

Dryden Regional Health Centre
Financial Statements
March 31, 2025

Dryden Regional Health Centre
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For the year ended March 31, 2025

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To the Board of Directors of Dryden Regional Health Centre:

Qualified Opinion

We have audited the financial statements of Dryden Regional Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2025, and the statements of operations, 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.

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2025, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Qualified Opinion

Canadian public sector accounting standards ("PSAS") Section PS 3280 Asset Retirements Obligations ("ARO") requires the recognition of an ARO liability when there is a legal obligation that establishes a clear responsibility to incur retirement costs in relation to a tangible capital asset. The Health Centre has not identified ARO liabilities as of March 31, 2025 and 2024 and we were unable to satisfy ourselves concerning those liabilities by alternative means. Consequently, we were not able to determine whether any adjustments would be necessary to liabilities, net financial assets (net debt), tangible capital assets, accumulated surplus (deficit), expenses, excess (deficit) of revenues over expenses, change in net financial assets (net debt) for the years-ended March 31, 2025 and 2024, and accumulated surplus as of March 31, 2025 and 2024. The audit opinion on the financial statements for the year ended March 31, 2024 was qualified accordingly because of the possible effects of this limitation in scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under Statements section of our report. We are independent of the Health Centre in accordance with the ethical requirements that are those standards are further described in the Auditor's Responsibilities for the Audit of the Financial 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 qualified opinion.

Other Matter

The supplementary information contained in the schedules is presented for the purpose of additional analysis and is not part of the basic audited financial statements. The information in the schedules was derived from the accounting records tested in forming an opinion on the financial statements as a whole.

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 public sector accounting standards, 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 Health Centre'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 Health Centre or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Health Centre'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 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 Health Centre'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 Health Centre 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.

Thunder Bay, Ontario

June 23, 2025

MNP LLP

Chartered Professional Accountants

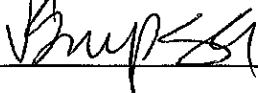
Licensed Public Accountants

Dryden Regional Health Centre

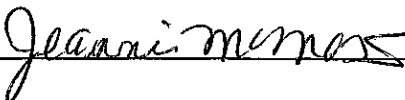
Statement of Financial Position

As at March 31,	2025	2024
Current Assets		
Cash (Note 2)	\$ 2,430,638	\$ 2,939,897
Accounts Receivable (Note 3)	4,969,652	3,269,519
Inventories (Note 4)	949,937	744,059
Prepaid Expenses	280,037	360,067
Other Current Assets	77,390	187,825
Total Current Assets	8,707,654	7,501,367
Non-Current Assets		
Capital Assets (Note 5)	14,753,736	15,462,052
Long-Term Prepaid (Note 6)	502,202	-
Total Non-Current Assets	15,255,938	15,462,052
Total Assets	\$ 23,963,592	\$ 22,963,419
Current Liabilities		
Accounts Payable (Note 7)	\$ 7,320,838	\$ 6,445,181
Due to Related Parties (Note 8)	265,835	265,855
Deferred Contributions (Note 9)	760,371	481,835
Current Portion of Capital Lease Payable	-	16,676
Current Portion of Long-Term Debt	-	107,654
Total Current Liabilities	8,347,044	7,317,201
Long-Term Liabilities		
Post-Employment Benefits and Compensated Absences Liability (Note 10)	644,571	612,852
Long-Term Debt (Note 6)	502,202	-
Deferred Capital Contributions (Note 11)	9,710,630	9,909,590
Total Long-Term Liabilities	10,857,403	10,522,442
Net Assets		
Invested in Capital Assets (Note 12)	6,242,602	6,632,352
Unrestricted	(1,483,457)	(1,508,576)
Closing Net Assets Balance	4,759,145	5,123,776
Total Liabilities and Net Assets Balance	\$ 23,963,592	\$ 22,963,419

Approved on behalf of the Board:



Director



Director

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

Dryden Regional Health Centre Statement of Operations

For the year ended March 31,	2025	2024
Revenue		
Ministry of Health Base Allocation	\$ 23,722,075	\$ 20,894,936
Bundled Care (Quality Based Funding)	2,860,451	1,984,115
One-Time Payments	3,396,912	3,443,952
Ontario Health Team Funding	1,014,333	-
Paymaster for VSP Funding	254,699	233,682
Hospital On Call Coverage Funding	630,652	597,205
Alternate Funding Agreement Program Funding	1,503,891	1,415,497
Cancer Care Ontario Funding	252,070	143,300
Other Revenue (Schedule 1)	6,710,155	6,025,532
Amortization of Equipment Grants/Donations	347,253	250,465
Total Revenue	40,692,491	34,988,684
Expenses		
Salaries and Wages (Schedule 3)	18,352,890	17,136,122
Employee Benefits (Schedule 4)	4,577,195	3,984,959
Employee Benefits Future Costs (Note 10)	39,400	53,900
Medical Staff Remuneration (Schedule 5)	4,646,276	3,752,685
Supplies and Other Expenses (Schedule 6)	7,373,404	5,582,150
Medical and Surgical Supplies (Note 4)	1,516,351	1,431,070
Drugs (Note 4)	3,107,291	2,143,133
Amortization of Equipment	721,438	700,488
Bad Debts	196,095	26,212
Transfer to Kenora Rainy River Regional Lab Program (Note 8)	248,711	248,745
Total Expenses	40,779,051	35,059,464
Deficit of Revenue over Expenses from Health Centre Operations	(86,560)	(70,780)
Other Items		
Amortization of Building Grants/Donations	499,120	622,622
Amortization of Land Improvements and Building	(704,284)	(802,509)
Interest on Long-Term Liabilities	(1,496)	(5,298)
	(206,660)	(185,185)
Other Votes and Programs - Revenues (Schedule 2)	5,133,084	4,801,014
Other Votes and Programs - Expenses (Schedule 2)	(5,191,235)	(4,796,349)
Other Votes and Programs - Provisions for Recovery (Schedule 2)	(13,260)	-
	(71,411)	4,665
Deficit of Revenue Over Expenses for the Year	\$ (364,631)	\$ (251,300)

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

Dryden Regional Health Centre Statement of Changes in Net Assets

For the year ended March 31, 2025

	Invested in Capital Assets	Unrestricted	2025 Total
Balance, beginning of year	\$ 6,632,352	\$ (1,508,576)	\$ 5,123,776
Excess (deficiency) of revenue over expenses for the year (Note 12)	(579,349)	214,718	(364,631)
Net changes in investment in capital assets (Note 12)	189,599	(189,599)	-
Balance, end of year	<u>\$ 6,242,602</u>	<u>\$ (1,483,457)</u>	<u>\$ 4,759,145</u>

For the year ended March 31, 2024

	Invested in Capital Assets	Unrestricted	2024 Total
Balance, beginning of year	\$ 6,407,786	\$ (1,032,710)	\$ 5,375,076
Excess (deficiency) of revenue over expenses for the year (Note 12)	(629,910)	378,610	(251,300)
Net changes in investment in capital assets (Note 12)	854,476	(854,476)	-
Balance, end of year	<u>\$ 6,632,352</u>	<u>\$ (1,508,576)</u>	<u>\$ 5,123,776</u>

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

Dryden Regional Health Centre Statement of Cash Flows

March 31,	2025	2024
Cash Provided By (Used In) Operating Activities		
Deficit of Revenue over Expenses for the year	\$ (364,631)	\$ (251,300)
Items not involving cash		
Amortization	1,425,722	1,502,997
Amortization of Deferred Capital Contributions	(846,373)	(873,087)
	<u>214,718</u>	<u>378,610</u>
Changes in Non-Cash Working Capital Balances		
Accounts Receivable	(1,700,133)	904,242
Inventory	(205,878)	(106,572)
Prepaid Expenses	80,031	27,831
Other Current Assets	110,435	13,322
Accounts Payable	875,657	(833,115)
Deferred Contributions	278,536	(54,997)
Post-Employment Benefits	31,719	53,900
	<u>(529,633)</u>	<u>4,611</u>
	<u>(314,915)</u>	<u>383,221</u>
Financing Activities		
Capital Lease Payments	(16,676)	(91,690)
Repayment of Long-Term Debt	(107,654)	(131,260)
Due to Related Parties	(20)	-
	<u>(124,350)</u>	<u>(222,950)</u>
Capital Activities		
Purchase of Capital Assets	(717,407)	(1,542,805)
Contributions Received for Capital Activities	647,413	1,465,226
	<u>(69,994)</u>	<u>(77,579)</u>
Increase (Decrease) in Cash and Equivalents	(509,259)	82,692
Cash, Beginning of year	2,939,897	2,857,205
Cash, End of year	<u>\$ 2,430,638</u>	<u>\$ 2,939,897</u>
Supplemental Disclosure		
Interest Received	\$ 102,720	\$ 142,669
Interest Paid	\$ 1,496	\$ 5,298

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

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies

Nature and Purpose of Organization

Dryden Regional Health Centre provides health care services to the residents of the City of Dryden and surrounding areas. The Health Centre, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act. The Health Centre is a not-for-profit organization and, as such, is exempt from Income Taxes under the Income Tax Act. In addition to the Health Centre's operating fund which reflects the activities of the day to day operations of the Health Centre, the financial statements also include the activities of the following programs:

Ministry of Health	Other
- Community Mental Health Program	- Dryden Area Family Health Team
- Community Addictions Program	- Mobile Crisis Response Team
- Community Problem Gambling Program	
- Community Supportive Housing Program	
- Primary Care Nurse Practitioner Program	

The operating results of these programs are recorded in Schedule 2 to the financial statements and the assets and liabilities of these programs appear on the statement of financial position of the Health Centre. Program surpluses and deficits are recorded as repayable or receivable in the year incurred and adjustment settlements by the Ministries or other funders are recorded when settled.

Basis of Accounting and Presentation

The financial statements of the Health Centre have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board.

The Dryden Regional Health Services Foundation is a separate entity whose financial information is reported separately from the Health Centre. Certain operating expenses of Dryden Regional Health Services Foundation are included as part of the day-to-day operations of Dryden Regional Health Centre. Substantially all accounts payable and payroll functions are administered by Dryden Regional Health Centre. Daily transactions are recorded through an inter-fund account included on the statement of Financial Position of both Dryden Regional Health Centre and Dryden Regional Health Services Foundation.

The financial statements do not include the assets, liabilities and activities of the Kenora-Rainy-River Regional Laboratory Program which is a separate corporation operated jointly by the hospitals in the district. The program is funded by the Ministry of Health through the Health Centre allocation.

Cash and Cash Equivalents

Cash and cash equivalents include balances with a chartered bank and cash on hand. Cash subject to restrictions that prevent its use for current purposes is included in restricted.

Inventories

Inventories are stated at the lower of cost and net realizable value. Cost is determined on an average cost basis with the exception of Drugs, which are determined on a First-In, First-Out basis. Inventories consist of medical and general supplies that are used in the Health Centre's operations and not for resale purposes.

Revenue Recognition

The Health Centre follows the deferral method of accounting for contributions, which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Health Centre is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health ("MOH"), and the Ontario Health North ("OH North"). The Health Centre has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2025 with the MOH and OH North that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Health Centre by the MOH/OH North. The H-SAA also sets out the performance standards and obligations of the Health Centre that establish acceptable results for the Health Centre's performance in a number of areas.

If the Health Centre does not meet its performance standards or obligations, the MOH/OH North has the right to adjust funding received by the Health Centre. The MOH/OH North is not required to communicate certain funding adjustments until after the submission of year end data. Since this data is not submitted until after the completion of the financial statements, the amount of MOH/OH North funding received by the Health Centre during the year may be increased or decreased subsequent to year end.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies (continued)

Revenue Recognition (continued)

Contributions approved but not received at year end are accrued. Where a portion of a contribution relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue in the year in which the related expenses are incurred.

Restricted contributions for the acquisition of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted investment income is recognized when earned. Restricted investment income is recognized in the year in which the related expenses are recognized.

Patient related revenues are recognized as revenue when services are rendered and the amount to be received can be reasonably estimated and collection is reasonably assured.

Recoveries are recognized as revenue when the amount of the recovery can be reasonably estimated and collection is reasonably assured.

Deferred Revenue

Deferred revenue is received from contributors who have restricted use of the funds for specific purposes. Recognition of these amounts as revenue is deferred to periods when the specific expenditures are made.

Contributed Services

There are a substantial number of volunteers who contribute a significant amount of their time each year to Dryden Regional Health Centre. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.

Long-lived Assets and Discontinued Operations

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies. When the Health Centre determines that a long-lived asset no longer has any long-term service potential to the Health Centre, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

Capital Assets

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated useful life of an asset are capitalized.

Work in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Paving	10 years
Buildings	10 to 40 years
Building Service Equipment	10 years
Equipment	5 to 10 years
Information Systems Equipment	3 to 5 years
Equipment Under Capital Lease	5 to 10 years

Leases

A lease that transfers substantially all of the benefits and risks of ownership is classified as a capital lease. At the inception of a capital lease, an asset and a payment obligation are recorded at an amount equal to the lesser of the present value of the minimum lease payments and the property's fair market value. Assets under capital leases are amortized on a declining balance basis, over their estimated useful lives. All other leases are accounted for as operating leases and rental payments are expensed as incurred.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies (continued)

Leases (continued)

An agreement contains a lease where the arrangement conveys a right to use the underlying tangible asset, and whereby its fulfillment is dependent on the use of the specific tangible asset. After the inception of the arrangement, a reassessment of whether the arrangement contains a lease is made only in the event that:

- there is a change in contractual terms;
- a renewal option is exercised or an extension is agreed upon by the parties to the arrangement;
- there is a change in the determination of whether the fulfillment of the arrangement is dependent on the use of the specific tangible asset; or
- there is a substantial physical change to the specified tangible asset.

Deferred Contributions Related to Capital Assets

Deferred contributions related to capital assets represent the unamortized portion of contributed capital assets and restricted contributions that were used to purchase the Health Centre's capital assets. Recognition of these amounts as revenue is deferred to periods when the related capital assets are amortized.

Financial Instruments

The Health Centre classifies its financial instruments as either fair value or amortized cost. The Health Centre's accounting policy for each category is as follows:

Fair Value

This category includes cash, cash equivalents and derivatives.

They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when realized they are transferred to the statement of operations.

Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restrictions has been met.

Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the Summary Statement of Operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the Summary Statement of Operations.

The Health Centre does not have any remeasurement gains or losses. As a result, the financial statements do not include a statement of remeasurement gains and losses.

Amortized Cost

This category includes accounts receivable, accounts payable, accrued liabilities and amounts due to OH North/MOH/other agencies. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the Summary Statement of Operations.

Retirement, Post-Employment Benefits and Compensated Absences

The Health Centre provides defined retirement, post-employment benefits and compensated absences to certain employee groups. These benefits include pension, health and dental and vesting sick leave. The Health Centre has adopted the following policies with respect to accounting for these employee benefits:

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies (continued)

Retirement, Post-Employment Benefits and Compensated Absences (continued)

- i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the year.
- iii) The cost of vesting sick leave benefits are determined by management based on the employee's current pay rate and their accumulated time. The adjustments to these costs each year are based on salary increases or fluctuations in accumulated time and are reflected in the expenses for the year.
- iv) The discount rate used in the determination of the above mentioned liabilities is equal to the Health Centre's internal rate of borrowing.

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards 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.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary.

Accounts payable and accruals are estimated based on historical charges for unbilled goods and services at year-end.

Deferred contributions related to capital assets and capital asset amortization are based on the estimated useful lives of capital assets.

Employee future benefits are based on actuarial valuations.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are reported in excess of revenue over expenses in the periods in which they become known.

2. Cash

Dryden Regional Health Centre's bank account is held at one chartered bank. In the normal course of operations, the Health Centre is exposed to credit risk from having bank account balances over the amounts insured by the Canadian Deposit Insurance Corporation. The bank account earns interest at prime less 1.75%.

The Health Centre temporarily increased the overall credit facility to \$2,000,000, up to April 30, 2025, after which the overall credit facility will revert back to \$1,000,000. The credit facility includes a revolving line of credit bearing interest at prime (2025 - 4.95%; 2024 - 7.20%), repayable on demand, and corporate Visas repayable on demand and in accordance with standard terms and conditions. The credit facilities were not used at year end.

3. Accounts Receivable

	2025	2024
Ministry of Health	\$ 2,078,988	\$ 1,354,580
Insurers and Patients	464,015	382,508
Other	2,619,629	1,532,431
Less: Allowance for Doubtful Accounts	(192,980)	-
	<u>\$ 4,969,652</u>	<u>\$ 3,269,519</u>

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

4. Inventories

	Balance as at		Balance as at	
	April 1, 2024	Purchases	Expensed	March 31, 2025
Drugs	\$ 572,238	\$ 3,314,868	\$ 3,107,291	\$ 779,815
Medical and Surgical Supplies	139,643	1,512,909	1,516,351	136,201
Other	32,178	701,831	700,088	33,921
	<u>\$ 744,059</u>	<u>\$ 5,529,608</u>	<u>\$ 5,323,730</u>	<u>\$ 949,937</u>

5. Capital Assets

	2025		2024	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 193,010	\$ -	\$ 193,010	\$ -
Paving	561,928	561,928	561,928	561,928
Buildings	28,984,610	20,754,547	28,984,610	20,269,772
Building Service Equipment	4,577,992	1,948,115	4,577,992	1,728,605
Work in Progress	1,233,679	-	1,072,119	-
Equipment	11,252,000	8,786,654	10,408,111	7,778,935
Information Systems Equipment and Software	775,143	773,382	287,236	283,714
Equipment under Capital Lease	-	-	775,949	775,949
	<u>\$47,578,362</u>	<u>\$ 32,824,626</u>	<u>\$ 46,860,955</u>	<u>\$31,398,903</u>
Net Book Value		<u>\$ 14,753,736</u>		<u>\$ 15,462,052</u>

During the year capital assets were acquired with an aggregate cost of \$717,407 (2024 - \$1,542,805) using government grants and funding of \$299,945, donations of \$315,812, and operating cash of \$101,650.

6. Medical Records System Upgrade

Through a collaboration with twelve (12) hospitals in the north west region, the Health Centre initiated a project to upgrade the primary electronic medical record. This project is being led by Thunder Bay Regional Health Sciences Centre (TBRHSC). As the project lead, TBRHSC has legal ownership of the capital assets associated with the project. All remaining participating hospitals have entered into a contract with TBRHSC which obligates each respective hospital to pay for the unfunded share of the project. The Health Centre's share of the project is approximately 4.1% of total project costs. It is estimated that this project will take two years to complete with an estimated total cost to Dryden Regional Health Centre of \$4,395,097. As of March 31, 2025 the Health Centre's share of the unfunded project costs, which is reported as long-term debt, is \$502,202.

To fund the project, TBRHSC has entered into interim financing which is repayable at interest only. On completion of the project, this will be converted to permanent financing with fixed payments over a term of 15 - 20 years. During the interim financing period, the Health Centre is obligated to pay on its amount due to the TBRHSC at amounts equal to its share of the monthly interest payments incurred by TBRHSC. On conversion of the financing to permanent financing, the Health Centre will be obligated to pay down its due to the TBRHSC at amounts equal to their proportionate share of the fixed monthly payment of the TBRHSC's loan.

As the project is under development, costs are being accumulated as prepaid EMR system costs on the balance sheet. Once the electronic medical record is operational, these costs will be amortized over the life of the service contract, which is anticipated to be 10 years.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

7. Accounts Payable

	2025	2024
Trade	\$ 2,150,982	\$ 1,610,998
Accrued Salaries and Benefits	2,620,161	2,270,497
Due to DRHC Foundation	6,366	2,300
Ministry of Health		
Ontario Health North	-	17,773
Community Mental Health and Case Management Programs	1,044,887	1,031,627
Supportive Housing Program	65,357	65,357
Family Health Team	257,350	257,350
Primary Care Nurse Practitioner Program	666,887	666,887
Hospital Infrastructure Renewal Fund	242,836	256,320
Small Hospital Transformation Fund	233,928	233,928
Visiting Specialist Program	14,609	14,609
Ministry of Finance - Ambulance Co-Payment	17,475	17,535
	<u>\$ 7,320,838</u>	<u>\$ 6,445,181</u>

8. Due to/from Related Parties

Dryden Regional Health Centre exercises significant influence over Kenora-Rainy River Regional Laboratory Program Inc. (the Organization) by virtue of its ability to appoint some of the Organization's Board of Directors. Prior to March 31, 2024, the operations of Kenora-Rainy River Regional Laboratory Program Inc. were included as part of the day-to-day operations of Dryden Regional Health Centre. The Regional Lab Program did not maintain its own bank account, therefore all cash transactions of the Regional Lab Program were administered by Dryden Regional Health Centre. As well, all accounts receivable, accounts payable, and payroll functions were the responsibility of those departments of Dryden Regional Health Centre. All transactions were recorded through an inter-fund account on the books of both Kenora-Rainy River Regional Laboratory Program Inc. and Dryden Regional Health Centre. As of March 31, 2024, KRRRLP has taken over all bookkeeping processes and the day-to-day operations are no longer included in Dryden Regional Health Centre's financial records.

Related party transactions (unless otherwise noted) are in the normal course of operations and are measured at the exchange value (the amount of consideration established and agreed to by the related parties), which approximates the arm's length equivalent value for provision of services.

At the end of the year, the amounts due to/from related parties are as follows:

	2025	2024
Due to Kenora-Rainy River Regional Laboratory Program Inc.	<u>\$ (265,835)</u>	<u>\$ (265,855)</u>

The amounts due to/from the related parties are due on demand, interest free, and fluctuate based on operating cash flows.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

9. Deferred Contributions

Deferred contributions represent unspent externally restricted funding that has been received and relates to a subsequent year. Changes in the contributions deferred to future periods are as follows:

	2025	2024
Balance, beginning of year	\$ 481,835	\$ 536,832
Contributions received during the year	558,386	461,436
Contributions utilized during the year	(279,850)	(516,433)
Balance, end of year	<u>\$ 760,371</u>	<u>\$ 481,835</u>

Deferred contributions are comprised of:

	2025	2024
End of Life Program	\$ 4,166	\$ 4,166
Quality Improvement & Innovation Partnership	28,082	28,082
RBC Nursing	-	7,500
Staff for Staff Committee	20,903	11,540
OCAN/Treat Project	29,106	(90,078)
KDSB HFG Funding	168,134	139,939
RBC Foundation	20,000	20,000
OHIP Professional Fees	3,106	3,106
National Research	5,000	5,000
Adam Moir Medical Prof Corp	2,524	2,524
Firefly Funding	108,269	124,745
BPSO - RNAO	106,000	106,000
Cultural Sensitivity Training	35,715	35,715
Mobile Crisis Response Team	77,432	66,846
Nursing Education OR	15,750	14,750
Other	136,184	2,000
	<u>\$ 760,371</u>	<u>\$ 481,835</u>

10. Post-Employment Benefits and Compensated Absences Liability

The following tables outline the components of the Health Centre's post-employment benefits and compensated absences liabilities and the related expenses.

	2025			2024		
	Post Employment Benefits	Vesting Sick Leave	Total Liability	Post Employment Benefits	Vesting Sick Leave	Total Liability
Accrued benefit obligation	\$ 806,200	\$ 39,571	\$ 845,771	\$ 754,600	\$ 47,252	\$ 801,852
Unamortized actuarial gain (loss)	(201,200)	-	(201,200)	(189,000)	-	(189,000)
Total Liability	<u>\$ 605,000</u>	<u>\$ 39,571</u>	<u>\$ 644,571</u>	<u>\$ 565,600</u>	<u>\$ 47,252</u>	<u>\$ 612,852</u>
	2025			2024		
	Post Employment Benefits	Vesting Sick Leave	Total Expense	Post Employment Benefits	Vesting Sick Leave	Total Expense
Current year benefits costs	\$ 55,500	\$ (7,681)	\$ 47,819	\$ 57,600	\$ -	\$ 57,600
Amortized actuarial losses	14,400	-	14,400	23,300	-	23,300
Interest on accrued benefit obligation	37,300	-	37,300	39,100	-	39,100
Employee contributions	(67,800)	-	(67,800)	(66,100)	-	(66,100)
	<u>\$ 39,400</u>	<u>\$ (7,681)</u>	<u>\$ 31,719</u>	<u>\$ 53,900</u>	<u>\$ -</u>	<u>\$ 53,900</u>

Above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), a multi-employer plan, described below.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

10. Post-Employment Benefits and Compensated Absences Liability (Continued)

Retirement Benefits

Substantially all of the full-time employees and some of the part-time employees are members of HOOPP. The plan is a multi-employer plan and therefore the Health Centre's contributions are accounted for as if the plan were a defined contribution plan with the Health Centre's contributions being expensed in the period they become due. Contributions made to the plan during the year by the Health Centre amounted to \$1,558,335 (2024 - \$1,445,759).

Post-Employment Benefits

The Health Centre extends post-employment life insurance, health and dental benefits to certain employee groups subsequent to their retirement. The Health Centre recognizes these benefits as they are earned during the employee's tenure of service. The related benefit liability was determined by an actuarial valuation study.

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2025 of the future benefits was determined using a discount rate of 4.40% (2024 - 4.80%).

b) Extended Health Care Trend Rates

Extended health care costs were 5.5% one year after the full valuation date and decreasing by 0.10% per annum to an ultimate rate of 4.0% per year.

c) Dental Costs

Dental costs were assumed to increase at 4.0% per annum.

Vesting Sick Leave

The Health Centre allocates to one employee group a specified number of days each year for use as compensated absences in the event of illness or injury. Employees are permitted to accumulate their unused allocation each year, up to the allowable maximum provided in their employment agreements. Accumulated days may be used in future years to the extent that the employee's illness or injury exceeds the current year's allocation of days. Sick days are paid out at the salary in effect at the time of usage. The related benefit liability was determined by management.

For this employee group, these sick days vest and are eligible for cash reimbursement upon retirement up to a prescribed maximum described in their employment agreements.

To value the vesting sick leave, management used the current salary rates for the employees affected and their current accumulated balances to estimate the liability as of March 31, 2025.

11. Deferred Capital Contributions

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2025	2024
Balance, beginning of the year	\$ 9,909,590	\$ 9,317,451
Grants received during the year	647,413	1,465,226
Amortization	(846,373)	(873,087)
Balance, end of the year	\$ 9,710,630	\$ 9,909,590

As at March 31, 2025 there was \$1,199,496 (2024 - \$1,122,134) of deferred capital contributions received which were not yet utilized.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

12. Net Assets Invested in Capital Assets

a) Investment in capital assets is calculated as follows:

	2025	2024
Capital Assets	\$ 14,753,736	\$ 15,462,052
Amounts financed by Capital Lease	-	(16,676)
Amounts financed by Utilized Deferred Contributions (\$9,710,630 Total Deferred Contributions)	(8,511,134)	(8,813,024)
	<u>\$ 6,242,602</u>	<u>\$ 6,632,352</u>

b) The change in net assets invested in capital assets is calculated as follows:

	2025	2024
Excess (deficiency) of revenue over expenses:		
Amortization of Deferred Grants and Donations related to:		
Equipment/Software Licences	347,253	\$ 250,465
Buildings	499,120	622,622
Amortization related to:		
Equipment/Software Licences	(721,438)	(700,488)
Buildings	(704,284)	(802,509)
	<u>(579,349)</u>	<u>(629,910)</u>

Net change in investment in capital assets:

	2025	2024
Purchase of Capital Assets	\$ 717,407	\$ 1,542,805
Repayment of Capital Lease	16,676	91,690
Amounts funded by Deferred Grants and Donations	(544,484)	(780,019)
	<u>189,599</u>	<u>854,476</u>
	<u>\$ (389,750)</u>	<u>\$ 224,566</u>

13. Contingent Liability

Dryden Regional Health Centre has been in contact with their lawyers concerning a number of claims and possible claims. In the opinion of management, the outcome of the claims and possible claims, are not determinable. An estimate of the Health Centre's potential liability arising from these claims and possible claims cannot be made at this time.

14. Economic Dependence

The organization receives the majority of its funding from the Ministry of Health and is therefore economically dependent on its government department.

Dryden Regional Health Centre

Notes to Financial Statements

March 31, 2025

15. Financial Instrument Classification

The following table provides cost and fair value information of financial instruments by category. The maximum exposure to credit risk would be the carrying value as shown below.

2025			
	Fair Value	Amortized Cost	Total
Cash	\$ 2,430,638	\$ -	\$ 2,430,638
Accounts Receivable	-	4,969,652	4,969,652
Accounts Payable	-	(7,320,838)	(7,320,838)
Long-Term Debt	-	(502,202)	(502,202)
	<u>\$ 2,430,638</u>	<u>\$ (2,853,388)</u>	<u>\$ (422,750)</u>

2024			
	Fair Value	Amortized Cost	Total
Cash	\$ 2,939,897	\$ -	\$ 2,939,897
Accounts Receivable	-	3,269,519	3,269,519
Accounts Payable	-	(6,445,181)	(6,445,181)
Long-Term Debt	-	(107,654)	(107,654)
	<u>\$ 2,939,897</u>	<u>\$ (3,283,317)</u>	<u>\$ (343,420)</u>

The following table provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Level 1 to Level 3 based on the degree to which the fair value is observable:

Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price;

Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and

Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

2025				
	Level 1	Level 2	Level 3	Total
Cash	\$ 2,430,638	\$ -	\$ -	\$ 2,430,638

2024				
	Level 1	Level 2	Level 3	Total
Cash	\$ 2,939,897	\$ -	\$ -	\$ 2,939,897

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2025 and 2024. There were also no transfers in or out of Level 3.

Dryden Regional Health Centre Notes to Financial Statements

March 31, 2025

16. Financial Instrument Risk

Credit Risk

Credit risk is the risk of financial loss to the Health Centre if a debtor fails to make payments of interest and principal when due. The Health Centre is exposed to this risk relating to its cash, debt holdings in its investment portfolio and accounts receivable. The Health Centre holds its cash accounts with a federally regulated chartered bank which is insured by the Canadian Deposit Insurance Corporation. In the event of default, the Health Centre's cash accounts are insured up to \$100,000.

Accounts receivable are primarily due from OHIP, the Ministry of Health and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Health Centre measures its exposure to credit risk based on how long the amounts have been outstanding. Accounts received that are not considered to be collectible are written off at year-end based on the Hospital's historical experience regarding collections. The amounts outstanding at year end were as follows:

		2025					
				Past Due			
		Total	Current	1-30	31-60	61-90	91 +
MOH/OH North	\$	2,078,988	\$ 2,078,988	\$ -	\$ -	\$ -	\$ -
Insurers and Patients		464,015	27,936	116,625	96,723	24,614	198,117
Less: AFDA		(192,980)	-	-	-	-	(192,980)
Other		2,619,629	2,598,255	3,496	4,086	7	13,785
	\$	4,969,652	\$ 4,705,179	\$ 120,121	\$ 100,809	\$ 24,621	\$ 18,922
		2024					
				Past Due			
		Total	Current	1-30	31-60	61-90	91 +
MOH/OH North	\$	1,354,580	\$ 1,354,580	\$ -	\$ -	\$ -	\$ -
Insurers and Patients		382,508	27,612	94,330	66,406	33,196	160,964
Other		1,532,431	1,505,574	13,893	(929)	109	13,784
	\$	3,269,519	\$ 2,887,766	\$ 108,223	\$ 65,477	\$ 33,305	\$ 174,748

The amounts aged greater than 90 days owing from patients that have not had a corresponding impairment allowance setup against them are collectible based on the Health Centre's past experience. Management has reviewed the individual balances based on the credit quality of the debtors and their past history of payment. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include include three types of risk: interest rate risk, currency risk and equity risk. The Health Centre is not exposed to significant currency or equity risk as it does not transact materially in foreign currency.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Interest Rate Risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Health Centre is exposed to this risk through its capital leases.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Dryden Regional Health Centre
Notes to Financial Statements

March 31, 2025

16. Financial Instrument Risk (continued)

Liquidity Risk

Liquidity risk is the risk that the Health Centre will not be able to meet all cash outflow obligations as they come due. The Health Centre mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near-term if unexpected cash outflows arise. The following table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

		Accounts payable			
		Within	6 months		
		6 months	to 1 year	1-5 years	> 5 years
2025	\$	7,320,838	\$ -	\$ -	\$ -
2024	\$	6,445,181	\$ -	\$ -	\$ -

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Dryden Regional Health Centre
Schedule 1 - Other Revenue
(Unaudited)

For the year ended March 31,	2025	2024
Inpatient Revenue		
Non-Residents of the Province	\$ 49,900	\$ 127,825
Non-Residents of Canada	26,350	3,100
Workplace Safety & Insurance Board	4,703	1,099
Insured/Uninsured Residents	5,564	39,669
	86,517	171,693
Outpatient Revenue		
Ontario Health Insurance Plan	1,126,872	1,004,925
Federal Government	(1,026)	359
Non-Residents of the Province	174,563	211,736
Non-Residents of Canada	113,530	74,975
Workplace Safety & Insurance Board	43,123	35,767
Insured/Uninsured Residents	14,451	48,371
Ambulance	52,875	53,190
	1,524,388	1,429,323
Co-Payment Revenue		
Alternate Level of Care Patients	33,336	57,479
Differential Revenue		
Acute Care Patients	10,610	21,150
Recoveries		
Non-Patient Food Services	171,010	151,817
CCAC Contract for Therapeutic Services	340,409	315,547
Investment Revenue	102,720	142,669
Compensation and Services	1,600,452	1,625,124
Materials	377,194	84,264
Rentals	294,348	235,680
Oncology Drug Cost	2,159,399	1,756,579
Miscellaneous	9,772	34,207
	5,055,304	4,345,887
Total Other Revenue	\$ 6,710,155	\$ 6,025,532

Dryden Regional Health Centre
Schedule 2 - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2025	2024
Community Mental Health Programs		
Revenue		
Ministry of Health Base Allocation	\$ 1,864,516	\$ 1,563,147
Compensation & Services Recovery	1,850	-
Total Revenue	1,866,366	1,563,147
Operating Expenses		
Salaries and Wages	1,309,353	1,368,535
Employee Benefits	345,778	275,131
Sessional Fees	25,288	27,000
Supplies and Other Expenses	169,688	209,319
Rent and Utilities	10,238	75,203
Total Operating Expenses	1,860,345	1,955,188
Net Revenue (Expense) Before Amount Repayable	6,021	(392,041)
Amount Repayable to Ministry of Health	(6,320)	-
Net Expense	\$ (299)	\$ (392,041)
Community Addictions Programs		
Revenue		
Ministry of Health Base Allocation	\$ 784,521	\$ 853,352
Operating Expenses		
Salaries and Wages	304,748	381,081
Employee Benefits	45,243	54,311
Sessional Fees	-	1,343
Supplies and Other Expenses	202,934	225
Rent and Utilities	224,661	6,265
Total Operating Expenses	777,586	443,225
Net Revenue Before Amount Repayable	6,935	410,127
Amount Repayable to Ministry of Health	(6,940)	-
Net Revenue (Expense)	\$ (5)	\$ 410,127
Community Problem Gambling Program		
Revenue		
Ministry of Health Base Allocation	\$ 86,893	\$ 87,211
Operating Expenses		
Salaries and Wages	75,470	82,048
Employee Benefits	11,434	23,257
Total Operating Expenses	86,904	105,305
Net Expense	\$ (11)	\$ (18,094)

Dryden Regional Health Centre
Schedule 2 (Continued) - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2025	2024
Community Supportive Housing Program		
Revenue		
Ministry of Health Base Allocation	\$ 59,442	\$ 55,207
Operating Expenses		
Rent Supplement	65,821	56,719
Net Expense	<u>\$ (6,379)</u>	<u>\$ (1,512)</u>
Family Health Team		
Revenue		
Ministry of Health Base Allocation	\$ 2,055,840	\$ 2,055,840
Services Recovery	3,397	8,668
Total Revenue	<u>2,059,237</u>	<u>2,064,508</u>
Operating Expenses		
Salaries and Benefits	1,825,291	1,742,045
Supplies and Other Expenses	295,580	313,795
Total Operating Expenses	<u>2,120,871</u>	<u>2,055,840</u>
Net Revenue (Expense)	<u>\$ (61,634)</u>	<u>\$ 8,668</u>
Municipal Taxes		
Revenue		
Ministry of Health Base Allocation	\$ 3,075	\$ -
Operating Expenses		
Municipal Taxes	3,075	2,483
Net Revenue (Expense)	<u>\$ -</u>	<u>\$ (2,483)</u>
Primary Care Nurse Practitioner		
Revenue		
Ministry of Health Base Allocation	\$ 175,050	\$ 177,589
Operating Expenses		
Salaries	163,027	157,513
Benefits	15,106	20,076
Supplies	-	-
Total Operating Expenses	<u>178,133</u>	<u>177,589</u>
Net Revenue (Expense)	<u>\$ (3,083)</u>	<u>\$ -</u>

Dryden Regional Health Centre
Schedule 2 (Continued) - Other Votes and Programs
(Unaudited)

For the year ended March 31,	2025	2024
Mobile Crisis Response Team		
Revenue		
Ministry of Solicitor General	\$ 98,500	\$ 23,154
Operating Expenses		
Salaries and Benefits	98,270	21,673
Supplies and Other Expenses	230	1,481
Total Operating Expenses	98,500	23,154
Net Revenue	\$ -	\$ -

Dryden Regional Health Centre
Schedule 3 - Salaries and Wages
(Unaudited)

For the year ended March 31,	2025	2024
Salaries and Wages		
Patient Care		
Inpatient Wards	\$ 4,896,426	\$ 4,515,535
Operating Room	1,228,916	1,006,248
Ambulatory Care	2,834,434	3,070,238
Clinical Laboratory	931,755	875,662
Diagnostic Imaging	797,281	696,720
Diabetes Education	234,411	232,658
Therapeutic Services	1,394,877	1,377,816
Housing Case Management	29,716	81,075
Child and Youth Services	67,649	69,486
Total Patient Care	12,415,465	11,925,438
Support Services		
General Administration	2,657,116	2,413,971
Physical Plant	427,213	336,135
Environmental Services	779,357	732,269
Food Services	601,092	577,960
Patient Information	671,301	561,538
Marketed Services	282,323	238,732
Materials Management	355,287	350,079
Ontario Health Team	163,736	-
Total Support Services	5,937,425	5,210,684
Total Salaries and Wages	\$ 18,352,890	\$ 17,136,122

Dryden Regional Health Centre
Schedule 4 - Employee Benefits
(Unaudited)

For the year ended March 31,	2025	2024
Employee Benefits		
Canada Pension Plan	\$ 793,087	\$ 682,929
Hospital Pension Plan	1,428,597	1,311,117
Employment Insurance	267,525	237,709
Workplace Safety & Insurance Board	226,429	181,840
Long-Term Disability Insurance	250,438	252,243
Employer Health Tax	353,202	306,046
Semi-Private Insurance	20,723	12,634
Extended Health Care Insurance	373,104	298,611
Dental Insurance	216,391	138,217
Group Life and Accidental Death & Dismemberment	64,485	56,971
EAP Program	29,039	-
Benefit and Vacation % in Lieu	554,175	506,642
Total Employee Benefits	\$ 4,577,195	\$ 3,984,959

Dryden Regional Health Centre
Schedule 5 - Medical Staff Remuneration
(Unaudited)

For the year ended March 31,	2025	2024
Medical Staff Remuneration		
Honorariums	\$ 1,236,471	\$ 959,897
Emergency Physician Group	1,723,915	1,294,670
Hospital On Call Coverage	642,535	608,497
Assault & Domestic Violence	5,000	5,000
Clinical Laboratory	64,520	9,179
Diagnostic Imaging	973,835	875,442
Total Medical Staff Remuneration	\$ 4,646,276	\$ 3,752,685

Dryden Regional Health Centre
Schedule 6 - Supplies and Other Expenses
(Unaudited)

For the year ended March 31,	2025	2024
Supplies and Other Expenses		
Patient Care		
Inpatient Wards	\$ 87,949	\$ 103,420
Operating Room	148,405	92,619
Ambulatory Care	404,094	214,393
Clinical Laboratory	666,027	628,354
Diagnostic Imaging	337,624	318,462
Diabetes Education	846	7,269
Therapeutic Services	187,419	328,064
Total Patient Care	1,832,364	1,692,581
Support Services		
General Administration	2,122,088	1,647,831
Health System Development	297,448	252,282
Physical Plant	1,531,495	993,830
Environmental Services	133,719	110,588
Food Services	474,911	493,035
Patient Information	38,966	62,118
Marketed Services	106,249	133,379
Materials Management	170,275	196,506
Ontario Health Team	665,889	-
Total Support Services	5,541,040	3,889,569
Total Supplies and Other Expenses	\$ 7,373,404	\$ 5,582,150

Dryden Regional Health Centre
Schedule 7 - Diabetes Education Program
(Unaudited)

For the year ended March 31,	2025	2024
Revenue		
Ministry of Health Base Allocation	<u>\$ 237,397</u>	<u>\$ 237,397</u>
Operating Expenses		
Salaries and Wages	234,411	203,628
Employee Benefits	60,342	47,858
Supplies and Other Expenses	846	7,834
Rent and Utilities	-	7,000
Total Operating Expenses	<u>295,599</u>	<u>266,320</u>
Net Expense	<u><u>\$ (58,202)</u></u>	<u><u>\$ (28,923)</u></u>