



# North Lambton Community Health Centre

*Year End Reporting Package*

March 31, 2021



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Financial statements of  
North Lambton Community  
Health Centre

March 31, 2021

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To the Board of Directors of North Lambton Community Health Centre:

## Opinion

We have audited the financial statements of North Lambton Community Health Centre (the "Organization"), which comprise the statement of financial position as at March 31, 2021, and the statements of net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2021, 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.

## Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Other Matter

The financial statements of the Organization for the year ended March 31, 2020 were audited by another accountant who expressed an unmodified opinion on those statements on June 9, 2020.

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

Management is responsible for the preparation and fair presentation of the 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 related 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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material

misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

London, Ontario

June 15, 2021

*MNP LLP*

Chartered Professional Accountants

Licensed Public Accountants

**North Lambton Community Health Centre**  
**Statement of financial position**  
as at March 31, 2021

			2021			2020
	Notes	Schedules	Community Health Program	Capital Reserve Fund	Other Programs Fund	Total
			\$	\$	\$	\$
<b>Assets</b>						
Current assets						
Cash			389,875	21,658	312,191	723,724
Short-term investments	3		—	213,037	—	213,037
Accounts receivable			336,041	—	—	336,041
Harmonized sales tax receivable			80,389	—	—	80,389
Prepaid expenses			41,481	—	—	41,481
			<b>847,786</b>	<b>234,695</b>	<b>312,191</b>	<b>1,394,672</b>
Capital assets, net of accumulated amortization	2	1	1,044,868	377,147	—	1,422,015
<b>Total Assets</b>			<b>1,892,654</b>	<b>611,842</b>	<b>312,191</b>	<b>2,816,687</b>
<b>Liabilities</b>						
Current liabilities						
Accounts payable and accrued liabilities			468,522	11,807	—	480,329
Payroll deductions and taxes payable			302,676	—	—	302,676
Funding repayable to MOH/LHIN**	5		76,588	—	—	76,588
Deferred revenue and contributions	6		—	—	310,656	310,656
Funding repayable to the federal government			—	—	988	988
			<b>847,786</b>	<b>11,807</b>	<b>311,644</b>	<b>1,171,237</b>
Deferred capital contributions	7		1,044,868	377,147	—	1,422,015
<b>Net assets</b>						
Restricted net assets	8		—	222,888	547	223,435
			<b>1,892,654</b>	<b>611,842</b>	<b>312,191</b>	<b>2,816,687</b>

\*\* MOH - Ministry of Health  
LHIN - Local Health Integration Network

The accompanying notes to the financial statements are an integral part of this financial statement.

Approved by the Board

\_\_\_\_\_ Director

\_\_\_\_\_ Director

**North Lambton Community Health Centre**  
**Statement of changes in net assets**  
year ended March 31, 2021

	<b>2021</b>			2020
	<b>Community Health Program Fund</b>	<b>Capital Reserve Fund</b>	<b>Other Programs Fund</b>	<b>Total</b>
	\$	\$	\$	\$
<b>Net assets, beginning of the year</b>	—	221,411	547	221,958
Excess (deficiency) of revenue over expenses	—	1,477	—	1,477
<b>Net assets, end of the year</b>	—	<b>222,888</b>	<b>547</b>	<b>223,435</b>

The accompanying notes to the financial statements are an integral part of this financial statement.

**North Lambton Community Health Centre**  
**Statement of operations**  
year ended March 31, 2021

Community Health Program					2021	2020
Notes	MOH/LHIN Funding \$	Diabetes Program \$	Capital Reserve (restricted) \$	Other Programs (restricted) \$	Total \$	Total \$
<b>Revenue</b>						
	8,219,149	691,547	—	—	8,910,696	8,471,835
	140,000	—	—	—	140,000	140,000
	162,500	—	—	717,699	880,199	747,444
14	—	—	—	—	—	193,500
	—	—	—	197,056	197,056	232,370
	340	—	—	12,377	12,717	16,187
	51,565	—	5,361	153,086	210,012	55,401
	1,000	—	—	—	1,000	1,000
	84,128	—	—	104,400	188,528	265,000
	20,374	—	—	—	20,374	17,476
	66,459	—	—	—	66,459	62,103
	<b>8,745,515</b>	<b>691,547</b>	<b>5,361</b>	<b>1,184,618</b>	<b>10,627,041</b>	<b>10,202,316</b>
<b>Expenses</b>						
	66,459	—	—	—	66,459	62,103
	6,725	—	—	—	6,725	10,165
	183,529	7,500	—	—	191,029	206,254
	53,718	—	—	—	53,718	47,032
	—	—	—	—	—	193,500
	23,869	—	—	—	23,869	22,849
	2,366	—	—	—	2,366	1,951
	15,298	2,000	—	—	17,298	19,127
	135,229	—	—	19,975	155,204	102,391
	28,031	—	—	—	28,031	26,038
	47,039	5,629	—	7,369	60,037	65,423
	—	—	—	49,400	49,400	15,541
	1,923	—	—	33,847	35,770	46,899
	1,667	—	—	—	1,667	1,623
	143,734	—	—	14,500	158,234	166,894
	9,421	—	—	—	9,421	6,558
	307,630	10,000	—	—	317,630	317,288
	74,303	—	—	66,574	140,877	165,377
	68,112	34,783	3,884	66,002	172,781	107,248
	9,567	—	—	—	9,567	12,283
	12,794	3,961	—	590	17,345	42,939
	69,173	158	—	9,239	78,570	67,482
	140,004	—	—	—	140,004	140,004
	—	—	—	—	—	218,862
	11,460	1,003	—	7,403	19,866	40,172
	34,807	—	—	—	34,807	36,596
10	7,298,657	626,513	—	528,297	8,453,467	7,834,471
	<b>8,745,515</b>	<b>691,547</b>	<b>3,884</b>	<b>803,196</b>	<b>10,244,142</b>	<b>9,977,070</b>
	—	—	1,477	381,422	382,899	225,246
	—	—	—	310,656	310,656	202,055
	—	—	—	70,766	70,766	8,621
	<b>—</b>	<b>—</b>	<b>1,477</b>	<b>—</b>	<b>1,477</b>	<b>14,570</b>

The accompanying notes to the financial statements are an integral part of this financial statement.

## North Lambton Community Health Centre

### Statement of cash flows

year ended March 31, 2021

	2021 \$	2020 \$
<b>Operating activities</b>		
Excess of revenue over expenses	1,477	14,570
Non-cash transactions		
Amortization of capital assets	66,459	62,103
Amortization of deferred capital contributions	(66,459)	(62,103)
	<b>1,477</b>	14,570
Changes in non-cash working capital		
Short-term investments	—	(18,779)
Accounts receivable	(334,634)	1,832
Harmonized sales tax receivable	(13,193)	19,450
Prepaid expenses	23,568	(1,899)
Accounts payable and accrued liabilities	131,270	(204,080)
Payroll deductions and taxes payable	114,368	420
Funding repayable to MOH/LHIN	63,325	(64,998)
Deferred revenue and contributions	108,601	(31,315)
Funding repayable to the federal government	—	63
	<b>94,782</b>	(284,736)
<b>Investing activity</b>		
Purchase of capital assets	—	(41,340)
<b>Financing activity</b>		
Increase in deferred contributions	—	41,340
Net change in cash	<b>94,782</b>	(284,736)
Cash, beginning of the year	<b>628,942</b>	913,678
<b>Cash, end of the year</b>	<b>723,724</b>	628,942

The accompanying notes to the financial statements are an integral part of this financial statement.

# North Lambton Community Health Centre

## Notes to the financial statements

March 31, 2021

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### 1. Purpose of the Organization

North Lambton Community Health Centre (The "Organization") is a community based organization providing a wide range of health services to residents of North, West and East Lambton. The Organization operates locations in Forest, and Kettle Point (North Lambton), Sarnia (West Lambton) and Watford (East Lambton) and is primarily funded by the Ontario Ministry of Health ("MOH") via the Erie St. Clair Local Health Integration Network ("LHIN"). It is incorporated under the laws of the Province of Ontario as a not-for-profit organization and is a registered charity under the Income Tax Act.

The Mission Statement for the Organization is as follows:

"Working with our communities, we provide primary health care, health promotion, and community development, with a focus on people who face challenges to accessing care."

### 2. Significant accounting policies

#### *Basis of accounting*

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

#### *Fund accounting*

The Organization follows the restricted fund method of accounting for contributions.

#### *Community Health Program Fund*

Revenues and expenses related to Community Health Centre program delivery and administrative activities are reported in the Community Health Program Fund, which includes MOH/LHIN funding and the diabetes program.

#### *Capital Reserve Fund*

The Capital Reserve Fund reports the assets, liabilities, revenues and expenses related to the Organization's discretionary funds and fundraising activities.

#### *Other Programs Fund*

The Other Programs Fund reports assets, liabilities, revenues and expenses related to program and volunteer activities not funded by the MOH or the LHIN and/or are funded from a different branch within the MOH.

#### *Revenue recognition*

Restricted contributions are recognized as revenue of the appropriate fund in the year in which the related expenses are incurred.

Unrestricted contributions and pledges are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

# North Lambton Community Health Centre

## Notes to the financial statements

March 31, 2021

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### 2. Significant accounting policies (continued)

#### *Rental income*

The Organization rents part of its building facilities to other non-profit organizations that provide services to the community. The amount is fully refundable to the MOH/LHIN if not spent.

#### *Contributed services*

Volunteers contribute many hours per year to assist the Organization in carrying out its services. Due to the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

#### *Income taxes*

The Organization is a charitable organization registered under the Income Tax Act (the "Act") and as such is exempt from income taxes and is permitted to issue donation receipts for income tax purposes. In order to maintain its status as a charitable organization registered under the Act, the Organization must meet certain requirements within the Act. In the opinion of management these requirements have been met.

#### *Capital assets and amortization*

The Organization capitalizes all capital assets with a cost of \$5,000 or more. Amortization is provided at the following rates:

Building	50 years straight line basis
Building improvements	straight line basis over the remaining estimated life of the building
Leasehold improvements	straight line basis over the term of the lease and one renewal period where applicable
Equipment	5 years straight line basis
Computer equipment	5 years straight line basis
Medical equipment	5 years straight line basis
Vehicles	5 years straight line basis
Signage	5 years straight line basis

#### *Deferred capital contributions*

Deferred capital contributions represent funds received by the Organization for capital asset purchases. Deferred capital contributions are amortized over the life of the corresponding capital asset.

## **2. Significant accounting policies (continued)**

### *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 and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Significant estimates relate to the expected useful lives of capital assets in determining amortization, estimate of accrued liabilities and providing for amortization of deferred capital contributions.

### *Financial instruments*

#### *i) Measurement of financial instruments*

The Organization initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The Organization subsequently measures its financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash and accounts receivable. Financial assets measured at fair market value include short-term investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

#### *i) Impairment*

Financial assets measured at amortized cost are tested for impairment when there are indicators of possible impairment. When a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset or group of assets, a write-down is recognized in the Statement of Operations. The write-down reflects the difference between the carrying amount and the higher of:

- a) the present value of the cash flows expected to be generated by the asset or group of assets;
- b) the amount that could be realized by selling the assets or group of assets;
- c) the net realizable value of any collateral held to secure repayment of the assets or group of assets.

When the event occurring after the impairment confirms that a reversal is necessary, the reversal is recognized in the Statement of Operations up to the amount of the previously recognized impairment.

## North Lambton Community Health Centre

### Notes to the financial statements

March 31, 2021

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#### 3. Short-term investments

Short-term investments consist of a guaranteed investment certificate bearing interest at 0.5% per annum and matures on September 1, 2022.

#### 4. Bank line of credit

The Organization has negotiated a line of credit and a corporate Visa to facilitate cash flow requirements and business expenditures in the amount of \$100,000 and \$15,500 respectively. The credit bears interest at prime rate + 1% per annum and is due on demand.

The Organization has made a general assignment of accounts receivable and provided a general security agreement covering all assets other than real property. The organization had no amounts drawn on this facility at year-end (\$nil in 2020).

#### 5. Due to Ministry of Health and Local Health Integration Network

Funding provided by the MOH/LHIN in excess of current year expenditures is repayable by the Organization. At year-end, the balance of current and prior years' surpluses is shown below:

	2021 \$	2020 \$
Opening balance	13,263	78,261
Deduct: repayments	(7,511)	(73,619)
Refundable surplus for the year		
Community Health Care - MOH/LHIN funded	60,654	793
Other funding	10,182	7,828
Total amount repayable	<b>76,588</b>	13,263

#### 6. Deferred revenue and contributions

Deferred revenue and contributions are restricted revenues and contributions, which have been received but relate to expenses of future periods.

#### 7. Deferred capital contributions

	2021 \$	2020 \$
Balance beginning of the year	1,488,473	1,509,236
Contributions received during the year for capital purposes	—	41,340
	<b>1,488,473</b>	1,550,576
Amortization of deferred capital contributions	66,458	62,103
Balance, end of year	<b>1,422,015</b>	1,488,473

Deferred capital contributions represent the unamortized amount of funding received for the purchase of capital assets. The amortization of the deferred capital contributions is recorded as revenue in the statement of operations

# North Lambton Community Health Centre

## Notes to the financial statements

March 31, 2021

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### 8. Internally restricted

The Organization's Board of Directors has internally restricted funds totaling \$223,435 (\$221,958 in 2020) for capital and other expenditures as approved by the Board at the time of use. There are no unrestricted net assets in either the current or prior year.

### 9. Lease commitment

The Organization has entered into lease agreements for their premises at Sarnia, Watford and Kettle Point.

The Sarnia lease was renewed in 2020 for an additional five year term ending April 30, 2026 plus operating costs and tax payments that are adjusted annually.

The Watford lease is for a 1 year term renewed April 1, 2021 ending March 31, 2022.

The Kettle Point lease runs on a month to month basis at a rate of \$4,228/month.

The following is the estimated obligation for the next five years and thereafter:

	Sarnia	Watford	Total
	\$	\$	\$
2022	201,826	9,900	211,726
2023	201,826	—	201,826
2024	201,826	—	201,826
2025	201,826	—	201,826
2026	201,826	—	201,826
Thereafter	16,819	—	16,819
	<u>1,025,949</u>	<u>9,900</u>	<u>1,035,849</u>

In addition, the Organization has entered into other business lease agreements for various office equipment for greater than a one year period. The following is the estimated obligation for the next five years and thereafter:

	\$
2022	49,380
2023	29,380
2024	25,688
2025	21,615
Thereafter	—
	<u>126,063</u>

### 10. Pension plan

Substantially all of the employees of the Organization are eligible to be members of the Hospitals of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. As there is insufficient information to apply defined benefit plan accounting, defined contribution plan accounting has been used for the Organization. Employer contributions made to the plan during the fiscal year amounted to \$563,730 (\$533,035 in 2020) and are

# North Lambton Community Health Centre

## Notes to the financial statements

March 31, 2021

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included in Wages, benefits and other compensation in the statement of operations. As at December 31, 2020 the Hospitals of Ontario Pension Plan had a surplus of \$24,131,000.

### 11. Economic dependence

The Organization received 89.4% of its total revenue for the year ended March 31, 2021 (91.8% in 2020) from the LHIN and MOH. Without the continued support of these funders it is unlikely that the Organization could continue to operate.

### 12. Financial instruments

#### *Credit risk*

Credit risk arises from the potential that a counter party will fail to perform its obligations. The Organization is exposed to credit risk on accounts receivable. Due to the nature of its operations, the Organization is exposed to limited credit risk from clients and/or agencies who fail to pay their fees. To reduce this risk, the Organization actively pursues collection of fees on a regular basis.

#### *Interest rate*

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. In seeking to minimize the risks from interest rate fluctuations, the Organization manages exposure through its normal operating activities.

#### *Liquidity risk*

Liquidity risk is the risk of being unable to meet a demand for cash or fund obligations as they come due. The Organization manages its liquidity risk by constantly monitoring forecasted and actual cash flow and financial liability maturities.

### 13. Significant event

During the year, there was a global outbreak of COVID-19 (coronavirus), which has had a significant impact on businesses through the restrictions put in place by the Canadian, provincial and municipal governments regarding travel, business operations and isolation/quarantine orders. At this time, it is unknown the extent of the impact the COVID-19 outbreak may have on the Organization as this will depend on future developments that are highly uncertain and that cannot be predicted with confidence. These uncertainties arise from the inability to predict the ultimate geographic spread of the disease, and the duration of the outbreak, including the duration of travel restrictions, business closures or disruptions, and quarantine/isolation measures that are currently, or may be put, in place by Canada and other countries to fight the virus.

As of the date of issuance of these financial statements, the Organization has not experienced any adverse financial consequences as a result of the outbreak.

### 14. Government assistance

During the year, the Organization received government assistance related to COVID-19, which is reported as other income in the statement of operations.

The Organization received \$25,000 of Temporary Wage Subsidy during the year. The 10% Temporary Wage Subsidy for employers is a 3-month measure that allows eligible employers to reduce the amount of payroll deductions they need to remit to the Canada Revenue Agency. This only applies to the federal, provincial, or territorial income tax portion of the remittance.

**North Lambton Community Health Centre**  
**Schedule 1**  
year ended March 31, 2021

			<b>Cost</b>		<b>Accumulated amortization</b>		<b>Net book value</b>	
	<b>Opening</b>		<b>Closing</b>	<b>Opening</b>		<b>Closing</b>	<b>2021</b>	<b>2020</b>
	<b>balance</b>	<b>Additions</b>	<b>balance</b>	<b>balance</b>	<b>Additions</b>	<b>balance</b>	<b>2021</b>	<b>2020</b>
	\$	\$	\$	\$	\$	\$	\$	\$
Capital assets								
Land	<b>256,772</b>	—	<b>256,772</b>	—	—	—	<b>256,772</b>	256,772
Building and building improvements	<b>2,024,093</b>	—	<b>2,024,093</b>	<b>(875,662)</b>	<b>(40,964)</b>	<b>(916,626)</b>	<b>1,107,467</b>	1,148,431
Leasehold improvements	<b>1,074,965</b>	—	<b>1,074,965</b>	<b>(1,074,965)</b>	—	<b>(1,074,965)</b>	—	—
Equipment	<b>244,395</b>	—	<b>244,395</b>	<b>(244,395)</b>	—	<b>(244,395)</b>	—	—
Computer equipment	<b>131,265</b>	—	<b>131,265</b>	<b>(116,196)</b>	<b>(6,504)</b>	<b>(122,700)</b>	<b>8,565</b>	15,069
Medical equipment	<b>399,817</b>	—	<b>399,817</b>	<b>(345,952)</b>	<b>(14,213)</b>	<b>(360,165)</b>	<b>39,652</b>	53,865
Vehicles	<b>91,214</b>	—	<b>91,214</b>	<b>(76,878)</b>	<b>(4,778)</b>	<b>(81,656)</b>	<b>9,558</b>	14,336
Signage	<b>28,018</b>	—	<b>28,018</b>	<b>(28,018)</b>	—	<b>(28,018)</b>	—	—
	<b>4,250,539</b>	—	<b>4,250,539</b>	<b>(2,762,066)</b>	<b>(66,458)</b>	<b>(2,828,524)</b>	<b>1,422,015</b>	1,488,473

## Independent Auditor's Report

To the AIDS Bureau Funding Program:

North Lambton Community Health Centre

### Opinion

We have audited the accompanying schedules of North Lambton Community Health Centre (the "Organization") for the year ended March 31, 2021 and notes to the schedules, including a summary of significant accounting policies (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Organization for the year ended March 31, 2021 is prepared, in all material respects, in accordance with the basis of accounting described in Note 1.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedules* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the schedules in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the schedules, which describes the basis of accounting. The schedules are prepared to assist the Organization in complying with the AIDS Bureau Funding Program Financial Guidelines. As a result, the schedules may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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

Management is responsible for the preparation of the schedules in accordance with the basis of accounting described in Note 1, and for such internal control as management determines is necessary to enable the preparation of the schedules that are free from material misstatement, whether due to fraud or error.

In preparing the schedules, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the 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

Our objectives are to obtain reasonable assurance about whether the schedules as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS 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 schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedules, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, 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 we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the schedules or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the schedules, including the disclosures, and whether the schedules represent the underlying transactions and events in a manner that achieves fair presentation.

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

London, Ontario  
June 22, 2021

*MNP LLP*

Chartered Professional Accountants

Licensed Public Accountants

**Ministry of Health  
Hospitals and Capital Division  
Annual Reconciliation Report**

**AIDS Bureau Funding Program**

**Agency/Program Name:** North Lambton Community Health Centre

**Program Number (TPAS#):** 81147      **Finance Contact Name:** Robin Page, Finance Team Lead

**Telephone:** 519-786-4545 x253      **Email:** rpage@nlchc.com

Report Revenue & Expenditures in the unshaded cells. This form automatically populates the shaded cells that are protected.  
Report only Revenue & Expenditures specific to funding provided by the Ministry of Health (MOH) AIDS Bureau Funding Program.  
Complete a separate ARR for each funded program/initiative that has a separate budget tab in your approved budget.

A	B	C	D	E	F = D-E	G
2020-21 Fiscal Year	Approved Budget	Ministry Approved Reallocations <small>provide copy(ies)</small>	Revised Budget	Actual Revenue & Expenditures	Variance	Comments
<b>Revenue</b>						
MOH - AIDS Bureau Funding Program						
Base	\$ 100,000		\$ 100,000	\$ 100,000		
Non-Recurring (one-time only)						
<b>Sub-Total MOH - AIDS Bureau Funding Program</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>\$ 100,000</b>		
Other Revenue						
Interest						
Other Income (specify)				\$ 240	\$ 240	donation
<b>Sub-total Other Revenue</b>				<b>\$ 240</b>		
<b>Total Revenue</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>\$ 100,240</b>		
<b>Expenditures</b>						
Salaries and Benefits						
Salaries, Wages: <small>Complete Salaries &amp; Protected Tab First</small>	\$ 50,000		\$ 50,000	\$ 50,000		
Benefits: <small>Complete Salaries &amp; Protected Tab First</small>	\$ 11,000		\$ 11,000	\$ 11,000		
<b>Sub-total Salaries and Benefits</b>	<b>\$ 61,000</b>		<b>\$ 61,000</b>	<b>\$ 61,000</b>		
Operating Expenditures						
Rent and Utilities	\$ 7,500		\$ 7,500	\$ 7,500		
Supplies and other expenses	\$ 30,500	\$ 1,000	\$ 31,500	\$ 31,740	(\$ 240)	
Protected allocations: <small>Complete Salaries &amp; Protected Tab First</small>	\$ 1,000	(\$ 1,000)		\$ 1	(\$ 1)	
Other/Special items						
<b>Sub-total Operating</b>	<b>\$ 39,000</b>		<b>\$ 39,000</b>	<b>\$ 39,241</b>		
Non-Recurring (one-time only)						
Other (specify)						
Other (specify)						
<b>Sub-total Non-recurring (one-time only)</b>						
<b>Total Expenditures</b>	<b>\$ 100,000</b>		<b>\$ 100,000</b>	<b>\$ 100,241</b>	<b>(\$ 1)</b>	

1. This Report calculates variances between "Revised Budget" (column D) and "Actual Revenue and Expenditures" (column E). These variances do not represent amounts recoverable by the ministry. The final recoverable amount will be determined in the settlement letter issued after the ministry's review of the Annual Reconciliation Report package.

2. **Ministry-approved Reallocations:**  
If applicable, include all ministry-approved reallocations from the fiscal year in question in the corresponding budget line(s). Include a copy of the approved reallocation(s) with your ARR submission. As a reminder, these reallocations refer to circumstances where prior written approval was received during the fiscal year.

3. **Changes to Budget Lines:**  
According to the Financial Guidelines for Transfer Payment Recipients, AIDS and Hepatitis C Programs (p. 12), you may move funds up to 5% or \$10,000 (whichever is less) of your total budget without prior approval. Please note these changes for the applicable budget lines in the corresponding "Comments" cell (column G) (i.e., change as per ministry Financial Guidelines of up to lesser amount of 5% or \$10,000).

**We certify that the Annual Reconciliation Report above is a true and accurate statement of revenue, expenditures and surplus attributable to the AIDS Bureau Funding Program.**

Kathy Bresett

Robin Page

**Authorized Signature (has legal signing authority)**

**Authorized Signature (has legal signing authority)**

**Name:**  
(Please type) Kathy Bresett

**Name:**  
(Please type) Robin Page

**Position:** Executive Director

**Position:** Finance Team Lead

**Date:** May 31, 2021

**Date:** May 31, 2021

**Step 1: EMAIL or MAIL the submission to:**  
Financial Management Branch  
AIDS Bureau Funding Program  
Ministry of Health  
5700 Yonge Street, 12th Floor  
Toronto ON M2M 4K5

**Step 2: Email copies of the submission to:**  
[AIDSHPCPrograms@ontario.ca](mailto:AIDSHPCPrograms@ontario.ca)  
**Deadline: July 31**



# North Lambton Community Health Centre

## Notes to the schedules

March 31, 2021

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### 1. Basis of accounting

These schedules have been prepared in accordance with the financial reporting provisions contained in the following, collectively referred to as the "Guidelines":

- Fiscal 2020-21 AIDS Bureau Funding Program Annual Reconciliation Report Instructions

## Independent Auditor's Report

To the Programs Funded by the Hepatitis C Secretariat Funding Program:

North Lambton Community Health Centre

### Opinion

We have audited the accompanying schedules of North Lambton Community Health Centre (the "Organization") for the year ended March 31, 2021 and notes to the schedules, including a summary of significant accounting policies (collectively referred to as the "schedules").

In our opinion, the accompanying schedules of the Organization for the year ended March 31, 2021 is prepared, in all material respects, in accordance with the basis of accounting described in Note 1.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Schedules* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the schedules in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the schedules, which describes the basis of accounting. The schedules are prepared to assist the Organization in complying with the Hepatitis C Secretariat Funding Program Financial Guidelines. As a result, the schedules may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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

Management is responsible for the preparation of the schedules in accordance with the basis of accounting described in Note 1, and for such internal control as management determines is necessary to enable the preparation of the schedules that are free from material misstatement, whether due to fraud or error.

In preparing the schedules, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the 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

Our objectives are to obtain reasonable assurance about whether the schedules as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS 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 schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the schedules, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, 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 we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the schedules or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the schedules, including the disclosures, and whether the schedules represent the underlying transactions and events in a manner that achieves fair presentation.

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

London, Ontario  
June 22, 2021

*MNP LLP*

Chartered Professional Accountants

Licensed Public Accountants

Ministry of Health  
Hospitals and Capital Division  
Annual Reconciliation Report

**Hepatitis C Funding Program**

Agency/Program Name:	North Lambton Community Health Centre		
Program Number (TPAS#):	81147	Finance Contact Name:	Robin Page
Telephone:	519-786-4545 x 253	Email:	rpage@nlchc.com

Report Revenue & Expenditures in the unshaded cells. This form automatically populates in the shaded cells that are protected.  
Report only Revenue & Expenditures specific to funding provided by the Ministry of Health (MOH) Hepatitis C Funding Program.  
Complete a separate ARR for each funded program/initiative that has a separate budget tab in your approved budget.

A	B	C	D	E	F = D-E	G
2020-21 Fiscal Year	Approved Budget	Ministry-Approved Reallocations <small>provide copy(ies)</small>	Revised Budget	Actual Revenue & Expenditures	Variance	Comments
<b>Revenue</b>						
MOH - Hepatitis C Funding Program						
Base						
Non-Recurring (one-time only)						
<b>Sub-Total MOH - Hepatitis C Funding Program</b>						
Other Revenue						
Interest						
Other Income (specify)						
<b>Sub-total Other Revenue</b>						
<b>Total Revenue</b>						
<b>Expenditures</b>						
Salaries and Benefits						
Salaries, Wages: <b>Complete Salaries &amp; Protected Tab First</b>	\$ 159,065		\$ 159,065	\$ 159,065		
Benefits: <b>Complete Salaries &amp; Protected Tab First</b>	\$ 34,993		\$ 34,993	\$ 34,993		
<b>Sub-total Salaries and Benefits</b>	<b>\$ 194,058</b>		<b>\$ 194,058</b>	<b>\$ 194,058</b>		
Operating Expenditures						
Rent and Utilities	\$ 8,400		\$ 8,400	\$ 8,400		
Supplies and other expenses	\$ 39,542	\$ 4,430	\$ 43,972	\$ 43,972		
Protected allocations: <b>Complete Salaries &amp; Protected Tab First</b>	\$ 8,000	(\$ 4,430)	\$ 3,570	\$ 3,570		
Other/Special items						
<b>Sub-total Operating</b>	<b>\$ 55,942</b>		<b>\$ 55,942</b>	<b>\$ 55,942</b>		
Non-Recurring (one-time only)						
Other (specify)						
Other (specify)						
<b>Sub-total Non-recurring (one-time only)</b>						
<b>Total Expenditures</b>	<b>\$ 250,000</b>		<b>\$ 250,000</b>	<b>\$ 250,000</b>		

- This Report calculates variances between "Revised Budget" (column D) and "Actual Revenue and Expenditures" (column E). These variances do not represent amounts recoverable by the ministry. The final recoverable amount will be determined in the settlement letter issued after the ministry's review of the Annual Reconciliation Report package.
- Ministry-approved Reallocations:**  
If applicable, include all ministry-approved reallocations from the fiscal year in question in the corresponding budget line(s). Include a copy of the approved reallocation(s) with your ARR submission. As a reminder, these reallocations refer to circumstances where prior written approval was received during the fiscal year.
- Changes to Budget Lines:**  
According to the Financial Guidelines for Transfer Payment Recipients, AIDS and Hepatitis C Programs (p. 12), you may move funds up to 5% or \$10,000 (whichever is less) of your total budget without prior approval. Please note these changes for the applicable budget lines in the corresponding "Comments" cell (column G) (i.e., change as per ministry Financial Guidelines of up to lesser amount of 5% or \$10,000).

**We certify that the Annual Reconciliation Report above is a true and accurate statement of revenue, expenditures and surplus attributable to the Hepatitis C Funding Program.**

Kathy Bresett	Robin Page
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**Authorized Signature (has legal signing authority)**

<b>Name:</b> <small>(Please type)</small> Kathy Bresett	<b>Name:</b> <small>(Please type)</small> Robin Page
<b>Position:</b> Executive Director	<b>Position:</b> Finance Team Lead
<b>Date:</b> May 31, 2021	<b>Date:</b> May 31, 2021

<b>Step 1: Mail one hard copy of the submission to:</b> Financial Management Branch Hepatitis C Funding Program Ministry of Health 5700 Yonge Street, 12th Floor Toronto ON M2M 4K5 c/o Norair Movsessian	<b>Step 2: Email copies of the submission to:</b>  <p style="text-align: center;"><a href="mailto:AIDSHEPCPrograms@ontario.ca">AIDSHEPCPrograms@ontario.ca</a></p> <p style="text-align: center;"><b>Deadline: July 31</b></p>
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# North Lambton Community Health Centre

## Notes to the schedules

March 31, 2020

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### 1. Basis of accounting

These schedules have been prepared in accordance with the financial reporting provisions contained in the following, collectively referred to as the "Guidelines":

- Fiscal 2020-21 Hepatitis C Secretariat Funding Program Annual Reconciliation Report Instructions

# AUDITOR'S REPORT TO BE COMPLETED BY LICENSED AUDITORS

Provider Information	
Provider Legal Name	North Lambton Community Health Centre
Recipient No.	81147
LHIN Name	Erie St. Clair/Ontario West
Period	2020-21

## To the Ministry of Health and Long-Term Care and the Local Health Integration Network:

### Opinion

We have audited the financial information in the accompanying schedules (ARRFin1, ARRFin2 and ARRFin3) and the Proxy Pay Equity Annual Report (excluding statistics and FTE's) (the "Schedules") of the North Lambton Community Health Centre Annual Reconciliation Report for the year ended March 31, 2021

The Schedules have been prepared by management based on the financial reporting provisions in the guidelines in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards 11.0 (applicable to 2019-20) and the 2016 Community Financial Policy issued by the Ministry of Health and Ministry of Long-Term Care.

In our opinion, the accompanying Schedules of North Lambton Community Health Centre for the year ended March 31, 2021 are prepared, in all material respects, in accordance with the financial reporting provisions in Chapters 3 and 4 of the Ontario Healthcare Reporting Standards and the 2016 Community Financial Policy issued by the Ministry of Health and Ministry of Long-Term Care.

### Basis for Opinion

We conducted our audit in accordance with the Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Schedules section of our report. We are independent of the North Lambton Community Health Centre in accordance with the ethical requirements that are relevant to our audit of the Schedule Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Emphasis of Matter – Basis of Accounting

We draw attention to the fact that the Schedules have been prepared in accordance with the Guidelines. The Schedules are prepared to provide information to assist the LHIN in meeting the financial reporting requirements of the Ministry of Health and Ministry of Long-Term Care. As a result, the Schedules may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

### Responsibilities of Management and those Charged with Governance for the Schedules

Management is responsible for the preparation and fair presentation of the Schedules in accordance with the Guidelines issued by the Ministry of Health and Ministry of Long-Term Care, and for such internal control as management determines is necessary to enable the preparation of Schedules that are free from material misstatement, whether due to fraud or error. Those charged with governance are responsible for overseeing the North Lambton Community Health Centre's financial reporting process.

### Auditor's Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the Schedules as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS 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 Schedules.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the Schedules, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting 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 North Lambton Community Health Centre'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 Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the Schedules or, if such disclosure are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the Schedules, including the disclosures, and whether the Schedules represent the underlying transactions and events in a manner that achieves fair presentation.

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

London

(City)

MNP LLP

15-Jun-2021

(Date)

(Signature)

495 Richmond Street, Suite 700, London, Ontario, N6A 5A9

(Auditors Address)

The format of the Auditors' report for audit engagements pertaining to the Ministry's community mental health and addictions [or community support services etc.] funding activities has been developed with the assistance of the ICAO and CICA.

**Note to Schedules:**

These schedules have been prepared in accordance with the financial reporting provisions contained in the following collectively referred to as the "Guidelines":

1. The Community Financial Policy (2016)
2. Chapters 3 and 4 of the Ontario Healthcare Reporting Standards

The schedules were prepared to assist [Provider legal name] to meet with the reporting requirements of the Ministry of Health and Long-Term Care and the Local Health Integration Network. The schedules are intended solely for the use of North Lambton Community Health Centre and the Ministry of Health and Long-Term Care and the Local Health Integration Network. Accordingly, readers are cautioned that the schedules may not be suitable for another purpose.

The most significant guidelines and policy sources are:

- Refer to chapters 3 and 4 of the Ontario Healthcare Reporting Standards (OHRS) when auditing Table G, Fund type 1 and Fund type 3 only.
- Refer to Community Financial Policy (2016)
- Additional funding reference, the funding approval letters may provide details and specifications or restrictions on specific funding arrangements.

# TOTAL AGENCY

Form ARRFin 1- Total LHIN & Ministry Managed- Financial  
North Lambton Community Health Centre

		TOTAL HSP
<b>TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)</b>		<b>Line #</b>
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
<b>Net Surplus/Deficit Fund Type 1 (Hospital)</b>	117	<b>-</b>
Total Revenue Fund Type 2 (Above)	118	<b>9,560,347</b>
Total Expenses Fund Type 2 (Above)	119	<b>9,489,582</b>
<b>Net Surplus/Deficit Fund Type 2 (Community Programs)</b>	120	<b>70,765</b>
Total Revenue Fund Type 3	121	<b>926,693</b>
Total Expenses Fund Type 3	122	<b>614,560</b>
<b>Net Surplus/Deficit Fund Type 3 (Other)</b>	123	<b>312,133</b>
<b>Total Revenue for the Provider</b>	124	<b>10,487,040</b>
<b>Total Expenses for the Provider</b>	125	<b>10,104,142</b>
<b>Net Surplus/Deficit</b>	126	<b>382,898</b>

Form ARRfin2 - LHIN Managed Programs  
North Lambton Community Health Centre

Table B	Line #	LHIN - CHC		LHIN - CHC		LHIN - CHC		LHIN - CHC		LHIN - CHC	
		2020-21 Final	Comments (Max 255 Characters)	2020-21 Final	Comments (Max 255 Characters)	2020-21 Final	Comments (Max 255 Characters)	2020-21 Final	Comments (Max 255 Characters)	2020-21 Final	Comments (Max 255 Characters)
<b>Funding Initiative</b>											
* Uninsured Fund Diabetes Education Program Physician Fund COVID-19 (Home & Community) COVID-19 (Home & Community)											
<b>LHIN Cash Flow:</b>											
Funding - Local Health Integration Network (LHIN)	1	5,768,389		1,000		691,547		2,353,200		-	
Funding - Provincial MOHLTC	2	-		-		-		-		-	
Funding - LHIN One-Time	3	49,400	ICC TRAINING FUNDS	-		-		45,959	RETRO	84,128	COVID FUNDING
Funding - Provincial MOHLTC One-Time	4	-		-		-		-		-	COVID FUNDING
Sessional fee funding - LHIN	5	4,101		-		-		-		-	
Sessional fee funding - MOHLTC	6	-		-		-		-		-	
<b>Total LHIN/MOHLTC funding as per cash flow</b>	<b>7</b>	<b>5,821,890</b>		<b>1,000</b>		<b>691,547</b>		<b>2,399,159</b>		<b>84,128</b>	<b>10,000</b>
Service Recipient Revenue	8	10,320		-		-		-		-	
Recoveries from External/Internal Sources	9	36,617		-		-		-		-	
Donations	10	100		-		-		-		-	
Other Funding Sources and Other Revenue	11	25,001		-		-		-		-	
Other revenue adjustments (detailed comments required)	12	- 140,000	TPA Funds - KPHS	-		-		-		-	
<b>Total revenue adjustments</b>	<b>13</b>	<b>- 67,962</b>		<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>	
<b>Total FUND TYPE 2 funding for settlement purposes</b>	<b>14</b>	<b>5,753,928</b>		<b>1,000</b>		<b>691,547</b>		<b>2,399,159</b>		<b>84,128</b>	<b>10,000</b>
Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-		-		-		-		-	
Amortization of donation revenue and LHIN funding in the current fiscal year	16	66,459		-		-		-		-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	-		-		-		-		-	
<b>Total Revenue FUND TYPE 2</b>	<b>19</b>	<b>5,820,387</b>		<b>1,000</b>		<b>691,547</b>		<b>2,399,159</b>		<b>84,128</b>	<b>10,000</b>
<b>EXPENSES- Fund Type 2</b>											
<b>Compensation</b>											
Salaries and Wages (Worked + Benefit + Purchased)	20	2,871,187		-		486,215		-		21,458	
Benefit Contributions	21	751,725		-		140,297		-		-	
Employee Future Benefit Compensation	22	-		-		-		-		-	
Nurse Practitioner Remuneration	23	1,014,084		-		-		-		-	
Medical Staff Remuneration	24	-		-		-		2,399,159	includes pooled benefits	-	
Sessional Fees	25	-		-		-		-		-	
<b>Service Costs</b>											
Med/Surgical Supplies and Drugs	26	100,665		137		-		-		16,577	10,000
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	382,899		-		55,035		-		38,043	
Community One Time Expense	28	-		-		-		-		-	
Equipment Expenses	29	122,962		-		-		-		-	
Amortization on Major Equip and Software License and Fees	30	66,459		-		-		-		-	
Contracted Out Expense	31	108,762		-		-		-		-	
Buildings and Grounds Expenses	32	401,644		-		10,000		-		8,050	
Building Amortization	33	-		-		-		-		-	
<b>TOTAL EXPENSES Fund Type 2</b>	<b>34</b>	<b>5,820,387</b>		<b>137</b>		<b>691,547</b>		<b>2,399,159</b>		<b>84,128</b>	<b>10,000</b>
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35	- 66,459		-		-		-		-	
Total Capitalized Purchases and Services in current year	36	-		-		-		-		-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-		-		-		-		-	
(CHC & Home Care purposes only) Less: Other adjustments	38	-		-		-		-		-	
<b>Total Expenses for Settlement Purposes</b>	<b>39</b>	<b>5,753,928</b>		<b>137</b>		<b>691,547</b>		<b>2,399,159</b>		<b>84,128</b>	<b>10,000</b>
Less sessional fee expenses (Enter as Negative Amount)	40	- 4,101		-		-		-		-	
Less one time expenses as per listing below (Negative sum of line 6)	42	- 49,400		-		-		- 45,959		- 84,128	- 10,000
<b>Total operating expenses for settlement purposes</b>	<b>43</b>	<b>5,700,427</b>		<b>137</b>		<b>691,547</b>		<b>2,353,200</b>		<b>-</b>	<b>-</b>
Operating Recovery	44	-		863		-		-		-	
Sessional Fee Recovery	45	-		-		-		-		-	
One Time Recovery	46	-		-		-		-		-	
<b>Total Settlement Recovery</b>	<b>47</b>	<b>-</b>		<b>863</b>		<b>-</b>		<b>-</b>		<b>-</b>	<b>-</b>
<b>TABLE C: One-Time Expenses</b>											
<b>Capitalized purchases from One Time funding</b>											
<b>Section C-1</b>											
	48	-		-		-		-		-	
	49	-		-		-		-		-	
	50	-		-		-		-		-	
	51	-		-		-		-		-	
	52	-		-		-		-		-	
	53	-		-		-		-		-	
	54	-		-		-		-		-	
	55	-		-		-		-		-	
	56	-		-		-		-		-	
	57	-		-		-		-		-	
	58	-		-		-		-		-	
	59	-		-		-		-		-	
	60	-		-		-		-		-	
	61	-		-		-		-		-	
	62	-		-		-		-		-	
<b>Total One-time capitalized purchases from One-time funding</b>	<b>63</b>	<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>	<b>-</b>
<b>Operating expenses from One Time Funding</b>											
<b>Section C-2</b>											
	64	-		-		-		-		-	10,000 COVID MHA

Form ARRFin2 - LHIN Managed Programs  
North Lambton Community Health Centre

		LHIN - CHC		LHIN - CHC		LHIN - CHC		LHIN - CHC		LHIN - CHC	
	65	49,400	CULTURAL SAFETY TRAINING	-		-		-		-	
	66	-		-		-	45,959	Physician retro	-	-	
	67	-		-		-			84,128	COVID expenses	-
	68	-		-		-			-		-
	69	-		-		-			-		-
	70	-		-		-			-		-
	71	-		-		-			-		-
	72	-		-		-			-		-
	73	-		-		-			-		-
	74	-		-		-			-		-
	75	-		-		-			-		-
	76	-		-		-			-		-
	77	-		-		-			-		-
	78	-		-		-			-		-
	79	49,400		-		-	45,959		84,128		10,000
<b>Total One-time operating expenses from One-time funding</b>											
<b>TABLE D: Operating Expenses</b>	<b>Line #</b>	<b>2020-21 Final</b>	<b>Comments (Max 255 Characters)</b>								
Capitalized expenses Sourced from Operating Funding (Section D-1) <i>( All capitalized items regardless of amount )</i>											
	80	-		-		-		-		-	
	81	-		-		-		-		-	
	82	-		-		-		-		-	
	83	-		-		-		-		-	
	84	-		-		-		-		-	
	85	-		-		-		-		-	
	86	-		-		-		-		-	
	87	-		-		-		-		-	
	88	-		-		-		-		-	
	89	-		-		-		-		-	
	90	-		-		-		-		-	
	91	-		-		-		-		-	
	92	-		-		-		-		-	
	93	-		-		-		-		-	
	94	-		-		-		-		-	
	95	-		-		-		-		-	
<b>Total Capitalized expenses from Operating Funding</b>											
Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)											
	96	-		-		-		-		-	
	97	-		-		-		-		-	
	98	-		-		-		-		-	
	99	-		-		-		-		-	
	100	-		-		-		-		-	
	101	-		-		-		-		-	
	102	-		-		-		-		-	
	103	-		-		-		-		-	
	104	-		-		-		-		-	
	105	-		-		-		-		-	
	106	-		-		-		-		-	
	107	-		-		-		-		-	
	108	-		-		-		-		-	
	109	-		-		-		-		-	
	110	-		-		-		-		-	
<b>Total Non-Capitalized One-time expenses &gt;\$5,000 from Operating Funding</b>											
	111	-		-		-		-		-	
<b>Total One Time Expenses</b>											
	112	49,400		-		-	45,959		84,128		10,000
<b>TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)</b>											
# of Sessions Delivered (From Sessional Fees)	113		Please enter # of Sessions Delivered	0		0		0		0	
Calculated Cost Per Session	114	4,101.00		0.00		0.00		0.00		0.00	

Form ARRFin3 - Ministry Managed Programs  
North Lambton Community Health Centre

Table B	Line #	MMP - CHC							
		2020-21 Final	Comments (Max 255 Characters)						
<b>Funding Initiative</b>		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)	
<b>MMP Cash Flow:</b>									
Funding - Local Health Integration Network (LHIN)	1	-		-		-		-	
Funding - Provincial MOHLTC	2	-		100,000	AIDS BUREAU FUNDS	250,000	HEP C FUNDS	-	
Funding - LHIN One-Time	3	-		-		-		-	
Funding - Provincial MOHLTC One-Time	4	76,686	CIRF FUNDING	-		-		127,200	Diabetes Prevention Funds
Sessional fee funding - MMP	5	-		-		-		-	
Sessional fee funding - MOHLTC	6	-		-		-		-	
<b>Total LHIN/MOHLTC funding as per cash flow</b>	<b>7</b>	<b>76,686</b>		<b>100,000</b>		<b>250,000</b>		<b>127,200</b>	
Service Recipient Revenue	8	-		-		-		-	
Recoveries from External/Internal Sources	9	-		-		-		-	
Donations	10	-		240		-		-	
Other Funding Sources and Other Revenue	11	-		-		-		-	
Other revenue adjustments (detailed comments required)	12	-		-		-		-	
<b>Total revenue adjustments</b>	<b>13</b>	<b>-</b>		<b>240</b>		<b>-</b>		<b>-</b>	
<b>Total FUND TYPE 2 funding for settlement purposes</b>	<b>14</b>	<b>76,686</b>		<b>100,240</b>		<b>250,000</b>		<b>127,200</b>	
Deferred LHIN/MMP funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-		-		-		-	
Amortization of donation revenue and LHIN funding in the current fiscal year	16	-		-		-		-	
Other Adjustments including LHIN/MOHLTC recovery (detailed comments required)	18	-		-		-		-	
<b>Total Revenue FUND TYPE 2</b>	<b>19</b>	<b>76,686</b>		<b>100,240</b>		<b>250,000</b>		<b>127,200</b>	
<b>EXPENSES- Fund Type 2</b>									
<b>Compensation</b>									
Salaries and Wages (Worked + Benefit + Purchased)	20	-		50,000		159,065		27,112	
Benefit Contributions	21	-		11,000		34,993		3,351	
Employee Future Benefit Compensation	22	-		-		-		-	
Nurse Practitioner Remuneration	23	-		-		-		-	
Medical Staff Remuneration	24	-		-		-		-	
Sessional Fees	25	-		-		-		-	
<b>Service Costs</b>									
Med/Surgical Supplies and Drugs	26	-		-		-		-	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	-		31,740		47,542		36,083	
Community One Time Expense	28	-		-		-		-	
Equipment Expenses	29	-		-		-		-	
Amortization on Major Equip and Software License and Fees	30	-		-		-		-	
Contracted Out Expense	31	-		-		-		-	
Buildings and Grounds Expenses	32	67,438		7,500		8,400		-	
Building Amortization	33	-		-		-		-	
<b>TOTAL EXPENSES Fund Type 2</b>	<b>34</b>	<b>67,438</b>		<b>100,240</b>		<b>250,000</b>		<b>66,546</b>	
Depreciation/Amortization of Capital Assets for the Program and Admin. & Support	35	-		-		-		-	
Total Capitalized Purchases and Services in current year (CHC & Home Care purposes only) Inadmissible salary expenses	36	-		-		-		-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-		-		-		-	
(CHC & Home Care purposes only) Less: Other adjustments	38	-		-		-		-	
<b>Total Expenses for Settlement Purposes</b>	<b>39</b>	<b>67,438</b>		<b>100,240</b>		<b>250,000</b>		<b>66,546</b>	
Less sessional fee expenses (Enter as Negative Amount)	40	-		-		-		-	
<b>Less one time expenses as per listing below (Negative sum of li</b>	<b>42</b>	<b>- 67,438</b>		<b>-</b>		<b>-</b>		<b>- 66,546</b>	
<b>Total operating expenses for settlement purposes</b>	<b>43</b>	<b>-</b>		<b>100,240</b>		<b>250,000</b>		<b>-</b>	
<b>Operating Recovery</b>	<b>44</b>	<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>	
<b>Sessional Fee Recovery</b>	<b>45</b>	<b>-</b>		<b>-</b>		<b>-</b>		<b>-</b>	
<b>One Time Recovery</b>	<b>46</b>	<b>9,248</b>		<b>-</b>		<b>-</b>		<b>60,654</b>	
<b>Total Settlement Recovery</b>	<b>47</b>	<b>9,248</b>		<b>-</b>		<b>-</b>		<b>60,654</b>	
<b>TABLE C: One-Time Expenses</b>	<b>Line #</b>	<b>2020-21 Final</b>	<b>Comments (Max 255 Characters)</b>						
<b>Capitalized purchases from One Time funding (Line 33 above) Section C-1</b>									
	48	-		-		-		-	
	49	-		-		-		-	
	50	-		-		-		-	
	51	-		-		-		-	
	52	-		-		-		-	
	53	-		-		-		-	
	54	-		-		-		-	
	55	-		-		-		-	
	56	-		-		-		-	
	57	-		-		-		-	
	58	-		-		-		-	
	59	-		-		-		-	
	60	-		-		-		-	
	61	-		-		-		-	
	62	-		-		-		-	

Form ARRfin3 - Ministry Managed Programs  
North Lambton Community Health Centre

		MMP - CRC		MMP - CRC		MMP - CRC		MMP - CRC	
<b>Total One-time capitalized purchases from One-time funding</b>	63	-		-		-		-	
<b>Operating expenses from One Time Funding (Line 33 above) Section C-2</b>									
	64	67,438		-		-		66,546	
	65	-		-		-		-	
	66	-		-		-		-	
	67	-		-		-		-	
	68	-		-		-		-	
	69	-		-		-		-	
	70	-		-		-		-	
	71	-		-		-		-	
	72	-		-		-		-	
	73	-		-		-		-	
	74	-		-		-		-	
	75	-		-		-		-	
	76	-		-		-		-	
	77	-		-		-		-	
	78	-		-		-		-	
<b>Total One-time operating expenses from One-time funding</b>	79	67,438		-		-		66,546	
<b>TABLE D: Operating Expenses</b>									
	Line #	2020-21 Final	Comments (Max 255 Characters)						
<b>Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)</b>									
	80	-		-		-		-	
	81	-		-		-		-	
	82	-		-		-		-	
	83	-		-		-		-	
	84	-		-		-		-	
	85	-		-		-		-	
	86	-		-		-		-	
	87	-		-		-		-	
	88	-		-		-		-	
	89	-		-		-		-	
	90	-		-		-		-	
	91	-		-		-		-	
	92	-		-		-		-	
	93	-		-		-		-	
	94	-		-		-		-	
<b>Total Capitalized expenses from Operating Funding</b>	95	-		-		-		-	
<b>Non-capitalized one-time expenses &gt; \$5,000 Sourced from Operating Funding (Section D-2)</b>									
	96	-		-		-		-	
	97	-		-		-		-	
	98	-		-		-		-	
	99	-		-		-		-	
	100	-		-		-		-	
	101	-		-		-		-	
	102	-		-		-		-	
	103	-		-		-		-	
	104	-		-		-		-	
	105	-		-		-		-	
	106	-		-		-		-	
	107	-		-		-		-	
	108	-		-		-		-	
	109	-		-		-		-	
	110	-		-		-		-	
<b>Total Non-Capitalized One-time expenses &gt;\$5,000 from Operating Funding</b>	111	-		-		-		-	
<b>Total One Time Expenses</b>	112	67,438		-		-		66,546	
<b>TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)</b>									
# of Sessions Delivered (From Sessional Fees)	113								
Calculated Cost Per Session	114	0.00		0.00		0.00		0.00	





# Registered Charity Information Return

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## Section A: Identification

To help you fill out this form, refer to Guide T4033, Completing the Registered Charity Information Return. It can be found at [canada.ca/cra-forms](https://canada.ca/cra-forms).

**Note:** Even if a charity is inactive, an information return must be filed to maintain its registered status.

**Complete the following:**

1. Charity name:

North Lambton Community Health Centre

2. Return for fiscal period ending:

Year		Month		Day	
2	0	2	1	0	3
				3	1

3. BN/registration number:

895057867RR0001

4. Web address (if applicable):

www.nlchc.com

**A1** Was the charity in a subordinate position to a head body? ..... **1510**  Yes  No

If yes, give the name and BN/registration number of the organization.

Name	BN (9 digits, 2 letters, 4 digits. Example: 123456789RR0001) R
------	---

**A2** Has the charity wound-up, dissolved, or terminated operations? ..... **1570**  Yes  No

**A3** Is the charity designated as a public foundation or private foundation? ..... **1600**  Yes  No

If yes, you must complete Schedule 1, Foundations. To confirm the charity's designation, go to [canada.ca/charities-list](https://canada.ca/charities-list) and refer to the charity's detail page.

## Section B: Directors/trustees and like officials

**B1** All charities must complete Form T1235, Directors/Trustees and Like Officials Worksheet. Only the **public** information section of the worksheet is available to the public.

**For charities subject to the Ontario Corporations Act.**

As of May 15, 2021, the Canada Revenue Agency no longer collects this information on behalf of the Ontario Ministry of Government and Consumer Services. For more information on filing an Ontario annual information return, visit [ontario.ca/businessregistry](https://ontario.ca/businessregistry).

**Note:** If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to [canada.ca/charities-giving](https://canada.ca/charities-giving), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

## Section C: Programs and general information

**C1** Was the charity active during the fiscal period? ..... **1800**  Yes  No

If no, explain why in the "Ongoing programs" space below at C2.

**C2** Describe all **ongoing** and **new** charitable programs the charity carried on during this fiscal period to further its purpose(s) (as defined in its governing documents). "Programs" includes all of the charitable activities that the charity carries out on its own through employees or volunteers as well as through qualified donees and intermediaries. The charity may also use this space to describe the contributions of its volunteers in carrying out its activities, for example, number of volunteers and/or hours. **Do not** include the names of employees or volunteers. Grant-making charities should describe the types of organizations they support. **Do not** describe fundraising activities in this space.

**Do not attach additional sheets of paper or annual reports.**

Ongoing programs

Provide a wide variety of health related services to Forest, Kettle Point, Sarnia, Watford and surrounding areas. Primary care, health promotion, chronic disease management.

New programs

**Registered charities may make gifts to qualified donees. Qualified donees are other registered Canadian charities, as well as certain other organizations described in the Income Tax Act.**

**C3** Did the charity make gifts or transfer funds to qualified donees or other organizations? ..... **2000**  Yes  No

**Important:** If **yes**, you **must** complete Form T1236, Qualified donees worksheet/Amounts provided to other organizations.

**C4** Did the charity carry on, fund, or provide any resources through employees, volunteers, agents, joint ventures, contractors, or any other individuals, intermediaries, entities, or means (other than qualified donees) for any activity/program/project outside Canada? ..... **2100**  Yes  No

**Important:** If **yes**, you **must** complete Schedule 2, Activities outside Canada.

**C5** Public policy dialogue and development activities  
This question has been removed.

**C6** If the charity carried on fundraising activities or engaged third parties to carry on fundraising activities on its behalf, select all fundraising methods that it used during the fiscal period:

- |   |   |   |
|---|---|---|
| <b>2500</b> <input type="checkbox"/> Advertisements/print/radio/ TV commercials | <b>2570</b> <input type="checkbox"/> Sales                                      | <b>2620</b> <input type="checkbox"/> Telephone/TV solicitations |
| <b>2510</b> <input type="checkbox"/> Auctions                                   | <b>2575</b> <input type="checkbox"/> Internet                                   | <b>2630</b> <input type="checkbox"/> Tournament/sporting events |
| <b>2530</b> <input type="checkbox"/> Collection plate/boxes                     | <b>2580</b> <input type="checkbox"/> Mail campaigns                             | <b>2640</b> <input type="checkbox"/> Cause-related marketing    |
| <b>2540</b> <input type="checkbox"/> Door-to-door solicitation                  | <b>2590</b> <input type="checkbox"/> Planned-giving programs                    | <b>2650</b> <input type="checkbox"/> Other                      |
| <b>2550</b> <input type="checkbox"/> Draws/lotteries                            | <b>2600</b> <input type="checkbox"/> Targeted corporate donations/ sponsorships | <b>2660</b> Specify: _____                                      |
| <b>2560</b> <input type="checkbox"/> Fundraising dinners/galas/concerts         | <b>2610</b> <input type="checkbox"/> Targeted contacts                          |   |

**C7** Did the charity pay external fundraisers? ..... **2700**  Yes  No

If **yes**, you must complete the following lines, and complete Schedule 4, Confidential data, Table 1.

(a) Enter the gross revenue collected by the fundraisers on behalf of the charity ..... **5450** \$ \_\_\_\_\_

(b) Enter the amounts paid to and/or retained by the fundraisers ..... **5460** \$ \_\_\_\_\_

(c) Select the method of payment to the fundraiser:

- |  |   |  |
|--|---|--|
| <b>2730</b> <input type="checkbox"/> Commissions | <b>2750</b> <input type="checkbox"/> Finder's fee         | <b>2770</b> <input type="checkbox"/> Honoraria |
| <b>2740</b> <input type="checkbox"/> Bonuses     | <b>2760</b> <input type="checkbox"/> Set fee for services | <b>2780</b> <input type="checkbox"/> Other     |

**2790** Specify: \_\_\_\_\_

(d) Did the fundraiser issue tax receipts on behalf of the charity? ..... **2800**  Yes  No

**C8** Did the charity compensate any of its directors/trustees or like officials or persons not at arm's length from the charity for services provided during the fiscal period (other than reimbursement for expenses)? ..... **3200**  Yes  No

**C9** Did the charity incur any expenses for compensation of employees during the fiscal period? ..... **3400**  Yes  No

**Important:** If **yes**, you **must** complete Schedule 3, Compensation.

**C10** Did the charity receive any donations or gifts of any kind valued at \$10,000 or more from any donor that was **not** resident in Canada and was **not** any of the following: ..... **3900**  Yes  No

- a Canadian citizen, nor
- employed in Canada, nor
- carrying on a business in Canada, nor
- a person having disposed of taxable Canadian property?

**Important:** If **yes**, you **must** complete Schedule 4, Confidential data, Table 2, for each donation of \$10,000 or more.

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- C11** Did the charity receive any non-cash gifts for which it issued tax receipts? ..... **4000**  Yes  No  
**Important: If yes, you must complete Schedule 5, Non-cash gifts.**
- C12** Did the charity acquire a non-qualifying security? ..... **5800**  Yes  No
- C13** Did the charity allow any of its donors to use any of its property? (except for permissible uses) ..... **5810**  Yes  No
- C14** Did the charity issue any of its tax receipts for donations on behalf of another organization? ..... **5820**  Yes  No
- C15** Did the charity have direct partnership holdings at any time during the fiscal period? ..... **5830**  Yes  No

**Section D: Financial information**

Fill out either Section D or Schedule 6, Detailed financial information.

If **any** of the following applies to the charity, complete Schedule 6 instead of Section D:  
 (a) The charity's revenue exceeds \$100,000.  
 (b) The amount of all property (for example, investments, rental properties) not used in charitable activities was more than \$25,000.  
 (c) The charity had permission to accumulate funds during this fiscal period.

**Show all amounts to the nearest single Canadian dollar. Do not enter "See attached financial statements." All relevant fields must be filled out.**

**D1** Was the financial information reported below prepared on an accrual or cash basis? ..... **4020**  Accrual  Cash

**D2 Summary of financial position:**

Using the charity's own financial statements, enter the following:

Did the charity own land and/or buildings? ..... **4050**  Yes  No  
**Total assets (including land and buildings)** ..... **4200** \$ \_\_\_\_\_  
**Total liabilities** ..... **4350** \$ \_\_\_\_\_  
 Did the charity borrow from, loan to, or invest assets with any non-arm's length persons? ..... **4400**  Yes  No

**D3 Revenue:**

Did the charity issue tax receipts for gifts? ..... **4490**  Yes  No  
**If yes, enter the total eligible amount of all gifts for which the charity has issued or will issue tax receipts** ..... **4500** \$ \_\_\_\_\_  
 Total amount of 10 year gifts received ..... **4505** \$ \_\_\_\_\_  
 Total amount received from other registered charities ..... **4510** \$ \_\_\_\_\_  
 Total other gifts received for which a tax receipt was **not** issued by the charity  
 (excluding amounts at lines 4575 and 4630) ..... **4530** \$ \_\_\_\_\_  
 Did the charity receive any revenue from any level of government in Canada? ..... **4565**  Yes  No  
**If yes, total amount received** ..... **4570** \$ \_\_\_\_\_  
 Total tax-receipted revenue from all sources outside of Canada  
 (government and non-government) ..... **4571** \$ \_\_\_\_\_  
 Total **non** tax-receipted revenue from all sources outside of Canada (government and non-government) ..... **4575** \$ \_\_\_\_\_  
 Total **non** tax-receipted revenue from fundraising ..... **4630** \$ \_\_\_\_\_  
 Total revenue from sale of goods and services (except to any level of government in Canada) ..... **4640** \$ \_\_\_\_\_  
 Other revenue not already included in the amounts above ..... **4650** \$ \_\_\_\_\_  
**Total revenue (add lines 4500, 4510 to 4570, and 4575 to 4650)** ..... **4700** \$ \_\_\_\_\_

**D4 Expenditures:**

Professional and consulting fees ..... **4860** \$ \_\_\_\_\_  
 Travel and vehicle expenses ..... **4810** \$ \_\_\_\_\_  
 All other expenditures not already included in the amounts above (excluding gifts to qualified donees) ..... **4920** \$ \_\_\_\_\_  
**Total expenditures (excluding gifts to qualified donees) (add lines 4860, 4810, and 4920).** ..... **4950** \$ \_\_\_\_\_  
 Of the amount at line 4950:  
 (a) Total expenditures on charitable activities ..... **5000** \$ \_\_\_\_\_  
 (b) Total expenditures on management and administration ..... **5010** \$ \_\_\_\_\_  
 Total amount of gifts made to all qualified donees ..... **5050** \$ \_\_\_\_\_  
**Total expenditures (add lines 4950 and 5050)** ..... **5100** \$ \_\_\_\_\_

**Section E: Certification**

This return **must** be signed by a person who has authority to sign on behalf of the charity. It is a serious offence under the Income Tax Act to provide false or deceptive information.

I certify that the information given on this annual return and any attachment is, to the best of my knowledge, correct, complete, and current.

Name (print) Kathy Bresett		Signature
Position in charity Executive Director	Date	Phone number (519) 786-4545

**Section F: Confidential data**

**F1** Enter the physical address of the charity and the address in Canada for the charity's books and records. Post office box numbers and rural routes are not sufficient.

	Physical address of the charity	Address for the charity's books and records
Complete street address	3-59 King Street West	3-59 King Street West
City	Forest	Forest
Province or territory and postal code	ON N0N1J0	ON N0N1J0

**F2** Name and address of individual who completed this return.

Name MNP LLP		
Company name (if applicable) MNP LLP		
Complete street address 700 - 495 Richmond Street		
City, province or territory, and postal code London ON N6A 5A9		
Phone number (519) 679-8550	Is this the same individual who certified in Section E above? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Privacy statement**

Personal information is collected under the authority of the Income Tax Act and is used to establish and validate the identity and contact information of directors, trustees, officers, like officials, and authorized representatives of the organization. This information will also be used as a basis for the indirect collection of additional personal information from other internal and external sources, which includes personal tax information, and relevant financial and biographical information. Personal information will be used to assess the risk of registration with respect to the obligations and requirements as outlined in the Act and the common law. The social insurance number (SIN) is collected under subsection 237 of the Act and is used for identification purposes.

The Canada Revenue Agency (CRA) will make the information on this annual information return available to the public on the Charities Directorate website, except for information identified as confidential. Personal information may also be disclosed under information-sharing agreements and in accordance with section 241 of the Act. Incomplete or inaccurate information may result in compliance measures including revocation of registered status.

Personal information is described in personal information bank CRA PPU 200 and is protected under the Privacy Act. Individuals have a right of protection, access to and correction or notation of their personal information. You are entitled to complain to the Privacy Commissioner of Canada regarding our handling of your information.

**Notification to directors and like officials:** The CRA strongly encourages the organization to voluntarily inform its directors and like officials that it has collected and disclosed their personal information to the CRA.

I confirm that I have read the Privacy statement above.

**Checklist**

A charity's complete annual information return includes:

- Form T3010, Registered Charity Information Return, and all applicable schedules
- a copy of the charity's financial statements
- Form T1235, Directors/Trustees and Like Officials Worksheet
- Form T1236, Qualified donees worksheet/Amounts provided to other organizations (if applicable)
- Form T2081, Excess Corporate Holdings Worksheet for Private Foundations (if applicable)

If financial statements are not included, the charity's registration may be revoked.

**Foundations** **Schedule 1**

- 1** Did the foundation acquire control of a corporation? ..... **100**  Yes  No
- 2** Did the foundation incur any debts other than for current operating expenses, purchasing or selling investments, or in administering charitable activities? ..... **110**  Yes  No
- For private foundations only:**
- 3** Did the foundation hold any shares, rights to acquire shares, or debts owing to it that meet the definition of a non-qualified investment? ..... **120**  Yes  No
- 4** Did the foundation own more than 2% of any class of shares of a corporation at any time during the fiscal period? ..... **130**  Yes  No
- If yes, you must complete and attach Form T2081, Excess Corporate Holdings Worksheet for Private Foundations.

**Activities outside Canada** **Schedule 2**

**Important:** If you complete this section, you **must** answer **yes** to question C4.

**For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving) and see Guidance CG-002, Canadian registered charities carrying on activities outside Canada.**

- 1** Total expenditures on activities/programs/projects carried on outside Canada, excluding gifts to qualified donees . **200** \$ \_\_\_\_\_ 0
- 2** Were any of the charity's financial resources spent on programs outside of Canada under any kind of an arrangement including a contract, agency agreement, or joint venture to any other individual or organization (excluding gifts to qualified donees)? ..... **210**  Yes  No

If **yes**, provide details of the amount reported in question 1 on line 200, that the charity transferred to these individuals or organizations in the following table:

Name of individual/organization	Country code where the activities were carried out (see list at the end of Schedule 2)	Amount (\$) Show amounts to the nearest Canadian dollar

**Important:** If you entered information in the table above, you **must** answer **yes** in line 210.

- 3** Using the table below, enter the countries outside Canada where the charity itself carried on programs or devoted any of its resources.
- |  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|
- 4** Were any projects undertaken outside Canada funded by Global Affairs Canada? ..... **220**  Yes  No
- If **yes**, what was the total amount the charity spent under this arrangement? ..... **230** \$ \_\_\_\_\_
- 5** Were any of the charity's activities outside of Canada carried out by employees of the charity? ..... **240**  Yes  No
- 6** Were any of the charity's activities outside of Canada carried out by volunteers of the charity? ..... **250**  Yes  No
- 7** Did the charity export goods as part of its charitable activities? ..... **260**  Yes  No
- If **yes**, list the items exported, their destination, the country code, and their value.

Item exported	Destination (city/region)	Country code	Value (CAN \$)

**Protected B** when completed**Country codes**

AF-Afghanistan	CU-Cuba	KP-North Korea	RO-Romania
AL-Albania	CY-Cyprus	KR-South Korea	RU-Russia
DZ-Algeria	DK-Denmark	KW-Kuwait	RW-Rwanda
AO-Angola	DO-Dominican Republic	KG-Kyrgyzstan	SA-Saudi Arabia
AR-Argentina	EC-Ecuador	LA-Laos	RS-Serbia
AM-Armenia	EG-Egypt	LB-Lebanon	SL-Sierra Leone
AZ-Azerbaijan	SV-El Salvador	LR-Liberia	SG-Singapore
BD-Bangladesh	ET-Ethiopia	MK-Macedonia	SO-Somalia
BY-Belarus	FR-France	MG-Madagascar	ES-Spain
BT-Bhutan	GA-Gabon	MY-Malaysia	LK-Sri Lanka
BO-Bolivia	GM-Gambia	ML-Mali	SD-Sudan
BA-Bosnia and Herzegovina	GE-Georgia	MU-Mauritius	SY-Syrian Arab Republic
BW-Botswana	DE-Germany	MX-Mexico	TJ-Tajikistan
BR-Brazil	GH-Ghana	MN-Mongolia	TZ-United Republic of Tanzania
BN-Brunei Darussalam	GT-Guatemala	ME-Montenegro	TH-Thailand
BG-Bulgaria	GY-Guyana	MZ-Mozambique	TL-Timor-Leste
BI-Burundi	HT-Haiti	MM-Myanmar (Burma)	TR-Turkey
KH-Cambodia	HN-Honduras	NA-Namibia	UG-Uganda
CM-Cameroon	IN-India	NL-Netherlands	UA-Ukraine
CF-Central African Republic	ID-Indonesia	NI-Nicaragua	GB-United Kingdom
TD-Chad	IR-Iran	NE-Niger	US-United States of America
CL-Chile	IQ-Iraq	NG-Nigeria	UY-Uruguay
CN-China	IL-Israel	OM-Oman	UZ-Uzbekistan
CO-Colombia	PS-Israeli Occupied Territories	PK-Pakistan	VE-Venezuela
KM-Comoros	IT-Italy	PA-Panama	VN-Vietnam
CD-Democratic Republic of Congo	JM-Jamaica	PE-Peru	YE-Yemen
CG-Republic of Congo	JP-Japan	PH-Philippines	ZM-Zambia
CR-Costa Rica	JO-Jordan	PL-Poland	ZW-Zimbabwe
CI-Côte d'Ivoire	KZ-Kazakhstan	QA-Qatar	
HR-Croatia	KE-Kenya	RE-Réunion	

**Use the following codes for countries not listed above:**

- QS-Other countries in Africa
- QR-Other countries in Asia and Oceania
- QM-Other countries in Central and South America
- QP-Other countries in Europe
- QO-Other countries in the Middle East
- QN-Other countries in North America

**Compensation** **Schedule 3**

**Important:** If you complete this section, you **must** answer **yes** to question C9.

**1** (a) Enter the **number** of permanent, full-time, compensated positions in the fiscal period. This number should represent the number of positions the charity had including both managerial positions and others, and should not include independent contractors. **Do not** enter a dollar amount. **300** 69

(b) For the **ten (10)** highest compensated, permanent, full-time positions enter the **number of positions** that are within each of the following annual compensation categories. **Do not** tick the boxes; use numbers.

<b>305</b> <input type="checkbox"/> \$1 – \$39,999	<b>310</b> <input type="checkbox"/> \$40,000 – \$79,999	<b>315</b> <input type="checkbox"/> \$80,000 – \$119,999
<b>320</b> <input type="checkbox"/> <u>5</u> \$120,000 – \$159,999	<b>325</b> <input type="checkbox"/> <u>3</u> \$160,000 – \$199,999	<b>330</b> <input type="checkbox"/> \$200,000 – \$249,999
<b>335</b> <input type="checkbox"/> <u>2</u> \$250,000 – \$299,999	<b>340</b> <input type="checkbox"/> \$300,000 – \$349,999	<b>345</b> <input type="checkbox"/> \$350,000 and over

**2** (a) Enter the **number** of part-time or part-year (for example, seasonal) employees the charity employed during the fiscal period. **370** 66

(b) Total expenditure on compensation for part-time or part-year employees in the fiscal period. **380** \$ 1,313,790

**3** Total expenditure on all compensation in the fiscal period. **390** \$ 8,448,467

**Confidential data** **Schedule 4**

**Important:** If you complete this section, you **must** answer **yes** to question C10.  
**The information in this schedule is for the CRA's use and may be shared as permitted by law (for example, with certain other government departments and agencies).**

**1. Information about external fundraisers**  
 Enter the name(s) and arm's length status of each external fundraiser.

Name (confidential)	At arm's length? Yes/No (confidential)

**2. Information about donors not resident in Canada**

Complete this schedule to report any gift of any kind valued at \$10,000 or more received from any donor that was **not** resident in Canada and was **not** any of the following:

- a Canadian citizen, nor
- employed in Canada, nor
- carrying on business in Canada, nor
- a person having disposed of taxable Canadian property.

Enter the name of each donor and the value of the gift in the table below. Select whether the donor was an organization (for example a business, corporate entity, charity, non-profit organization), a government or an individual.

Name (confidential)	Type of donor (confidential)			Value (CAN \$)
	Organization	Government	Individual	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Non-cash gifts** **Schedule 5**

**Important:** If you complete this section, you **must** answer **yes** to question C11.

**1** Select all types of non-cash gifts received for which a tax receipt was issued:

<b>500</b> <input type="checkbox"/> Artwork/wine/jewellery	<b>525</b> <input type="checkbox"/> Ecological properties	<b>550</b> <input type="checkbox"/> Publicly traded securities/ commodities/mutual funds
<b>505</b> <input type="checkbox"/> Building materials	<b>530</b> <input type="checkbox"/> Life insurance policies	<b>555</b> <input type="checkbox"/> Books
<b>510</b> <input type="checkbox"/> Clothing/furniture/food	<b>535</b> <input type="checkbox"/> Medical equipment/ supplies	<b>560</b> <input type="checkbox"/> Other
<b>515</b> <input type="checkbox"/> Vehicles	<b>540</b> <input type="checkbox"/> Privately-held securities	<b>565</b> Specify: _____
<b>520</b> <input type="checkbox"/> Cultural properties	<b>545</b> <input type="checkbox"/> Machinery/equipment/ computers/software	

**2** Enter the total amount of tax-receipted non-cash gifts **580** \$ \_\_\_\_\_

**Detailed financial information** **Schedule 6**

Fill out this schedule if **any** of the following applies to the charity:  
 (a) The charity's revenue exceeded \$100,000.  
 (b) The amount of all property (for example, investments, rental properties) not used in charitable activities was more than \$25,000.  
 (c) The charity had permission to accumulate funds during this fiscal period.

Was the financial information reported below prepared on an accrual or cash basis? ..... **4020**  Accrual  Cash

**Statement of financial position**

**Show all amounts to the nearest single Canadian dollar. Do not enter "see attached financial statements." All relevant fields must be filled out.**

<b>Assets:</b>	<b>Liabilities:</b>
Cash, bank accounts, and short-term investments ..... <b>4100</b> \$ 936,761	Accounts payable and accrued liabilities ..... <b>4300</b> \$ 480,329
Amounts receivable from non-arm's length persons ..... <b>4110</b> \$	Deferred revenue ..... <b>4310</b> \$ 310,656
Amounts receivable from all others ..... <b>4120</b> \$ 416,430	Amounts owing to non-arm's length persons ..... <b>4320</b> \$
Investments in non-arm's length persons ..... <b>4130</b> \$	Other liabilities ..... <b>4330</b> \$ 380,252
Long-term investments ..... <b>4140</b> \$	<b>Total liabilities (add lines 4300 to 4330) ...</b> <b>4350</b> \$ 1,171,237
Inventories ..... <b>4150</b> \$	<b>Amount included in lines 4150, 4155, 4160, 4165 and 4170 not used in charitable activities</b> ..... <b>4250</b> \$
Land and buildings in Canada ..... <b>4155</b> \$ 2,280,865	
Other capital assets in Canada ..... <b>4160</b> \$ 1,969,671	
Capital assets outside Canada ..... <b>4165</b> \$	
Accumulated amortization of capital assets ..... <b>4166</b> \$ (2,828,521)	
Other assets ..... <b>4170</b> \$ 41,481	
10 year gifts ..... <b>4180</b> \$	
<b>Total assets (add lines 4100 to 4170) ..... 4200</b> \$ 2,816,687	

**Statement of operations**

**Revenue:**

Total eligible amount of all gifts for which the charity has issued or will issue tax receipts ..... <b>4500</b> \$ 12,717
Total eligible amount of tax-receipted tuition fees ..... <b>5610</b> \$
Total amount of 10 year gifts received ..... <b>4505</b> \$
Total amount received from other registered charities ..... <b>4510</b> \$
Total other gifts received for which a tax receipt was <b>not</b> issued by the charity (excluding amounts at lines 4575 and 4630) ..... <b>4530</b> \$
Total revenue received from federal government ..... <b>4540</b> \$
Total revenue received from provincial/territorial governments ..... <b>4550</b> \$ 9,686,260
Total revenue received from municipal/regional governments ..... <b>4560</b> \$ 312,425
Total tax-receipted revenue from all sources outside of Canada (government and non-government) ..... <b>4571</b> \$
Total <b>non</b> tax-receipted revenue from all sources outside Canada (government and non-government) ..... <b>4575</b> \$
Total interest and investment income received or earned ..... <b>4580</b> \$ 210,012
<b>Gross proceeds</b> from disposition of assets ..... <b>4590</b> \$
<b>Net proceeds</b> from disposition of assets (show a negative amount with brackets) ..... <b>4600</b> \$
Gross income received from rental of land and/or buildings ..... <b>4610</b> \$ 20,374
Total <b>non</b> tax-receipted revenues received for memberships, dues and association fees ..... <b>4620</b> \$
Total <b>non</b> tax-receipted revenue from fundraising ..... <b>4630</b> \$
Total revenue from sale of goods and services (except to any level of government in Canada) ..... <b>4640</b> \$
Other revenue not already included in the amounts above ..... <b>4650</b> \$ 385,253
Specify type(s) of revenue included in the amount reported at 4650 ..... <b>4655</b> Other
<b>Total revenue (add lines 4500, 4510 to 4560, 4575, 4580, and 4600 to 4650) ..... 4700</b> \$ 10,627,041

**Expenditures:**

Advertising and promotion .....	<b>4800</b>	\$	
Travel and vehicle expenses .....	<b>4810</b>	\$	19,866
Interest and bank charges .....	<b>4820</b>	\$	2,366
Licences, memberships, and dues .....	<b>4830</b>	\$	28,031
Office supplies and expenses .....	<b>4840</b>	\$	239,923
Occupancy costs .....	<b>4850</b>	\$	806,395
Professional and consulting fees .....	<b>4860</b>	\$	180,532
Education and training for staff and volunteers .....	<b>4870</b>	\$	17,345
Total expenditure on all compensation (enter the amount reported at line 390 in Schedule 3, if applicable) .....	<b>4880</b>	\$	8,448,467
Fair market value of all donated goods used in charitable activities .....	<b>4890</b>	\$	
Purchased supplies and assets .....	<b>4891</b>	\$	434,758
Amortization of capitalized assets .....	<b>4900</b>	\$	66,459
Research grants and scholarships as part of charitable activities .....	<b>4910</b>	\$	
All other expenditures not included in the amounts above (excluding gifts to qualified donees) .....	<b>4920</b>	\$	
Specify type(s) of expenditures included in the amount reported at 4920 .....	<b>4930</b>		
Total expenditures before gifts to qualified donees (add lines 4800 to 4920) .....	<b>4950</b>	\$	10,244,142
Of the amounts at lines 4950:			
(a) Total expenditures on charitable activities .....	<b>5000</b>	\$	12,717
(b) Total expenditures on management and administration .....	<b>5010</b>	\$	1,683,068
(c) Total expenditures on fundraising .....	<b>5020</b>	\$	
(d) Total other expenditures included in line 4950 .....	<b>5040</b>	\$	8,548,357
Total amount of gifts made to all qualified donees .....	<b>5050</b>	\$	
<b>Total expenditures (add lines 4950 and 5050)</b> .....	<b>5100</b>	\$	10,244,142

**Other financial information**

**Permission to accumulate property:**

Only registered charities that have written permission to accumulate should complete this section.

- Enter the amount accumulated for the fiscal period, including income earned on accumulated funds .....
- Enter the amount disbursed for the fiscal period for the specified purpose .....

**Permission to reduce disbursement quota:**

If the charity has received approval to make a reduction to its disbursement quota, enter the amount for the fiscal period .....

**Property not used in charitable activities:**

Enter the average value of property not used for charitable activities or administration during:

- The 24 months before the **beginning** of the fiscal period .....
- The 24 months before the **end** of the fiscal period .....



**Directors/Trustees and Like Officials Worksheet**

You **must** give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

**Total number of directors/trustees and like officials:**

12

**Charity name:**  
North Lambton Community Health Centre

**Business number:**  
895057867RR0001

**Return for fiscal period ending (YYYY/MM/DD):**  
2021/03/31

**Note:** If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to [canada.ca/charities-giving](http://canada.ca/charities-giving), select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information	Confidential data
Last name: <u>Redmond</u> First name: <u>Orville</u> Initial: <u>M</u> Term ▶ Start date (Y/M/D): <u>20160401</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>1687 Winton Road</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7V4C1</u> Phone number: <u>519-542-8831</u> Date of birth (Y/M/D) <u>19451201</u>
Last name: <u>Dorey</u> First name: <u>Jean</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20160401</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>6640 East Parkway Drive</u> City <u>Lambton Shores</u> Prov/Terr: <u>ON</u> Postal code: <u>N0N1J3</u> Phone number: <u>519-243-2584</u> Date of birth (Y/M/D) <u>19400620</u>
Last name: <u>Mumby</u> First name: <u>Angus</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20130807</u> End date (Y/M/D): <u>20200630</u> Position: <u>Treasurer</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>1208-392 Front Street North</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7T0B2</u> Phone number: _____ Date of birth (Y/M/D) <u>19480321</u>
Last name: <u>Burberry</u> First name: <u>Stewart</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20120628</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>225 Talfourd Street</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7T1P2</u> Phone number: <u>519-466-6931</u> Date of birth (Y/M/D) <u>19441028</u>
Last name: <u>Columbus</u> First name: <u>Carol</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20180628</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>191 Maria Street</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7T4T2</u> Phone number: <u>519-336-5615</u> Date of birth (Y/M/D) _____
Last name: <u>George</u> First name: <u>Marja</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20111124</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>117 MacDonald Street</u> City <u>Forest</u> Prov/Terr: <u>ON</u> Postal code: <u>N0N1J0</u> Phone number: <u>519-786-5647</u> Date of birth (Y/M/D) <u>19711228</u>
Last name: <u>Davidson</u> First name: <u>William</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20120628</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>12 Twin Pines Crescent</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7X1E5</u> Phone number: <u>519-542-5902</u> Date of birth (Y/M/D) <u>19470205</u>
Last name: <u>Joris</u> First name: <u>Sheilla</u> Initial: <u>J</u> Term ▶ Start date (Y/M/D): <u>20110915</u> End date (Y/M/D): _____ Position: <u>Board President</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>360 Huron Street</u> City <u>Watford</u> Prov/Terr: <u>ON</u> Postal code: <u>N0M2S0</u> Phone number: <u>519-876-2839</u> Date of birth (Y/M/D) <u>19610324</u>
Last name: <u>Thomas</u> First name: <u>Andrew</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20200201</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>437 Murphy Road</u> City <u>Sarnia</u> Prov/Terr: <u>ON</u> Postal code: <u>N7S5J7</u> Phone number: _____ Date of birth (Y/M/D) _____
Last name: <u>Tuplin</u> First name: <u>Anne</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20200501</u> End date (Y/M/D): _____ Position: <u>Treasurer</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>3270 Devonshire Road</u> City <u>Camlachie</u> Prov/Terr: <u>ON</u> Postal code: <u>N0N1E0</u> Phone number: <u>519-869-4213</u> Date of birth (Y/M/D) _____
Last name: <u>Veroude</u> First name: <u>Lori</u> Initial: _____ Term ▶ Start date (Y/M/D): <u>20170628</u> End date (Y/M/D): _____ Position: <u>Director</u> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residential address - Street no. and name: <u>34 Mackenzie Street</u> City <u>Forest</u> Prov/Terr: <u>ON</u> Postal code: <u>N0N1J0</u> Phone number: <u>519-882-3480</u> Date of birth (Y/M/D) <u>19680801</u>

**Public information**

**Confidential data**

Last name: McCann First name: Krista Initial: \_\_\_\_\_  
 Term ▶ Start date (Y/M/D): 2017 0201 End date (Y/M/D): \_\_\_\_\_  
 Position: Vice President At arm's length with other Directors?  Yes  No

Residential address - Street no. and name: 7963 Rawlings Road  
 City Forest Prov/Terr: ON Postal code: N0N1J0  
 Phone number: 519 - 786 - 6273 Date of birth (Y/M/D) 19681001

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_  
 Term ▶ Start date (Y/M/D): \_\_\_\_\_ End date (Y/M/D): \_\_\_\_\_  
 Position: \_\_\_\_\_ At arm's length with other Directors?  Yes  No

Residential address - Street no. and name: \_\_\_\_\_  
 City \_\_\_\_\_ Prov/Terr: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Date of birth (Y/M/D) \_\_\_\_\_

## Completing the Directors/Trustees and Like Officials Worksheet

### Public information

Information from this column is available to the public.

Enter the last name, first name, and initial of the director/trustee or like official.

#### Term:

**Start date:** Enter the date the person started in the position.

**End date:** Enter the date the person left the position. If the person has not left the position, leave this field blank.

**Position:** Enter the title of the position being held. Each position is generally identified in an organization's governing documents (for example, president, treasurer, secretary). A registered charity may have other officials that have governing powers similar to those of a director or trustee. For example, a religious leader with some governing authority would be considered a like official.

**At arm's length with other directors:** Tick **Yes** if the person is at arm's length with all other directors/trustees or like officials.

At arm's length is a concept that describes a relationship in which two persons act independently of each other and are not related. Related persons are individuals who are related to each other by blood, marriage or common-law partnership, or adoption. It is also possible that individuals not related by a family connection, but by close business relations, may still be considered not at arm's length. For more information on arm's length, go to [canada.ca/charities-giving](https://canada.ca/charities-giving), select "A to Z index of topics for charities," search for "Charities and giving glossary" and see "arm's length."

### Confidential data

Information from this column will stay confidential and will not be made available to the public except in circumstances in which the release of any or all of the information is required by law or, in certain circumstances, permitted by law.

According to the Income Tax Act, circumstances in which the law requires or permits such information to be disclosed include a court order, warrant, or subpoena issued for a criminal proceeding under an act of Parliament or a legal proceeding relating to the administration or enforcement of the Income Tax Act, the Canada Pension Plan, the Unemployment Insurance Act, or the Employment Insurance Act, or any other act of Parliament or law of a province that allows a tax or duty to be imposed or collected.

Other circumstances in which we are required or permitted by law to disclose certain records include a request made under the authority of the Auditor General Act, a warrant issued by the Canadian Security Intelligence Service Act, and enquiries from the Department of Finance Canada for information to form or evaluate fiscal policy.

**Residential address:** In the proper spaces, enter the full home address, including the street number, street name, city (which could be a town, village, or other municipality), province or territory, and postal code of each director/trustee or like official.

**Phone number:** Enter the telephone number at which the person can be reached during the day.

**Date of birth:** Enter the person's date of birth so that the CRA is better able to identify the individuals who are responsible for managing the charity.

If the director/trustee or like official lives outside the country, enter the person's full mailing address, including the country.

June 15, 2021

The Board of Directors  
North Lambton Community Health Centre  
3-59 King Street West  
Forest, ON N0N 1J0

Dear Sirs/Mesdames:

We have been engaged to audit the financial statements of North Lambton Community Health Centre (the "Organization") as at March 31, 2021 and for the year then ended.

CAS 260 *Communication With Those Charged With Governance* requires that we communicate with you matters that are significant to our engagement. One such matter is relationships between the Organization and its related entities or persons in financial reporting oversight roles at the Organization and MNP LLP and any affiliates ("MNP") that, in our professional judgment, may reasonably be thought to bear on our independence. In determining which relationships to report, the Standard requires us to consider relevant rules and related interpretations prescribed by the appropriate professional accounting body and applicable legislation, covering such matters as:

- (a) Holding a financial interest, either directly or indirectly, in a client;
- (b) Holding a position, either directly or indirectly, that gives the right or responsibility to exert significant influence over the financial or accounting policies of a client or a related entity;
- (c) Personal or business relationships of immediate family, close relatives, partners or retired partners, either directly or indirectly, with a client or a related entity;
- (d) Economic dependence on a client; and
- (e) Provision of non-assurance services in addition to the audit engagement.

We are not aware of any relationship between the Organization and MNP that, in our professional judgment, may reasonably be thought to bear on our independence, which have occurred from April 1, 2020 to June 15, 2021.

We hereby confirm that MNP is independent with respect to the Organization within the meaning of the Code of Professional Conduct of the Chartered Professional Accountants of Ontario as of .

This report is intended solely for the use of the Board of Directors, management and others within the Organization and should not be used for any other purposes.

Sincerely,



**Chartered Professional Accountants  
Licensed Public Accountants**

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