



HALCO

HIV & AIDS Legal Clinic Ontario

Free legal services for people
living with HIV/AIDS in Ontario

Annual Report
2016-2017



The **HIV & AIDS Legal Clinic Ontario (HALCO)** is a not-for-profit charitable organization founded in 1995.

HALCO's Mission

The mission of the HIV & AIDS Legal Clinic Ontario is to provide legal services to persons living with HIV/AIDS in Ontario that are relevant to their well-being and that enable them to participate fully in the communities in which they live.

HALCO's Vision

HALCO's vision is a society where laws and the legal system help reduce discrimination, stigma, poverty and injustice faced by people living with HIV/AIDS.

HALCO's Statement of Principles

It is agreed that:

1. People living with HIV/AIDS are confronted with unique legal problems of enormous proportions and complexity;
2. Those best equipped to make choices regarding HIV/AIDS issues and problems are those individuals who are HIV-positive themselves;
3. People living with HIV/AIDS must have control over their own lives;
4. The HIV/AIDS affected communities are very diverse and are confronted by overwhelming challenges derived from both their diversity and from their common experience as people living with HIV/AIDS;
5. It is necessary to create and foster a climate of understanding and mutual respect for the dignity and worth of people living with HIV/AIDS; and
6. The confidentiality, bodily security, autonomy and privacy of people living with HIV/AIDS must be respected, which include but are not limited to:
 - a. the right of individuals to exercise control over their own medical treatment;
 - b. the right of individuals to exercise control over decisions concerning their own socio-economic position;
 - c. the right of all persons living with HIV/AIDS to be fully informed of all processes and procedures in which their interests are in any way involved; and
 - d. the right of all persons living with HIV/AIDS to consent, or withhold their consent, in all matters affecting them.

Message from the Chair and the Executive Director

On behalf of the board of directors and staff of the HIV & AIDS Legal Clinic Ontario (HALCO), we are very pleased to provide this year's annual report.

As HIV has transformed into a chronic illness, at least for those with access to medical treatment, why is there the need for specialized legal services? First, while the current scientific reality ought to be celebrated, many people in Ontario face significant institutional, social and economic barriers to accessing health care and medications, let alone a living wage and adequate housing. Moreover, HIV-related stigma and accompanying discrimination remain pervasive. As a result, legal issues abound.

From being denied services to being refused accommodation in the workplace, human rights concerns are widespread. Privacy is a constant worry for many, whether related to institutional actors, service providers or neighbours. When it comes to Canada's immigration system, many people living with HIV, like those with other medical conditions, are not viewed as whole individuals but are reduced to one figure: the cost of their medications. In addition, state surveillance, through public health authorities and the use of the criminal law, remains prevalent. Canada, Ontario in particular, is a world leader in criminalizing people living with HIV, even in circumstances where there is zero or effectively zero risk of HIV transmission and no transmission occurs.

Message from the Chair and the Executive Director

As it has since opening in 1995, HALCO, the only legal clinic in Canada devoted exclusively to the HIV community, continues to practice a broad range of law and engage in public legal education, law reform, and community development initiatives. Among other activities in the past year, we:

- provided advice in relation to thousands of legal issues,
- appeared at the Court of Appeal for Ontario,
- provided submissions to governmental bodies, and
- spoke to diverse audiences including people living with HIV, health care providers, legal service providers, and students.

This past year also included two particularly exciting developments. First, we moved to our new location with seven other specialty community legal clinics and the Association of Community Legal Clinics of Ontario. As expected, the move has already increased collaboration amongst the clinics, which is resulting in more effective service for all of the clinics' clients, including people living with HIV. Second, we engaged in a strategic planning process and at our 2017 annual general meeting we will be presenting the plan that will guide our services over the coming years.

Your ongoing support of and participation in our activities is invaluable and warmly appreciated. Some of the activities of HALCO's busy year are highlighted in the pages that follow (the reporting period is April 1, 2016 to March 31, 2017).

Judith Odhiambo
Chair, Board of Directors

Ryan Peck
Executive Director,
Barrister & Solicitor

Casework

People living with HIV are at heightened risk of unwanted and negative contact with legal and other systems. Barriers such as lack of access to justice compound problems and multiply legal issues. As a result, HALCO's primary focus is the provision of direct legal services for people living with HIV in Ontario. These services, referred to as "casework," are comprised of intake (summary advice, brief services, and referrals) and representation. Our areas of legal practice include:

- | | |
|-----------------------|---|
| • Income Maintenance | • Health |
| • Immigration/Refugee | • Regulated Health Professions complaints |
| • Tenancy | • HIV-related prison matters |
| • Human Rights | • Insurance |
| • Employment | • Other administrative law matters |
| • Privacy | |

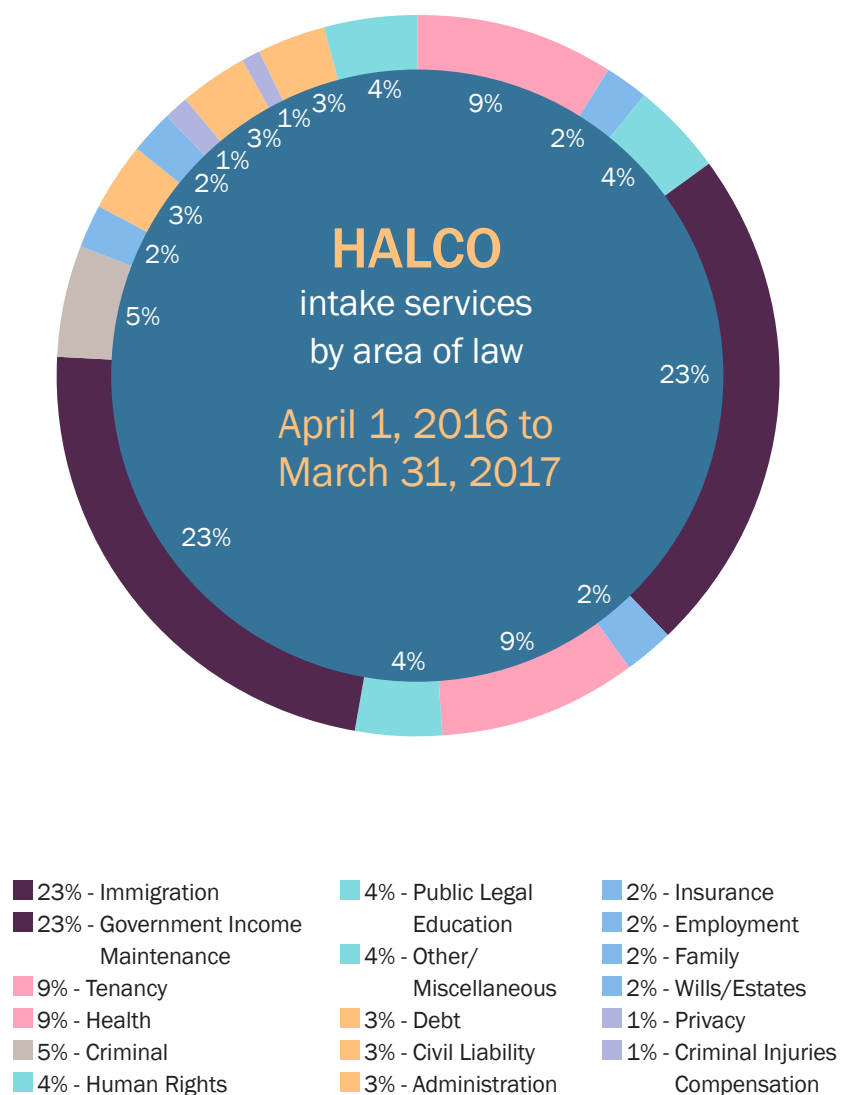
Intake - Advice, Brief Services and Referrals

HALCO continues to devote the majority of its resources to intake services, which are available free of charge to all people living with HIV in Ontario.

We handled more than 4,000 legal issues in this reporting period. Income maintenance and tenancy matters comprised 32% of intakes, and immigration matters 23%. The remainder were extremely varied, including criminal, health, human rights, and privacy law matters.

The chart on the following page provides a breakdown of HALCO's intake services for the reporting year:

Casework



Casework

Representation

In addition to intake services, HALCO staff provide legal representation to financially eligible people living with HIV in Ontario. For this reporting period, we opened 170 case files.

A case file may be opened to handle a legal matter for an individual (e.g., representation at the Human Rights Tribunal or Social Benefits Tribunal) or it may be a test case with the potential to benefit many people living with HIV.

Almost 45% of our case files consisted of income maintenance and tenancy matters, and almost 30% immigration matters. We also assisted clients with various other legal issues, including human rights, private insurance, and health law matters.

Casework examples include the following:

- assisted a client who relies on a wheelchair to obtain accommodation of his needs in his housing complex
- assisted clients to obtain and maintain social assistance benefits when improperly denied or suspended
- assisted clients to maintain their housing, including overturning an eviction order thereby maintaining a tenancy of 20+ years
- assisted a number of clients and their family members to become permanent residents on humanitarian and compassionate grounds
- assisted clients in pursuing remedies in relation to breaches of confidentiality by health care providers
- stopped the deportation of a client facing persecution in her country of origin due to her HIV status and gender identity
- obtained refugee status for clients, including a family of four who were found to have been persecuted in their country of origin due to their HIV-positive status, and another client found to be at risk because of the intersection of mental health disabilities, HIV status, and gender identity

Law Reform and Community Development

HALCO continuously strives to improve laws and the legal system to better meet the needs of people living with HIV. Law reform activities, which are frequently based in community development initiatives, seek to involve as many and as broad a range of individuals living with HIV as possible. For example, we play a leading role in campaigns and court interventions, and we participate in committees including the Legal Aid Ontario Group Applications and Test Case Committee (which provides funding for public interest matters), and the Ontario Advisory Committee on HIV/AIDS (which provides advice on HIV-related issues to the Minister of Health and Long-Term Care). We were very pleased when Legal Aid Ontario recognized the vital work being done by HALCO and presented its 2016 Sidney B. Linden Award to HALCO executive director Ryan Peck.

Our primary law reform activities during this reporting period focussed on the criminalization of HIV non-disclosure, immigration law, and matters lying at the intersection of health and human rights. In addition, work continued on our trans legal needs assessment project.

In addition to these core activities, which are explained in more detail beginning on page 7, examples of law reform and community development activities include the following:

- obtaining intervener status in a (pending) matter at the Human Rights Tribunal of Ontario that explores whether the deduction of Canada Pension Plan Disability benefits from long term disability benefits is discriminatory pursuant to Ontario's *Human Rights Code*

Law Reform and Community Development

- participating in the research team of the Ontario HIV Treatment Network *Odaake* project, a community-based research project designed to create a culturally safe intervention for Indigenous youth at risk of incarceration and/or conflict with the law
- launching a human rights complaint against a correctional facility for failing to provide our client with an adequate nutritional diet
- representing, at an inquest, the family of a person living with HIV who committed suicide in prison.

Criminalization of HIV non-disclosure

People living with HIV and other stakeholders consistently identify the overly broad application of criminal law in response to HIV non-disclosure as the most important legal issue facing the HIV community in Ontario.

Unfortunately, Canada (Ontario in particular) remains a global leader in prosecuting people living with HIV. People continue to be convicted of aggravated sexual assault, one of the most serious offences in Canada's *Criminal Code*, even in circumstances where the risk of HIV transmission is effectively zero and no transmission occurs.

HALCO, in conjunction with people living with HIV and other stakeholders, continues to play a leading role in efforts to reform the law. To ensure that the law is informed by up-to-date science and human rights principles, we continue to, amongst other activities:

- provide legal information, advice and referrals to people living with HIV
- work with defence counsel throughout Canada to ensure the best possible representation for people accused of non-disclosure offences
- intervene in matters of importance in courts across Canada

Law Reform and Community Development

- fight for prosecutorial guidelines for Crown prosecutors handling allegations of HIV non-disclosure
- engage with the federal government on law reform.

In spring 2017, along with the Canadian HIV/AIDS Legal Network (Legal Network) and Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA), we were granted intervenor status in a matter set to be heard in October 2017 at the Nova Scotia Court of Appeal (*R. v. T.*). In this matter, the trial judge rightly found no duty to disclose when a condom is worn or when a person living with HIV has a viral load of less than 1500 copies/ml as there is effectively zero risk of HIV transmission associated with sex in either of these circumstances. Despite this finding, the judge convicted the person living with HIV of sexual assault causing bodily harm solely on the fact that the two complainants testified that they had experienced stress and anxiety about the possibility of contracting the virus after learning that the accused person was HIV-positive at the time of their single sexual encounters. We take the position that the judge's decision to convict was incorrect. Put simply, based on the effectively zero risk of HIV transmission in these circumstances, it is our position that there is no legal duty to disclose, and to find otherwise reinforces misinformation and stigma about HIV and perpetuates the further over-extension and misuse of the criminal law in relation to people living with HIV.

While pursuing matters in court, we also continued other activities. Our work with the Ontario Working Group on Criminal Law and HIV Exposure (HALCO's executive director is co-chair) continues to focus on the campaign urging Ontario's Attorney General to produce sound prosecutorial guidance for Crown prosecutors handling allegations of HIV non-disclosure. Our work with the Canadian Coalition to Reform HIV Criminalization continues to focus on engagement with the federal government as the federal Minister of Justice explicitly acknowledged over-criminalization of people living with HIV and

Law Reform and Community Development

expressed her intention to work with provincial and territorial counterparts, affected communities and medical professionals on the issue.

Over the past year, we also engaged with police in relation to criminal law and HIV matters. For example, we continue to explore options to hold police to account for the issuance of press releases that contain the pictures, names and HIV-positive status of accused persons. We also met with Toronto Police Service (TPS) in order to coordinate training on HIV issues for officers in Division 51 in downtown Toronto. TPS committed to training after an officer made a highly inflammatory statement that bespoke ignorance and prejudice against people living with HIV. The training will be taking place in the near future.

We will continue to work tirelessly with people living with HIV and others until the law is brought in line with science and human rights principles.

Health and human rights

Since the beginning of the epidemic, autonomy in medical decision-making has been central to the HIV movement. This includes the right to access health care services free of stigma and without discrimination. Unfortunately, over the years we have seen a lack of support for autonomy as well as discrimination against people living with HIV in health care settings. As in the past, in this reporting period HALCO engaged in a number of activities at the intersection of health and human rights in order to address these issues.

A number of such activities took place in relation to medical assistance in dying. In 2015, we were very pleased to play a role in the Supreme Court of Canada's decision to strike down Canada's *Criminal Code* prohibition against assisted dying. Unfortunately, since the decision, a number of concerning issues have arisen. First, the federal government's amendments to the *Criminal Code* do not fully incorporate the rights recognized by the

Law Reform and Community Development

Supreme Court. Second, a number of health care providers challenged policies of the College Of Physicians and Surgeons of Ontario (CPSO) in relation to the provision of care, including medical assistance in dying. Third, the provincial government has allowed health care institutions to not only opt out of providing medical assistance in dying, but to then shield the fact that they are doing so.

While we continue to take the position that the federal government's amendments are unconstitutional, our work in this reporting period focussed on the second and third issues. In relation to the second, we intervened, along with the Legal Network, in a challenge made by a group of mostly Christian health care providers to CPSO policies that allow physicians to refuse to provide certain medical care, including medical assistance in dying, on the basis of their individual religious beliefs or conscience. The policies make clear that where such a refusal is made, the physician must provide an "effective referral" to another physician who is willing to provide such care. Those challenging the policies took the position that the policies are unconstitutional as the requirement to provide an effective referral would be in violation of their religion or conscience.

We made our position clear that, while we have concerns with the policies as referrals create delays, act as barriers to accessing care, and have a negative impact on patients' dignity and autonomy, the policies minimally comply with the *Charter of Rights and Freedoms* and therefore should not be struck down as argued by the health care providers. The decision is pending.

HALCO also spoke out against the Ontario government's approach to medical assistance in dying. Based on a 2016 decision, which we oppose, the government allows publicly funded faith-based hospitals and facilities to refuse to provide medical assistance in dying. In 2017, the government then went further by allowing hospitals and facilities that refuse to provide medical assistance in dying to shield the sharing of information about their refusal to

Law Reform and Community Development

provide the service. In other words, not only can publicly funded institutions opt out, they can hide the fact that they refuse to provide this necessary health care service. When hospitals are opaque about their stance on medical assistance in dying, patients are not able to determine whether they can access the service. This is unacceptable and will cause harm to patients.

HALCO staff also engaged in other activities at the intersection of health and human rights. For example, we met with Ontario's new Patient Ombudsman (PO). In addition, we conducted a workshop, along with a person living with HIV, for staff of the PO, and we also convened a meeting with the PO and other community legal clinics. In addition, we participated in the Law Commission of Ontario's Roundtable on *Legal Ethics and Practice for the Last Stages of Life*, and played a lead role in working on and participating in an event sponsored by Realize (formerly Canadian Working Group on HIV and Rehabilitation) entitled *Maintaining Self-Determination in Times of Incapacity: a roundtable discussion on advance care planning and health care consent in the context of chronic and episodic health conditions*.

We will continue to work with people living with HIV and others to ensure that autonomy in medical decision-making is realized and human rights principles are upheld.

Immigration

Immigration law services are particularly vital for specific communities of people living with HIV who may be marginalized due to complex and intersecting issues including HIV-positive status, racism, homophobia, poverty, immigration status, and violence. These issues compound the already complicated needs of immigration clients who may be "medically inadmissible" under Canada's current immigration laws. Gaining and maintaining access to life-saving medications adds an additional layer of vulnerability for immigration clients. Serious issues also arise at the

Law Reform and Community Development

intersection of immigration law and criminalization of HIV non-disclosure. The criminalization phenomenon has a strong racialized element, and those convicted who are not Canadian citizens, even if they have lived in Canada for many years, almost always face deportation.

HALCO continues to challenge “medical inadmissibility” as it reduces many people living with HIV, like those with other medical conditions, to one figure: the cost of their medical treatment. The *Immigration and Refugee Protection Act* states that an individual is medically inadmissible to Canada if they will cause an excessive demand on health and social services in the five to ten year period after they become a permanent resident. Excessive demand is defined as a need for health services that exceeds the cost of health services for the average Canadian. While medical inadmissibility does not apply to refugees or all immigrants, it does impact many people living with HIV. As a result, we provided detailed submissions to the federal government arguing for its repeal. We also provided support to a private bar lawyer challenging the medical inadmissibility scheme, and we are currently considering an intervention at the Federal Court on this matter.

In addition, as part of an advisory committee, we provided input on research exploring the racialization of criminalization of HIV non-disclosure that includes a discussion of immigration law consequences of convictions for HIV-related offences. We also endorsed the Medical Legal Working Group to End Immigration Detention statement to end immigration detention for children, and worked with the Canadian Council of Refugees to fight the government’s recent shift to issue six month work permits instead of twelve month permits.

Law Reform and Community Development

TRANSforming JUSTICE

As previously reported, HALCO is administering the TRANSforming JUSTICE: Trans Legal Needs Assessment Ontario project. The project is designed to help ensure that the legal needs of trans people in Ontario are being met. The project goals are to:

- assess the legal needs of trans community members,
- identify barriers to accessing justice and root causes of injustice experienced by trans communities,
- understand the needs of lawyers and other legal service providers in serving trans clients,
- conduct educational workshops with trans community members and lawyers/legal service providers, and
- make recommendations for policy changes and other interventions necessary to improve access to justice for trans people in Ontario.

There are four committees providing guidance to the project:

- Trans community consultation and outreach committee,
- Legal service provider committee,
- Social service provider committee, and
- Decision-maker committee (including judges and members of administrative tribunals).

While the project is focussed on the needs of the broader trans community, a specific component of the project is dedicated to trans people living with or affected by HIV. Ethics approval was obtained through the research ethics board at the University of Toronto.

Law Reform and Community Development

The workshop and data collection phase of the project is complete, and included the following:

- 232 trans community members completed the comprehensive survey
- 13 focus groups and workshops engaged 125 trans people
- 9 focus groups and workshops engaged 82 legal service providers
- 19 trans people living with or affected by HIV were interviewed.

Findings from survey, focus group and interview participants reveal that:

- trans individuals experienced justiciable legal problems in far greater proportion than the general population in Canada,
- the experiences were often complicated by trans-specific mistreatment and barriers to full participation in social systems, and
- obtaining legal assistance for the legal problems was very rare.

Reports on various aspects of project findings will be released over the coming months, as will recommendations for action to address the legal needs of trans people in Ontario.

Public Legal Education

HALCO staff provide information in print, on-line and in-person to help people understand legal issues, advocate for themselves, and seek broader social change. We also provide public legal education for governmental and non-governmental organizations.

For this reporting period, we conducted over 85 in-person workshops across the province and worked on various other public legal education projects. More than 40% of this work related to issues surrounding the criminalization of HIV non-disclosure and public health law, and the remainder to other legal issues including income maintenance, privacy, human rights, and immigration/refugee law.

HALCO staff spoke in all corners of Ontario to audiences including people living with HIV, AIDS service organization staff, law students, legal clinic staff, and health care providers. In addition, our 14th series of free public legal education workshops, which is held at our office, was once again extremely popular, as were our website and the three newsletters we produced in this reporting period.

We continued to engage in outreach to various communities of people living with HIV, including Indigenous communities and newcomers living with HIV. For example, we successfully completed a public legal education project with People 2 People Aid Organization, Africans in Partnership Against AIDS and Women's Health In Women's Hands. Through the project, legal education materials were developed and workshops provided for faith leaders and community workers in the Greater Toronto Ethiopian-Canadian community. The workshops utilized the traditional coffee ceremony to facilitate participation.

Public Legal Education

We also continue to work with the Committee for Accessible AIDS Treatment to deliver HIV & Immigration Capacity Building Workshops to newcomers and service providers across Ontario, which included the delivery of a two-day advanced level training workshop in Ottawa.

In May 2016, the new *Women living with HIV and intimate partner violence: Questions & Answers / Femmes vivant avec le VIH et violence au sein d'une relation intime : Questions et Réponses* publications were launched. The guides were developed in partnership with the Legal Network, METRAC and the AIDS Committee of Toronto.

In partnership with the Ontario Women & HIV/AIDS Initiative, we are working to develop a disclosure toolkit for service providers working with women living with HIV.

In conjunction with Community Legal Education Ontario (CLEO), we played a lead role in developing and facilitating a roundtable exploring recent changes to the *Residential Tenancies Act* that allow tenants experiencing domestic or sexual violence or abuse to end their tenancies. We also provided a review of some of CLEO's consumer debt and Ontario Disability Support Program materials.

In November 2016, HALCO was delighted to receive a donation of three beautiful original oil paintings created by the late Helena Kaufman (née Guta Minc).

*Thanks to the family
of Helena Kaufman*

Born in Poland in 1913, Helena was awarded a scholarship to study art at the Sorbonne in Paris. Returning briefly to Poland in 1939, she pleaded with her family to flee the country to no avail. She, her husband and their infant son struggled to survive as they waited out World War II in Russia. Tragically, most of her family perished in the Shoah (Holocaust).

After the war, the Kaufmans lived in Poland and Helena pursued her studies. Facing oppression in Poland, they moved to Israel in 1957 and then to Canada in 1962. Everywhere she went, she held solo and group shows to critical acclaim.

We are very grateful to Ms. Kaufman's family for their generosity and could not be prouder to display the paintings.

For more information about this extraordinary woman and talented artist, please see: www.halco.org/2016/news/halco-welcomes-donation-of-helena-kaufman-oil-paintings

*Reluctant Farewell to
Longtime Staff Lawyer John Nelson*

After more than 13 years as a staff lawyer with HALCO, John Nelson retired in 2017. John articulated at HALCO in 2003, and joined as a staff lawyer the following year. His skill, work ethic, empathy and compassion cannot be overstated. John's popularity with clients is legendary. It was not unusual for people to go to great lengths to find out when John was on intake and wait for that day, no matter how pressing the issue, so they could talk with him. John literally helped people with thousands of legal issues. HALCO staff and students also benefitted tremendously from John's knowledge, insight, commitment to our clients, and efforts to ensure access to justice.

We miss John dearly and wish him all the best in his retirement.

2016-2017 Board of Directors and Staff

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Funders and Donors

The generosity of HALCO's funders and donors enables the clinic to provide legal services to the HIV community. The clinic is grateful to all those who provide support, and particularly grateful to the following funders:

Core Funders: Legal Aid Ontario
 Ministry of Health and Long-Term Care

Funding Partner: MAC AIDS Fund

HALCO also sincerely thanks all of the individuals who provided volunteer services and donations.

Thanks

HALCO owes a special thanks to the following for their support of the clinic's work:

Michael Battista	Neil Evans	Jodi Martin
Mark Blans	Michael Fenrick	Shane Martinez
Joseph N. Blinick	Cynthia Fromstein	Eugene Meehan, Q.C.
Angela Chaisson	Emily Home	John Norquay
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Laila Demirdache	Jennifer King	Pro Bono Ontario
Janet Dench	Megan Longley	Pro Bono Students Canada
Joel Dick	Marie-France Major	
Richard Elliott	Aadil Mangalji	

Audited Financial Statement for period

April 1, 2016 to March 31, 2017

		ASSETS							
		LAO Operating Fund	MOH AIDS Bureau Fund	LAO Legal Disbursements Fund	Donations Fund	TCTC Fund	Project Funding Fund	2017 Total	2016 Total
CURRENT									
Cash	\$	57,262	\$ 39,113	\$ 10,497	\$ 36,265	\$ 995	\$ 66,855	\$ 210,987	\$ 245,541
Short-term investments		-	-	-	76,685	-	-	76,685	75,999
Funding and other receivables		-	-	-	-	-	-	-	1,006
Government remittances		12,391	-	48	-	-	-	12,439	22,590
Prepaid expenses		15,941	-	-	-	-	-	15,941	30,303
Interfund receivable		40,352	-	-	7,201	-	-	47,553	31,838
	\$	125,946	\$ 39,113	\$ 10,545	\$ 120,151	\$ 995	\$ 66,855	\$ 363,605	\$ 407,277
CURRENT									
Accounts payable and accrued liabilities	\$	46,503	\$ 6,227	\$ -	\$ -	\$ -	\$ -	\$ 52,730	\$ 45,263
Deferred revenue		137,030	-	-	-	-	45,000	182,030	257,462
Interfund payable		-	32,063	830	-	1,004	13,656	47,553	31,838
		183,533	38,290	830	-	1,004	58,656	282,313	334,563
FUND BALANCES (DEFICIT)									
Externally restricted		-	823	9,715	-	(9)	8,199	18,728	16,576
Internally restricted		-	-	-	120,151	-	-	120,151	114,628
Unrestricted		(57,587)	-	-	-	-	-	(57,587)	(58,490)
		(57,587)	823	9,715	120,151	(9)	8,199	81,292	72,714
	\$	125,946	\$ 39,113	\$ 10,545	\$ 120,151	\$ 995	\$ 66,855	\$ 363,605	\$ 407,277

Audited Financial Statement for period

April 1, 2016 to March 31, 2017

	LAO Operating Fund	MOH AIDS Bureau Fund	LAO Legal Disbursements Fund	Donations Fund	TCTC Fund	Project Funding Fund	2017 Total	2016 Total
REVENUE								
Legal Aid Ontario								
Direct receipts	\$ 818,914	\$ -	\$ 4,090	\$ -	\$ -	\$ -	\$ 823,004	\$ 829,360
Indirect receipts	14,159	-	-	-	-	-	14,159	11,709
AIDS Bureau	-	327,736	-	-	-	-	327,736	329,172
Project funding	-	-	-	-	-	27,704	27,704	37,817
Donations	-	-	-	21,127	-	-	21,127	37,227
Interest	427	37	12	722	2	33	1,233	1,669
	<u>833,500</u>	<u>327,773</u>	<u>4,102</u>	<u>21,849</u>	<u>2</u>	<u>27,737</u>	<u>1,214,963</u>	<u>1,246,954</u>
EXPENSES								
Salaries and benefits	540,248	321,108	-	15,858	-	27,265	904,479	901,207
Occupancy	116,444	-	-	-	-	-	116,444	108,576
Supplies and services	36,584	325	-	25	-	-	36,934	40,964
Communications	13,060	-	-	-	-	-	13,060	22,225
Legal disbursements	-	-	3,627	-	-	-	3,627	16,394
Indirect payments	14,159	-	-	-	-	-	14,159	11,709
Professional dues	12,088	5,112	-	-	-	-	17,200	11,635
Equipment and maintenance	21,344	-	-	-	-	-	21,344	11,436
Travel	8,504	-	-	-	-	-	8,504	7,687
Library	1,860	-	-	-	-	-	1,860	2,138
Fundraising development	-	-	-	443	-	-	443	250
Project expenses	68,306	-	-	-	25	-	68,331	99,589
	<u>832,597</u>	<u>326,545</u>	<u>3,627</u>	<u>16,326</u>	<u>25</u>	<u>27,265</u>	<u>1,206,385</u>	<u>1,233,810</u>
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	903	1,228	475	5,523	(23)	472	8,578	13,144
FUND BALANCES (DEFICIT), beginning of year	<u>(58,490)</u>	<u>(405)</u>	<u>9,240</u>	<u>114,628</u>	<u>14</u>	<u>7,727</u>	<u>72,714</u>	<u>59,570</u>
FUND BALANCES (DEFICIT), end of year	<u>\$ (57,587)</u>	<u>\$ 823</u>	<u>\$ 9,715</u>	<u>\$ 120,151</u>	<u>\$ (9)</u>	<u>\$ 8,199</u>	<u>\$ 81,292</u>	<u>\$ 72,714</u>

Notes

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