

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE (WEHC)
BOARD OF DIRECTORS MEETING MINUTES
Tuesday June 28, 2016 4:30 P.M. to 5:30 P.M.
Diabetes Site 2885 Lauzon Parkway Windsor
Teleconferencing was available upon request**

Present: Elaine Clark (Treasurer), Angie Deneweth, (Secretary), Robert Fetherston, Kathryn Hengl (President), William McClounie, John Mowat (Vice President), Toni Scislowski, Tracy Urquhart.

Guests: Jeff Ostrow, Partner, Hyatt Lassaline LLP Chartered Accountants

Staff: Glenn Bartlett, Executive Director, Hardeep Sadra, Senior Director, Director Chronic Disease, Patrick Brown, Director Corporate Services, Judy Ellis, Director Clinical Services Sandwich, Beth Kinnaird-Iler, Director, Clinical Practice Teen Health/Street Health, Mary Brannagan, Office Administrator, recorder.

Quorum was achieved. Eight (8) of eight (8) members were present.

K. Hengl called the meeting to order at 4:37 p.m. and asked members to identify any conflict of interests at this time, none were declared.

- Board members were asked to submit their IPADS for updates over the summer.
- There were no request made to "unstar" any items therefore the 'starred' (*) items were deemed approved or received.

***Approval of the June 28, 2016 Agenda as presented**

***Approval of the May 25, 2016 Board Meeting Minutes**

President's Report: K. Hengl

- As submitted in the Annual Report.

**President of the Board of Directors
2015 – 2016 Annual General Meeting Report**

Well another year has been successfully concluded and we continue to thrive as an organization and strive to reach farther and wider as a Board. Continuing on from last year's efforts to update policies and strategies, this year started out by successfully achieving accreditation of our organization through the Canadian Centre for Accreditation. That is something we should all be very proud of, as it was no easy task. Each and every one of you contributed to the thousand piece puzzle which when completed displayed, in the words of one of the surveyors, "a healthy and effective organization delivering much needed services to clients in our community". I again want to congratulate everyone on that significant achievement.

The Board this year had stepped up its board development programme and spent some time focusing on quality control, cultural competency, and diversity in our membership. We specifically sought out board members that would round out those areas and we continue to work on those issues updating our board membership and skills. So, it is with both much thanks and sadness that we say good bye to Board member Tracey Urquhart who is leaving us to take on greater responsibilities at her job. She was a tremendous team player during her three years on the Board and her contributions will be missed. It is also with much delight that we welcome new Board member William McClounie to our board. He brings a wealth of knowledge in a number of areas, including quality assessment and control, financial

management and strategic planning, and he is from the County, so we really filled a number of roles with his appointment.

Also this year the Board has been busy securing and maintaining an ongoing presence throughout the county. It is some of the behind the scenes items that while you may not see have kept the Board busy. It is somewhat like tending a garden. The seeds have been sowed and we have spent the last couple of years tending to the weeds, watering and nurturing and watching the growth that has occurred as a result.

Our organization continues to grow and continues to be a leader in community healthcare, thanks to your efforts, our staff, and to the efforts of your volunteer Board.

As you are aware, Dr. Glenn Bartlett will be leaving us at the end of June. I cannot thank him enough for his leadership and guidance over the last 3 years. He has not only brought us through a significant period of change and transformation but he has taught many of us much about good governance, responsible leadership, and strategic management. He has been an absolute delight to work with and he will be missed. We wish him well wherever he goes next. Thank-you so much Glenn for your contributions.

I'd like also to thank Hardeep Sadra for her tireless efforts in assisting Glenn in leading this organization forward. She has been instrumental in creating opportunities for us to wisely and efficiently use our resources to bring much needed services to those members of the vulnerable population who had been underserved. I am very excited to have Hardeep now move forward as our next Executive Director as we continue our journey, including our efforts with the move forward to build out College Avenue and the expansion in Leamington of the LAMB program. Hardeep, thank-you for your leadership and guidance.

I need also to give a quick shout out of thanks to the Management Team, who supports our ED and continually keeps the Board updated and informed of issues.

Next thank you to Mary Brannagan, our beloved Office Administrator and keeper of all things related to the Board. You will be missed very much, as your contributions over your years here are truly immeasurable. We wish you well in your retirement.

Thank you also to my fellow Board members, who are all very engaged, very involved and very excited about the both the progress we have made in this last year and the stability we have achieved. It has been a total group effort and it is with somewhat of a sense of pride that we now arrive at this latest juncture

Which brings me to the next note --- I would be remiss if I did not thank the ESC LHIN for its continued support and direction. Over this past year they have contributed greatly to our expansion of services in Leamington, with not only financial support but much encouragement and guidance. Particular thanks to both Ralph Ganter and Dr. Martin Girash for their contributions.

And finally, one last thank you to all of you, both staff and Board, for your continued loyalty and contribution to this most worthwhile cause. You should know that your efforts make a world of difference to the world of many.

Thank you for all you do!
Kathryn Hengl, President, Board of Directors

Motion: To accept the President's report as submitted in the Annual General Meeting Report.

Moved: J. Mowat

Seconded: T. Urquhart

No Discussion

Carried

Executive Director's Report: G. Bartlett

- As submitted in the Annual Report.

**Executive Director's
2015 - 2016 Annual General Meeting Report**

WE CHC continues to reach out to our Vulnerable Clients in collaboration with our partners.

Amy Palmer has moved on to new opportunities with the Chatham Kent Health Alliance. As a result we have consolidated Human Resources and Finance into one portfolio – Corporate Services. Patrick Brown has assumed this new portfolio.

Beth Kinnaird-Iler has joined the Leadership team as Director Clinical Services for Street Health and Teen Health. Because of increasing clinical work load we will be returning to four Clinical Directors.

The ESC LHIN has designated the Leamington Navigation Centre (Leamington & Area Moms & Babies) as a program of WE CHC. The numbers of vulnerable unattached clients continue to increase in Leamington.

As Ms. Hengl has reported we were successful in achieving a full four year Accreditation status. Once again the Board has been extremely dedicated and supportive.

I have been fortunate to have had a dedicated Leadership Team. In particular I have been fortunate to work closely with Hardeep Sadra, Senior Director, who has provided outstanding leadership and support during the past year.

The Support of the ESC LHIN, and in particular, that of Ralph Ganter, Acting CEO has been outstanding.

None of the above would have been possible without the loyal support and patience of Mary Brannagan. She has learned much in the past few years including deciphering physicians' writing.

I too will be resigning as Executive Director effective June 30, 2016. I am delighted to have Hardeep Sadra follow in this role and I know in collaboration with the Leadership Team this Centre will continue to move forward in providing exemplary support to our vulnerable clients.

To all I wish only the best.

Glenn

Glenn Bartlett
Executive Director

Motion: To accept the Executive Director's report as submitted in the Annual General Meeting Report.

Moved: T. Scislowski **Seconded:** T. Urquhart No Discussion Carried

Committee Reports:

Finance Committee – E. Clark, Chair

- The Committee met June 22, 2016.
- The approved April 20, 2016 Meeting Minutes were included in the Agenda package.
- Monthly Factual Certificates for April 2016, May 2016

A recommendation was made to approve the Monthly Factual Certificates for April 2016, May 2016.

Motion: A motion was made to approve the Monthly Factual Certificates for April 2016, May 2016.
Moved: E. Clark **Seconded:** T. Urquhart No Discussion Carried

MONTHLY FACTUAL CERTIFICATE

To: **Board of Directors
Windsor Essex Community Health Centre (WE CHC)**

The undersigned hereby certifies that, to the best of his/her knowledge, information and belief after due inquiry, as at April 30, 2016.


1. The WE CHC is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:

- All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
- Ontario Employer Health Tax;
- Harmonized Sales Tax
- Workplace Safety and Insurance Board (WSIB)

and they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.

2. The WE CHC is in compliance with all applicable Health and Safety legislation and all applicable Pay Equity legislation.
3. The WE CHC is in compliance with the requirements of the Corporations Information Act and has updated and verified its corporate public record, by submission of Form 1 within 15 days of any change to Board membership; last submission March 14, 2016.
4. The WE CHC is in compliance with the requirements of the Income Tax Act, and date of last filing of form T3010, Registered Charity Information Return is September 15, 2015.
5. The WE CHC is providing the prescribed standard of service in the performance of its functions and following the prescribed procedures and practices in accordance with our funding agreements, as reported to the Board of Directors of the WE CHC through the following reports:
 - Monthly Financial Report reviewed with Executive Director
 - Quarterly report to MOHLTC (MIS OHRS TB) submitted: January 21, 2016
 - Quarterly report to LHIN (SRI) report submitted: February 3, 2016
 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – June 29, 2015
 - CAPS Refresh submitted: November 23, 2015

Dated at Windsor, Ontario the 17th day of May, 2016



Glenn Bartlett
Executive Director

MONTHLY FACTUAL CERTIFICATE

**To: Board of Directors
Windsor Essex Community Health Centre (WE CHC)**

The undersigned hereby certifies that, to the best of his/her knowledge, information and belief after due inquiry, as at May 30, 2016.

1. The WE CHC is in compliance, as required by law, with all statutes and regulations relating to the withholding and/or payment of governmental remittances, including, without limiting the generality of the foregoing, the following:
 - All payroll deductions at source, including Employment Insurance, Canada Pension Plan and Income Tax;
 - Ontario Employer Health Tax;
 - Harmonized Sales Tax
 - Workplace Safety and Insurance Board (WSIB)and they believe that all necessary policies and procedures are in place to ensure that all future payments of such amounts will be made in a timely manner.
2. The WE CHC is in compliance with all applicable Health and Safety legislation and all applicable Pay Equity legislation.
3. The WE CHC is in compliance with the requirements of the Corporations Information Act and has updated and verified its corporate public record, by submission of Form 1 within 15 days of any change to Board membership; last submission March 14, 2016.
4. The WE CHC is in compliance with the requirements of the Income Tax Act, and date of last filing of form T3010, Registered Charity Information Return is September 15, 2015.
5. The WE CHC is providing the prescribed standard of service in the performance of its functions and following the prescribed procedures and practices in accordance with our funding agreements, as reported to the Board of Directors of the WE CHC through the following reports:
 - Monthly Financial Report reviewed with Executive Director
 - Quarterly report to MOHLTC (MIS OHS TB) submitted: May 6, 2016
 - Quarterly report to LHIN (SRI) report submitted: February 3, 2016
 - Quarterly reports to Board
 - Annual Reconciliation Report to Various MOHLTC Departments – June 29, 2015
 - CAPS Refresh submitted: November 23, 2015

Dated at Windsor, Ontario the 7th day of June, 2016



Glenn Bartlett
Executive Director

- WE CHC Statement of Receipts & Disbursements for the year ending March 31, 2016 Bingo Account. A recommendation was made to approve the WE CHC Statement of Receipts & Disbursements for the year ending March 31, 2016 Bingo Account and it's submission to the City of Windsor.

Motion: A motion was made to approve the WE CHC Statement of Receipts and Disbursements for the year ending March 31, 2016 Bingo Account and it's submission to the City of Windsor.

Moved: E. Clark

Seconded: A. Deneweth

No Discussion

Carried

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
STATEMENT OF RECEIPTS & DISBURSEMENTS
FOR THE YEAR ENDED MARCH 31, 2016
BINGO ACCOUNT

Balance on Hand April 1, 2015 **\$39,308.53**

Receipts:

Proceeds from bingos	\$13,249.44
Bank Interest	\$291.70
Total Receipts	\$13,541.14

Total Receipts and on Hand **\$52,849.67**

Disbursements:

Brianne Drouillard	1,875.00
DYNACARE LAB	430.00
Food Basics	125.43
GAMMA-DYNACARE LAB	35.00
Koolini	1,050.49
Life Labs	420.00
Medical Laboratories of Windsor	1,666.07
PromoCentre	1,113.95
Shawn Harrington	2,872.50
Special Events and Tents Inc.	342.96
St. John's Anglican Church	1,000.00
Street Health	6,963.37

Total Disbursements **\$17,894.77**

Balance on Hand March 31, 2016 **\$34,954.90**

Board Member:

Board Member:

Board Member:

Board Member:

- The Q4 Finance Dashboard and Definitions was included in the agenda package for review.
- The Finance Committee met June 22, 2016 with the Auditors from Hyatt Lassaline Windsor to review the Draft Audited Financial Statements March 31, 2016.

A recommendation was made to approve the Audited Financial Statements dated March 31, 2016.

Motion: A motion was made to approve the Audited Financial Statements dated March 31, 2016.

Moved: E. Clark **Seconded:** T. Urquhart No Discussion Carried

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
INDEX TO FINANCIAL
STATEMENTS MARCH 31, 2016

	<u>Page</u>
Index to financial statements	1
Auditors' report	2
Statement of financial position	3
Statement of revenue and expenditures	4
Statement of changes in fund balance	5
Statement of cash flows	6
Notes to financial statements	7-10
Supplementary financial information	11

Independent Auditors' Report

To the Board of Directors of Windsor Essex Community Health Centre

Report on the Financial Statements

We have audited the financial statements of Windsor Essex Community Health Centre as at March 31, 2016 which comprise the statement of financial position as at March 31, 2016, and the statements of revenue and expenditures, changes in fund balances 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.

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 the auditors' 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 audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Windsor Essex Community Health Centre as at March 31, 2016 and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2016

	Operating Fund \$	Centre Fund \$	Total 2016 \$	Total 2015 \$
ASSETS	1,874,281	822,175	2,696,456	4,246,203
CURRENT ASSETS				
Cash			23,647	60,561
Accounts receivable	23,647			
Interfund balances	589,059	(589,059)		
Prepaid expenses	113,239	1,800	115,039	71,963
Due from Ministry of Children and Youth Services		1	1	
Due from Community Health Foundation of Windsor and Essex County		107,546	107,546	
	2,600,226	342,463	2,942,689	4,378,727
CAPITAL ASSETS (note 4)	827,372	428,732	1,256,104	1,370,096
INVESTMENTS HELD IN TRUST (note 5)				1,059,663
	3,427,598	771,195	4,198,793	6,808,486
LIABILITIES AND FUND BALANCES	475,745	749	476,494	938,181
CURRENT LIABILITIES				
Accounts payable and accrued liabilities			17,930	9,339
Government remittances payable	17,930			
Due to Ministry of Health and Long-Term Care	1,194,067		1,194,067	2,142,468
Due to Ministry of Children and Youth Services				99
Due to Community Health Foundation of Windsor and Essex County				995,743
	1,687,742	749	1,688,491	4,085,830
DEFERRED CONTRIBUTIONS	1,072,808	18,603	1,091,411	1,086,752
Future expenditures (note 6)			667,048	857,962
Property and equipment (note 6)	667,048			
	1,739,856	18,603	1,758,459	1,944,714
	3,427,598	19,352	3,446,950	6,030,544
FUND BALANCES		751,843	751,843	777,942
	3,427,598	771,195	4,198,793	6,808,486

APPROVED ON BEHALF OF THE BOARD:

Director

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2016

REVENUE	Operating Fund (Schedule 1) \$	Centre Fund \$	Total 2016 \$	Total 2015 \$
Ministry of Health and Long-Term Care	14,786,084		14,786,084	13,813,388
Paymaster expense	(2,234,810)		(2,234,810)	(1,949,252)
Ministry of Children and Youth Services		183,379	183,379	183,379
Ministry of Health Promotion		67,200	67,200	67,200
Lakeshore community services	205,856		205,856	205,856
Maryvale		86,114	86,114	86,114
City of Windsor		117,407	117,407	91,560
Donations and fundraising		10,812	10,812	59,040
Interest	18,072	5,713	23,785	46,390
Other	149,075	86,366	235,441	92,212
Amortization of deferred contributions	190,914	12,228	203,142	159,143
	13,115,191	569,219	13,684,410	12,855,030
EXPENDITURES	10,276,821	456,652	10,733,473	9,630,005
Salaries and benefits				
Occupancy	811,656	6,265	817,921	950,314
Computers, furniture and equipment	279,538		279,538	188,983
Medical	67,116	40,361	107,477	72,221
Contracted out services	42,081	4,508	46,589	51,276
Sundry expenses:				
Office	595,544	33,823	629,367	648,965
Amortization	190,914	23,818	214,732	182,961
Travel	129,970	4,072	134,042	122,341
Professional development	124,044	2,349	126,393	127,602
Program	99,968	16,560	116,528	78,878
Insurance	33,225		33,225	33,959
Professional fees	29,766	756	30,522	2,126
Donations		6,154	6,154	50,330
Development				17,948
	12,680,643	595,318	13,275,961	12,157,909
EXCESS (DEFICIENCY) BEFORE SURPLUS REPAYABLE	434,548	(26,099)	408,449	697,121
ADJUSTMENT TO PRIOR YEAR SURPLUS REPAYABLE				(10,000)
SURPLUS REPAYABLE	(434,548)		(434,548)	(707,346)
		(26,099)	(26,099)	(20,225)

EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	(26,099)	(26,099)	(20,225)
---	----------	----------	----------

**WINDSOR ESSEX COMMUNITY HEALTH CENTRE
STATEMENT OF CHANGES IN FUND BALANCES
FOR THE YEAR ENDED MARCH 31, 2016**

	Operating Fund \$	Centre Fund \$	Total 2016 \$	Total 2015 \$
FUND BALANCE, BEGINNING OF YEAR		777,942	777,942	798,167
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES		(26,099)	(26,099)	(20,225)
BALANCE, END OF YEAR		751,843	751,843	777,942

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2016

	2016	2015
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES:		
Non-cash items included in the determination of excess (deficiency) revenues over expenditures:		
Cash receipts from customers, members and funding agencies	13,577,511	13,050,706
Cash paid to suppliers and employees	(13,557,401)	(12,597,773)
Repayments to Ministry of Health and Long-Term Care	(1,382,973)	(368,591)
Repayments to Ministry of Health Promotion	(42,418)	(36,504)
Repayments to Ministry of Children and Youth Services	(100)	
	<hr/>	<hr/>
	(1,405,381)	47,838
	<hr/>	<hr/>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of capital assets	(100,740)	(980,496)
Transfer of investments held in trust	1,059,663	
Repayments from (advances to) Community Health Foundation of Windsor and Essex County		(7,860)
	(1,103,289)	
	<hr/>	<hr/>
	(144,366)	(988,356)
	<hr/>	<hr/>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(1,549,747)	(940,518)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	4,246,203	5,186,721
	<hr/>	<hr/>
CASH AND CASH EQUIVALENTS, END OF YEAR	2,696,456	4,246,203
	<hr/>	<hr/>
Cash and cash equivalents comprised of:	2,696,456	4,246,203
Cash		
	<hr/>	<hr/>

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2016

1. NATURE OF OPERATIONS

Windsor Essex Community Health Centre, incorporated without share capital under the laws of Ontario, is a registered charity exempt from income taxes under Section 149(1) (f) of the Income Tax Act of Canada. The organization provides health care facilities and programs to the community in Essex County.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

These financial statements have been prepared in accordance with Canadian Accounting standards for not-for-profit organizations.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and short-term deposits which are highly liquid and for which the original maturities are less than three months.

Revenue recognition

The organization follows the deferral method of accounting for contributions as described below.

Where the use of the contributions has been restricted, the revenue is deferred and recognized in the year in which the related expenses are incurred. Where a portion of a contribution relates to a future period, it is deferred and recognized in the subsequent period.

Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted contributions are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Unrestricted interest income is recognized as revenue when earned.

Donated services

Donated services are not recorded in the accounts. Where the value is ascertainable, donated goods are recognized at their fair value.

Fund accounting

In accordance with the practice common to similar organizations, the organization follows the fund basis of accounting to recognize in its accounts the responsibility to utilize funds only for the purposes for which such funds were raised or contributed.

Operating Fund

Revenue and expenses related to program delivery and administrative activities funded and managed by the Ministry of Health and Long-Term Care (MOHLTC) and Local Health Integration Network (LHIN) in accordance with budget arrangements established by the MOHLTC are reported in the Operating Fund. The organization is the transfer payment agency for the Ontario Midwifery Program and the Southwest Ontario Aboriginal Health Access Centre.

Centre Fund

Funding from the MOHLTC outside of budget arrangements established by the agencies, funding from other sources, certain donations, and accumulated fundraising balances are recorded in the Centre Fund. These funds may be used at the discretion of the organization to provide additional funding for the required expenditures.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2016

2. SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Financial instruments

The organization initially measures its financial assets and liabilities at fair value. The organization subsequently measures all its financial assets and liabilities at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations. Financial assets that are measured at fair value include: investments held in trust. Financial assets measured at amortized cost include: cash, accounts receivable, interfund balances, prepaid expenses and due from Ministry of Children and Youth Services. Financial liabilities measured at amortized cost include: accounts payable and accrued liabilities, government remittances payable, deferred contributions, due to Community Health Foundation of Windsor and Essex County and amounts due to Ministry of Health and Long-Term Care.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of any resulting write-down is recognized in net income. A 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 net income.

The organization recognizes its transaction costs in the statement of operations in the year incurred. However, financial instruments that will not be subsequently measured at fair value are adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption.

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 amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reported period. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

Employee future benefits

Employees of the organization are members of the Healthcare of Ontario Pension Plan (HOOPP) which is a multi-employer final average pay contributory pension plan. Defined contribution plan accounting is applied to this plan as the organization has insufficient information to apply defined benefit plan accounting standards.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the organization's ability to provide services, its carrying amount is written down to its residual value.

Amortization is calculated on a straight-line basis at the following annual rates:

Leasehold improvements	5 - 20 years
Office furniture and equipment	5 years
Computer equipment	3 years
Medical equipment	3 years

3. ALLOCATION OF EXPENSES

The organization allocates certain of its fundraising and general support expenses based on budget. Costs relating to specific programs in the Operating fund are allocated within the budgeted funding and any unfunded costs are absorbed in the Centre fund. Allocated fundraising and general support expenses include salaries and benefits, professional fees, occupancy costs, purchased services and development costs.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2016

4. CAPITAL ASSETS

The following is a summary of the capital assets and accumulated amortization.

	Cost \$	Accumulated Amortization \$	Net 2016 \$	Net 2015 \$
Leasehold improvements	1,128,879	169,168	959,711	1,035,366
Office furniture and equipment	1,143,752	1,062,337	81,415	111,183
Computer equipment	383,056	328,401	54,655	163,964
Medical equipment	32,464	32,464		
Construction in progress	160,323		160,323	59,583
	<u>2,848,474</u>	<u>1,592,370</u>	<u>1,256,104</u>	<u>1,370,096</u>

5. INVESTMENTS HELD IN TRUST

In the prior year investments were held in trust for the Community Health Foundation of Windsor and Essex. These investments were transferred to the Community Health Foundation of Windsor-Essex County.

6. DEFERRED CONTRIBUTIONS

Future Expenditures

The balance represents funds available from the MOHLTC Health Capital Investment branch for the purpose of relocating the Sandwich Community Health Centre site. Funds spent in the year relating to this project have been capitalized as construction in progress. Amortization of the contributions will begin when the new facility is occupied by the organization.

	2016 \$	2015 \$
Opening balance	1,067,278	1,059,042
Interest earned on funds	5,530	<u>8,236</u>
Closing balance	1,072,808	1,067,278

Property and equipment

The balance represents the unamortized amount of grants received for the purchase of property and equipment. The amortization of the contributions is recorded as revenue in the statement of operations on a straight-line basis, at a rate corresponding with the amortization rate for the related property and equipment.

	2016 \$	2015 \$
Opening balance	857,962	556,105
Funding used for the purchase of property and equipment		461,000
Amounts amortized to revenue	(203,142)	<u>(159,143)</u>
Closing balance	<u>654,820</u>	<u>857,962</u>

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2016

7. COMMITMENTS

The organization has entered into lease commitments for its premises. Total commitments for these lease payments for the next five years are as follows:

	\$
2017	601,523
2018	505,439
2019	505,439
2020	505,439
2021	449,312

The organization has entered into lease commitments for vehicles and equipment. Total commitments for these lease payments for the next three years are as follows:

	\$
2017	28,633
2018	27,513
2019	15,337

8. ECONOMIC DEPENDENCE

Approximately 96% (2015 - 97%) of the organization's funding was received from the Ministry of Health and Long-Term Care.

9. FINANCIAL INSTRUMENTS

Risks and concentrations

The company is exposed to various risks through its financial instruments. The following analysis provides a measure of the company's risk exposure as of March 31, 2016:

Interest rate risk

Interest rate risk refers to the risk that the fair value of a financial instrument might be adversely affected by a change in interest rates. The organization is exposed to interest rate risk primarily through its guaranteed investment certificates and term deposits which are included in cash and invested cash.

10. ASSET RETIREMENT OBLIGATION

Under a lease agreement, the organization will have to dismantle certain leasehold improvements at the end of the lease. No adjustment has been made to reflect the obligation as at March 31, 2016.

During the year, no payment was made to settle the asset retirement obligation because the lease ends in 1 year. None of the assets are legally restricted for the purposes of settling the obligation.

11. COMPARATIVE FIGURES

The presentation of certain accounts of the previous year has been changed to conform with the presentation adopted for the current year.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE
SCHEDULE 1 - SUPPLEMENTARY FINANCIAL INFORMATION
MINISTRY OF HEALTH AND LHIN MANAGED PROGRAMS FOR
THE YEAR ENDED MARCH 31, 2016

	CHC \$	Diabetes Education \$	Eating Disorders \$	Subtotal \$	Other \$	Total \$
REVENUE						
Base funding	8,997,140	1,943,346	189,651	11,130,137	726,765	11,856,902
One time Funding	306,500			306,500		306,500
Paymaster funding	366,117			366,117	2,256,565	2,622,682
FUNDING PER PAY NOTICE	9,669,757	1,943,346	189,651	11,802,754	2,983,330	14,786,084
Other	139,350			139,350	9,725	149,075
Interest	12,016			12,016	6,056	18,072
Paymaster funding	205,856			205,856		205,856
Paymaster expense	(366,117)			(366,117)	(1,868,693)	(2,234,810)
TOTAL REVENUE FOR SETTLEMENT PURPOSES	9,660,862	1,943,346	189,651	11,793,859	1,130,418	12,924,277
Amortization of deferred contributions	190,914			190,914		190,914
TOTAL REVENUE	9,851,776	1,943,346	189,651	11,984,773	1,130,418	13,115,191
EXPENDITURES	7,841,141	1,751,397	177,278	9,769,816	507,005	10,276,821
Salaries and benefits						
Occupancy	748,875	31,418		780,293	31,363	811,656
Computers, furniture and equipment	245,581	26,418		271,999	7,539	279,538
Medical supplies	57,538	9,025		66,563	553	67,116
Contracted out services	36,871	5,210		42,081		42,081
Sundry Expenses	721,112	119,878	12,373	853,363	159,154	1,012,517
TOTAL EXPENDITURES FOR SETTLEMENT PURPOSES	9,651,118	1,943,346	189,651	11,784,115	705,614	12,489,729
Amortization	190,914			190,914		190,914
TOTAL EXPENDITURES	9,842,032	1,943,346	189,651	11,975,029	705,614	12,680,643
EXCESS OF REVENUE OVER EXPENDITURES	9,744			9,744	424,804	434,548

- Questions were received and discussion held about the content of the report.
- The audit revealed \$434,000 surplus dollars will be returned to the ESC LHIN.
- Typically there would be three (3) Funds, Operating Fund (Ministry dollars), Centre Fund and Capital Fund. It was determined that the Capital Fund would be eliminated this year now that the Foundation will address capital needs.
- It was confirmed that the investments have been transferred to the Foundation.
- The last step will be filing the Charitable Information Return which is due September 30, 2016.
- The Auditors' noted it was a clean audit with no issues to report and explained that with only three (3) adjusting journal entries, it indicates that the Quarterly reports submitted to the Finance Committee are accurate.

Governance Committee – B. Fetherston, Chair

- The Committee met June 22, 2016.
- The approved April 20, 2016 Meeting Minutes were included in the Agenda package and included the Board & Board Committee Attendance Report.

Resignation of Dr. Glenn Bartlett, Executive Director, effective June 30, 2016, acceptance of Dr. Glenn Bartlett's resignation and appointment of Hardeep Sadra as Executive Director, effective July 1, 2016.

- The Governance Committee held a telephone meeting June 7, 2016 and regretfully accepted Dr. Glenn Bartlett's resignation as Executive Director effective June 30, 2016. The Committee passed a motion and made their recommendations that the Board agree to consent to waiver of notice for a meeting so they could hold an electronic vote, agree to accept Glenn Bartlett's resignation effective June 30, 2016 and appoint Hardeep Sadra as the incoming Executive Director effective July 1, 2016. The Committee by email asked each Board member to consider the above recommendations, and to support the recommendations as made. There was unanimous approval for all items.

Motion: A motion was made to ratify the above actions taken by the Governance Committee

Moved: B. Fetherston **Seconded:** J. Mowat No Discussion Carried

Motion: A motion was made to ratify the appointment of Hardeep Sadra as Executive Director and accept the letter of resignation from Glenn Bartlett as Executive Director.

Moved: B. Fetherston **Seconded:** J. Mowat No Discussion Carried

- Board Recruitment Plan for one (1) vacant position: The Governance Committee is actively recruiting for candidates based on the board skills matrix which includes HR skills, who are from the county or familiar with our vulnerable populations. H. Sadra will follow-up with two (2) possible candidates throughout the summer who are from the county and speak Low German.

- 2016-2017 Board and Board Committee Meeting Schedule

A recommendation was made to accept the 2016-2017 Board and Board Committee meeting schedule as presented.

Motion: A motion was made to adopt the 2016-2017 Board and Board Committee meeting schedule as presented.

Moved: B. Fetherston **Seconded:** T. Urquhart No Discussion Carried

- Confidentiality Agreements for 2016 – 2017 and Board Meeting Evaluations were distributed, completed and submitted for collating by the Governance Committee as indicated on their work plan.

WE CHC Board of Directors for 2016-2017

- Reaffirm the appointments of the following members of the WE CHC Board of Directors for 2016 - 2017. Kathryn Hengl, John Mowat, Elaine Clark, Angela Deneweth, Robert Fetherston, Toni Scislawski, William McClounie.

Motion: A motion was made to reaffirm the appointments of WE CHC Board of Directors for 2016 - 2017. Kathryn Hengl, John Mowat, Elaine Clark, Angela Deneweth, Robert Fetherston, Toni Scislawski, William McClounie.

Moved: B. Fetherston **Seconded:** A. Deneweth No Discussion Carried

Elections of the Executive Committee Officers

- The Board passed a motion at the June 24, 2015 Board meeting to increase the Executive Members terms from one year term to two year terms for President: K. Hengl, Vice President: J. Mowat, Treasurer: E. Clark and Secretary: A. Deneweth. Their terms expire June 2017.

Motion: A motion was made to confirm the Executive Committee. President, K. Hengl, Vice President, J. Mowat, Treasurer, E. Clark and Secretary, A. Deneweth with terms expiring June 2017.

Moved: B. Fetherston **Seconded:** W. McClounie No Discussion Carried

Motion: A motion was made to approve the Governance report as presented.

Moved: B. Fetherston **Seconded:** W. McClounie No Discussion Carried

Quality Utilization and Risk Committee – T. Scislowski, Chair

- The Committee met June 21, 2016.
- The April 19, 2016 approved Meeting Minutes were included in the Agenda package.
- The Committee is currently exploring Quality Tools; Data Management is now running at a 95% accuracy rate.

Motion: A motion was made to approve Quality Utilization and Risk Committee Report.
Moved: T. Scislowski **Seconded:** B. Fetherston No Discussion Carried

In-camera – HR/Personnel/Finance Issues: Approve the May 25, 2016 In-Camera Meeting minutes

Motion: A motion was made to move in-camera at 4:51 P. M.
Moved: T. Urquhart **Seconded:** E. Clark No discussion Carried

A motion was made to approve the May 25, 2016 In-Camera meeting minutes as presented.
Moved: J. Mowat **Seconded:** B. Fetherston No Discussion Carried

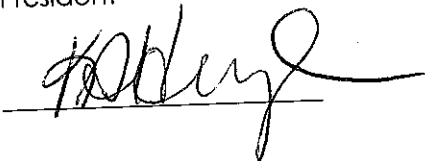
There were no other in-camera agenda items.

Motion: A motion was made to move back to the regular Board meeting at 4:52 P.M.
Moved: T. Scislowski **Seconded:** T. Urquhart No Discussion Carried

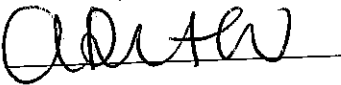
Adjournment: A motion was made to adjourn the meeting by K. Hengl at 5:07 p.m. and seconded by T. Urquhart.

Respectfully submitted by Mary Brannagan

Kathryn Hengl
President



Angela Deneweth
Secretary



Mary Brannagan
Recorder

