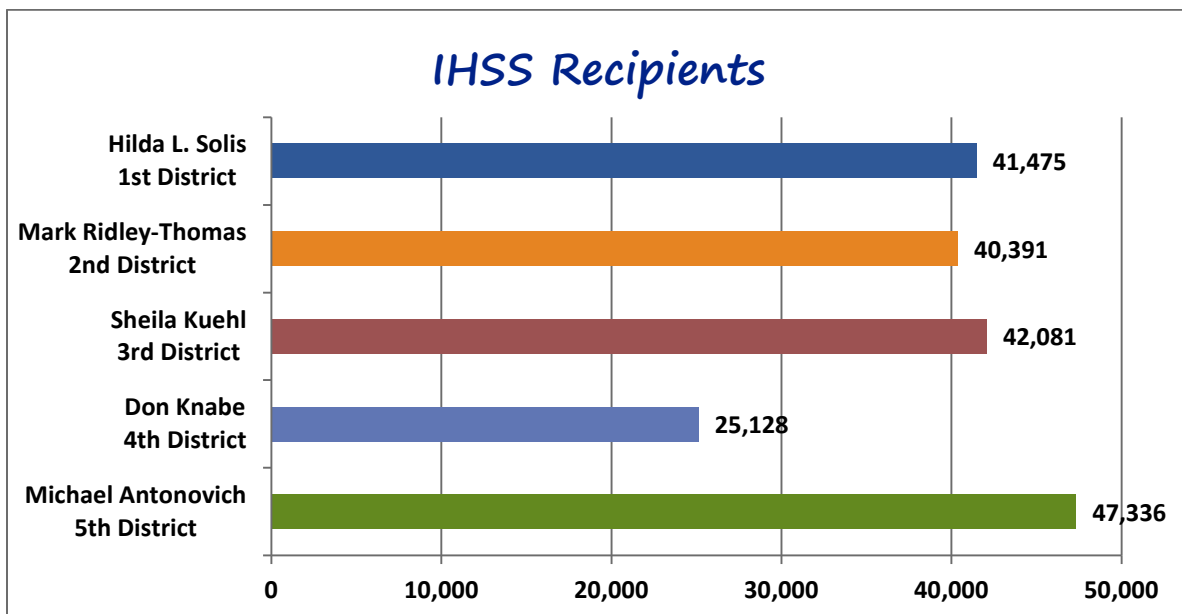


IHSS Caseload Growth

In December of 2001, there were **115,145** IHSS consumers in Los Angeles County; currently there are **200,237 consumers** in Los Angeles County.



The following graph shows IHSS recipients per Los Angeles County Board of Supervisor Districts as of June 2015:



Community Partnerships

In FY 2014-2015, PASC worked with organizations for people with disabilities and other community agencies to inform the public about PASC's services and the IHSS Program. PASC also partnered with Cal MediConnect health plans and Rancho Los Amigos National Rehabilitation Center to conduct trainings on IHSS-related topics of interest to both consumers and providers.

PASC held 113 consumer trainings at which 1,935 consumers attended and 35 provider seminars at which 938 providers attended in fiscal year 2014-2015.

In addition, PASC established a Senior Concerns Committee to work with representatives from senior organizations to address issues impacting the lives of seniors in LA County.

PASC remained an active member of the Office of Emergency Management's Access and Functional Needs Committee, and sought input from IHSS consumers for the county's disaster preparedness planning process.

Through our outreach efforts, we reconfirmed that it is very challenging for consumers to participate in trainings, due to transportation and other limitations. In the coming year, PASC will test alternative ways, such as webinars and tele-conferences, to augment consumer participation in PASC activities.

Consumer Outreach and Legislative Advocacy

PASC's consumer outreach team engaged IHSS consumers to share and facilitate feedback to elected officials, government agencies, and managed care health plans regarding issues that affect the IHSS Program. PASC's outreach team also worked with allies to co-sponsor events, develop joint publications, and share information on legislation.

PASC's Peer Mentor Program provided training and support to IHSS consumers to enhance their skills in a variety of outreach areas: facilitating small group discussions, developing listening skills, interviewing with electronic and print media, meeting with legislators and decision-makers, organizing in their community, conflict resolution, and communication.

The Peer Program grew from fewer than **30 to over 60 IHSS consumers** in the 2014-2015 fiscal year. With peers in the lead, PASC has become the “**go to**” organization for input on issues affecting seniors and people with disabilities who are on IHSS. The peers are PASC’s “ears to the ground,” listening for IHSS consumer concerns.

In fiscal year 2014-2015 the PASC peer mentors went to 11 meetings with their local legislators and held 18 discussion groups.

PASC’s **Consumer Corps** consists of hundreds of IHSS consumers who are able to generate letters and phone calls to educate state legislators and members of Congress on issues affecting IHSS.

The focus for FY 2015-2016 is to increase the **Consumer Corps by 5%**. To accomplish this, we will continue to have discussion groups throughout the county on issues affecting the IHSS Program and educating consumers about the Consumer Corps.

Homecare Workers Health Plan

PASC continued to be the administrator of the PASC-SEIU Homecare Workers Health Care Plan, determining eligibility, mailing and processing documents related to the Plan’s enrollment, and operating the Eligibility and Enrollment Call Center.

IHSS homecare workers who are authorized by the IHSS Program to work **74 or more hours** per a month for at least two consecutive months are eligible to enroll in the Health Plan.

In July 2014, the minimum eligibility hour threshold was increased from **73 to 74 hours**, proportionally to the statewide 1% restoration of IHSS authorized hours.

The goal for the upcoming year is to **increase homecare worker enrollment by 5%**, through distribution of Health Plan information at health fairs and other IHSS community events.

At the end of fiscal year 2014-2015 there were 102,957 providers that were eligible for the PASC-SEIU Homecare Workers Health Care Plan, and 45,859 providers that were enrolled. In fiscal year 2014-2015, 9,735 providers enrolled into the health plan, there were 12,435 that were terminated, 1,246 providers enrolled into the Cobra plan after termination from the health plan and PASC received 34,541 phone inquiries regarding the health plan.

Health Plan Eligibility and Enrollment Call Center

In FY 2014-2015, PASC's Health Plan Eligibility and Enrollment Call Center provided quality customer service by answering incoming calls on average in **17 seconds**, with a **96.4%** answer rate. Total calls for the fiscal year were 42,271, which includes 34,541 incoming calls.

Information Technology

During FY 2014-2015, the IT department focused its efforts on improving the dissemination of information to both consumers and providers. The IT team implemented cost-saving measures, such as retiring and eliminating hardware and switching phone service providers. Also, PASC was actively present on Facebook, Twitter, and YouTube.

The goal for the coming fiscal year is to continue to inform consumers and providers of changes occurring in IHSS and other relevant programs and services, through e-blasts, robocalls, town halls, and our quarterly e-newsletters.

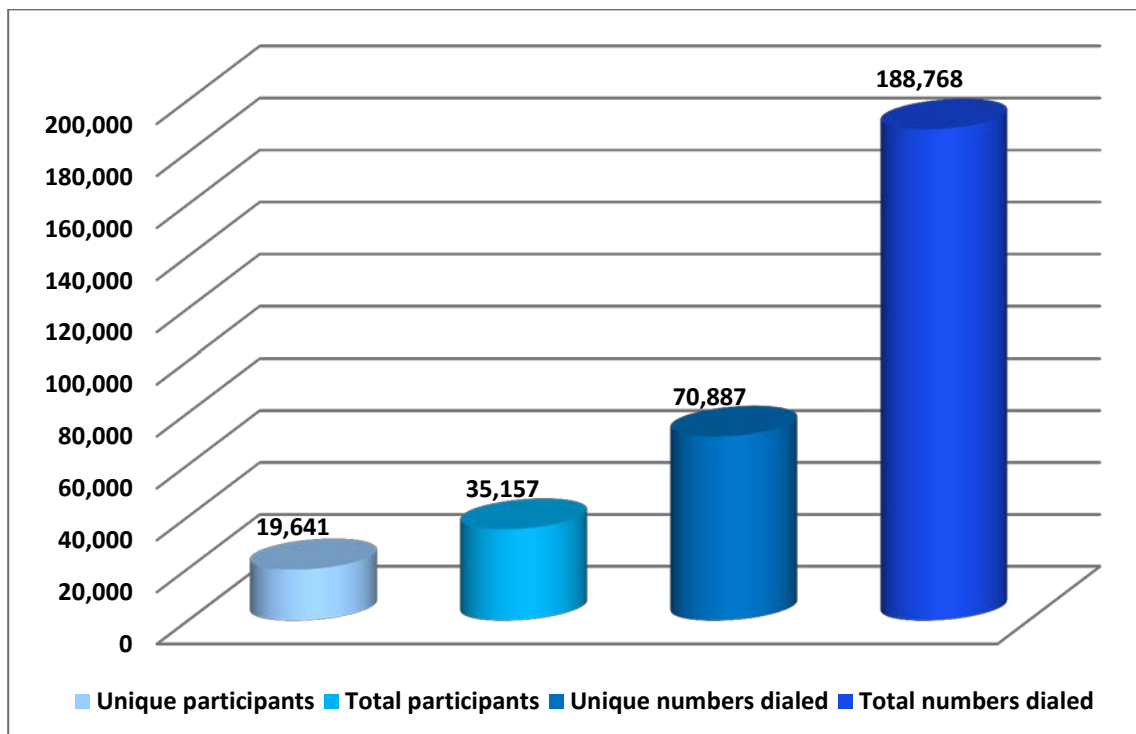
Tele-Town Halls

Over the past year, PASC conducted **10 one-hour** Tele-Town Halls, and offered the capability to join the call online and view a PowerPoint presentation of resources given out during the call.

During our Tele-Town Halls, PASC dialed **188,768** telephone numbers and connected with **35,157** consumers and providers, discussing such topics as **Cal MediConnect, SSI/SSP, provider overtime, the governor's May revision to the budget, and "How to Navigate the IHSS Program."**

The goal for the upcoming year is to conduct at least one Tele-Town Hall in Spanish.

Tele-Town Hall Participation in FY 2014-2015



FINANCE

Statement of activity and changes in net assets for the years ended June 30, 2014 and June 30, 2015

Revenue	2014 Audited	\$4,212,779	2015 Unaudited (*)	\$4,145,574
Operating Expenses	2014 Audited	\$4,088,921	2015 Unaudited (*)	\$4,047,054
Operating Surplus	2014 Audited	\$123,858	2015 Unaudited (*)	\$98,520
Net Assets, End of Year	2014 Audited	\$2,324,832	2015 Unaudited (*)	\$2,432,974

(*) Footnote – 2015 Unaudited: These statements have not been published to the State of California or the US Federal Government by our auditors Quigley and Miron CPA, pending detailed completion of the audit report itself. When the audit report is published we do not expect the 2015 numbers to change.