YEAR ENDED MARCH 31, 2022

INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statement of Financial Position	3
Statement of Operations and Changes in Net Assets	4
Statement of Cash Flows	5
Notes to Financial Statements	6-9





INDEPENDENT AUDITOR'S REPORT

June 7, 2022

The Board of Directors of Algoma Nurse Practitioner - Led Clinic

Opinion

I have audited the financial statements of the Algoma Nurse Practitioner - Led Clinic, which comprise the statement of financial position as at March 31, 2022, and the statement of operations and changes in net assets, and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Algoma Nurse Practitioner - Led Clinic as at March 31, 2022 and its financial performance and cash flows for the year then ended in accordance with Canadian Accounting Standards for Not-For-Profit Organizations.

Basis for Opinion

I conducted my audit in accordance with Canadian generally accepted auditing standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of Financial Statements section of my report. I am independent of Algoma Nurse Practitioner - Led Clinic in accordance with the ethical requirements that are relevant to my audit of the financial statements in Canada, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Accounting Standards for Not-For-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due
 to fraud or error, design and perform audit procedures responsive to those risks, and obtain
 audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of
 not detecting a material misstatement resulting from fraud is higher than for one resulting from
 error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the
 override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing an
 opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Chartered Professional Accountant

Professional Corporation

Authorized to practice public accounting by The Chartered Professional Accountants of Ontario

Sault Ste. Marie, Canada

ALGOMA NURSE PRACTITIONER - LED CLINIC STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31,		2022		2021
ASSETS				
CURRENT ASSETS				
Cash and term deposits	\$	395,549	\$	391,166
Accounts receivable		30,735		13,130
Prepaid expenses		9,041		21,008
		435,325		425,304
CAPITAL ASSETS (note 2)		56,663		97,628
	\$	491,988	\$	522,932
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts payable and accrued liabilities (note 4)	\$	123,474	\$	116,164
Payable to the Ministry of Health and Long-Term Care (note 5)	Ψ	189,325	Ψ	167,826
Deferred contributions (note 6)		115,381		135,477
		428,180		419,467
DEFERRED CAPITAL CONTRIBUTIONS (note 7)		56,663		97,628
		484,843		517,095
NET ASSETS Unrestricted		7,145		5,837
	\$	491,988	\$	522,932
Commitment (note 9)				
APPROVED ON BEHALF OF THE BOARD:				
Director				
Director				

ALGOMA NURSE PRACTITIONER - LED CLINIC STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

YEAR ENDED MARCH 31,	2022	2021
REVENUE		
Ministry of Health and Long-Term Care	\$ 1,362,229	\$ 1,346,216
Amortization of deferred capital contributions	48,008	83,914
Miscellaneous	1,784	1,370
Ministry of Health and Long-Term Care one-time funding	20,096	38,298
Ontario Government nurse retention funding	20,167	-
	1,452,284	1,469,798
EXPENDITURES		
Amortization of capital assets	48,008	83,914
Equipment	1,373	1,254
General overhead	52,007	64,771
Information technology	37,998	40,630
Insurance	16,446	13,976
Premises	69,406	65,936
Salaries and benefits	1,136,580	1,079,615
Service fees	67,659	80,909
	1,429,477	1,431,005
EXCESS OF REVENUE OVER EXPENDITURES BEFORE OTHER	22,807	38,793
TRANSFER OF FUNDS	-	20,000
EXCESS OF REVENUE OVER EXPENDITURES BEFORE PAYABLE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE	22,807	18,793
PAYABLE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE	21,499	17,423
EXCESS OF REVENUE OVER EXPENDITURES	1,308	1,370
UNRESTRICTED NET ASSETS, BEGINNING OF YEAR	5,837	4,467
UNRESTRICTED NET ASSETS, END OF YEAR	\$ 7,145	\$ 5,837

ALGOMA NURSE PRACTITIONER - LED CLINIC STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31,	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES Excess of revenue over expenditures for the year	\$ 1,308	\$ 1,370
Add charges to income not involving cash: Amortization of capital assets Amortization of deferred capital contributions	48,008 (48,008)	83,914 (83,914)
	1,308	1,370
Changes in non-cash working capital: Accounts receivable	(17,605)	(607)
Prepaid expenses	11,967	4,031
Accounts payable and accrued liabilities Deferred revenue Payable to the Ministry of Health and Long-Term Care	7,310 (20,096) 21,499	21,811 (27,898) 17,423
	4,383	16,130
CASH FLOW FROM FINANCING ACTIVITIES Deferred capital contributions	7,043	23,057
CASH FLOW FROM INVESTING ACTIVITIES Purchase of capital assets	(7,043)	(23,057)
INCREASE IN CASH DURING THE YEAR	4,383	16,130
CASH, BEGINNING OF YEAR	391,166	375,036
CASH, END OF YEAR	\$ 395,549	\$ 391,166
COMPRISED OF: Cash	\$ 245,084	\$ 241,166
Short-term investments	 150,465	 150,000
	\$ 395,549	\$ 391,166

YEAR ENDED MARCH 31, 2022

The Algoma Nurse Practitioner - Led Clinic (the "Organization") is incorporated without share capital under the law of Ontario and its principal activities include providing health care services principally by nurse practitioners in collaboration with other health care providers. The Organization is exempt from income tax provided certain conditions are met under the income tax act.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

These financial statements have been prepared in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNPO) in Part III of the CPA Canada Handbook - Accounting.

Capital Assets

Purchased capital assets are recorded at cost.

Capital assets are amortized on the declining-balance or straight-line basis using the following annual rates:

Leasehold Improvements	Straight-line	10 years
Computer equipment	Declining-balance	50%
Computer software	Declining-balance	50%
Furniture and equipment	Declining-balance	20%

Employee Future Benefits

Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the Organization has insufficient information to apply defined benefit plan accounting.

Financial Instruments

Financial instruments are recorded at fair value on initial recognition.

Fund Accounting

The unrestricted fund accounts for contributions and other sources of revenue which are available for use at the Organization's discretion.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. if there is an indicator or impairment, the Organization determines if there is a significant adverse change in the expected amount or timing of future cash flows, the carrying value of the financial assets is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Organization expects to realize by exercising its right to any collateral. if events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

YEAR ENDED MARCH 31, 2022

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Prior Year Funding Adjustment

The Organization received the majority of its funding from the Ministry of Health and Long-Term Care (MOHLTC). The operations are subject to audit by the MOHLTC with possible audit adjustments repayable to the MOHLTC. Any adjustments required as a result of these audits are made in the year they are determined.

Revenue Recognition

The Organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions and other revenues are recognized as revenue when received or receivable if amounts to be received can be reasonably estimated and collection is reasonably assured.

Use of Estimates

The preparation of financial statements in conformity with Canadian Accounting Standards for Not-For-Profit Organizations 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 amounts of revenue and expenses during the periods specified. Significant items subject to such estimates and assumptions include the carrying value of capital assets and valuation allowance for accounts receivable. Actual results could differ from those estimates. These estimates are reviewed periodically, and as adjustments become necessary, they are reported in earnings in the year in which they become known.

2. CAPITAL ASSETS

			2022	2021
	Cost	Accumulated Amortization	Net Book <u>Value</u>	Net Book <u>Value</u>
Leasehold improvements Furniture and equipment Computer equipment Computer software	\$ 537,015 178,622 150,331 65,950	\$ 537,015 141,296 142,706 54,239	\$ - 37,326 7,626 11,711	\$ 26,851 42,125 11,922 16,730
	\$ 931,918	\$ 875,256	\$ 56,663	\$ 97,628

3. OPERATING LINE OF CREDIT

The Organization has an unsecured line of credit in the amount of \$25,000. The line of credit is due upon demand and bears interest at prime plus 1.0%. At March 31, 2022, no amounts had been drawn on the line of credit.

4. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Included in accounts payable and accrued liabilities are government remittances payable of \$20,738 (2021 - \$32,007), which includes amounts payable for payroll related taxes.

YEAR ENDED MARCH 31, 2022

5. PAYABLE TO THE MINISTRY OF HEALTH AND LONG-TERM CARE

The payable to the Ministry of Health and Long-Term Care consists of operating funding repayable of \$189,325 (2021 - \$167,826). \$21,499 of this balance is related to the current year operations. This payable balance is due to the start-up phase of the clinic and staff vacancies being left unfilled.

6. DEFERRED CONTRIBUTIONS

Deferred contributions represent unspent resources restricted for specific purposes. On September 1, 2017, the Ministry of Health and Long-Term Care agreed to provide capital planning grant funds of \$175,000 to the Organization. The deferred contributions balance at year end is as follows:

	2022	2021
Ministry of Health and Long-Term Care (Capital Grant)	\$ 115,381	\$ 135,477

7. DEFERRED CAPITAL CONTRIBUTIONS

Deferred contributions represent restricted contributions from funders with which the Organization's furniture, equipment, computers and leasehold improvements were purchased. The changes in the deferred contributions balance for the year are as follows:

	2022	2021
Balance, beginning of year Contributions received during the year Amortized to revenue during the year	\$ 97,628 7,043 (48,008)	\$ 158,485 23,057 (83,914)
Balance, end of year	\$ 56,663	\$ 97,628

8. PENSION PLAN

The Organization's temporary and permanent employees are members of the Healthcare of Ontario Pension Plan (HOOPP) defined benefit pension plan. The contributions during the year were \$ 95,536 (2021 - \$ 85,735).

9. COMMITMENT

The Organization leases their current premises under a lease agreement that expires in December 2025. The fiscal lease commitment to term is as follows:

2023	\$ 46,823
2024	\$ 47,766
2025	\$ 48,724
2026 (9 months)	\$ 37,106

In 2022, \$45,902 was paid to lease the premises.

YEAR ENDED MARCH 31, 2022

10. FINANCIAL RISKS

Liquidity Risk

Liquidity risk is the risk that the Organization will be unable to fulfil its obligations on a timely basis or at a reasonable cost. The Organization manages liquidity risk by monitoring its operating requirements. The Organization prepares budget and cash forecasts to ensure it has sufficient funds to fulfil its obligations. There has been no change to the risk exposures from 2021.

Interest Rate Risk

Interest rate risk is the risk of potential financial loss caused by fluctuations in fair value of future cash flow of financial instruments due to changes in market interest rates. The Organization is exposed to this risk through its interest bearing deposits. The Organization manages this risk through investing in fixed-rate deposits of short to medium term maturity.

11. ECONOMIC DEPENDENCE

The Organization is dependent on annual contributions from the Ministry of Health and Long-Term Care in order to fund its general operations. Should these contributions cease, the Organization may be unable to continue operations.