HEALTH GLOBAL ACCESS PROJECT, INC

FINANCIAL STATEMENTS
DECEMBER 31, 2015

HEALTH GLOBAL ACCESS PROJECT, INC

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Health Global Access Project, Inc

I have audited the accompanying financial statements of Health Global Access Project, Inc., (a nonprofit organization) which comprise the statement of financial position as of December 31, 2015 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I 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. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health Global Access Project, Inc. as of December 31, 2015, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

New York, New York

Parl Sochnyan

May 18, 2016

HEALTH GLOBAL ACCESS PROJECT, INC STATEMENT OF FINANCIAL POSITION AS OF DECEMBER 31, 2015

<u>Assets</u>		
Cash and cash equivalent	\$	221,472
Grants and contributions receivable		216,315
Property and equipment - net - notes 2 and 3		3,616
Security deposit	_	1,725
Total assets	\$_	443,128
Liability and Net Assets		
Liability		
Accounts payable and accrued expenses	\$_	25,916
Net Assets		
Unrestricted		277,212
Temporarily restricted	<u> </u>	140,000
Total net assets	_	417,212

443,128

Total liability and net assets

HEALTH GLOBAL ACCESS PROJECT, INC STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2015

	Unrestricted	Temporarily Restricted	Total
Revenue and support			
Grants and contributions \$	52,048	720,655	772,703
Program service fee	4,180		4,180
Interest	404		404
Sub-total	56,632	720,655	777,287
Release from restriction:			
Satisfaction of program restriction	698,781	(698,781)	
Total revenue	755,413	21,874	777,287
Expenses			
Program services	559,543		559,543
General and administration	78,176		78,176
Fundraising	31,442		31,442
Total expenses	669,161		669,161
Change in net assets	86,252	21,874	108,126
Net assets at beginning of year	190,960	118,126	309,086
Net assets at end of year	277,212	140,000	417,212

HEALTH GLOBAL ACCESS PROJECT, INC STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

		General and		
	Programs	Administrative	Fundraising	Total
Salaries	\$ 255,021	25,938	25,750	306,709
Payroll taxes and fringes	56,375	5,734	5,692	67,801
Total personnel	311,396	31,672	31,442	374,510
Supplies	8,978	997		9,975
Occupancy	13,939	1,549		15,488
Telephone and internet access	13,431	1,492		14,923
Printing and publicity	1,421			1,421
Insurance		4,606		4,606
Postage and shipping		680		680
Program expense	109,072			109,072
Consultants and professionals	14,435	28,542		42,977
Regrant	15,548			15,548
Travel and accommodation	63,602			63,602
Meeting and events	5,922			5,922
Retreat and development	1,799			1,799
Dues and fees		5,707		5,707
Depreciation		2,088		2,088
Miscellaneous		843		843
Total expenses	\$ 559,543	78,176	31,442	669,161

HEALTH GLOBAL ACCESS PROJECT, INC STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2015

Cash Flows From Operating Activities		
Change in net assets	\$_	108,126
Adjustments to reconcile change in net assets to cash flows		
Depreciation		2,088
Increase in grants and contributions receivable		(203,905)
Increse in security deposit		(1,725)
Increase in accounts payable and accrued expenses	-	18,065
Total adjustment	_	(185,477)
Net cash used in operating activities		
represent net decrease in cash		(77,351)
Cash and cash equivalent at beginning of year	_	298,823
Cash and cash equivalent at end of year	\$_	221,472

Note 1 <u>Organization</u>

Health Global Access Project, Inc., (Health GAP) is a not-for-profit organization incorporated in the State of New York under Section 402 of the New York Not-For-Profit Corporation Law. Health GAP is a network of AIDS activists, academics, people living with HIV/AIDS, trade experts and citizens who believe that nothing should stand in the way of access to lifesaving medication. Health GAP engages in leadership development, advocacy, organizing and detailed policy analysis geared towards advancing access to treatment, prevention and other health services, and eliminating barriers that limit global access to life-sustaining medicines for all people living with HIV/AIDS and other key affected populations.

Funding of the Organization's programs is provided by private and governmental sources.

Health GAP is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and similar provision of the State code. However, tax years 2012, 2013 and 2014 are subject to examinations by the Internal Revenue Service.

Note 2 <u>Significant accounting policies</u>

Financial Statement Presentation

Health Gap's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The classification of Health Gap's net assets and its support and revenue is based on the existence or absence of donor-imposed restrictions. It requires that the amount for each of the three classes of net assets, permanently restricted, temporarily restricted, and unrestricted, be displayed in the statement of financial position and that the amounts of change in each of those classes of net assets be displayed in the statement of activities.

These classes are defined as follows:

Permanently Restricted - Net assets resulting from contributions and other inflows of assets whose use by Health Gap is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of Health Gap.

Temporarily Restricted - Net assets resulting from contributions and other inflows of assets whose use by Health Gap is limited by donor-imposed

Note 2 <u>Significant accounting policies (continued)</u>

Financial Statement Presentation (continued)

stipulations that either expire by passage of time or can be fulfilled and removed by actions of Health Gap pursuant to those stipulations. When such stipulations end or are fulfilled, such temporary restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities.

Unrestricted - The part of net assets that is neither permanently nor temporarily restricted by donor-imposed stipulations.

The Organization's net assets as at December 31, 2015 were made up of \$207,212 unrestricted and \$140,000 temporarily restricted.

Cash and Cash Equivalents

Cash is primarily consisted of cash held in checking and saving accounts at major financial institutions. Health Gap considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Property and Equipment

Property and equipment are recorded at cost. Depreciation is provided for using the straight-line method over the estimated useful lives of the property and equipment. Health Gap capitalizes any asset they determine will be maintained for an extended period of time over five years.

Fair Value of Financial Instruments

The carrying amounts of financial instruments including cash, grants and contract and program fees receivable, and accounts payable and accrued expenses approximate their fair values because of the relatively short maturity of these instruments. This measurement has remained the same as in prior years.

Note 2 <u>Significant accounting policies (continued)</u>

<u>Subsequent Events</u> – Management has evaluated subsequent events and transactions that occurred after the statement of financial position date through May 18, 2016, the financial statement issuance date. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with accounting principles generally accepted in the United States of America. Management has determined that there are no unrecognized subsequent events that require additional disclosure.

In-Kind Contributions

Health GAP receives in-kind contributions of services from volunteers and space from another organization. However, due to difficulties in obtaining fair values for those donations, in-kind contributions are not recorded on the financial statements.

Note 3 Property and Equipment

Property and equipment at December 31, 2015 consist of the following:

Equipment (5 year life) \$ 12,841 Less - accumulated depreciation 9,225

Net \$____3,616

Total depreciation expense for the year was \$2,088.

Note 4 Temporarily restricted net assets

As of December 31, 2015, temporarily restricted net assets of \$140,000 were grants restricted for program purpose for the following year.

Note 5 Grants Receivable

Grants receivable of \$216,315 were all due within one year.

Note 6 Commitment

The Organization subleases its premises from another non-profit organization on a month to month basis. The monthly rental was \$1,725, including utilities. For the year ended December 31, 2015, the sublease payment totaled \$15,488.

Note 7 Concentration

Financial instruments that potentially subject Health GAP to concentration risk consist principally of cash deposits. The Federal Deposit Insurance Corporation ("FDIC") insures accounts at each institution. Currently, the FDIC insures accounts for up to \$250,000 per depositor. Management believes the exposure to credit risk is minimal.

Note 8 Functional allocation of expense

The costs of providing various program and supporting services have been summarized on a functional basis in the Statement of Activities and Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services in reasonable ratios determined by management.