

MEET THE STAFF



Back row: Peter Middleton, Stuart Loveday, Paul Harvey, Emma Ward, Teresa Clohan, Leon Fernandes. Front row: Niki Parry, Gabrielle Lipscomb, Zakir Hossain, Emily Seaman, Prue Astill, Althea Mackenzie

SERVICE DELIVERY – THE NUMBER CRUNCH

2,770

calls taken by *Helpline* workers

3,675

calls to the recorded information service

6.5%

of calls were from prisons

52%

of calls discussed treatment

71

education sessions delivered

1,554

healthcare and other worker participants reached in education sessions

50%

of education sessions held in rural areas

42

committees had HCCNSW representation

7 (out of 8)

Area Health Services reached by our education program

9

education sessions delivered to correctional and Justice Health staff

25

C-eeen & Heard positive speaker service sessions

565

participants heard our *C-eeen & Heard* speakers

18,000

copies of each quarterly edition of *The Hep C Review* are read by an estimated 36,000 people

2,500

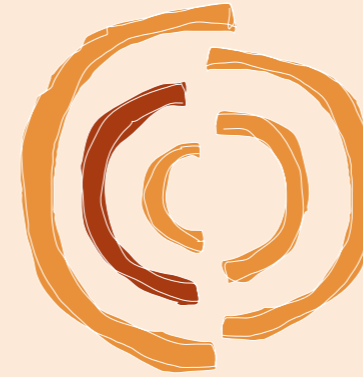
copies of each edition of *The Hep C Review* circulated in correctional settings

168,000

visits to www.hepatitisc.org.au

378

members on *Hep C Australasia*, the peer based internet discussion forum



Hepatitis C Council of NSW



ANNUAL REPORT 2006 – 2007

www.hepatitisc.org.au

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www.hepatitisc.org.au

A MESSAGE FROM THE PRESIDENT



“ This 2006-2007 year has seen many developments in hepatitis C research, treatment access and government responses. ”

Research is continually improving the response to hepatitis C. The in-depth detail provided by social research into the complexities of treatment and people's abilities in decision making and coping with treatment have started to guide more sophisticated ways of developing education and health promotion services. Clinical research has provided insights into ways of delivering treatment, perhaps with a welcome shortening of the time for which some people need to undergo treatment. It has also pointed to better ways of coping with debilitating side effects. The result of this research points to more people being able to achieve cure as a result of undergoing combination treatment.

The year saw the numbers of people on treatment expand partially as a result of the April 2006 removal of the requirement to undergo a liver biopsy before accessing government funded therapy. However, although treatment numbers increased from 2,400 to 3,800 people per year, we still need at least 6,000 people per annum accessing treatment to make a significant reduction in the incidence of serious liver disease.

The NSW Health Department finalised the 2nd NSW Hepatitis C Strategy 2007-2009, announcing in May that \$1.4m additional funding would contribute to the hepatitis C response in our state. A major review of hepatitis C care and treatment services was instigated and we shall learn the findings of this analysis in 2007-2008.

An estimated 4,000 people contract hepatitis C in NSW each year, and there are already more than 100,000 people diagnosed with hepatitis C in NSW, of whom more than 75,000 are living with ongoing hepatitis C infection. Even with the current low number of people accessing hepatitis C treatment, the delivery and support services are creaking at the seams and it seems inevitable that a much greater investment by NSW Health will be required very soon if governments are to be taken seriously about their public health response to this epidemic. We must also hope that a more effective treatment with fewer side effects can be found so that both treatment numbers and successes may be substantially increased.

Prevention of hepatitis C transmission arguably remains the biggest challenge we face in addressing this epidemic and the one that has the possibility of giving the greatest benefit. The old saying goes that an ounce of prevention is better than a pound of cure is beautifully exemplified by hepatitis C. It is far better that a person never contracts the virus in the first place than have to use difficult and expensive treatment to get rid of it. Tensions around policy and practice in the harm reduction field continue to place drug health services such as methadone clinics, needle and syringe programs and Sydney's Medically Supervised Injecting Centre at the forefront of the debate that unfortunately pits morals against scientific evidence. All the while, systemic and community discrimination, risky injecting practices and limited services combine to help drive the ongoing hepatitis C epidemic.

Nowhere are these conflicts more starkly evidenced than in the NSW correctional setting. The opposition by governments and workforces to the piloting of a prison-based needle exchange and sterile tattooing provision remains in clear contrast to the pragmatic and evidence-based approach that has seen these public health interventions work so well in some European countries with only positive outcomes for inmates and correctional workforces alike.

An additional development in the broader hepatitis area is that our national peak organisation, Hepatitis Australia (formerly called the Australian Hepatitis Council), together with leading clinicians and researchers, has been leading the push for a cohesive government response to the neglected hepatitis B epidemic in Australia. We hope that a national hepatitis B action plan will be forthcoming in 2007-2008. Far too many people with chronic hepatitis B infection remain undiagnosed, many of whom will have serious liver disease and not know it.

I would like to warmly thank my fellow Board of Governance members, our Executive Officer and staff, volunteers, *C-eeen & Heard* and media speakers, our Medical and Research Advisory Panel, the staff of the AIDS/Infectious Diseases Branch of NSW Health, the Hepatitis Australia staff, researchers and the many stakeholders who have greatly contributed to our Council's work. You have been a great team that has helped make a positive difference to the lives of people in NSW affected by hepatitis C and it has been a pleasure to be a part of the effort.

Grenville Rose
President

BOARD OF GOVERNANCE

Ron Beckett, Sallie Cairnduff, Paul Coady, Magdalena Harris, Jennifer Holmes, Danielle Lander, Stuart Loveday, Anita Long, Catherine Montigny, Miriam Reja, Grenville Rose, Christina Thomas, Robert Tinsey

EXECUTIVE OFFICER'S SUMMARY



“ In the financial year gone by, our Council has consolidated its work and prepared for an expansion to enable a broader reach of our education and workforce development capacity and a welcome growth in our information and resources development capabilities. ”

Our thanks go to our primary funder, NSW Health, who not only continued our core grant but provided a most welcome one-off funding increment of \$250,000. We thank too our members and donors and the Australian Government Department of Health and Ageing for contributing significantly to the work we do to help reduce the impact of the hepatitis C epidemic in New South Wales.

The Council's Strategic Plan 2006-2010 and business plan guided our policy and operational activities and we retained our national accreditation status conferred by the Quality Improvement Council of Australia.

Our service delivery work is summarised in the following pages. This snapshot view describes some of the highlights of the year, and once again we give our heartfelt thanks to our communities of interest, Council members, our volunteers including the Board of Governance, our *C-eeen & Heard* and media speakers, our Medical Research and Advisory Panel and our team of eleven staff for contributing so extensively to the Council's work.

Information and resources development capacity enhancement saw us revise and update a range of key community education materials and prepare the ground for new resources especially developed for priority communities identified within the national and NSW hepatitis C strategies. Hepatitis C Awareness Week in October, the Hepatitis C Health Promotion Conference and the *HepLink* healthcare worker interagency brought together community members and those working in the hepatitis arena and facilitated communication and capacity enhancement.

The Client Services team continued to manage the *Hep C Helpline* and *Prisons Hep C Helpline* and email Q&A service and introduced the pilot of our *Hep Connect* peer-based support service, following a change to the role previously performed by volunteers who worked on the *Helplines*.

Our education and development work moved from strength to strength and during the year were able to prepare for the expansion of our target audiences to include those professionals working in non-health areas which are accessed by people with and at risk from hepatitis C.

Community advocacy remained a key activity throughout the year. By sitting on a wide range of committees and working groups and through partnerships and the extensive involvement of media awareness raising, political advocacy and through submissions to and involvement in government inquiries and reviews, we were able to help the voices of people in NSW with hepatitis C be heard at all relevant levels. By contributing to the debate about expanding models of care and treatment and through influencing government policy, we remained at the forefront of the community and partnership response to hepatitis C in Australia. Our national peak organisation, Hepatitis Australia, and the Aboriginal Health and Medical Research Council remained key non-government partner agencies in our work.

Organisational systems, risk management, financial controls and record keeping were maintained with a high level of professionalism by our executive support team. A key development involved the establishment of a Fundraising and Marketing Subcommittee who advised on ways to diversify our funding base and provide us with professional expertise to support our marketing activities. A direct result has been the Council's first direct mail fundraising drive and the introduction of a bequests initiative in the 2007/08 year.

The Council remained a highly supportive partner of social, clinical and virological research and surveillance initiatives, often assisting with recruitment to key and innovative research projects that help guide policy and practice.

It was with great delight that we congratulated our founding President, Mrs Audrey Lamb, on her Medal of the Order of Australia Award for services to the hepatitis C affected communities, our Coordinator – Information and Resources, Mr Paul Harvey, who received the Hepatitis Australia Health Promotion Award for Outstanding Service to the Hepatitis C Sector and our founding Patron, Professor Geoff Farrell, whose name was given to the first award medal to be presented by Hepatitis Australia for excellence in hepatitis C media reporting. We were very pleased when Audrey accepted our invitation to name our annual November community information forum in her honour.

The Council will continue to advocate for and contribute to the design and implementation of programs and services that help prevent hepatitis C transmission, help expand and improve models of treatment and care and help to reduce the burden of stigma and discrimination that always impedes optimum health and social outcomes for our members and our broader communities of interest.

Stuart Loveday
Executive Officer

“ During 2006/07 the Council continued to build upon partnerships with a number of other organisations in order to meet shared goals and to increase the relevance and accessibility of our work with the broad hepatitis C affected communities. ”

PARTNERSHIPS AND COLLABORATIONS

The year saw us working in partnership with the Department of Corrective Services to review the hepatitis C sections of inmate education programs and training programs for DCS staff. Ongoing work planned that will continue in the 2007/08 year includes assisting in the review and redevelopment of the hepatitis C sections of the standard academy training program, and rolling out a hepatitis C in-service program across the state.

The Council also strengthened and broadened our partnership with the HIV/AIDS Legal Centre (HALC) with whom we have a memorandum of understanding. This partnership includes reciprocal referral and promotional activities as well as the sharing of relevant data related to referral of clients for hepatitis C related legal issues. In order to enhance our work together, the two organisations also participated in a reciprocal education session with HCCNSW staff delivering basic hepatitis C information to staff and volunteers of HALC, and HALC providing our staff with an overview of key legal issues impacting on people affected by hepatitis C.

“ We have collaborated closely with the Multicultural HIV and Hepatitis C Service (MHAHS) to develop and deliver a series of education programs for multicultural health workers across Sydney and some regional areas. ”

Seven of these education sessions were delivered throughout the year and more than one hundred health workers participated in them. In addition to this education work, staff of the Council participated in a number of service and project level committees and reference groups with MHAHS.

This has also been a year where we have explored and created new relationships with sectors and organisations with whom we have not traditionally worked. These have included public and school libraries that have assisted in the distribution of our health promotion bookmarks – this included 57 non-government schools. We conducted a hepatitis C information stall at a conference for Personal Development, Health and Physical Education teachers from across NSW, and look forward to presenting a workshop at their 2007 conference.

This financial year has seen the Council enhance our working relationships with a number of area health services across both metropolitan and rural areas. A significant rural education trip was conducted in partnership with the Greater Western Area Health Service, without whose assistance we would have been unable to cover the vast distances and engage the large number of health and community workers we met on our two week trip in March.

Our collaborations and partnerships are integral to the ongoing success of the work of the Council and we thank the many organisations and individuals who work with us.

ADVOCACY

“The Council’s advocacy work is conducted at many levels, from individual advocacy undertaken by our Client Services team through to community advocacy at a state or federal level, and takes a variety of forms including media work, committee representation, submission writing and contributions to planning processes.”

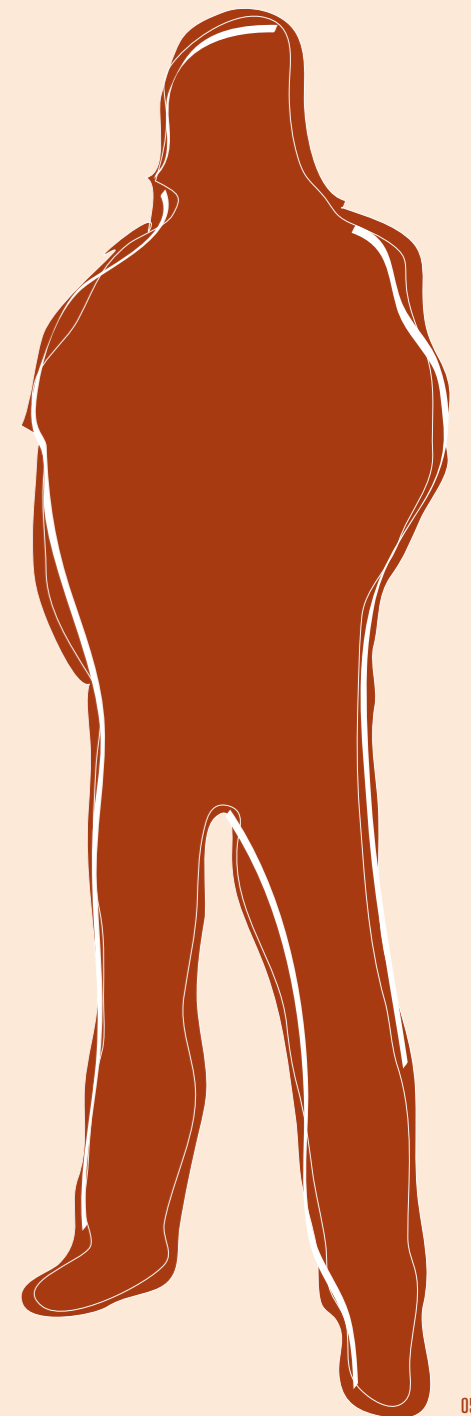
Staff represented the Council and affected communities on 42 committees including 19 at a state level, 14 at a national level and 9 at a local level. These have included policy and research bodies, resource development working parties, project based advisory groups, advisory or steering groups for individual organisations and interagencies.

One key state-wide committee that the Council has participated in for a number of years is the Ministerial Advisory Committee on Hepatitis. This committee comprises a range of stakeholders working in research, prevention, treatment, support, policy and advocacy and it makes recommendations to the NSW Minister for Health on all matters relating to the control and management of the hepatitis C and B epidemics in NSW.

The Executive Officer and Programs Director also attend on an annual basis a meeting of HIV and Related Programs Managers from each Area Health Service in NSW. This provides the Council with an important mechanism for conducting advocacy around state-wide and Area Health Service issues impacting on our affected communities.

This year has also seen the Council provide significant input into a range of plans, strategies and resources including the NSW Hepatitis C Strategy and Implementation Plan, planning for hepatitis C programs and services in a number of Area Health Services, competency standards for hepatology nurses and the Inquiry into the Impact of Illicit Drug Use on Families by the House of Representatives Standing Committee on Family and Human Services.

The Council initiated 26 media activities during the 2006/07 year. These included 12 activities associated with National Hepatitis C Awareness Week in October 2006, 3 media speaker contacts, and 11 other contacts. These included radio and television interviews, commissioned print articles, print interviews, letters to the editor, media releases and media speaker interviews.



EDUCATION AND DEVELOPMENT

RURAL EDUCATION TRIPS

The Education and Development (E&D) team conducted five rural education trips in four different Area Health Services. These were done in collaboration with Greater West, Hunter New England, North Coast and Greater Southern Area Health Services. Over 400 workers attended these sessions in total, with workforces comprising clinicians, NSP workers, dentists, correctional services officers and teachers. The sessions within these trips evaluated extremely well.

HEPLINK

There were four *HepLink* forums in the period, themed "HepLink by Request", "Looking back; moving forward", "The HCV Treatment Journey" and "HCV Practice; Learning from Current Research". Thirteen rural sites were included in these forums over the year, and attended by over 170 people in total. "Hepsos" was initiated as part of one of the forums and involved a range of services and initiatives presenting their work in an expo-style event. 74 new members joined the *HepLink* e-list within the period and by year end there were a total of 415 *HepLink* members.

AWARENESS WEEK 2006

The second National Hepatitis C Awareness Week was held on 1-7 October 2006, to coincide with International Hepatitis Awareness Day on 1 October. This year the theme was hepatitis C self-management. The Australian Hepatitis Council (now Hepatitis Australia) coordinated a National Project Reference Group, representing each state and territory Council, to guide the campaign process. Our council consulted with the NSW hepatitis C workforce through the *HepLink* email network. NSW health workers registered a total of 22 events across the state. These events included healthy eating stalls, morning teas, health checks, BBQs and information stalls at a range of services throughout NSW.

EDUCATION SESSIONS

The E&D team delivered a total of 71 education sessions in 2006/07 year to over 1,500 individual workers. The broad spectrum of workers reached reflects the team's growing desire to reach beyond health care staff to all those who may come into contact with people affected by or at risk of hepatitis C. Selected examples of this were a series of workshops run in partnership with the Multicultural HIV and Hepatitis C Service for workers from culturally and linguistically diverse backgrounds, participation in Talking Sexual Health training to teachers and a presentation to the NSW Crime Prevention and Youth Liaison Police Officers Annual Conference.

C-EEN & HEARD SPEAKERS SERVICE

Our 10 current *C-een & Heard* speakers continue to provide an essential role in the delivery of our education services. A total of 565 workers and community members heard *C-een & Heard* speakers present during this year. Of particular note were regular requests from the Australian Society for HIV Medicine for speakers to be part of their hepatitis C related education workshops for nurses and GP's. Similarly *C-een & Heard* speakers participated in Justice Health's training for their nurses in blood borne viruses. One of our speakers spoke at the launch of Hepatitis C Awareness Week in October 2006. With the recent expansion of the Education and Development team, it is foreseen that the *C-een & Heard* speakers' service will play a growing part of our education and capacity building work.

CLIENT SERVICES

HEP CONNECT

Since the 2005/06 annual report, a major new pilot project has been developed and implemented by Client Services staff. *Hep Connect* provides a telephone-based peer support service for people throughout NSW who are living with hep C, their partners and carers, and particularly people considering or currently undergoing treatment. All volunteers have lived experiences of hepatitis C diagnosis, management and treatment and are able to utilise their valuable personal stories and understanding in supporting others. As at June 30, the volunteers had spoken with 25 clients, and feedback from both clients and volunteers so far is extremely positive.

TEAM CHANGES

The change of service delivery model that was implemented in June 2006 (whereby paid staff handle all *Helpline* calls and volunteers assist in support and administration duties) has been a resounding success with clients, staff and volunteers reporting high levels of satisfaction with the new system. Taking into account changes to service delivery, and the introduction of *Hep Connect*, the *Hep C Helpline* team has been renamed the Client Services team in recognition of the variety of services that are provided to clients.

MARKETING AND PROMOTIONS

Promotion of the Client Services team has continued with regular mailouts to relevant sectors including general practitioners, methadone clinics, detoxification and rehabilitation clinics and specialist hepatitis C treatment clinics. In mid 2006 we coordinated a 15,000 copy re-print of the low literacy resource *What Is Hep C*. There was then a targeted mailout to relevant secondary school staff, with over 600 responding, and over 6,500 resources copies distributed.

CLIENT SATISFACTION EVALUATION

Over the period 2006/07, a newly developed client feedback form was sent to 580 people, with a response rate of 16% (92 forms). There was a very high level of satisfaction amongst respondents, with 89% describing the quality of service as excellent, and 98% agreeing that the printed resources provided were useful. These results indicate a consistently high standard of client service, with comments indicating that callers are very satisfied with Client Services staff knowledge and their caring and supportive nature.

INFORMATION AND RESOURCES

“ Our factsheet page is one of our most popular web pages and the factsheet pack continues to grow. Our most recent addition, *Symptoms of Hep C and their Management*, is the 41st of our series. Under development during the year have been two other 4-page factsheets. These deal with *Pregnancy, Babies and Children, and Complementary Therapies*. We are committed to ensuring that as many factsheets as possible are reviewed on an annual basis. ”

Our health promotion bookmarks initiative continues to please us with its simplicity and success. Close to 180,000 copies of our Edition II bookmark (tattooing) were printed and distributed across NSW via public libraries, bookstores, public schools, non-government schools and TAFE/ university libraries.

Over the year, we distributed 83,350 items of the various information resources that we carry. These included; HCCNSW resources (46,900), Hepatitis Australia resources (26,600), Commonwealth resources (4,475), and ASHM resources (5,360).

HEP C AUSTRALASIA

This peer-based internet discussion forum has moved forward in a positive light following our 2005/06 move to a freeware platform. Membership continues to grow and the number of postings between members grows exponentially. During the year, several forum members attended the National Hepatitis C Health Promotion Conference as forum ambassadors. Conference organisers specifically commended their involvement as a positive and welcome inclusion of community.

COUNCIL WEBSITE

Our website statistics continue to grow. We had 168,000 site visits this year, which is up from 107,000 visits last year. During this year we have built our first video link, taking visitors at the click of a button to our *The Big Combo* DVD hosted on YouTube. This marks the beginning of a possible range of video and audio downloads or links.

We see our website as a key frontline face of the Council and are committed to ensuring that it is responsive and provides a first-class service to site visitors. With this in mind we began the application process for HONcode and HealthInsite accreditation. More significantly, during the year we were able to earmark funding from NSW Health that will enable us to review and upgrade our website www.hepatitisc.org.au

THE HEP C REVIEW

The Council's magazine continues its quarterly pattern of publication. We print 18,000 copies of the magazine every three months and a band of committed volunteers manages each 2-tonne mailout with good-natured efficiency.

Towards the arrival of each new edition, we promote availability of previous stocks. We send out promotional emails to ADCA Update, NSP Forum and *HepLink* and the resulting rush on stocks means that within a day or two, all remaining stocks are distributed.

FINANCE REPORT

“ 2006/07 saw the Hepatitis C Council of NSW grow financially and move to a more secure footing. ”

Total income amounted to \$1,120,434 in 2006/07. Expenditure totalled \$1,046,721, the first time this has gone over the \$1m mark.

The small 2006/07 accounting surplus of \$73,713 arose as a result of careful financial management and capital grant income retained from previous years. These funds remain unspent at 30.6.07 but were held over as some capital works will be carried out in 2007/08.

We are funded primarily by NSW Health. Our funding continues on a three year cycle subject to our meeting satisfactory performance requirements. We are pleased to have successfully achieved our key performance indicators as per our Funding Performance Agreement with NSW Health. We shall apply for continuation of our core grant before the current cycle ends in 2007/08.

Following a detailed expression of interest for additional growth funding, we were pleased to have received from NSW Health a one-off grant enhancement of \$250,000 in March 2007.

In 2006/07, our NSW Health core grant of \$837,800 accounted for 75% of total income.

A further \$145,000 was received via NSW Health from the Australian Government Dept of Health and Ageing's Hepatitis C Education and Prevention (HCEP) funding program.

Membership subscriptions amounted to \$17,192 in 2006/07, a slight decrease on the previous year. This points to the need to give constant effort to the need to diversify our income and continue to seek income from private sources. This private income plus private donations totalling \$3,909 funds those activities not covered by our NSW Health base or HCEP grants.

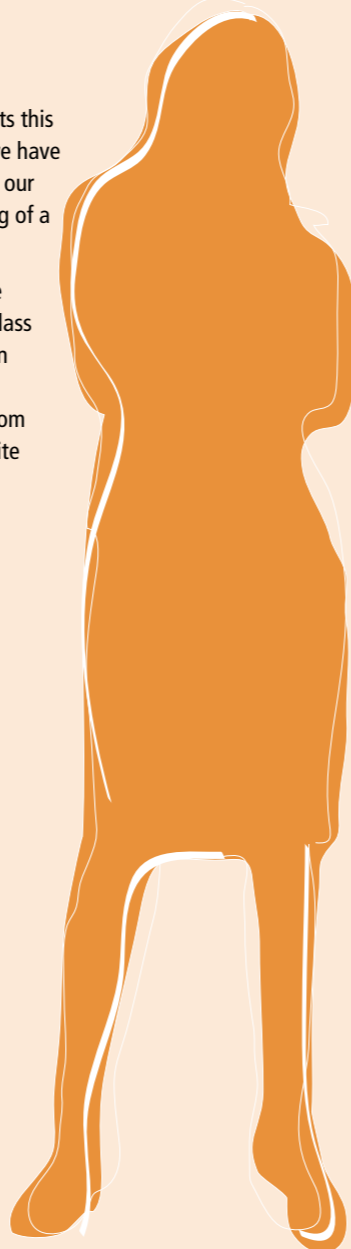
Other income was derived from project cost recovery, sales, interest and fees and amounted to \$69,432 in 2006/07.

As with previous years, most of our expenditure paid for staff salaries, information production and postage costs. Overheads were reduced to a low 12% of total operating costs.

We have a healthy cash position at 30.6.07, with \$706,846 in the bank at financial year end. This includes grant monies received late in the year and still unexpended at year end. We need to retain this of course – to fund our revenue shortfall of \$324,169 predicted for the current year 2007/08 and also to have cash on hand in the event of unforeseen circumstances.

A full set of audited accounts is available on request from the Council. Extracts, in the form of the Income and Expenditure Statement and Balance Sheet are shown here in this review.

Our sincere thanks and appreciation go to our members, donors, NSW Health and the Australian Government Department of Health and Ageing for your ongoing support.



BALANCE SHEET

AS AT 30 JUNE 2007

	2007	2006
CURRENT ASSETS		
Cash and cash equivalents	\$706,845.78	\$396,763.86
Trade and other receivables	\$2073.03	\$4487.72
Other current assets	\$10,497.77	\$5379.11
TOTAL CURRENT ASSETS	\$719,416.58	\$406,630.69
NON-CURRENT ASSETS		
Property, plant and equipment	\$47,929.71	\$46,584.06
TOTAL NON-CURRENT ASSETS	\$47,929.71	\$46,584.06
TOTAL ASSETS	\$767,346.29	\$453,214.75
CURRENT LIABILITIES		
Trade and other payables	\$256,647.16	\$24,339.36
Provisions	\$100,120.75	\$92,010.21
TOTAL CURRENT LIABILITIES	\$356,767.91	\$116,349.57
TOTAL LIABILITIES	\$356,767.91	\$116,349.57
NET ASSETS	\$410,578.38	\$336,865.18
MEMBERS' FUNDS		
Accumulated funds	\$410,578.38	\$336,865.18
TOTAL MEMBERS' FUNDS	\$410,578.38	\$336,865.18

STATEMENT OF INCOME AND EXPENDITURE

FOR THE YEAR ENDED 30TH JUNE 2007

	2007	2006
INCOME		
Membership fees	\$17,191.67	\$18,274.66
Interest received	\$23,016.02	\$13,807.36
Grant Income - NSW Health Department	\$1,232,800.00	\$1,004,100.00
Less: Unexpended Grants	\$(226,205.30)	-
Sundry Income	\$290.91	\$983.65
Product and Services Income	\$69,431.63	\$7,567.97
Donations received	\$3,909.00	\$3,292.00
	\$1,120,433.93	\$1,048,025.64
Less: EXPENSES		
Advertising & Promotion	\$10,386.73	\$9,817.22
Accreditation Expenses	\$4,000.00	\$2,027.27
Legal Fees	-	\$213.65
Recruitment	\$9,601.18	\$3,494.31
Auditor's remuneration	\$5,302.50	\$5,047.50
Bank charges	\$723.84	\$751.73
Computer software	\$5,460.15	\$642.27
Consultancy fees	\$1,620.00	\$17,800.00
Depreciation	\$17,971.27	\$22,750.24
Information production costs	\$113,475.29	\$115,855.96
Insurance	\$11,107.04	\$11,680.74
Conferences	\$5,175.72	\$4,841.08
Minor office expenses	\$649.28	\$352.88
Postage and Courier	\$52,515.83	\$61,425.88
Printing and stationery	\$12,881.03	\$11,867.26
Provision for employee benefits	\$8,110.54	\$32,984.82
Rent	\$36,520.00	\$36,520.00
Repairs and maintenance	\$15,733.33	\$8,775.15
Subscriptions and Publications	\$3,673.62	\$4,444.43
Sundry expenses	\$116.68	\$359.80
Superannuation contributions	\$87,359.29	\$88,371.65
Telephone	\$28,064.99	\$27,136.96
Travelling expenses	\$31,281.87	\$27,886.26
Training	\$717.32	\$1,083.13
Wages	\$584,273.23	\$500,788.61
	\$1,046,720.73	\$996,918.80
OPERATING SURPLUS (DEFICIT) before Income Tax	\$73,713.20	\$51,106.84