Financial Statements of

WINCHESTER DISTRICT MEMORIAL HOSPITAL

And Independent Auditor's Report thereon

Year ended March 31, 2023



KPMG LLP 150 Elgin Street, Suite 1800 Ottawa ON K2P 2P8 Canada Tel 613-212-5764 Fax 613-212-2896

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the Winchester District Memorial Hospital

Opinion

We have audited the financial statements of the Winchester District Memorial Hospital, which comprise:

- the statement of financial position as at March 31, 2023
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

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

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Winchester District Memorial Hospital as at March 31, 2023, and its results of operations, changes in net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our auditor's report.

We are independent of the Winchester District Memorial 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 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 accounting standards for 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 Winchester District Memorial 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 Winchester District Memorial Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Winchester District Memorial Hospital's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether 6the 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 the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

 Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- 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 Winchester District Memorial
 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 Winchester District Memorial 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 Winchester District Memorial 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.
- Communicate with those charged with governance regarding, among other matters, the
 planned scope and timing of the audit and significant audit findings, including any
 significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

KPMG LLP

June 28, 2023

Statement of Financial Position

March 31, 2023, with comparative information for 2022

	2023	2022
Assets		
Current assets:		
Cash	\$ 744,716	\$ 340,404
Accounts receivable (note 2)	2,684,861	4,621,170
Due from related entities (note 3(b))	79,688	139,983
Inventories of supplies	652,207	662,023
Prepaid expenses	1,050,361	1,166,415
	5,211,833	6,929,995
Capital assets (note 4)	57,517,498	55,075,109
	\$ 62,729,331	\$ 62,005,104
Liabilities, Deferred Contributions and Ne Current liabilities:		
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue	\$ 2,915,545 12,049,310 170,249	8,691,623
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities		\$ 1,524,034 8,691,623 112,520 10,328,177
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities	12,049,310 170,249	8,691,623 112,520 10,328,177
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7)	12,049,310 170,249 15,135,104	8,691,623 112,520
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7)	12,049,310 170,249 15,135,104 2,328,262	8,691,623 112,520 10,328,177 2,235,597 44,362,735
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5)	12,049,310 170,249 15,135,104 2,328,262 42,755,964	8,691,623 112,520 10,328,177 2,235,597 44,362,735
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7) Total liabilities	12,049,310 170,249 15,135,104 2,328,262 42,755,964 60,219,330	8,691,623 112,520 10,328,177 2,235,597 44,362,735 56,926,509
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7) Total liabilities Net assets:	12,049,310 170,249 15,135,104 2,328,262 42,755,964	8,691,623 112,520 10,328,177 2,235,597 44,362,735
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7) Total liabilities Net assets: Invested in capital assets (note 8)	12,049,310 170,249 15,135,104 2,328,262 42,755,964 60,219,330	8,691,623 112,520 10,328,177 2,235,597 44,362,735 56,926,509 12,018,323 331,625
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7) Total liabilities Net assets: Invested in capital assets (note 8) Restricted	12,049,310 170,249 15,135,104 2,328,262 42,755,964 60,219,330 15,627,218 331,625	8,691,623 112,520 10,328,177 2,235,597 44,362,735 56,926,509 12,018,323 331,625 (7,271,353)
Current liabilities: Short-term borrowing (note 6) Accounts payable and accrued liabilities Deferred revenue Employee future benefits (note 5) Deferred capital contributions (note 7) Total liabilities Net assets: Invested in capital assets (note 8) Restricted	12,049,310 170,249 15,135,104 2,328,262 42,755,964 60,219,330 15,627,218 331,625 (13,448,842)	8,691,623 112,520 10,328,177 2,235,597 44,362,735 56,926,509

See accompanying notes to financial statements.

On behalf of the Board:

President and Chairman

Chief Executive Officer

Statement of Operations

Year ended March 31, 2023, with comparative information for 2022

Revenue: Ontario Ministry of Health: Base funding		2023	2022
Base funding OHIP funding 5,702,392 5,693,152 \$29,330,930 \$29,330,930 \$3,897,580 3,255,452 \$3,897,580 3,255,452 \$3,897,580 3,255,452 \$3,897,580 3,255,452 \$3,897,580 3,255,452 \$3,255,452 \$3,497,288 3,014,972 \$3,014,972 \$3,897,580 3,255,452 \$3,014,972 \$3,898,888 \$30,14,972 \$45,72,855 \$439,181 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$44,067,988 \$45,772,855 \$44,406,798 \$45,772,855 \$44,406,798 \$45,772,855 \$44,406,798 \$45,772,855 \$44,406,798 \$45,772,855 \$45,747,922 \$45,247,922 \$45,247,922 \$45,247,922 \$45,247,922 \$45,247,922 \$45,247,922	Revenue:		
OHIP funding 5,702,392 5,693,152 Satellite program 3,897,580 3,255,452 One-time funding 2,245,488 3,014,972 Recoveries and other 2,660,199 1,938,988 Other patient 531,181 439,181 Amortization of deferred contributions related to equipment (note 7) 802,088 724,247 Investment 3,435 876 Expenses: 45,772,855 44,406,798 Expenses: Salaries and wages 18,808,615 17,868,962 Supplies and other 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,693,484 Drugs and medical gases 4,028,959 3,331,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note	Ontario Ministry of Health:		
OHIP funding 5,702,392 5,693,152 Satellite program 3,897,580 3,255,452 One-time funding 2,245,488 3,014,972 Recoveries and other 2,660,199 1,938,988 Other patient 531,181 439,181 Amortization of deferred contributions related to equipment (note 7) 802,088 724,247 Investment 3,435 876 Expenses: 45,772,855 44,406,798 Expenses: 38laries and wages 18,808,615 17,868,962 Supplies and other 10,306,356 9,894,113 19,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,8		29,930,492	\$ 29 339 930
Satellite program One-time funding One-time One-time funding One-time One-time funding One-time fundin	OHIP funding		
One-time funding 2,245,488 3,014,972 Recoveries and other 2,660,199 1,938,988 Other patient 531,181 439,181 Amortization of deferred contributions related to equipment (note 7) 802,088 724,247 Investment 3,435 876 Expenses: 45,772,855 44,406,798 Expenses: 381 18,808,615 17,868,962 Supplies and other 10,306,356 9,894,113 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 1,393,052 883,932 Rental/lease of equipment 1,341 48,132,660 45,344,314 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) <td>Satellite program</td> <td></td> <td></td>	Satellite program		
Recoveries and other 2,660,199 1,938,988 Other patient 531,181 439,181 Amortization of deferred contributions related to equipment (note 7) 802,088 724,247 Investment 3,435 876 45,772,855 44,406,798 Expenses: Supplies and wages 18,808,615 17,868,962 Supplies and other 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions relate	One-time funding		
Other patient Amortization of deferred contributions related to equipment (note 7) 531,181 439,181 Investment 802,088 724,247 Investment 3,435 876 Expenses: 45,772,855 44,406,798 Expenses: 5,400,365 9,894,113 Employee benefits 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 <t< td=""><td>Recoveries and other</td><td></td><td></td></t<>	Recoveries and other		
Amortization of deferred contributions related to equipment (note 7) 802,088 724,247 Investment	Other patient		
Investment	Amortization of deferred contributions related		,
Investment	to equipment (note 7)	802.088	724.247
Expenses: Salaries and wages Supplies and other Supplies Sup	Investment		-
Salaries and wages 18,808,615 17,868,962 Supplies and other 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000			
Supplies and other 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)	Expenses:		
Supplies and other 10,306,356 9,894,113 Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)		18,808,615	17.868.962
Employee benefits 5,910,396 5,737,792 Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 1,74,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000			
Medical staff remuneration 5,891,460 5,593,484 Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)			
Drugs and medical gases 4,028,959 3,381,930 Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000	Medical staff remuneration		
Medical and surgical supplies 1,567,453 1,750,154 Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: (19,086) (20,946) Municipal taxes 4,050 - Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000		4,028,959	
Amortization of equipment 1,393,052 883,932 Rental/lease of equipment 174,101 221,529 Bad debts 52,268 12,418 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000		1,567,453	
Bad debts 52,268 12,418 48,132,660 45,344,314 Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) (937,516) (19,086) (20,946) (20,9		1,393,052	
Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 (208,789) (23,222)		174,101	221,529
Excess (deficiency) of revenue over expenses before undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 (208,789) (23,222)	Bad debts	52,268	12,418
undernoted items (2,359,805) (937,516) Other vote programs: Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)		48,132,660	45,344,314
Other vote programs: Dillabough Centre operations (note 9) Municipal taxes Amortization of deferred contributions related to buildings (note 7) Amortization of buildings Management fee from Rural Healthcare Innovations (note 3(a)) (208,789) (20,946) (20,946) 1,480,171 1,523,307 (1,843,924) (1,695,583) 170,000 (208,789)			
Dillabough Centre operations (note 9) (19,086) (20,946) Municipal taxes 4,050 — Amortization of deferred contributions related to buildings (note 7) 1,480,171 1,523,307 Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)	undernoted items	(2,359,805)	(937,516)
Municipal taxes Amortization of deferred contributions related to buildings (note 7) Amortization of buildings Management fee from Rural Healthcare Innovations (note 3(a)) (208,789) (1,843,924) (1,695,583) (23,222)			
Amortization of deferred contributions related to buildings (note 7) Amortization of buildings Management fee from Rural Healthcare Innovations (note 3(a)) (208,789) (1,695,583) (23,222)			(20,946)
buildings (note 7)		4,050	· -
Amortization of buildings (1,843,924) (1,695,583) Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 (208,789) (23,222)			
Management fee from Rural Healthcare Innovations (note 3(a)) 170,000 170,000 (208,789) (23,222)		1,480,171	1,523,307
(208,789) (23,222)			(1,695,583)
	Management fee from Rural Healthcare Innovations (note 3(a))	170,000	170,000
Excess (deficiency) of revenue over expenses \$ (2,568,594) \$ (960,738)		(208,789)	(23,222)
	Excess (deficiency) of revenue over expenses \$	(2,568,594)	\$ (960,738)

See accompanying notes to financial statements.

WINCHESTER DISTRICT MEMORIAL HOSPITAL Statement of Changes in Net Assets

Year ended March 31, 2023, with comparative information for 2022

	Invested in capital assets	Restricted	Unrestricted	20 To	2023 Total	2022 Total
	(note 7)					
Balance, beginning of year	\$ 12,018,323	\$ 331,625	\$ (7,271,353)	\$ 5,078,595	95 \$	6,039,333
Excess (deficiency) of revenue over expenses	I	I	(2,568,594)	(2,568,594)	94)	(960,738)
Purchase of capital assets (note 4)	5,696,569	ı	(5,696,569)		ı	I
Amortization of capital assets (note 4)	(3,254,180)	I	3,254,180		1	I
Amortization of deferred capital contributions (note 7)	2,282,259	I	(2,282,259)		ı	1
Deferred capital contributions used	(1,115,753)	I	1,115,753		1	i
Balance, end of year	\$ 15,627,218 \$	331,625	\$ (13,448,842)	\$ 2,510,001		\$ 5,078,595

See accompanying notes to financial statements.

Statement of Cash Flows

Year ended March 31, 2023, with comparative information for 2022

		2023		2022
Cash provided by (used for):				
Operating activities:				
Excess of revenue over expenses	\$	(2,568,594)	\$ (960,	738)
Items not involving cash:		, ,	, ,	•
Amortization of capital assets		3,254,180	2,597	,789
Amortization of deferred capital contributions (note 7)		(2,282,259)	(2,247,	
Net increase in employee future benefits liability (note 5)		92,665	97	,809
Net change in non-cash working capital (note 10)		5,537,890	2,072	,219
	******	4,033,882	1,559	,525
Capital activities:				
Deferred capital contributions received (note 7)		675,488	1,800	037
Purchase of capital assets		(5,696,569)	(4,261,	
		(5,021,081)	(2,461,	
Investing activities:				
Net increase (decrease) in short-term borrowings		1,391,511	(375,	968)
Net increase (decrease) in cash		404,312	(1,278,	086)
Cash heginning of year		240.404		·
Cash, beginning of year		340,404	1,618	,490
Cash, end of year	\$	744,716	\$ 340	,404

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2023

The Winchester District Memorial Hospital (the "Hospital") was incorporated in 1944 under the laws of Ontario, and commenced operations on December 28, 1948. The Hospital is a community-based organization providing acute and chronic care services for the residents of its service area. The Hospital is a registered charity and is exempt from income tax under the Income Tax Act (Canada).

These financial statements reflect the assets, liabilities and operations of the Hospital. They do not include the assets, liabilities or operations of WDMH Foundation or its auxiliaries which, although associated with the Hospital, are separately managed, and report to separate Boards of Trustees.

1. Significant accounting policies:

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

(a) Basis of presentation:

The Hospital follows the deferral method of accounting for government not-for-profit organizations.

(b) Revenue recognition:

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ontario Ministry of Health ("MOH"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Revenue from the Ontario Health Insurance Plan ("OHIP"), other patient care and marketed services, is recognized when the goods are sold, or the service is provided.

The Hospital receives funding for operations for certain programs from the MOH. The final amount of operating revenue recorded cannot be determined until the MOH has reviewed the Hospital's financial and statistical returns for the year. Any adjustments arising from the MOH review is recorded in the period in which the adjustment is made.

Externally restricted contributions are recognized as revenue in the year in which the conditions for the restriction have been met. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

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

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition and are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to carry any of its financial instruments 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. The Hospital does not have any amounts to record on the statement of remeasurement gains and losses and therefore this statement has not been included in these financial statements.

Financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

The Standards require the Hospital to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

A statement of remeasurement gains and losses is not presented in these financial statements as the Hospital does not have financial instruments requiring remeasurement.

(d) Foreign currency transactions:

Transactions involving foreign currencies are converted into Canadian dollar equivalents using rates of exchange in effect at the time of the transactions.

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(e) Capital assets:

Purchased capital assets, other than minor equipment, are recorded at cost.

Minor equipment replacements are expensed in the year of replacement. Assets under construction are capitalized and are not amortized until the project is complete and the assets are ready for productive use.

When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Amortization is provided on a straight-line basis over the expected useful life as follows:

Asset	Term
Buildings	20 to 50 years
Hospital equipment	3 to 20 years

(f) Employee future benefits:

The Hospital provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits.

The Hospital accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the other retirement benefits. The actuarial determination of the accrued benefit obligations for other retirement benefits uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors). The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2021, and the next required valuation will be as of March 31, 2024.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. These defined benefit plans are not funded.

The average remaining service period of active employees covered by the employee benefit plans is 14 years (2022 – 14 years).

Notes to Financial Statements (continued)

Year ended March 31, 2023

1. Significant accounting policies (continued):

(f) Employee future benefits (continued):

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

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

(g) Inventories of supplies:

Inventories of supplies are stated at the lower-of-cost and the net realizable amount. Inventory is determined on the average basis, less a provision for any obsolete or unusable inventory on hand.

(h) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

(i) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed annually and as adjustments become necessary, they are recognized in the financial statements in the period they become known.

Amounts subject to significant estimates include the assumptions used in determining the employee future benefits liability and Ministry of Health pandemic funding (note 13).

(j) Related party transactions:

Monetary related party transactions and non-monetary related party transactions that have commercial substance are measured at the exchange amount when they are in the normal course of business, except when the transaction is a non-monetary exchange of a product or property held for sale in the normal course of operations. Where the transaction is not in the normal course of operations, it is measured at the exchange amount when there is a substantive change in the ownership of the item transferred and there is independent evidence of the exchange amount.

All other related party transactions are measured at the carrying amount.

Notes to Financial Statements (continued)

Year ended March 31, 2023

2. Accounts receivable:

	2023		2022
Ontario Ministry of Health Champlain LHIN	\$ 708,276	\$	1,901,669 336,800
Ontario Health Insurance Plan Other	379,011 1,647,574		425,892 2,006,809
	 2,734,861	•	4,671,170
Less allowance for doubtful accounts	50,000		50,000
	\$ 2,684,861	\$	4,621,170

3. Related party transactions:

(a) The Winchester District Memorial Hospital Auxiliary:

The Hospital has an economic interest in the Winchester District Memorial Hospital Auxiliary (the "Auxiliary"). The Auxiliary participates in fundraising activities to provide funding for the purchase of equipment for the Hospital. During 2022, the Auxiliary provided \$68,884 (2022 - \$75,544) in donations to the Hospital. Of this donated amount, \$75,544 (2022 - \$21,025) has been included in deferred contributions related to capital assets.

(b) The Winchester District Memorial Hospital Foundation:

The Hospital has an economic interest in the Winchester District Memorial Hospital Foundation (the "Foundation"). The Foundation raises, receives and maintains funds for the financing of major equipment, capital construction or needed renovations of the Hospital and Rural Healthcare Innovations. During 2023, the Foundation provided \$1,143,828 (2022 - \$1,475,715) in donations to the Hospital. Of this donated amount, \$670,430 (2022 - \$385,249) has been included in other revenue and \$473,398 (2022 - \$1,090,466) has been included in deferred capital contributions related to capital assets. As at March 31, 2023, the Foundation owes the Hospital \$79,688 (2022 - \$139,983) for its share of expenses incurred during the year and donations to be paid.

Notes to Financial Statements (continued)

Year ended March 31, 2023

3. Related party transactions (continued):

(b) The Winchester District Memorial Hospital Foundation:

The assets, liabilities and results of operations for the Foundation for the year ended March 31 are as follows:

	 2023	 2022
Financial position:		
Total assets	\$ 7,165,163	\$ 7,356,054
Total liabilities Net assets	\$ 144,679 7,020,484	\$ 186,875 7,169,179
Total liabilities and net assets	\$ 7,165,163	\$ 7,356,054
Results of operations: Total revenue Total operating expenses Total contributions to the Hospital	\$ 1,699,205 704,072 1,143,828	\$ 3,166,864 617,449 1,475,715
Excess (deficiency) of revenue over expenses	\$ (148,695)	\$ 1,073,700

(c) Rural Healthcare Innovations

Winchester District Memorial Hospital (the "Hospital") is related to Rural Healthcare Innovations ("RHI") by virtue of having common executive management personnel. The Hospital and RHI operate as individual corporations and healthcare providers, have separate Board of Directors, receive their own funding from the Government and are separate employers. RHI is a registered charity and is incorporated under the laws of Ontario.

The Hospital had a short-term loan receivable of \$100,000 from RHI which was non-interest bearing, unsecured and had no fixed terms of repayment. In the year, RHI paid off the entire balance of this loan receivable.

In the year, The Hospital charged a management fee to RHI of \$170,000 (2021 - \$170,000) to reimburse the Hospital for management and other services. Any other transactions between the Hospital and RHI are recorded at the exchange amount. At year-end, the Hospital had an amount receivable of \$168,100 (2021 - \$681,834) from RHI.

RHI controls Dundas Manor Limited, a private company by virtue of owning 100% of its common shares. The Hospital had no transactions directly with Dundas Manor Limited in the year.

Notes to Financial Statements (continued)

Year ended March 31, 2023

4. Capital assets:

	Cost	Accumulated amortization	2023 Net book value	2022 Net book value
Land Buildings:	\$ 1,047,873	\$ -	\$ 1,047,873	\$ 1,047,873
Hospital	71,413,291	25,424,141	45,989,150	47,227,305
Dillabough Centre	996,785	423,678	573,107	590,312
Total land and buildings	73,457,949	25,847,819	47,610,130	48,865,490
Hospital equipment	25,172,662	15,744,440	9,428,222	3,011,529
Assets under construction	479,146	_	479,146	3,198,090
	\$ 99,109,757	\$ 41,592,259	\$ 57,517,498	\$ 55,075,109

During the year, the Hospital disposed of capital assets with a cost of \$419,717 (2022 - \$484,240) and accumulated amortization of \$413,575 (2022 - \$471,357) resulting in a loss on disposal of capital assets of \$6,142 (2022 - \$12,883), which has been included in amortization expense.

Cost and accumulated amortization at March 31, 2022 amounted to \$93,832,904 and \$38,757,795, respectively.

5. Employee future benefits:

(a) Health, dental and life insurance plans

The Hospital provides extended health care and dental insurance benefits to its employees and extends this coverage to the post-retirement period. The measurement date used to determine the accrued benefit obligation is March 31, 2023. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2021.

At March 31, 2023, the Hospital's liability associated with the benefit plan is as follows:

	 2023	 2022
Accrued benefit obligation	\$ 2,209,251	\$ 2,221,282
Unamortized experience gains (losses)	119,011	14,315
Employee future benefit liability	\$ 2,328,262	\$ 2,235,597

Notes to Financial Statements (continued)

Year ended March 31, 2023

5. Employee future benefits (continued):

(a) Health, dental and life insurance plans (continued)

The Hospital's defined benefit plan is not funded, resulting in a plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in estimating the Hospital's accrued benefit obligations are as follows:

	2023	2022
Discount rate	4.04%	3.89%
Dental cost increases	4.00%	4.00%
Extended healthcare cost escalations	8.00%	8.00%
Expected average remaining service life of employees	15.21 years	14.21 years

The employee future benefit liability change is comprised of:

	 2023	 2022
Current service cost Interest on accrued benefit obligation during the year Amortization of net experience losses Benefit payments made by the Hospital during the year	\$ 129,080 86,771 (1,539) (121,647)	\$ 134,470 71,326 7,862 (115,849)
	\$ 92,665	\$ 97,809

(b) Healthcare of Ontario Pension Plan:

Substantially all full-time employees of the Group are eligible to be members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan. Employer contributions to the Plan during the year amounted to \$1,567,588 (2022 - \$1,544,069). These amounts are included in employee benefits expense in the statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at December 31, 2021, indicates the Plan is fully funded.

Notes to Financial Statements (continued)

Year ended March 31, 2023

6. Short-term borrowing:

The Hospital has revolving demand loans of \$6,000,000 and \$3,000,000 which bear interest at prime plus 0.75%. At March 31, 2023, the Hospital has drawn \$2,915,545 (2022 - \$1,524,034) on this facility.

7. Deferred capital contributions:

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

The changes in the deferred balance for the year are as follows:

	2023	2022
Balance, beginning of year	\$ 44,362,735	\$ 44,810,252
Add contributions received during the year	675,488	1,800,037
Less amounts amortized for buildings	(1,480,171)	(1,523,307)
Less amounts amortized for equipment	(802,088)	(724,247)
	\$ 42,755,964	\$ 44,362,735

The balance of unamortized and unspent funds consists of the following:

	2023	2022
Unamortized capital contributions Unspent contributions	\$ 41,890,280 865,684	\$ 43,056,786 1,305,949
	\$ 42,755,964	\$ 44,362,735

Notes to Financial Statements (continued)

Year ended March 31, 2023

8. Net assets invested in capital assets:

	2023	2022	
Capital assets Less amounts financed by deferred contributions (note 7)	\$ 57,517,498 (41,890,280)	\$ 55,075,109 (43,056,786)	
	\$ 15,627,218	\$ 12,018,323	

9. Dillabough Centre operations:

	2023		2022
Rental revenue	\$ 59,583	\$	55,037
Rental operating costs Amortization of capital assets	61,466 17,204		57,707 18,276
Total expenses	78,670	********	75,983
Deficiency of revenue over expenses	\$ (19,087)	\$	(20,946)

10. Change in non-cash operating working capital:

	2023		2022
Accounts receivable	\$ 1,936,309	\$	53,208
Due from related entities	60,295	·	30,114
Inventories of supplies	9,816		114,390
Prepaid expenses and deposits	116,054		(89,733)
Accounts payable and accrued liabilities	3,357,687		1,937,947
Deferred revenue	57,729		26,293
	\$ 5,537,890	\$	2,072,219

11. Commitments, contingencies and guarantees:

(a) Legal matters and litigation

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. There were no specific claims noted by Management at year-end and any potential claims are covered under the Hospital's insurance policy. No provision has been made for a loss in these financial statements, and any potential claims will not have a material adverse effect on the statement of financial position or results of operations.

Notes to Financial Statements (continued)

Year ended March 31, 2023

11. Commitments, contingencies and guarantees (continued):

(b) Healthcare Insurance Reciprocal of Canada:

A group of hospitals, including the Hospital, have formed the Healthcare 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 assessment for losses in excess of such premiums, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2023.

(c) Indemnification of Directors:

To the extent permitted by law the Hospital indemnifies present and former directors and officers against certain claims that may be made against them as a result of their service as directors or officers. The Hospital purchases directors' and officers' liability insurance that may be available in certain instances. The nature and likelihood of these arrangements preclude the Hospital from making a reasonable estimate of the maximum potential amount the Hospital could be required to pay to counterparties. The Hospital believes the likelihood that it will incur significant liability under these arrangements is remote and accordingly, no amount has been recorded in the financial statements for these guarantees.

(d) Employment matters:

During the normal course of operations, the Hospital is involved in certain employment related negotiations and other matters and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable and deemed likely to occur.

(e) Bill 124:

On November 29, 2022, the Ontario Superior Court rendered a decision to declare the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, known as Bill 124, to be void and of no effect. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but the Government has not sought a stay of decision. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The hospital has recorded liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts.

Notes to Financial Statements (continued)

Year ended March 31, 2023

12. Financial risks and concentration of risk:

The Hospital is subject to the following risks from its financial instruments:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to this risk relating to its cash, investments, and accounts receivable. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

The Hospital's receivables are with governments, government funding agencies, patients and residents and corporate entities. The Hospital believes that these receivables do not have significant credit risk in excess of allowances for doubtful accounts that have been established.

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. Accounts payable and accrued liabilities are generally due within 30 days of receipt of an invoice.

The Hospital has recorded a liability at March 31, 2023 for the estimated impact of retroactive salary increases related to the repeal of Bill 124 which capped public sector salary growth to 1% per annum for three years. It remains uncertain whether the Ministry of Health will directly fund this expense. The Hospital has sufficient financial arrangements in place, including the revolving demand loans disclosed in note 6, to settle this one-time obligation in the short-term.

The Hospital's liquidity risk has increased in the year due to the effect of operating losses on its overall liquidity. The Hospital will require sufficient and timely funding from the Ministry of Health to fulfil its obligations on a timely basis and at a reasonable cost.

(c) 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: currency risk, interest rate risk and other price risk.

(i) 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 short-term borrowing as disclosed in note 6.

Notes to Financial Statements (continued)

Year ended March 31, 2023

12. Financial risks and concentration of risk (continued):

- (c) Market risk (continued):
 - (ii) Currency and other price risk:

The Hospital believes it is not subject to significant currency or other price risk from its financial instruments as it holds insignificant amounts in foreign currencies and does not hold investments traded in an active market.

Other than liquidity risk disclosed above, the Hospital's financial risks arising from its financial instruments have not changed significantly in the year. Management believes that its financial risks are appropriately mitigated and do not pose a significant risk to the Hospital's operations. There have been no significant changes in the policies, procedures and methods used to manage these risks in the year.

13. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic (COVID-19), MOH and MLTC have announced a number of funding programs intended to assist hospitals and long-term care homes 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 and MLTC have 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 and MLTC have 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 and MLTC revenue for COVID-19 is based on the most recent guidance provided by MOH and MLTC, and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. Management has analyzed the requirements and has provided an estimate for the supportable amounts based on the current available information. Any adjustments to Management's estimate of MOH and MLTC revenues will be reflected in the Hospital's financial statements in the year of settlement.

Notes to Financial Statements (continued)

Year ended March 31, 2023

13. Ministry of Health pandemic funding (continued):

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

	2023	2022
Funding for incremental COVID-19 operating expenses Funding for revenue losses resulting from COVID-19	\$ 1,199,803	\$ 1,679,132
Funding for Nurses Retention Incentive	337,148	284,082
	\$ 1,536,951	\$ 1,963,214

In addition to the above, the Hospital has also recognized \$ NIL (2022 - \$213,800) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

14. Implementation of new accounting standard:

On April 1, 2022, the Hospital adopted Public Accounting Standard PS 3280 – Asset Retirement Obligations. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets. The standard was adopted on the modified retrospective basis at the date of adoption. Under the modified retrospective method, the discount rate and assumptions used on initial recognition are those as of the date of adoption of the standard.

The implementation of this standard did not require the Hospital to reflect any adjustments in these financial statements as the Hospital does not have any significant legal obligations with respect to the retirement of its tangible capital assets.

15. Comparative information:

Certain 2022 comparative information has been reclassified to conform with the financial statement presentation adopted for 2023.