

**Dryden Regional Health Centre**  
**Financial Statements**  
*March 31, 2022*

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# Dryden Regional Health Centre

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For the year ended March 31, 2022

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## Management's Responsibility for Financial Reporting

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### To the Audit Committee of Dryden Regional Health Centre:

The accompanying financial statements of the Dryden Regional Health Centre and all the information provided in this annual report are the responsibility of management and have been approved by the Board of Directors.

The financial statements have been prepared by management in accordance with Canadian public sector accounting principles. Financial statements are not precise since they include certain amounts based on estimates and judgements. When alternative accounting methods exist, management has chosen those it deems appropriate in the circumstances, in order to ensure their financial statements are presented fairly, in all material respects.

The Health Centre maintains systems of internal accounting and administrative controls of high quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and the Health Centre's assets are appropriately accounted for and adequately safeguarded.

The Board of Directors are responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements.

The Board of Directors review the Health Centre's financial statements and recommend their approval. The Board of Directors meet periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities, and to review the annual report, the financial statements and the external auditors' report. The Board of Directors takes this information into consideration when approving the financial statements for issuance to the members. The Board of Directors also considers the engagement of the external auditors.

The financial statements have been audited by MNP LLP in accordance with Canadian generally accepted auditing standards on behalf of the members. MNP LLP has full access to the Board of Directors.

June 27, 2022



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Board Chair



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Chief Executive Officer

To the Board of Directors of Dryden Regional Health Centre:

### 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, 2022, 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, the accompanying financial statements present fairly, in all material respects, the financial position of the Health Centre as at March 31, 2022, and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### Basis for Opinion

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

### Other Matter

The 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 27, 2022

**MNP LLP**

Chartered Professional Accountants

Licensed Public Accountants

**Dryden Regional Health Centre**  
**Statement of Financial Position**

<b>As at March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Current Assets</b>		
Cash (Note 2)	\$ 3,843,018	\$ 766,980
Accounts Receivable (Note 3)	3,077,464	5,045,258
Inventories (Note 4)	518,642	543,755
Prepaid Expenses	314,587	301,183
Other Current Assets	302,276	235,125
<b>Total Current Assets</b>	<b>8,055,987</b>	<b>6,892,301</b>
<b>Non-Current Assets</b>		
Capital Assets (Note 5)	15,686,885	16,219,885
<b>Total Assets</b>	<b>\$ 23,742,872</b>	<b>\$ 23,112,186</b>
<b>Current Liabilities</b>		
Accounts Payable (Note 6)	\$ 5,598,105	\$ 5,511,750
Due to Related Parties (Note 13)	161,500	176,326
Deferred Contributions (Note 7)	508,916	450,256
Current Portion of Capital Lease Payable (Note 8)	100,031	100,031
Current Portion of Long-term Debt (Note 9)	152,458	147,222
<b>Total Current Liabilities</b>	<b>6,521,010</b>	<b>6,385,585</b>
<b>Long-Term Liabilities</b>		
Post-Employment Benefits and Compensated Absences Liability (Note 10)	503,345	439,545
Capital Lease (Note 8)	108,366	208,397
Long-Term Debt (Note 9)	238,914	391,372
Deferred Capital Contributions (Note 11)	9,481,723	9,450,243
<b>Total Long-Term Liabilities</b>	<b>10,332,348</b>	<b>10,489,557</b>
<b>Contingent Liability (Note 14)</b>		
<b>Net Assets</b>		
Invested in Capital Assets (Note 12)	6,389,554	6,718,936
Unrestricted	499,961	(481,892)
<b>Closing Net Assets Balance</b>	<b>6,889,515</b>	<b>6,237,044</b>
<b>Total Liabilities and Net Assets Balance</b>	<b>\$ 23,742,873</b>	<b>\$ 23,112,186</b>

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**

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 20,029,565	\$ 19,593,465
Ministry of Health Pandemic Funding (Note 16)	1,947,970	1,798,776
Bundled Care (Quality Based Funding)	1,721,350	2,080,577
One-Time Payments	45,121	94,174
Paymaster for VSP Funding	233,682	204,323
Hospital On Call Coverage Funding	585,441	585,441
Alternate Funding Agreement Program Funding	1,443,977	1,633,029
Cancer Care Ontario Funding	125,554	131,869
Other Revenue (Schedule 1)	4,438,411	3,731,219
Amortization of Equipment Grants/Donations	159,043	112,026
<b>Total Revenue</b>	<b>30,730,114</b>	<b>29,964,899</b>
<b>Expenses</b>		
Salaries and Wages (Schedule 3)	14,344,493	14,249,964
Employee Benefits (Schedule 4)	3,437,563	3,292,725
Employee Benefits Future Costs (Note 10)	74,300	2,100
Medical Staff Remuneration (Schedule 5)	3,294,777	3,252,425
Supplies and Other Expenses (Schedule 6)	5,114,659	5,067,106
Medical and Surgical Supplies (Note 4)	1,092,410	1,174,613
Drugs (Note 4)	1,353,492	1,238,405
Amortization of Equipment	626,985	608,359
Bad Debts	140,855	151,488
Transfer to Kenora Rainy River Regional Lab Program (Note 13)	243,834	241,420
<b>Total Expenses</b>	<b>29,723,368</b>	<b>29,278,605</b>
<b>Surplus of Revenue over Expenses from Hospital Operations</b>	<b>1,006,746</b>	<b>686,294</b>
<b>Other Items</b>		
Amortization of Building Grants/Donations	562,014	615,427
Amortization of Land Improvements and Building	(879,830)	(937,746)
Ministry of Health Working Funds Initiative	-	1,194,800
Interest on Long-term Liabilities	(16,504)	(21,560)
	<b>(334,320)</b>	<b>850,921</b>
<b>Other Votes and Programs - Revenues (Schedule 2)</b>	<b>4,696,912</b>	<b>4,388,320</b>
<b>Other Votes and Programs - Expenses (Schedule 2)</b>	<b>(3,460,646)</b>	<b>(3,951,351)</b>
<b>Other Votes and Programs - Provisions for Recovery (Schedule 2)</b>	<b>(1,256,221)</b>	<b>(464,299)</b>
	<b>(19,955)</b>	<b>(27,330)</b>
<b>Surplus of Revenue Over Expenses for the Year</b>	<b>\$ 652,471</b>	<b>\$ 1,509,885</b>

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, 2022**

	Invested in Capital Assets	Unrestricted	2022 Total
Balance, beginning of year	\$ 6,718,936	\$ (481,892)	\$ 6,237,044
Excess (deficiency) of revenue over expenses for the year (Note 12)	(785,758)	1,438,229	652,471
Net changes in investment in capital assets (Note 12)	456,376	(456,376)	-
Balance, end of year	<u>\$ 6,389,554</u>	<u>\$ 499,961</u>	<u>\$ 6,889,515</u>

**For the year ended March 31, 2021**

	Invested in Capital Assets	Unrestricted	2021 Total
Balance, beginning of year	\$ 7,353,758	\$ (2,626,599)	\$ 4,727,159
Excess (deficiency) of revenue over expenses for the year (Note 12)	(818,652)	2,328,537	1,509,885
Net changes in investment in capital assets (Note 12)	183,830	(183,830)	-
Balance, end of year	<u>\$ 6,718,936</u>	<u>\$ (481,892)</u>	<u>\$ 6,237,044</u>

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



**Dryden Regional Health Centre**  
**Statement of Cash Flows**

<b>March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Cash Provided By (Used In) Operating Activities</b>		
Surplus of Revenue over Expenses for the year	\$ 652,471	\$ 1,509,885
Items not involving cash		
Amortization	1,506,815	1,546,105
Amortization of Deferred Capital Contributions	(721,057)	(727,453)
	<u>1,438,229</u>	<u>2,328,537</u>
<b>Changes in Non-Cash Working Capital Balances</b>		
Accounts Receivable	1,967,794	(3,557,969)
Inventory	25,113	11,497
Prepaid Expenses	(13,404)	11,903
Other Current Assets	(67,151)	(140,312)
Accounts Payable	86,355	475,530
Deferred Contributions	58,660	112,251
Post-Employment Benefits	63,800	(1,306)
	<u>2,121,167</u>	<u>(3,088,406)</u>
	<u>3,559,396</u>	<u>(759,869)</u>
<b>Financing Activities</b>		
Capital Lease Payments	(100,031)	(100,031)
Repayment of Long-Term Debt	(147,222)	(142,165)
Due to Related Parties	(14,826)	47,733
	<u>(262,079)</u>	<u>(194,463)</u>
<b>Capital Activities</b>		
Purchase of Capital Assets	(973,816)	(313,800)
Contributions Received for Capital Activities	752,537	68,101
	<u>(221,279)</u>	<u>(245,699)</u>
Increase (Decrease) in Cash and Equivalents	3,076,038	(1,200,031)
Cash, Beginning of year	766,980	1,967,011
Cash, End of year	<u>\$ 3,843,018</u>	<u>\$ 766,980</u>
<b>Supplemental Disclosure</b>		
Interest Received	\$ 19,949	\$ 8,900
Interest Paid	\$ 16,504	\$ 21,560

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

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# Dryden Regional Health Centre

## Notes to Financial Statements

March 31, 2022

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### 1. Significant Accounting Policies

#### Nature and Purpose of Organization

Dryden Regional Health Centre (the "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

- Community Mental Health Programs
- Community Addictions Programs
- Community Problem Gambling Program
- Community Supportive Housing Program
- Primary Care Nurse Practitioner Program

#### Other

- Dryden Area Family Health Team
- Municipal Taxes

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.

# Dryden Regional Health Centre

## Notes to Financial Statements

March 31, 2022

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### 1. Significant Accounting Policies (continued)

#### 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 Local Health Integration Network ("LHIN"). The Health Centre has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2022 with the MOH and LHIN 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/LHIN. 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/LHIN has the right to adjust funding received by the Health Centre. The MOH/LHIN 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/LHIN funding received by the Health Centre during the year may be increased or decreased subsequent to year end.

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.

**March 31, 2022**

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**1. Significant Accounting Policies (continued)**

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.

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.

**March 31, 2022**

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**1. Significant Accounting Policies (continued)**

*Fair Value (continued)*

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 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 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 LHIN/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 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:

- 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.

# Dryden Regional Health Centre

## Notes to Financial Statements

**March 31, 2022**

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### 1. Significant Accounting Policies (continued)

#### 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 has an overall credit facility of \$1,000,000, including a revolving line of credit bearing interest at prime, 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

	2022	2021
Ministry of Health	\$ 1,559,552	\$ 3,990,208
Insurers and Patients	425,852	374,776
Other	1,092,060	680,274
	\$ 3,077,464	\$ 5,045,258

### 4. Inventories

	Balance as at April 1, 2021	Purchases	Expensed	Balance as at March 31, 2022
Drugs	\$ 356,302	\$ 1,342,266	\$ 1,353,492	\$ 345,076
Medical and Surgical Supplies	159,769	1,075,990	1,092,410	143,349
Other	27,684	556,499	553,966	30,217
	\$ 543,755			\$ 518,642

**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

**5. Capital Assets**

	2022		2021	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 193,010	\$ -	\$ 193,010	\$ -
Paving	561,928	559,715	561,928	557,833
Buildings	28,984,610	19,063,876	28,984,610	18,349,321
Building Service Equipment	3,739,060	1,305,494	3,739,060	1,142,099
Work in Progress	610,382	-	235,508	-
Equipment	8,385,174	6,063,538	8,274,139	6,026,252
Information Systems Equipment	287,236	281,953	287,236	280,192
Equipment under Capital Lease	775,949	575,888	775,949	475,858
	<b>\$43,537,349</b>	<b>\$ 27,850,464</b>	<b>\$43,051,440</b>	<b>\$26,831,555</b>
Net Book Value		<b><u>\$ 15,686,885</u></b>		<b><u>\$ 16,219,885</u></b>

During the year capital assets were acquired with an aggregate cost of \$973,816 (2021 - \$313,800) using operating cash flows.

**6. Accounts Payable**

	2022	2021
Trade	\$ 1,816,337	\$ 1,676,654
Accrued Salaries and Benefits	1,844,698	2,413,106
Due to Kenora District Services Board	7,287	7,236
Due to Dryden Regional Health Services Foundation	-	2,000
Ministry of Health		
Community Mental Health and Case Management Programs	834,520	363,591
Supportive Housing Program	56,317	49,362
Family Health Team	257,350	365,367
Primary Care Nurse Practitioner Program	478,686	303,636
Hospital Infrastructure Renewal Fund	40,918	40,918
Small Hospital Transformation Fund	233,928	233,928
Visiting Specialist Program	14,609	43,967
Ministry of Finance - Ambulance Co-Payment	13,455	11,985
	<b><u>\$ 5,598,105</u></b>	<b><u>\$ 5,511,750</u></b>

**7. 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:

	2022	2021
Balance, beginning of year	\$ 450,256	\$ 338,005
Contributions received during the year	360,383	420,270
Contributions utilized during the year	(301,723)	(308,019)
Balance, end of year	<b><u>\$ 508,916</u></b>	<b><u>\$ 450,256</u></b>

**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

**7. Deferred Contributions (continued)**

Deferred contributions are comprised of:

	2022	2021
End of Life Program	\$ 4,166	\$ 4,166
Quality Improvement & Innovation Partnership	28,082	28,082
Still Me Program	-	-
Staff for Staff Committee	10,083	10,083
OCAN/Treat Project	58,466	39,522
KDSB HFG Funding	122,098	123,037
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	113,676	109,021
BPSO - RNAO	106,000	70,000
Cultural Sensitivity Training	35,715	35,715
	\$ 508,916	\$ 450,256

**8. Capital Lease**

Lease repayable at \$8,335.89 monthly, interest free, due April 2025.  
Lease is secured by asset with a carrying value of \$200,061.

	2022	2021
	\$ 208,397	\$ 308,428
Less current portion	100,031	100,031
	\$ 108,366	\$ 208,397

Repayment for the next three years:	2023	\$	100,031
	2024		100,031
	2025		8,335
		\$	208,397

**9. Long-Term Debt**

Loan, bearing interest fixed at 3.5%, repayable in blended monthly payments of \$13,643.81, maturing September 30, 2024. Loan is unsecured.

	2022	2021
	\$ 391,372	\$ 538,594
Less current portion	152,458	147,222
	\$ 238,914	\$ 391,372

Repayment for the next three years:	2023	\$	152,458
	2024		157,880
	2025		81,034
		\$	391,372



**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

**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.

	2022		
	Post Employment Benefits	Vesting Sick Leave	Total Liability
Accrued benefit obligation	\$ 855,700	\$ 48,045	\$ 903,745
Unamortized actuarial gain (loss)	(400,400)	-	(400,400)
<b>Total Liability</b>	<b>\$ 455,300</b>	<b>\$ 48,045</b>	<b>\$ 503,345</b>

	2021		
	Post Employment Benefits	Vesting Sick Leave	Total Liability
Accrued benefit obligation	\$ 901,700	\$ 58,545	\$ 960,245
Unamortized actuarial gain (loss)	(520,700)	-	(520,700)
<b>Total Liability</b>	<b>\$ 381,000</b>	<b>\$ 58,545</b>	<b>\$ 439,545</b>

	2022		
	Post Employment Benefits	Vesting Sick Leave	Total Expense
Current year benefits costs	\$ 65,700	\$ (10,500)	\$ 55,200
Amortized actuarial gains	35,500	-	35,500
Interest on accrued benefit obligation	27,200	-	27,200
Employee contributions	(54,100)	-	(54,100)
<b>Total</b>	<b>\$ 74,300</b>	<b>\$ (10,500)</b>	<b>\$ 63,800</b>

	2021		
	Post Employment Benefits	Vesting Sick Leave	Total Expense
Current year benefits costs	\$ 17,200	\$ (3,406)	\$ 13,794
Amortized actuarial losses	(12,500)	-	(12,500)
Interest on accrued benefit obligation	9,800	-	9,800
Employee contributions	(12,400)	-	(12,400)
<b>Total</b>	<b>\$ 2,100</b>	<b>\$ (3,406)</b>	<b>\$ (1,306)</b>

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

*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 \$1,209,135 (2021 - \$1,252,400).

*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.

**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

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

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2022 of the future benefits was determined using a discount rate of 4.00% (2021 - 3.00%).

b) Extended Health Care Trend Rates

Extended health care costs were assumed to increase at 6.00% per annum in 2022 and decrease by 0.25% per annum thereafter to an ultimate rate of 4.0%.

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, 2022.

**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.

	2022	2021
Balance, beginning of the year	\$ 9,450,243	\$ 10,109,595
Grants received during the year	752,537	68,101
Amortization	(721,057)	(727,453)
Balance, end of the year	\$ 9,481,723	\$ 9,450,243

As at March 31, 2022 there was \$392,789 (2021 - \$257,722) of deferred capital contributions received which were not yet utilized.

**12. Net Assets Invested in Capital Assets**

a) Investment in capital assets is calculated as follows:

	2022	2021
Capital Assets	\$ 15,686,885	\$ 16,219,885
Amounts financed by Capital Lease	(208,397)	(308,428)
Amounts financed by Utilized Deferred Contributions (\$9,481,723 Total Deferred Contributions)	(9,088,934)	(9,192,521)
	\$ 6,389,554	\$ 6,718,936

**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

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**12. Net Assets Invested in Capital Assets (continued)**

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

	2022	2021
Excess (deficiency) of revenue over expenses:		
Amortization of Deferred Grants and Donations related to:		
Equipment/Software Licences	\$ 159,043	\$ 112,026
Buildings	562,014	615,427
Amortization related to:		
Equipment/Software Licences	(626,985)	(608,359)
Buildings	(879,830)	(937,746)
	(785,758)	(818,652)
Net change in investment in capital assets:	2022	2021
Purchase of Capital Assets	\$ 973,816	\$ 313,800
Repayment of Capital Lease	100,031	100,031
Amounts funded by Deferred Grants and Donations	(617,471)	(230,001)
	456,376	183,830
	\$ (329,382)	\$ (634,822)

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**13. 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. The operations of Kenora-Rainy River Regional Laboratory Program Inc. are included as part of the day-to-day operations of Dryden Regional Health Centre. The Regional Lab Program does not maintain its own bank account, therefore all cash transactions of the Regional Lab Program are administered by Dryden Regional Health Centre. As well, all accounts receivable, accounts payable and payroll functions are the responsibility of those departments of Dryden Regional Health Centre. All transactions are recorded through an inter-fund account on the books of both Kenora-Rainy River Regional Laboratory Program Inc. and Dryden Regional Health Centre.

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:

	2022	2021
Due to Kenora-Rainy River Regional Laboratory Program Inc.	\$ (161,500)	\$ (176,326)

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

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**14. 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.

**Dryden Regional Health Centre**  
**Notes to Financial Statements**

**March 31, 2022**

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**14. Contingent Liability (continued)**

The Health Centre is contingently liable to the Ministry of Health for any expenditures that it may have made in contravention of the contract agreements with the Ministry of Health. The actual amount of any contingent liability is not determinable.

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**15. Economic Dependence**

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

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**16. Ministry of Health Pandemic Funding**

In connection with the ongoing coronavirus pandemic (COVID-19), the MOH has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the MOH is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, revenue losses and other budgetary pressures through a broad-based funding reconciliation.

While the MOH has provided guidance with respect to the maximum amount of funding potentially available to the Health Centre, as well as criteria for eligibility and revenue recognition, this guidance continues to evolve and is subject to revision and clarification subsequent to the time of approval of these financial statements. The MOH has also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during the subsequent fiscal year.

Management's estimate of MOH revenue for COVID-19 is based on the most recent guidance provided by MOH and the impacts of COVID-19 on the Health Centre's operations, revenues and expenses. As a result of Management's estimation process, the Health Centre has determined a range of reasonably possible amounts that are considered by Management to be realistic, supportable and consistent with the guidance provided by the MOH. However, given the potential for future changes to funding programs that could be announced by the MOH, the Health Centre has recognized revenue related to COVID-19 based on the lower end of the range. Any adjustments to Management's estimate of MOH revenues will be reflected in the Health Centre's financial statements in the year of settlement.

Details of the MOH funding for COVID-19 recognized as revenue in the current year are summarized below:

	<b>2022</b>	<b>2021</b>
Funding for incremental COVID-19 operating expenses	<b>\$ 361,037</b>	\$ 925,227
COVID-19 assessment centre funding	<b>396,294</b>	197,182
2020-2021 Surgical Efficiency	<b>21,700</b>	-
2020-2021 Surgical Premium	<b>441,343</b>	-
2021-2022 Surgical Premium	<b>211,170</b>	-
Temporary Physician Compensation during COVID-19 Outbreak	<b>30,855</b>	-
Health Human Resource Initiatives	<b>82,900</b>	-
Interprovincial Billing	<b>24,500</b>	-
Bedded Capacity - Short Term/Non Critical Care Program	<b>370,500</b>	-
COVID-19 One-Time Renovations	-	58,300
Funding for revenue losses resulting from COVID-19	-	199,799
Pandemic pay funding	-	375,038
Other pandemic funding	<b>7,671</b>	43,230
	<b><u>\$ 1,947,970</u></b>	<b><u>\$ 1,798,776</u></b>

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## Dryden Regional Health Centre Notes to Financial Statements

**March 31, 2022**

### 17. COVID-19 Impacts

In response to COVID-19 and consistent with guidance provided by the MOH and other government agencies, the Health Centre has implemented a number of measures to protect patients and staff from COVID-19. In addition, the Health Centre has actively contributed towards the care of COVID-19 patients and the delivery of programs that protect public health.

The Health Centre continues to respond to the pandemic and plans for continued operational and financial impacts during the 2023 fiscal year and beyond. Management has assessed the impact of COVID-19 and believes there are no significant financial issues that compromise its ongoing operations. The outcome and timeframe to a recovery from the current pandemic is highly unpredictable, thus it is not practicable to estimate and disclose its effect on future operations at this time.

### 18. 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:

		2022					
		Total	Current	Past Due			
				1-30	31-60	61-90	91 +
MOH/LHIN	\$	-	-	-	-	-	-
Insurers and Patients	\$	425,852	35,068	82,164	110,297	17,555	180,768
Other	\$	1,092,060	1,071,403	17,851	23	21	2,762
		<b>\$ 1,517,912</b>	<b>\$ 1,106,471</b>	<b>\$ 100,015</b>	<b>\$ 110,320</b>	<b>\$ 17,576</b>	<b>\$ 183,530</b>

  

		2021					
		Total	Current	Past Due			
				1-30	31-60	61-90	91 +
MOH/LHIN	\$	3,990,208	3,990,208	-	-	-	-
Insurers and Patients	\$	374,776	43,315	86,215	89,424	31,025	124,797
Other	\$	680,274	620,051	46,963	-	3,312	9,948
		<b>\$ 5,045,258</b>	<b>\$ 4,653,574</b>	<b>\$ 133,178</b>	<b>\$ 89,424</b>	<b>\$ 34,337</b>	<b>\$ 134,745</b>

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.

**March 31, 2022**

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**18. Financial Instrument Risk (continued)**

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 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.

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):

		2022			
		Within 6 months	6 months to 1 year	1-5 years	> 5 years
	<b>Accounts payable</b>	<b>\$ 5,598,105</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
		2021			
		Within 6 months	6 months to 1 year	1-5 years	> 5 years
	Accounts payable	<b>\$ 5,511,750</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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.

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Inpatient Revenue</b>		
Non-Residents of the Province	\$ 45,733	\$ 50,311
Workplace Safety & Insurance Board	921	6,384
Insured/Uninsured Residents	44,950	31,000
	<b>91,604</b>	<b>87,695</b>
<b>Outpatient Revenue</b>		
Ontario Health Insurance Plan	935,381	718,322
Federal Government	2,175	718
Non-Residents of the Province	123,472	140,773
Non-Residents of Canada	26,228	5,096
Workplace Safety & Insurance Board	50,005	40,909
Insured/Uninsured Residents	55,472	37,511
Ambulance	51,015	37,140
	<b>1,243,748</b>	<b>980,469</b>
<b>Co-Payment Revenue</b>		
A.L.C. Patients	155,139	161,406
	<b>155,139</b>	<b>161,406</b>
<b>Differential Revenue</b>		
Acute Care Patients	10,400	23,200
	<b>10,400</b>	<b>23,200</b>
<b>Recoveries</b>		
Non-Patient Food Services	143,781	131,501
CCAC Contract for Therapeutic Services	302,389	288,184
Investment Revenue	19,949	8,900
Compensation and Services	1,161,039	932,388
Management Fees	12,000	12,000
Materials	167,844	183,440
Rentals	223,761	207,984
Oncology Drug Cost	885,445	683,839
Miscellaneous	21,312	30,213
	<b>2,937,520</b>	<b>2,478,449</b>
<b>Total Other Revenue</b>	<b>\$ 4,438,411</b>	<b>\$ 3,731,219</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Community Mental Health Programs</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 1,383,152	\$ 1,262,527
Compensation & Services Recovery	14,664	-
<b>Total Revenue</b>	<b>1,397,816</b>	<b>1,262,527</b>
<b>Operating Expenses</b>		
Salaries and Wages	913,821	867,300
Employee Benefits	232,682	231,488
Sessional Fees	6,977	11,795
Supplies and Other Expenses	201,526	122,038
Rent and Utilities	8,068	26,320
<b>Total Operating Expenses</b>	<b>1,363,074</b>	<b>1,258,941</b>
<b>Net Revenue Before Amount Repayable</b>	<b>34,742</b>	<b>3,586</b>
<b>Amount Repayable to Ministry of Health</b>	<b>(34,742)</b>	<b>(11,238)</b>
<b>Net Revenue (Expense)</b>	<b>\$ -</b>	<b>\$ (7,652)</b>
<b>Community Addictions Programs</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 921,142	\$ 768,102
<b>Operating Expenses</b>		
Salaries and Wages	220,509	472,904
Employee Benefits	38,347	70,103
Supplies and Other Expenses	106	82,668
Rent and Utilities	8,101	7,965
<b>Total Operating Expenses</b>	<b>267,063</b>	<b>633,640</b>
<b>Net Revenue Before Amount Repayable</b>	<b>654,079</b>	<b>134,462</b>
<b>Amount Repayable to Ministry of Health</b>	<b>(654,079)</b>	<b>(134,462)</b>
<b>Net Revenue (Expense)</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Community Problem Gambling Program</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 82,693	\$ 82,693
<b>Operating Expenses</b>		
Salaries and Wages	83,120	82,805
Employee Benefits	19,528	19,566
<b>Total Operating Expenses</b>	<b>102,648</b>	<b>102,371</b>
<b>Net Revenue (Expense)</b>	<b>\$ (19,955)</b>	<b>\$ (19,678)</b>



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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Community Supportive Housing Program</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 48,991	\$ 50,228
Other program funding	8,750	-
	<u>57,741</u>	<u>50,228</u>
<b>Operating Expenses</b>		
Rent Supplement	<u>50,786</u>	48,993
<b>Net Revenue Before Amount Repayable</b>	<u>6,955</u>	1,235
<b>Amount Repayable to Ministry of Health</b>	(6,955)	(1,235)
<b>Net Revenue (Expense)</b>	<u>\$ -</u>	<u>\$ -</u>
<b>Family Health Team</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 2,018,540	\$ 2,025,940
Services Recovery	40,855	20,705
<b>Total Revenue</b>	<u>2,059,395</u>	<u>2,046,645</u>
<b>Operating Expenses</b>		
Salaries and Benefits	1,518,084	1,579,595
Supplies and Other Expenses	330,966	323,290
<b>Total Operating Expenses</b>	<u>1,849,050</u>	<u>1,902,885</u>
<b>Net Revenue Before Amount Repayable</b>	<u>210,345</u>	143,760
<b>Amount Repayable to Ministry of Health</b>	(210,345)	(143,760)
<b>Net Revenue (Expense)</b>	<u>\$ -</u>	<u>\$ -</u>
<b>Municipal Taxes</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 3,075	\$ 3,075
<b>Operating Expenses</b>		
Municipal Taxes	<u>3,075</u>	3,075
<b>Net Revenue (Expense)</b>	<u>\$ -</u>	<u>\$ -</u>

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

For the year ended March 31,	2022	2021
<b>Primary Care Nurse Practitioner</b>		
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 175,050	\$ 175,050
<b>Operating Expenses</b>		
Benefits	-	1,446
<b>Net Revenue Before Amount Repayable</b>	<b>175,050</b>	173,604
<b>Amount Repayable to Ministry of Health</b>	<b>(175,050)</b>	<b>(173,604)</b>
<b>Net Revenue (Expense)</b>	<b>\$ -</b>	<b>\$ -</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Salaries and Wages</b>		
<b>Patient Care</b>		
Inpatient Wards	\$ 3,975,201	\$ 3,793,041
Operating Room	777,719	762,680
Ambulatory Care	2,715,466	2,661,109
Clinical Laboratory	740,463	746,296
Diagnostic Imaging	635,218	602,809
Diabetes Education	201,918	185,687
Therapeutic Services	986,784	1,012,723
<b>Total Patient Care</b>	<b>10,032,769</b>	<b>9,764,345</b>
<b>Support Services</b>		
General Administration	1,784,590	1,860,281
Physical Plant	323,230	324,552
Environmental Services	677,683	712,104
Food Services	494,313	509,073
Patient Information	417,749	465,319
Marketed Services	315,198	305,575
Materials Management	298,961	308,715
<b>Total Support Services</b>	<b>4,311,724</b>	<b>4,485,619</b>
<b>Total Salaries and Wages</b>	<b>\$ 14,344,493</b>	<b>\$ 14,249,964</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Employee Benefits</b>		
Canada Pension Plan	\$ 591,977	\$ 551,335
Hospital Pension Plan	1,103,428	1,145,299
Employment Insurance	214,022	207,579
Workplace Safety & Insurance Board	139,827	78,208
Long-Term Disability Insurance	235,983	268,300
Employer Health Tax	287,301	284,409
Semi-Private Insurance	6,713	3,735
Extended Health Care Insurance	231,077	241,855
Dental Insurance	75,749	45,999
Group Life and Accidental Death & Dismemberment	51,480	58,814
EAP Program	18,319	20,034
Benefit and Vacation % in Lieu	481,687	387,158
	<b>\$ 3,437,563</b>	<b>\$ 3,292,725</b>
<b>Total Employee Benefits</b>	<b>\$ 3,437,563</b>	<b>\$ 3,292,725</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Medical Staff Remuneration</b>		
Honorariums	\$ 369,159	\$ 378,267
Emergency Physician Group	1,526,922	1,633,029
Hospital On Call Coverage	595,931	595,102
Assault & Domestic Violence	5,000	5,133
Clinical Laboratory	18,357	18,470
Diagnostic Imaging	779,408	622,424
	<b>\$ 3,294,777</b>	<b>\$ 3,252,425</b>
<b>Total Medical Staff Remuneration</b>	<b>\$ 3,294,777</b>	<b>\$ 3,252,425</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Supplies and Other Expenses</b>		
<b>Patient Care</b>		
Inpatient Wards	\$ 87,857	\$ 101,952
Operating Room	60,289	54,460
Ambulatory Care	313,674	602,931
Clinical Laboratory	631,385	488,330
Diagnostic Imaging	285,914	255,495
Diabetes Education	12,944	11,260
Therapeutic Services	190,744	187,909
In-Home Nursing	109	1,760
Child and Youth Services	-	4,639
<b>Total Patient Care</b>	<b>1,582,916</b>	<b>1,708,736</b>
<b>Support Services</b>		
General Administration	1,628,979	1,369,464
Health System Development	298,219	354,964
Physical Plant	727,965	841,491
Environmental Services	108,541	90,785
Food Services	401,698	367,161
Patient Information	50,655	42,787
Marketed Services	152,829	155,478
Materials Management	162,857	136,240
<b>Total Support Services</b>	<b>3,531,743</b>	<b>3,358,370</b>
<b>Total Supplies and Other Expenses</b>	<b>\$ 5,114,659</b>	<b>\$ 5,067,106</b>

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

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 237,397	\$ 237,397
<b>Operating Expenses</b>		
Salaries and Wages	201,917	185,688
Employee Benefits	48,049	45,324
Supplies and Other Expenses	5,394	4,170
Rent and Utilities	7,000	7,000
<b>Total Operating Expenses</b>	<b>262,360</b>	<b>242,182</b>
<b>Net Loss</b>	<b>\$ (24,963)</b>	<b>\$ (4,785)</b>