Financial Statements of

CAMPBELLFORD MEMORIAL HOSPITAL

Year ended March 31, 2022

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Campbellford Memorial Hospital

Opinion

We have audited the financial statements of Campbellford Memorial Hospital (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of operations for the year then ended
- the statement of changes in net assets (deficiency) for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Entity as at March 31, 2022, and its results of operations, its remeasurement gains and losses, 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 "Auditors' Responsibilities for the Audit of the Financial Statements" section of our auditors' report.

We are independent of the Entity 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.



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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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

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

Auditors' 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 auditors' 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 the 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.



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- 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 Entity'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 Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 auditors' report. However, future events or conditions may cause the Entity 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.
- 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.

Chartered Professional Accountants, Licensed Public Accountants

Kingston, Canada

KPMG LLP

May 31, 2022

Statement of Financial Position

March 31, 2022, with comparative information for 2021

		2022		2021
Assets				
Current assets:				
Cash	\$	1,709,214	\$	1,622,653
Accounts receivable (note 2)		3,603,778		2,426,516
Inventories (note 3)		207,863		206,853
Prepaid expenses and deposits		572,780		510,000
		6,093,635		4,766,022
Tangible capital assets (note 4)		11,159,512		10,109,780
	\$	17,253,147	\$	14,875,802
Liabilities and Net Assets (Deficiency)				
Current liabilities:	_			
Accounts payable and accrued liabilities (note 5)	\$	6,151,174	\$	4,323,053
Term loan (note 7)		900,000		-
Government remittance payable		236,714		298,789
Deferred operating funding (note 6)		7 007 000		505,150
		7,287,888		5,126,992
Deferred capital contributions (note 8)		9,187,576		8,291,127
Future employee benefits (note 10)		1,041,000		1,108,400
Net assets (deficiency):				
Invested in capital assets (note 9)		1,071,936		1,818,653
Unrestricted deficiency		(1,335,253)		(1,469,370)
		(263,317)		349,283
Commitments (notes 14 and 17) Contingencies (note 15)				
	\$	17,253,147	\$	14,875,802
See accompanying notes to financial statements.				
On behalf of the Board:	0 0			
	1/2//			
Director	X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-		Direct	or

Statement of Operations

Year ended March 31, 2022, with comparative information for 2021

		2022		2021
Revenue:				
Ministry of Health:				
Global funding (note 18)	\$	18,060,902	\$	17,499,271
Physician transfer funding	Ψ	1,960,513	Ψ	2,272,428
One-time operating funding		2,301,333		1,866,605
		22,322,748		21,638,304
Patient revenue		1,912,754		1,954,369
Other revenue		883,172		783,285
Amortization of deferred capital contributions		558,158		523,451
7 into the district of deferred capital continuations		25,676,832		24,899,409
Expenses:				
Salaries and wages		15,952,052		15,593,341
Post employee benefits recovery		(67,400)		(57,100)
Physician transfer payments and medical staff		4,058,492		3,592,630
Supplies		1,940,592		1,584,003
Medical and surgical supplies		605,057		473,714
Drugs and medical gases		326,157		313,970
Other supplies and expenses		1,414,907		1,654,308
Equipment expenses		1,140,953		949,366
Amortization of tangible capital assets		619,943		534,331
Amortization of tangible capital assets		25,990,753		24,638,563
Excess of revenue over expenses (expenses over revenue)				
from hospital operations		(313,921)		260,846
nom nospital operations		(313,921)		200,040
Other income (expenses):				
Amortization of deferred contributions related to				
tangible capital assets		381,541		413,656
Amortization of tangible capital assets		(680,220)		(674,239)
		(298,679)		(260,583)
Separately funded programs (note 12):				
Fund type 2 revenue		1,880,707		1,911,678
Fund type 2 expenses		(1,880,707)		(1,911,678)
		_		_
Excess of revenue over expenses (expenses				
over revenue) before the undernoted		(612,600)		263
Working capital funds (note 19)		_		714,900
Excess of revenue over expenses				
(expenses over revenue)	\$	(612,600)	\$	715,163

See accompanying notes to financial statements.

Statement of Changes in Net Assets (Deficiency)

Year ended March 31, 2022, with comparative information for 2021

	ca	Invested in tangible apital assets	Unrestricted	2022 Total	2021 Total
Net assets (deficiency), beginning of year	\$	1,818,653	\$ (1,469,370) \$	349,283 \$	(365,880)
Excess of revenue over expenses (expenses over revenue) (note 9)		(360,464)	(252,136)	(612,600)	715,163
Net investment in tangible capital assets (note 9)		(386,253)	386,253	-	_
Net assets (deficiency), end of year	\$	1,071,936	\$ (1,335,253) \$	(263,317) \$	349,283

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Cash provided by (used for):		
Operating activities:		
Excess of revenue over expenses		
(expenses over revenue)	\$ (612,600)	\$ 715,163
Items not involving cash:		
Amortization of tangible capital assets	1,300,163	1,208,570
Amortization of deferred capital contributions	(939,699)	(937,107)
Decrease in employee future benefits liability	(67,400)	(57,100)
Net change in non-cash working capital:	, , ,	, , ,
Accounts receivable	(1,177,262)	(997,522)
Inventories	(1,010)	28,861
Prepaid expenses and deposits	(62,780)	(144,486)
Accounts payable and accrued liabilities	1,828,121	(388,929)
Government remittances payable	(62,075)	72,853
Deferred operating funding	(505,150)	(702,000)
	(299,692)	(1,201,697)
Financing activities:		
Increase in term loan	900,000	_
Capital activities:		
Contributions received for tangible capital purchases	1,836,148	1,448,922
Purchase of tangible capital assets	(2,349,895)	(1,945,092)
	(513,747)	(496,170)
Net increase (decrease) in cash	86,561	(1,697,867)
Cash, beginning of year	1,622,653	3,320,520
Cash, end of year	\$ 1,709,214	\$ 1,622,653

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2022

The Campbellford Memorial Hospital (the "Hospital") is incorporated under the Ontario Corporations Act. The Hospital is principally involved in providing health care services to Campbellford and area. The Hospital is a registered charity under the Income Tax Act (Canada) and accordingly, is exempt from income taxes provided certain requirements of the Income Tax Act (Canada) are met.

The Hospital is funded primarily by the Province of Ontario in accordance with funding policies established by the Ontario Ministry of Health (the "Ministry").

The Hospital operates under a Hospital Service Accountability Agreement ("HSAA") with the Ministry. This agreement sets out the rights and obligation of the two parties in respect of funding provided to the Hospital. The HSAA sets out the funding provided to the Hospital together with performance standards and obligation of the Hospital that establish acceptable performance results for the Hospital.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition:

The Hospital is funded primarily by the Ministry. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued.

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants. These financial statements reflect agreed arrangements approved by the Ministry with respect to the year ended March 31, 2022.

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

Externally restricted contributions are recognized as revenue in the year in which the related expenditures are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Patient and other revenue is recorded as earned when the goods are sold or the services are performed.

(b) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. The fair value of these contributed services is not recorded in the financial statements.

Notes to Financial Statements (continued)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(c) Inventories:

Inventories are valued at the lower of cost and net realizable value. The cost of the major categories of inventories is determined on a first in, first out basis.

(d) Related entities:

Related entities include Campbellford Memorial Hospital Foundation, Campbellford Memorial Multicare Lodge, Campbellford Memorial Health Centre and Campbellford Memorial Hospital Auxiliary. The Hospital's relationship with each of these entities and the method by which they are accounted for is more fully described in note 13.

(e) Tangible capital assets:

Capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life and capacity of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value. Amortization of cost and any corresponding deferred contribution is calculated on a straight-line basis using the following annual rates per Ministry guidelines:

Asset	Term
Land improvements and heliport	10 years
Buildings	10 to 40 years
Building service equipment	10 to 25 years
Major equipment	5 to 20 years
Software and licensing costs	2 to 15 years

Projects in progress are amortized when they are considered substantially complete and are ready for use by the Hospital.

(f) Leased equipment:

Equipment under leases that effectively transfer substantially all of the benefits and risks of ownership to the hospital as lessee are recorded as capital assets at the present value of the minimum payments under the lease with a corresponding liability for the related lease obligation. Charges to expenses are made for amortization of the equipment and interest on the lease obligation.

All other items of equipment held on lease are accounted for as operating leases.

Notes to Financial Statements (continued)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(g) Employee future benefits:

The Hospital accrues its obligations under employee benefit plans as the employees render the services necessary to earn non-pension post-retirement benefits. The cost of such benefits earned by the employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of the retirement ages of employees and expected health and dental care costs.

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the remaining service period of active employees. The Hospital also accrues its obligations for post-employment benefits when an event that obligates the Hospital occurs such as parental and short-term sick leaves. The average remaining service period of active employees covered by the employee benefit plan is 15 years (2021 – 15 years).

The Hospital is an employer member of the Healthcare of Ontario Pension Plan, which is a multi-employer, defined benefit pension plan. The Corporation has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. Contributions to the multiemployer defined benefit plan are expensed when due.

The most recent funding of this multi-employer pension plan conducted as at December 31, 2021 disclosed actuarial assets of \$114.4 million (2020 - \$104 million) with accrued pension liabilities of \$85.9 million (2020 - \$79.9 million), resulting in a surplus of \$28.5 million (2020 - \$24.1 million). This valuation also confirmed that the plan was fully funded on a solvency basis as at December 31, 2021 based on the assumptions and methods adopted for the valuation.

(h) Use of estimates:

The preparation of financial statement 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. Actual results could differ from those estimates.

Notes to Financial Statements (continued)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(i) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to subsequently carry financial instruments at fair value.

Long-term debt is recorded at amortized cost.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Operations.

Impairment:

Financial assets measured at amortized cost are tested for impairment when there are indicators of possible impairment. When a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset or group of assets, a write-down is recorded in net income. When events occurring after the impairment confirm that a reversal is necessary, the reversal is recognized on the Statement of Operations up to the impairment amount previously recognized.

(j) Statement of remeasurement gains and losses:

A statement of remeasurement gains and losses has not been provided as there are no significant unrealized gains or losses at March 31, 2022.

2. Accounts receivable:

	2022	2021
Campbellford Memorial Hospital Foundation (note 13(a)) Campbellford Memorial Multicare Lodge (note 13(b)) Ministry of Health Other	\$ 42,659 77,522 3,117,075 366,522	\$ 41,349 127,915 1,634,032 623,220
	3,603,778	2,426,516
Less allowance for doubtful accounts	-	_
	\$ 3,603,778	\$ 2,426,516

Notes to Financial Statements (continued)

Year ended March 31, 2022

3. Inventories:

	2022	2021
Food and dietary supplies Drugs and medicines Laboratory supplies Medicine and other supplies	\$ 14,883 36,328 77,472 79,180	\$ 15,627 36,095 93,176 61,955
	\$ 207,863	\$ 206,853

4. Tangible capital assets:

		Cost		umulated ortization	2022 Net book value	2021 Net book value
Land Land improvements and	\$	298,985	\$	_	\$ 298,985	\$ 298,985
heliport		551,819		494,871	56,948	84,475
Buildings	1	0,234,052	9	,140,809	1,093,243	1,361,275
Building service - equipment		8,238,605	4	,064,837	4,173,768	4,521,745
Major equipment	1	5,638,533	13	,231,390	2,407,143	2,403,561
Software and licensing						
costs (note 17)		3,129,425		_	3,129,425	_
Work-in-progress		_		_	_	1,439,739
	\$ 3	88,091,419	\$ 26	,931,907	\$ 11,159,512	\$ 10,109,780

Cost and accumulated amortization at March 31, 2021 amounted to \$35,741,523 and \$25,631,743, respectively.

Notes to Financial Statements (continued)

Year ended March 31, 2022

5. Accounts payable and accrued liabilities:

The following amounts are included in accounts payable and accrued liabilities on the Statement of Financial Position related to Ministry of Health payables:

	2022	2021
Behavioural supports Ontario	\$ 64,581	\$ 9,760
Common assessment program for community mental health	3,300	18,374
Community mental health	79,173	150,244
Cancercare Care Ontario	43,867	3,607
Wait-time strategy funding	137,430	137,430
Back-office integration funding	28,272	28,272
Geriatric Assessment & Intervention Network	25,465	21,872
SFH environmental initiatives	170,979	170,979
Supportive housing	80,739	59,402
Emergency department AFA	91,623	78,500
Hospital On-Call Coverage (HOCC)	223,347	249,681
	\$ 948,776	\$ 928,121

6. Deferred operating funding:

In fiscal 2019, the Hospital received \$5,000,000 from the Ministry to address financial sustainability risks. In fiscal 2019, funding of \$2,913,000 was used to repay the long-term debt and provide working capital. The remaining balance of \$2,087,000 was deferred, to be utilized in fiscal 2020, 2021 and 2022 to support operational costs.

In fiscal 2022, \$505,150 (2021 - \$702,000) of this funding was recognized as revenue to offset operational costs. These funds have been fully utilized as at March 31 2022.

Notes to Financial Statements (continued)

Year ended March 31, 2022

7. Credit facilities:

The Hospital has an available operating line credit facility to a maximum of \$1.2 million with \$Nil outstanding at March 31, 2022 (2021 - \$Nil) which is unsecured at the lender's prime rate and is due on demand.

The Hospital has a non-revolving fixed rate term facility to a maximum of \$2,500,000, with \$900,000 outstanding at March 31, 2022 (2021 - \$Nil) which is unsecured at the lender's prime rate less 0.25% and is due on demand.

Security for all borrowings include guarantee and postponement of claim in the amount of \$560,000 and \$1,100,000 signed by Campbellford Memorial Hospital Foundation and Board resolution authorizing the financing granted under bankers' acceptance.

Interest expense incurred during the year on the operating line of credit and the fixed rate term facility was \$Nil (2021 - \$Nil) and \$26,550 (2021 - \$Nil), respectively and are included in other supplies and expenses on the Statement of Operations.

The Hospital has an available \$200,000 revolving lease line of credit with no balance outstanding at the end of the year (2021 - \$Nil).

Notes to Financial Statements (continued)

Year ended March 31, 2022

8. Deferred capital contributions:

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of tangible capital assets. The amortization of capital contributions is recorded as revenue in the Statement of Operations. The changes in the deferred capital contributions balances are as follows:

		Principal	,	2022 Accumulated	Principal	,	2021 Accumulated
		amount		amortization	amount		amortization
Donations for capital purposes:							
Balance, beginning of year Received/receivable during year: Campbellford Memorial	\$	10,032,165	\$	7,914,571	\$ 9,520,636	\$	7,480,344
Hospital Foundation		676,296		_	511,529		_
Amortization		_		458,583	_		434,227
Balance, end of year		10,708,461		8,373,154	10,032,165		7,914,571
Grants for capital purposes:							
Balance, beginning of year Received/receivable during year:		13,186,032		7,012,499	12,258,497		6,519,477
Ministry of Health		1,161,303		_	927,535		_
Amortization		_		482,567	_		493,022
Balance, end of year		14,347,335		7,495,066	13,186,032		7,012,499
Combined grants and donations	\$	25,055,796	\$	15,868,220	\$ 23,218,197	\$	14,927,070
Unamortized balance		\$ 9),18	37,576	\$ 8	3,29	91,127
Allocation of amortization:							
					2022		2021
Equipment donation and grant amortization Building and service equipment donation		\$	558,158	\$	523,451		
and grant amortization					381,541		413,656

937,107

939,699

Notes to Financial Statements (continued)

Year ended March 31, 2022

9. Investment in tangible capital assets:

(a) Investment in tangible capital assets represent the following:

	2022	2021
Tangible capital assets Less amounts funded by: Deferred contributions used for tangible capital	\$ 11,159,512	\$ 10,109,780
asset acquisition (note 8) Term loan	9,187,576 900,000	8,291,127 –
	\$ 1,071,936	\$ 1,818,653

(b) Change in net assets invested in tangible capital assets is calculated as following:

	2022	2021
Deficiency of revenue over expenses:		
Amortization of deferred contributions		
related to capital assets	\$ 939,699	\$ 937,107
Amortization of tangible capital assets	(1,300,163)	(1,208,570)
<u> </u>	(360,464)	(271,463)
Net change in investment in tangible capital assets:		
Purchase of tangible capital assets	2,349,895	1,945,092
Increase in term loan	(900,000)	_
Amounts funded by deferred contributions	(1,836,148)	(1,448,922)
	(386,253)	496,170
	\$ (746,717)	\$ 224,707

Notes to Financial Statements (continued)

Year ended March 31, 2022

10. Post-employment benefits:

Discount rate for expense

health care

Discount rate for disclosure

Dental benefits cost escalation

Medical benefits cost escalation - extended

The Hospital accounts for employee future benefits using accrual accounting for post-employment benefits. This method uses current market rates to estimate the present value of the post-retirement liabilities. The most recent valuation of the Hospital was performed as at March 31, 2021. The related benefit liability was determined by an independent actuary on behalf of the Hospital. The accrued benefit liability is comprised of:

		2022		2021
Balance, beginning of year	\$	1,108,400	\$	1,165,500
Employee future benefits expense (recovery)		28,800		(7,600)
Contributions by the Hospital		(96,200)		(49,500)
Balance, end of year	\$	1,041,000	\$	1,108,400
Reconciliation of accrued benefit liability:				
		2022		2021
Accrued benefit obligation	\$	821,900	\$	898,000
Unamortized actuarial gains	*	219,100	,	210,400
	\$	1,041,000	\$	1,108,400
The employee future benefit recovery is composed of:				
		2022		2021
Current period benefit cost	\$	48,900	\$	46,800
Interest cost	,	28,900	•	29,700
Amortization of actuarial gains		(49,000)		(49,500
		28,800		27,000
Less actual payments		(96,200)		(84,100

(57,100)

3.29%

3.21%

3.00%

0.13% per year

to an ultimate

rate of 3.57%

(67,400)

3.21%

3.89%

3.00%

0.13% per year

to an ultimate

rate of 3.57%

5.37%, decreasing 5.37%, decreasing

Notes to Financial Statements (continued)

Year ended March 31, 2022

11. Pension plan:

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Plan members will receive benefits based on the length of service and on the average annualized earnings during the five consecutive years prior to retirement, termination or death, that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. Contributions to the plan made during the year by the Hospital on behalf of its employees amounted to \$1,021,219 (2021 - \$1,064,212) and are included in the Statement of Operations.

As of December 31, 2021, the HOOPP is in a surplus position with the regulatory funded ratio of actuarial value of net assets to accrued liabilities of 120% (2020 - 119%).

12. Ministry of Health - separately funding programs:

The Ministry separately funds the operating expenses of the programs listed below. The arrangement provides that any surplus arising from each program's actual operating results for the year is refundable to the Ministry in the following year. Any deficit arising from each programs' actual operating results for the year is payable by the Hospital and is included in expenses on the Statement of Operations.

	2022	2021
Funding:		
Community Mental Health Program	\$ 807,096	\$ 832,400
GAIN Clinic	621,786	594,747
Municipal taxes	5,625	5,625
Supportive housing	446,200	478,906
	1,880,707	1,911,678
Expenses:		
Community Mental Health Program	807,096	832,400
GAIN Clinic	621,786	594,747
Municipal taxes	5,625	5,625
Supportive housing	446,200	478,906
	1,880,707	1,911,678
Deficit absorbed by the Hospital	\$ -	\$

Notes to Financial Statements (continued)

Year ended March 31, 2022

13. Related entities:

(a) Campbellford Memorial Hospital Foundation:

The Hospital is closely related to Campbellford Memorial Hospital Foundation (the "Foundation") which was established to raise funds for charitable purposes in the community health care field as well as for the benefit of the Hospital. The Foundation is incorporated under the Canada Corporations Act and is a registered charity under the Income Tax Act. The net assets resulting from operations of the Foundation are not included in the statements of the Hospital since the Foundation does not accumulate funds solely for the Hospital.

The Hospital pays various expenses on behalf of the Foundation, such as salaries and supplies for which it is reimbursed by the Foundation.

During the year, the Foundation transferred \$666,292 (2021 - \$521,387) for the purchase of equipment.

At year-end, the receivable for these expenses and current year equipment purchase commitments amounted to \$42,659 (2021 - \$41,349).

(b) Transactions with Campbellford Memorial Multicare Lodge:

The Hospital leases space from the Campbellford Memorial Multicare Lodge (the "Multicare Lodge") and sublets a portion of this space. By mutual agreement the Hospital pays the Multicare Lodge a rental fee equal to the rental income received from the sublet portion. Lease costs of \$100,090 and rental income of \$100,090 related to this activity are included in sundry and other revenue, respectively.

The Hospital provides various services which are billed to the Multicare Lodge and amounted to \$31,325 during the year (2021 - \$26,920). Also, the Hospital pays various expenses on behalf of the Multicare Lodge, such as salaries, electricity and dietary, for which it is reimbursed by the Multicare Lodge. At year-end, there was an amount receivable from the Multicare Lodge for these services of \$77,522 (2021 - \$127,915).

The Hospital receives funding for the Supportive Housing Program. At the year-end there was an amount payable to the Multicare Lodge of \$35,950 (2021 - \$40,325).

(c) Campbellford Memorial Health Centre and Campbellford Memorial Hospital Auxiliary:

These are also related entities in which the Hospital has an economic interest. The Campbellford Memorial Health Centre (the "Health Centre") provides a collegial setting intended to attract and retain medical professionals for the benefit of the community. The Hospital provides certain support services to the Health Centre, for which it is reimbursed. At year-end, there was a payable to the Health Centre of \$Nil (2021 - \$Nil).

The Campbellford Memorial Hospital Auxiliary (the "Auxiliary"), through the efforts of its volunteers, promotes the interests of the Hospital and raises significant funds to assist the Hospital to acquire medical equipment.

Notes to Financial Statements (continued)

Year ended March 31, 2022

14. Commitments:

The Hospital has entered into various agreements with vendors for consulting, equipment rent and memberships with ending term dates up to August 2024.

The Hospital has entered into various agreements with vendors for IT hardware and software services with ending term dates up to August 2026.

The total spending commitments over the term of these agreements are as follows:

2023	\$ 88,860
2024	62,105
2025	35,615
2026	23,373
2027 and thereafter	9,739

15. Contingencies:

- (a) The Hospital uses Industrial Alliance to administer the Extended Health Care, stop-loss coverage, and travel and dental benefits for the Hospital's employees. Industrial Alliance provides administrative services only; therefore, the Hospital assumes the risk. As at March 31, 2022, the Hospital's portion of the plan was in a surplus position of approximately \$298,972 (2021 - \$259,370), which is included in prepaid expenses and deposits on the Statement of Financial Position.
- (b) Healthcare Insurance Reciprocal of Canada:

The Corporation became a member of the Healthcare Insurance Reciprocal of Canada ("HIROC") on April 1, 2014. HIROC is registered as a Reciprocal pursuant to Provincial Insurance Acts, which permits persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage of health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2022.

Since its inception in 1987, HIROC has accumulated an un-appropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the un-appropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There are no distributions to or receivables from HIROC as of March 31, 2022.

Notes to Financial Statements (continued)

Year ended March 31, 2022

16. Fair value of financial instruments:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2022 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the Statement of Operations. Subsequent recoveries of impairment losses related to accounts receivable are credited to the Statement of Operations.

There has been no significant change to the credit risk exposure from 2021.

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. As at March 31, 2022, the Hospital's current liabilities exceed its current assets by \$1,194,253 (2021 - \$360,970). The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 30 days of receipt of an invoice.

There has been no significant change to the liquidity risk exposure from 2021.

(c) 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.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to interest rate risk through its credit facilities discussed in note 7 to these financial statements.

There has been no significant change to the interest rate risk exposure from 2021, with the exception of the draw on the Hospital's credit facility as described in note 7.

Notes to Financial Statements (continued)

Year ended March 31, 2022

17. Implementation of Clinical Information System:

In February 2019, the Hospital signed a Memorandum of Understanding with six other partner hospitals in the region for the implementation of a Clinical Information System ("CIS"). This is a transformational project that spanned multiple years and was undertaken in collaboration with other hospitals. The current estimated cost of the project to the Hospital for capital and operating costs over a 10-year period is \$6 million. These costs will be funded through contributions from the Foundation as well as financing options that have not yet been finalized.

The CIS had a soft go-live in December 2021, followed by a stabilization period up to March 31, 2022. Costs incurred as at March 31, 2022 related to this project amount to \$3,129,425 (2021 - \$1,439,739) and are included as a component of capital assets on the Statement of Financial Position.

18. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19"), the Ministry of Health ("Ministry") 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 Ministry is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, and other operational pressures through a broad-based funding reconciliation.

While the Ministry has provided guidance with respect to the maximum amount of funding potentially available to the Hospital, 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 Ministry 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 Ministry revenue for COVID-19 is based on the most recent guidance provided by Ministry and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. Any adjustments to Management's estimate of Ministry revenues will be reflected in the Hospital's financial statements in the year of settlement.

Notes to Financial Statements (continued)

Year ended March 31, 2022

18. Ministry of Health pandemic funding (continued):

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

	2022	2021
Funding for incremental COVID-19 operating expenses	\$ 2,202,712	\$ 1,800,800
Funding for COVID-19 assessment centre	396,286	97,714
Funding for temporary physician funding	36,775	56,183
Funding for pandemic pay	_	372,095
Funding for revenue losses resulting from COVID-19	_	164,400
Broad-based funding reconciliation for other eligible costs		
and revenue losses	_	109,836
Funding for temporary wage enhancement	_	579
	\$ 2,635,773	\$ 2,601,607

In addition to the above, the Hospital has also recognized \$111,162 (2021 - \$273,402) in Ministry funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

19. Ministry of Health working capital funds:

In March 2021, the Hospital was advised that it was eligible for one-time funding to address its working capital deficit. The Hospital was eligible to receive this funding based on defined eligibility criteria with the stipulation that the funding will only be used to reduce the Hospital's working capital deficit and is not to be used for operating purposes. These funds were received during the year.

20. COVID-19 impacts:

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

The Hospital 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 on the basis of continued government support to address the financial challenges related to the pandemic. 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.