FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2018

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors

Regent Park Community Health Centre (Core Operations)

We have audited the accompanying financial statements of Regent Park Community Health Centre (Core Operations), which are comprised of the statement of Financial Position as at March 31, 2018 and the statements of Changes in Restrictive Fund - Capital, Receipts and Expenditures - Core Operations, Internally Restricted Project Funds Operations and Net Assets, Other Restricted Project Funds Operations and Net Assets, Community Health Project Funds Operations and Net Assets, HIV/AIDS Project Funds Operations and Net Assets and Cash Flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

INDEPENDENT AUDITORS' REPORT

Basis for Qualified Opinion

In common with many charitable organizations, the Community Health Centre (Core Operations) derives a portion of its receipts from donations, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these receipts was limited to the amounts recorded in the records of the Community Health Centre (Core Operatons). Therefore, we were not able to determine whether any adjustments might be necessary to receipts, excess of receipts over expenditures, and cash flows from operations for the year ended March 31, 2108, current assets and net assets as at March 31, 2018.

As more fully described in note 2(d) of the financial statements, the Community Health Centre (Core Operations) accounts for vacation pay on a cash basis, in accordance with the funding policies of the Toronto Central Local Health Integration Network. In this respect, the financial statements are not in accordance with Canadian accounting standards for not-for-profit organizations. The effect of the departure from Canadian accounting standards for not-for-profit organizations for vacation pay is outlined in note 3 to the financial statements.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Regent Park Community Health Centre (Core Operations) as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Richmond Hill, Canada June 26, 2018 CHARTERED PROFESSIONAL ACCOUNTANTS LICENSED PUBLIC ACCOUNTANTS

REGENT PARK COMMUNITY HEALTH CENTRE	Hennick Herman LLP
(CORE OPERATIONS)	
Statement of Financial Position	(mate 19)
March 31, 2018	(note 18) (note 1 2018 201
ASSETS	2010 201
Current	g 200 004 g 41 < 10
Cash and cash equivalents - restricted (note 4)	\$ 300,294 \$ 416,100 160,004 128,400
Amounts receivable (note 5) Prepaid expenses	169,094 138,40: 33,266 -
Frepaid expenses	502,654 554,51:
	302,004
Cash and Cash Equivalents - Unrestricted for	4.74.000
Future Use (note 4)	1,544,830 1,259,992
Cash and Cash Equivalents - Internally	
Restricted for Future Use (note 4)	133,568 132,478
Property and Equipment (note 6)	2,467,526 2,523,404
110porty and Equipment (note 0)	
	\$ 4,648,578 \$ 4,470,38°
LIABILITIES	
Current	
Accounts payable and accrued charges	\$ 48,724 \$ 34,970
Due to Toronto Central Local Health Integration Network - Core Operation (note 13)	60.220
Due to Toronto Central Local Health Integration Network -	60,320 -
Diabetes Education Program (note 14)	- 28,583
Due to Toronto Central Local Health Integration Network -	,
Mid-East Toronto Health Link (note 15)	52,042
	109,044 115,595
NET ASSETS	
Restrictive Fund - Capital (page 4)	2,467,526 2,523,40 ⁴
Internally Restricted Project Funds (page 6)	1,859,188 1,702,853
Other Restricted Project Funds (page 7)	6 -
Community Health Project Funds (page 8)	74,167 40,762
HIV/AIDS Project Funds (page 9)	138,647 87,773
• 4 5 7	4,539,534 4,354,792
	\$ 4,648,578 \$ 4,470,387
	<u>Ψ τ,υτυ,υ/υ Ψ τ,τ/0,00/</u>

Director

Director

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Statement of Changes in Restrictive Fund - Capital (note 7) Year Ended March 31, 2018

		2018	2017
Balance - beginning of year	\$	2,523,404	\$ 2,788,364
Funds transferred from Core Operations to purchase property and equipment (page 5)		205,459	-
Amortization for the year	_	(261,337)	(264,960)
Balance - end of year	\$	2,467,526	\$ 2,523,404

Statement of Receipts and Expenditures - Core Operations (note 8) Year Ended March 31, 2018

Receipts		(note 18) 2018	(note 18) 2017
Toronto Central Local Health Integration Network			
- Core	\$	7,331,386 \$	6,974,886
- Capital funding	•	205,450	-
- One time funding		=	57,000
• ·			
	_	7,536,836	7,031,886
Expenditures			
Salaries		4,693,608	4,547,526
Benefits		1,130,702	1,061,772
Buildings and grounds		220,604	203,501
IT network/computer expenses		101,220	87,345
Medical supplies		89,472	85,061
Legal and audit		55,524	71,731
Purchased services		52,557	83,169
Non-insured program (specialist/diagnostics)		50,174	50,007
Resources/materials		43,298	35,072
Telephone		31,001	30,770
Memberships and accreditation		26,775	31,551
Printing and copying		26,037	20,114
Staff development		23,259	24,199
Travel - clients		21,655	24,272
External consultations		21,604	15,378
Insurance		20,393	10,116
Meetings		11,949	13,016
Board expenses		10,030	7,942
Office supplies		8,251	4,044
Postage and courier		7,676	5,818
Furniture/equipment		5,001	4,986
Recruitment		714	4,349
Harm Reduction Program		5,171	3,623
Diabetes Education Program		100,928	100,641
Additional Operating - Pay Equity		31,953	31,953
Early Years Program		41,099	33,587
Access to Health Card Project		172,360	172,360
Fundholding		145,000	144,636
Scarborough Homeless Project		123,033	123,347
	_	7,271,048	7,031,886
Excess of Receipts over Expenditures Before Funds Transferred		265,788	-
Less: Funds transferred to Restrictive Fund - Capital to purchase			
property and equipment (page 4)		(205,459)	2
Add: Funds transferred from Administration (page 6)		31,489	≆
Less: Amounts refunded to the Toronto Central Local Health			
Integration Network (note 13)		(31,498)	1 4
Less: Amount refundable to Toronto Central Local Health Integration			
Network (note 13)		(60,320)	(€
Excess of Receipts over Expenditures After Funds Transferred	\$	- \$	-

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS) STATEMENT OF INTERNALLY RESTRICTED PROJECT FUNDS OPERATIONS AND NET ASSETS (nate 9) YEAR ENDED MARCH 31, 2018

RECEIPTS

Income

Changes in fair value of investments

EXPENDITURES

Salaries Benefits Program Purchased services

Printing and office supplies

EXCESS OF RECEIPTS OVER EXPENDITURES TRANSFERS

Funds transferred to Charlie's Free Wheels

Fund transferred to Toronto Central Local Health Integration Network (page 5) Funds transferred from Greater Toronto CHC Network (page 7)

EXCESS OF RECEIPTS OVER EXPENDITURES (EXPENDITURES OVER RECEIPTS) AFTER TRANSFERS

FUND BALANCE - BEGINNING OF YEAR

THO			- California	nd .			n n	in sign		iwa		241.				-	Ja 15	ি ব্যক্ত		,
[8]	2017	57	518,944	500 988	100,000		162,290	60,011	75,050	16,345	1,706	315,402		194,586	Ť	- 000	07/1	199,514	1,503,339	1 702 853
Total (note 18)	2018	69	466,251	455.205	and the second		129,209	14,555	70,353	6,218	1	220,335		234,870	(47,046)	(31,489)		156,335	1,702,853	1.859.188
nto Health	2017	64	44,052	44.052			25,025	7,508	7,593	2,220	1,706	44,052	M	ilener	, Iluma	Jäeräl lä	1	- Rein		
Mid-East Toronto Health Link	2018	S	FIR	1			ŧ	935	•	*				•	£3			٠	1	
SETATO	2017	s,	eren andre en		*1800	क्षः क्ष्मि		r sa	i gir	តាត់ដែល •		1	· vectorine		on agraphic and	ও সুণ-রহন । ।	ini. Fire	i ang	94,792	94.792
Clinical Programs	2018	6A	• •				9	V	Ü.					(#)	ı). ·			94,792	94,792
ration	2017	\$	195,340	187,672			8,588	34,196	7,320	E	N = 2	50,104	g graph	137,568	<u> </u>			137,568	1,152,542	1,290,110
Administration	2018	in	239,132	129,797			6,211	1,119	16,866	6		24,1%		205,601	(8)	(31,489)		174,112	1,290,110	1,464,222
Suo Suo	2017	c)	275,479	275,479			128,677	18,307	60,137	14,125	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	047,177		54,233	,	4,928	20	191,65	123,760	182,921
Donations	2018	69	224,319	224,319			122,998	13,436	23,487	6,218	102 130	120,139		28,180	(47,046)	8		(18,866)	182,921	164,055
evelopment	2017	SAME .	4,073	2,785	A H	#	J. rah	transfer of		in a				2,785) l.,	.E W		2,785	132,245	135,030
Growth and Development	2018	69	2,800 (1,711)	1,089				6 00	r ii	X				1,089	(4)))(1,089	135,030	136,119

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS) STATEMENT OF OTHER RESTRICTED PROJECT FUNDS OPERATIONS AND NET ASSETS (note 10)

YEAR ENDED MARCH 31, 2018

RECEIPTS

Income

EXPENDITURES

Resources/materials Purchased services Administration Benefits Program Salaries

Printing and office supplies Honoraria

Staff development Travel - clients **EXCESS OF RECEIPTS OVER EXPENDITURES** BEFORE TRANSFERS Amount refundable to Centre Francophone de Toronto Funds transferred to Donations (page 6)

(EXPENDITURES OVER RECEIPTS) AFTER TRANSFERS EXCESS OF RECEIPTS OVER EXPENDITURES

FUND BALANCE - BEGINNING OF YEAR

_	2017	S	185 946	200,000	DOI:	107.811	41,348	11,108	2,600	1133	7,262	2,500	2,999	2,499		178,127	**************************************	7,819	(103,000)	(4,928)		(100,109)	100,109	
Total (note 18)	2018	69	202.393			136,387	37,407	10,500	2,600	232	7,261	2,375	3,125	2,500	(<u>*</u>	202,387		9	*(9		9
onto CHC	2017	69	8.425			*		909	E.	0	19)(X	ı			909		7,819	(103,000)	(4,928)	WIII II	(100,109)	100,109	
Greater Toronto CHC Network	2018	so.						9	•	21	•	•	196	•	66	1		0	1	*		ī	æ	•
erapy tm	2017	€5	57,864			42,916	14,948	CHAPTER PROCESS	1	1	ľ	iř.	J	37	1	57,864		I	10	,			•	(Constitution of the Constitution of the Const
Physiotherapy Program	2018	69	82,736			64,451	18,047	1	1	232	Œ	•	Œ,	•	E.	82,730		9	•	3		9	8	9
FED	2017	69	119,657			64,895	26,400	10,502	2,600	ŧ.	7,262	2,500	2,999	2,499	•	119,657		1		A¥				
CATCH-ED	2018	6 9 3	119,657	in _i	ni meneral	71,936	19,360	10,500	2,600	•	7,261	2,375	3,125	2,500		119,657		•	1	a		ĸ	6	•

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS) STATEMENT OF COMMUNITY HEALTH PROJECT FUNDS OPERATIONS AND NET ASSETS (note 11) YEAR ENDED MARCH 31, 2018

RECEIPTS

Income

EXPENDITURES

Salaries
Benefits
Program
Purchased services
Resources/materials
Travel - clients
Administrative
Honoraria

EXCESS OF RECEIPTS OVER EXPENDITURES (EXPENDITURES OVER RECEIPTS)

FUND BALANCE - BEGINNING OF YEAR

T:	_	_	_	- rg	_	_	_	_	- 24	_	-	_	_	- 4	2	_	m			
_	8	2017	59	172,411			AMERICAN, L	117,661	20.146	4.824	12,300	2,358	330	1,090	23,755	182,464	JAN .	(10,053)	\$0.815	40,762
Total	(note 18)	2018	S	167.366				77,298	21.951	5,658	20,594	9	748	1,500	6,212	133,961		33,405	40.762	74,167
m through	Education	2017	49	48,942			-	27,421	4,750	780	+	# <u>11</u> 5	330	1,000	17,508	51,789	1	(2,847)	13.843	10,996
Reducing Harm through	Outreach and Education	2018	69	55,833				11,635	4,746	1,367	6,620	· ·	714	1,500	4,435	31,017		22,816	10,996	33,812
	upport	2017	\$	61,074				53,108	7,966		in the second	().	1)		1	61,074		I	I	-
	Housing Support	2018	59	62,174				53,314	10,646	1	•	r	34	•		63,994		(1,820)	•	(1,820)
mation,	Support	2017		40,000		an Kine		37,132	7,430	2,500		2,358		8	3,920	53,430		(13,430)	34,656	21,226
HIV Information,	Prevention & Support	2018	69	35,000				12,349	6,559	**	2	30	t.	ă.	1,057	19,965		15,035	21,226	36,261
H	Council	2017	49	2,400	alini-rous			1	4	•	1	1	1			1	815:182	2,400	221	2,621
	Toronto Arts Council	2018	()	235				0	ě	•	•	•	•		-	1		235	2,621	2,856
	Afternoon	2017	~	19,995				1		1,544	12,300	I	a.		175,7	16,171	14361511	3,824	2,095	5,919
i	Women's Art Afterno	2018	so.	16,124				• (×.	4,291	13,9/4				07/	18,985		(2,861)	5,919	3,058
1	1		HIMP.	INE DESIRE				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Jak	100	ieri,	N.	٩	E , filet	Ha Sta			logujā, "	Parts.	DE PAR

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS) STATEMENT OF HIV/AIDS PROJECT FUNDS OPERATIONS AND NET ASSETS (cote 12) YEAR ENDED MARCH 31, 2018

RECEIPTS

Income Donations

EXPENDITURES

Salaries
Burchis
Program
Purchased services
Recourse/ametrialis
Administration
Building occupancy
Humorani
Organizational development
Printing and office supplies
Voluntes support
Staff development
Travel - clients

EXCESS OF RECEIPTS OVER EXPENDITURES

FUND BALANCE - BEGINNING OF YEAR

-bank dipole one-on		NI-M			IF objects									ad a set											
	8	2017	55		334,033	191	334,194		200 004	30.451	25 170	6 168	26118		15.600	,	3.001	7.951	10,037	2,590	3.940	331,026	3,168	84 605	87,773
Total	(note 18)	2018	99		596,107	100	596,207		282.778	41.920	08.646	8 778	10.244	38 476	16.345	316	3,802	19.903	2,615	2,900	10,171	545,333	50.874	87 773	138,647
- Synery	. :	2017	69	sattadris	orii.sor	1	1	mater , the m	i de professo	4	I	13311	7	111,	,	ı	I	1	1	1	1	1	user romero L	jatuvi ji	
VIIV - Healthcare - Synery	of Care	2018	s		27,000		27,000		,	7	8.498		C			316	•	111	(2)		3,264	12,078	14,922	•	14,922
reatment k (ETSN)	roject	2017	49	Pi AGS	1			XIII. (1111111	1	,	1	1	1		and the same		*	4.500	9.	1	1	f f	e affectights		
Ethno-racial Treatment Support Network (ETSN)	Evaluation Project	2018	69		24,990		24,990		•	-	9.			1.800	10.00	6	¥		į	47	4.5	1,800	23,190	•	23,190
bampion vocates Project	Action)	2017	69		1	1	'	mae ulei		1	,	1	J	1)	1	1			,	-	1	1	Mana d	1
Community Champion HIV/AIDS Advocates Mobilization Project	(CHAMP In Action)	2018	s h		92,260	,	92,260		43,583	5,369	10,483	ï	329	12,431	74	N		9,266	2	•	2,145	83,606	8,654		8,654
reatment ITN)	reement	2017	69		20,000	00000	20,000	tranagatm	46,993	1	,	,	ı	ı	•	ı	l I	1	1		,	46,993	3,007	4,009	7,016
Ontario HIV Treatment Network (OHTN)	Secondment Agreement	2018	99		20,000	- 000	DAD'DC		45,992	r)		(1)	340	٠	,	i)		548		d		45,992	4,008	7,016	11,024
nue dimenui mili.	A CO	7107	in	,ut.b.*	84,133	4 101 70	64,133	res gran	43,478	6,332	7,192	120	9,554	1	8,400	1	, 24,	1	8,037	2 5	OCK .	84,133	1		1
	LAAI-Legary	2018	ю	,	138,957	1.19 ners	/CK196-T		74,726	10,486	11,255	1,500	3,321	24,195	9,145	•	•	1,185	615	400	4,000	138,957	•	,	
	2014	/102	A		- 17	191	101	Contractive to	1	1			,	ı	,	1	1	.dest	1	1		'	161	80,596	80,757
		9107	n		, 6	100	700		10	*:	•		12	7.	7		57	100		5			100	80,757	80,857
ADS &	2017	4017	e e e	t. to , , , ; ;	199,900	100 000	000000	anterior.	109,533	24,119	1,987	6,045	16,564	i i	7,200	1004	2,001	106,	2 400	3000	100,000	177,700	ì	1	Name of the last
CAAT - HIV/AIDS &	2018	9	•		262,900	262.900	200		118,477	500,02	0/5/90	6773	15,583		7,200	1 000	3,004	2,432	2,500	2,673	262 000	2000000			
emater	n'na	HIP Y	diti ii.	20125-1	in.n.i	1740	1111.1.	is industries	*********	nie.			, ilea		m=1.	Pho	eter.	.711.65	:::50	1827		, in con-	.n. iumā	200 20	21575 (57)

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Statement of Cash Flows Year Ended March 31, 2018

		2018	2017
Cash Flows from (used by) Operating Activities Excess of receipts over expenditures after funds transferred	\$	240,620 \$	92,520
Changes in non-cash working capital: Amounts receivable Prepaid expenses Accounts payable and accrued charges Due to Toronto Central Local Health Integration Network - Core		(30,689) (33,266) 13,754	43,031 - 10,249
Operations Due to Toronto Central Local Health Integration Network - Diabetes Education Program Due to Toronto Central Local Health Integration Network - Mid-East Toronto Health Link		60,320 (28,583) (52,042)	(10,000) - (166,511)
Cash Flows from (used by) Investing Activities		170,114	(30,711)
Cash and cash equivalents - unrestricted for future use Cash and cash equivalents - internally restricted for future use		(284,838) (1,090)	(92,858) (233)
Net Decrease in Cash and Cash Equivalents		(115.914)	(93,091)
Cash and Cash Equivalents - beginning of year	_	(115,814) 416,108	539,910
Cash and Cash Equivalents - end of year	\$	300,294 \$	416,108

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Notes to Financial Statements March 31, 2018

1. Organization - Overview

The Regent Park Community Health Centre (the Community Health Centre) is a community-based organization that provides a wide range of services and initiatives including primary health care, health promotion, service integration and community capacity building. Our services and programs are designed to respond to the unique needs of the communities we work with and the barriers to health and access to services that impact them. Those barriers may be economic, social, cultural, linguistic or related to mental health or substance use. Our work includes both ameliorating the negative health impacts of social inequities and promoting policy and system change to improve health and wellbeing. Regent Park Community Health Centre is incorporated in Ontario as a non-profit organization.

Regent Park, in the downtown east of Toronto, was the oldest and largest public housing development in Canada and is in the midst of a multi-year redevelopment. Through this process the community is transitioning from a primarily low-income, racialized, and very culturally diverse community that was spatially isolated from the rest of Toronto to one that is more mixed income and more spatially integrated.

The Community Health Centre receives funding from a variety of sources, primarily the Toronto Central Local Health Integration Network (TC-LHIN).

Any excess of receipts over expenditures on TC-LHIN funding in the year is recoverable by the TC-LHIN.

2. Summary of Significant Accounting Policies

The financial statements have been prepared for filing with the TC-LHIN and other funders. The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations except for note 2(d). The following are the significant accounting policies:

a) Basis of Accounting

The Community Health Centre follows the restricted fund method of accounting.

Restricted contributions related to general operations are recognized as receipts of the Operating Fund in the year in which the related expenditures are incurred. All other restricted contributions are recognized as receipts of the appropriate restricted fund.

Unrestricted contributions are recognized as receipts of the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

See notes 7-12 for a description of all funds.

Notes to Financial Statements March 31, 2018

2. Summary of Significant Accounting Policies (cont'd)

b) Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of receipts and expenditures during the reporting period. Such estimates include providing for amortization of property and equipment as explained in note 2(c). Actual results could differ from those estimates. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in net assets in the period in which they become known.

c) Property and Equipment - Amortization

Property and equipment are stated at cost. Amortization, which is reported in the Statement of Changes in Restrictive Fund - Capital is based on the estimated useful lives of the assets and is provided using the undernoted annual rates and methods:

Building	25 years	Straight line
Furniture and fixtures	5 years	Straight line
Computer hardware	3 years	Straight line
Medical equipment	5 years	Straight line

d) Vacation Pay

The Community Health Centre accounts for vacation pay on a cash basis in accordance with the funding policies of the TC-LHIN, as described in note 3 of the financial statements.

e) Contributed Services

Volunteers contribute many hours per year to assist the Community Health Centre in carrying out its activities. Because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

f) Parents for Better Beginnings and Pathways to Education

These statements do not include the operations, assets and liabilities of Parents for Better Beginnings and Pathways to Education, programs of the Community Health Centre, reported separately.

The Community Health Centre has prepared audited financial statements that combined all three programs to which is attached an Independent Auditor's Report dated June 26, 2018.

Notes to Financial Statements March 31, 2018

2. Summary of Significant Accounting Policies (cont'd)

g) Impairment of Long-lived Assets

Property and equipment and other long-lived assets are reviewed for impairment whenever changes in circumstances indicate that the carrying value of an asset may not be recoverable. Impairment is assessed by comparing the carrying amount of an asset with its expected future net undiscounted cash flows from use together with its residual value (net recoverable value). If such assets are considered impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds its net recoverable value. Any impairment results in a write-down of the asset and a charge to net assets during the year.

h) Financial Instruments

The Community Health Centre initially measures its financial assets and liabilities at fair value. The Community Health Centre subsequently measures all its financial assets and financial liabilities at amortized cost, except for cash and cash equivalents, which is at fair value. Changes in fair value are recognized in the Statement of Receipts and Expenditures.

Financial assets measured at amortized cost include amounts receivable.

Financial liabilities measured at amortized cost include accounts payable, accrued charges, and recoveries due to Toronto Central Local Health Integration Network.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the Statement of Receipts and Expenditures. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the Statement of Receipts and Expenditures.

Investments in fixed income funds are financial assets measured at fair value. Changes in fair value are recognized in the Statement of Receipts and Expenditures.

3. Vacation Pay

The Community Health Centre accounts for vacation pay on a cash basis in accordance with the funding policies of the TC-LHIN. Canadian accounting standards for not-for-profit organizations require that vacation pay earned and not paid be accrued as a liability in the accounts.

The unrecorded vacation pay liability as at March 31, 2018 was \$206,600 (2017 - \$252,053, 2016 - \$284,262). Had the 2018 vacation pay been accrued, the excess of receipts over expenditures would have increased by \$45,453 (2017 - \$32,209). In addition the current liabilities would have increased and the net assets would have decreased by \$206,600 (2017 - \$252,053).

Notes to Financial Statements March 31, 2018

4. Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit and term deposits with maturities of less than 90 days. Cash and cash equivalents not currently needed are classified as either unrestricted or restricted.

5. Amounts Receivable

		2018	2017
Harmonized Sales Tax Rebate Accounts Receivable - Other	\$	114,135 54,959	\$ 77,838 60,567
	\$	169,094	\$ 138,405

6. Property and Equipment

	_	Cost	2018 ccumulated nortization	 Cost		2017 ccumulated mortization
Land Building Furniture and fixtures Computer hardware Medical equipment	\$	664,028 5,975,817 647,270 469,581 174,066	\$ 4,204,510 618,888 469,349 170,489	\$ 664,028 5,770,358 647,270 469,581 174,066	\$	3,965,478 601,379 466,717 168,325
	\$	7,930,762	\$ 5,463,236	\$ 7,725,303	\$	5,201,899
Net book value			\$ 2,467,526		<u>\$</u> _	2,523,404

7. Restrictive Fund - Capital

The Restrictive Fund - Capital reflects the net amounts invested in property and equipment. The majority of the acquisitions were funded by The Toronto Central Local Health Integration Network. The amortization based on the useful life of the assets is also reflected in this fund.

8. Core Operations (Restricted)

The Core Operations are funded by Toronto Central Local Health Integration Network for the Community Health Centre's day-to-day operations. Any funding unspent at the end of the year and the interest received on these funds is refundable to the Toronto Central Local Health Integration Network (note 13).

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Notes to Financial Statements March 31, 2018

9. Internally Restricted Project Funds

a) Growth and Development

This fund represents the excess of receipts over expenditures for non-Toronto Central Local Health Integration Network grant projects for which the Community Health Centre has gained approval to retain the surpluses. The funds are directed towards specific projects identified from the Community Health Centre's goals and objectives and for which other funding sources cannot be found. These funds can only be used upon approval from the Board.

b) Donations

Donations of a general and designated nature given in support of the Community Health Centre's programs and services.

c) Administration

This fund was established for administrative charges to the various programs.

d) Clinical Programs

This fund provides compensation for staff time used by other organizations seeking the time of a community nurse.

e) Mid-East Toronto Health Link (METHL)

One of nine Health Links established by the Toronto Central Health Integration Network to facilitate greater collaboration and integration among health service providers in order to more effectively respond to the health needs of people with complex health and social issues that result in high resource utilization.

10. Other Restricted Project Funds

a) Co-ordinated Access to Care from Hospital Emergency Departments (CATCH-ED)

A Toronto Central Local Health Integration Network funded program designed to connect people with mental health issues who frequently use local emergency departments with primary care and counselling supports.

b) Physiotherapy Program

A program funded through the Toronto Central Local Health Integration Network to provide individual and group physiotherapy sessions to clients of the Community Health Centre.

c) Greater Toronto Community Health Centre (CHC) Network

This fund was administered by the Community Health Centre on behalf of the network of twenty-two GTA community health centres. Revenue is derived from membership dues or special contributions from the CHCs and is used to pursue projects of common network interest. In 2016/2017, administration of the fund was transferred to Centre Francophone de Toronto.

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Notes to Financial Statements March 31, 2018

11. Community Health Project Funds

Externally Restricted

a) Women's Art Afternoon

This fund provides program expenses and purchased services for the "Against All Odds" innovative art program for homeless and marginally housed women.

b) Toronto Arts Council

This fund supports a series of free arts workshops, studios and one-on-one mentoring opportunities from visual artists.

c) HIV Information, Prevention and Support (HIPS)

This project is funded by the M.A.C. AIDS Foundation. The purpose is to increase the Regent Park community's capacity to target HIV prevention amongst women involved in sex work. In partnership with other agencies in Regent Park, the project works with women using three local drop-in services that provide support to women involved in sex work.

d) Housing Support

Funded by the City of Toronto, the purpose of this project is to provide outreach and support services, assistance in developing mutual self-help and support networks and assistance in accessing community services to under housed and homeless people in the Regent Park Community.

e) Reducing Harm through Outreach and Education

This project's funding is provided by the Toronto Urban Health Fund to promote the health and well-being of street-involved women through a multi-faceted and peer-based approach. Peer harm reduction workers provided workshops, increased awareness of community resources and increased access to supportive environments for vulnerable women.

Notes to Financial Statements March 31, 2018

12. HIV/AIDS Project Funds

Externally Restricted

a) Committee for Accessible AIDS Treatment (CAAT) - HIV/AIDS & Immigration Services

This fund provides for a committee for accessible AIDS treatment which deals with HIV & immigration service accessibility, training and community capacity building.

b) Committee for Accessible AIDS Treatment (CAAT) - Donations

Donations received from other HIV/AIDS agencies and other donors in support of the CAAT's program and services.

c) Committee for Accessible AIDS Treatment (CAAT) - Legacy project

This fund provides for an increase in the level of social, communal and professional engagement of persons living with HIV/AIDS. It is also intended to increase access to service organizations and collaboration and partnerships among different generations of persons living with HIV/AIDS and service organizations.

d) Ontario HIV Treatment Network (OHTN) Secondment Agreement

This agreement involves the secondment of a Health Centre physician on a part-time basis to participate in OHTN research strategies.

e) Community Champion HIV/AIDS Advocates Mobilization Project (CHAMP In Action)

This is a community-based study to evaluate promising strategies that support the development of community champions as key agents to advance HIV/AIDS in three ethno-racial communities

f) The Ethno-recial Treatment Support Network (ETSN) Evaluation Project

This project was funded by the Canadian Institute of HIV Research (CIHR) to implement the CHAMP study by introducing intervention strategies to support community champions to advance issues related to HIV/AIDS in ethno-racial communities.

g) ViiV Health Care - Synergy of Care

This project was funded by ViiV Healthcare with the purpose of promoting resilience and balancing family, work and community demands among PHAs in service provider roles.

Notes to Financial Statements March 31, 2018

13. Due to Toronto Central Local Health Integration Network - Core Operation

<u> </u>				
		2018		2017
Total receipts for operations (page 5)	\$	7,536,836	\$	7,031,886
Less: expenditures eligible for operations (page 5)	_	7,271,048		7,031,886
Excess of receipts over expenditures		265,788		(18)
Less: property and equipment transferred to Restrictive Fund - Capital (page 5) Less: amounts refunded to Toronto Central Local Health		(205,459)		
Integration Network - Core Operation (page 5) Add: funds transferred from Administration (page 6)		(31,498) 31,489		
Amounts due to Toronto Central Local Health Integration Network - Core Operation	\$	60,320	\$	
14. Due to Toronto Central Local Health Integration Network Program	- Di	abetes Edu 2018	cati	ion 2017
Amounts due to Toronto Central Local Health Integration Network - Diabetes Education Program: 2015/2016	\$		\$	28,583
15. Due to Toronto Central Local Health Integration Network - Link	- M i	d-East Tor	ont	o Health
		2018		2017
Total receipts for operations (page 7)	\$	-	\$	44,052
Less: expenditures eligible for operations (page 7)	_			44,052
Amounts due to Toronto Central Local Health Integration Network - Mid-East Toronto Health Link - current year	\$	_	\$	
Amounts due to Toronto Central Local Health Integration Network - Mid-East Toronto Health Link for: 2015/2016	<u>\$</u>		\$	52,042
	\$	-	\$	52,042

REGENT PARK COMMUNITY HEALTH CENTRE (CORE OPERATIONS)

Notes to Financial Statements March 31, 2018

16. Lease Commitments

The Diabetes Education Program is committed to a five-year lease ending on June 30, 2019. Annual rental payments, exclusive of sales taxes, are as follows:

2018/2019 \$ 45,991 2019/2020 11,498

\$_57,489

In addition, the Program has committed to pay its proportionate share of realty taxes and common area maintenance.

17. Financial Instruments

The Community Health Centre's financial instruments recorded on the Statement of Financial Position consist of cash and cash equivalents, amounts receivable, prepaid expenses and accounts payable and accrued charges. In management's opinion, the Community Health Centre is not exposed to significant currency, market or credit risks arising from these financial instruments as explained below.

Liquidity Risk

Liquidity risk is the risk that the Community Health Centre may not be able to meet its obligations. To mitigate this risk, the Community Health Centre commits to spending on the various projects only after the funds are received from the various funders or has reasonable assurance that the funds will be received.

Credit Risk

Credit risk is the risk that the Community Health Centre will incur a financial loss if the other party to a financial instrument fails to discharge the obligation. The Community Health Centre is subject to credit risk on its amounts receivable. The Community Health Centre actively manages and monitors its receivables on a regular basis to mitigate this risk.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. Financial instruments which potentially subject the Program to market risk, consist primarily of investments in fixed income funds. However, due to the liquid nature and regular review of the investments, the market risk is minimal.

18. Comparative Information

Certain figures for the year ended March 31, 2017 have been reclassified to conform with the current year's financial statement presentation.