De Dwa Da Dehs Nye>s Aboriginal Health Centre Financial Statements For the year ended March 31, 2014

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## **Independent Auditor's Report**

#### To the Members of the Board of De Dwa Da Dehs Nye>s Aboriginal Health Centre

We have audited the accompanying financial statements of De Dwa Dehs Nye>s Aboriginal Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2014, and the statements of operations and changes in 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 Health Centre'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 Health Centre'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 audit opinion.

#### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2014 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.

Chartered Accountants, Licensed Public Accountants

Burlington, Ontario June 26, 2014

## De Dwa Da Dehs Nye>s Aboriginal Health Centre Statement of Financial Position

March 31	-	2014		2013
Assets				
Current Cash (Note 2) Short-term investments (Note 3) Accounts receivable	\$	504,004 95,000	\$	439,326 500,000 129,771
Prepaid expenses	8	66,325	_	35,368
Capital assets (Note 4) Intangible assets (Note 5)		665,329 1,128,511 60,517		1,104,465 1,224,818 51,748
	\$	1,854,357	\$	2,381,031
Liabilities				
Current  Bank indebtedness (Note 2)  Accounts payable and accrued liabilities  Current portion of long-term debt (Note 6)  Deferred revenue (Note 7)  Due to the Ministry of Health and Long-Term Care (Note 8)	\$	61,351 101,778 4,180 11,272 189,482	\$	397,882 6,280 72,202 353,616
		368,063		829,980
		81,181		95,215
Long-term debt (Note 6) Deferred capital contributions (Note 9)		754,911		
				940,307 1,865,502
	_	754,911		940,307

## De Dwa Da Dehs Nye>s Aboriginal Health Centre Statement of Operations and Changes in Net Assets

For the year ended March 31		2014	 2013
Revenue Grants Rent Interest Fundraising and other Amortization of deferred capital contributions (Note 9)	\$	4,282,077 13,416 4,004 13,776 185,396	\$ 3,904,529 14,916 1,845 5,957 156,549
		4,498,669	4,083,796
Expenses  Advertising and printing Administration Amortization Bank charges Building supplies and maintenance Contract services Facilitation fees Health promotion Insurance Interest Meetings Memberships Office Physician Prescription drugs Professional fees Program costs Property taxes Rent Salaries and benefits		61,036 107,583 193,123 2,626 86,327 84,320 43,785 32,716 17,841 5,554 15,463 12,988 78,628 642,338 82,671 83,599 3,107 20,235 2,375,445	43,099 157,857 156,549 1,535 79,868 47,789 20,022 45,134 17,775 9,934 10,319 8,518 114,821 518,734 16,991 114,941 75,081 2,484 22,173 1,967,184
Supplies and resource materials Traditional healing Travel and training Utilities		81,080 60,418 179,400 63,570	151,868 70,607 155,622 53,367
	-	4,333,853	 3,862,272
Excess of revenue before recoverable		164,816	221,524
Recoverable by the Ministry of Health and Long-Term Care	8	(30,143)	 (245,957)
Excess (deficiency) of revenue over expenses for the year		134,673	(24,433)
Net assets, beginning of year	1	515,529	539,962
Net assets, end of year	\$	650,202	\$ 515,529

## De Dwa Da Dehs Nye>s Aboriginal Health Centre Statement of Cash Flows

For the year ended March 31		2014	2013
Cash flows from operating activities  Excess (deficiency) of revenue over expenses for the year  Adjustments to reconcile net income to net cash provided by operating activities	\$	134,673	(24,433)
Amortization of capital assets Changes in non-cash working capital balances		193,123	156,549
Accounts receivable Prepaid expenses Accounts payable and accrued liabilities Deferred revenue Subsidy returns	-	34,771 (30,957) (296,104) (60,930) (164,134)	(57,819) 7,290 227,374 (21,641) (133,518)
Cash flows from investing activities Purchase of capital assets Change in short-term investments		(189,558) (105,585) (4,004) (109,589)	(155,743) (182,893)
Cash flows from financing activities Repayment of long-term debt Deferred capital contributions		(16,134) (185,396) (201,530)	(338,636) (21,512) (806) (22,318)
Decrease in cash during the year		(500,677)	(207,152)
Cash, beginning of year	2.	439,326	646,478
Cash (bank indebtedness), end of year	\$	(61,351) \$	439,326

#### March 31, 2014

#### 1. Nature of Operations and Significant Accounting Policies

#### Nature and Purpose of Organization

De Dwa Dehs Nye>s Aboriginal Health Centre (the "Health Centre") is incorporated under the laws of Ontario without share capital.

The Health Centre is a registered charity subject to the Charities Accounting Act and is exempt from income taxes.

The objects of the Health Centre are to operate a community health centre for the benefit of the Aboriginal communities in the City of Hamilton and Brant County.

The Health Centre is funded by the Province of Ontario through the Ministry of Health and Long-Term Care, which represents 86% (2013 - 83%) of the total revenue for the year.

#### **Basis of Accounting**

The financial statements have been prepared using Canadian accounting standards for not-for-profit organizations.

#### Revenue Recognition

The Health Centre follows the deferral method for accounting for revenue. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Rental revenue is recognized on the first day of every month.

Interest revenue is recognized when earned.

Fundraising and other revenue is recognized when received.

#### **Deferred Capital Contributions**

Deferred contributions relating to capital assets represent contributions used to acquire capital assets. These deferred contributions are brought into revenue to match amortization expense over the life of those assets so acquired.

#### **Capital Assets**

Capital assets are stated at cost less accumulated amortization. Amortization is provided on a straight-line basis over the assets estimated useful lives as follows:

Buildings - 25 years
Fence - 10 years
Furniture and equipment - 5 years
Vehicle - 4 years

#### Intangible Assets

Computer software and website are recorded at cost, less accumulated amortization. All intangible assets are amortized over a period of 5 years on a straight line basis.

#### March 31, 2014

#### 1. Nature of Operations and Significant Accounting Policies (Continued)

#### **Use of Estimates**

The preparation of financial statements in accordance 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 at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.

#### **Financial Instruments**

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial instruments are reported at cost or amortized cost less impairment, if applicable. Financial assets are tested for impairment when changes in circumstances indicate the asset could be impaired. Transaction costs on the acquisition, sale or issue of financial instruments are charged to the financial instrument for those measured at amortized cost.

#### 2. Bank Indebtedness

The Health Centre has arranged a \$150,000 line of credit facility with TD Canada Trust at prime rate plus 1%. It is secured by Guaranteed Investment Certificates. At the year end date, there were no draws upon this facility.

#### 3. Short-term Investments

**2014** 2013

Guaranteed investment certificates

**\$ 504,004** \$ 500,000

Short term investments are comprised of Guaranteed Investment Certificates earning 0.8% (2013 - 0.8%) with maturity dates between January and March 2015 (2013 - January and March 2014).

## March 31, 2014

4.	Capital Assets						
	Seeks the set indicated the facilities of the administration of th			2014			2013
			Cost	 cumulated mortization	Cost		ccumulated Amortization
	Land Buildings Fence Furniture and equipment Vehicle	\$	180,526 1,397,268 9,000 587,367 97,859	\$ 570,948 2,700 472,002 97,859	\$ 180,526 1,394,354 9,000 519,199 97,857	\$	515,115 1,800 361,346 97,857
		\$	2,272,020	\$ 1,143,509	\$ 2,200,936	\$	976,118
	Net book value			\$ 1,128,511		\$	1,224,818
5.	Intangible Assets			 2014			2012
		× <del></del>	Cost	cumulated nortization	Cost	25,500	2013 ccumulated Amortization
	Computer software Website	\$	121,544 37,366	\$ 85,713 12,680	\$ 113,028 11,381	\$	62,256 10,405
		\$	158,910	\$ 98,393	\$ 124,409	\$	72,661
	Net book value			\$ 60,517		\$	51,748

#### March 31, 2014

6.	Long-term Debt			
	0.000 cm · · · · · · · · · · · · · · · · · ·	 2014		2013
	Bank loan, repayable \$732 (2012 - \$898) monthly, including interest at 5.5% (2012 - 4.5%), maturing February 2028 (2012 - February 2028)	\$ 85,361	\$	101,495
	Less: current portion	 4,180		6,280
		\$ 81,181	\$_	95,215

Included in interest expense is \$5,553 (2012 - \$9,927) of interest related to the loan.

The loan is secured by the property owned by the Health Centre at 36 King Street West, Brantford, Ontario.

Principal repayments over the next five years and thereafter are as follows:

2015	\$ 4,180
2016	4,537
2017	4,670
2018	4,932
2019	5,212
Thereafter	 61,830
	\$ 85,361

7	Deferred Revenue			
	Deletted Nevertue		2014	2013
	Balance, beginning of year	\$	72,202	\$ 93,843
	Add: contributions received and receivable		11,272	140,646
	Less: contributions recognized as revenue	Harmonia	(72,202)	(162,287)
	Balance, end of year	\$	11,272	\$ 72,202

#### 8. Due to Ministry of Health and Long-Term Care

The amount due to the Ministry of Health and Long-Term Care represents the estimated amount repayable of unspent funding for the year ended March 31, 2014 (2013 - years ended March 31, 2009 to 2013). The Ministry of Health and Long-Term Care has not completed their review of this amount and adjustments arising from this review will be recorded as an adjustment to funding in the year completed.

#### March 31, 2014

#### 9. Deferred Capital Contributions

Capital contributions are amortized on the same basis as the underlying capital assets.

	2014			2013	
Balance, beginning of year	\$	940,307	\$	941,113	
Add: contributions received and receivable		-		155,743	
Less: contributions recognized as revenue		(185,396)		(156,549)	
Balance, end of year	\$	754,911	\$	940,307	

#### 10. Comparative Amounts

During the year, management determined that vacation accrual of \$62,818 was not previously recorded for the years ended March 31, 2013 and March 31, 2012. After adjusting the accounts payable and accrued liabilities for the vacation pay accrual, the balance due to the Ministry of Health and Long-Term Care was reduced by an equal amount. Because of the offsetting adjustments, there was no effect on the overall excess (deficiency) of revenue over expense for the year or net assets.

The comparative amounts presented in the financial statements have been restated to conform to the current year's presentation.

#### 11. Financial Instruments

#### Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Health Centre is exposed to credit risk resulting from the possibility that a customer or counterparty to a financial instrument defaults on their financial obligations. The Health Centre's financial instruments that are exposed to concentrations of credit risk relate primarily to its accounts receivable balances. This risk has not changed from the prior year.

#### Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Health Centre's exposure to this risk arises primarily from bank loans and short-term investments with fixed interest rates. This risk has not changed from the prior year.

#### Liquidity Risk

Liquidity risk is the risk that the Health Centre encounters difficulty in meeting its obligations associated with financial liabilities. Liquidity risk includes the risk that, as a result of operational liquidity requirements, the Health Centre will not have sufficient funds to settle a transaction on a due date; will be forced to sell financial assets at a value which is less than what they are worth; or may be unable to settle or recover a financial asset. Liquidity risk arises from the Health Centre's accounts payable and accrued liabilities, and bank loan. This risk has not changed from the prior year.