Financial Statements of

DE DWA DA DEHS NYE>S ABORIGINAL HEALTH CENTRE

Year ended March 31, 2017



KPMG LLP Commerce Place 21 King Street West, Suite 700 Hamilton ON L8P 4W7 Canada Tel 905-523-8200 Fax 905-523-2222

INDEPENDENT AUDITORS' 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 Da Dehs Nye>s Aboriginal Health Centre, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising 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.

Auditors' 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 our 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, we consider 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.



Page 2

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 De Dwa da Dehs Nye>s Aboriginal Health Centre as at March 31, 2017 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Other Matter

The financial statements of De Dwa Da Dehs Nye>s Aboriginal Health Centre for the year ended March 31, 2016 were audited by another auditor who expressed an unqualified opinion on those financial statements on June 23, 2016.

Chartered Professional Accountants, Licensed Public Accountants

May 29, 2017

Hamilton, Canada

LPMG LLP

Statement of Financial Position

March 31, 2017, with comparative information for 2016

	×	2017		2016
Assets				
Current assets:				
Cash	\$	893,891	\$	125,733
Short-term investments (note 2)		256,316		510,589
Accounts receivable		65,770		123,623
Prepaid expenses		56,265		38,267
		1,272,242		798,212
Capital assets (note 3)		1,378,095		1,237,552
Intangible assets (note 4)		15,584		23,058
P	\$	2,665,921	\$	2,058,822
Liabilities				
Current liabilities:				
Accounts payable and accrued liabilities	\$	334,224	\$	351,007
Current portion of long-term debt (note 6)	**	4,949	350	4,708
Deferred revenue (note 7)		287,409		19,307
Surpluses repayable (note 8)		211,220		141,296
		837,802		516,318
Long-term debt (note 6)		66,479		71,792
Deferred capital contributions (note 9)		1,096,595		946,125
		2,000,876		1,534,235
Unrestricted net assets		665,045		524,587

See accompanying notes to financial statements.

On behalf of the Board:

Statement of Operations

Year ended March 31, 2017, with comparative information for 2016

		2017		2016
Revenue:				
Ministry of Health and Long-term Care				
Core programs	\$	2,660,670	\$	2,489,938
Diabetes to Education	Ψ	292,008	Ψ	281,600
Healthier You		248,900		248,900
Capital campaign		192,048		240,000
Healthy Kids Community Challenge		167,002		141,562
Local Health Integration Network		107,002		141,302
Advocacy		554,358		554,358
Mental Health programs		479,863		443,069
One-time funding		75,000		443,009
City of Hamilton		779,887		798,563
Ministry of Child and Youth Services		119,001		190,505
		165,000		165,000
Fetal Alcohol Spectrum Disorder Child and Youth Mental Health Services		163,522		165,000
Amortization of deferred capital contributions		105,562		85,227
Fundraising and other		73,905		61,292
		5,957,725		5,434,726
Expenses:				
Ministry of Health and Long-term Care				
Core programs		2,625,968		2,410,627
Diabetes to Education		291,998		281,600
Healthier You		248,756		248,900
Capital campaign		45,052		146,995
Healthy Kids Community Challenge		160,921		141,562
Local Health Integration Network				
Advocacy programs		553,976		554,358
Mental Health programs		449,038		443,069
One time funding		75,000		-
City of Hamilton		779,712		798,563
Ministry of Child and Youth Services				
Fetal Alchohol Spectrum Disorder		164,401		165,187
Child and Youth Mental Health Services		160,778		171,195
Amortization of capital and intangible assets		123,423		122,887
Fundraising and other		62,758		39,602
		5,741,781		5,524,545
Surplus (deficit) before the undernoted		215,944		(89,819)
Transfer to surpluses payable		75,486		-
Surplus (deficit), end of year	\$	140,458	\$	(89,819)

See accompanying notes to financial statements.

Statement of Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

March 31, 2017	U	nrestricted	Invested in ted capital assets			Total
Net assets, beginning of year	\$	286,602	\$	237,985	\$	524,587
Surplus (deficit)		158,319		(17,861)		140,458
Invested in capital assets		(5,532)		5,532		-
Net assets, end of year	\$	439,389	\$	225,656	\$	665,045

March 31, 2016	U	Unrestricted		Invested in oital assets	Total
Net assets, beginning of year	\$	374,018	\$	240,388	\$ 614,406
Deficit		(52,159)		(37,660)	(89,819)
Invested in capital assets		(35,257)		35,257	-
Net assets, end of year	\$	286,602	\$	237,985	\$ 524,587

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Surplus (deficit) before the undernoted Items not involving cash:	\$ 140,458	\$ (89,819)
Amortization of capital and intangible assets Amortization of deferred capital contributions	123,423 (105,562)	122,887 (85,227)
·	158,319	(52,159)
Changes in non-cash operating working capital:		
Accounts receivable Prepaid expenses	57,853 (17,998)	(32,990) (17,559)
Accounts payable and accrued liabilities Deferred revenue	(16,783) 268,102	194,944 (4,090)
Surpluses repayable	69,924	(35,312)
	519,417	52,834
Cash flows from investing activities:	(050,400)	(055,400)
Purchase of capital and intangible assets Purchase of short-term investments	(256,492)	(255,400) (2,548)
Sale of short-term investments	254,273	(057.040)
	(2,219)	(257,948)
Cash flows from financing activities:	(F.070)	(4.445)
Repayment of long-term debt Capital contributions received	(5,072) 256,032	(4,445) 224,588
	250,960	220,143
Increase in cash during the year	768,158	15,029
Cash, beginning of year	125,733	110,704
Cash, end of year	\$ 893,891	\$ 125,733

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2017

De Dwa Da Dehs Nye>s Aboriginal Health Centre (the "Health Centre") is a Not-for-Profit Organization incorporated without share capital under the laws of the Province of Ontario.

The Health Centre operates under the Ontario Charitable Institutional Act and is a registered charity under the Income Tax Act.

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

1. Significant accounting policies:

(a) Basis of accounting:

The financial statements have been prepared by management in accordance with Canadian Accounting Standards for Not-for-Profit Standards in Part III of the CICA Handbook.

(b) Revenue recognition:

The Health Centre follows the deferral method of accounting for contributions which include government grants.

Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Revenue related to programs which have not yet occurred are recorded as deferred revenue and recognized as revenue when the program occurs.

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.

Deferred capital contributions related to capital assets represent the unamortized and unallocated amount of grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations on the same basis as the related assets.

Fundraising and other revenue are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(c) Capital assets:

Capital assets are recorded at cost. When a capital asset no longer contributes to the Health Centre's ability to provide services, its carrying amount is written down to its residual value.

Capital assets are amortized on a straight-line basis over the assets estimated useful lives as follows:

Asset	Rate
Buildings Fence Furniture and Equipment Vehicle	25 years 10 years 5 years 4 years

(d) Intangible assets:

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

(e) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the year. Items subject to such estimates and assumptions include the carrying amount of capital assets and intangible assets. Actual results could differ from management's best estimates as additional information becomes available in the future.

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(f) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Health Centre has not elected to carry any such financial instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Health Centre determines if there is a significant adverse change in the expected amount of timing of future cash flows from the financial assets. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Health Centre expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

(g) Allocation of expenses:

The Health Centre records a number of its expenses by program. The costs of each program includes the costs of personnel, premises and other expenses that are directly related to providing the program.

The Health Centre allocates certain of its general support expenses by identifying the appropriate basis of allocating each expense. Administration and corporate governance are not allocated.

Notes to Financial Statements (continued)

Year ended March 31, 2017

2. Short-term investments:

The short-term investments are comprised of Guaranteed Investment Certificates earning interest of 0.4% (2016 - 0.4%) with maturity dates between February and March 2018 (2016 - February and March 2017).

3. Capital assets:

	\$	2,609,692	\$	1,372,140	\$	1,237,552
		3,000		4,500		4,500
Fence		9,000		4,500		4,500
Vehicles		107,488		70,494		36,994
Furniture and equipment		778,688		606,222		172,466
Buildings	Ψ	1,533,990	Ψ	690,924	Ψ	843,066
Land	\$	180,526	\$	_	\$	180,526
		Cost		Accumulated amortization		Net book value
						2016
	\$	2,866,184	\$	1,488,089	\$	1,378,095
Fence		9,000		5,400		3,600
Vehicles		130,147		83,896		46,251
Furniture and equipment		989,907		646,400		343,507
Buildings		1,556,604		752,393		804,211
Land	\$	180,526	\$	-	\$	180,526
		Cost		amortization		value
				Accumulated		Net book
						2017

Notes to Financial Statements (continued)

Year ended March 31, 2017

4. Intangible assets:

			2017
	Cost	Accumulated amortization	Net book value
Computer software Website	\$ 154,306 37,366	\$ 140,988 35,100	\$ 13,318 2,266
	\$ 191,672	\$ 176,088	\$ 15,584
			2016
	Cost	Accumulated amortization	Net book value
Computer software Website	\$ 154,306 37,366	\$ 140,988 27,626	\$ 13,318 9,740
	\$ 191,672	\$ 168,614	\$ 23,058

5. Line of credit:

The Health Centre has arranged a \$150,000 line of credit facility with TD Canada Trust, bearing interest at prime plus 1%. It is secured by the Health Centre's short-term investments. As at March 31, 2017, the amount drawn on the facility agreement was \$nil (2016 - \$nil).

Notes to Financial Statements (continued)

Year ended March 31, 2017

6. Long-term debt:

	2017		2016
Bank loan, bearing interest at 5.5% per annum, repayable principal and interest of \$732 monthly, due February 2028, secured by the property at 36 King			
Street West, Brantford, Ontario	\$ 71,428	\$	76,500
Less current portion long-term debt	4,949		4,708
	\$ 66,479	\$	71,792
Principal repayments are due as follows:			
2018		\$	4,949
2019		*	5,228
2020			5,523
2021			5,835
2022			6,164
Thereafter			43,729
		\$	71,428

Interest of \$4,074 (2016 - \$4,342) has been recorded in Core programs expense on the Statement of Operations.

7. Deferred revenue:

	2017	2016
Balance, beginning of year Add: Restricted contributions received and receivable Less: Restricted contributions recognized as revenue	\$ 19,307 461,457 (193,355)	\$ 23,397 13,307 (17,397)
Balance, end of year	\$ 287,409	\$ 19,307

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Surpluses repayable:

The surpluses repayable represent the estimated amount repayable based on unspent funding. The below funders have not completed their review of these amounts and adjustments arising from this review will be recorded as an adjustment to funding in the year completed.

	2017			2016
Due to Ministry of Health and Long-term Care Due to Ministry of Child and Youth Services Due to Local Health Integration Network	\$	152,016 27,779 31,425	\$	134,418 6,560 318
	\$	211,220	\$	141,296

9. Deferred capital contributions:

		2017		2016
Balance, beginning of year	\$	946,125	\$	806,764
Add: MOHLTC capital contributions received	•	45,152	,	73,531
Add: MCYS capital contributions received		157,163		140,917
Add: City of Hamilton capital contributions received		27,636		10,140
Add: LHIN capital contributions received		3,421		-
Add: Other one-time capital contributions received		22,660		-
Less: Capital contributions amortized into revenue		(105,562)		(85,227)
Balance, end of year	\$	1,096,595	\$	946,125

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Financial risks and concentration of risk:

(a) 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 balance. There has been no change to the risk exposures from 2016.

(b) Liquidity risk:

Liquidity risk is the risk that the Health Centre will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Health Centre manages its liquidity risk by monitoring its operating requirements. The Health Centre prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. There has been no change to the risk exposures from 2016.

(c) 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 long-term debt and short-term investments with fixed interest rates. There has been no change to the risk exposures from 2016.

11. Comparative information:

The financial statements have been reclassified to conform to the presentation used in the current year.