



2021 Annual Impact Report

BUILDING FOR THE FUTURE

Reflections from our Chair and CEO

Anniversaries are often a time of reflection. 2021 marked 60 years of MedicAlert in Canada.

Wind the clock back to 1961, and you'll find a period of rapid social change. Traditional governmental roles were shifting, and Canadians enjoyed greater access to medical care with the introduction of public medical insurance. Longer life expectancies brought greater attention to the challenges of chronic disease. The decade also ushered in one of the most significant waves of immigration Canada has ever seen bringing with it the need to reflect on how chronic health conditions and social determinants of health impact populations differently. Overall, however, public health seemed to be taken for granted and there was resistance to official messages about vaccination, tobacco, water fluoridation and automobile safety.

Fast forward to 2021. Public health was again at the forefront of the Canadian psyche. All eyes were focused on the COVID-19 pandemic and its ever-increasing impact on Canada's most vulnerable populations.

After having provided protection for nearly 1.5 million Canadians since our inception, MedicAlert spent 2021 listening to and learning from our stakeholders. *What was most important? How do we have a greater impact? Who needs our services most? Where will we focus our time, energy and efforts in the coming years?*

The results have been palpable. Research showed us that when it comes to their health and well-being, 30 per cent of people living in Canada consider themselves a vulnerable person. Three-quarters say they have one or more health conditions, with allergies and hypertension topping the list and that they feel more vulnerable because of their health condition, and 19 per cent agree their health condition hinders their confidence to ask for help.

Most important in all of this for MedicAlert and the work that we do is this:

Nine-in-ten say if they were ever in trouble, they want first responders to know if they have a health condition and 84% would feel safer in their day-to-day life knowing their health information is accessible to first responders in the event of a health emergency.

What did this tell us? *There's still work to be done.*

The pages of this Report reflect the approach MedicAlert began to take in 2021 and will continue to take going forward. It is our mission to provide high quality health information at a time when people are their most vulnerable. It is our daily work to ensure that people living in Canada remain safe and that their feelings of vulnerability can be mitigated with effective programs and services.

Our work requires a wide group of individuals to achieve success. From our dedicated team of professional staff to our first responder partners, and most certainly our donors whose generosity ensures we can continue to provide a critical set of services and programs Canadians want and deserve. For the past 60 years, our impact has been felt from coast-to-coast-to coast. Today, we are building for the next 60 years.

Sincerely,



Blair Bigham
Chair, Board of Directors



Leslie McGill
President & CEO

Our Programs

A six-year-old struggles to breathe during a class outing. An 84-year-old wanders away from his home on a bitterly cold winter night. A teenager with mental health challenges brandishes a knife in a public parking lot. While out shopping, a woman with fibromyalgia has a fainting spell. A 60-year-old man with atrial fibrillation is at home alone when he experiences symptoms of stroke.

Every day in every community across Canada people experience health emergencies when minutes, even seconds, count. Paramedics, emergency room doctors, police officers, firefighters and others are there to help, but they need accurate, up-to-date information to understand the issues their patients face and respond accordingly. MedicAlert is an essential part of the healthcare system -- a massive, well managed database designed to provide urgently needed information quickly and efficiently, across the health system.

MedicAlert has been keeping Canadians with health conditions safe for more than half a century. People across Canada wear MedicAlert bracelets, depending on us to speak for them when they can't speak for themselves. First responders count on our accurate, up-to-date information.

But as the health system becomes increasingly complex and fragmented, we know that our existing model must change, and our services must expand. As one board member has put it, "MedicAlert isn't a bracelet company anymore."

MedicAlert is taking bold steps to better prepare to meet the needs of people who are experiencing health crises, and the women and men who support and care for them. Why? Because we understand what is at stake when health information is unavailable or inaccurate: *human lives*.

IDEA: Ensuring that we're there for all people

It sounds simple enough: build a subsidy program to ensure that those who need MedicAlert but can't afford it are supported.

Today, MedicAlert does just that, distributing some \$500,000 in charitable assistance to enable people who have limited financial means to subscribe to our service.

But in reality, it's not simple at all. There are complex reasons why some groups – racialized communities, Indigenous people, people living in poverty, homeless, LGBTQ+, new immigrants and others – face barriers to accessing MedicAlert and other health services that go far beyond the financial. Research shows that the "social determinants of health" consistently result in inequitable access to care. This was especially stark during the COVID-19 pandemic, when people of color were significantly more likely to be infected than non-racialized groups.

In 2021, MedicAlert implemented a new Eligibility Assessment tool that brings together an income means test with other factors related to the social determinants of health. Dubbed Inclusion, Diversity, Equity, Access (IDEA), the digital tool uses a weighted scale to assess the challenges that each individual may face in getting the care they need. Because MedicAlert is a trusted entity, people are willing to provide the personal information needed to make these assessments.

Now that IDEA has been piloted and shown to be effective, it's clear that our subsidy program must grow to keep pace with the needs we have identified.

We are currently supporting 500 people per year through IDEA. We estimate that 40% of the Canadian population needs MedicAlert, and 2% of those individuals fall below the access level. That means we must increase the program to support at least 250,000 people who might otherwise fall through the cracks at times of crisis.

Debbie's Story

Debbie gazes out the window. It's a hot, sunny afternoon in the "Hammer" – the infamous nick name for Hamilton, Ontario where Debbie has lived for 30 years.

While it may be warm now, Debbie knows it's not long until winter will come sweeping across the Niagara escarpment. For someone facing homelessness, it's a daunting thought.

"I'm no stranger to difficult times," the longtime MedicAlert subscriber says. "I've lived with asthma since I was a child, and type 2 diabetes for over 30 years. I'm allergic to latex and beta-blockers and have lived with depression for most of my life. More recently I've developed diabetic neuropathy which causes balance problems. I'm also living with hypertension and have thyroid medication because of my diabetes. And thanks to COVID and my auto-immune problems, I've been unable to work."



It's this latest set of circumstances that worries Debbie the most. It meant some hard choices and a lot of juggling.

"I'm facing an uphill challenge. I don't have enough money to pay for food, so I am a regular at my local food bank. I struggle with paying for my prescriptions, let alone my rent. I've applied for housing assistance, but the wait list is phenomenally long. I receive occasional support from my mom, but she has her own financial problems and some new health issues to manage."

Adding to Debbie's stress was the fear she'd have to cancel her MedicAlert subscription. "I felt like I was at the end of my rope. I was so worried about everything and I had such little control over what I could do. I couldn't bear thinking I was going to lose MedicAlert. It's been a lifeline for me."

Thankfully, because of MedicAlert's Inclusion, Diversity and Equity in Action (IDEA) Program that helps individuals who may find it more challenging to access health care services for a host of reasons, Debbie was able to have her subscription subsidized.

"I was so relieved to learn MedicAlert has a program that can help me as I try to get over this hump in my life. Having the ID and the service makes me feel 100 per cent more protected. What am I going to do if something happens and I'm caught out during a medical emergency? I don't want to be a burden on my family, and I'm very independent, but my MedicAlert ID and the information about my medical conditions that are on my medical profile provide me with huge peace-of-mind."

Being able to be a part of MedicAlert's IDEA program is a big win for Debbie, who hasn't had many wins as of late.

"With my MedicAlert subscription assured, I can turn my mind to other things like housing. But I'm grateful that no matter where I end up, my MedicAlert protection comes with me."

No Child Without 2.0: Helping children thrive

When a parent says goodbye to their child at the school gate, there is always a small sense of concern. Will they be safe, understood, and supported during the day? Will they come bouncing out at the end of the day, full of health and confidence?

For parents with children who have special needs or live with medical conditions, these concerns loom much larger. Parents advocate to ensure that the people who care for their children understand their needs, support their resilience, and know how to act in a time of crisis.

For many years, most recently through the generosity of our donor community, MedicAlert has provided a subsidy program to ensure that children who need our traditional service receive it. More than 45,000 children in 6,000 schools across Canada have received this support, but the waiting list is three times as long.

More important, we have heard from parents that the service alone is not enough to ensure the safety, wellness, and inclusion of their children.

No Child Without 2.0 is an “encircled care” program designed to:

- Give children the tools they need to self-advocate and help peers understand and empathize
- Support teachers to adopt more inclusive approaches in the classroom
- Train first responders in school-specific skills
- Provide parents with additional tools to give them peace of mind when they are not there to be a voice for their children.

It is a comprehensive, holistic program that goes beyond simply intervening at a time of crisis to helping parents and children manage their physical and mental health proactively.

MedicAlert is re-imagining *No Child Without* evolving it into an age-appropriate self-advocacy program for children. The program will help them gain a sense of control over their lives and fight discrimination and bullying. Children will learn self-care and resilience, develop a sense of empowerment, and build their self-esteem.

At the same time, *No Child Without 2.0* will ensure that teachers know how to include the needs of all children in school activities, foster understanding and empathy, and overcome perceived barriers to physical education participation.

Programming will also include training for first responders, to help them learn about de-escalation strategies for children with mental health issues and those on the autism spectrum.

A unique aspect of the program is child-to-child mentorship. Our goal is to identify peer mentors in each school and involve them in curriculum development and delivery, and community programs with first responders.

For parents, we will develop a *Parent Portal* with up-to-the-minute resources, direct contact with leading experts, and live webinars, all focused on building knowledge about keeping their children safe in school and beyond.

Ultimately, *No Child Without 2.0* will help children with special needs and medical conditions feel safe, confident, and empowered at school. It will ensure that their classmates understand and accept them, and that teachers and first responders know how to respond in a crisis. It will reassure parents who daily entrust their children to others.

Cadence's Story

It's a busy day in Kyrie Herman's household. Emotions are high. Her husband, Adam, is working remotely while living with chronic pain. Their children Cadence, 14 and Holden, 11 are schooling remotely as they have recently tested positive for COVID-19.

These circumstances are especially hard for Kyrie and Cadence who both live with a connective tissue disorder known as Ehlers-Danlos syndrome. The disorder affects the skin, joints and the blood vessel walls in the body.

"I've lived with this syndrome for most of my life, and it was heartbreaking to learn that my daughter inherited this debilitating disease. This is something that no parent wants for their children. Cadence is battling with this syndrome at the same severity I am, and she's 25 years younger than I am."

Overwhelmed with grief and struggling to make sense of how to best manage and care for their family, Kyrie and Adam searched online to find resources to help them.

"I first learned about the No Child Without Program after signing signing-up for MedicAlert four years ago. I've had too many close calls where I was unable to speak, and as severity of Cadence's health ailments progressed, I knew that it was only a matter of time before she could be at risk."

Cadence also lives with a variety of allergies and has an extreme reaction to the cold.

"Living in northern Alberta where the temperature can get to -30C, means we're on high-alert. She can't go outside most of the year, and it's become so bad that even popsicles can affect her body to the point she'll faint."

Fortunately, Kyrie had signed Cadence up to MedicAlert's No Child Without Program.

Still, there are more children who live with severe health conditions who also need this program which is funded by MedicAlert donors.

"It breaks my heart to think of a parent who is unable to afford a MedicAlert ID for their child. I'm grateful Cadence is a recipient of the program and as her MedicAlert ID gives me peace of mind whenever she's away from home. I just hope more families like mine can get access to have the same relief I have."



Connect Protect: Improving 911 and Supporting First Responders

Dr. Blair Bigham, MedicAlert's Chair of the Board, started his career as a paramedic and now works as an emergency physician, so he knows the frontlines of emergency response well. He understands that health information is incredibly fragmented. Information can be shared on five or six different platforms across the health spectrum, so it's likely there will be gaps. MedicAlert fills those gaps.

Through the Connect Protect program, MedicAlert ensures that its subscriber data is available to dispatchers in police services across Canada, helping to reduce the time it takes to find a wandering person.

Now we are taking the next step. Our new Health Exchange Linking Police 911 (HELP-911) project will ensure that when a MedicAlert subscriber makes a 911 call from a registered number, their critical health data will be automatically transferred to the computer of the first responder answering that call.

“Using the MedicAlert database makes a big difference as to whether we locate this person as quickly as possible, especially in inclement weather. And that can be a matter of life and death.”

~Kimberley Walker, Major Case Management & Missing Person Coordinator, Hamilton Police Service

In 2021, MedicAlert partnered with RapidSOS (an emergency response platform that securely links data from 350M+ connected devices directly to emergency services and first responders) to begin development of the technology. This complex project is expected to take five to seven years to complete. Steps include:

- Piloting the HELP-911 project with the Ottawa Police Service
- Evaluating the pilot and making adjustments as required
- Planning a national roll-out
- Promoting registration across Canada, to increase the number of people we can help
- Developing software required to run on other 911 systems across the country
- Implementing the national roll-out

Knowledge, it is often said, is power. The help and support of our donors and corporate partners will help to ensure information is in the hands of first responders more quickly.



Antony's Story

Anna woke up to a piercing scream. It was her mother. The front door was wide open, and she could not find her 11-year-old grandson, Antony.

“She was screaming ‘He’s gone! He’s gone!’ and my heart stopped. I had no idea where my son was, or how long he’d been out there.” It wasn’t the first time Antony had bolted from their Edmonton, Alberta home, but it was the first time Anna had not been awake to see it happen.

Antony was diagnosed with Autism Spectrum Disorder (ASD) when he was a toddler. In Antony’s case he is non-verbal, impulsive and has trouble calming himself enough to fall asleep. Anna says, “He’s always been a runner,” and that the adult family members in her household will take turns staying awake at night, just to be sure Antony doesn’t find a way out of their home.



One night in 2021, after their usual routine of securing their house for the evening, Anna, her mother and Antony settled in for what they knew would be a long sleepless night. Eventually, Antony dozed off, but not in his bedroom where they would typically be able to secure his door. Exhausted, Anna and her mother also fell asleep.

Anna is not quite sure how it happened, but Antony woke up, took her keys from under her pillow without waking her, found and took the family’s passports, opened the front door and went out into the night. She thinks he was likely trying to find the Value Village thrift store they often visit to look for Antony’s favourite toys. It’s not where he ended up.

Not long before Anna and her mother woke up to the terrifying scene of Antony being missing, Edmonton police got a call. A young boy had broken into a home. He was panicked but could not communicate and the family was concerned for his welfare.

A few moments later, police arrived on scene. Just weeks before, one of the officers had been through MedicAlert’s Connect Protect first responder training. He recognized the special red and blue coloured MedicAlert ID that signals to officers that Antony lives with autism. He was able to get Antony to show him the ID, so he could relay the ID number to Edmonton 9-1-1 dispatch.

Through MedicAlert’s Connect Protect Program that links authorized, authenticated dispatch officers directly to the MedicAlert Subscriber Health Information Database, the central dispatch officer was able to log-in to Antony’s MedicAlert record and provide the officer on scene with Antony’s name, Anna’s name and the family’s address. In the meantime, Anna had called 9-1-1 to report her son missing. Dispatch was able to tell her that Antony had been found and what route the officers were taking to bring him home.

Anna was instantly relieved. Thousands of images had been flashing through her mind. What if he had run out onto the main road near their house and been hit by a car? What if he had found his way to the North Saskatchewan River that meanders through the north end of the city and had drowned? Or worse; what if someone had taken him?

Anna had trouble sleeping after the incident, fearing Antony may run again; however, she knows Edmonton police know what to do to help her son return home. “I can’t put a price on how important Antony’s MedicAlert subscription and the Connect Protect Program. MedicAlert saved my son’s life. Who knows what would have happened without it.”

Focusing on the Future: The MedicAlert 2022-2024 Strategic Plan



In 2021, the MedicAlert Board came together to focus on the future of the organization and where our work fits within the healthcare system.

MedicAlert is unique among health charities in Canada. While our colleagues in disease-oriented charities focus on disease eradication through research or disease management through education and programming, our primary focus is data and information exchange from the health system user to the first response triage – the very beginning of trauma or emergency health services. In short, we are the bridge that connects the community to the hospital, the doctor's office or the clinic.

Our work is ripe for disruption from the private sector. Yet the uniqueness of Canada's pride and joy – our healthcare system – means Canadians want something different than disruption from commercial enterprise, and they are willing to trust MedicAlert to deliver. In short, it is truly our long-term vision to be integrated into the healthcare system.

That vision will take time to achieve.

The 2022-2024 Strategic Plan identifies five core objectives that will enable MedicAlert to best serve our mission and our vision and facilitate our goal for what people living in Canada need and want us to be now -- a digital-first, service-based organization.

PEOPLE

Act in areas where MedicAlert can make an important contribution

ORGANIZATION

Become a digital-first organization
Stabilize and increase net revenue

PURPOSE

Strengthen and Scale Our Charitable mission
Enhance our capacity for advocacy

The 2021 MedicAlert Board of Directors

Officers of the Corporation

Dr. Blair Bigham – Chair

Leslie Quinton – Vice Chair

Alex MacBeath – Treasurer & Chair, Finance and Audit Committee

Leslie McGill – Corporate Secretary, President & CEO (ex-officio)

Directors

Doug Craig – Past Chair of the Board

Dr. Catherine Boivie – Chair, Digital Transformation Committee

Dr. Lisa Chillingworth-Watson – Director

Jonathan Game – Director

Danny Lew – Director

Edward Odumodu – Director

Isabelle Oliva – Chair, Human Resources Committee

Ruth Ramsden-Wood – Chair, Fundraising Committee

Sara Jane Snook – Chair, Governance and Nominating Committee

Dr. Ahmad Zbib – Director

Mission, Vision and Values

MISSION

To put every Canadian in a position to benefit from high-quality health information at time of need.

VISION

A world where no one is alone in their time of need.

VALUES

A world where no one is alone in their time of need.

EXCELLENCE - We were founded to save lives and are responsible for excellence in everything we do. We believe in personal accountability and confidently taking bold actions to achieve our mission.

COLLABORATION - We multiply our social contribution through collaboration. We learn and innovate by listening to our members, health practitioners, first responders and other key partners. We pro-actively cooperate with all stakeholders because we know that together we can achieve more, faster.

KINDNESS - We are respectful, caring, considerate and friendly – striving to walk in the shoes of those we serve to make a difference every day.

DEDICATION - We are passionate about the important work we do. Integrity, initiative, professionalism and enthusiasm characterize the way we deliver our services. We take pride and satisfaction in the quality of what we do and offer.

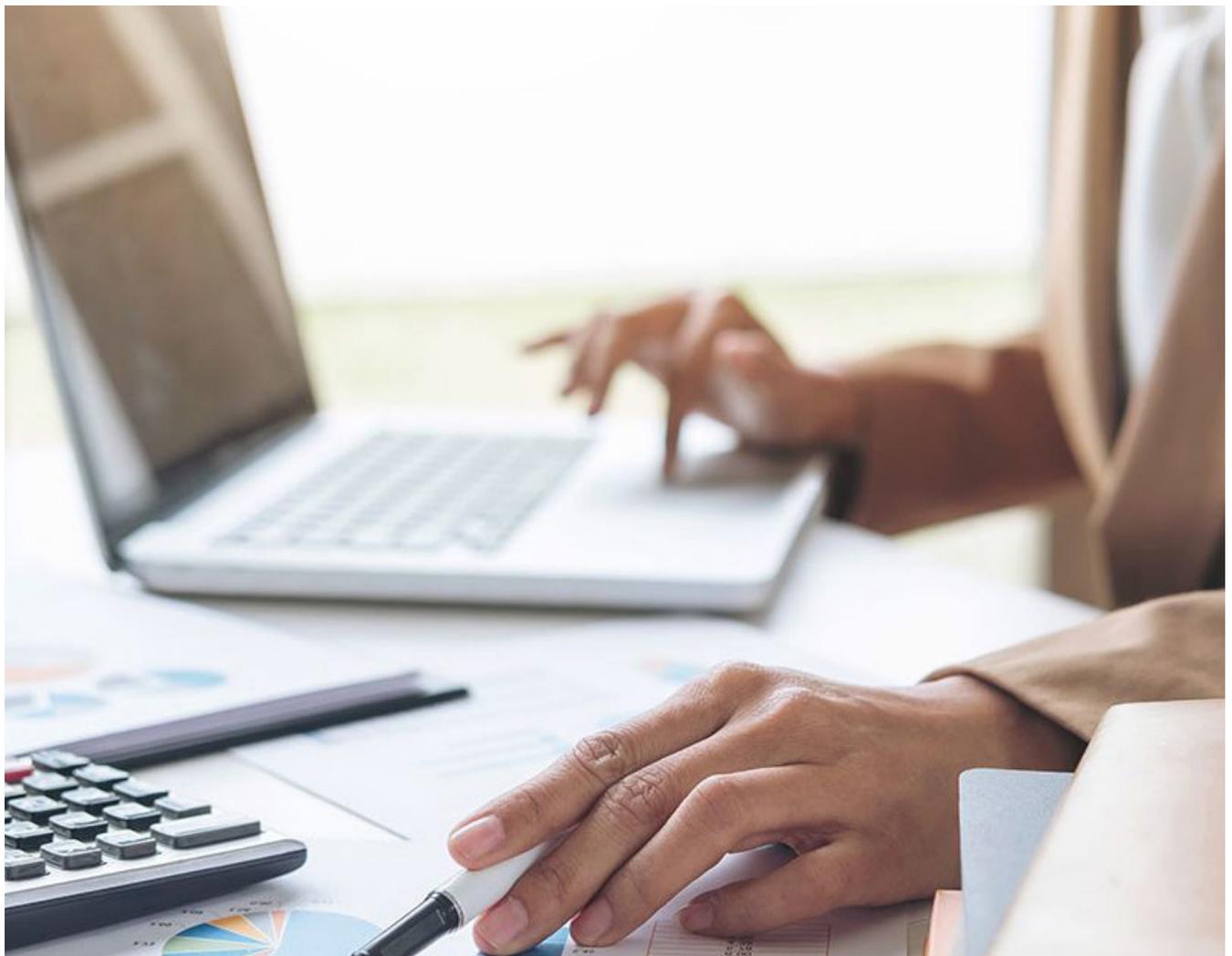
TRUSTWORTHINESS - We are honest, reliable and dependable. Our clients can always count on us to follow through and to achieve positive outcomes.

Financial Management

MedicAlert is a registered Canadian charity dedicated to responsible fundraising and asset stewardship. As a team, we are committed to the responsible management and oversight of MedicAlert's financial resources. We are governed by a Board of Directors that works in the service of long-term preservation and enhancement of the organization while maintaining our aim to protect more Canadians.

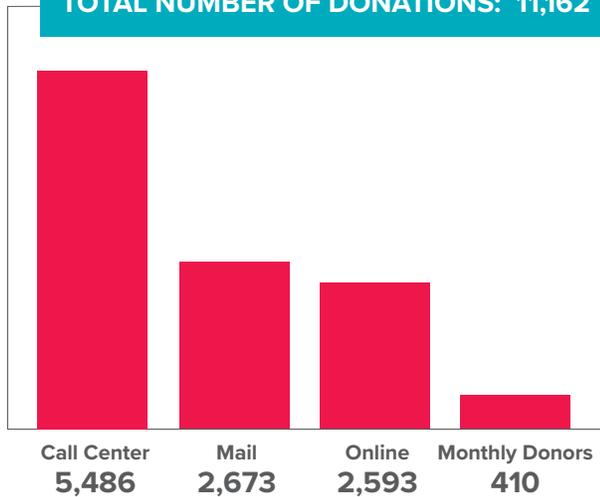
We appreciate that knowing how we use your contribution is important for you to understand. Our aim is to direct the maximum amount of your donation to our charitable mission of protecting those with health conditions in an emergency. It is also essential that we care for and treat our highly qualified staff fairly and provide them with the resources they need to continue doing their outstanding work.

In 2021, charitable donations and government grants comprised 9% of MedicAlert's total revenues, with 86% of revenue coming from subscription fees and product sales and 3% from government subsidies for COVID-19 relief. MedicAlert invested 76% of its total expenses on its charitable mission, 21% of its expenses on administration and 3% of its expenses on fundraising.

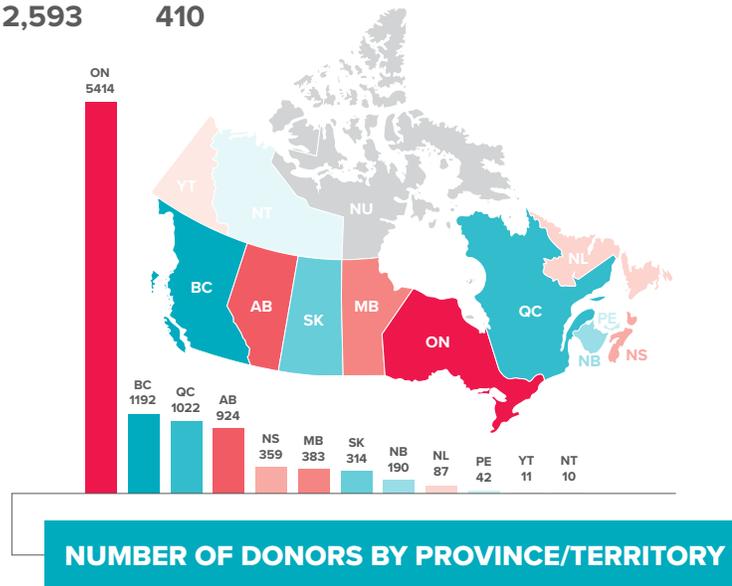
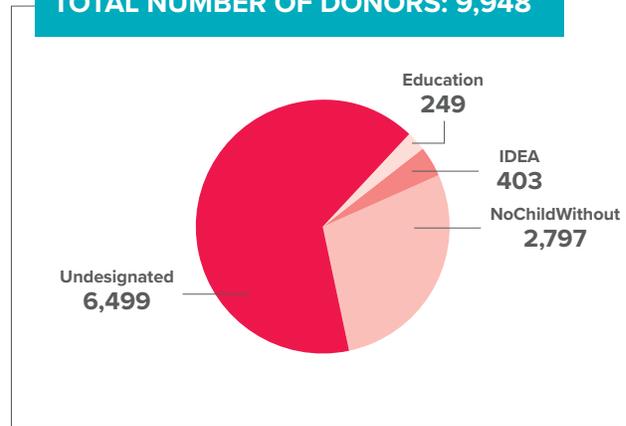


MedicAlert By the Numbers

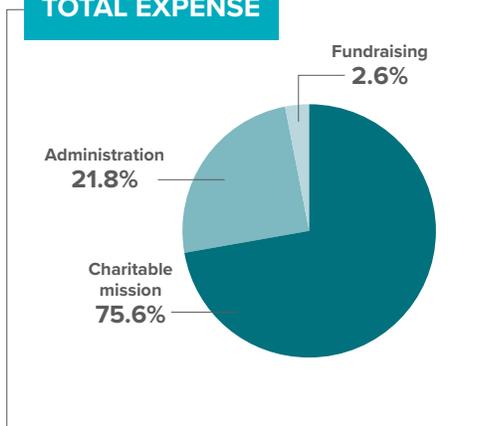
TOTAL NUMBER OF DONATIONS: 11,162



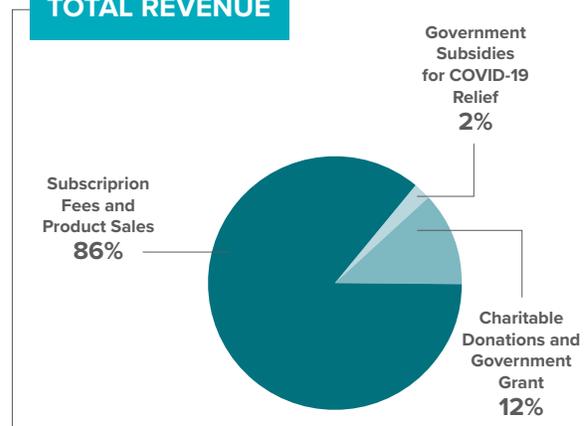
TOTAL NUMBER OF DONORS: 9,948



TOTAL EXPENSE



TOTAL REVENUE





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Charitable Registration No. 10686 3293 RR0001

Financial statements of
Canadian Medic-Alert
Foundation Incorporated

December 31, 2021

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Independent Auditor's Report

To the Members of
Canadian Medic-Alert Foundation Incorporated

Opinion

We have audited the financial statements of Canadian Medic-Alert Foundation Incorporated (the "Foundation"), which comprise the statement of financial position as at December 31, 2021, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as at December 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 ("Canadian GAAS"). 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 Foundation 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.

Responsibilities of Management 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 Foundation'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 Foundation or to cease operations, or has no realistic alternative but to do so.

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 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 financial statements.

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 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 Foundation'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 Foundation'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 Foundation 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.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
April 23, 2022

Canadian Medic-Alert Foundation Incorporated**Statement of financial position**

As at December 31, 2021

	Notes	2021 \$	2020 \$
Assets			
Current assets			
Cash		512,334	428,873
Investments	3	7,849,891	7,962,030
Restricted investment	3	100,000	—
Accounts receivable	5	213,683	210,168
Inventory		126,600	97,799
Prepaid expenses		81,883	92,824
		8,884,391	8,791,694
Capital assets	4	64,711	141,438
		8,949,102	8,933,132
Liabilities			
Current liabilities			
Accounts payable and accrued liabilities	5	889,983	991,249
Member prepayments		67,738	100,678
Deferred revenue – future services	6	2,826,074	2,798,125
Deferred revenue – restricted contributions	7	91,468	195,709
		3,875,263	4,085,761
Deferred revenue – long-term future services	6	1,522,822	1,468,913
		5,398,085	5,554,674
Net assets			
Invested in capital assets		64,711	141,438
Operating fund		3,486,306	3,237,020
		3,551,017	3,378,458
		8,949,102	8,933,132

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

Approved by the Board

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 _____, Director
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Canadian Medic-Alert Foundation Incorporated
Statement of operations and changes in net assets

Year ended December 31, 2021

	Notes	2021 \$	2020 \$
Revenue			
Membership fees	6	4,714,824	5,042,906
Product sales		1,844,674	1,818,270
Restricted contribution revenue	7	326,210	97,421
Donations		552,663	607,952
Other revenue	13	202,906	420,572
		7,641,277	7,987,121
Expenses			
Membership services	8	3,221,669	3,423,722
Marketing and communications	8	1,358,548	1,124,947
Governance and administration	8	1,640,351	1,800,664
Cost of product sales	8	1,038,004	1,209,167
Restricted programs	7 and 8	832,237	109,636
Fundraising		218,636	202,939
License fees	9	198,776	197,164
		8,508,221	8,068,239
Deficiency of revenue over expenses before the undernoted items		(866,944)	(81,118)
Other income			
Realized gain on sale of investments		320,749	42,362
Unrealized appreciation in the fair value of investments		500,443	214,464
Investment income		218,311	212,680
		1,039,503	469,506
Excess of revenue over expenses for the year		172,559	388,388
Net assets, beginning of year		3,378,458	2,990,070
Net assets, end of year		3,551,017	3,378,458

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

Canadian Medic-Alert Foundation Incorporated**Statement of cash flows**

Year ended December 31, 2021

	2021	2020
	\$	\$
Operating activities		
Excess of revenue over expenses	172,559	388,388
Items not affecting cash		
Amortization	114,168	121,050
Realized gain on sale of investments	(320,749)	(42,362)
Unrealized appreciation of investments	(500,443)	(214,464)
	(534,465)	252,612
Changes in non-cash operating items		
Accounts receivable	(3,515)	(88,568)
Inventory	(28,801)	44,653
Prepaid expenses	10,941	66,915
Accounts payable and accrued liabilities	(101,266)	(39,781)
Member prepayments	(32,940)	16,107
Deferred revenue – future services	81,858	(235,427)
Deferred revenue – restricted contributions	(104,241)	15,958
	(177,964)	(220,143)
	(712,429)	32,469
Investing activities		
Net redemption (purchase) of investments	933,331	(239,551)
Net purchase of restricted investment	(100,000)	–
Additions to capital assets	(37,441)	(5,178)
	795,890	(244,729)
Net cash inflow (outflow)	83,461	(212,260)
Cash, beginning of year	428,873	641,133
Cash, end of year	512,334	428,873

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

Canadian Medic-Alert Foundation Incorporated**Notes to the financial statements**December 31, 2021

1. Purpose of the Foundation

The Canadian Medic-Alert Foundation Incorporated (the "Foundation") was incorporated without share capital under the laws of Ontario as a charitable organization to provide essential medical information to emergency health care providers. As of March 17, 2022, the Foundation has continued to the federal Canada Not-for-profit Corporations Act ("CNCA"). The Foundation is a registered charity exempt from income tax under the Income Tax Act.

2. Significant accounting policies

These financial statements have been prepared in accordance with the Canadian accounting standards for not-for-profit organizations published by the Chartered Professional Accountants of Canada, using the deferral method of accounting for restricted contributions.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value when the Foundation becomes a party to the contractual provisions of the financial instrument. Subsequently, all financial instruments are measured at amortized cost, with the exception of cash and investments which are measured at fair value. Changes in fair value are recorded in the Statement of operations and changes in net assets. Financial instruments reported on the Statement of financial position are measured as follows:

Asset/liability	Category
Cash	Fair value
Short-term investments	Fair value
Restricted investment	Fair value
Accounts receivable	Amortized cost
Accounts payable and accrued liabilities	Amortized cost

Financial assets measured at amortized cost are assessed at each reporting date for indications of impairment. If such impairment exists, the asset is written down and the resulting impairment loss is recognized in the Statement of operations and changes in net assets.

Transaction costs are expensed as they are incurred.

Investments in Pooled and Mutual Funds are recorded at the year-end Net Asset Value which represents fair value, and common shares are recorded at the bid price as of December 31. The restricted investment is recorded at the year-end Net Asset Value which represents fair value.

Inventory

Inventory is valued at the lower of cost and net realizable value.

Capital assets

Capital assets are recorded at cost. Amortization is provided over the estimated useful lives using the following methods and annual rates:

Assets	Method	Rate
Computer hardware	Straight-line	4 years
Office equipment	Straight-line	10 years
Leasehold improvements	Straight-line	Over the term of the lease

Capital assets acquired during the year are amortized at one-half the standard annual rate.

Canadian Medic-Alert Foundation Incorporated

Notes to the financial statements

December 31, 2021

2. Significant accounting policies (continued)

Deferred revenue-future services

Deferred revenue-future services represents membership fees collected but not yet earned as the term of membership has not yet expired.

Member prepayments

Member prepayments represent paid orders which have not yet been processed.

Revenue recognition

Registration fees are recognized when a new member's file is completed and a membership number has been assigned.

Membership fees are recognized on the straight-line basis over the term of the membership.

Product sales are recognized when orders are placed with the product suppliers who deliver the products directly to the customers.

Government grants for financial aid received during the novel coronavirus ("COVID-19") pandemic are recognized when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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

Allocation of expenses

Certain officers and employees perform a combination of membership, program and administrative functions; as a result, salaries and benefits are allocated based on the time dedicated to the functional activity. Other organizational expenses used to support the programs are also allocated based on transaction volumes and management estimates. Such allocations are reviewed regularly by the Foundation.

Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions. These estimates and assumptions 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. Actual results could differ from those estimates. Accounts requiring significant estimates and assumptions include the useful lives of capital assets, accrued liabilities and also those expenses subject to allocation.

Canadian Medic-Alert Foundation Incorporated
Notes to the financial statements
December 31, 2021

3. Investments

Investments are comprised of:

	2021		2020
Market value	Cost	Market value	Cost
\$	\$	\$	\$
Pooled and Mutual Funds			
FGP Canadian Equity	2,417,302	1,773,582	2,214,564
FGP US Equity	955,360	538,778	936,268
FGP Bond	3,432,659	3,494,040	3,369,839
FGP Short-term	186,436	186,436	176,147
FGP Private International Equity	631,200	537,417	998,959
FGP Corporate Bond Fund	226,786	230,281	239,078
	7,849,743	6,760,534	7,934,855
Cash	—	—	9,575
Guaranteed Investment Certificate (GIC)	100,148	100,148	—
Shares in publicly listed companies	—	—	17,600
	7,949,891	6,860,682	7,962,030
			7,392,281

Included in investments is a GIC in the amount of \$100,000 which was purchased as security for the Foundation's new lease, and therefore is not available for use by the Foundation. The GIC is renewed annually, and the lessor will no longer require the Foundation to hold the secured investment as of January 31, 2027.

4. Capital assets

	2021		2020
Cost	Accumulated amortization	Net book value	Net book value
\$	\$	\$	\$
Computer hardware	59,100	44,811	14,289
Office equipment	14,514	10,883	3,631
Leasehold improvements	553,479	506,688	46,791
	627,093	562,382	64,711
			32,972
			5,082
			103,384
			141,438

5. Government remittances/receivables

Included in accounts receivable is a net receivable of \$50,581 (net receivable of \$79,934 in 2020) representing government remittances relating to payroll, commodity tax rebates and commodity taxes receivable.

Canadian Medic-Alert Foundation Incorporated**Notes to the financial statements**

December 31, 2021

6. Deferred revenues – future services

The Foundation has an obligation to maintain an emergency information service for its members and updates their records annually through an outreach campaign. Deferred revenue consists of the unrecognized revenue from the sale of memberships.

The deferred revenue for future services consists of:

	2021	2020
	\$	\$
Balance, beginning of year	4,267,038	4,502,662
Membership fees received	4,796,682	4,807,282
	9,063,720	9,309,944
Membership fees recognized as revenue	(4,714,824)	(5,042,906)
	4,348,896	4,267,038
Less: current portion	(2,826,074)	(2,798,125)
	1,522,822	1,468,913

7. Restricted Programs

				2021
	No Child Without	IDEA⁽¹⁾	Education	Total
	\$	\$	\$	\$
Restricted deferred revenue, beginning of year	195,709	—	—	195,709
New donations received	176,984	30,115	14,870	221,969
Donations recognized into revenue	(281,225)	(30,115)	(14,870)	(326,210)
Restricted deferred revenue, end of year	91,468	—	—	91,468
Total expenditures incurred on the program	281,225	220,446	330,566	832,237
				2020
	No Child Without	IDEA⁽¹⁾	Education	Total
	\$	\$	\$	\$
Restricted deferred revenue, beginning of year	179,751	—	—	179,751
New donations received	70,091	39,764	3,524	113,379
Donations recognized into revenue	(54,133)	(39,764)	(3,524)	(97,421)
Restricted deferred revenue, end of year	195,709	—	—	195,709
Total expenditures incurred on the program	54,133	49,670	5,833	109,636

(1) Formerly known as Membership Assistance

Canadian Medic-Alert Foundation Incorporated**Notes to the financial statements**

December 31, 2021

8. Allocation of expenses

The Foundation adopted a new allocation methodology in 2021 for estimating the costs associated with programs, which better reflects the time and resources dedicated to the restricted programs. The new methodology for allocating expenses was applied prospectively.

Salaries and benefits and other expenses for fiscal 2021 and 2020 are allocated based on management estimates as follows:

	2021			
	Membership services & other⁽¹⁾ %	No Child Without %	IDEA⁽²⁾ %	Education %
Salaries and benefits	95	2	2	1
Systems	95	2	2	1
Marketing	86	7	7	—
Corporate & Administration	90	3	4	3
Cost of Sales	95	3	2	—
				2020
	Membership services %	No Child Without %	IDEA ⁽¹⁾ %	Education %
Salaries and benefits	96	2	2	—
Systems	98	1	1	—
Marketing	—	—	—	—
Corporate & Administration	—	—	—	—
Cost of Sales	—	—	—	—

(1) Other is comprised of expenses from Marketing and communications, Governance and administration and Cost of product sales

(2) Formerly known as Membership Assistance

Total expenses subject to allocation:

	2021	2020
	\$	\$
Salaries and benefits	3,781,280	2,074,558
Systems	805,316	626,916
Marketing	973,746	—
Corporate & Administration	825,677	—
Cost of Sales	275,073	—
	6,661,092	2,701,474

Canadian Medic-Alert Foundation Incorporated**Notes to the financial statements**

December 31, 2021

8. Allocation of expenses (continued)

The expenses noted above are allocated on the Statement of operations and changes in net assets as follows:

	2021	2020
	\$	\$
Restricted programs ⁽¹⁾	518,714	82,496
Membership services ⁽²⁾	2,929,260	2,618,978
Marketing and communications ⁽³⁾	1,327,435	—
Governance and administration ⁽⁴⁾	1,624,440	—
Cost of product sales ⁽⁵⁾	261,243	—
	6,661,092	2,701,474

(1) Included in Restricted program expenses of \$832,237 (\$109,636 in 2020)

(2) Included in total Membership services expenses of \$3,221,669 (\$3,423,722 in 2020)

(3) Included in total Marketing and communications expenses of \$1,358,548 (\$1,124,947 in 2020)

(4) Included in total Governance and administration expenses of \$1,640,351 (\$1,800,664 in 2020)

(5) Included in total Cost of product sales expenses of \$1,038,004 (\$1,209,167 in 2020)

9. Licensing agreement

The Foundation has a renewable license agreement with MedicAlert Foundation United States, Inc. ("licensor") which has been effective since January 21, 2009. The license agreement stipulates that the license term lasts for five years and is automatically extended for a further period of five years upon expiry without limit. The license agreement provides the Foundation with the use of the MedicAlert registered trade name, trademark and service mark. Under the terms of the license agreement, the Foundation pays annual royalties of 3% on membership fees and other income derived from the sale of MedicAlert services and emblems. Additionally, during the year the Foundation purchased \$2,298 (\$1,477 in 2020) of inventory from the licensor.

10. Commitments

The Foundation is committed to a lease for its current premises expiring in 2022 and a lease for a new premise expiring in 2032. The minimum annual payments are as follows:

	Premises	Total
	\$	\$
2022	36,996	36,996
2023	28,572	28,572
2024	28,572	28,572
2025	28,572	28,572
2026	28,572	28,572
Thereafter	145,243	145,243
	296,527	296,527

Canadian Medic-Alert Foundation Incorporated**Notes to the financial statements**December 31, 2021

11. Guarantees

In the normal course of business, the Foundation enters into agreements that meet the definition of a guarantee. The Foundation indemnifies all directors, officers, employees, agents, and members for various items including, but not limited to, all costs to settle suits or actions due to services provided to the Foundation, subject to certain restrictions. The Foundation has purchased liability insurance to mitigate the costs of any potential future suits or actions. The amount of any potential future payment cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Foundation from making a reasonable estimate of the maximum exposure due to difficulties in assessing the amount of liability which stems from the unpredictability of future events and the unlimited coverage offered to counterparties. Historically, the Foundation has not made any significant payments under such or similar indemnification agreements and therefore no amount has been accrued with respect to these agreements.

12. Risk management*Interest rate risk*

The Foundation is exposed to interest rate risk on its investments. The Foundation does not use any hedging instruments to manage this risk.

Credit risk

The Foundation's credit risk is primarily attributable to its accounts receivables. The Foundation manages this risk through proactive collection policies.

Market risk

Market risk is the risk that the fair value or future cash flows of the Foundation's financial instruments will fluctuate because of changes in market prices.

13. Significant event

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ("COVID-19") as a pandemic which has resulted in a series of public health and emergency measures that have been put in place to combat the spread of the virus. The duration and impact of COVID-19 is unknown at this time and it is not possible to reliably estimate the impact that the length and severity of these developments will have on the financial results and condition of the Foundation in future periods. During the year, the Foundation received \$178,971 (\$383,520 in 2020) from the Government of Canada for the Canada Emergency Wage Subsidy ("CEWS"), \$16,755 (\$nil in 2020) for the Canadian Recovery Hiring Program ("CRHP") and \$nil (\$25,000 in 2020) for the Temporary Wage Subsidy ("TWS") which were provided to employers who experienced a decline in their operating revenues due to COVID-19.