

**Atikokan General Hospital**  
**Financial Statements**  
*March 31, 2022*

---

**Atikokan General Hospital**  
**Contents**  
*For the year ended March 31, 2022*

---

*Page*

**Management's Responsibility for Financial Reporting**

**Independent Auditor's Report**

**Financial Statements**

Statement of Financial Position .....	1
Statement of Operations .....	2
Statement of Remeasurement Gains .....	3
Statement of Changes in Net Assets .....	4
Statement of Cash Flows .....	5
Notes to the Financial Statements .....	6

**Schedules**

Schedule 1 - Other Revenue .....	18
Schedule 2 - Salaries and Wages .....	19
Schedule 3 - Employee Benefits .....	20
Schedule 4 - Medical Staff Remuneration .....	21
Schedule 5 - Supplies and Other Expenses .....	22
Schedule 6 - Other Votes and Programs .....	23
Schedule 7 - Diabetes Education Program .....	24

---

## Management's Responsibility for Financial Reporting

---

### To the Board of Directors of Atikokan General Hospital:

The accompanying financial statements of the Atikokan General Hospital and all the information provided in the annual report are the responsibility of management and have been approved by the Board of Directors.

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

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

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

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

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



Board Chair



Chief Executive Officer

To the Board of Directors of Atikokan General Hospital:

## Opinion

We have audited the financial statements of Atikokan General Hospital (the "Hospital"), which comprise the statement of financial position as at March 31, 2022, and the statements of operations, changes in net assets, remeasurement gains 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 Hospital as at March 31, 2022, and the results of its operations, its remeasurement gains and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

## Basis for Opinion

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

## Other Matter

The supplementary information contained in the schedules is presented for the purpose of additional analysis and is not part of the basic audited financial statements. The information in the schedules was derived from the accounting records tested in forming an opinion on the financial statements as a whole.

## Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Thunder Bay, Ontario

June 21, 2022

*MNP LLP*

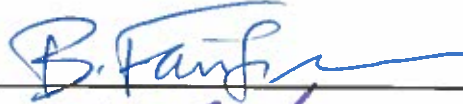
Chartered Professional Accountants

Licensed Public Accountants

**Atikokan General Hospital  
Statement of Financial Position**

<b>As at March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Current Assets</b>		
Cash (Note 2)	\$ 1,655,490	\$ 972,984
Short-Term Investments (Note 3)	1,227,797	1,214,633
Accounts Receivable (Note 4)	558,871	1,172,596
Inventories (Note 5)	206,261	160,961
Prepaid Expenses	291,829	250,066
<b>Total Current Assets</b>	<b>3,940,248</b>	<b>3,771,240</b>
<b>Non-Current Assets</b>		
Long-Term Investments (Note 6)	258,485	244,192
Capital Assets (Note 7)	15,290,132	15,279,933
<b>Total Non-Current Assets</b>	<b>15,548,617</b>	<b>15,524,125</b>
<b>Total Assets</b>	<b>\$ 19,488,865</b>	<b>\$ 19,295,365</b>
<b>Current Liabilities</b>		
Accounts Payable (Note 8)	\$ 1,815,535	\$ 1,557,190
Other Liabilities	-	20,000
<b>Total Current Liabilities</b>	<b>1,815,535</b>	<b>1,577,190</b>
<b>Long-Term Liabilities</b>		
Capital Reserve Deferred Revenue	31,442	30,642
Deferred Contributions (Note 9)	1,236,265	1,103,591
Deferred Capital Contributions (Note 10)	13,028,207	13,057,089
Post-Employment Benefits Liability (Note 13)	873,900	858,100
<b>Total Long-Term Liabilities</b>	<b>15,169,814</b>	<b>15,049,422</b>
<b>Net Assets</b>		
Invested in Capital Assets (Note 14)	2,261,925	2,222,844
Unrestricted	133,323	343,844
Accumulated Remeasurement Gains	108,268	102,065
<b>Closing Net Assets Balance</b>	<b>2,503,516</b>	<b>2,668,753</b>
<b>Total Liabilities and Net Assets Balance</b>	<b>\$ 19,488,865</b>	<b>\$ 19,295,365</b>

Approved on behalf of the Board:



Director



Director

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

**Atikokan General Hospital**  
**Statement of Operations**

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 8,448,348	\$ 8,282,748
Ministry of Health One-Time Payments	452,644	1,059,614
Hospital On-Call Coverage	93,894	93,894
Visiting Specialist Funding	21,512	21,512
Other Revenue (Schedule 1)	1,430,286	1,518,644
Amortization of Equipment Grants/Donations	112,431	113,461
Provision for Recoveries	(81,067)	(63,939)
<b>Total Revenue</b>	<b>10,478,048</b>	<b>11,025,934</b>
<b>Expenses</b>		
Salaries and Wages (Schedule 2)	6,259,559	6,258,685
Employee Benefits (Schedule 3)	1,576,513	1,577,326
Employee Benefits Future Costs (Note 13)	15,800	(5,800)
Medical Staff Remuneration (Schedule 4)	181,838	134,662
Supplies and Other Expenses (Schedule 5)	1,870,971	1,875,313
Drugs and Medical Gases	69,487	63,395
Medical and Surgical Supplies	256,211	443,416
Bad Debts	2,172	8,864
Amortization of Software Licenses	64,481	68,324
Amortization of Equipment	277,234	250,258
<b>Total Expenses</b>	<b>10,574,266</b>	<b>10,674,443</b>
<b>Surplus (Deficiency) of Revenue over Expenses from Hospital Operations</b>	<b>(96,218)</b>	<b>351,491</b>
<b>Other Items</b>		
Amortization of Building Grants/Donations	408,833	411,295
Amortization of Land Improvements and Building	(485,255)	(484,810)
Gain (Loss) on Disposal of Capital Asset	1,200	(829)
	<b>(75,222)</b>	<b>(74,344)</b>
Other Votes and Programs - Revenues (Schedule 6)	658,075	669,400
Other Votes and Programs - Expenses (Schedule 6)	(608,830)	(607,529)
Other Votes and Programs- Provisions for Recovery (Schedule 6)	(49,245)	(61,871)
	-	-
<b>Surplus (Deficiency) of Revenue over Expenses for the Year</b>	<b>\$ (171,440)</b>	<b>\$ 277,147</b>

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

---

**Atikokan General Hospital**  
**Statement of Remeasurement Gains**

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Accumulated remeasurement gains at the beginning of the year</b>	<b>\$ 102,065</b>	<b>\$ 49,984</b>
Change in fair value attributable to:		
Investments	<b>6,203</b>	52,081
<b>Accumulated remeasurement gains at the end of the year</b>	<b><u>\$ 108,268</u></b>	<b><u>\$ 102,065</u></b>

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



**Atikokan General Hospital**  
**Statement of Changes in Net Assets**

**For the year ended March 31, 2022**

	Invested in Capital Assets	Unrestricted	2022 Total
Balance, beginning of year	\$ 2,222,844	\$ 343,844	\$ 2,566,688
Excess (deficiency) of revenue over expenses for the year	(304,506)	133,066	(171,440)
Net changes in investment in capital assets (Note 14)	343,587	(343,587)	-
Balance, end of year	<u>\$ 2,261,925</u>	<u>\$ 133,323</u>	<u>\$ 2,395,248</u>

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

	Invested in Capital Assets	Unrestricted	2021 Total
Balance, beginning of year	\$ 2,754,805	\$ (465,264)	\$ 2,289,541
Excess (deficiency) of revenue over expenses for the year	(279,465)	556,612	277,147
Net changes in investment in capital assets (Note 14)	(252,496)	252,496	-
Balance, end of year	<u>\$ 2,222,844</u>	<u>\$ 343,844</u>	<u>\$ 2,566,688</u>

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

**Atikokan General Hospital**  
**Statement of Cash Flows**

**For the year ended March 31,**

**2022**

**2021**

**Cash Provided By (Used In) Operating Activities**

Surplus (Deficiency) of Revenue over Expenses for the year	\$ (171,440)	\$ 277,147
Items not involving cash		
Amortization	826,969	803,392
Amortization of Deferred Capital Contributions	(521,264)	(524,756)
Loss (Gain) on Disposal of Assets	(1,200)	829
	<b>133,065</b>	<b>556,612</b>

**Changes in Non-Cash Working Capital Balances**

Accounts Receivable	613,725	(580,550)
Inventory	(45,300)	8,488
Prepaid Expenses	(41,763)	44,463
Accounts Payable	258,346	49,210
Other Liabilities	(20,000)	15,095
Deferred Contributions	132,674	-
Post-employment Benefits	15,800	(5,800)
	<b>913,482</b>	<b>(469,094)</b>
	<b>1,046,547</b>	<b>87,518</b>

**Financing Activities**

Short-Term Borrowings	-	(330,000)
-----------------------	---	-----------

**Investing Activities**

Increase (Decrease) in Investments	(21,254)	618,665
------------------------------------	----------	---------

**Capital Activities**

Purchase of Capital Assets	(837,169)	(562,957)
Contributions Received for Capital Activities	492,382	814,601
Proceeds on disposal	1,200	852
Contribution of reserve fund	800	800
	<b>(342,787)</b>	<b>253,296</b>

**Increase in Cash and Equivalents**

Cash, Beginning of year	972,984	343,505
Cash, End of year	<b>\$ 1,655,490</b>	<b>\$ 972,984</b>

**Supplemental Disclosure**

Interest Received	\$ 4,523	\$ 46,138
-------------------	----------	-----------

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

**March 31, 2022**

---

**1. Significant Accounting Policies**

Nature and Purpose of Organization

Atikokan General Hospital ("the Hospital") provides health care services to the residents of the Municipality of Atikokan and surrounding areas. The Hospital, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act and, as such, is exempt from Income Taxes under the Income Tax Act.

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

Ministry of Health

- Community Mental Health Program
- Community Addictions Program
- Community Problem Gambling Program
- Rent Supplement Program
- Case Management

The operating results of these programs are recorded in Schedule 6 to the financial statements and the assets and liabilities of these programs appear on the statement of financial position of the Hospital. Program surpluses and deficits are recorded as repayable or receivable in the year incurred and settlement adjustments by the Ministries or other funders are recorded when settled.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board.

The Atikokan General Hospital Foundation is a separate entity whose financial information is reported separately from the Hospital.

Capital Assets

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated useful life of an asset are capitalized.

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

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Land Improvements	10 years
Buildings	10 to 40 years
Building Service Equipment	10 years
Equipment	5 to 10 years
Information Systems Equipment	3 to 5 years

Deferred Contributions Related to Capital Assets

Deferred contributions related to capital assets represent the unamortized portion of contributed capital assets and restricted contributions that were used to purchase the Hospital's capital assets. Recognition of these amounts as revenue is deferred to periods when the related capital assets are amortized.

**March 31, 2022**

---

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

Revenue Recognition

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

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with accountability arrangements established by the Ministry of Health ("MOH"), and the Ontario Health ("OH"). The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2022 with the MOH and OH that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the MOH/OH. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

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

Contributions approved but not received at year-end are accrued. Where a portion of a contribution relates to a future period, it is deferred and recognized in that subsequent period.

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

Restricted contributions related to general operations are recognized as revenue in the year in which the related expenses are incurred.

Restricted contributions for the acquisition of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Unrestricted investment income is recognized when earned. Restricted investment income is recognized in the year in which the related expenses are recognized.

Patient related revenues are recognized as revenue when services are rendered and the amount to be received can be reasonably estimated and collection is reasonably assured.

Recoveries are recognized as revenue when the amount of the recovery can be reasonably estimated and collection is reasonably assured.

Contributed Services

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

Cash and Cash Equivalents

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

Inventories

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

**March 31, 2022**

---

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

Financial Instruments

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

*Fair Value*

This category includes cash and investments. Financial instruments in this category are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

*Amortized Cost*

This category includes accounts receivable and accounts payable. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the statement of operations.

Deferred Revenue

Deferred revenue is received from contributors who have restricted use of the funds for specific purposes. Recognition of these amounts as revenue is deferred to periods when the specific expenditures are made.

Retirement and Post-employment Benefits

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

i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs are recognized as an expense in the period of the plan amendment.

ii) The costs of the multi-employer defined benefit pension plan are the employer's contributions due to the plan in the period.

iii) The discount rate used in the determination of the above mentioned liabilities is equal to the Hospital's internal rate of borrowing.

**March 31, 2022**

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

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary.

Accounts payable and accruals are estimated based on historical charges for unbilled goods and services at year-end.

Deferred contributions related to capital assets and capital asset amortization are based on the estimated useful lives of capital assets.

Employee future benefits are based on actuarial valuations.

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

Long-lived Assets and Discontinued Operations

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies. When the Hospital determines that a long-lived asset no longer has any long-term service potential to the Hospital, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

**2. Cash**

The Hospital has an overall credit facility of \$400,000, including a revolving line of credit bearing interest at prime (2.45% at year-end), repayable on demand, and corporate Visas repayable on demand and in accordance with standard terms and conditions. As at March 31, 2022, \$Nil (2021 - \$Nil) has been drawn upon this operating line of credit.

**3. Short-Term Investments**

	2022	2021
High Interest Savings Account	\$ 1,212,509	\$ 799,407
Guaranteed Investment Certificate (GIC) with an interest rate of 0.6%, with a maturity date of January 2023	15,288	415,226
	\$ 1,227,797	\$ 1,214,633

**4. Accounts Receivable**

	2022	2021
Ministry of Health	253,751	737,704
Insurers and Patients	71,838	68,790
Community-Based Laboratory Services	45,524	87,647
Physician Incentive Loans	34,260	51,390
HST Rebate	117,510	161,256
Other	35,988	65,809
	\$ 558,871	\$ 1,172,596

**Atikokan General Hospital  
Notes to Financial Statements**

**March 31, 2022**

<b>5. Inventories</b>	<b>2022</b>	<b>2021</b>
Opening Balance, April 1	\$ 160,961	\$ 169,449
Purchases	371,492	500,279
Expensed	(326,192)	(508,767)
Closing Balance, March 31	<u>\$ 206,261</u>	<u>\$ 160,961</u>

<b>6. Long-Term Investments</b>	<b>2022</b>	<b>2021</b>
Pooled and mutual funds (cost - \$150,135)	<u>\$ 258,485</u>	<u>\$ 244,192</u>

<b>7. Capital Assets</b>	<b>2022</b>		<b>2021</b>	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 25,234	\$ -	\$ 25,234	\$ -
Land Improvements	325,118	235,295	316,966	213,256
Buildings	18,028,383	5,504,850	17,839,382	5,145,256
Building Service Equipment	2,093,281	860,725	1,947,735	757,104
Work-in-Progress	262,600	-	191,601	-
Equipment	4,492,932	3,336,546	4,211,510	3,136,879
Information Systems Equipment	390,519	390,519	326,038	326,038
	<u>\$ 25,618,067</u>	<u>\$ 10,327,935</u>	<u>\$ 24,858,466</u>	<u>\$ 9,578,533</u>
Net Book Value		<u>\$ 15,290,132</u>		<u>\$ 15,279,933</u>

During the year, capital assets were acquired with an aggregate cost of \$837,169 (2021 - \$562,957) using provincial grant funding of \$331,771, donations of \$160,611 and operating cash of \$344,787

<b>8. Accounts Payable</b>	<b>2022</b>	<b>2021</b>
Trade	\$ 664,030	\$ 476,859
Accrued Salaries and Benefits	822,344	728,876
Other	24,085	21,067
Ministry of Health		
Community Counselling Services	107,620	129,124
Visiting Specialist Program	21,512	61,512
Episode of Care	144,144	107,952
Other	31,800	31,800
	<u>\$ 1,815,535</u>	<u>\$ 1,557,190</u>

**March 31, 2022**

**9. Deferred Contributions**

Deferred contributions represent unspent externally restricted funding that has been received and relates to a subsequent year. Changes in the contributions deferred to future periods are as follows:

	2022	2021
Balance, beginning of year	\$ 1,103,591	\$ 1,103,591
Contributions received during the year	<b>132,674</b>	-
Balance, end of year	<b>\$ 1,236,265</b>	<b>\$ 1,103,591</b>

	2022	2021
Deferred contributions are comprised of:		
General Donations	\$ 10,129	\$ 10,129
Deferred provincial grants	116,169	32,039
Hospital Physician Recruitment	48,544	-
Rainycrest Long-Term Care	<b>1,061,423</b>	1,061,423
	<b>\$ 1,236,265</b>	<b>\$ 1,103,591</b>

As at March 31, 2022, there was \$84,130 (2021 - \$Nil) of deferred provincial grants which were not yet utilized. This relates to an accrual set up for the funding of the Temporary Nurse Retention Incentive to be paid in May 2022 and September 2022.

**10. Deferred Capital Contributions**

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

	2022	2021
Balance, beginning of year	\$ 13,057,089	\$ 12,767,243
Grants received during the year	492,382	814,601
Amortization	<b>(521,264)</b>	(524,755)
Balance, end of year	<b>\$ 13,028,207</b>	<b>\$ 13,057,089</b>

As at March 31, 2022 there was \$353,243 (2021 - \$205,000) of deferred capital contributions received which were not yet utilized. The unused portion of the Health Infrastructure Renewal Fund for 2021/2022 was approved for carryover due to delays that arose due to the COVID-19 pandemic.

**11. Contingent Liabilities and Commitments**

Atikokan General Hospital is a member of Health Care Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they are members and losses could be material. The Hospital joined HIROC in 1998 and no reassessments have been made to March 31, 2022.

The outcome of claims now pending is not determinable and is not expected to be material.

**12. Economic Dependence**

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



**March 31, 2022**

**13. Post-Employment Benefits Liability**

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

	<u>2022</u>	<u>2021</u>
Accrued benefit obligation	\$ 600,800	\$ 644,200
Unamortized actuarial gain	273,100	213,900
Total Liability	<u>\$ 873,900</u>	<u>\$ 858,100</u>

	<u>2022</u>	<u>2021</u>
Current year benefits costs	\$ 40,800	\$ 35,600
Amortized actuarial (gains) losses	(18,300)	(23,100)
Interest on accrued benefit obligation	20,100	22,200
Reconciliation of plan funds (benefit payments)	(26,800)	(40,500)
	<u>\$ 15,800</u>	<u>\$ (5,800)</u>

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

*Retirement Benefits*

Substantially all of the full-time employees and some of the part-time employees are members of HOOPP. The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were a defined contribution plan with the Hospital's contributions being expensed in the period they become due. Contributions made to the plan during the year by the Hospital amounted to \$525,703 (2021 - \$520,607).

*Post-employment Benefits*

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

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2022 of the future benefits was determined using a discount rate of 4.0% (2021- 3.0%).

b) Extended Health Care Trend Rates

Extended health care costs were assumed to increase at 6.0% per annum in 2023 and decrease by 0.25% per annum thereafter to an ultimate rate of 4.0%.

c) Dental Costs

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

**March 31, 2022**

**14. Net Assets Invested in Capital Assets**

a) Investment in capital assets is calculated as follows:

	2022	2021
Capital Assets	\$ 15,290,132	\$ 15,279,933
Amounts financed by Deferred Contributions	<b>(13,028,207)</b>	<b>(13,057,089)</b>
	<b>\$ 2,261,925</b>	<b>\$ 2,222,844</b>

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

	2022	2021
Excess (deficiency) of revenue over expenses:		
Amortization of Deferred Grants and Donations related to:		
Equipment/Software Licenses	\$ 112,431	\$ 113,461
Buildings	<b>408,833</b>	411,295
Amortization related to:		
Equipment/Software Licenses	<b>(341,715)</b>	(318,582)
Buildings	<b>(485,255)</b>	(484,810)
Gain (Loss) on Disposal of Capital Assets	<b>1,200</b>	(829)
	<b>\$ (304,506)</b>	<b>\$ (279,465)</b>

Net change in investment in capital assets:

	2022	2021
Purchase of Capital Assets	\$ 837,169	\$ 562,957
Amounts funded by Deferred Grants and Donations	<b>(492,382)</b>	(814,601)
Proceeds of Capital Asset Disposal	<b>(1,200)</b>	(852)
	<b>\$ 343,587</b>	<b>\$ (252,496)</b>
	<b>\$ 39,081</b>	<b>\$ (531,961)</b>

**15. Related Entity**

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

The Foundation holds funds of approximately \$502,375, the benefit of which is to be used for capital projects or capital asset purchases of the Hospital. During the year, the Foundation contributed \$159,115 to the Hospital.

**March 31, 2022**

**16. Financial Instrument Classification**

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

	<b>2022</b>		
	<b>Amortized</b>		
	<b>Fair Value</b>	<b>Cost</b>	<b>Total</b>
Cash	\$ 1,655,490	\$ -	\$ 1,655,490
Accounts Receivable	-	558,871	558,871
Investments	1,486,282	-	1,486,282
Accounts Payable	-	(1,815,535)	(1,815,535)
Other Liabilities	-	-	-
	<b>\$ 3,141,772</b>	<b>\$ (1,256,664)</b>	<b>\$ 1,885,108</b>

	<b>2021</b>		
	<b>Amortized</b>		
	<b>Fair Value</b>	<b>Cost</b>	<b>Total</b>
Cash	\$ 972,984	\$ -	\$ 972,984
Accounts Receivable	-	1,172,596	1,172,596
Investments	1,458,825	-	1,458,825
Accounts Payable	-	(1,557,190)	(1,557,190)
Other Liabilities	-	(20,000)	(20,000)
	<b>\$ 2,431,809</b>	<b>\$ (404,594)</b>	<b>\$ 2,027,215</b>

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

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

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

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

	<b>2022</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
	<b>Cash</b>	<b>\$ 1,655,490</b>	<b>\$ 1,212,509</b>	<b>\$ -</b>
<b>Investments</b>	<b>258,485</b>	<b>15,288</b>	<b>-</b>	<b>273,773</b>
<b>Total</b>	<b>\$ 1,913,975</b>	<b>\$ 1,227,797</b>	<b>\$ -</b>	<b>\$ 3,141,772</b>

	<b>2021</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
	Cash	\$ 972,984	\$ -	\$ -
Investments	244,192	1,214,633	-	1,458,825
Total	<b>\$ 1,217,176</b>	<b>\$ 1,214,633</b>	<b>\$ -</b>	<b>\$ 2,431,809</b>

There were no transfers between Level 1 and Level 2 for the years ended March 31, 2022 and 2021. There were also no transfers in or out of Level 3.

**March 31, 2022**

**17. Financial Instrument Risk**

Credit Risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating to its cash, debt holdings in its investment portfolio and accounts receivable. The Hospital holds its cash accounts with a federally regulated chartered bank which is insured by the Canadian Deposit Insurance Corporation. In the event of default, the Hospital's cash accounts are insured up to \$100,000.

The Hospital's investment policy operates within the constraints of the investment guidelines issued by the MOH in relation to the funding agreements and puts limits on the investment portfolio including portfolio composition limits, issuer type limits, bond quality limits, aggregate issuer limits, corporate sector limits and general guidelines for geographic exposure.

The maximum exposure to investment credit risk is outlined in Notes 4 and 16.

Accounts receivable are primarily due from OHIP, the Ministry of Health and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. Accounts received that are not considered to be collectible are written off at year-end based on the Hospital's historical experience regarding collections. The amounts outstanding at year-end were as follows:

	2022		Past Due			
	Total	Current	1-30	31-60	61-90	91 +
MOH/OH	\$ 253,751	\$ 253,751				
Insurers and Patients	71,838	-	70,518	180	225	915
Other	233,282	168,635	14,814	15,573	-	34,260
	<u>\$ 558,871</u>	<u>\$ 422,386</u>	<u>\$ 85,332</u>	<u>\$ 15,753</u>	<u>\$ 225</u>	<u>\$ 35,175</u>
	2021		Past Due			
	Total	Current	1-30	31-60	61-90	91 +
MOH/OH	\$ 737,704	\$ 737,704				
Insurers and Patients	68,790	-	57,959	8,471	635	1,725
Other	366,102	121,116	43,904	38,415	10,000	152,667
	<u>\$ 1,172,596</u>	<u>\$ 858,820</u>	<u>\$ 101,863</u>	<u>\$ 46,886</u>	<u>\$ 10,635</u>	<u>\$ 154,392</u>

The amounts aged greater than 90 days owing from patients that have not had a corresponding impairment allowance setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on the credit quality of the debtors and their past history of payment. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk and equity risk. The Hospital is not exposed to significant currency risk as it does not transact materially in foreign currency. The Hospital is exposed to equity risks with regards to its investments in pooled and mutual funds and interest risk with its investments in bonds.

**March 31, 2022**

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

Market Risk (continued)

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

Interest Rate Risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Hospital is exposed to this risk through its interest bearing investments included in long term investments.

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

Liquidity Risk

Liquidity risk is the risk that the Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near-term if unexpected cash outflows arise. The follow table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

	<b>2022</b>			
	<b>Within 6 months</b>	<b>6 months to 1 year</b>	<b>1-5 years</b>	<b>&gt; 5 years</b>
<b>Accounts payable</b>	<b>\$ 1,815,535</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

	<b>2021</b>			
	<b>Within 6 months</b>	<b>6 months to 1 year</b>	<b>1-5 years</b>	<b>&gt; 5 years</b>
Accounts payable	\$ 1,557,190	\$ -	\$ -	\$ -

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.

**18. COVID-19 Impact**

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

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

**March 31, 2022**

**19. Ministry of Health pandemic funding**

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

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

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

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

	<b>2022</b>	2021
Funding for incremental COVID-19 operating expenses	<b>\$ 158,047</b>	\$ 531,439
COVID-19 Assessment Centre funding	<b>223,646</b>	197,615
Pandemic Pay funding	-	241,639
Other pandemic funding	<b>70,951</b>	79,721
Funding for revenue losses resulting from COVID-19	-	9,200
	<b>\$ 452,644</b>	\$ 1,059,614

Details of MOH funding for COVID-19 recognized as revenue with Other Votes and Programs in the current year are summarized below:

Mental Health & Addictions	-	10,000
----------------------------	---	--------

In addition to the above, the Hospital has also recognized \$34,722 in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

**Atikokan General Hospital**  
**Schedule 1 - Other Revenue**  
*(Unaudited)*

For the year ended March 31,	2022	2021
<b>Outpatient Revenue</b>		
Ontario Health Insurance Plan	\$ 116,208	\$ 113,120
Non-Residents of the Province and Canada	32,481	73,836
Workplace Safety & Insurance Board	18,517	13,133
Ambulance	8,370	7,860
	<b>\$ 175,576</b>	<b>\$ 207,949</b>
<b>Co-Payment Revenue</b>		
ALC Patients	\$ 37,865	\$ 68,739
Extended Care Patients	544,962	537,449
	<b>\$ 582,827</b>	<b>\$ 606,188</b>
<b>Differential Revenue</b>		
Acute Care Patients	\$ 21,698	\$ 21,096
Extended Care Patients	49,907	49,351
	<b>\$ 71,605</b>	<b>\$ 70,447</b>
<b>Recoveries</b>		
Non-Patient Food Services	\$ 36,135	\$ 33,067
CCAC Recoveries	19,212	15,770
Compensation and Services	439,060	453,339
Municipal Government	(27,534)	20,000
Materials	10,346	28,467
Rentals	24,720	-
Miscellaneous	98,339	83,417
	<b>\$ 600,278</b>	<b>\$ 634,060</b>
<b>Total Other Revenue</b>	<b>\$ 1,430,286</b>	<b>\$ 1,518,644</b>

**Atikokan General Hospital**  
**Schedule 2 - Salaries and Wages**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Patient Care</b>		
Inpatient Wards	\$ 1,283,426	\$ 1,339,148
Extended Care	1,019,174	953,826
Diabetes Education	12,692	15,691
Ambulatory Care	678,662	729,947
Laboratory	418,704	347,919
Diagnostic Imaging	188,398	192,709
Pharmacy	70,001	67,804
Clinical Nutrition	55,940	61,276
Therapeutic Services	357,311	281,511
<b>Total Patient Care</b>	<b>\$ 4,084,308</b>	<b>\$ 3,989,831</b>
<b>Support Services</b>		
General Administration	\$ 744,809	\$ 812,111
Information System Support	64,310	38,254
Human Resources and Recruitment	43,748	30,419
Physical Plant	215,263	220,891
Environmental Services	381,897	437,586
Food Services	381,904	394,802
Patient Information	163,342	147,822
Marketed Services	46,977	48,796
Materials Management and Reprocessing	133,001	138,173
<b>Total Support Services</b>	<b>\$ 2,175,251</b>	<b>\$ 2,268,854</b>
<b>Total Salaries and Wages</b>	<b>\$ 6,259,559</b>	<b>\$ 6,258,685</b>



**Atikokan General Hospital**  
**Schedule 3 - Employee Benefits**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
Canada Pension Plan	\$ 279,999	\$ 256,348
Hospital Pension Plan	492,628	483,075
Employment Insurance	101,988	97,879
Workplace Safety & Insurance Board	76,322	73,967
Long-Term Disability Insurance	75,275	86,102
Employer Health Tax	123,416	121,742
Extended Health Care Insurance	106,826	106,192
Dental Insurance	74,844	74,461
Group Life and Accidental Death & Dismemberment	23,786	23,314
Termination Benefits	36,066	82,482
Benefit and Vacation % in Lieu	185,363	171,764
<b>Total Employee Benefits</b>	<b>\$ 1,576,513</b>	<b>\$ 1,577,326</b>

---

**Atikokan General Hospital**  
**Schedule 4 - Medical Staff Remuneration**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
Honorariums	\$ 25,473	\$ 25,276
Hospital On Call Coverage	93,894	48,558
Clinical Laboratory	19,910	18,357
Imaging	42,561	42,471
<b>Total Medical Staff Remuneration</b>	<b>\$ 181,838</b>	<b>\$ 134,662</b>

**Atikokan General Hospital**  
**Schedule 5 - Supplies and Other Expenses**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Patient Care</b>		
Inpatient Wards	\$ 64,326	\$ 68,258
Extended Care	122,258	127,721
Diabetes Education	8,413	4,477
Ambulatory Care	28,014	35,188
Laboratory	157,874	142,668
Diagnostic Imaging	61,612	77,559
Pharmacy	20,758	14,925
Clinical Nutrition	947	920
Therapeutic Services	37,585	26,961
<b>Total Patient Care</b>	<b>\$ 501,787</b>	<b>\$ 498,677</b>
<b>Support Services</b>		
General Administration	\$ 270,377	\$ 307,709
Information System Support	283,813	243,816
Human Resources and Recruitment	6,326	3,900
Physical Plant	419,853	436,638
Environmental Services	45,933	56,059
Food Services	170,731	151,906
Patient Information	6,794	2,695
Health System Development	124,960	144,538
Marketed Services	20,685	18,406
Materials Management	19,712	10,969
<b>Total Support Services</b>	<b>\$ 1,369,184</b>	<b>\$ 1,376,636</b>
<b>Total Supplies and Other Expenses</b>	<b>\$ 1,870,971</b>	<b>\$ 1,875,313</b>

**Atikokan General Hospital**  
**Schedule 6 - Other Votes and Programs**  
*(Unaudited)*

	Substance Abuse	Problem Gambling	Community Mental Health Program	Administration	Rent Supplement	Municipal Taxes	For the year ended March 31, 2022	For the year ended March 31, 2021
<b>Revenue</b>								
MOH/OH Funding	\$ 69,421	\$ 92,963	\$ 477,115	\$ -	\$ 11,772	\$ 3,075	\$ 654,346	\$ 654,638
MOH/OH One Time Funding	-	-	-	-	-	-	-	10,000
Other Revenue and Recoveries	-	-	3,729	-	-	-	3,729	4,762
<b>Total Revenue</b>	<b>\$ 69,421</b>	<b>\$ 92,963</b>	<b>\$ 480,844</b>	<b>\$ -</b>	<b>\$ 11,772</b>	<b>\$ 3,075</b>	<b>\$ 658,075</b>	<b>\$ 669,400</b>
<b>Operating Expenses</b>								
Salaries and Wages	\$ 35,713	\$ 33,607	\$ 265,801	\$ 63,411	\$ -	\$ -	\$ 398,532	\$ 420,411
Employee Benefits	15,758	8,278	49,163	18,912	-	-	92,111	101,861
Medical Staff Remuneration	-	-	7,016	-	-	-	7,016	4,985
Supplies and Other Expenses	260	-	31,521	28,134	9,976	-	69,891	47,209
Buildings & Grounds	-	-	6,867	31,338	-	3,075	41,280	33,063
<b>Total Operating Expenses</b>	<b>\$ 51,731</b>	<b>\$ 41,885</b>	<b>\$ 360,368</b>	<b>\$ 141,795</b>	<b>\$ 9,976</b>	<b>\$ 3,075</b>	<b>\$ 608,830</b>	<b>\$ 607,529</b>
<b>Net Revenue (Expense)</b>	<b>\$ 17,690</b>	<b>\$ 51,078</b>	<b>\$ 120,476</b>	<b>\$ (141,795)</b>	<b>\$ 1,796</b>	<b>\$ -</b>	<b>\$ 49,245</b>	<b>\$ 61,871</b>
<b>Administration Allocation</b>	<b>(15,303)</b>	<b>(20,493)</b>	<b>(105,999)</b>	<b>141,795</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Revenue (Expense) Before Amount Repayable</b>	<b>2,387</b>	<b>30,585</b>	<b>14,477</b>	<b>-</b>	<b>1,796</b>	<b>-</b>	<b>49,245</b>	<b>61,871</b>
<b>Amount Repayable to Ministry of Health</b>	<b>(2,387)</b>	<b>(30,585)</b>	<b>(14,477)</b>		<b>(1,796)</b>		<b>(49,245)</b>	<b>(61,871)</b>
<b>Net Revenue (Expense)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Atikokan General Hospital**  
**Schedule 7 - Diabetes Education Program**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2022</b>	<b>2021</b>
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 22,454	\$ 22,454
<b>Operating Expenses</b>		
Salaries and Wages	\$ 12,692	\$ 15,691
Employee Benefits	3,223	3,769
Supplies and Other Expenses	8,413	4,477
<b>Total Operating Expenses</b>	<b>\$ 24,328</b>	<b>\$ 23,937</b>
<b>Net Revenue</b>	<b>\$ (1,874)</b>	<b>\$ (1,483)</b>