March 31, 2023

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Management's Responsibility for Financial Reporting

To the Audit Committee of Red Lake Margaret Cochenour Memorial Hospital:

The accompanying financial statements of the Red Lake Margaret Cochenour Memorial Hospital are the responsibility of management and have been approved by the Board of Governors.

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. 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 Hospital 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 accurate and the Hospital's assets are appropriately accounted for and adequately safeguarded.

The Board of Governors 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 Governors review the Hospital's financial statements and recommend their approval. The Board of Governors 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 auditor's report. The Board of Governors takes this information into consideration when approving the financial statements for issuance to the members. The Board of Governors 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 Governors.

Board Chair

Chief Executive Officer



To the Board of Directors of Red Lake Margaret Cochenour Memorial Hospital:

Qualified Opinion

We have audited the financial statements of Red Lake Margaret Cochenour Memorial Hospital (the "Hospital"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations, changes in net assets, remeasurement gains (losses) and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2023, and its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Qualified Opinion

Canadian public sector accounting standards ("PSAS") Section PS 3280 Asset Retirements Obligations ("ARO") which was adopted by the Hospital as of April 1, 2022 prospectively and requires the recognition of an ARO liability when there is a legal obligation that establishes a clear responsibility to incur retirement costs in relation to a tangible capital asset. The Hospital has not identified ARO liabilities as of March 31, 2023 and we were unable to satisfy ourselves concerning those liabilities by alternative means. Consequently, we were not able to determine whether any adjustments would be necessary to liabilities, net financial assets (net debt), tangible capital assets, accumulated surplus (deficit), expenses, excess (deficit) of revenues over expenses, change in net financial assets (net debt) for the year-ended March 31, 2023, and accumulated surplus as of March 31, 2023.

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 Hospital 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 qualified opinion.

Other Matters

The financial statement for the year ended March 31, 2022 were audited by BDO Canada LLP of Kenora, Canada, who expressed an unmodified opinion on those statements on May 27, 2022.

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.

MNP LLP

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In preparing the financial statements, management is responsible for assessing the Hospital'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 Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital'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 Hospital'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 Hospital'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 Hospital 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

September 27, 2023

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants



Red Lake Margaret Cochenour Memorial Hospital Statement of Financial Position

March 31,	2023	2022	
Assets			
Current Assets			
Cash (Note 3)	\$ 1,327,884		
Accounts Receivable (Note 4)	1,466,433	970,7	
Inventories (Note 5)	131,811	136,0	
Prepaid Expenses Total Current Assets	163,647	107,8	
Total Current Assets	3,089,775	2,415,2	240
Non-Current Assets			
Long Term Investments (Note 6)	2,601,142	2,709,7	760
Capital Assets (Note 7)	12,101,368	10,647,8	392
Total Non-Current Assets	14,702,510	13,357,6	352
Total Assets	\$ 17,792,285	\$ 15,772,8	392
Liabilities and Net Assets			
Current Liabilities			
Accounts Payable (Note 8)	\$ 3,727,863		
Bankers' Acceptance (Note 9)	1,443,921	709,4	
Deferred Contributions (Note 10)	3,305		261
Total Current Liabilities	5,175,089	3,147,9	338
Long Term Liabilities			
Deferred Capital Contributions (Note 11)	7,799,276	7,468,2	294
Post-Employment Benefits Liability (Note 12)	791,000	798,4	100
Total Long Term Liabilities	8,590,276	8,266,6	394
Net Assets			
Invested in Capital Assets (Note 13)	3,130,324	3,307,4	142
Unrestricted	651,912	625,3	
Accumulated Remeasurement Gains (Losses)	244,684	425,5	
Closing Net Assets Balance	4,026,920	4,358,2	
Total Liabilities and Net Assets Balance	\$ 17,792,285	\$ 15,772,8	- 392

Approved on behalf of the Board:

Director

Director

Red Lake Margaret Cochenour Memorial Hospital Statement of Operations

March 31,	2023	2022
Revenue		
Ministry of Health Base Allocation	\$ 7,475,704 \$	7,328,954
Ministry of Health Pandemic Funding (Note 19)	618,386	441,218
Ministry of Health One - Time Payments	265,470	64,699
Hospital On-Call Coverage	470,974	457,212
Cancer Care Ontario Funding	27,957	54,027
Other Revenue (Schedule 1)	1,326,419	1,821,092
Amortization of Equipment Grants/Donations	290,603	186,465
Total Revenue	10,475,513	10,353,667
Expenses		
Salaries and Wages (Schedule 3)	4,998,398	4,893,783
Employee Benefits (Schedule 4)	1,230,803	1,311,095
Employee Benefits Future Costs (Note 12)	(7,400)	(2,600)
Medical Staff Remuneration (Schedule 5)	839,275	628,131
Supplies and Other Expenses (Schedule 6)	2,587,563	2,486,202
Medical and Surgical Supplies	166,746	174,073
Drugs and Medical Gases	102,996	112,995
Bad Debts	88,146	163,342
Amortization of Equipment	353,677	237,180
Total Expenses	10,360,204	10,004,201
Excess of Revenue over Expenses from Hospital Operations	115,309	349,466
Other Items		
Amortization of Building Grants/Donations	275,620	257,667
Amortization of Land Improvements and Building	(420,249)	(403,535)
Interest on Bankers' Acceptance	(54,044)	(3,077)
·	(198,673)	(148,945)
Other Votes and Programs - Revenues (Schedule 2)	1,883,955	1,695,040
Other Votes and Programs - Expenses (Schedule 2)	(1,655,503)	(1,520,181)
Other Votes and Programs - Provisions for Recovery (Schedule 2)	(295,604)	(174,292)
	(67,152)	567
Excess (Deficiency) of Revenue over Expenses for the Year	\$ (150,516) \$	201,088

Red Lake Margaret Cochenour Memorial Hospital Statement of Remeasurement Gains

March 31,	20	023	2022
Accumulated remeasurement gains at the beginning of the year	\$	425,508 \$	460,165
Change in fair value attributable to: Investments		(181,301)	199
Amounts reclassified to the statement of operations: Realized gains on disposition of investments		477	(34,856)
Accumulated remeasurement gains at the end of the year	\$	244,684 \$	425,508

Red Lake Margaret Cochenour Memorial Hospital Statement of Changes in Net Assets

For the year ended March 31, 2023

	Invested in Capital Assets	Unrestricted	2023 Total
Balance, beginning of year	\$ 3,307,442	\$ 625,310 \$	3,932,752
Excess (deficiency) of revenue over expenses for the year	(207,703	57,187	(150,516)
Net changes in investment in capital assets (Note 13)	30,585	(30,585)	-
Balance, end of year	\$ 3,130,324	\$ 651,912 \$	3,782,236
For the year ended March 31, 2022	Invested in		2022
	Capital Assets	Unrestricted	Total
Balance, beginning of year	\$ 2,426,285	\$ 1,305,379 \$	3,731,664
Excess (deficiency) of revenue over expenses for the year	(196,583	397,671 \$	201,088
Net changes in investment in capital assets (Note 13)	1,077,740	(1,077,740) \$	-
Balance, end of year	\$ 3,307,442	\$ 625,310 \$	3,932,752

Red Lake Margaret Cochenour Memorial Hospital Statement of Cash Flows

March 31,	2023	2022
Cash Provided By (Used In) Operating Activities		
Excess (Deficiency) of Revenue over Expenses for the year	\$ (150,516) \$	201,088
Items not involving cash	, (==,==,, ,	,
Amortization	773,926	640,715
Amortization of Deferred Capital Contributions	(566,223)	(444,132)
Realized Gains on Disposal of Long Term Investments	477	(34,856)
	57,664	362,815
Changes in Non-Cash Working Capital Balances		
Accounts Receivable	(495,733)	343,854
Inventory	4,227	2,813
Prepaid Expenses	(55,832)	(483)
Accounts Payable	1,290,646	194,799
Deferred Contributions	2,044	(157,693)
Post-employment Benefits	(7,400)	(2,600)
	737,952	380,690
Investing Activities		
Net purchase of Long Term Investments	(72,681)	(116,817)
Capital Activities		
Purchase of Capital Assets	(1,492,943)	(1,634,659)
Contributions Received for Capital Activities	897,205	966,496
Transfer (Repayment) of Deferred Capital Grant	<u> </u>	190,066
	(595,738)	(478,097)
Increase in Cash and Equivalents	127,197	148,591
Cash, Beginning of year	1,200,687	1,052,096
Cash, End of year	\$ 1,327,884 \$	1,200,687

March 31, 2023

1. Significant Accounting Policies

Nature and Purpose of Organization

Red Lake Margaret Cochenour Memorial Hospital provides health care services to the residents of the Municipality of Red Lake and surrounding areas. The Hospital, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act and, as such, is exempt from Income Taxes under the Income Tax Act.

In addition to the Hospital's operating fund which reflects the activities of the day to day operations of the Hospital, the financial statements also include the activities of the following programs:

Ministry of Health

- Community Mental Health Program
- Community Addictions Program
- Community Problem Gambling Program
- Rent Supplement Program
- Municipal Taxes

Ministry of Labour, Training and Skills Development

- Employment Services
- Youth Job Connection
- Youth Job Connection Summer

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 Hospital. Program surpluses and deficits are recorded as repayable or receivable in the year incurred and settlement adjustments by the Ministries or other funders are recorded when settled.

Basis of Accounting and Presentation

The financial statements of the Hospital 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 Red Lake Margaret Cochenour Memorial Hospital Foundation is a separate entity whose financial information is reported separately from the hospital.

Cash and Cash Equivalents

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

Inventories

Inventories are stated at the lower of cost and net replacement value. Cost is determined on a First-In, First-Out basis. Inventories consist of medical and general supplies that are used in the Hospital's operations and not for resale purposes.

Use of Estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of 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 these estimates.

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 life of capital assets.

Employee future benefits are based on actuarial valuations.

March 31, 2023

1. Significant Accounting Policies (continued)

Use of Estimates (continued)

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

Revenue Recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with accountability arrangements established by the Ministry of Health ("MOH"), and the Ontario Health North ("OH North"). The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2023 with the MOH and OH North that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the MOH/OH North. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

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

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.

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

Amortization is provided for on a straight-line basis over the estiamted useful lives of the capital asset as follows:

Buildings and building improvements 10 to 50 years Equipment 3 to 20 years Parking lot 50 years

Deferred Contributions

Deferred contributions are 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.

March 31, 2023

1. Significant Accounting Policies (continued)

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 Hospital determines that a long-lived asset no longer has any long-term service potential to the Hospital, 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.

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 Hospital's capital assets. Recognition of these amounts as revenue is deferred to periods when the related capital assets are amortized.

Asset Retirement Obligations

A liability for an asset retirement obligation is recognized at the best estimate of the amount required to retire a capital asset (or a component thereof) at the financial statement date when there is a legal obligation for the Hospital to incur retirement costs in relation to a capital asset (or component thereof), the past transaction or event giving rise to the liability has occurred, it is expected that future economic benefits will be given up, and a reasonable estimate of the amount can be made. The best estimate of the liability includes all costs directly attributable to asset retirement activities, based on information available at March 31, 2023. The best estimate of an asset retirement obligation incorporates a present value technique, when the cash flows required to settle or otherwise extinguish an asset retirement obligation are expected to occur over extended future periods.

When a liability for an asset retirement obligation is initially recognized, a corresponding asset retirement cost is capitalized to the carrying amount of the related capital asset (or component thereof). The asset retirement cost is amortized over the useful life of the related asset.

At each financial reporting date, the Hospital reviews the carrying amount of the liability. The Hospital recognizes period-to-period changes to the liability due to the passage of time as accretion expense. Changes to the liability arising from revisions to either the timing, the amount of the original estimate of undiscounted cash flows or the discount rate are recognized as an increase or decrease to the carrying amount of the related capital asset.

The Hospital continues to recognize the liability until it is settled or otherwise extinguished. Disbursements made to settle the liability are deducted from the reported liability when they are made.

Financial Instruments

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

Fair Value

This category includes cash and investments. Financial instruments in this category 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 they are transferred to the statement of operations.

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.

Amortized Cost

This category includes accounts receivable, accounts payable and bankers' acceptances. 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.

March 31, 2023

1. Significant Accounting Policies (continued)

Financial Instruments (continued)

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 no 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.

Contributed Services

There are a substantial number of volunteers who contribute a significant amount of their time each year to Red Lake Margaret Cochenour Memorial Hospital. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.

Retirement and Post-employment Benefits

The Hospital provides defined retirement and post-employment benefits to certain employee groups. These benefits include pension and health and dental. The Hospital 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, 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 period.
- iii) The discount rate used in the determination of the above mentioned liabilities is equal to the Hospital's internal rate of borrowing.

2. Change in Accounting Policies

Asset retirement obligations

Effective April 1, 2022, the Hospital adopted the Public Sector Accounting Board's (PSAB) new standard for the recognition, measurement and disclosure of a liability for asset retirement obligations under PS 3280 Asset Retirement Obligations. The new standard establishes when to recognize and how to measure a liability for an asset retirement obligation, and provides the related financial statement presentation and disclosure requirements. Pursuant to these recommendations, the change was applied retroactively, and prior periods have been restated.

There was no material impact on the financial statements from the retroactive application of the new accounting recommendations.

3. Cash

The Hospital has total credit facilities of \$4,066,500 consisting of:

- a) a revolving line of credit to a maximum of \$500,000 bearing interest at prime plus 0.25%, repayable on demand. Nothing was drawn on this facility at year-end;
- b) Corporate Visas to a maximum of \$66,500 payable on demand in accordance with standard terms and conditions. \$15,070 was owing on this facility at year-end; and
- c) Demand equipment/term installment loan to a maximum of \$3,500,000. See note 9 for additional terms.

March 31, 2023

4. Accounts Receivable	2023	2022
Ministry of Health	\$ 824,671 \$	352,313
Nursing Grad Initiative	19,883	19,883
Cancer Care Ontario	6,900	23,625
Ministry of Labour, Immigration, Training and Skills Development	34,355	30,902
Insurers and Patients	324,100	209,471
Harmonized Sales Tax	234,645	232,539
Other	92,879	101,967
Allowance for Doubtful Accounts	(71,000)	-
	\$ 1,466,433 \$	970,700
5. Inventories Opening Balance, April 1 Purchases Expensed Closing Balance, March 31	2023 \$ 136,038 \$ 265,515 (269,742) \$ 131,811 \$	284,255 (287,068)
6. Long Term Investments	2023	2022
Cash	\$ 13,375 \$	8,583
	1,596,675	1,804,615
Pooled funds (cost - \$1,302,895)		000 500
Pooled funds (cost - \$1,302,895) Bonds (cost - \$1,037,497)	991,092	896,562

7. Capital Assets	20)23	20)22
		Accumulated		Accumulated
	Cost	Amortization	Cost	Amortization
Land	\$ 52,300	\$ -	\$ 52,300	\$ -
Building and building improvements	19,159,501	11,230,057	18,706,265	10,810,375
Equipment	8,374,167	6,779,350	8,069,015	6,425,673
Parking lot	28,382	27,815	28,382	27,247
Construction in progress	2,524,240	-	1,055,225	-
	\$ 30,138,590	\$ 18,037,222	\$ 27,911,187	\$ 17,263,295
Net Book Value		\$ 12,101,368	-	\$ 10,647,892

The net book value of capital assets not being amortized because they are under construction is \$2,524,240 (2022 - \$1,055,225). During the year, capital assets were acquired with an aggregate cost of \$2,227,403 using provincial grant funding of \$597,544, donations of \$299,661, financed with Bankers' Acceptance of \$734,460 and operating cash of \$595,738.

8. Accounts Payable	2023	2022
Trade	\$ 402,833	\$ 723,288
Accrued Salaries and Benefits	615,257	897,107
Other	523,235	47,719
Ministry of Health		
Community Mental Health and Case Management Programs	678,060	428,480
Visiting Specialist Program	23,362	26,646
Hospital Infrastructure Renewal Fund / Hospital Energy Efficiency Program	55,679	55,679
Ontario Health Team	624,711	50,759
Other	740,965	172,033
Ministry of Labour, Immigration, Training and Skills Development	63,761	35,506
	\$ 3,727,863	3.437.217

March 31, 2023

9. Bankers' Acceptance

The Hospital has equipment and installation loans available to finance eligible ongoing capital expenditures as follows:

- a) a non-revolving equipment/installation loan available as:
 - (i) Canadian dollars bearing interest at prime plus 0.25%, or
 - (ii) Canadian dollar bankers' acceptances with the stamping fee calculated at 90 basis points. At year-end, the Hospital has a bankers' acceptance outstanding of \$1,443,921, due between April 22, 2023 and April 28, 2023. Amounts payable under this facility are due on demand.
- b) the non-revolving equipment/installation loan will convert to a term installment loan at the earlier of completion of the capital project or July 1, 2023 with interest to be calculated at the time of drawdown, and to be repaid over a period not to exceed 10 years.

10. 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:

Balance, beginning of year \$ 1,261 \$	158,954
Contributions received during the year 3,305	6,478
Contributions recognized during the year (1,261)	(102,170)
Contributions transferred to capital contributions during the year (Note 11)	(62,001)
Balance, end of year \$ 3,305	1,261

11. Deferred Capital Contributions

Deferred capital contributions represent the unamortized amount and unspent amount of contributions received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations. Changes in the contributions capital deferred to future periods are as follows:

	2023		2022
Balance, beginning of year	\$ 7,468,29	4 \$	6,755,864
Captial contributions received during the year	897,20	5	904,495
Contributions transferred from deferred contributions during the year		-	62,001
Amortization	(566,22	3)	(444,132)
Prior year deferred contribution transferred (repayable)	-		190,066
Balance, end of year	\$ 7,799,27	6 \$	7,468,294

As at March 31, 2023 there was \$277,004 (2022 - \$132,696) of deferred capital contributions received which were not yet utilized.

12. Post-Employment Benefits Liability

The following tables outline the components of the Hospital's post-employment benefits and the related expenses.

	<u></u>	2023	2022
Accrued benefit obligation	\$	448,800 \$	452,800
Unamortized actuarial gain		342,200	345,600
Total Liability	\$	791,000 \$	798,400
		2023	2022
Current year benefits costs	\$	38,300 \$	41,400
Amortized actuarial gains		(37,100)	(34,100)
Interest on accrued benefit obligation		18,300	15,200
Reconciliation of plan funds (benefit payments)		(26,900)	(25,100)
	\$	(7,400) \$	(2,600)

March 31, 2023

12. Post-Employment Benefits Liability (continued)

Above amounts exclude pension contributions to the Hospitals 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 Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expensed in the period they become due. Contributions made to the plan during the year by the Hospital amounted to \$425,396 (2022 - \$419,288).

Post-employment Benefits

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

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2023 of the future benefits was determined using a discount rate of 4.0% (2022 - 4.00%).

b) Extended Health Care Trend Rates

Extended health care costs were assumed to increase at 8.0% one year after the full valuation date of March 31, 2021 and decrease by 0.25% per annum thereafter to an ultimate rate of 5.0%.

c) Dental Costs

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

13. Net Assets Invested in Capital Assets		
a) Investment in capital assets is calculated as follows:	2023	2022
Capital Assets	\$ 12,101,368	\$ 10,647,892
Amounts financed by Deferred Contributions	(7,527,123)	(6,630,991)
Amounts financed by Bankers' Acceptance	(1,443,921)	(709,460)
	\$ 3,130,324	\$ 3,307,441
b) The change in net assets invested in capital assets is calculated as follows:		
Excess (deficiency) of revenue over expenses:	2023	2022
Amortization of Deferred Grants and Donations related to:		
Equipment	\$ 290,603	\$ 186,465
Buildings	275,620	257,667
Amortization related to:		
Equipment	(353,677)	(237,180)
Buildings	(420,249)	(403,535)
	\$ (207,703)	\$ (196,583)
Net also are in investment in positive and the	2022	0000
Net change in investment in capital assets:	2023	2022
Purchase of Capital Assets	\$ 2,227,403	\$ 2,344,119
Amounts funded by Deferred Grants and Donations and Bankers' Acceptance	(2,196,818)	(1,266,379)
	\$ 30,585	\$ 1,077,740
	\$ (177,118)	\$ 881,157

2023

March 31, 2023

14. Contingent Liabilities and Commitments

Contingent Liabilities

Red Lake Margaret Cochenour Memorial Hospital is a member of Health Care Insurance Reciprocal of Canada (HIROC). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members and losses could be material. The Hospital joined HIROC in 1998 and no reassessments have been made to March 31, 2023.

Commitments

The Hospital has committed to financial and financial management services for a period of eight years starting July 1, 2023. Monthly payments are \$18,441 for the first year, with 2-5% increases each successive year.

The Hospital has also committed to contracts for building and building service equipment improvements totaling \$2,839,541. The projects are expected to be completed in June 2023. At March 31, 2023, this project was 95% complete, with \$339,238 in estimated expenditures remaining.

15. Economic Dependence

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

16. Related Entity

The Red Lake Margaret Cochenour Hospital Foundation is an independent corporation incorporated without share capital which has its own independent Board of Directors and is a registered charity under the Income Tax Act. The Foundation receives and maintains funds for charitable purposes, which it donates to the Hospital for use in operations, renovations, maintenance and equipment purchases of the Hospital.

The Foundation holds funds of approximately \$1.01 million (2022 - \$950,000), the benefit of which are to be used for capital projects or capital asset purchases of the Hospital. During the year, the Foundation contributed \$247,080 (2022 - \$565,000) to the Hospital.

17. Financial Instrument Classification

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

		Amortized	
	Fair Value	Cost	Total
Cash	\$ 1,327,88	1 \$ -	\$ 1,327,884
Accounts Receivable	-	1,466,433	1,466,433
Long Term Investments	2,601,14	2 -	2,601,142
Accounts Payable	-	(3,727,863)	(3,727,863)
Bankers' Acceptance	1,443,92	-	1,443,921
	\$ 5,372,94	7 \$ (2,261,430)	\$ 3,111,517
		2022	

				2022	
	Amortized				_
		air Value		Cost	Total
Cash	\$	1,200,687	\$	-	1,200,687
Accounts Receivable		-		970,700	970,700
Long Term Investments		2,709,760		-	2,709,760
Accounts Payable		-		(2,437,217)	(2,437,217)
Bankers' Acceptance		709,460		-	709,460
	\$	4,619,907	\$	(1,466,517) \$	3,153,390

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

2023

March 31, 2023

17. Financial Instrument Classification (continued)

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

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

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

	Level 1 Level 2 Level 3 Total	
Cash	\$ 1,327,884 \$ - \$ - \$ 1,327,88	4
Investments	2,601,142 2,601,14	2
Bankers' Acceptance	- 1,443,921 - 1,443,92	1
Total	\$ 3,929,026 \$ 1,443,921 \$ - \$ 5,372,94	7
		_
	2022	
	Level 1 Level 2 Level 3 Total	
Cash	\$ 1,200,687 \$ - \$ - \$ 1,200,68	7
Investments	2,709,760 - 2,709,76	0
	- 709,460 - 709,46	0
Total	\$ 3,910,447 \$ 709,460 \$ - \$ 4,619,90	7

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2023 and 2022. There were also no transfers in or out of Level 3.

18. Financial Instrument Risk

Credit Risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating to its cash, debt holdings in its investment portfolio, accounts receivable and bankers' acceptance. The Hospital 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 Hospital's cash accounts are insured up \$100,000.

The Hospital's investment policy operates within the constraints of the investment guidelines issued by the MOH in relation to the funding agreements and puts limits on the investment portfolio including portfolio composition limits, issuer type limits, bond quality limits, aggregate issuer limits, corporate sector limits and general guidelines for geographic exposure. The credit risk of the Hospital's bond holdings has increased due to the impact of COVID-19 which could lead to potential losses.

The maximum exposure to investment credit risk is outlined in Notes 6 and below.

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 Hospital 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:

March 31, 2023

18. Financial Instrument Risk (continued)

			20	23				
					Past	: Du	е	
	Total	Current	1-30		31-60		61-90	91 +
OHIP, WISB etc.	\$ 324,100	\$ 26,347	\$ (3,331)	\$	30,958	\$	16,614	\$ 253,512
MOH/Ontario Health	844,554	844,554	-		-		-	-
Other clients	83,690	45,676	29,934		310		324	7,446
Other	285,089	285,089	-		-		-	-
Less: Allowance for Doubtful Accounts	(71,000)	-	-		-		-	(71,000)
	\$ 1,466,433	\$ 1,201,666	\$ 26,603	\$	31,268	\$	16,938	\$ 189,958
•			20	22				
					Past	t Du	е	
_	Total	Current	1-30		31-60		61-90	91 +
OHIP, WISB etc.	\$ 209,471	\$ 82,877	\$ (7,832)	\$	19,157	\$	7,679	\$ 107,590
MOH/Ontario Health	372,196	372,196	-		-		-	-
Other clients	83,312	47,399	29,381		1,485		457	4,590
Other	305,721	305,721	-		-		-	-
Less: Allowance for Doubtful Accounts	-	-	-		-		-	-
	\$ 970,700	\$ 808,193	\$ 21,549	\$	20,642	\$	8,136	\$ 112,180

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 Hospital's past experience. Management has reviewed the individual balances based on the credit quality of the debtors' past history of payment and the potential impact of the COVID-19 pandemic on default rates. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk and equity risk. The Hospital is not exposed to significant currency risk as it does not transact materially in foreign currency. The Hospital is exposed to equity risks with regards to its investments in pooled funds and interest risk with its investments in bonds. COVID-19 has had a significant effect on financial markets. The Hospital's investments in pooled funds measured at fair value have experienced similar volatility. The extent of any future impact on the Hospital's investments as a result of COVID-19 is unknown.

Other than uncertainity with respect to COVID-19, 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 Hospital is exposed to this risk through its interest bearing investments included in long term investments and bankers' acceptances.

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 Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital 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):

2023

2022

March 31, 2023

18. Financial Instrument Risk (continued)

	2023				
	Within	6 months			
	6 months	to 1 year	1-5 years	> 5 years	
Bankers' Acceptance	1,443,921	-	-	-	
Accounts Payable	3,727,863	-	-	-	
Total	\$ 5,171,784	\$ -	\$ -	\$ -	
		2	022		
	Within	6 months			
	6 months	to 1 year	1-5 years	> 5 years	
Bankers' Acceptance	709,460	-	-	-	
Accounts Payable	2,437,217	-	-	-	
Total	\$ 3,146,677	\$ -	\$ -	\$ -	

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

19. 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 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 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 Hospital's operations, revenues and expenses. As a result of Management's estimation process, the Hospital 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 Hospital 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 Hospital'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:

	 2020	2022
Funding for incremental COVID-19 operating expenses	\$ 32,600	\$ 169,114
COVID-19 assessment centre funding	156,474	232,218
CTSLPE: Temporary Physician Compensation during COVID-19	198,649	-
TRIN Payments	123,327	-
Pand Prev & Containment	100,000	-
Pandemic pay funding	-	26,685
Other pandemic funding	 7,336	13,201
	\$ 618,386	\$ 441,218

20. Comparative Figures

Certain parts of the prior year comparative figures have been changed to conform to the current year presentation.

Schedule 1 - Other Revenue (Unaudited)

March 31,		2023	2022
Inpatient Revenue			
Non-Residents of the Province	\$	19,245	\$ 18,991
Non-Residents of Canada		600	1,720
Workplace Safety & Insurance Board		16,778	2,433
Insured/Uninsured Resident		10,953	-
	\$	47,576	\$ 23,144
Outpatient Revenue			
Ontario Health Insurance Plan	\$	238,372	\$ 225,029
Non-Residents of the Province		92,688	92,848
Non-Residents of Canada		21,925	11,873
Workplace Safety & Insurance Board		14,219	26,530
Insured/Uninsured Resident		22,197	41,581
Ambulance		26,586	18,960
	\$	415,987	\$ 416,821
Co-Payment Revenue			
Chronic Care Patients	<u></u> \$	51,407	\$ 56,848
Differential Revenue			
Acute Care Patients	\$	9,275	\$
Recoveries			
Non-Patient Food Services	\$	237,251	\$ 247,651
Investment Revenue		140,082	189,163
Compensation and Services		322,735	717,169
Donations		381	61,764
Materials		33,755	41,685
Rentals		67,970	66,847
		802,174	\$ 1,324,279
Total Other Revenue	<u> </u>	1,326,419	\$ 1,821,092

Schedule 2 - Other Votes and Programs (Unaudited)

March 31,		2023	2022
Community Mental Health Program			
Revenue			
Ministry of Health Allocation	\$	929,141	•
Services Recovery		5,200	19,200
Total Revenue	<u> \$ </u>	934,341	876,202
Operating Expenses			
Salaries and Wages	\$	627,966	546,165
Employee Benefits		138,206	124,323
Supplies and Other Expenses		102,745	128,339
Equipment, Building, Grounds		76,269	4,323
Rent and Utilities		28,186	35,435
Total Operating Expenses	\$	973,372	838,585
Net Revenue (Expenses) Before Amount Repayable	\$	(39,031)	37,617
Amount Repayable to Ministry of Health		(26,796)	(37,617)
Net Revenue (Expenses)	\$	(65,827)	S -
Community Addictions Program Revenue			
Ministry of Health Allocation	_\$_	505,735	374,335
Operating Expenses			
Salaries and Wages	\$	225,847	237,396
Employee Benefits	•	51,256	35,666
Supplies and Other Expenses		11,140	37,753
Rent and Utilities		15,256	7,803
Total Operating Expenses	\$	303,499	318,618
Net Revenue Before Amount Repayable	\$	202,236	55,717
Amount Repayable to Ministry of Health		(202,236)	(55,717)
Net Revenue	\$	- \$	-
Community Problem Gambling Program			
Revenue			
Ministry of Health Allocation	<u>\$</u>	87,331	87,331
Operating Expenses			
Salaries and Wages	\$	66,565	
Employee Benefits		22,091	14,770
Total Operating Expenses	<u>\$</u>	88,656	53,087
Net Revenue (Expense) Before Amount Repayable	\$	(1,325)	34,244
Amount Repayable to Ministry of Health		-	(34,244)
Net Revenue (Expenses)	\$	(1,325)	· -
· • •		, , , ,	

Schedule 2 (Continued) - Other Votes and Programs (Unaudited)

March 31,		2023	 2022
Rent Supplement Program			
Revenue			
Ministry of Health Allocation	_\$	25,600	\$ 25,600
Operating Expenses			
Supplies and Other Expenses	_\$	19,603	\$ 11,205
Net Revenue Before Amount Repayable	\$	5,997	\$ 14,395
Amount Repayable to Ministry of Health		(5,997)	(14,395
Net Revenue	\$	-	\$ <u>-</u>
Municipal Taxes			
Revenue			
Ministry of Health Allocation		2,100	\$ 2,100
Total Expenses	\$	2,100	\$ 2,100
Net Revenue	\$	-	\$
Employment Services			
Revenue			
Ministry of Labour, Training and Skills Development	\$	273,414	\$ 273,414
Recoveries		(66)	558
Total Revenue	\$	273,348	273,972
Operating Expenses			
Participant Wages and Stipends	\$	165,621	\$ 198,550
Operating		50,840	56,951
Training Subsidies		1,500	1,728
Training Support		917	807
Total Operating Expenses	_\$	218,878	\$ 258,036
Net Revenue Before Amount Repayable	\$	54,470	\$ 15,936
Amount Repayable to Ministry of Labour, Training and Skills Development		(54,470)	(15,369

Schedule 2 (Continued) - Other Votes and Programs (Unaudited)

arch 31,		2023		2022
uth Job Connection Summer				
Revenue				
Ministry of Labour, Training and Skills Development	\$	9,300	\$	9,300
Operating Expenses				
Operating	\$	7,958	\$	4,500
Financial Supports		(94)		1,674
Total Operating Expenses	\$	7,864	\$	6,174
Net Revenue Before Amount Repayable	\$	1,436	\$	3,126
Amount Repayable to Ministry of Labour, Training and Skills Development		(1,436)		(3,126
Net Revenue	\$	-	\$	-
uth Job Connection Revenue Ministry of Labour, Training and Skills Development	\$	46,200	·	
uth Job Connection Revenue Ministry of Labour, Training and Skills Development			·	46,200
uth Job Connection Revenue Ministry of Labour, Training and Skills Development Operating Expenses			\$	
uth Job Connection Revenue Ministry of Labour, Training and Skills Development Operating Expenses Operating	\$	46,200	\$	46,200
uth Job Connection Revenue Ministry of Labour, Training and Skills Development Operating Expenses	\$	46,200 36,681	\$	46,200 21,000 11,376
uth Job Connection Revenue Ministry of Labour, Training and Skills Development Operating Expenses Operating Training Support	\$	46,200 36,681 4,850	\$	21,000 11,376 32,376
uth Job Connection Revenue Ministry of Labour, Training and Skills Development Operating Expenses Operating Training Support Total Operating Expenses	\$ \$ \$	46,200 36,681 4,850 41,531	\$ \$	46,200 21,000

Red Lake Margaret Cochenour Memorial Hospital Schedule 3 - Salaries and Wages (Unaudited)

March 31,	2023	2022
Patient Care		
Inpatient Wards	\$ 1,661,237	\$ 1,422,142
Diabetes Education	25,189	88,514
Ambulatory Care	603,788	874,602
Laboratory	417,203	369,857
Diagnostic Imaging	280,798	222,562
Pharmacy	105,191	98,789
Therapeutic Services	 149,742	110,259
Total Patient Care	\$ 3,243,148	\$ 3,186,725
Support Services		
General Administration	\$ 529,795	\$ 536,725
Information System Support	83,608	75,483
Physical Plant	180,309	174,364
Environmental Services	278,524	277,573
Food Services	371,267	361,994
Patient Information	173,387	142,128
Marketed Services	8,998	16,378
Materials Management	129,362	122,413
Total Support Services	\$ 1,755,250	\$ 1,707,058
Total Salaries and Wages	\$ 4,998,398	\$ 4,893,783

Schedule 4 - Employee Benefits (Unaudited)

March 31,	2023	2022
Canada Pension Plan	\$ 226,326	\$ 215,538
Hospital Pension Plan	352,109	356,033
Employment Insurance	85,844	86,251
Workplace Safety & Insurance Board	47,046	44,689
Long-Term Disability Insurance	79,253	72,480
Employer Health Tax	100,834	101,630
Semi-Private Insurance	2,729	2,512
Extended Health Care Insurance	72,782	71,485
Dental Insurance	44,910	42,103
Group Life and Accidental Death & Dismemberment	16,846	15,713
Benefit and Vacation % in Lieu	202,124	302,661
Total Employee Benefits	\$ 1,230,803	\$ 1,311,095

Schedule 5 - Medical Staff Remuneration (Unaudited)

March 31,		2023	2022
Honorariums	\$	26.000 \$	50,689
Hospital On Call Coverage	•	470,974	457,212
CTSLPE: Temporary Physician Compensation during COVID-19		217,941	-
Clinical Laboratory		13,768	18,557
Imaging		110,592	101,673
Total Medical Staff Remuneration	\$	839,275 \$	628,131

Red Lake Margaret Cochenour Memorial Hospital Schedule 6 - Supplies and Other Expenses (Unaudited)

March 31,	2023		2022
Patient Care			
Inpatient Wards	\$ 149,112	\$	174,307
Diabetes Education	356		15,792
Ambulatory Care	95,041		131,593
Laboratory	258,804	,	259,435
Diagnostic Imaging	81,176		64,457
Pharmacy	44,046		56,529
Therapeutic Services	3,528	,	5,646
Total Patient Care	\$ 632,063	\$	707,759
Support Services			
General Administration	\$ 540,934	\$	512,613
Information System Support	201,191		273,232
Physical Plant	410,771		360,664
Environmental Services	49,186	i	60,510
Food Services	105,031		104,596
Patient Information	7,033	į	5,323
Health System Development	404,559)	234,944
Marketed Services	187,179)	178,284
Materials Management	49,616	i	48,277
Total Support Services	\$ 1,955,500		1,778,443
Total Supplies and Other Expenses	\$ 2,587,563	\$	2,486,202

Schedule 7 - Diabetes Education Program (Unaudited)

March 31,	2023	2022
Revenue		
Ministry of Health Allocation	\$ 151,283	\$ 151,283
Compensation & Services Recovery	-	79,485
Total Revenue	\$ 151,283	\$ 230,768
Operating Expenses		
Salaries and Wages	\$ 23,317	\$ 88,514
Employee Benefits	4,162	22,849
Supplies and Other Expenses	356	15,792
Total Operating Expenses	\$ 27,835	\$ 127,155
Net Revenue	\$ 123,448	\$ 103,613

Red Lake Margaret Cochenour Memorial Hospital Schedule 8 - Ontario Health Team (Unaudited)

March 31,	2023	2022
Revenue		
Ministry of Health Allocation	\$ 750,000	\$ -
Total Revenue	\$ 750,000	\$ -
Operating Expenses		
Digital health, Information Management, and Virtual Care Implementation	\$ 50,000	\$ -
Physician and other Clinician Leadership	8,580	-
Project Management and Leadership	130,750	-
Planning / Implementing a population-health management (Consulting)	112,548	-
Total Operating Expenses	\$ 301,878	\$ -
Net Revenue (Expense)	\$ 448,122	\$