



*Saskatoon
Community
Clinic*

Community Health Services (Saskatoon) Association Ltd.

Annual General Meeting Agenda

Mayfair United Church

Thursday, June 12, 2025

Call to Order at 7 p.m.

- 1. Call to Order**
- 2. Land Acknowledgement & Elder's Blessing**
- 3. Adoption of Agenda**
- 4. Adoption of June 2024 AGM Minutes**
- 5. Reports: President, Executive Director and Medical Director**
- 6. Auditor's Report & Consideration of Financial Statements**
- 7. Discussion, Consideration & Disposal of Reports in 5.**
- 8. Nominating Committee Report**
- 9. Elections**
- 10. Coffee break**
- 11. Volunteer Award Presentation**
- 12. Appointment of Auditors**
- 13. Resolutions**
- 14. New business**
- 15. Announcements**
- 16. Adjournment**



Community Health Services (Saskatoon) Association Ltd.
62nd Annual General Meeting Minutes
Wednesday, June 19, 2024 at 6:30 pm,
Saints Martyrs Canadiens, 1007 Windsor St, Saskatoon, SK S7K 0Z1

Attendees: Thirty-six voting members and six guests

1. Call to Order

Frank Quennell, President of Community Health Services (Saskatoon) Association Ltd., called the meeting at Saints Martyrs Canadiens Parish Hall to order at 6:30 p.m., with Hazel Javier as Secretary.

2. Welcome and Blessing

Mr. Quennell welcomed members and guests and offered the Saskatoon Community Clinic's (SCC's) land acknowledgment. Elder Florence Highway provided a blessing to begin the meeting in a good way.

3. Adoption of Agenda

Dominique Rislund moved that the CHSA Annual General Meeting agenda dated June 19, 2024 be approved as presented. The motion was carried.

4. Adoption of 2023 AGM Minutes

Cathy Cole moved that the CHSA Annual General Meeting minutes dated June 14, 2023 be approved as presented. The motion was carried.

5. Reports

- a. The President's report was presented by Frank Quennell and is available in the 2023-2024 Annual Report: <https://saskatooncommunityclinic.ca/wp-content/uploads/2024/06/2023-2024-Annual-Report-Web.pdf>.
- b. The Executive Director's report was presented by Lisa Clatney and is available in the 2023-2024 Annual Report: <https://saskatooncommunityclinic.ca/wp-content/uploads/2024/06/2023-2024-Annual-Report-Web.pdf>.
- c. The Medical Directors' report was presented by Dr. Paula Paley. Dr. Paley noted staffing changes in the Medical Group. This included hiring a new physician, Dr. Kaitlyn Schick, and locums Drs. Alison White and Sandi Yao at the Downtown Clinic. At Westside, Drs. Alex DeGrace and Ryan Meili joined the team. Dr. Cuylar Conly has been hired to cover a locum at Westside and accepted a permanent part-time position DT. A new nurse practitioner, Richelle Foraie, has also joined Downtown. Dr. Leung Kwok is retiring at the end of 2024 after 27 years of service at the clinic.

6. Report of Auditor and Consideration of Financial Statements

Auditor Jesse Radu, assurance practitioner with BDO Canada, presented the financial statements. Jason Majid moved that the financial statements for the year ending March 31, 2024 be approved as presented. The motion was carried.

7. Discussion, Consideration and Disposal of Reports in agenda item 5.

Evan Thompson moved that the reports laid out in agenda item 5. be approved as presented. The motion was carried.

8. Nominating Committee Report

Dominique Rislund, Nominating Committee Chair, reported the make-up and processes of the committee to recruit candidates for the three available three-year board positions. Its members included Bonnie Hartman, Mike Chartier and Dominique Rislund with staff members Lisa Clatney (Executive Director) and Danielle Chartier (Member and Public Relations Director) providing support. The committee met to identify and recruit candidates for election to Board of Directors and a call for nominations appeared in the Summer edition of Focus, the members' newsletter, and in printed and electronic AGM materials.

9. Elections of Directors

Following a call for nominations from the floor, Andrea Harris, Evan Thompson and Frank Quennell were acclaimed to the three available positions.

10. Appointment of Auditors

Jason Majid moved that BDO Canada be appointed as auditor for CHSA for the 2024-2025 fiscal year. The motion was carried.

11. Resolutions

Johanna Bergerman moved the adoption of a motion which, after debate and amendment, was adopted as follows:

That Saskatoon Community Clinic create an interdisciplinary working group to coordinate the efforts of all departments to protect, promote and support breastfeeding to meet the Baby Friendly Initiative criteria; that the gaps in meeting the BFI criteria will be identified by the interdisciplinary group; and that all locations of the Saskatoon Community Clinic work towards being designated Baby-Friendly.

12. New business

None

13. Presentation: Co-op Education

Presented by Member and Public Relations Director Danielle Chartier

14. Announcements

None

15. Adjournment

Dominique Rislund moved that the meeting be adjourned. That motion was carried and the meeting was adjourned at 8:35 p.m.

2024-2025 BOARD OF DIRECTORS REPORT

PRESIDENT FRANK QUENNEL

The past year brought significant challenges to our co-operative and the Saskatoon Community Clinic (SCC), yet we ended with renewed optimism for the future.

INFRASTRUCTURE CHALLENGES

In April 2024, we learned there was asbestos-containing materials in the Mel Langer Building that was discovered during routine maintenance. Although deemed safe if undisturbed, we chose to prioritize safety, close the building and relocate staff to a temporary site on 11th Street West until we could do the remediation work.

This came on the heels of other difficult news we had received at the end of 2023. The University of Saskatchewan's College of Dentistry unexpectedly re-located its Saskatoon West Dental Clinic from our Westside location to the university campus. Despite our appeals to the university, we were not able to have this decision reversed, leaving both a service gap and unused space at Westside.

Additionally, this past year we addressed a longstanding barrier to full integration with Saskatchewan's electronic health records system. Without inclusion in the province's Laboratory Results Repository, most SCC lab results were not electronically accessible to emergency rooms or specialists. When the Ministry of Health indicated lab integration could take years, we made the difficult decision to transition SCC's lab to a specimen collection site model, allowing lab results to be processed through the Saskatchewan Health Authority and accessed via MySaskHealthRecord. This change makes sense, enhancing continuity of care and patient safety while freeing up Downtown space.

MOVING FORWARD

After dealing with pressing issues that came up from these changes, the SCC's leadership team turned its attention to making the most of the situation and the space. They engaged aodbt architecture and Inform Planning and spent much of the year assessing and planning the optimization of space at all SCC buildings to improve functionality and patient experience. SCC leadership is finalizing renovation sequencing and funding strategies to bring to the board for review and approval. The ultimate goal is creating better environments across all sites for patients, clients and staff.

In 2024-2025, SCC continued to advance the *One Roof* initiative—a long-standing goal to co-locate with other organizations to provide seamless, client-centered care in the city's core, combining the physical, mental and social well-being of its clients. SCC and its partners, the Saskatoon Tribal Council and Saskatchewan Health Authority, have made progress on this plan. The vision is to improve service coordination for vulnerable individuals and reduce barriers to health care, achieving better individual health outcomes and a healthier community. We look forward to sharing further details in the months to come.

LOOKING AHEAD

Moving into 2025-2026, we're energized by the possibilities ahead. CHSA's new strategic plan, developed last year with input from over 200 members, staff, and patients, provides clear direction while acknowledging healthcare human resource challenges.

Despite a challenging year, your co-operative remains committed to our mission—*Excellence and Innovation in Co-operative Primary Healthcare*—and continues to adapt to meet our community's needs. With your support, we'll build on our almost 65-year legacy of innovative, community-centered care while creating new partnerships that amplify our impact. This is not just about weathering challenges, but using them as catalysts to reimagine and revitalize co-operative community healthcare for decades to come.

Thank you for your continued commitment to our shared vision of *Healthy People in a Healthy Community* realized through co-operative, patient-centred team-based health care.

2024-2025 EXECUTIVE DIRECTOR'S REPORT

LISA CLATNEY

It is with a continued commitment to the Community Health Services (Saskatoon) Association Ltd.'s (CHSA) vision—Healthy people in a healthy community—that I present the Executive Director's Report for the 2024-2025 fiscal year. This past year has been one of growth, resilience and innovation as we navigated both systemic pressures and opportunities to improve patient care. We continue to uphold our core values—collaboration, accountability, engagement, equity and patient-centered care—while responding to the evolving needs of our community.

INFRASTRUCTURE AND OPERATIONAL ENHANCEMENTS AND CHALLENGES

This past year, we made several improvements to our physical infrastructure to enhance accessibility, safety and patient experience. At our Westside location, a new entrance door and ramp resurfacing improved mobility and safety, while at our Downtown site we completed a full roof replacement. We also installed a new camera system to upgrade site security and introduced a phone call back feature to reduce patient hold times. Notably, we acquired new equipment including a handheld ultrasound unit, a treatment bed, and an exercise bike to support our medical and physiotherapy teams. Many of these and other improvements are thanks to the Saskatoon Community Clinic Foundation and the generosity of donors.

The Saskatoon Community Clinic (SCC) faced a significant challenge the past year with the discovery of asbestos in the Mel Langer Building, which necessitated temporary closure and staff relocation. Coupled with some other service changes at the Westside and Downtown locations, this proved to be an ideal time to assess and optimize space usage. The clinic is now working with the board to finalize renovation plans and funding strategies with the ultimate goals of improving the care environment and enhancing community health outcomes.

PROGRAM DEVELOPMENT AND EXPANSION

We continued to see strong participation in group programs that support health, wellness and community connection. Long-standing programs, *Fitness, Food, & Fun* and *Live Well with Chronic Conditions*, remained popular. This year, we introduced *Stand Tall – Prevent a Fall*, focused on older adults at risk of falling and *Families in TRANSition (FIT)*, a first-of-its-kind program in Saskatchewan supporting families of 2-Spirit, trans and gender-diverse youth.

HIV CARE LEADERSHIP

Our Westside clinic continues to be a provincial leader in HIV care. Using a low-barrier, opportunistic care model, we have outperformed other HIV care programs from diagnosis to viral suppression despite limited dedicated funding. On average, 80% of HIV+ patients at WS are active in their HIV care, with 85% of those clients engaged in ongoing treatment. In November, we marked a milestone in our HIV provincial review project, culminating in a capstone event with key partners and learning we were successful with our submission to the Saskatchewan Medical Association and Saskatchewan Government's Innovation Fund, enabling us to continue this work in 2025.

QUALITY IMPROVEMENT INITIATIVES

For a second time, we participated in the Health Quality Council/Saskatchewan Medical Association (HQC/SMA) *QI in Clinics* program. This past year, our focus was gender-affirming care—work that will carry on in 2025-2026 as we develop internal processes and explore provincial capacity-building.

We have also continued to develop our teams with educational sessions on trauma-informed care and refugee care. Additionally, we had a powerful address from Knowledge Keeper and Cultural Advisor Judy Pelly to recognize National Day for Truth and Reconciliation.

COLLECTIVE BARGAINING AND TEAM RELATIONS

We concluded collective bargaining with CUPE Local 974 in March. Ratification is complete, and we are now finalizing the Agreement. We remain committed to transparent, respectful labour relations and are grateful to all staff for their continued dedication.

STRATEGIC PARTNERSHIPS

Collaboration remains central to our work. Key partnerships this year included Saskatoon Crisis Intervention Services, STR8 UP Saskatoon, Early Words, Wellness Wheel and new agreements with Carter House and Medavie Health Services. Our extended hours clinic at Westside provided over 5,400 appointments to 2,151 discrete patients—demonstrating the importance of these services.

We also made strides this year on *One Roof*, a transformative co-location project with the Saskatoon Tribal Council and Saskatchewan Health Authority (SHA). This initiative is grounded in Indigenous-led transformation of health systems, bringing together multiple agencies to deliver holistic, culturally safe and client-centered care across Saskatoon's underserved core areas. This past year, our collaborative worked to finalize our shared mission and vision and identified key programs and services that will be delivered out of the centre. We look forward to sharing *One Roof* progress with members and the community in 2025-2026.

TRUTH AND RECONCILIATION

Our co-operative's commitment to truth and reconciliation continued this past year and involved some notable projects. SCC's Truth and Reconciliation Committee unveiled a custom Orange Shirt design for staff, created in collaboration with Indigenous artist Azby Whitecalf. The shirts honor survivors of and those who did not come home from residential school while reflecting the clinic's commitment to Reconciliation and blending Western and Indigenous approaches to healthcare.

The clinic also finalized its land acknowledgement in '24-'25. The Truth and Reconciliation Committee worked on the initial draft and then took it to clinic staff and members of CHSA for input.

In addition, staff participated in the Rock Your Roots Walk on National Indigenous Peoples' Day and celebrated that afternoon at Westside handing out ice cream and orange shirts. Leading up to National Day for Truth and Reconciliation, the committee hosted a barbecue at Westside honoring survivors of residential school.

STRATEGIC PLANNING

This past year, members of the clinic's leadership team provided support to the Community Health Services (Saskatoon) Association Ltd. (CHSA) board to develop a new strategic plan. The CHSA's plan, developed with input from over 200 stakeholders, focuses on three objectives: stabilizing operations after pandemic disruptions, expanding the *One Roof* community care concept, and improving patient access through enhanced staff support and resource maximization, all while addressing the ongoing health care staffing crisis. The clinic's leadership team is charged with putting into action this plan over the next three to five years.

FACING THE CHALLENGES AHEAD

As always, our achievements this year were tempered by challenges that we have been working to address with our primary funder, the Ministry of Health.

SUPPORT STAFFING

While funding for physician positions has increased over the years, it has not come with additional medical staff to support these providers. This staffing gap shifts clerical and coordination tasks onto physicians, risking burnout and impacting care. Our providers and our support staff are feeling this increasingly. We have continued to advocate to the Ministry of Health to address this gap.

PUBLIC HEALTH PRESSURES

Increasingly, SCC is stepping in to fill public health gaps—services such as contact tracing, complex wound care and sexually transmitted and blood-borne infections treatment. These responsibilities require expertise and resources beyond what traditional primary care funding models support.

PHYSICIAN REMUNERATION

With positive changes last year to the funding model for fee-for-service physicians and the ongoing discussions around urgent care pay, we have been making the case to the Ministry of Health for parity in primary care physician pay. Although there are clear benefits for providers to choose work at the Saskatoon Community Clinic, the disparity in pay for our physicians has become greater, which in time could impact our ability to attract and retain them.

LOOKING FORWARD

The strength of the Saskatoon Community Clinic lies in its people—staff, members, patients, partners, and supporters—who together build a model of care rooted in dignity, equity, and respect. In this time of transformation across the health care system, we are proud to be both an anchor and an innovator.

Thank you to everyone who contributed to our success this year. I look forward to continuing our work together in the year ahead.

Community Health Services (Saskatoon) Association Ltd.

Financial Statements
March 31, 2025



Independent Auditor's Report

To the Board of Directors of Community Health Services (Saskatoon) Association Ltd.

Opinion

We have audited the financial statements of Community Health Services (Saskatoon) Association Ltd. (the Association), which comprise the statement of financial position as at March 31, 2025, and the statement of revenue and expenses - operating fund, statement of revenue and expenses - capital fund, statement of changes in fund balances and statement of cash flows for the year then ended, and notes and schedules to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2025, 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.

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 report. We are independent of the Association 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 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.

In preparing the financial statements, management is responsible for assessing the Association'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 Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association'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 these 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 Association'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 Association'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 Association 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.

We 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.

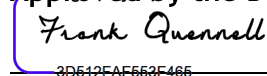
BDO Canada LLP

Chartered Professional Accountants

Saskatoon, Saskatchewan
May 27, 2025

Community Health Services (Saskatoon) Association Ltd.**Statement of Financial Position****As at March 31, 2025**

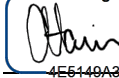
	2025		2024
	Operating fund \$	Capital fund \$	Total \$
Assets			
Current assets			
Cash and cash equivalents	5,967,137	-	5,967,137
Accounts receivable	348,741	-	348,741
Inventory (note 4)	246,148	-	246,148
Prepaid expenses	195,654	-	195,654
	6,757,680	-	6,757,680
Investments (note 3)	1,557,409	-	1,557,409
Tangible capital assets (note 5)	-	1,565,643	1,565,643
Intangible assets (note 6)	-	9,667	9,667
	8,315,089	1,575,310	9,890,399
Liabilities and fund balances			
Current liabilities			
Accounts payable and accrued liabilities (note 7)	2,855,526	-	2,855,526
Deferred revenue (note 8)	810,876	-	810,876
Members' loans (note 9)	23,848	-	23,848
Interfund	357,253	(357,253)	-
	4,047,503	(357,253)	3,690,250
Fund balances			
Net assets	4,267,586	1,932,563	6,200,149
	8,315,089	1,575,310	9,890,399
Line of credit (note 10)			
Commitments and contingencies (note 11)			
Economic dependence (note 12)			

Approved by the Board of Directors


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Director

DocuSigned by:



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Director

The accompanying notes are an integral part of these financial statements.

Community Health Services (Saskatoon) Association Ltd.

Statement of Revenue and Expenses - Operating Fund

For the year ended March 31, 2025

	2025 \$	2024 \$
Revenue		
Receipts from Saskatchewan Health	15,408,295	14,438,593
Pharmacy (schedule 1)	3,785,680	4,317,214
Other (schedule 2)	694,811	691,196
Refugee clinic	15,343	44,998
	<u>19,904,129</u>	<u>19,492,001</u>
Expenses (note 13)		
Physicians	5,398,229	4,817,690
Pharmacy (schedule 1)	3,644,091	4,115,947
West side	2,284,847	2,569,853
Administration and main building operations	2,238,796	2,016,535
Nursing	1,372,009	1,143,427
Counselling	915,950	965,934
Reception	676,087	609,821
Laboratory	632,587	711,461
Physiotherapy	617,027	621,273
Radiology	299,249	284,238
Medical records	284,760	251,112
Information systems	252,965	280,738
Health promotion	244,226	78,840
Occupational therapy	206,721	197,175
Members' activities	190,038	169,879
Nutrition	112,904	114,956
Time in lieu (recoveries)	3,906	(2,978)
Termination pay (recoveries)	(2,608)	(17,331)
Vacation pay (recoveries)	(28,563)	(49,137)
	<u>19,343,221</u>	<u>18,879,433</u>
Excess of revenue over expenses	<u>560,908</u>	<u>612,568</u>

The accompanying notes are an integral part of these financial statements.

Community Health Services (Saskatoon) Association Ltd.

Statement of Revenue and Expenses - Capital Fund

For the year ended March 31, 2025

	2025 \$	2024 \$
Revenue		
Receipts from Saskatchewan Health	280,444	105,494
Donations	44,547	53,548
	<hr/>	<hr/>
	324,991	159,042
Expenses		
Amortization	333,842	318,976
	<hr/>	<hr/>
Deficiency of revenue over expenses	(8,851)	(159,934)
	<hr/>	<hr/>

The accompanying notes are an integral part of these financial statements.

Community Health Services (Saskatoon) Association Ltd.

Statement of Changes in Fund Balances

For the year ended March 31, 2025

	2025			2024		
	Operating Fund \$	Capital Fund \$	Total \$	Operating Fund \$	Capital Fund \$	Total \$
Balance - Beginning of year	3,706,678	1,941,414	5,648,092	3,081,826	2,113,632	5,195,458
Excess (deficiency) of revenue over expenses	560,908	(8,851)	552,057	612,568	(159,934)	452,634
Interfund transfers	-	-	-	12,284	(12,284)	-
Balance - End of year	4,267,586	1,932,563	6,200,149	3,706,678	1,941,414	5,648,092

The accompanying notes are an integral part of these financial statements.

Community Health Services (Saskatoon) Association Ltd.

Statement of Cash Flows

For the year ended March 31, 2025

	2025 \$	2024 \$
Cash provided by (used in)		
Operating activities		
Excess of revenue over expenses	552,057	452,634
Item not affecting cash		
Amortization	333,842	318,976
	885,899	771,610
Changes in non-cash working capital items		
Accounts receivable	(153,314)	36,584
Inventory	33,730	7,130
Prepaid expenses	(3,407)	(11,049)
Accounts payable and accrued liabilities	306,080	200,668
Deferred revenue	20,736	29,794
	1,089,724	1,034,737
Financing activities		
Repayment of members' loans	-	-
Investing activities		
Redemption (purchase) of investments	(308,777)	278,246
Purchase of tangible capital assets	(322,447)	(208,416)
	(631,224)	69,830
Change in cash and cash equivalents during the year	458,500	1,104,567
Cash and cash equivalents - Beginning of year	5,508,637	4,404,070
Cash and cash equivalents - End of year	5,967,137	5,508,637
Cash and cash equivalents consist of		
Cashable term deposits	3,663,064	3,549,973
Cash balances with banks	2,303,163	1,953,023
Petty cash	910	5,641
	5,967,137	5,508,637

The accompanying notes are an integral part of these financial statements.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

1 Description of business

Community Health Services (Saskatoon) Association Ltd. (the Association) was incorporated under The Co-operatives Act in the Province of Saskatchewan on January 1, 2001. The Association's mission is to achieve excellence and innovation in co-operative primary health care.

2 Summary of significant accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organization (ASNPO).

Fund accounting

The accounts of the Association are maintained in accordance with the principles of fund accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds.

- Operating Fund

The Operating Fund is a general fund that reflects the primary operations of the Association, including funds received for the provision of health services from Saskatchewan Health and prescription revenue.

- Capital Fund

The Capital Fund is a restricted fund that reflects funds received for the acquisition of tangible capital assets.

Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, deposits held with banks and term deposits and other short-term highly liquid investments that can be redeemed on demand or with maturities of three months or less that are available for meeting short-term cash commitments.

Inventory

Inventory is stated at the lower of cost and net realizable value, with cost determined by the first-in first-out method. Inventories are written down to net realizable value when the cost of inventories is estimated to be greater than the anticipated selling price less costs to sell. When circumstances that previously caused inventories to be written down below cost no longer exist, the amount of the write-down is reversed.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

Tangible capital assets and amortization

Tangible capital assets are recorded at cost less accumulated amortization. Expenditures for repairs and maintenance are expensed as incurred. Betterments that extend the useful life of the tangible capital asset are capitalized.

Amortization is based on the estimated useful life for each major class of assets using the straight-line method. The estimated useful lives are as follows:

Buildings	20 years
Equipment	8 years
Computers	5 years
Renovations	5 years
Telephones	5 years
Electronic medical records	5 years

In the year of acquisition, amortization is taken at one-half of the above rates if purchased in the last six months of the fiscal year. If acquired in the first six months of the fiscal year, amortization is taken at the full rate. Amortization expense is reported in the capital asset fund.

When a tangible capital asset no longer contributes to an organization's ability to provide goods and services, or the future economic benefits or service potential of the tangible capital asset is less than its carrying value, the excess of its net carrying amount over its fair value or replacement cost is recognized as an expense in the statement of operations.

When a tangible capital asset is disposed of, the difference between the net proceeds on disposition and the net carrying amount is recognized in the statement of operations.

Intangible assets

Intangible assets are recorded at cost less accumulated amortization. Intangible assets with finite useful lives are amortized over their estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Software	5 years
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Impairment of long-lived assets

Long-lived assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset (or asset group) exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposal. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. Impairments of long-lived assets are not reversed.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

Revenue recognition

The Association follows the restricted fund method of accounting for contributions. Restricted contributions for which a corresponding restricted fund is present are recognized as revenue of that fund in the current period. Restricted contributions are recognized in the general fund using the deferral method when an appropriate restricted fund does not exist.

Unrestricted contributions and internally restricted 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. Resources transferred to a restricted fund as a result of the Association imposing internal restrictions are recognized as interfund transfers.

Contributions restricted for the acquisition of tangible capital assets are recorded in the Capital Fund in the year in which the contribution is received. Externally restricted contributions for purposes other than the acquisition of tangible capital assets are deferred and recognized as revenue in the Operating Fund in the year in which the related expenses are incurred.

Revenue from prescriptions is recognized at the time of sale.

Employee future benefits

The Association's employee future benefit program consists of a defined contribution pension plan. The Association's contributions to the defined contribution plan are expensed as incurred.

Income taxes

Due to the nature of the Association's activities as a not-for-profit organization, it is exempt from income taxes.

Financial instruments

Arm's length financial instruments are recorded at fair value at initial recognition. In subsequent periods, equities traded in an active market and derivatives are reported at fair value, with any change in fair value reported in income. All other financial instruments are reported at costs or amortized costs less impairment. Transaction costs on the acquisition, sale or issue of financial instruments are expensed for those items measured at fair value and charged to the financial instrument for those measured at amortized cost.

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of any write-down is recognized in excess of revenue over expenditures. Any 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 any reversal is recognized in excess of revenue over expenditures.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

Use of estimates

The preparation of financial statements in conformity with ASNPO requires management to make judgments, estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the reporting period. The inherent uncertainty involved in making such estimates and assumptions may impact the actual results reported in future periods. Adjustments, if any, will be reflected in operations in the period of settlement. Significant items subject to such estimates and assumptions include: the useful lives of tangible capital assets, the accrual for retroactive pay and provisions for contingencies.

3 Investments

	2025 \$	2024 \$
Guaranteed investment certificates (GICs)	1,554,431	1,245,715
Share account in cooperative organizations	2,978	2,917
	<hr/>	<hr/>
	1,557,409	1,248,632
Less: Current portion	-	-
	<hr/>	<hr/>
	1,557,409	1,248,632

Investments mature between 2026 to 2030 and are subject to fixed interest rates ranging from 3.20% to 4.45% (2024 - 0.85% to 4.45%).

4 Inventory

	2025 \$	2024 \$
Pharmacy	130,576	130,158
Westside Pharmacy	72,628	90,799
Supplies	42,944	58,921
	<hr/>	<hr/>
	246,148	279,878

The amount of inventory recognized as an expense during the year ended March 31, 2025, is \$2,621,044 (2024 - \$3,128,606).

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

5 Tangible capital assets

	2025		2024
	Cost \$	Accumulated amortization \$	Net \$
Land	371,975	-	371,975
Buildings	3,317,249	2,698,536	718,130
Renovations	2,017,446	1,706,309	187,538
Equipment	1,641,497	1,440,925	199,843
Computers	676,658	629,925	56,876
Telephones	124,140	107,627	25,346
	8,148,965	6,583,322	1,559,708

6 Intangible assets

	2025		2024
	Cost \$	Accumulated amortization \$	Net \$
Software	339,167	329,500	26,997

7 Accounts payable and accrued liabilities

	2025 \$	2024 \$
Trade accounts payable	1,409,226	1,143,150
Accrued vacation pay	783,570	786,177
Accrued salaries	400,673	327,557
Accrued termination pay	218,783	247,347
Other accruals	22,445	28,350
Accrued time in lieu	20,543	16,639
PST payable	286	226
	2,855,526	2,549,446

As at March 31, 2025, the Association has outstanding government remittances payable including amounts for provincial sales taxes and payroll taxes of \$286 (2024 - \$226). None of these remittances are in arrears.

The Association is liable for termination pay to its employees. As at March 31, 2025, the potential liability was approximately \$218,783 (2024 - \$247,347). Amounts have been accrued for termination pay based on estimates prepared for the Association for the contractual obligation.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

8 Deferred revenue

Deferred revenue represents unspent externally restricted grants and donations for specific projects. The changes in the deferred revenue balance are as follows:

	2025			
	Balance - Beginning of the year \$	Contributions \$	Releases \$	Balance - End of year \$
College of Medicine and Dentistry	12,844	87,234	(93,677)	6,401
Affinity Credit Union Grant program	838	-	-	838
Chronic disease management	123,226	8,881	-	132,107
SCCF diabetes programming	4,511	-	-	4,511
Saskatchewan Health Authority	298,839	1,810,185	(1,769,211)	339,813
Canadian Association of CHC's	8,666	-	-	8,666
Non-targeted	125,777	-	-	125,777
Affinity Credit Union One Roof Grant	29,404	-	(24,676)	4,728
Refugee Interpreter	9,663	-	-	9,663
Ministry of Health	-	874,174	(874,174)	-
REACH Operating	176,372	-	-	176,372
SHRF	-	10,000	(8,000)	2,000
	790,140	2,790,474	(2,769,738)	810,876

	2024			
	Balance - Beginning of the year \$	Contributions \$	Releases \$	Balance - End of year \$
College of Medicine and Dentistry	12,950	153,174	(153,280)	12,844
Affinity Credit Union Grant program	838	-	-	838
Chronic disease management	108,724	14,502	-	123,226
SCCF diabetes programming	4,511	-	-	4,511
Saskatchewan Health Authority	195,967	1,829,729	(1,726,857)	298,839
Canadian Association of CHC's	20,952	-	(12,286)	8,666
Non-targeted	125,777	-	-	125,777
Affinity Credit Union One Roof Grant	29,746	-	(342)	29,404
Spencer Project	58,586	20,000	(78,586)	-
Refugee Interpreter	9,923	-	(260)	9,663
Ministry of Health	-	730,644	(730,644)	-
REACH Operating	176,372	-	-	176,372
Healthcare Excellence Canada	16,000	-	(16,000)	-
ViiV Healthcare	-	40,000	(40,000)	-
	760,346	2,788,049	(2,758,255)	790,140

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

9 Members' loans

	2025 \$	2024 \$
Unsecured, non-interest bearing, non-maturing members' loans totalling 20,424 (2024 - \$20,424). The remaining \$3,243 (2024 - \$3,243) represents unsecured members' loans bearing interest rates from 6% to 10% per annum	23,667	23,667
Debentures fully matured, bearing interest rate of 6.75%, interest payable monthly	181	181
	<u>23,848</u>	<u>23,848</u>

Members' loans have no fixed repayment terms. In the absence of a signed agreement confirming repayment terms, the entire outstanding balance is presented as a current liability.

10 Line of credit

The Association has four credit facilities available up to a maximum of \$1,525,000 with interest rates ranging from 4.95% to 6.45%. No amounts were drawn on these facilities as at March 31, 2025. The facilities are secured by GICs, term deposits, certain buildings and land.

11 Commitments and contingencies

Funding

The Association has entered into funding agreements with the Saskatchewan Ministry of Health. Funding received under these agreements is subject to repayment if the Association fails to comply with the terms and they must be set aside as a reserve fund for unforeseen losses or other contingencies for the maintenance or further development of the services provided by the community clinic.

Retroactive pay

The Association has unsigned contracts with its employees. Negotiations towards new agreements are ongoing and settlements may result in retroactive salary and benefit increases.

12 Economic dependence

During the year, the Association received 77% (2024 - 74%) of its funding from the Saskatchewan Ministry of Health. The Association's ability to continue ongoing operations in its present form is dependent on continued funding from the Ministry.

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

13 Expenses by object

	2025 \$	2024 \$
Salaries	12,509,605	12,000,565
Cost of sales	2,621,044	3,128,606
Employee benefits	1,763,340	1,713,991
Professional fees	527,550	296,493
Utilities	296,225	296,166
Repairs and maintenance	279,856	277,731
Licenses, fees and study Leave	255,482	279,733
Administration	221,705	52,276
Security	182,307	144,477
Supplies and printing	138,778	139,051
Medical supplies	124,886	180,554
Insurance	109,811	97,875
Travel and car allowance	42,827	37,103
Laundry and clothing allowance	41,927	41,632
Subscription fees	30,752	27,052
Minor equipment	30,729	36,931
Workers' compensation	26,154	25,241
Client care	23,522	28,584
Advertising	21,145	19,852
Bank charges	20,394	16,439
Meals and entertainment	20,056	33,977
Computer	19,943	20,151
Board of directors	15,144	12,394
Postage	11,488	11,582
Program	11,444	4,673
Parking	7,200	6,600
Photocopier	6,400	6,742
Delivery and freight	5,434	4,776
Contracted services	5,340	7,632
Time in lieu (recoveries)	3,904	(2,978)
Vacation pay (recoveries)	(2,608)	(49,137)
Termination pay (recoveries)	(28,563)	(17,331)
	<hr/> 19,343,221	<hr/> 18,879,433

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

14 Related party

The Association has significant influence in Saskatoon Community Clinic Foundation Inc. (the Foundation). The Foundation raises money to support grants to the Association for new programming, equipment, therapies, research and resources that improve the quality of healthcare for members of the Association. The Foundation is incorporated under the Saskatchewan Non-Profit Corporations Act and is a registered charity under the Income Tax Act (Canada). The Foundation solicits funds on behalf of the Association and contributes a substantial amount of the funds solicited to the Association. During the year, the Foundation contributed \$74,112 (2024 - \$34,508) to the Association. As at March 31, 2025, accounts receivable includes \$23,749 (2024 - \$14,653) receivable from the Foundation.

15 Financial instruments and risk management

The Association, through its financial assets and liabilities, has exposure to the following risks from its use of financial instruments.

Liquidity risk

Liquidity risk is the risk an entity will encounter difficulty in meeting obligations associated with its financial liabilities as they become due. The Association is exposed to liquidity risk mainly with respect to its accounts payable and accrued liabilities and member loans. The Association manages liquidity risk by forecasting cash flows from operations in amounts sufficient to maintain an adequate cash balance.

Credit risk

Credit risk is the risk one party to a financial instrument will cause a financial loss for the Association by failing to discharge an obligation. Financial instruments that potentially subject the Association to credit risk consist principally of cash and cash equivalents, investments and accounts receivable. The carrying amount of financial assets on the statement of financial position represents the Association's maximum exposure as at the statement of financial position date. The credit risk on cash and cash equivalents and investments is limited because the counterparties are chartered banks with high credit ratings. The Association does not have a significant credit risk exposure attributable to its accounts receivable.

Market risk

Market risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, currency risk and other price risk. The Association is exposed to interest rate risk.

Interest rate risk

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in interest rates. The Association is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Fixed interest instruments subject the enterprise to fair value risk, while floating rate instruments subject it to cash flow risk. Investments bear interest at fixed rates. The

Community Health Services (Saskatoon) Association Ltd.

Notes to Financial Statements

March 31, 2025

Association does not actively manage this risk as it does not consider itself to have significant interest rate risk exposure.

16 Meger Transportation Trust Fund

In 1981, a trust fund was established with monies received by the Association under bequest for the purpose of providing transportation for the elderly. The balance and transactions of the trust fund are not reflected in the financial statements of the Association. A summary of balances and transactions of the fund for the year are as follows:

	2025 \$	2024 \$
Receipts		
Contributions	4,500	-
Interest	3,355	2,919
	<hr/> 7,855	<hr/> 2,919
Disbursements		
Transportation	2,692	4,977
Administration	31	9
	<hr/> 2,723	<hr/> 4,986
Net change in trust fund	5,132	(2,067)
Balance - Beginning of year	<hr/> 103,188	<hr/> 105,255
Balance - End of year	<hr/> 108,320	<hr/> 103,188
Total assets	<hr/> 109,214	<hr/> 105,307
Total liabilities	<hr/> 894	<hr/> 2,119

Community Health Services (Saskatoon) Association Ltd.

Schedule 1 - Pharmacy

For the year ended March 31, 2025

	2025 \$	2024 \$
Revenue		
Prescriptions	3,785,680	4,317,214
Cost of sales	2,621,044	3,128,606
	<u>1,164,636</u>	<u>1,188,608</u>
Expenses		
Salaries	808,660	772,081
Employee benefits	131,316	120,523
Supplies	30,802	39,426
Licences, fees and study leave	19,730	22,851
Bank charges	13,149	10,446
Repairs and maintenance	8,459	13,133
Delivery and travel	7,483	7,637
Laundry, linen and clothing allowance	1,184	1,057
Minor equipment	1,102	-
Administration and building costs	887	187
Advertising	150	-
Subscription fees	125	-
	<u>1,023,047</u>	<u>987,341</u>
Excess of revenue over expenses before amortization	141,589	201,267
Amortization of pharmacy equipment	<u>2,744</u>	<u>3,439</u>
Excess of revenue over expenses	<u>138,845</u>	<u>197,828</u>

Community Health Services (Saskatoon) Association Ltd.

Schedule 2 - Other Revenue

For the year ended March 31, 2025

	2025 \$	2024 \$
General grants	240,467	137,821
Interest	176,095	187,354
Rental	112,159	168,898
Medical fees	52,271	78,513
Information grants	49,000	37,000
Educational grants	37,492	35,121
Memberships and assessment fees	14,970	16,080
Foot care fees	12,295	12,917
Dividends and patronage refunds	62	52
Reimbursements	-	13,561
Radiology fees	-	3,660
Physiotherapy fees	-	219
	<hr/>	<hr/>
	694,811	691,196

Board of Directors – Candidates' Statements

ALVI, RIAZ

Riaz is a former director of epidemiology at the Saskatchewan Cancer Agency and currently an Adjunct Faculty Member with the University of Saskatchewan's College of Graduate Studies, Department of Community Health and Epidemiology. A graduate of the University of Saskatchewan, Riaz has 25 years of experience in disease surveillance, program evaluation, clinical analytics and performance measurement across the continuum of health care. He has worked at provincial, national and international levels of health care/health outcomes applied research and continuous improvement. This includes the Saskatchewan Health Authority, Canadian Partnership Against Cancer, Stats Can, Public Health Agency of Canada and the International Association of Research on Cancer (World Health Organization). He has many years of experience in strategic planning at both a provincial and national level. He has managed budgets in excess of \$1.5M and has secured grants of over \$5M.

Riaz is a collaborative, accountable, strategic leader with expertise in applied research and turning data into stories to evaluate and guide strategy and improvement.

My greatest strength as a leader lies in listening carefully to the needs of various stakeholders, finding common ground on which to develop a basis of understanding, and establish and manage strategies with strong, clear communication in an inclusive and respectful environment. Fostering collaboration, commitment, positivity, vision and trust are particular strengths that have defined my career.

Riaz has also had a connection to the Saskatoon Community Clinic since 1970. It is an exciting time for the Community Health Services (Saskatoon) Association Ltd. as the newly refreshed strategic plan comes into effect. With that in mind I would be honoured to bring my experience and expertise to implement monitor and evaluate the new strategic plan and help the Clinic thrive and grow going forward.

Nominated by Steve Loran & Cathy Cole

MAJID, JASON

Currently, I'm Vice-President, Legal at Concentra Bank now (an Equitable Bank company), where I support Concentra's Trust and Credit Union services, and manage Equitable's third parties' program.

Previously, I've represented Concentra as a member of the Advisory Board for the Canadian Centre for the Study of Co-operatives at the University of Saskatchewan, the Legislative and Regulatory Affairs Committee for the Canadian Credit Union Association, the Saskatchewan Co-operative Association, and Co-operatives and Mutuals Canada.

I hold a Certified Information Privacy Professional/Canada designation, an MBA from the University of Saskatchewan, a JD from Queen's University, and a BA(Hons) in Political Science from the University of Calgary.

Nominated by: Patrick Lapointe & Angela Arneson

PASLAWSKI, JANICE

I am a registered professional engineer in several Canadian provinces including my home province of Saskatchewan. I am currently a resident of Saskatoon. I was raised in rural Saskatchewan and born in Humboldt. My early working life began with my first employer at Bethany Pioneer Village care community in Middle Lake Saskatchewan where I worked as a care aid and cleaning staff member in 1980 at 16 years of age. Since that start in the working world, I continued my education and adult life in Saskatoon by pursuing an education in the field of an Engineering at the University of Saskatchewan. I have worked for the City of Saskatoon and then moved into Environmental Engineering in Calgary Alberta with continued education interspersed all from the U of S.

Personally, I became a patient at Community Clinic in my late teens and then returned to Saskatoon and continued my affiliation with Community Clinic with a family of 3 children under a special request of Dr. Carla Eisenhower in 2004 when our family returned to Saskatoon. She graciously accepted me and my 3 children into her already full practice at Community Clinic. I have a great appreciation for the quality of care I have received in the Community Clinic from an early age, through parenting years. I am seeking the opportunity to return service in a capacity that I am capable of as a Director of the Board.

My expertise over the past 25 year has been primarily focused on parenting and managing a career leading a national team of environmental toxicology specialists. I am the Vice President of Infrastructure and Mining at Millennium Environmental Management Systems. I am an adjunct professor at the University of Saskatchewan in the College of Civil, Geological and Environmental Engineering. I have gained experience in business and regulatory governance during my career of over 30 years working for an Engineering Consulting firm in the field of environmental service. I have benefited from a diverse set of experiences through academics and employers which have included working with clients such as Health Canada, Saskatchewan Ministry of Environment and Environment Canada Climate Change to name a few of the regulatory groups I have been proud to assist. I would like to share my expertise, desire to service and learn to the benefit of our Saskatchewan population and specifically Saskatoon.

I am seeking the opportunity to support and help my community here in a governance role. I believe that the skills I have gained in working, parenting and through my leadership role with multi-disciplinary teams would be transferable to a volunteer support role with your Board of Directors. Please consider my application to serve on your Board in a capacity that would fit with my skills and support the strategic direction of CCHSA.

Nominated by June (Qiong) Lu & Edith Arthur

Communications Committee - Candidate Statements

GLAZER, CAROL

I was recently approached to consider putting my name forward once again for the Communications Committee. I have served on the Committee since 2014. Prior to being elected in 2014 to the Focus Editorial Committee I had recently retired from a career in program development and co-ordination; in early childhood home based services for families with children with developmental disabilities (ECIP Sask.) followed by work with the Saskatchewan Association for Community Living in the community inclusion of individuals with intellectual disabilities, and finally with the Saskatchewan Prevention Institute in the primary prevention of disability conditions in children.

Although I have been a member of the Saskatoon Community Clinic for over 50 years, during my time with the Communications Committee I came to better understand and appreciate the cooperative principles and traditions of the Community Health Services Association Ltd. (CHSA) and how crucial it is to ensure that these values are embedded in our member communications. The work of the committee is guided by CHSA's vision, mission, its values and strategic directions and inspired the evolution of the Focus Committee into a broader Member Communications Committee. A committee that now works in consultation with the Board, the Foundation, the staff, members, potential members and the public to ensure the topics and issues related to CHSA's goals of quality care, team delivered, value focused and community driven are communicated through the various forms of communication developed and being developed by CHSA.

I remain committed to the primary health care work being done by the CHSA and am honoured to be invited to return to the Communications Committee for an additional term.

Nominated by John Goss & Judith Gossen