

**Atikokan Health and Community Services**

**Financial Statements**

*March 31, 2023*

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# Atikokan Health and Community Services

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*For the year ended March 31, 2023*

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## Management's Responsibility for Financial Reporting

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### To the Board of Directors of Atikokan Health and Community Services:

The accompanying financial statements of Atikokan Health and Community Services 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 Health and Community Services:

## Opinion

We have audited the financial statements of Atikokan Health and Community Services (the "Hospital"), which comprise the statement of financial position as at March 31, 2023, and the statements of operations, changes in net assets, remeasurement gains 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, 2023, 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

July 14, 2023

*MNP LLP*

Chartered Professional Accountants

Licensed Public Accountants

**Atikokan Health and Community Services**  
**Statement of Financial Position**

<b>As at March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Current Assets</b>		
Cash (Note 3)	\$ 645,316	\$ 1,655,490
Short-Term Investments (Note 4)	1,237,521	1,227,797
Accounts Receivable (Note 5)	838,408	558,871
Inventories (Note 6)	230,076	206,261
Prepaid Expenses	271,389	291,829
<b>Total Current Assets</b>	<b>3,222,710</b>	<b>3,940,248</b>
<b>Non-Current Assets</b>		
Long-Term Investments (Note 7)	241,321	258,485
Capital Assets (Note 8)	16,107,910	15,290,132
<b>Total Non-Current Assets</b>	<b>16,349,231</b>	<b>15,548,617</b>
<b>Total Assets</b>	<b>\$ 19,571,941</b>	<b>\$ 19,488,865</b>
<b>Current Liabilities</b>		
Accounts Payable (Note 9)	\$ 1,930,217	\$ 1,815,535
<b>Total Current Liabilities</b>	<b>1,930,217</b>	<b>1,815,535</b>
<b>Long-Term Liabilities</b>		
Capital Reserve Deferred Revenue	30,793	31,442
Deferred Contributions (Note 10)	1,125,825	1,236,265
Deferred Capital Contributions (Note 11)	13,701,580	13,028,207
Post-Employment Benefits Liability (Note 14)	847,500	873,900
<b>Total Long-Term Liabilities</b>	<b>15,705,698</b>	<b>15,169,814</b>
<b>Net Assets</b>		
Invested in Capital Assets (Note 15)	2,406,330	2,261,925
Unrestricted	(553,863)	133,323
Accumulated Remeasurement Gains	83,559	108,268
<b>Closing Net Assets Balance</b>	<b>1,936,026</b>	<b>2,503,516</b>
<b>Total Liabilities and Net Assets Balance</b>	<b>\$ 19,571,941</b>	<b>\$ 19,488,865</b>

Approved on behalf of the Board:

*Beth Fairfield*

Director

*[Signature]*

Director

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

**Atikokan Health and Community Services**  
**Statement of Operations**

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Revenue</b>		
Ministry of Health Base Allocation	\$ 8,621,511	\$ 8,448,348
Ministry of Health One-Time Payments (Note 20)	787,585	452,644
Hospital On-Call Coverage	96,720	93,894
Visiting Specialist Funding	21,512	21,512
Other Revenue (Schedule 1)	1,530,583	1,430,286
Amortization of Equipment Grants/Donations	126,617	112,431
Provision for Recoveries	(162,030)	(81,067)
<b>Total Revenue</b>	<b>11,022,498</b>	<b>10,478,048</b>
<b>Expenses</b>		
Salaries and Wages (Schedule 2)	6,479,090	6,295,732
Employee Benefits (Schedule 3)	1,540,922	1,540,448
Employee Benefits Future Costs (Recovery) (Note 14)	(26,400)	15,800
Medical Staff Remuneration (Schedule 4)	439,947	181,838
Supplies and Other Expenses (Schedule 5)	2,292,792	1,869,590
Drugs and Medical Gases	71,436	69,482
Medical and Surgical Supplies	311,709	257,489
Bad Debts	1,106	2,172
Amortization of Software Licenses	64,481	64,481
Amortization of Equipment	298,552	277,234
<b>Total Expenses</b>	<b>11,473,635</b>	<b>10,574,266</b>
<b>Deficiency of Revenue over Expenses from Hospital Operations</b>	<b>(451,137)</b>	<b>(96,218)</b>
<b>Other Items</b>		
Amortization of Building Grants/Donations	412,236	408,833
Amortization of Land Improvements and Building	(498,654)	(485,255)
Gain (Loss) on Disposal of Capital Asset	(5,226)	1,200
	<b>(91,644)</b>	<b>(75,222)</b>
Other Votes and Programs - Revenues (Schedule 6)	672,382	658,075
Other Votes and Programs - Expenses (Schedule 6)	(572,532)	(608,830)
Other Votes and Programs- Provisions for Recovery (Schedule 6)	(99,850)	(49,245)
	-	-
<b>Deficiency of Revenue over Expenses for the Year</b>	<b>\$ (542,781)</b>	<b>\$ (171,440)</b>

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

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**Atikokan Health and Community Services**  
**Statement of Remeasurement Gains**

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Accumulated remeasurement gains at the beginning of the year</b>	<b>\$ 108,268</b>	<b>\$ 102,065</b>
Change in fair value attributable to:		
Investments	<b>(24,709)</b>	6,203
<b>Accumulated remeasurement gains at the end of the year</b>	<b><u>\$ 83,559</u></b>	<b><u>\$ 108,268</u></b>

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



**Atikokan Health and Community Services**  
**Statement of Changes in Net Assets**

**For the year ended March 31, 2023**

	Invested in Capital Assets	Unrestricted	2023 Total
Balance, beginning of year	\$ 2,261,925	\$ 133,323	\$ 2,395,248
Deficiency of revenue over expenses for the year (Note 15)	(328,060)	(214,721)	(542,781)
Net changes in investment in capital assets (Note 15)	472,465	(472,465)	-
Balance, end of year	<u>\$ 2,406,330</u>	<u>\$ (553,863)</u>	<u>\$ 1,852,467</u>

**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 15)	343,587	(343,587)	-
Balance, end of year	<u>\$ 2,261,925</u>	<u>\$ 133,323</u>	<u>\$ 2,395,248</u>

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

**Atikokan Health and Community Services**  
**Statement of Cash Flows**

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Cash Provided By (Used In) Operating Activities</b>		
Deficiency of Revenue over Expenses for the year	\$ (542,781)	\$ (171,440)
Items not involving cash		
Amortization	861,687	826,969
Amortization of Deferred Capital Contributions	(538,853)	(521,264)
Loss (Gain) on Disposal of Assets	5,226	(1,200)
	<u>(214,721)</u>	<u>133,065</u>
<b>Changes in Non-Cash Working Capital Balances</b>		
Accounts Receivable	(279,537)	613,725
Inventory	(23,815)	(45,300)
Prepaid Expenses	20,440	(41,763)
Accounts Payable	114,682	258,346
Other Liabilities	-	(20,000)
Deferred Contributions	(110,440)	132,674
Post-employment Benefits	(26,400)	15,800
	<u>(305,070)</u>	<u>913,482</u>
	<u>(519,791)</u>	<u>1,046,547</u>
<b>Investing Activities</b>		
Decrease in Investments	(17,269)	(21,254)
<b>Capital Activities</b>		
Purchase of Capital Assets	(1,684,691)	(837,169)
Contributions Received for Capital Activities	1,212,226	492,382
Proceeds on Disposal	-	1,200
Contribution of Reserve Fund	(649)	800
	<u>(473,114)</u>	<u>(342,787)</u>
<b>Increase (Decrease) in Cash and Equivalents</b>	<b>(1,010,174)</b>	<b>682,506</b>
Cash, Beginning of year	1,655,490	972,984
Cash, End of year	<u>\$ 645,316</u>	<u>\$ 1,655,490</u>
<b>Supplemental Disclosure</b>		
Interest Received	\$ 9,206	\$ 4,523

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

**March 31, 2023**

**1. Significant Accounting Policies**

Nature and Purpose of Organization

Atikokan Health and Community Services ("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.

With effect from February 16, 2023, the operating name of the Hospital was changed from Atikokan General Hospital to Atikokan Health and Community Services.

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, 2023**

**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 North ("OHN"). The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2023 with the MOH and OHN 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/OHN. 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/OHN has the right to adjust funding received by the Hospital. The MOH/OHN 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/OHN 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 Health and Community Services. 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, 2023**

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

Asset Retirement Obligations

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

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

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

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

Financial Instruments

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

*Fair Value*

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

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

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

*Amortized Cost*

This category includes accounts receivable 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.

March 31, 2023

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

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.

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.

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**2. Change in Accounting Policies**

Asset retirement obligations

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

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

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**3. Cash**

The Hospital has an overall credit facility of \$400,000, including a revolving line of credit bearing interest at prime plus 0.00% (6.7% at year-end), repayable on demand, and corporate Visas repayable on demand and in accordance with standard terms and conditions. As at March 31, 2023, \$Nil (2022 - \$Nil) has been drawn upon this operating line of credit.

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**Atikokan Health and Community Services**  
**Notes to Financial Statements**

March 31, 2023

**4. Short-Term Investments**

	2023	2022
High Interest Savings Account	\$ 1,222,142	\$ 1,212,509
Guaranteed Investment Certificate (GIC) with an interest rate of 1.75%, with a maturity date of January 2024	15,379	15,288
	<u>\$ 1,237,521</u>	<u>\$ 1,227,797</u>

**5. Accounts Receivable**

	2023	2022
Ministry of Health	\$ 258,463	\$ 253,751
Insurers and Patients	60,458	71,838
Community-Based Laboratory Services	93,576	45,524
Physician Incentive Loans	34,260	34,260
HST Rebate	258,067	117,510
Other	133,584	35,988
	<u>\$ 838,408</u>	<u>\$ 558,871</u>

**6. Inventories**

	2023	2022
Opening Balance, April 1	\$ 206,261	\$ 160,961
Purchases	406,960	371,492
Expensed	(383,145)	(326,192)
Closing Balance, March 31	<u>\$ 230,076</u>	<u>\$ 206,261</u>

**7. Long-Term Investments**

	2023	2022
Pooled and mutual funds (cost - \$154,579)	<u>\$ 241,321</u>	<u>\$ 258,485</u>

**8. Capital Assets**

	2023		2022	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 25,234	\$ -	\$ 25,234	\$ -
Land Improvements	325,118	257,334	325,118	235,295
Buildings	18,029,772	5,873,654	18,028,383	5,504,850
Building Service Equipment	2,140,303	968,537	2,093,281	860,725
Work-in-Progress	1,535,908	-	262,600	-
Equipment	4,670,242	3,519,142	4,492,932	3,336,546
Information Systems Equipment	455,000	455,000	390,519	390,519
	<u>\$ 27,181,577</u>	<u>\$ 11,073,667</u>	<u>\$ 25,618,067</u>	<u>\$ 10,327,935</u>
Net Book Value		<u>\$ 16,107,910</u>		<u>\$ 15,290,132</u>

During the year, capital assets were acquired with an aggregate cost of \$1,684,691 (2022 - \$837,169) using provincial grant funding of \$1,146,314, donations of \$65,912 and operating cash of \$472,464.

**Atikokan Health and Community Services**  
**Notes to Financial Statements**

March 31, 2023

**9. Accounts Payable**

	<u>2023</u>	<u>2022</u>
Trade	\$ 466,698	\$ 664,030
Accrued Salaries and Benefits	894,090	822,344
Other	26,288	24,085
Ministry of Health		
Community Counselling Services	213,024	107,620
Visiting Specialist Program	21,512	21,512
Episode of Care	200,304	144,144
Other	108,301	31,800
	<u>\$ 1,930,217</u>	<u>\$ 1,815,535</u>

**10. Deferred Contributions**

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

	<u>2023</u>	<u>2022</u>
Balance, beginning of year	\$ 1,236,265	\$ 1,103,591
Contributions received during the year	-	132,674
Amounts recognized as revenue	(110,440)	-
Balance, end of year	<u>\$ 1,125,825</u>	<u>\$ 1,236,265</u>

Deferred contributions are comprised of:

	<u>2023</u>	<u>2022</u>
General Donations	\$ 10,129	\$ 10,129
Contributions for Health Professional Recruitment	22,234	116,169
Deferred provincial grants	32,039	48,544
Rainycrest Long-Term Care	1,061,423	1,061,423
	<u>\$ 1,125,825</u>	<u>\$ 1,236,265</u>

**11. 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:

	<u>2023</u>	<u>2022</u>
Balance, beginning of year	\$ 13,028,207	\$ 13,057,089
Grants received during the year	1,212,226	492,382
Amortization	(538,853)	(521,264)
Balance, end of year	<u>\$ 13,701,580</u>	<u>\$ 13,028,207</u>

As at March 31, 2023 there was \$205,000 (2022 - \$353,243) of deferred capital contributions received which were not yet utilized.



**March 31, 2023**

**12. Contingent Liabilities and Commitments**

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

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

**13. Economic Dependence**

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

**14. Post-Employment Benefits Liability**

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

	<b>2023</b>	<b>2022</b>
Accrued benefit obligation	\$ <b>547,600</b>	\$ 600,800
Unamortized actuarial gain	<b>299,900</b>	273,100
Total Liability	<u><b>\$ 847,500</b></u>	<u>\$ 873,900</u>

	<b>2023</b>	<b>2022</b>
Current year benefits costs	\$ <b>36,200</b>	\$ 40,800
Amortized actuarial (gains) losses	<b>(25,900)</b>	(18,300)
Interest on accrued benefit obligation	<b>24,300</b>	20,100
Reconciliation of plan funds (benefit payments)	<b>(61,000)</b>	(26,800)
	<u><b>\$ (26,400)</b></u>	<u>\$ 15,800</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 \$526,575 (2022 - \$525,703).

*Post-employment Benefits*

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

The major assumptions employed for the valuations are as follows:

a) Discount Rate

The present value as at March 31, 2023 of the future benefits was determined using a discount rate of 5.0% (2022 - 4.0%).

**March 31, 2023**

**14. Post-Employment Benefits Liability (continued)**

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.

**15. Net Assets Invested in Capital Assets**

a) Investment in capital assets is calculated as follows:

	2023	2022
Capital Assets	\$ 16,107,910	\$ 15,290,132
Amounts financed by Deferred Contributions	(13,701,580)	(13,028,207)
	\$ 2,406,330	\$ 2,261,925

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

	2023	2022
Excess (deficiency) of revenue over expenses:		
Amortization of Deferred Grants and Donations related to:		
Equipment/Software Licenses	\$ 126,617	\$ 112,431
Buildings	412,236	408,833
Amortization related to:		
Equipment/Software Licenses	(363,033)	(341,715)
Buildings	(498,654)	(485,255)
Gain (Loss) on Disposal of Capital Assets	(5,226)	1,200
	\$ (328,060)	\$ (304,506)

Net change in investment in capital assets:

	2023	2022
Purchase of Capital Assets	\$ 1,684,691	\$ 837,169
Amounts funded by Deferred Grants and Donations	(1,212,226)	(492,382)
Proceeds of Capital Asset Disposal	-	(1,200)
	\$ 472,465	\$ 343,587
	\$ 144,405	\$ 39,081

**16. 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 \$474,195, the benefit of which is to be used for capital projects or capital asset purchases of the Hospital. During the year, the Foundation contributed \$72,875 to the Hospital.

March 31, 2023

**17. Financial Instrument Classification**

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

	2023		
	Fair Value	Amortized	
		Cost	Total
Cash	\$ 645,316	\$ -	\$ 645,316
Accounts Receivable	-	838,408	838,408
Investments	1,478,842	-	1,478,842
Accounts Payable	-	(1,930,217)	(1,930,217)
	<u>\$ 2,124,158</u>	<u>\$ (1,091,809)</u>	<u>\$ 1,032,349</u>

  

	2022		
	Fair Value	Amortized	
		Cost	Total
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)
	<u>\$ 3,141,772</u>	<u>\$ (1,256,664)</u>	<u>\$ 1,885,108</u>

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).

	2023			
	Level 1	Level 2	Level 3	Total
Cash	\$ 645,316	\$ -	\$ -	\$ 645,316
Investments	1,478,842	-	-	1,478,842
Total	<u>\$ 2,124,158</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,124,158</u>

  

	2022			
	Level 1	Level 2	Level 3	Total
Cash	\$ 1,655,490	\$ -	\$ -	\$ 1,655,490
Investments	1,486,282	-	-	1,486,282
Total	<u>\$ 3,141,772</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,141,772</u>

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

**Atikokan Health and Community Services**  
**Notes to Financial Statements**

March 31, 2023

**18. Financial Instrument Risk**

Credit Risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating to its cash, debt holdings in its investment portfolio 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 5 and 17.

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:

	2023		Past Due			
	Total	Current	1-30	31-60	61-90	91 +
MOH/OHN	\$ 258,463	\$ 253,663	\$ -	\$ -	\$ -	\$ 4,800
Insurers and Patients	60,458	-	57,713	540	855	1,350
Other	519,487	465,227	10,000	10,000	-	34,260
	<b>\$ 838,408</b>	<b>\$ 718,890</b>	<b>\$ 67,713</b>	<b>\$ 10,540</b>	<b>\$ 855</b>	<b>\$ 40,410</b>

  

	2022		Past Due			
	Total	Current	1-30	31-60	61-90	91 +
MOH/OHN	\$ 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
	<b>\$ 558,871</b>	<b>\$ 422,386</b>	<b>\$ 85,332</b>	<b>\$ 15,753</b>	<b>\$ 225</b>	<b>\$ 35,175</b>

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 balance 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, 2023**

**18. 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):

	2023			
	Within 6 months	6 months to 1 year	1-5 years	> 5 years
	<b>Accounts payable</b>	<b>\$ 1,930,217</b>	<b>\$ -</b>	<b>\$ -</b>

	2022			
	Within 6 months	6 months to 1 year	1-5 years	> 5 years
	Accounts payable	\$ 1,815,535	\$ -	\$ -

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.

**19. Comparative Figures**

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

**March 31, 2023**

**20. 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>2023</b>	2022
Funding for incremental COVID-19 operating expenses	<b>\$ 151,572</b>	\$ 158,047
COVID-19 Assessment Centre funding	<b>115,575</b>	223,646
Pandemic Pay funding	<b>239,460</b>	-
Other pandemic funding	<b>280,978</b>	70,951
	<b>\$ 787,585</b>	\$ 452,644

**21. Financial Implications Associated with the Repeal of Bill 124**

On November 29, 2022, the Ontario Superior Court declared Bill 124 as void and, therefore, struck down in its entirety in its application to both the unionized and non-unionized employees to whom it applied. A number of arbitrations subsequent to March 31, 2023 awarded additional increases in wages for the period from April 1, 2020 to March 31, 2023 to certain employees, other negotiations remain ongoing and there is uncertainty surrounding the outcome. There is uncertainty as to the extent to which government funding will be provided to support these payouts, and as at the date of authorization of these financial statements there were no amounts reasonably assured of being received. As a result, the Hospital recorded additional salaries, wages and employee benefit expenses in the current fiscal year related to retroactive wage increases for a portion of the Hospital's unionized employees. These unplanned extraordinary one-time costs resulted in an unplanned deficit for the year in the amount of \$92,564. The Hospital is in ongoing negotiations for the remaining portion of the unionized staff, and is unable to reasonably estimate the retroactive wages.

**Atikokan Health and Community Services**  
**Schedule 1 - Other Revenue**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Outpatient Revenue</b>		
Ontario Health Insurance Plan	\$ 145,294	\$ 116,208
Non-Residents of the Province and Canada	37,151	32,481
Workplace Safety & Insurance Board	28,545	18,517
Ambulance	9,135	8,370
	<u>\$ 220,125</u>	<u>\$ 175,576</u>
<b>Co-Payment Revenue</b>		
ALC Patients	\$ 47,076	\$ 37,865
Extended Care Patients	558,852	544,962
	<u>\$ 605,928</u>	<u>\$ 582,827</u>
<b>Differential Revenue</b>		
Acute Care Patients	\$ 15,810	\$ 21,698
Extended Care Patients	54,187	49,907
	<u>\$ 69,997</u>	<u>\$ 71,605</u>
<b>Recoveries</b>		
Non-Patient Food Services	\$ 29,699	\$ 36,135
Homecare Recoveries	17,311	19,212
Compensation and Services	483,920	439,060
Municipal Government	26,786	(27,534)
Materials	19,553	10,346
Rentals	41,350	24,720
Miscellaneous	15,914	98,339
	<u>\$ 634,533</u>	<u>\$ 600,278</u>
<b>Total Other Revenue</b>	<u><u>\$ 1,530,583</u></u>	<u><u>\$ 1,430,286</u></u>

**Atikokan Health and Community Services**  
**Schedule 2 - Salaries and Wages**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Patient Care</b>		
Inpatient Wards	\$ 1,486,606	\$ 1,298,082
Extended Care	1,045,341	1,024,403
Diabetes Education	14,155	12,692
Ambulatory Care	699,720	692,710
Laboratory	423,438	418,704
Diagnostic Imaging	200,532	188,398
Pharmacy	81,833	70,001
Clinical Nutrition	56,640	55,940
Therapeutic Services	339,243	357,311
<b>Total Patient Care</b>	<b>\$ 4,347,508</b>	<b>\$ 4,118,241</b>
<b>Support Services</b>		
General Administration	\$ 701,793	\$ 744,809
Information System Support	52,863	64,310
Human Resources and Recruitment	49,132	43,748
Physical Plant	216,577	215,563
Environmental Services	362,983	382,957
Food Services	378,421	382,624
Patient Information	188,014	163,342
Marketed Services	48,800	46,977
Materials Management and Reprocessing	132,999	133,161
<b>Total Support Services</b>	<b>\$ 2,131,582</b>	<b>\$ 2,177,491</b>
<b>Total Salaries and Wages</b>	<b>\$ 6,479,090</b>	<b>\$ 6,295,732</b>



**Atikokan Health and Community Services**  
**Schedule 3 - Employee Benefits**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
Canada Pension Plan	\$ 297,425	\$ 280,000
Hospital Pension Plan	495,756	492,629
Employment Insurance	105,561	101,989
Workplace Safety & Insurance Board	55,034	76,321
Long-Term Disability Insurance	78,853	75,275
Employer Health Tax	127,923	123,416
Extended Health Care Insurance	119,571	106,826
Dental Insurance	83,552	74,844
Group Life and Accidental Death & Dismemberment Benefit and Vacation % in Lieu	23,980	23,785
	<b>153,267</b>	<b>185,363</b>
<b>Total Employee Benefits</b>	<b>\$ 1,540,922</b>	<b>\$ 1,540,448</b>

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**Atikokan Health and Community Services**  
**Schedule 4 - Medical Staff Remuneration**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
Honorariums	\$ 27,595	\$ 25,473
Hospital On Call Coverage	96,720	93,894
Clinical Laboratory	-	19,910
Imaging	50,568	42,561
Other COVID Locum Program	265,064	-
<b>Total Medical Staff Remuneration</b>	<b>\$ 439,947</b>	<b>\$ 181,838</b>

**Atikokan Health and Community Services**  
**Schedule 5 - Supplies and Other Expenses**  
*(Unaudited)*

<b>For the year ended March 31,</b>	<b>2023</b>	<b>2022</b>
<b>Patient Care</b>		
Inpatient Wards	\$ 178,841	\$ 64,326
Extended Care	117,005	122,258
Diabetes Education	9,401	8,413
Ambulatory Care	29,244	27,969
Laboratory	229,062	157,874
Diagnostic Imaging	98,942	61,612
Pharmacy	32,698	20,758
Clinical Nutrition	-	947
Therapeutic Services	11,044	37,584
<b>Total Patient Care</b>	<b>\$ 706,237</b>	<b>\$ 501,741</b>
<b>Support Services</b>		
General Administration	\$ 390,414	\$ -
Information System Support	249,118	266,979
Human Resources and Recruitment	3,415	283,813
Physical Plant	473,683	1,491
Environmental Services	49,095	419,853
Food Services	192,753	45,933
Patient Information	4,330	170,731
Health System Development	145,174	6,794
Marketed Services	78,573	124,960
Materials Management	-	47,295
<b>Total Support Services</b>	<b>\$ 1,586,555</b>	<b>\$ 1,367,849</b>
<b>Total Supplies and Other Expenses</b>	<b>\$ 2,292,792</b>	<b>\$ 1,869,590</b>

**Atikokan Health and Community Services**  
**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, 2023	For the year ended March 31, 2022
<b>Revenue</b>								
MOH/OHN Funding	\$ 69,421	\$ 92,962	\$ 482,669	\$ -	\$ 15,343	\$ 3,075	\$ 663,470	\$ 654,346
Other Revenue and Recoveries	-	-	8,912	-	-	-	8,912	3,729
<b>Total Revenue</b>	<b>\$ 69,421</b>	<b>\$ 92,962</b>	<b>\$ 491,581</b>	<b>\$ -</b>	<b>\$ 15,343</b>	<b>\$ 3,075</b>	<b>\$ 672,382</b>	<b>\$ 658,075</b>
<b>Operating Expenses</b>								
Salaries and Wages	\$ 44,556	\$ 24,437	\$ 246,236	\$ 57,053	\$ -	\$ -	\$ 372,282	\$ 398,532
Employee Benefits	9,765	5,611	56,810	24,102	-	-	96,288	92,111
Purchased Services	-	-	184	-	-	-	184	-
Medical Staff Remuneration	-	-	10,620	-	-	-	10,620	7,016
Supplies and Other Expenses	224	-	23,208	54,000	12,651	-	90,083	108,096
Buildings & Grounds	-	-	-	-	-	3,075	3,075	3,075
<b>Total Operating Expenses</b>	<b>\$ 54,545</b>	<b>\$ 30,048</b>	<b>\$ 337,058</b>	<b>\$ 135,155</b>	<b>\$ 12,651</b>	<b>\$ 3,075</b>	<b>\$ 572,532</b>	<b>\$ 608,830</b>
<b>Net Revenue (Expense)</b>	<b>\$ 14,876</b>	<b>\$ 62,914</b>	<b>\$ 154,523</b>	<b>\$ (135,155)</b>	<b>\$ 2,692</b>	<b>\$ -</b>	<b>\$ 99,850</b>	<b>\$ 49,245</b>
<b>Administration Allocation</b>	<b>(14,587)</b>	<b>(19,533)</b>	<b>(101,035)</b>	<b>135,155</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net Revenue (Expense) Before Amount Repayable</b>	<b>289</b>	<b>43,381</b>	<b>53,488</b>	<b>-</b>	<b>2,692</b>	<b>-</b>	<b>99,850</b>	<b>49,245</b>
<b>Amount Repayable to Ministry of Health</b>	<b>(289)</b>	<b>(43,381)</b>	<b>(53,488)</b>	<b>-</b>	<b>(2,692)</b>	<b>-</b>	<b>(99,850)</b>	<b>(49,245)</b>
<b>Net Revenue (Expense)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>