Windsor Essex weCHC
Community Health Centre

16th Annual General Meeting Report

Wednesday 24 June 2026

Where barriers end and best begins

Windsor Essex Community Health Centre (weCHC)
Meeting Notice and Agenda for the 16th Annual General Meeting (AGM)
June 24th, 2026 - 6:30 pm to 7:30 pm

It is with pleasure that we invite all members in good standing to the 16th Annual General Meeting (AGM) of the Windsor Essex Community Health Centre.

DATE: Wednesday June 24, 2026
TIME: 6:30 pm to 7:30 pm
VENUE: Leamington Site, 33 Princess St., Suite 450 (Board Room)

PROXIES
For members who cannot attend the AGM in person, a proxy form is attached. The completed proxy should be returned to lthomson@wechc.org on or before June 22, 2026.

1.	**Welcome and Call to Order**	N. Dziamarski, Chair
2.	**Staff Presentation – Cancer Screenings at a CHC**	Leamington Team
3.	**Approval of Agenda**	N. Dziamarski, Chair
4.	**Approval of June 25, 2025 AGM Meeting Minutes**	N. Dziamarski, Chair
5.	**Introduction of Board Members & Auditor from KPMG**	N. Dziamarski, Chair
6.	**Introduction of Leadership Team**	N. Brockenshire, Executive Director
7.	**Governance Committee Report**	K. Dryden, Chair
8.	**Notice of Meeting**	C. Howitt, Secretary
9.	**Report on Attendance Including any Proxies received**	C. Howitt, Secretary
10.	**Reports**	
	These reports are included in the AGM report:	
	a) **weCHC Executive Director & Board Chair's Report**	N. Dziamarski, Chair
	b) **Auditor's Report and presentation of the yearly Financial Statements as at March 31, 2026**	K. Taylor, Treasurer
11.	**Appointment of the Auditors and Fixing of Remuneration of Auditors**	K. Taylor, Treasurer
12.	**Ratification of the Board of Directors Actions for 2025-2026**	C. Howitt, Secretary
	There are no By-Law amendments or supplementary letters patent which require approval at this time.	
13.	**Presentations**	N. Brockenshire

- **weCHC Year in Review:** Power Point presentation by N. Brockenshire highlighting achievements of weCHC over the past year.
- **Staff Recognition:** Anniversary Milestones are recognized for staff at 5, 10, 15, 20, 25, 30 years of service. The list will be read by N. Brockenshire, Executive Director.

14. Adjournment N. Dziamarski, Chair

Windsor Essex Community Health Centre (weCHC)
15th Annual General Meeting (AGM) Minutes
June 25, 2025 6:30 pm to 8:00 pm

Present: Justine Taylor (Chair), Camille Armour Ross (Vice Chair), Nicole Dziamarski (Director), Alix Khanafer (Director), Jessica Sartori (Director), Danielle Paes (Community Member, QUR Committee), Jayme Lesperance (Community Member, QUR Committee)

Regrets: Clara Howitt, (Secretary), Kris Taylor (Director), Katelyn Dryden (Treasurer), DJ MacNeil (Community Member, QUR Committee)

Staff: Nancy Brockenshire (Executive Director), Stuart Kennedy (Manager, Data Management & Finance), Nadine Manroe-Wakerell (Director Teen Health, Eating Disorders IOP & SAPACCY), Amy Palmer (Director Pickwick & HR), Sarah Sasso (Director Sandwich & Quality), Cheryl Zaffino (Director Diabetes Wellness & CDM Teams), Laura Strathdee (Director Leamington and International Agricultural Worker Team),

Guest: Alison Piccolo, KPMG (Auditor)

Recorder: Lynn Thomson, Executive Assistant, & Privacy Officer

Quorum was achieved. Five (5) of eight (8) members were present.

Proxies
One proxy was received from Clara Howitt and Kris Taylor which will be reported under item 7.

1. J. Taylor, Chair, called the meeting to order at 6:33 pm and asked members to identify any conflicts of interest at this time; none were declared.

2. **Approval of the June 25, 2025 Agenda**
   Motion: A Motion was made to approve the agenda as presented.
   Moved: J. Taylor **Seconded:** C. Armour Ross No Discussion Carried

4. **Approval of June 26, 2024 AGM Meeting Minutes**
   Motion: A Motion was made to approve the June 26, 2025 AGM Meeting Minutes.
   Moved: C. Armour Ross **Seconded:** N. Dziamarski No Discussion Carried

3. **J. Taylor introduced the weCHC Board Members and the Auditor from KPMG:**
   - Justine Taylor - Chair
   - Camille Armour Ross – Vice Chair
   - Clara Howitt – Secretary & Chair Governance Committee (regrets)
   - Katelyn Dryden – Treasurer, Chair Finance & Facilities Committee (regrets)
   - Nicole Dziarmarski – Director, Alliance Liaison
   - Alix Khanafer – Director
   - Kris Taylor – Director (regrets)
   - Alison Picollo – KPMG Auditor

4. **N. Brockenshire introduced the weCHC Leadership Team:**
   - Nancy Brockenshire - Executive Director
   - Amy Palmer – Director HR & Clinical Practice (Pickwick Site)
   - Sarah Sasso – Director Clinical Practice (Sandwich Site) & Quality

- Nadine Manroe-Wakerell – Director Clinical Practice (Teen Site), Eating Disorders Intensive Out-Patient Program, Youth Hub & SAPACCY teams
- Cheryl Zaffino – Director Clinical Practice (Diabetes Wellness) & Chronic Disease Management Teams
- Laura Strathdee, Director Clinical Practice Leamington and International Agricultural Workers
- Amy Visser – Director Clinical Practice (Street Health, Hep C, Communications & Health Promotion)
- Phil Greenen – Manager Facilities & Plan Operations (regrets)
- Tony Cvitkovic – Manager IT Programs (regrets)
- Lynn Thomson – Executive Assistant & Privacy Officer

5. **Governance Committee Report:** J. Sartori, Director, reported on completion of terms, resignations, and any nominations for new board members.
   - The Board welcomed Jayme Lesperance and Danielle Paes as community members of the QUR Committee. The Board expressed appreciation of their skills, experience and assets which will complement our QUR Committee.
   - There were no resignations, nominations or end of term for Board Members.

   Motion: A Motion was made to approve the Governance Committee's report as presented.
   Moved: A. Khanafer **Seconded:** N. Dziamarski No Discussion Carried

6. **Notice of Meeting:** J. Sartori, Director, reported that the meeting notice and agenda were emailed to members on June 9, 2025 in accordance with the current weCHC Board Bylaws.

7. **Report on Attendance Including any Proxies received:** J. Sartori, Director, reported that five (5) of eight (8) Board Members were in attendance. One proxy was received from Clara Howitt who appointed Justine Taylor to vote on her behalf. One proxy was received from Kris Taylor who appointed Justine Taylor to vote on his behalf.

8. **Reports**

   Board Chair Report – Justine Taylor

   It has been a year of renewed energy and growth at weCHC under the leadership of our Executive Director, Nancy Brockenshire. Since stepping into the role last June, Nancy has brought fresh vision and steady guidance to the organization. Her commitment to fiscal responsibility and transparency has strengthened our operations, while her focus on funding opportunities, collaboration and new partnerships has positioned weCHC for long-term success and sustainability.

   Nancy has reinvigorated our staff and breathed new life into our spaces—both physically and culturally. From a vibrant new office to thoughtful updates at our existing locations, the changes are tangible and uplifting. Her leadership extends beyond weCHC; Nancy has played a pivotal role in the broader health system, previously serving as co-chair of our regional Ontario Health Team and continuing to advance integrated, collaborative care across the region.

   Our Board has remained focused on providing strong governance and strategic direction as we support Nancy and the weCHC team in delivering accessible, community-based care. I am continually inspired by my fellow Board members' dedication and insight.

   To the weCHC staff—thank you. Your work is more than essential; it's transformative. The compassion, skill, and creativity you bring to your roles continue to shape a healthier, more connected community. This past year's progress is a direct reflection of your efforts, and we are proud to stand behind you as you care for those who need it most.

We look forward to the year ahead and the continued evolution of weCHC as a leader in community health.

Justine Taylor
Dr. Justine Taylor, Board Chair

Executive Director's Report – Nancy Brockenshire

It's hard to believe it's already been a year since I had the good fortune of joining the incredible weCHC team. Time has certainly flown by, and as we reach another year-end milestone, it's a fitting moment to pause, reflect, and celebrate.

Our Annual General Meeting is more than a formality to fulfill legal requirements, elect board members, or approve financials. It's a meaningful opportunity to reflect on the impact we've had on our community, the partnerships we've developed, and the many accomplishments our dedicated team has achieved. It's also a moment to express deep gratitude to our volunteer Board of Directors — leaders who generously give their time, expertise, and guidance to help us navigate risk, responsibility, and growth.

This year, we not only managed our budget with strong fiscal stewardship, (including a team win in the Pocketalk Challenge!), but also deepened our integration across programs, committees, and outreach initiatives. From successfully leading clinical submissions for the HART Hub and Refugee Health which will begin soon, to participating in OHT sector tables, and at the provincial level on Black Health, we continue to be a trusted and engaged partner in care.

Our Primary Care team continues to rise to the challenge, expanding their support for increasingly complex client rosters, while embracing innovative AI tools, enhancing care across our communities. The diabetes team is responding to a constant surge in referrals while looking ahead to innovative research opportunities focused on early diagnosis. Our CDMP program has expanded across Ontario, bringing exercise and wellness to more communities. The Amani team continues to scale its reach and deepen its impact, while our Hep C team remains a strong presence, delivering services Windsor to Chatham, and now to our correctional facilities. Through OH's support, our Teen Health's partnership with BANA and WRH created WEIOP, a *First of It's Kind* in this region for Intensive Outpatient Program for youth with eating disorders. Amazing work providing expert care to our youth in our community.

The psychosocial and addiction teams have made great strides in streamlining processes, improving community pathways, and increasing timely access to care—rising to meet growing demands with innovation and dedication. Our greenhouse team has not only blown away primary care targets, but when measles concerns arose high in Leamington, they pivoted and vaccinated over 3000 migrant workers. Thank you to all staff that quickly advocated and engaged in this work at All sites with a focus on vaccination for prevention.

The 'front of house' is visual, but we have also had many successes from 'the back-end services!' From initiating Tali, to staying cybersafe with the IT team, painting walls blue, to get agenda ready, to managing the hiring and paying our staff – thank you! It certainly takes an amazing team.

What I love about healthcare is that while the focus remains the same, it's always about people, the way we evolve, innovate, and elevate the care we provide is constantly changing. And this team never stands still.

Together, we are doing great things.

Nancy Brockenshire
Nancy Brockenshire, Executive Director

Motion: A motion was made to approve the weCHC Executive Director and Board Chair Reports as presented in the 2025 Annual General Meeting Report.
Moved: C. Armour Ross **Seconded:** A. Khanafer No Discussion Carried

8. **Auditor's Report and the Audited Financial Statements March 31, 2025:**
J. Taylor, Chair, reported that the Audited Statements were presented to the Finance Committee on June 18, 2025 by KPMG for their review and recommendations. The Committee recommended that the Financial Statements at March 31, 2025 be accepted by the Board at their June 25, 2025 Board meeting prior to this AGM. These were accepted as received.

Motion: A motion was made to approve the Audited Financial Statements of March 31, 2025 and summary of Auditor's report as presented.
Moved: N. Dziamarski **Seconded:** C. Armour Ross No Discussion Carried

9. **Appointment of the Auditors and Fixing of Remuneration of Auditors**
A Motion was passed at the May 25, 2022 Board Meeting to appoint the firm KPMG as weCHC Auditors for a 3-year period from April 1, 2022 to March 31, 2025. At the March 26, 2025 Board meeting there was a Motion passed to reappoint the auditors for a further 3 year period (April 1, 2025 to March 31, 2028). Remuneration was fixed as per the signed Agreement. No further action is required until the end of term.

10. **Ratification of the Board of Directors Actions for 2024 - 2025**
J. Sartori, Director, moved that all acts, contracts, by-laws, proceedings, appointments, referred to in the minutes of the Board of Directors of the Corporation are hereby approved, ratified and confirmed.
Moved: J. Sartori **Seconded:** C. Armour Ross No Discussion Carried

11. **By-Laws**
The current By-Laws and Letters Patent currently do not require any updates.

12. **Presentations**

2024-25 Executive Director Presentation: A Power Point was provided detailing updates from the past year with respect to data and program accomplishments.

Staff Recognition – N. Brockenshire offered a few words of gratitude to the staff who celebrated milestone anniversaries in this past year. Staff recognition awards were provided to the staff directly at their sites. Anniversary Milestones are recognized for staff at 5, 10, 15, 20, 25, 30 years of service.

Years of Service	Name	Position	Location
5	Sevyn Sherlock	Registered Practical Nurse	Leamington
5	Karry Wiseman	Medical Secretary	Leamington
5	Sarah Hatoum	Registered Dietitian	Teen
10	James Stainer	Registered Nurse	Diabetes
10	Nadia Nikosey	Occupational Therapist	CDM Team
10	Liz Magro	Administrative Coordinator	Sandwich
10	Gail Maples	Physician	Pickwick
15	Dina Ozols	Physician	Sandwich
25	Holly Schincariol	Physician	Teen

12. Adjournment & Closing Remarks

Justine Taylor adjourned the meeting at 7:15 pm. All were thanked for attending the meeting.

Respectfully submitted by Lynn Thomson

weCHC Board Chair Report

It has been a year of growth, progress, and renewed purpose at Windsor Essex Community Health Centre. Across Windsor and Essex County, weCHC has strengthened access and attachment to primary care, prevention, health promotion, and wrap-around supports for individuals and communities facing complex health and social needs.

Under the continued leadership of our Executive Director, Nancy Brockenshire, weCHC has continued to advance accessible, community-based care while deepening its role as a trusted partner in the regional health system. This was reinforced through discussions with the Windsor Ontario Health Team, which recognized weCHC as a valued and relied-upon partner. That recognition reflects the strength of the organization's relationships, the relevance of its model of care, and the commitment of staff to meeting people where they are.

The work of weCHC is both complex and essential. Many individuals and families served by the organization face layered health and social challenges, including chronic illness, mental health needs, poverty, housing insecurity, language barriers, isolation, and difficulty navigating the broader system. In this context, weCHC plays an important role not only as a provider of care, but as a connector across health, mental health, housing, food security, and community services.

This year also marked an important period of strategic renewal. Through the refreshed strategic plan, weCHC has adopted a renewed vision: 'Where barriers end and best begins'. This vision captures the heart of the organization's work: reducing barriers, improving access, supporting better outcomes, and helping create the conditions for individuals and communities to thrive.

The Board remains committed to supporting this direction through sound governance, financial stewardship, and clear accountability to weCHC's mission, values, and strategic priorities. We are grateful for Nancy's steady leadership and for the continued dedication of our Board members, whose time, expertise, and stewardship help guide the organization's work.

To the staff of weCHC, thank you. The compassion, professionalism, and skill you bring to your work each day make a meaningful difference in the lives of the people and communities we serve. Your efforts are reflected in the organization's progress and in weCHC's continued impact across Windsor and Essex County.

As we look ahead, we do so with confidence in weCHC's direction and a shared commitment to building a healthier, more equitable community where barriers end and best begins.

Nicole Dziamarski

Nicole Dziamarski, Board Chair

Executive Director's Report – Nancy Brockenshire

As we reflect on the past year, it is clear that weCHC has continued to grow, innovate, and strengthen our impact across the communities we serve. It is an exciting time to lead a team that embraces collaboration, innovation, and partnerships while remaining committed to providing accessible, high-quality primary care.

With primary care continuing to be a provincial priority, we have experienced significant growth over the past two years, welcoming a new physician, three new Nurse Practitioners, and many additional support staff to expand access to care. Renovated clinical spaces and enhanced service capacity have allowed us to continue attaching new clients while providing comprehensive wrap-around services that address both health and social needs.

This year also saw an increased focus on prevention and early intervention. Dedicated mammography booking days, expanded vaccination initiatives, T1D education, support and testing, along with the purchase and implementation of our own retinal camera have significantly improved access to preventative screening. The retinopathy program has already demonstrated positive results by identifying concerns earlier and reducing barriers for clients who previously struggled to access specialized services.

Our Allied Support Workers have continued to expand their reach, improving client engagement and supporting care coordination across programs. Our clinical teams invested in professional development through conferences and educational opportunities, strengthening skills, building new partnerships, and bringing innovative practices back to our organization. We are also proud that our Social Work team has significantly reduced wait times, allowing clients to receive timely mental health and social supports when they need them most.

Our partnerships remain a cornerstone of our success. We continue to see encouraging outcomes through our Hart Hub collaboration, with clients successfully transitioning through the program and many securing stable housing. Our Refugee Health Program has been extended, continuing to provide culturally responsive care to newcomers, while our Black Health program is now fully staffed and actively engaging the community through improved access and outreach.

Our Annual General Meeting provides an opportunity to celebrate these accomplishments while reflecting on both our successes and our challenges. It is also a time to fulfill our governance responsibilities, approve our financials, and recognize the remarkable commitment of our volunteer Board of Directors. This past year, the Board challenged myself and our team with our new Vision, Mission, and Values, encouraging thoughtful reflection on our history while shaping a bold direction for our future. Their leadership, expertise, and dedication continue to guide our organization as we build a healthier, more equitable community for all.

I extend my sincere gratitude to our staff, volunteers, partners, and Board members whose passion and commitment make these achievements possible. Together, we continue to strengthen primary care, reduce barriers, and improve the health and well-being of the communities we serve.

Together, we are doing great things.

Nancy Brockenshire

Nancy Brockenshire
Executive Director

DRAFT Financial Statements of

WINDSOR ESSEX COMMUNITY HEALTH CENTRE

And Independent Auditor's Report thereon

Year ended March 31, 2026

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Windsor Essex Community Health Centre

Opinion

We have audited the financial statements of Windsor Essex Community Health Centre (the Entity), which comprise:

- the statement of financial position as at March 31, 2026
- the statement of revenue and expenditures for the year then ended
- the statement of changes in fund balances for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2026 and its results of operations, its changes in fund balances and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditor's Responsibilities for the Audit of the Financial Statements"*** section of our auditor's report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

  The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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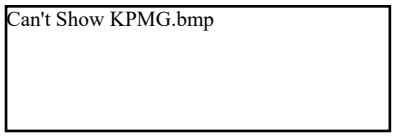

Chartered Professional Accountants, Licensed Public Accountants

Windsor, Canada

WINDSOR ESSEX COMMUNITY HEALTH CENTRE

Statement of Financial Position

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March 31, 2026, with comparative information for 2025

	Operating Fund	Centre Fund	2026 Total	2025 Total
Assets				
Current assets:				
Cash	$ 2,102,546	$ 730,316	$ 2,832,862	$ 3,686,003
Trade receivable	62,632	-	62,632	562,018
HST recoverable	108,298	-	108,298	82,937
Prepaid expenses	222,232	-	222,232	226,308
Interfund balances (note 2)	108,589	(108,589)	-	-
Investments (note 3)	-	-	-	1,323,065
	2,604,297	621,727	3,226,024	5,880,331
Investments (note 3)	-	1,384,098	1,384,098	-
Tangible capital assets (note 4)	2,734,398	-	2,734,398	2,882,038
	$ 5,338,695	$ 2,005,825	$ 7,344,520	$ 8,762,369
Liabilities and Fund Balances				
Current liabilities:				
Accounts payable and accrued liabilities (note 5)	$ 595,297	$ -	$ 595,297	$ 1,585,748
Due to provincial agencies (note 6)	2,069,831	-	2,069,831	2,564,935
	2,665,128	-	2,665,128	4,150,683
Deferred capital contributions (note 8)	2,615,066	-	2,615,066	2,701,518
Deferred contributions	60,588	1,883	62,471	1,883
	5,340,782	1,883	5,342,665	6,854,084
Fund balances	(2,087)	2,003,942	2,001,855	1,908,285
Commitments (note 9)				
Economic dependence (note 13)				
Contingencies (note 11)				
	$ 5,338,695	$ 2,005,825	$ 7,344,520	$ 8,762,369

See accompanying notes to financial statements.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE

Statement of Revenue and Expenditures

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Year ended March 31, 2026, with comparative information for 2025

	Operating Fund	Centre Fund	2026 Total	2025 Total
Revenue:				
Provincial agencies funding	$ 19,189,015	$ -	$ 19,189,015	$ 17,367,750
Interest income	93,556	81,051	174,607	225,151
Ministry of Children, Community, and Social Services	187,250	-	187,250	187,250
Donations and fundraising	-	66,951	66,951	86,845
Other community funding	1,418,361	33,336	1,451,697	1,065,575
Amortization of deferred capital contributions	267,328	-	267,328	307,374
	21,155,510	181,338	21,336,848	19,239,945
Expenditures:				
Paymaster expense	-	-	-	72
Salaries and benefits	17,020,332	19,165	17,039,497	15,331,681
Computer, furniture and equipment	596,192	-	596,192	332,626
Occupancy	1,076,347	-	1,076,347	1,382,222
Medical supplies	133,354	4,440	137,794	116,173
Office and general	1,170,546	8,485	1,179,031	945,196
Contracted out services	327,101	-	327,101	183,632
Amortization	304,698	23,818	328,516	332,075
Professional fees	123,748	-	123,748	82,230
Program	77,973	31,860	109,833	56,807
Insurance	71,021	-	71,021	70,420
Professional development	57,526	-	57,526	20,936
Travel	46,376	-	46,376	84,917
	21,005,214	87,768	21,092,982	18,938,987
Excess of revenue over expenditures before surplus repayable	150,296	93,570	243,866	300,958
Surplus repayable	150,296	-	150,296	213,614
Excess of revenue over expenditures	$ -	$ 93,570	$ 93,570	$ 87,344

See accompanying notes to financial statements.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE

Statement of Changes in Fund Balances

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Year ended March 31, 2026, with comparative information for 2025

	Operating Fund	Centre Fund	2026 Total	2025 Total
Fund balances, beginning of year	$ (2,087)	$ 1,910,372	$ 1,908,285	$ 1,820,941
Excess of revenue over expenditures	-	93,570	93,570	87,344
Fund balances, end of year	$ (2,087)	$ 2,003,942	$ 2,001,855	$ 1,908,285

See accompanying notes to financial statements.

WINDSOR ESSEX COMMUNITY HEALTH CENTRE

Statement of Cash Flows

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Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Cash provided by (used in):		
Cash flows from operating activities:		
Excess of revenue over expenditures	$ 93,570	$ 87,344
Items not involving cash:		
Amortization	328,516	332,075
Amortization of deferred contributions	(304,698)	(307,374)
Changes in non-cash operating working capital:		
Trade receivable	499,386	(246,267)
Prepaid expenses	4,076	23,186
HST recoverable	(25,361)	12,328
Accounts payable and accrued liabilities	(990,451)	734,102
Due to provincial agencies	(457,734)	(167,803)
	(852,696)	467,591
Cash flows from financing activities:		
Deferred capital contributions	180,876	97,087
Deferred contributions	60,588	(2,000)
	241,464	95,087
Cash flows from investing activities:		
Purchase of tangible capital assets	(180,876)	(92,287)
Net change in investments	(61,033)	(56,368)
	(241,909)	(148,655)
Increase (decrease) in cash	(853,141)	414,023
Cash, beginning of year	3,686,003	3,271,980
Cash, end of year	$ 2,832,862	$ 3,686,003

See accompanying notes to financial statements.

Nature of operations:

Windsor Essex Community Health Centre (the "Centre"), incorporated without share capital under the laws of Ontario, is a registered charity exempt from income taxes under Section l49(l)(f) of the Income Tax Act of Canada. The Centre provides inclusive access to primary care, prevention, and wellness services in the neighbourhoods in need.

1. Significant accounting policies:

These financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The Organization's significant accounting policies are as follows:

(a) Cash:

Cash includes cash on hand and in financial institutions.

(b) Revenue recognition:

The Centre 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 tangible 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.

Dividend income is recognized when the right to receive a dividend has been established.

Other types of revenue are recorded in the period in which they are earned and measurement and collectability is reasonably assured.

1. Significant accounting policies (continued):

(c) Contributed material and services:

Contributed services are not recorded in the accounts. Where the value is ascertainable, contributable materials are recognized at their fair value.

(d) Fund accounting:

In accordance with the practice common to similar organizations, the Centre 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.

(e) Operating Fund:

Revenue and expenses related to program delivery and administrative activities funded and managed by the Ministry of Health (MOH) and Ontario Health in accordance with budget arrangements established are reported in the Operating Fund.

(f) Centre Fund:

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

1. Significant accounting policies (continued):

(g) Financial instruments in arm's length transactions:

The Centre considers any contract creating a financial asset, liability or equity instrument as a financial instrument, except in certain limited circumstances. The Centre accounts for the following as financial instruments:

- Cash
- Trade receivable
- HST recoverable
- Investments
- Deferred capital contributions
- Deferred contributions
- Accounts payable and accrued liabilities
- Due to provincial agencies

A financial asset or liability is recognized when the Centre becomes party to contractual provisions of the instrument.

Financial assets or liabilities are initially measured at their fair value. In the case of a financial asset or liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption.

The Centre subsequently measures its financial assets and financial liabilities at amortized cost, except for equity securities quoted in an active market, which are subsequently measured at fair value.

A financial asset measured at cost or amortized cost are tested for impairment when there are indicators of impairment. Impairment losses are recognized in the statement of operations. Previously recognized impairment losses are reversed to the extent of the improvement provided the asset is not carried at an amount, at the date of the reversal, greater than the amount that would have been the carrying amount had no impairment loss been recognized previously. The amounts of any write-downs or reversals are recognized in excess (deficiency) of revenue over expenditures.

The Centre removes financial liabilities, or a portion of, when the obligation is discharged, cancelled or expires.

1. Significant accounting policies (continued):

(h) 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. Actual results could differ from those estimates.

(i) Employee future benefits:

Employees of the Centre 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 Centre has insufficient information to apply defined benefit plan accounting standards.

The most recent actuarial valuation for accounting purposes of the Plan was completed as at December 31, 2025. As at December 31, 2025, the Plan disclosed actuarial assets of $132 billion (2024 - $123 billion) with accrued pension liabilities of $121 billion (2024 - $113 billion) resulting in a surplus of $11 billion (2024 - $10 billion). This filing valuation also confirmed that the plan was fully funded on a solvency basis as at December 31, 2025 based on assumptions and methods adopted for the valuation.

(j) Tangible capital assets:

Purchased tangible 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 tangible capital asset no longer contributes to the organization's ability to provide service, its carrying amount is written down to its residual value.

The cost of the tangible capital assets with a finite life is amortized over its estimated life/useful life in a systematic manner appropriate to the nature of that item and its use by the Centre. Accordingly, the Centre uses the straight-line method whereby a fixed amount is periodically amortized into excess (deficiency) of revenue over expenditures over the asset's respective life/useful life.

1. Significant accounting policies (continued):

(j) Tangible capital assets (continued):

The following rates applied on a straight line will apply the cost over the estimated useful lives of tangible capital assets:

Asset	Basis	Rate
Office furniture and equipment	Straight-line	5 years
Computer equipment	Straight-line	3 years
Leasehold improvements	Straight-line	5 to 20 years
Medical equipment	Straight-line	3 years

The carrying amount of an item of property, plant and equipment is tested for recoverability whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognized when the asset's carrying amount is not recoverable and exceeds its fair value.

(k) Allocation of expenses:

The Centre allocates certain of its fundraising and general support expenses based on budget. Costs relating to specific programs in the Operating fund and 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.

2. Interfund balances:

Interfund amounts receivable/payable bear no interest and are not governed by terms of repayment.

3. Investments:

	2026	2025
Guaranteed Investment Certificate, maturing March 16, 2026, rate of 4.45%	$ -	$ 1,323,065
Guaranteed investment certificate, maturing September 13, 2027, rate of 3.5%	1,384,098	-
	$ 1,384,098	$ 1,323,065

4. Tangible capital assets:

	Cost	Accumulated amortization	2026 Net book value	2025 Net book value
Computer equipment	$ 580,982	$ 555,998	$ 24,984	$ 24,549
Leasehold improvements	4,684,737	2,142,921	2,541,816	2,722,783
Office furniture and equipment	1,404,389	1,332,702	71,687	107,494
Medical equipment	206,621	110,710	95,911	27,212
	$ 6,876,729	$ 4,142,331	$ 2,734,398	$ 2,882,038

Cost and accumulated amortization of capital assets as at March 31, 2025 amounted to $7,028,244 and $4,416,206 respectively.

5. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of $nil (2025 - $230,318), which includes amounts payable for payroll related taxes.

6. Due to provincial agencies:

As of March 31, 2026, the Centre reports a balance of $2,069,831 as payable to the Ministry of Health and other transfer payment agencies. This represents a decrease from the prior year's balance of $2,564,935 as of March 31, 2025. The amounts payable reflects unspent funding subject to return or reconciliation in accordance with funding agreements. Any adjustment upon reconciliation is recorded in the year of reconciliation.

7. Operating line of credit:

The Centre has an operating line of credit with RBC up to an amount of $225,000 at an annual interest rate of prime plus 0.400%, secured by a general security agreement. As of March 31, 2026, the credit facility was not in use (2025 - $nil).

8. Deferred capital contributions:

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.

	2026	2025
Opening balance	$ 2,701,518	$ 2,911,805
Funding used for the purchase of property and equipment	180,876	97,087
Amounts amortized to revenue	(267,328)	(307,374)
Closing balance	$ 2,615,066	$ 2,701,518

9. Commitments:

The Centre has entered into lease commitments for its premises and additional services.

Total commitments for the next five years are as follows:

2027	$	566,932
2028		507,792
2029		507,792
2030		507,792
2031		507,792
	$	2,598,100

10. Pension contributions:

Substantially all of the employees of the Centre are members of the Health Care of Ontario Pension (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. The Plan specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

Contributions to the Plan made during the year by the Corporation on behalf of its employees amounted to $1,140,903 (2025 - $1,019,750) and are included as a component of salaries and benefits expense on the Statement of Revenue and Expenditures.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The Plan’s 2025 Annual Report as at December 31, 2025 indicates the plan is fully funded at 109%.

11. Contingent liabilities:

During the normal course of operations, the Centre may be subject to various legal actions. In the opinion of management, the ultimate resolution of any current lawsuits, disputes, and/or grievances which are not covered by insurance, would not have a material effect on the financial position or results of operations.

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to Provincial Insurance Acts, which permits persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage of health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2026.

Since its inception in 1987, HIROC has accumulated an un-appropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the un-appropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There are no distributions receivables from HIROC as of March 31, 2026.

12. Financial risks and concentration of risk:

The company is exposed to various risks through its financial instruments. The following analysis provides a measure of the Centre's risk exposure as of March 31, 2026:

(a) Market risk:

Market risk is the risk that the value of a financial instrument will fluctuate as a result of changes in market prices, whether the factors are specific to the instrument or all instruments traded in the market. The Centre's investments include equity securities whose value is exposed to fluctuations in the market. No significant change in risk from 2025.

(b) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Centre is exposed to credit risk with respect to the trade receivables. The Centre assesses, on a continuous basis, trade receivables and provides for any amounts that are not considered collectible in the allowance for doubtful accounts. No significant change in risk from 2025.

(c) Interest rate risk:

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. The Centre is exposed to interest rate risk primarily through its line of credit which is at a variable prime rate. No significant change in risk from 2025.

13. Economic dependence:

Approximately 90% (2025 - 90%) of the Centre's funding was received from the Ministry of Health.

14. Comparative figures:

Certain comparative figures have been reclassified from those previously presented to conform to the presentation of the 2026 financial statements.

Board of Directors 2026–2027

Windsor Essex weCHC Community Health Centre

Nicole Dziamarski - Chair

- Appointed to the Board June 2022
- Sr. Manager, Product Management, Loblaw
- Ex Officio Member, Governance Committee
- Ex Officio Member, Finance Committee

Katelyn Dryden - Vice Chair

- Appointed to the Board June 2022
- Director of Corporate Services and CFO - Erie Shores Healthcare
- Chair, Governance Committee
- Member, Finance Committee
- Alliance Liaison

Kris Taylor - Treasurer

- Appointed to the Board June 2023
- Vice President Business Development, ENWIN Utilities Ltd.
- Chair, Finance Committee
- Member, QUR Committee

Clara Howitt - Secretary

- Appointed to the Board April 2020
- Superintendent of Education - GECDSB
- Member, Governance Committee

Justine Taylor

- Appointed to the Board June 2021
- CropLife Canada, Director, Stewardship and Sustainability
- Member, QUR Committee

Camille Amour Ross

- Appointed to the Board January 2021
- Senior Development Officer - University of Windsor
- Chair, QUR Committee
- Member, Finance Committee

Alix Khanafer

- Appointed to the Board June 2021
- iAID Home Health Care - CEO / Health Care Director
- Member, QUR Committee
- Member, Governance Committee

Jessica Sartori

- Appointed to the Board June 2024
- Owner Parallel 42 Systems & Consultant University of Windsor
- Member, QUR Committee
- Member, Governance Committee

Board Committee Members - Community Representation

D.J. MacNeil

- Appointed to QUR Committee June 2024
- Director at HDGH

Danielle Paes

- Appointed to QUR Committee June 2025
- Pharmacist
- Canadian Pharmacists Association

Leadership Team

Windsor Essex weCHC Community Health Centre

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Executive Director

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Manager, Facilities & Plant Operations

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Stuart Kennedy

Senior Manager, Finance & Data Management

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Director, Clinical Practice

Diabetes Wellness & CDM
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