



Annual General Meeting of Members

Thursday, November 29, 2018 at 8:00 PM EST
Via Teleconference / GoToMeeting

<https://attendee.gotowebinar.com/register/3988747105203924237>

Attendees: Members of Hypertension Canada
Membership must be current as at 5:00 pm EST November 29 for voting privileges

Chair: Dr. Nadia Khan, President and Chair of the Board

AGENDA

1.0 Welcome and Call to Order **Chair** **8:00 (3)**

2.0 Voting Instructions **A. Berg** **8:03 (4)**

3.0 Approval of the Minutes of the 2017 AGM **Chair** **8:07 (3)**

A motion will be called to approve the minutes of the October 14, 2017 Annual General Meeting.

4.0 President's Report **Chair** **8:10 (10)**

The Chair will report and highlight the three-year strategic plan and key activity since the 2017 Annual General Meeting, and will take questions from the floor.

5.0 Operations Report **A. Berg** **8:20 (10)**

The Chief Executive Officer will report on Operations progress since the 2017 Annual General Meeting, and take questions from the floor.

6.0 Presentation of Audited Financial Statements and Appointment of Auditor **T. Hudson** **8:30 (15)**

*The Treasurer will present the Audited Financial Statements, and take questions from the floor.
A motion will be called to accept the Audited Financial Statements for the Fiscal year ended April 30, 2018. Further, a motion will be called to re-appoint Grant Thornton LLP as the organization's auditor for the Fiscal Year ended April 30, 2019, with remuneration to be fixed by the Board.*

7.0 Election of Directors **G. Doucet** **8:45 (10)**

*The Governance Committee Vice-Chair will present for election the 2018 Election Slate.
A motion will be called to re-elect or elect each individual presented on the pre-circulated slate as a Director of the Board for a two-year term.*

8.0 Remarks and Close **Chair** **8:55 (5)**

Executive Committee

**Dr. Nadia Khan,
President**

University of British Columbia
Vancouver, BC

**Mr. Trevor Hudson,
Treasurer**

Deloitte
Toronto, ON

**Dr. Ernesto Schiffrin, C.M.,
Past-President**

Jewish General Hospital
Montréal, QC

**Mr. Glen Doucet,
Vice-President**

Canadian Pharmacists Assoc.
Ottawa, ON

Dr. Raj Padwal
University of Alberta
Edmonton, AB

Directors

Mr. Barry Arbus

Torkin Manes
Toronto, ON

Dr. Janusz Kaczorowski

University of Montréal
Montréal, QC

Dr. Sheldon Tobe

Sunnybrook Health Sciences Ctr.
Toronto, ON

Dr. Alan Bell

University of Toronto
Toronto, ON

Mr. David Lui

Mark's at Canadian Tire Corp.
Calgary, AB

Dr. Guy Tremblay

Laval University
Quebec, QC

Dr. Ross Feldman

St. Boniface Hospital
Winnipeg, MB

Ms. Dorothy Morris, RN

Royal Jubilee Hospital
Victoria, BC

Dr. Ross Tsuyuki

University of Alberta
Edmonton, AB

Staff

Ms. Angelique Berg

Chief Executive Officer

Ms. Nancy Beshay

Director, Business Development

Mr. Paul Landers

Meetings & Events

Ms. Jodi McNutt

Executive Assistant

Ms. Crystal Ceres

Communications

Ms. Rebecca Sedore

Education

Voting Members in Attendance:	Nadia Khan (President & Chair), Glen Doucet (Vice-President), Ernesto Schiffrin (Past-President), Michael Adams, Barry Arbus, Alan Bell, Olga Berillo, Peter Bolli, Dylan Burger, Norm Campbell, Lyne Cloutier, Stella Daskalopoulou, George Dresser, Ross Feldman, John Floras, Mark Gelfer, Robert Gros, Swapnil Hiremath, Janusz Kaczorowski, Julie Lavoie, Alexander Leung, David Lui, Donna McLean, Andre Michaud, Alain Milot, Dorothy Morris, Raj Padwal, Pierre Paradis, Brian Penner, Gaetan Ringuette, Ernesto Schiffrin, Ross Tsuyuki.
Staff:	Angelique Berg (CEO), Nancy Beshay, Susan Carter (Consultant), Crystal Ceres, Paul Landers, Jodi McNutt, Rebecca Sedore.

MINUTES OF MEETING

1.0 Call to Order

With quorum confirmed, the Chair called the meeting to order at 7:51 am.

2.0 Approval of Minutes of the 2016 AGM

Upon motion duly made by BARRY ARBUS, seconded and unanimously carried, the minutes of the October 20th, 2016 Annual General Meeting of Members were approved as circulated.

3.0 President's Report

The Chair welcomed members and highlighted activity since the 2016 Meeting: the awarding of the organization's first New Investigator Award to Dr. Alex Leung; the creation of a CIHR-SPOR New Investigator Award for 2018 launch; the Priority Setting Partnership Project through which the top patient- and clinician-informed research priorities were identified; and the inaugural Young Investigator Forum occurring at the close of the Canadian Hypertension Congress.

The Chair reported that Hypertension Canada has served since its inception as the secretariat to the CIHR-H&S Chair in Hypertension Prevention & Control [Hypertension Chair]. She recognized Dr. Norm Campbell for his ten-year service as the Hypertension Chair, and on behalf of the Board of Directors presented him with an award for his dedicated leadership.

The Chair reported that with its new cycle, Hypertension Canada joined the funding partnership to create the CIHR-H&S-Hypertension Canada Chair in Hypertension Prevention & Control, announced the appointment of Dr. Janusz Kaczorowski and invited him to address the membership. Dr. Kaczorowski outlined that his focus will be to maintain Canada's leading position in hypertension detection, treatment and control, which will be achieved by identifying and actively promoting comprehensive hypertension prevention and management strategies at the community, public policy and health care system levels. The Chair thanked Dr. Kaczorowski and acknowledged his having served four years as Hypertension Canada's Operations Committee Co-Chair. On behalf of the Board of Directors, the Chair presented Dr. Kaczorowski with an award for his dedicated leadership.

The Chair commented that the organization's focus is to improve the nation's hypertension control rates through research, education and advocacy, and that the next two years will focus significantly on expansion of primary care education on the Hypertension Canada Guidelines, and strategic reinvention for focused achievement.

4.0 Operations Report

CEO Angelique Berg reported on Operations activity since the 2016 Meeting. In addition to the progress noted by the Chair, Ms. Berg reported having reached more than eight million Canadians and nearly 50,000 health care professionals through the World Hypertension Day campaign; the upcoming re-launch of the Blood Pressure Measurement Device Recommendations Program; and the new public-facing campaign in partnership with Servier Canada, GetDownBP.ca. She reported on the successful primary care education pilots held with World Hypertension Day, and noted they are scalable to support expansion. Ms. Berg noted the organization's strategic priorities are growth in (1) influence, driving uptake of the Guidelines and membership expansion, and (2) revenue, to create a diverse, healthy income portfolio to sustain the Mission, and referred members to the 2017 Impact Report for further information. There were no questions from the floor.

The Chair thanked Ms. Berg for her presentation.

5.0 Presentation of Audited Financial Statements and Appointment of Auditor

Barry Arbus, Vice-Chair of the Finance Committee, with thanks to Treasurer Trevor Hudson and Committee members John Floras and Pavel Hamet, presented the Audited Financial Statements for the Fiscal Year ended April 30, 2017. He reported the second audit with new auditors Grant Thornton LLP was thorough, clean with only minor adjustments, and has further improved Statements' legibility.

Calling attention to the "Statement of Operations", Mr. Arbus noted bottom line improvement over the prior year. He noted two revenue lines decreased: "Grants and sponsorships" was lower due to timing; and "Registration fees and other income" was lower given a one-time volume registration purchase in the year prior. He noted that expenses increased in additional research investment, and the deficit of \$300,000 was intentional and approved, resulting from program improvements. He commented that this aligns to the principle that not-for-profit organizations should not accumulate money but invest it to Mission-driven programs.

Mr. Arbus called attention to a further improvement in the Statements' presentation, the listing of expenses by program to show where the organization is investing its money. This format requires that administrative costs are allocated to the programs, the method of allocation is shown in the Notes section. The Statements' format now meets sector best-practices. There were no questions from the floor.

Upon motion duly made by ERNESTO SCHIFFRIN, seconded and unanimously carried, the Audited Financial Statements for the Fiscal Year Ended April 30, 2017 were confirmed by the members.

Upon motion duly made by JOHN FLORAS, seconded and unanimously carried, Grant Thornton LLP was appointed as the auditor for the fiscal year ending April 30, 2018, and the auditor's remuneration is to be affixed by the Board of Directors.

The Chair thanked Mr. Arbus for his presentation, and the Finance Committee for their work.

6.0 Election of Directors

Governance Committee Chair Glen Doucet, with thanks to fellow Committee members, Dorothy Morris and Guy Tremblay, presented the pre-circulated 2017 Election Slate. Mr. Doucet noted that seven of fourteen terms are expiring, with all Directors standing for re-election.

Upon motion duly made by GLEN DOUCET, seconded and unanimously carried, each of the following were elected as a Director of the Board to a two-year term:

**Mr. Glen Doucet
Mr. Trevor Hudson
Dr. Janusz Kaczorowski
Dr. Nadia Khan**

**Mr. David Lui
Ms. Dorothy Morris
Dr. Raj Padwal**

Mr. Doucet thanked the membership for their votes, and announced that those elected join Directors with terms-in-progress: Mr. Barry Arbus, Dr. Alan Bell, Dr. Ross Feldman, Dr. Ernesto Schiffrin, Dr. Sheldon Tobe, Dr. Guy Tremblay, Dr. Ross Tsuyuki; to form Hypertension Canada's 2017-2018 Board of Directors.

The Chair thanked Mr. Doucet and the members of the Governance Committee for their work, and congratulated the re-elected Directors.

7.0 Close

The Chair thanked the Board of Directors, Ms. Berg and Hypertension Canada staff Nancy Beshay, Susan Carter, Crystal Ceres, Paul Landers, and Rebecca Sedore, for their support and dedication throughout the year. The Chair thanked the members for their attendance, and commended the Canadian Hypertension Congress Co-Chairs Ross Feldman and Rob Gros for a very successful meeting. There being no further business, the meeting was closed at 8:40 am for the presentation of awards.

Respectfully submitted,



Angelique Berg,
CEO & Corporate Secretary
November 25, 2017

Approval: _____

Director of the Board and Attendee



Financial Statements

Hypertension Canada

April 30, 2017

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Independent Auditor's Report

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To the Board of Directors of
Hypertension Canada

We have audited the accompanying financial statements of Hypertension Canada which comprise the statement of financial position as at April 30, 2017, the statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the

financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Hypertension Canada as at April 30, 2017, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Markham, Canada
September 18, 2017

Chartered Professional Accountants
Licensed Public Accountants

Hypertension Canada

Statement of Operations

Year ended April 30

	2017	2016
Revenue		
Grants and sponsorships	\$ 443,704	\$ 629,261
Investment income	204,607	192,353
Realized gain on disposal of investments	183,276	149,501
Membership dues	137,550	102,275
Registration fees and other income	64,948	180,146
Donations	<u>6,193</u>	<u>710</u>
	<u>1,040,278</u>	<u>1,254,246</u>
Expenses (Note 3)		
Research	264,763	171,647
Education		
Canadian Hypertension Congress	269,042	272,383
Hypertension Canada Guidelines	228,517	210,369
Professional education	164,769	180,050
Patient education	91,085	165,632
Advocacy		
Public policy	77,885	82,183
Administration		
Administrative functions	260,744	272,821
Governance	63,780	55,122
Marketing and communication	57,427	46,801
Member services	<u>40,677</u>	<u>36,767</u>
	<u>1,518,689</u>	<u>1,493,775</u>
Excess (deficiency) of revenue over expenses before undernoted item	(478,411)	(239,529)
Unrealized gain (loss) in market value of investments	<u>111,808</u>	<u>(257,598)</u>
Deficiency of revenue over expenses	<u>\$ (366,603)</u>	<u>\$ (497,127)</u>

Hypertension Canada Statement of Changes in Net Assets

Year ended April 30

	Unrestricted	Internally restricted	Internally restricted endowment	Externally restricted	Total 2017	Total 2016
Balance, beginning of year	\$ 391,688	\$ 1,000,211	\$ 2,000,000	\$ 682,891	\$ 4,074,790	\$ 4,571,917
Excess (deficiency) of revenue over expenses	(648,707)	225,021	-	57,083	(366,603)	(497,127)
Interfund transfers	<u>585,342</u>	<u>(584,139)</u>	-	<u>(1,203)</u>	-	-
Balance, end of year	<u>\$ 328,323</u>	<u>\$ 641,093</u>	<u>\$ 2,000,000</u>	<u>\$ 738,771</u>	<u>\$ 3,708,187</u>	<u>\$ 4,074,790</u>

See accompanying notes to the financial statements.

Hypertension Canada

Statement of Financial Position

April 30

2017

2016

Assets

Current

Cash

\$ 137,662 \$ 315,008

Accounts receivable

138,532 78,261

Prepaid expenses

57,540 38,317

333,734 431,586

Investments (Note 4)

3,591,934 3,830,466

Property and equipment (Note 5)

33,115 14,304

\$ 3,958,783 \$ 4,276,356

Liabilities

Current

Accounts payable and accrued liabilities

\$ 230,236 \$ 201,566

Deferred revenue (Note 6)

20,360 -

250,596 201,566

Net assets (Note 7)

Unrestricted

328,323 391,688

Internally restricted

641,093 1,000,211

Internally restricted endowment

2,000,000 2,000,000

Externally restricted

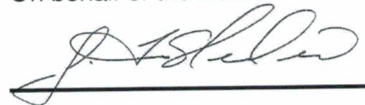
738,771 682,891

3,708,187 4,074,790

\$ 3,958,783 \$ 4,276,356

Commitments (Note 8)

On behalf of the Board



Director



Director

Hypertension Canada

Statement of Cash Flows

Year ended April 30

2017

2016

Increase (decrease) in cash

Operating

Deficiency of revenue over expenses	\$ (366,603)	\$ (497,127)
Items not involving cash		
Amortization	8,244	2,603
Unrealized loss (gain) on investments	<u>(111,808)</u>	<u>257,598</u>
	(470,167)	(236,926)

Net change in non-cash working capital items

Accounts receivable	(60,271)	150,632
Prepaid expenses	(19,223)	8,432
Accounts payable and accrued liabilities	28,670	6,325
Deferred revenue	<u>20,360</u>	<u>(35,000)</u>
	(500,631)	(106,537)

Investing

Proceeds on sale of investments	697,000	627,747
Purchase of investments	(346,660)	(341,854)
Purchase of property and equipment	<u>(27,055)</u>	<u>(15,591)</u>
	323,285	270,302

Net change in cash during the year

(177,346) 163,765

Cash, beginning of year

315,008 151,243

Cash, end of year

\$ 137,662 \$ 315,008

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

1. Nature of organization

Hypertension Canada (the "Organization") is a national organization whose main purpose is to advance health through the prevention and control of high blood pressure. Its main activities are research, professional and public education, and advocacy.

Hypertension Canada is incorporated in the province of Ontario as a not-for-profit organization without share capital and is exempt from tax. The Organization's registered charity number is 89701 6275 RR0001.

2. Summary of significant accounting policies

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

Fund accounting

The Organization maintains its accounts in accordance with the principles of fund accounting under which resources for particular purposes are classified for accounting and reporting into funds corresponding to those purposes.

Unrestricted – represents the results of ongoing mission work, grant activities, fundraising, and administrative activities where no restrictions are placed on activities.

Internally restricted – accounts for income arising from assets received from the International Society of Hypertension's Montreal meeting in 1990 and awards distributed out of the fund in honour of the May 1992 agreement and as directed by the Board of Directors.

The Board of Directors administers and awards these funds in accordance with the terms and spirit of the agreement described above and subject to the Organization's by-laws.

Internally restricted endowment – represents the original endowment received from the International Society of Hypertension's Montreal meeting in 1990, carried in honour of the May 1992 agreement, as directed by the Board of Directors. In recognition of the legacy agreement and the initial contribution, the Board approved that \$2,000,000 will remain in the Endowment Fund indefinitely.

Externally restricted – represent the results of activities related to proceeds received from donors who specify the use of donations, and specific grants allocated therefrom. The externally restricted funds include:

- (a) Ontario Hypertension Society – accounts for contributions and expenses relating to support of vascular biology/hypertension research in Ontario and the implementation of scientific meetings and networking opportunities for Ontario scientists and trainees.

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

2. Summary of significant accounting policies (continued)

Fund accounting (continued)

- (b) Vancouver Hypertension 2010 – Pursuant to an agreement with the local organizers of the International Society of Hypertension's meeting in Vancouver in 2010, the Organization received a grant of \$630,000 in 2014, to be used for the following specific activities, for a period of 30 years:
- i. For an annual lecture on hypertension during the Canadian Hypertension Congress; and,
 - ii. To support research, primarily of trainees or young investigators, in the area of hypertension and related diseases.

Interfund transfers

Transfers between funds are made when resources of one fund have been authorized to finance activities and acquisitions in another fund.

Revenue recognition

The Organization follows the restricted fund method of accounting for restricted contributions. Under this method, externally restricted contributions are recognized as revenue in the appropriate fund when received. Endowment contributions are recognized as direct increases in the Endowment Fund when received. Unrestricted revenue is recognized as revenue of the Unrestricted Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Registration fees are recognized in the period in which the event which requires registration takes place.

Membership fees are recognized as revenue when earned.

Investment income (loss) earned on endowment assets and the respective restricted fund balances is recognized in the appropriate restricted fund.

Allocation of expenses

The Organization allocates salaries and benefits to research, education, advocacy, administration, and member services functions. Allocations are based on the time spent by the employees on each function. The details of the allocation are disclosed in Note 3.

Contributed services

Volunteers contribute many hours so that the Organization can carry out its goals and objectives. Because of the difficulty in determining their fair value, contributed services are not recognized in the financial statements.

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

2. Summary of significant accounting policies (continued)

Financial instruments

The Organization's financial instruments are initially measured at fair value when issued or acquired.

At each reporting date, the Organization measures its financial assets and liabilities at amortized cost (less impairment in the case of financial assets), except for investments which are measured at fair value. The financial instruments measured at amortized cost are cash, accounts receivable, and accounts payable.

For financial assets measured at amortized cost, the Organization regularly assesses whether there are any indications of impairment. Any impairment loss is recognized in the statement of operations.

Investments consist of pooled investment funds and are recorded at fair value. Unrealized gains and losses arising from the change in the fair value of investments are recorded in the excess (deficiency) of revenue over expenses for the fiscal year.

Property and equipment

Property and equipment is recorded at cost, less amortization, which is provided over the asset's estimated useful life on a declining balance basis as follows:

Computer software	30%
Computer equipment	30%
Office equipment	20%

Use of estimates

The preparation of financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amount of revenue and expenses during the year. Areas requiring the use of management estimates include accrued liabilities and rates of amortization. Actual results could differ from these estimates.

3. Expenses

Salaries and benefits are allocated to the Organization's functions as follows:

	<u>2017</u>	<u>2016</u>
Research	\$ 30,764	\$ 28,568
Education	236,200	220,345
Advocacy	51,274	47,613
Administration	153,821	142,840
Member services	<u>40,677</u>	<u>36,767</u>
Salaries and benefits	<u>\$ 512,736</u>	<u>\$ 476,133</u>

During fiscal 2017, at rates consistent with and retrospectively applied to the prior year, salaries and benefits were allocated based on the amount of time spent on each function, as follows: 6% to research, 46% to education, 10% to advocacy, 30% to administration, and 8% to member services.

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

3. Expenses (continued)

Expenses of the Organization by object are as follows:

	<u>2017</u>	<u>2016</u>
Salaries and benefits	\$ 512,736	\$ 476,133
Conferences	232,003	227,973
Shared services	120,276	134,670
Contract and temporary staff	115,347	115,552
Canadian Vascular Network (Note 8)	100,000	100,000
Publications and printing	79,090	63,555
Advertising, marketing display	80,054	63,392
Consulting fees	71,700	125,911
Electronic media	38,932	61,839
Investment management fees	37,911	41,111
Audio visual	31,925	31,335
Awards	78,331	27,674
Website and translation	12,140	22,027
Amortization	8,244	2,603
	<u>\$ 1,518,689</u>	<u>\$ 1,493,775</u>

4. Investments

As at April 30, 2017, investments were held in a balanced pooled fund, consisting of fixed income securities (33.5%; 2016 – 32.3%), foreign equities (39.8%; 2016 – 40.3%), and Canadian equities (26.7%; 2016 – 27.4%). In fiscal 2017, the return earned on the investments was approximately 13.5% (2016 – 2.1%).

The investments are set aside to fund activities of the various restricted and endowed funds, as follows:

	<u>2017</u>	<u>2016</u>
Internally restricted	\$ 641,093	\$ 1,000,211
Internally restricted endowment	2,000,000	2,000,000
Externally restricted	738,771	682,891
Available for use in unrestricted activities	<u>212,070</u>	<u>147,364</u>
Total investments	<u>\$ 3,591,934</u>	<u>\$ 3,830,466</u>

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

5. Property and equipment

			<u>2017</u>	<u>2016</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Computer software	\$ 41,576	\$ 10,211	\$ 31,365	\$ 13,252
Computer equipment	1,070	161	909	-
Office equipment	3,649	2,808	841	1,052
	<u>\$ 46,295</u>	<u>\$ 13,180</u>	<u>\$ 33,115</u>	<u>\$ 14,304</u>

6. Deferred revenue

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$ -	\$ 35,000
Funds received during the year	20,360	-
Less: funds recognized in revenue	-	(35,000)
Balance, end of year	<u>\$ 20,360</u>	<u>\$ -</u>

7. Net assets

	<u>Net assets, beginning of year</u>	<u>Revenue</u>	<u>Expenses</u>	<u>Transfers</u>	<u>Net assets, end of year</u>
Unrestricted	<u>\$ 391,688</u>	<u>\$ 652,395</u>	<u>\$ 1,301,102</u>	<u>\$ 585,342</u>	<u>\$ 328,323</u>
Internally restricted	<u>1,000,211</u>	<u>405,887</u>	<u>180,866</u>	<u>(584,139)</u>	<u>641,093</u>
Internally restricted endowment	<u>2,000,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,000,000</u>
Externally restricted funds					
Ontario Hypertension Society	31,383	-	-	-	31,383
Vancouver Hypertension 2010	651,508	93,804	36,721	(1,203)	707,388
	<u>682,891</u>	<u>93,804</u>	<u>36,721</u>	<u>(1,203)</u>	<u>738,771</u>
	<u>\$ 4,074,790</u>	<u>\$ 1,152,086</u>	<u>\$ 1,518,689</u>	<u>\$ -</u>	<u>\$ 3,708,187</u>

Hypertension Canada

Notes to the Financial Statements

April 30, 2017

8. Commitments

The Board of Directors has committed to provide \$100,000 per year for 5 years, from fiscal 2014 to fiscal 2018, in support of the Canadian Vascular Network.

The Organization has a monthly rent obligation under a lease that ends on March 31, 2018 in the amount of \$2,394 per month, plus common fees.

9. Financial instruments

Transactions in financial instruments may result in an entity assuming or transferring to another party one or more of the financial risks described below. The required disclosures provide information that assists users of the financial statements in assessing the extent of risk related to financial instruments.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Organization's main credit risk relates to its accounts receivable, which is not considered to be significant.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Organization is not exposed to significant liquidity risk due to its strong working capital position.

Market risk

Market risk is the risk that 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: currency risk, interest rate risk, and other price risk.

Currency risk

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. As at April 30, 2017, investments of \$699,709 (2016 - \$804,015) and \$728,085 (2016 - \$738,131) are invested in United States and International equities, respectively, and are converted into Canadian dollars.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. As at April 30, 2017, investments of \$1,203,298 (2016 - \$1,237,241) are invested in fixed income investments and subject to interest rate risk.

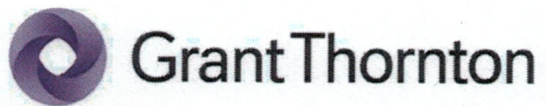
Other price risk

Other price risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or other factors affecting all similar financial instruments traded in the market. The Organization is exposed to other price risk through its investments in equities.

Hypertension Canada
Notes to the Financial Statements
April 30, 2017

10. Comparative amounts

Certain comparative amounts have been reclassified from those previously presented to conform to the presentation of the 2017 financial statements.



Financial Statements

Hypertension Canada

April 30, 2018

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Independent Auditor's Report

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To the Board of Directors of
Hypertension Canada

We have audited the accompanying financial statements of Hypertension Canada which comprise the statement of financial position as at April 30, 2018, the statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Hypertension Canada as at April 30, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Markham, Canada
September 20, 2018

Grant Thornton LLP

Chartered Professional Accountants
Licensed Public Accountants

Hypertension Canada

Statement of Operations

Year ended April 30

	2018	2017
Revenue		
Grants and sponsorships	\$ 1,025,262	\$ 443,704
Membership dues	168,025	137,550
Registration fees and other income	132,367	64,948
Realized gain on disposal of investments	122,320	183,276
Investment income	96,151	204,607
Donations	10,984	6,193
	<u>1,555,109</u>	<u>1,040,278</u>
Expenses (Note 3)		
Research	(19,282)	264,763
Education		
Professional education	468,631	164,769
Canadian Hypertension Congress	241,141	269,042
Hypertension Canada Guidelines	205,833	228,517
Patient education	71,567	91,085
Advocacy		
Public policy	97,762	77,885
Administration		
Administrative functions	308,769	260,744
Governance	38,499	63,780
Marketing and communication	74,566	57,427
Member services	51,050	40,677
	<u>1,538,536</u>	<u>1,518,689</u>
Excess (deficiency) of revenue over expenses before undernoted item	16,573	(478,411)
Unrealized (loss) gain in market value of investments	(160,913)	111,808
Deficiency of revenue over expenses	<u>\$ (144,340)</u>	<u>\$ (366,603)</u>

Hypertension Canada
Statement of Changes in Net Assets
Year ended April 30

	Unrestricted	Internally restricted	Internally restricted endowment	Externally restricted	Total 2018	Total 2017
Balance, beginning of year	\$ 328,323	\$ 641,093	\$ 2,000,000	\$ 738,771	\$ 3,708,187	\$ 4,074,790
Excess (deficiency) of revenue over expenses	(405,007)	90,780	-	169,887	(144,340)	(366,603)
Inter-fund transfers	<u>400,000</u>	<u>(400,000)</u>	-	-	-	-
Balance, end of year	<u>\$ 323,316</u>	<u>\$ 331,873</u>	<u>\$ 2,000,000</u>	<u>\$ 908,658</u>	<u>\$ 3,563,847</u>	<u>\$ 3,708,187</u>

See accompanying notes to the financial statements.

Hypertension Canada

Statement of Financial Position

April 30

2018

2017

Assets

Current

Cash	\$ 139,832	\$ 137,662
Accounts receivable	90,671	138,532
Prepaid expenses	57,129	57,540
	<u>287,632</u>	<u>333,734</u>

Investments (Note 4)	3,355,268	3,591,934
Property and equipment (Note 5)	<u>132,573</u>	<u>33,115</u>

	<u>\$ 3,775,473</u>	<u>\$ 3,958,783</u>
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Liabilities

Current

Accounts payable and accrued liabilities	\$ 162,179	\$ 230,236
Deferred revenue (Note 6)	<u>49,447</u>	<u>20,360</u>
	<u>211,626</u>	<u>250,596</u>

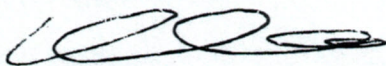
Net assets (Note 7)

Unrestricted	323,316	328,323
Internally restricted	331,873	641,093
Internally restricted endowment	2,000,000	2,000,000
Externally restricted	<u>908,658</u>	<u>738,771</u>
	<u>3,563,847</u>	<u>3,708,187</u>

	<u>\$ 3,775,473</u>	<u>\$ 3,958,783</u>
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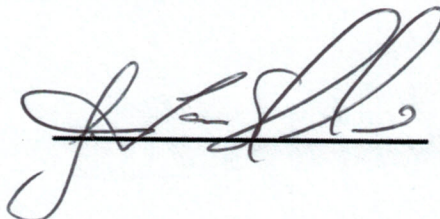
Commitments (Note 8)

On behalf of the Board



Director

Nadia Khan



Director

Hypertension Canada

Statement of Cash Flows

Year ended April 30

2018

2017

Increase (decrease) in cash

Operating

Deficiency of revenue over expenses	\$ (144,340)	\$ (366,603)
Items not involving cash		
Amortization	29,140	8,244
Realized gain on disposal of investments	(122,320)	(183,276)
Unrealized loss (gain) on investments	<u>160,913</u>	<u>(111,808)</u>

(76,607) (653,443)

Net change in non-cash working capital items

Accounts receivable	47,861	(60,271)
Prepaid expenses	411	(19,223)
Accounts payable and accrued liabilities	(68,057)	28,670
Deferred revenue	<u>29,087</u>	<u>20,360</u>

(67,305) (683,907)

Investing

Proceeds on sale of investments	456,000	697,000
Purchase of investments	(257,927)	(163,384)
Purchase of property and equipment	<u>(128,598)</u>	<u>(27,055)</u>

69,475 506,561

Net change in cash during the year

2,170 (177,346)

Cash, beginning of year

137,662 315,008

Cash, end of year

\$ 139,832 \$ 137,662

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

1. Nature of organization

Hypertension Canada (the "Organization") is a national organization whose main purpose is to advance health through the prevention and control of high blood pressure. Its main activities are research, professional and public education, and advocacy.

Hypertension Canada is incorporated in the province of Ontario as a not-for-profit organization without share capital and is exempt from tax. The Organization's registered charity number is 89701 6275 RR0001.

2. Summary of significant accounting policies

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

Fund accounting

The Organization maintains its accounts in accordance with the principles of fund accounting under which resources for particular purposes are classified for accounting and reporting into funds corresponding to those purposes.

Unrestricted – represents the results of ongoing mission work, grant activities, fundraising, and administrative activities where no restrictions are placed on activities.

Internally restricted – accounts for income arising from assets received from the International Society of Hypertension's Montreal meeting in 1990 and awards distributed out of the fund in honour of the May 1992 agreement and as directed by the Board of Directors.

The Board of Directors administers and awards these funds in accordance with the terms and spirit of the agreement described above and subject to the Organization's by-laws.

Internally restricted endowment – represents the original endowment received from the International Society of Hypertension's Montreal meeting in 1990, carried in honour of the May 1992 agreement, as directed by the Board of Directors. In recognition of the legacy agreement and the initial contribution, the Board approved that \$2,000,000 will remain in the Endowment Fund indefinitely.

Externally restricted – represent the results of activities related to proceeds received from donors who specify the use of donations, and specific grants allocated therefrom. The externally restricted funds include:

- (a) Ontario Hypertension Society – accounts for contributions and expenses relating to support of vascular biology/hypertension research in Ontario and the implementation of scientific meetings and networking opportunities for Ontario scientists and trainees.

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

2. Summary of significant accounting policies (continued)

Fund accounting (continued)

(b) Vancouver Hypertension 2010 – Pursuant to an agreement with the local organizers of the International Society of Hypertension's meeting in Vancouver in 2010, the Organization received a grant of \$630,000 in 2014, and an additional grant of \$200,000 in 2018, to be used for the following specific activities, for a period of 30 years:

- i. For an annual lecture on hypertension during the Canadian Hypertension Congress; and,
- ii. To support research, primarily of trainees or young investigators, in the area of hypertension and related diseases.

Interfund transfers

Transfers between funds are made when resources of one fund have been authorized to finance activities and acquisitions in another fund.

Revenue recognition

The Organization follows the restricted fund method of accounting for restricted contributions. Under this method, externally restricted contributions are recognized as revenue in the appropriate fund when received. Endowment contributions are recognized as direct increases in the Endowment Fund when received. Unrestricted revenue, including grants, sponsorships and donations, is recognized as revenue of the Unrestricted Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Registration fees are recognized in the period in which the event which requires registration takes place.

Membership fees are recognized as revenue when earned.

Investment income (loss) earned on endowment assets and the respective restricted fund balances is recognized in the appropriate restricted fund.

Allocation of expenses

The Organization allocates salaries and benefits to research, education, advocacy, administration, and member services functions. Allocations are based on the time spent by the employees on each function. The details of the allocation are disclosed in Note 3.

Contributed services

Volunteers contribute many hours so that the Organization can carry out its goals and objectives. Because of the difficulty in determining their fair value, contributed services are not recognized in the financial statements.

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

2. Summary of significant accounting policies (continued)

Financial instruments

The Organization's financial instruments are initially measured at fair value when issued or acquired.

At each reporting date, the Organization measures its financial assets and liabilities at amortized cost (less impairment in the case of financial assets), except for investments which are measured at fair value. The financial instruments measured at amortized cost are cash, accounts receivable, and accounts payable.

For financial assets measured at amortized cost, the Organization regularly assesses whether there are any indications of impairment. Any impairment loss is recognized in the statement of operations.

Investments consist of pooled investment funds and are recorded at fair value. Unrealized gains and losses arising from the change in the fair value of investments are recorded in the excess (deficiency) of revenue over expenses for the fiscal year.

Property and equipment

Property and equipment is recorded at cost, less amortization, which is provided over the asset's estimated useful life on a declining balance basis as follows:

Computer software	30%
Computer equipment	30%
Office equipment	20%

Use of estimates

The preparation of financial statements in conformity with ASNPO requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amount of revenue and expenses during the year. Areas requiring the use of management estimates include accrued liabilities and rates of amortization. Actual results could differ from these estimates.

3. Expenses

Salaries and benefits are allocated to the Organization's functions as follows:

	<u>2018</u>	<u>2017</u>
Research	\$ 31,437	\$ 30,764
Education	241,013	236,200
Advocacy	52,394	51,274
Administration	157,183	153,821
Member services	<u>41,915</u>	<u>40,677</u>
Salaries and benefits	<u>\$ 523,942</u>	<u>\$ 512,736</u>

During fiscal 2018, at rates consistent with and retrospectively applied to the prior year, salaries and benefits were allocated based on the amount of time spent on each function, as follows: 6% to research, 46% to education, 10% to advocacy, 30% to administration, and 8% to member services.

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

3. Expenses (continued)

Expenses of the Organization by object are as follows:

	<u>2018</u>	<u>2017</u>
Salaries and benefits	\$ 523,942	\$ 512,736
Conferences	241,882	232,003
Advertising, marketing display	203,361	80,054
Shared services	144,989	120,276
Electronic media	108,046	38,932
Awards	91,176	78,331
Contract and temporary staff	76,084	115,347
Audio visual	65,998	31,925
Consulting fees	54,175	71,700
Publications and printing	51,949	79,090
Investment management fees	35,159	37,911
Amortization	29,140	8,244
Website and translation	12,635	12,140
Canadian Vascular Network (Note 8)	<u>(100,000)</u>	<u>100,000</u>
	<u>\$ 1,538,536</u>	<u>\$ 1,518,689</u>

4. Investments

As at April 30, 2018, investments were held in a balanced pooled fund, consisting of fixed income securities (32.6%; 2017 – 33.5%), foreign equities (42.2%; 2017 – 39.8%), and Canadian equities (25.2%; 2017 – 26.7%). In fiscal 2018, the return earned on the investments was approximately 1.7% (2017 – 13.5%).

The investments are set aside to fund activities of the various restricted and endowed funds, as follows:

	<u>2018</u>	<u>2017</u>
Internally restricted	\$ 331,873	\$ 641,093
Internally restricted endowment	2,000,000	2,000,000
Externally restricted	908,658	738,771
Available for use in unrestricted activities	<u>114,737</u>	<u>212,070</u>
Total investments	<u>\$ 3,355,268</u>	<u>\$ 3,591,934</u>

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

5. Property and equipment

			<u>2018</u>	<u>2017</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Computer software	\$ 170,174	\$ 38,911	\$ 131,263	\$ 31,365
Office equipment	3,649	2,976	673	841
Computer equipment	<u>1,070</u>	<u>433</u>	<u>637</u>	<u>909</u>
	<u>\$ 174,893</u>	<u>\$ 42,320</u>	<u>\$ 132,573</u>	<u>\$ 33,115</u>

6. Deferred revenue

	<u>2018</u>	<u>2017</u>
Balance, beginning of year	\$ 20,360	\$ -
Funds received during the year	49,447	20,360
Less: funds recognized in revenue	<u>(20,360)</u>	<u>-</u>
Balance, end of year	<u>\$ 49,447</u>	<u>\$ 20,360</u>

7. Net assets

	<u>Net assets, beginning of year</u>	<u>Revenue</u>	<u>Expenses</u>	<u>Transfers</u>	<u>Net assets, end of year</u>
Unrestricted	\$ 328,323	\$ 1,136,638	\$ 1,541,645	\$ 400,000	\$ 323,316
Internally restricted	<u>641,093</u>	<u>42,590</u>	<u>(48,190)</u>	<u>(400,000)</u>	<u>331,873</u>
Internally restricted endowment	<u>2,000,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,000,000</u>
Externally restricted funds					
Ontario Hypertension Society	31,383	-	-	-	31,383
Vancouver Hypertension 2010	<u>707,388</u>	<u>214,968</u>	<u>45,081</u>	<u>-</u>	<u>877,275</u>
	<u>738,771</u>	<u>214,968</u>	<u>45,081</u>	<u>-</u>	<u>908,658</u>
	<u>\$ 3,708,187</u>	<u>\$ 1,394,196</u>	<u>\$ 1,538,536</u>	<u>\$ -</u>	<u>\$ 3,563,847</u>

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

8. Commitments

The Board of Directors had committed to provide \$100,000 per year for 5 years, from fiscal 2014 to fiscal 2018, in support of the Canadian Vascular Network. The commitment was officially cancelled on July 20, 2018, three committed installments (March 2014, July 2015 and November 2016) have been paid and the two remaining commitment payments have been forgiven.

The Organization has a monthly rent obligation under a lease that ends on March 31, 2019 in the amount of \$2,233 per month, plus common fees.

9. Financial instruments

Transactions in financial instruments may result in an entity assuming or transferring to another party one or more of the financial risks described below. The required disclosures provide information that assists users of the financial statements in assessing the extent of risk related to financial instruments.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Organization's main credit risk relates to its accounts receivable, which is not considered to be significant.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Organization is not exposed to significant liquidity risk due to its strong working capital position.

Market risk

Market risk is the risk that 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: currency risk, interest rate risk, and other price risk.

Currency risk

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. As at April 30, 2018, investments of \$746,212 (2017 - \$699,709) and \$ 669,711 (2017 - \$728,085) are invested in United States and International equities, respectively, and are converted into Canadian dollars.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. As at April 30, 2018, investments of \$1,093,817 (2017- \$1,203,298) are invested in fixed income investments and subject to interest rate risk.

Hypertension Canada

Notes to the Financial Statements

April 30, 2018

9. Financial instruments (continued)

Market risk (continued)

Other price risk

Other price risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or other factors affecting all similar financial instruments traded in the market. The Organization is exposed to other price risk through its investments in equities.

Election Slate Overview

At the 2018 Annual General Meeting (AGM), there are seven of fourteen terms expiring, with three Directors standing for re-election, and four Directors retiring from the Board, having reached their recommended or maximum consecutive years of service.

Mr. Barry Arbus, Toronto (Ontario)
Dr. Alan Bell, Toronto (Ontario)
Dr. Ross Feldman, Winnipeg (Manitoba)
Dr. Ernesto Schiffrin, Montreal (Quebec)

Dr. Sheldon Tobe, Toronto (Ontario)
Dr. Guy Tremblay, Quebec City (Quebec)
Dr. Ross Tsuyuki, Edmonton (Alberta)

Retiring from Board service:

Mr. Barry Arbus, and Drs. Ross Feldman, Sheldon Tobe, and Ross Tsuyuki will retire from the Board at their terms' ends, with the Board's gratitude for their lasting contributions.

Mr. Barry Arbus was appointed to Hypertension Canada's Board of Directors in 2011, officially elected in 2012, and retires after seven years of continuous service. Among the first business leaders elected to the Board, Mr. Arbus played a pivotal role in guiding Hypertension Canada's first staff through the administration and risk management aspects of its creating merger. Mr. Arbus served on the Finance Committee since his election, most recently as the Committee's Vice-Chair since 2016, helped to drive the Research and Trainee Fund definitions and uses, and encouraged fund development diversification throughout his service.

Dr. Ross Feldman was Hypertension Canada's first President and Chair of the Board of Directors, elected in 2010, and retires after eight years of continuous service. A prominent member of the Canadian Hypertension Society, Dr. Feldman played a key role on the Hypertension Canada Transition Committee, helping to create one cohesive entity from the three heritage organizations. Dr. Feldman was instrumental in organizing the inaugural Canadian Hypertension Congress in 2011 and has been a Co-Chair for each Congress since. He has served on various committees throughout his service, and continues to serve on the Guidelines Committee, Research Policy Committee (Vice-Chair), and Awards Committee. Dr. Feldman's commitment, dedication and immeasurable contributions of time and expertise have been recognized with the Distinguished Service Award in 2006 and the George Fodor Award in 2010.

Dr. Sheldon Tobe was elected to Hypertension Canada's Board of Directors in 2011 and retires after seven years of continuous service. A founding member of the Canadian Hypertension Education Program, Dr. Tobe played a key role on the Hypertension Canada Transition Committee, helping to create one cohesive entity from the three heritage organizations. Dr. Tobe has served on various committees and continues to serve on the Guidelines Committee and the Research Policy Committee. His commitment and dedication to Hypertension Canada was recognized with a Certificate of Excellence in 2008.

Dr. Ross Tsuyuki was a member of Hypertension Canada's first Board of Directors, elected in 2010, and retires after eight years of continuous service. A prominent member of the hypertension and pharmacy communities, Dr. Tsuyuki played a key role on Hypertension Canada's Transition Committee, helping create one cohesive entity from the three heritage organizations. Dr. Tsuyuki has served on various committees and continues to serve on the Guidelines Committee Research Policy Committee, and as Co-Chair of the Education & Implementation Committee. Dr. Tsuyuki's commitment and dedication to Hypertension Canada was recognized with a Certificate of Excellence in 2007.

Nominated for Re-election:

Dr. Alan Bell – Toronto (Ontario) Primary Care Physician, Clinical Researcher

- Nominated to second term (to 2020)
- First elected: 2016
- Current Committees: Guidelines Committee, Education & Implementation Committee

Dr. Ernesto Schiffrin, Montreal (Quebec) Scientist, Hypertension; Physician-in-Chief, Department of Medicine

- Nominated to serve one year of fifth and final term (to 2019)*
- First elected: 2011
- Current Committees: Executive, Research Policy, Guidelines Committee

**Dr. Guy Tremblay, Quebec City (Quebec) Physician, Epidemiologist and Health Services Researcher
Professor, Internal Medicine**

- Nominated to second term (to 2020)
- First elected: 2016
- Current Committees: Operations Committee, CHEP Recommendations Task Force

** Includes partial term (one-year).*

The nominees will join Mr. Glen Doucet, Mr. Trevor Hudson, Dr. Janusz Kaczorowski, Dr. Nadia Khan, Mr. David Lui, Ms. Dorothy Morris, and Dr. Raj Padwal, who hold active terms, to complete the Board.