

LADY MINTO HOSPITAL

**INDEPENDENT AUDITOR'S REPORT AND
FINANCIAL STATEMENTS**

MARCH 31, 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Lady Minto Hospital

Opinion

We have audited the financial statements of Lady Minto Hospital, which comprise the statement of financial position as at March 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2021, and its results of its operations and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations.

Basis for Opinion

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

Responsibilities of Management 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 for Government Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the organization'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 organization'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 organization'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 organization 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.

Baker Tilly HKC

Chartered Professional Accountants
Licenced Public Accountants
June 22, 2021

LADY MINTO HOSPITAL

FINANCIAL STATEMENTS

MARCH 31, 2021

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LADY MINTO HOSPITAL

STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2021

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
REVENUES			
Ministry of Health and Long-Term Care, schedule 1	\$ 12,661,904	\$ 14,204,460	\$ 12,837,797
Patient care, schedule 2	567,900	388,992	535,251
Cancer Care Ontario	300,000	745,702	576,051
Recoveries and other revenue	1,041,821	1,051,957	1,204,785
Amortization of deferred capital contributions - equipment and software	120,000	115,224	108,633
	<u>14,691,625</u>	<u>16,506,335</u>	<u>15,262,517</u>
EXPENSES			
Salaries and wages, schedule 3	6,692,085	6,778,336	6,400,025
Employee benefits	2,035,226	2,217,572	1,863,719
Medical staff remuneration	1,808,279	1,949,563	1,836,367
Supplies and other expenses, schedule 4	3,318,289	3,285,799	3,422,007
Medical and surgical supplies	219,500	357,007	232,540
Drugs and medical gases	431,500	740,660	802,447
Amortization of equipment and software	252,500	393,742	334,534
	<u>14,757,379</u>	<u>15,722,679</u>	<u>14,891,639</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS			
	<u>(65,754)</u>	<u>783,656</u>	<u>370,878</u>
Amortization of deferred capital contributions - buildings	225,000	364,506	359,129
Amortization of buildings	(500,000)	(866,281)	(809,529)
	<u>(275,000)</u>	<u>(501,775)</u>	<u>(450,400)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAM AND OTHER VOTES			
	<u>(340,754)</u>	<u>281,881</u>	<u>(79,522)</u>
OTHER PROGRAM			
Villa Minto Nursing Home-Loss for the year, schedule 5	-	(288,848)	(346,258)
	<u>(340,754)</u>	<u>(6,967)</u>	<u>(425,780)</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF EXPENSES OVER REVENUES			
	<u>\$ (340,754)</u>	<u>\$ (6,967)</u>	<u>\$ (425,780)</u>

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

LADY MINTO HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2021

	Invested in Capital Assets and Intangible Assets (note 12)	Unrestricted	Total 2021	Total 2020
BALANCE, BEGINNING OF YEAR	\$ 8,849,334	\$ 1,709,738	\$ 10,559,072	\$ 10,984,852
EXCESS OF EXPENSES OVER REVENUES	-	(6,967)	(6,967)	(425,780)
NET CHANGE IN INVESTED IN CAPITAL ASSETS AND INTANGIBLE ASSETS (note 12)	49,709	(49,709)	-	-
BALANCE, END OF YEAR	\$ 8,899,043	\$ 1,653,062	\$ 10,552,105	\$ 10,559,072

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

LADY MINTO HOSPITAL
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2021

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$ 1,145	\$ 1,145
Accounts receivable (note 4)	785,245	709,864
Prepaid expenses	106,269	101,955
Inventories	416,577	310,340
Due from MICs Group of Health Services (note 9)	2,624,696	2,727,552
	<u>3,933,932</u>	<u>3,850,856</u>
LONG-TERM RECEIVABLES (note 5)	51,905	47,934
CAPITAL ASSETS (note 6)	16,054,287	15,440,116
INTANGIBLE ASSETS (note 7)	347,106	385,674
	<u>\$ 20,387,230</u>	<u>\$ 19,724,580</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (note 8)	\$ 716,909	\$ 542,523
Deferred revenue	-	11,499
	<u>716,909</u>	<u>554,022</u>
POST-EMPLOYMENT BENEFITS PAYABLE (note 10)	1,530,946	1,499,397
DEFERRED CAPITAL CONTRIBUTIONS (note 11)	7,587,270	7,112,089
	<u>9,835,125</u>	<u>9,165,508</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS AND INTANGIBLE ASSETS (note 12)	8,899,043	8,849,334
UNRESTRICTED	1,653,062	1,709,738
	<u>10,552,105</u>	<u>10,559,072</u>
	<u>\$ 20,387,230</u>	<u>\$ 19,724,580</u>

CONTINGENCIES AND COMMITMENTS - note 15

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

On behalf of the board

Pat Dorff

Director

Paul Chatelain

Director

LADY MINTO HOSPITAL
STATEMENT OF CASH FLOWS
YEAR ENDED MARCH 31, 2021

	2021	2020
OPERATING ACTIVITIES		
Excess of expenses over revenues	\$ (6,967)	\$ (425,780)
Items not involving cash:		
Amortization of capital assets - buildings	866,281	809,529
Amortization of capital assets - equipment and software	393,742	334,534
Amortization of capital assets - Villa Minto	32,345	29,601
Amortization of intangible assets - Villa Minto	38,568	38,568
Amortization of deferred capital contributions - buildings	(364,506)	(359,129)
Amortization of deferred capital contributions - equipment and software	(115,224)	(108,633)
Amortization of deferred capital contributions - Villa Minto	(7,606)	(9,660)
Accrual for post-employment benefits	31,549	47,618
	<u>868,182</u>	<u>356,648</u>
Changes in:		
Accounts receivable	(75,381)	161,262
Prepaid expenses	(4,314)	12,162
Inventories	(106,237)	(80,333)
Long-term receivables	(3,971)	(2,716)
Accounts payable and accrued liabilities	174,386	(114,446)
Deferred revenue	(11,499)	-
	<u>841,166</u>	<u>332,577</u>
INVESTING ACTIVITY		
Net advances from MICs Group of Health Services	102,856	325,384
CAPITAL ACTIVITIES		
Purchase of capital assets	(1,906,539)	(1,843,955)
Capital contributions received	962,517	1,186,284
	<u>(944,022)</u>	<u>(657,671)</u>
CHANGE IN CASH POSITION	-	290
CASH POSITION, BEGINNING OF YEAR	<u>1,145</u>	<u>855</u>
CASH POSITION, END OF YEAR	<u>\$ 1,145</u>	<u>\$ 1,145</u>

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

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

1. STATUS AND NATURE OF OPERATIONS

The Hospital, incorporated under the Ontario Business Corporation Act, without share capital, operates a Hospital under the Charitable Institutions Act, at 241 8th Street, Cochrane, Ontario. The Hospital is a not-for-profit organization and, as such, is exempt from income taxes under the Income Tax Act (Canada).

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements 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 and includes the following significant accounting policies:

BASIS OF PRESENTATION

The financial statements include the assets, liabilities and activities of the Hospital. The revenues, expenses, assets and liabilities with respect to the operations of the Hospital Auxiliary and the MICs Healthcare Foundation are not reflected in these financial statements except to the extent that the funds have been received from or disbursed to them.

REVENUE RECOGNITION

The financial statements have been prepared using the deferral method of accounting. Under the deferral method, revenues are recorded in the period to which they relate.

Under the Health Insurance Act and the regulations thereto, the Hospital is funded primarily by the North East Local Health Integration Network (North East LHIN) in accordance with the terms and conditions in the Hospital Service Accountability Agreement.

Unrestricted contributions, including operating grants are recorded as revenue in the period to which they relate. Grants approved but not yet received at the end of the year are accrued.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Grants and donations received for the acquisition of specific capital assets are recorded as deferred capital contributions and recognized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Revenue from the provincial insurance plans, and uninsured patients, operational revenue and other services and recoveries are recognized as revenue when received or receivable if the amount to be recorded can be reasonably estimated and the collection is reasonably assured.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

INVENTORIES

Inventories of all hospital supplies are valued at the lower of average cost and replacement value and include only those supplies located in central storage areas and not supplies that have been issued to departments for direct patient care.

CAPITAL ASSETS

The acquisition of capital assets are recorded at their historical cost less amortization. Contributed capital assets are recorded at fair value at the date of contribution. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying amount is reduced to reflect the decline in the asset's value. The writedown is recorded in the statement of operations.

Amortization is calculated on a straight line basis using rates as set out in the Ontario Health Care Reporting System Guidelines. The estimated useful lives of the assets are as follows:

Land improvements	20 years
Buildings	10-40 years
Equipment	5-20 years
Software	3-5 years

The cost of capital projects in progress is recorded as capital assets and no amortization is taken until the project is substantially completed and the asset is ready for productive use. The Hospital allocates salary and benefit costs when personnel work directly in managing or implementing the capital project.

INTANGIBLE ASSETS

Intangible assets are recorded at cost less accumulated amortization. Amortization is calculated on a straight line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The estimated useful life of the intangible asset is as follows:

Nursing home licence	20 years
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CONTRIBUTED SERVICES AND MATERIALS

Volunteers contribute significant hours of their time each year to assist the Hospital in carrying out certain charitable activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

FUNDING

Under the current funding policy, the Hospital is essentially funded by using a budget base approved by the North East Local Health Integration Network. The Hospital is allowed to retain any excess of revenues over expenses derived from its operations and, conversely, retains responsibility for any deficit it may occur.

RETIREMENT AND POST-EMPLOYMENT BENEFIT PLANS

The Hospital provides defined retirement and post-employment benefits for certain employee groups. These benefits include pension, extended health care, dental and life insurance. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

Multi-employer defined benefit pension

Substantially all of the employees of the Hospital are eligible to be members of the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer, defined benefit, final average earnings, contributory pension plan. Defined contribution plan accounting is applied to HOOPP, whereby contributions are expensed when due, as the Hospital has insufficient information to apply defined benefit accounting.

Post-employment benefits

i) The costs of post-employment future benefits are actuarially determined using the projected benefit method prorated on service and management's best estimate of retirement ages, health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis.

ii) Past service costs (if any) arising from plan amendments are immediately recognized.

iii) The discount rate used in the determination of the above-mentioned liability is the discount rate recommended by the Ministry of Health and Long-Term Care.

FINANCIAL INSTRUMENTS

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

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

FINANCIAL INSTRUMENTS, (CONT'D)

Fair Value

This category includes derivatives and equity instruments quoted in an active market. The Hospital has designated its cash and cash equivalents at fair value as they are managed and evaluated on a fair value basis. They are initially recognized at cost and subsequently carried at fair value. Unrealized 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, long-term receivables, accounts payable and accrued liabilities and due from MICs Group of Health Services. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Writedowns 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 writedown being recognized in the statement of operations.

MEASUREMENT UNCERTAINTY

The preparation of financial statements in accordance with Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations 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 revenues and expenses during the period. Significant areas requiring the use of estimates include: the revenue recognition of certain restricted contributions, the allowance for doubtful accounts, the useful life of capital assets, the actuarial estimation of post-employment benefits, accrued liabilities and contingencies. Actual results may differ from management's best estimates as additional information becomes available in the future.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

3. FINANCIAL INSTRUMENT CLASSIFICATION

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

	2021		
	Fair Value	Amortized Cost	Total
Cash	\$ 1,145	\$ -	\$ 1,145
Accounts receivable	\$ -	\$ 785,245	\$ 785,245
Due from MICs Group of Health Services	\$ -	\$ 2,624,696	\$ 2,624,696
Long-term receivables	\$ -	\$ 51,905	\$ 51,905
Accounts payable and accrued liabilities	\$ -	\$ 716,909	\$ 716,909
	2020		
	Fair Value	Amortized Cost	Total
Cash	\$ 1,145	\$ -	\$ 1,145
Accounts receivable	\$ -	\$ 709,864	\$ 709,864
Due from MICs Group of Health Services	\$ -	\$ 2,727,552	\$ 2,727,552
Long-term receivables	\$ -	\$ 47,934	\$ 47,934
Accounts payable and accrued liabilities	\$ -	\$ 542,523	\$ 542,523

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

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

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

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).

Cash is considered Level 1 fair value.

There were no transfers between levels for the year ended March 31, 2021.

LADY MINTO HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2021****4. ACCOUNTS RECEIVABLE**

	2021	2020
Insurers and patients	\$ 354,607	\$ 477,545
Ministry of Health / North East LHIN	177,363	3,291
HST rebates receivable	318,906	275,144
	850,876	755,980
Less: Allowance for doubtful accounts	65,631	46,116
	<u>\$ 785,245</u>	<u>\$ 709,864</u>

5. LONG-TERM RECEIVABLES

	2021	2020
Nursing recruitment incentive agreements, interest free, unsecured, due over varying terms	\$ 51,905	\$ 47,934

6. CAPITAL ASSETS

	Cost	Accumulated Amortization	2021 Net	2020 Net
Land	\$ 86,514	\$ -	\$ 86,514	\$ 86,514
Land improvements	218,189	-	218,189	218,189
Buildings	27,872,882	13,857,210	14,015,672	13,327,261
Equipment	5,971,833	4,237,921	1,733,912	1,808,152
Software	54,998	54,998	-	-
	<u>\$ 34,204,416</u>	<u>\$ 18,150,129</u>	<u>\$ 16,054,287</u>	<u>\$ 15,440,116</u>

As at March 31, 2021, there were \$2,737,773 (2020 - \$1,660,303) of capital projects in progress. These assets were not amortized.

During the year, the Hospital wrote-off \$844,859 (2020 - \$734,038) in equipment that was no longer in use, disposed of or fully amortized.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

7. INTANGIBLE ASSETS

	Cost	Accumulated Amortization	2021 Net	2020 Net
Nursing home licence	\$ 771,354	\$ 424,248	\$ 347,106	\$ 385,674

In 1998, the Hospital acquired a Nursing Home Licence to operate a 33 bed Nursing Home pursuant to the Nursing Home Act (Ontario). The Nursing Home Licence was recorded at cost and was not amortized considering that the licence was not issued for a specified period of time. Later, under the Long-Term Care Homes Act (Ontario) which became in effect July 1, 2010, a replacement licence for 33 beds was issued for a period of 20 years expiring June 30, 2030. The cost of licence is now being amortized on a straight line basis over the term of the agreement.

8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2021	2020
Trades payable and accrued liabilities	\$ 541,406	\$ 478,219
Ministry of Health / North East LHIN	175,503	64,304
	\$ 716,909	\$ 542,523

9. DUE FROM MICS GROUP OF HEALTH SERVICES

The Hospital exercises significant influence over the MICs Group of Health Services (MICs) by virtue of it being a member of the Partnership and its ability to appoint some of the members of the Board of Directors. The Partnership was established to increase opportunities for collaboration between its member hospitals (Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital) in the sharing of costs and provision of health services. The Partnership is a non-profit organization.

Included in the Hospital's expenses for the year is \$11,679,850 (2020 - \$10,980,871) paid or payable to the Partnership for the Hospital's share of various cost functions primarily administration and support services. The share of costs to participating hospitals are set by a methodology agreed to by the Board on a cost recovery basis. The deficiency of amounts paid or to be paid by MICs on behalf of the Hospital over amounts received by MICs on behalf of the Hospital is noted below:

LADY MINTO HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2021****9. DUE FROM MICS GROUP OF HEALTH SERVICES, (CONT'D)**

	2021	2020
Due from MICs Group of Health Services	\$ 2,624,696	\$ 2,727,552

The balance due to MICs Group of Health Services is unsecured, non-interest bearing with no specific terms of repayment. These transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties.

Information systems network, software and hardware, as well as office equipment shared by the three participating hospitals are recorded as capital assets and the respective Hospital's share of the related costs are recorded when the capital assets are amortized. Any capital contributions, grants or donations received for the acquisition of capital assets are deferred and the respective Hospital's share of the related revenue is recorded when the contribution is amortized.

10. POST-EMPLOYMENT BENEFITS PAYABLE

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

The following tables outlines the components of the Hospital's accrued post-employment benefit liability and benefit expense:

ACCRUED BENEFIT LIABILITY

	Hospital	Share of MICS	2021 Total	2020 Total
Accrued benefit obligation	\$ 1,172,806	\$ 120,801	\$ 1,293,607	\$ 1,274,917
Unamortized actuarial loss (gain)	233,704	3,635	237,339	224,480
Accrued benefit liability	\$ 1,406,510	\$ 124,436	\$ 1,530,946	\$ 1,499,397

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

10. POST-EMPLOYMENT BENEFITS PAYABLE, (CONT'D)

	Hospital	Share of MICS	2021 Total	2020 Total
Accrued benefit obligation, beginning of year	\$ 1,150,536	\$ 124,381	\$ 1,274,917	\$ 1,338,448
Unamortized actuarial loss (gain)	231,824	(7,344)	224,480	113,331
Accrued benefit liability, beginning of year	1,382,360	117,037	1,499,397	1,451,779
Current service cost	59,172	6,619	65,791	72,314
Interest on obligation	37,877	4,134	42,011	42,713
Amortization of actuarial loss (gain)	(27,273)	844	(26,429)	(12,753)
Benefit expense	69,776	11,597	81,373	102,274
Benefit payment	(45,626)	(4,198)	(49,824)	(54,656)
Accrued benefit liability, end of year	\$ 1,406,510	\$ 124,436	\$ 1,530,946	\$ 1,499,397

The above amounts exclude contributions to the Hospitals of Ontario Pension Plan, a multi-employer plan, described in note 13.

The major actuarial assumptions employed for the valuations are as follows:

Discount rate

The present value of the future benefits was determined using a discount rate of 3.21% (2020 - 3.29%) which is the discount rate recommended by the Ministry of Health and Long-Term Care.

Extended Health Coverage

Extended Health Coverage is assumed to increase at a rate of 8% per annum (2020 - 8%) and decrease proportionately thereafter by 0.5% per year to an ultimate rate of 4.5% (2020 - 4.5%).

Dental costs

Dental costs is assumed to increase at 4% per annum (2020 - 4%).

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

11. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of donations and grants received for the purchase of capital assets. The changes in the deferred capital contributions balances are as follows:

	2021	2020
CAPITAL CONTRIBUTIONS		
Balance, beginning of year	\$ 15,993,604	\$ 15,269,805
Funding received during the year	962,517	1,186,284
Write off of capital contributions	-	(462,485)
	<u>16,956,121</u>	<u>15,993,604</u>
ACCUMULATED AMORTIZATION		
Balance, beginning of year	(8,881,515)	(8,866,576)
Amortization - buildings	(364,506)	(359,129)
Amortization - equipment and software	(115,224)	(108,633)
Amortization - Villa Minto	(7,606)	(9,660)
Write off of accumulated amortization	-	462,483
	<u>(9,368,851)</u>	<u>(8,881,515)</u>
NET DEFERRED CAPITAL CONTRIBUTIONS	<u>\$ 7,587,270</u>	<u>\$ 7,112,089</u>

Included in deferred capital contributions are donations and grants reserved for the purchase of capital assets that are unspent. Unspent contributions are subject to recovery by the funder. These contributions are comprised of:

	2021	2020
Donations	\$ 66,087	\$ 104,725
Health Infrastructure Renewal Fund	-	30,908
Ministry of Health / North East LHIN - Minor Capital Funding	18,833	-
	<u>\$ 84,920</u>	<u>\$ 135,633</u>

Due to the ongoing COVID-19 pandemic restrictions and circumstances (see further details in note 18), some of the minor capital funding received was not fully spent on March 31, 2021. The hospital obtained approval from the funder to defer this unspent contribution.

LADY MINTO HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2021****12. INVESTED IN CAPITAL ASSETS AND INTANGIBLE ASSETS**

Invested in capital assets and intangible assets is calculated as follows:

	2021	2020
Capital assets	\$ 16,054,287	\$ 15,440,116
Intangible assets	347,106	385,674
Deferred capital contributions	(7,587,270)	(7,112,089)
Unspent deferred capital contributions (note 11)	84,920	135,633
	<u>\$ 8,899,043</u>	<u>\$ 8,849,334</u>

The interfund transfer and the change in invested in capital assets and intangible assets is calculated as follows:

	2021	2020
CAPITAL ASSET AND INTANGIBLE ASSET ACTIVITIES		
Purchase of capital assets	\$ 1,906,539	\$ 1,843,955
Amortization of capital assets - buildings	(866,281)	(809,529)
Amortization of capital assets - equipment and software	(393,742)	(334,534)
Amortization of capital assets - Villa Minto Nursing Home	(32,345)	(29,601)
Amortization of intangible assets - Villa Minto Nursing Home	(38,568)	(38,568)
	<u>575,603</u>	<u>631,723</u>
DEFERRED CAPITAL CONTRIBUTION ACTIVITIES		
Capital contributions received during the year	(962,517)	(1,186,284)
Net change in unspent deferred capital contributions	(50,713)	86,677
Amortization of deferred capital contributions - buildings	364,506	359,129
Amortization of deferred capital contributions - equipment and software	115,224	108,633
Amortization of deferred capital contributions - Villa Minto Nursing Home	7,606	9,660
	<u>(525,894)</u>	<u>(622,185)</u>
	<u>\$ 49,709</u>	<u>\$ 9,538</u>

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

13. RETIREMENT BENEFITS

Substantially all of the Hospital's employees are members of the Hospitals of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the plan made during the year by the Hospital on behalf of its employees amounted to \$692,371 (2020 - \$654,768) and are included in the statement of operations. As this is a multi-employer pension plan, these contributions are the Hospital's pension benefit expenses. Any pension plan surpluses or deficits are a joint responsibility of member organizations and their employees. As a result, the organization does not recognize any share of the Plan's surplus or deficit. No contributing employer or employee has any liability, directly or indirectly, to provide the benefits established by this plan beyond the obligation to make contributions pursuant to the Plan policies. The most recent actuarial valuation of the Plan at December 31, 2020 indicated that the Plan is fully funded on a solvency basis.

14. RELATED PARTY TRANSACTIONS

MICs Healthcare Foundation is a corporation without share capital jointly controlled by the three participating hospitals of the MICs Group of Health Services partnership. It has its own Board of Directors. The Foundation was incorporated primarily for the purpose of raising funds for the use by the three hospitals (Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital). Transactions are valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties.

The financial results of the Foundation is not consolidated in the financial statements of the Hospital.

15. CONTINGENCIES AND COMMITMENTS

a) The nature of the Hospital's activities are such that there is usually litigation pending or in progress at any one time. With respect to claims as at March 31, 2021, it is management's position that the Hospital has valid defences and appropriate insurance coverage in place. No provision has been made in these financial statements to reflect any of these claims. Any settlements which may arise will be reflected in the financial statements in the year the amount is determined.

b) The Hospital participates in the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay actuarially determined annual premiums. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2021.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

15. CONTINGENCIES AND COMMITMENTS, (CONT'D)

c) The MICs Group of Health Services is part of a collective group of employers participating in the process of formulating a central pay equity plan for a particular employee group. The possible ultimate liability arising to the Hospital on completion of the plan is currently not determinable.

d) As at March 31, 2021, the Hospital has a further commitment of \$1,169,427 in relation to current capital projects in progress.

16. COVID-19 CONTRIBUTIONS

The Hospital has recognized COVID-19 related contributions in the amount of \$1,510,548 in revenues and \$90,366 in deferred capital contributions. These contributions were provided to the Hospital to assist with the increased operating and capital costs and lost of revenues resulting from COVID-19 implications. These restricted contributions are subject to meeting certain eligibility requirements based on agreements and guidelines provided by the funders, the Ministry of Health and Long Term Care and the North East Local Integration Network. The contributions are subject to review and reconciliation by the funders and the adjustments, if any, will be repayable to the funders. The adjustments will be recognized in the year in which they become known. Management believes that the Hospital is currently in compliance with all the terms and conditions of these COVID-19 related contributions based on the guidelines provided at the time these financial statements were approved.

17. ECONOMIC DEPENDENCE

The Hospital receives the majority of its revenue through a funding agreement with the North East Local Integration Network and the Ministry of Health and Long-Term Care. The Hospital's continued operations are dependent on this funding agreement and on satisfying the terms of the agreement.

18. FINANCIAL INSTRUMENTS RISK MANAGEMENT

CREDIT RISK

The Hospital is exposed to credit risk in the event of non-payment by their debtors for their accounts receivable. Credit risk arises from the possibility that these individuals may experience financial difficulty and be unable to fulfill their obligations. The hospital is exposed to this risk relating to its cash, accounts receivable, due from MICs Group of Health Services and long-term receivables.

The Hospital holds its cash account with federally regulated chartered banks who are insured by the Deposit Insurance Corporation of Ontario. Accounts receivable are generally due from government agencies, insurers and patients and other. The Hospital measures its exposure to

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

18. FINANCIAL INSTRUMENTS RISK MANAGEMENT, (CONT'D)

credit risk based on how long the amounts have been outstanding. An impairment allowance is recorded based on the Hospital's historical experience regarding collections. The amounts outstanding as at March 31, 2021 are as follows:

	Total	Current	31-60 days	61-90 days	90+ days
Insurers and patients	\$ 354,607	\$ 263,117	\$ 23,325	\$ 4,962	\$ 63,203
MOH/LHIN	177,363	177,363	-	-	-
HST rebates	318,906	318,906	-	-	-
	850,876	759,386	23,325	4,962	63,203
Allowance	(65,631)	-	-	(2,428)	(63,203)
	\$ 785,245	\$ 759,386	\$ 23,325	\$ 2,534	\$ -

The Hospital performs ongoing evaluations of their accounts receivable and maintains provisions for potential credit losses to minimize credit risk.

The Hospital's investment policy puts limits on the bond portfolio including portfolio composition units, issuer type limits, bond quality limits, aggregate issuer limits, corporate sector limits and general guidelines for geographic exposure. Investments are monitored by management and measured for performance on a regular basis.

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 results from the Hospital's potential inability to meet its obligations associated with the financial liabilities as they become due. The Hospital mitigates this risk by monitoring its operations and cash flows to ensure that current and future obligations will be met. The Hospital believes that its current sources of liquidity are sufficient to cover its currently known short and long-term cash obligations.

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.

LADY MINTO HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2021

19. COVID-19 PANDEMIC AND IMPACT ON OPERATIONS

On March 11, 2020, the World Health Organization categorized COVID-19 as a pandemic. The potential economic effects within the Hospital's environment and in the global markets, possible disruption in supply chains, and measures being introduced at various levels of government to curtail the spread of the virus (such as travel restrictions, closures of non-essential municipal and private operations, imposition of quarantines and social distancing) has had an impact on the Hospital's operations. It has been affected by both the reduction of certain revenues and the increase of additional expenses. However, management has been able to curtail the impact through tight controls over the discretionary expenses and the receipt of additional government contributions.

This pandemic is still ongoing and management is unable to further estimate the length and gravity of this outbreak. Management is continually monitoring and assessing new information and recommendations from health and government authorities as it becomes available, and will continue to respond accordingly.

20. SUBSEQUENT EVENT

Subsequent to year end, the Hospital signed a memorandum of understanding regarding a large capital project to upgrade IT equipment, systems and software. The cost will be shared amongst other hospitals in the region. The Hospital's estimated share of the cost will be approximately \$2,090,000, excluding operating costs.

LADY MINTO HOSPITAL
SCHEDULES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2021

SCHEDULE OF MINISTRY OF HEALTH AND LONG-TERM CARE **Schedule 1**

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
North East LHIN - Base allocation	\$ 11,243,618	\$ 11,087,040	\$ 10,861,119
Ministry of Health - Physician specific	1,690,779	1,818,162	1,688,403
Ministry of Health/North East LHIN - One-time funding	(272,493)	1,299,258	288,275
	\$ 12,661,904	\$ 14,204,460	\$ 12,837,797

SCHEDULE OF PATIENT CARE **Schedule 2**

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
Ontario Health Insurance	\$ 224,500	\$ 178,798	\$ 205,326
Other patient care revenue	343,400	210,194	329,925
	\$ 567,900	\$ 388,992	\$ 535,251

SCHEDULE OF SALARIES AND WAGES **Schedule 3**

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
Nursing services	\$ 2,927,874	\$ 2,762,830	\$ 2,697,011
Diagnostic and therapeutic	1,338,170	1,321,308	1,258,546
Education	29,221	11,971	19,895
Administration and other	2,396,820	2,682,227	2,424,573
	\$ 6,692,085	\$ 6,778,336	\$ 6,400,025

LADY MINTO HOSPITAL
SCHEDULES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2021

SCHEDULE OF SUPPLIES AND OTHER EXPENSES

Schedule 4

	2021 Budget (Unaudited)	2021 Actual	2020 Actual
Nursing services	\$ 224,200	\$ 299,069	\$ 330,525
Diagnostic and therapeutic	949,900	1,123,732	1,042,024
Education	59,640	31,439	49,434
Administration and other	2,084,549	1,831,559	2,000,024
	\$ 3,318,289	\$ 3,285,799	\$ 3,422,007

SCHEDULE OF VILLA MINTO NURSING HOME - STATEMENT OF OPERATIONS

Schedule 5

	2021	2020
REVENUES		
Provincial subsidies	\$ 2,311,044	\$ 1,884,401
Charges to residents	743,049	720,764
Amortization of deferred capital contributions	7,606	9,660
Other revenue	2,810	43,084
	3,064,509	2,657,909
EXPENSES		
Salaries and benefits	2,828,716	2,552,500
Supplies and other expenses	453,728	383,498
Amortization of capital assets	32,345	29,601
Amortization of licence	38,568	38,568
	3,353,357	3,004,167
LOSS FOR THE YEAR	\$ (288,848)	\$ (346,258)