

Four Counties Health Services

Financial Statements

For the year ended March 31, 2025

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Financial Statements
For the year ended March 31, 2025

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Independent Auditor's Report

To the Board of Directors Four Counties Health Services

Opinion

We have audited the financial statements of Four Counties Health Services (the Hospital), which comprise the statements of financial position as at March 31, 2025, and the statement of changes in net assets, remeasurement gains (losses), operations 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 Entity as at March 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Basis for Opinion

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

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the 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 Entity 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.

Chartered Professional Accountants, Licensed Public Accountants

Windsor, Ontario
June 25, 2025

Four Counties Health Services Statement of Financial Position

March 31, 2025 2024

Assets

Current

Cash (Note 7)	\$ 404,811	\$ 2,349,789
Short-term investments (Note 4)	4,052,591	3,729,394
Accounts receivable (Note 3)	551,843	356,779
Inventory	21,518	7,539
Prepaid expenses	159,080	147,693
Current portion of receivable from related parties (Note 11)	46,497	109,108

5,236,340 6,700,302

Restricted

Long-term receivable from related parties (Note 11)	290,968	337,465
Tangible capital assets (Note 5)	8,269,774	8,576,654

\$13,797,082 \$ 15,614,421

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities (Note 6)	\$ 2,193,294	\$ 2,446,748
Deferred contributions relating to capital assets (Note 8)	7,040,898	7,245,572
Post-employment benefits (Note 9)	300,500	244,700
Asset retirement obligations (Note 10)	368,863	359,481

9,903,555 10,296,501

Contingencies (Note 14)

Net assets

Unrestricted	3,539,805	5,227,079
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3,539,805 5,227,079


Accumulated remeasurement gains

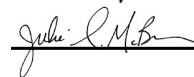
353,722 90,841

3,893,527 5,317,920

\$ 13,797,082 \$ 15,614,421

On behalf of the Board of Directors:

 _____ Director

 _____ Director

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

Four Counties Health Services
Statement of Changes in Net Assets

For the year ended March 31,	2025	2024
Balance, beginning of year	\$ 5,227,079	\$ 6,606,672
Deficiency of revenues over expenses	<u>(1,687,274)</u>	<u>(1,379,593)</u>
Balance, end of year	\$ 3,539,805	\$ 5,227,079

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

Four Counties Health Services
Statement of Remeasurement Gains (Losses)

For the year ended March 31,	2025	2024
Accumulated remeasurement gains (losses) at beginning of year	\$ 90,841	\$ (69,550)
Unrealized gains attributable to short-term investments	<u>262,881</u>	<u>160,391</u>
Accumulated remeasurement gains at end of year	<u>\$ 353,722</u>	<u>\$ 90,841</u>

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

Four Counties Health Services Statement of Operations

For the year ended March 31,	2025	2024
Revenue		
Ministry of Health and Ontario Health	\$13,371,344	\$ 13,227,375
Patient revenues	626,136	522,875
Differential and co-payment	96,551	50,488
Recoveries and miscellaneous	735,627	677,282
Amortization of deferred capital contributions, equipment (Note 8)	303,712	287,540
Other votes (Note 17)	410,345	435,884
	<u>15,543,715</u>	<u>15,201,444</u>
Expenses		
Salaries and wages	7,728,126	7,038,849
Employee benefits	1,534,915	1,530,149
Employee future benefits (Note 9)	56,800	22,400
Medical staff payments	2,662,617	2,945,321
Supplies and other expenses	3,847,508	3,697,438
Medical and surgical supplies	238,583	181,965
Drugs	219,082	175,691
Amortization of equipment (Note 5)	321,896	327,126
Accretion expense (Note 10)	14,631	14,114
Other votes (Note 17)	413,599	439,139
	<u>17,037,757</u>	<u>16,372,192</u>
Operating excess of expenses over revenues	<u>(1,494,042)</u>	<u>(1,170,748)</u>
Other revenues (expenses)		
Amortization of deferred capital contributions, building (Note 8)	520,018	533,962
Amortization of building and land improvements (Note 5)	(713,250)	(742,807)
	<u>(193,232)</u>	<u>(208,845)</u>
Deficiency of revenues over expenses	<u>\$ (1,687,274)</u>	<u>\$ (1,379,593)</u>

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

Four Counties Health Services

Statement of Cash Flows

For the year ended March 31,	2025	2024
Cash provided by (used in)		
Operating activities		
Deficiency of revenues over expenses	\$ (1,687,274)	\$ (1,379,593)
Items not involving cash		
Amortization of capital assets (Note 5)	1,040,114	1,074,541
Amortization of deferred capital contributions (Note 8)	(825,443)	(822,855)
Accretion expense of asset retirement obligation	14,631	14,114
Increase in post-employment benefits liability	55,800	12,300
	<u>(1,402,172)</u>	<u>(1,101,493)</u>
Net changes in non-cash working capital balances:		
Accounts receivable	(195,064)	(77,089)
Inventory	(13,979)	(459)
Prepaid expenses	(11,387)	9,692
Accounts payable and accrued charges	(253,454)	(203,129)
	<u>(1,876,056)</u>	<u>(1,372,478)</u>
Investing activities		
Payment received on long-term receivable	109,108	168,558
Purchase of investments	(601,893)	(485,728)
Proceeds from disposal of investments	541,587	431,334
	<u>48,802</u>	<u>114,164</u>
Capital activities		
Contributions received for capital assets	620,769	746,221
Net acquisition of capital assets	(733,244)	(788,566)
(Decrease) increase in asset retirement obligation	(5,249)	28,924
	<u>(117,724)</u>	<u>(13,421)</u>
Decrease in cash during the year	(1,944,978)	(1,271,735)
Cash, beginning of year	2,349,789	3,621,524
Cash, end of year	<u>\$ 404,811</u>	<u>\$ 2,349,789</u>
Supplemental Disclosure of Cash Flow Information:		
Interest received in the year	<u>\$ 216,624</u>	<u>\$ 244,904</u>

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

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies

Nature of Organization

Four Counties Health Services (the "Hospital") provides health care services to the residents of the Four Counties 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 (Canada).

The Hospital is a registered charity and, as such, is exempt from income taxes under the Income Tax Act (Canada).

Basis of Accounting

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 ("PSAS for Government NPOs"). The Four Counties Health Services Foundation is a separate entity whose financial information is reported separately from the Hospital.

Management Estimates

The preparation of financial statements in conformity with PSAS for Government NPOs requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of the allowance for doubtful accounts, asset retirement obligations, actuarial estimation of post-employment benefits, amortization of capital assets and deferred revenue.

Ministry of Health and Ontario Health Funding

Under the Health Insurance Act and the regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health ("MOH") and Ontario Health ("OH"). The financial statements reflect agreed funding arrangements approved by the MOH and OH with respect to the year ended March 31, 2025.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

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 budget arrangements established by the MOH, and OH. The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2024 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 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.

Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period it is deferred and recognized in that subsequent period.

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

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

Amortization of buildings is not funded by the MOH/OH and accordingly the amortization of buildings has been reflected as an undernoted item in the statement of operations with the corresponding realization of revenue for deferred contributions.

Revenue from patient services is recognized when the service is provided.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

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 short-term investments.

They are initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

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

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

Amortized cost

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

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

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

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

1. Significant Accounting Policies (continued)

Inventory	Inventory is valued at the lower of cost and net realizable value. Cost is determined on the first-in first-out basis. Inventory consists of pharmaceuticals that are used in the Hospital's operations and not for sale purposes.						
Tangible Capital Assets	<p>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. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.</p> <p>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:</p> <table><tr><td>Land improvements</td><td>10 - 25 years</td></tr><tr><td>Buildings and related service equipment</td><td>5 - 40 years</td></tr><tr><td>Major equipment</td><td>3 - 20 years</td></tr></table>	Land improvements	10 - 25 years	Buildings and related service equipment	5 - 40 years	Major equipment	3 - 20 years
Land improvements	10 - 25 years						
Buildings and related service equipment	5 - 40 years						
Major equipment	3 - 20 years						
Contributed Services	Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.						
Pension Plan	The Hospital participates in a multi-employer defined benefit pension plan, however, sufficient information is not available to use defined benefit accounting. Therefore, the Hospital accounts for the plan as if it were a defined contribution plan, recognizing contributions as an expense in the year to which they relate.						

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

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, 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, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. 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 are the employer's contributions due to the plan in the period.
- (iii) The discount used in the determination of the above-mentioned liabilities is equal to the Hospital's internal rate of borrowing.

Asset Retirement Obligations

A liability for an asset retirement obligation is recognized when there is a legal obligation to incur retirement costs in relation to a tangible capital asset; 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 liability is recorded at an amount that is the best estimate of the expenditure required to retire a tangible capital asset at the financial statement date. This liability is subsequently reviewed at each financial reporting date and adjusted for the passage of time and for any revisions to the timing, amount required to settle the obligation or the discount rate. Upon the initial measurement of an asset retirement obligation, a corresponding asset retirement cost is added to the carrying value of the related tangible capital asset if it is still in productive use. This cost is amortized over the useful life of the tangible capital asset. If the related tangible capital asset is unrecognized or no longer in productive use, the asset retirement costs are expensed.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

2. 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 shown below.

	Fair Value	Cost	Total
March 31, 2025			
Cash	\$ 404,811	\$ -	\$ 404,811
Short-term investments	\$ 4,052,591	\$ -	\$ 4,052,591
Accounts receivable	\$ -	\$ 551,843	\$ 551,843
Receivable from related parties	\$ -	\$ 337,465	\$ 337,465
Accounts payable and accrued liabilities	\$ -	\$ 2,193,294	\$ 2,193,294
March 31, 2024			
Cash	\$ 2,349,789	\$ -	\$ 2,349,789
Short-term investments	\$ 3,729,394	\$ -	\$ 3,729,394
Accounts receivable	\$ -	\$ 356,779	\$ 356,779
Receivable from related parties	\$ -	\$ 446,573	\$ 446,573
Accounts payable and accrued liabilities	\$ -	\$ 2,446,748	\$ 2,446,748

The cash and short-term investments are a level 1 fair value measurement which are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price.

Four Counties Health Services Notes to Financial Statements

March 31, 2025

3. Accounts Receivable

	Total	Current	Past Due			
			31-60 days	61-90 days	91-120 days	> 120 days
Inpatients	\$ 22,499	\$ 20,523	\$ 1,536	\$ 390	\$ 50	\$ -
Outpatients	17,398	10,219	3,944	3,094	141	-
OHIP	61,969	48,685	13,077	185	22	-
MOH/OH	244,938	244,938	-	-	-	-
Miscellaneous	213,539	204,103	9,440	-	-	(4)
Gross receivables	560,343	528,468	27,997	3,669	213	(4)
Less: Impairment allowances	(8,500)	(8,500)	-	-	-	-
Net receivables	\$ 551,843	\$ 519,968	\$ 27,997	\$ 3,669	\$ 213	\$ (4)

The amounts aged greater than 90 days owing from patients that have not had corresponding impairment allowances setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on credit worthiness of debtors and their past history of payment.

4. Short-Term Investments

	2025		2024	
	Cost	Fair Value	Cost	Fair Value
<i>Fair value:</i>				
Investment cash	\$ 79,991	\$ 79,991	\$ 109,654	\$ 109,654
Common shares	377,565	507,035	364,942	455,005
Investment savings accounts	35,354	35,354	35,354	35,354
Foreign securities	918,508	1,065,708	860,252	966,685
Guaranteed investment certificates	2,412,022	2,364,503	2,334,679	2,162,696
Total investments	\$3,823,440	\$4,052,591	\$ 3,704,881	\$ 3,729,394

Short-term investments guaranteed investment certificates earn interest at 1.10% to 3.80% (2024 - 1.10% to 3.75%) and mature from June 2025 to December 2034 (2024 - September 2024 to June 2033).

The fair values of investments were determined by reference to published price quotations in an active market.

Income from investments has been included in recoveries and miscellaneous revenue on the statement of operations.

Four Counties Health Services Notes to Financial Statements

March 31, 2025

5. Tangible Capital Assets

	2025		2024	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 2,000	\$ -	\$ 2,000	\$ -
Land improvements	431,725	333,954	431,725	322,734
Building and related service equipment	28,303,307	20,503,460	28,030,681	19,568,177
Construction in progress	370,156	-	3,159	-
	<u>\$29,107,188</u>	<u>\$20,837,414</u>	<u>\$ 28,467,565</u>	<u>\$ 19,890,911</u>
Net book value		<u>\$ 8,269,774</u>		<u>\$ 8,576,654</u>

The amortization charge for the year is as follows:

	2025	2024
Building	\$ 713,250	\$ 742,807
Other votes	4,968	4,608
Equipment	321,896	327,126
	<u>\$ 1,040,114</u>	<u>\$ 1,074,541</u>

6. Accounts Payable and Accrued Liabilities

	2025	2024
MOH/OH	\$ 765,969	\$ 656,739
Trade	737	147,764
Wages and other accruals	1,426,588	1,642,245
	<u>\$ 2,193,294</u>	<u>\$ 2,446,748</u>

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

7. Cash

As at March 31, 2025, the Hospital had \$2,000,000 in available credit (2024 - \$2,000,000), consisting of a \$2,000,000 operating line (2024 - \$2,000,000). At year end, the operating line was not drawn upon.

8. Deferred Contributions Relating to Capital Assets

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.

	2025	2024
Balance, beginning of year	\$ 7,245,572	\$ 7,322,206
Contributions received	620,769	746,221
Amortized to revenue	(825,443)	(822,855)
Balance, end of year	<u>\$ 7,040,898</u>	<u>\$ 7,245,572</u>

Included in other votes revenue are \$1,713 (2024 - \$1,353) of amortization of capital contributions.

As at March 31, 2024 there was \$390,818 (2024 - \$133,722) of deferred capital contributions received which are not being amortized into revenue as the related capital expenditure has not yet been made or put into use.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

9. Post-Employment Benefits

The Healthcare of Ontario Pension Plan ("HOOPP") has substantially all of the full-time employees enrolled in it. On October 1, 2015, all part-time and non-full-time employees became eligible to join the Plan immediately. Some of the part-time employees are enrolled into HOOPP. Contributions to the plan made during the year by the Hospital on behalf of these employees amounted to \$498,366 (2024 - \$465,184). Contributions to the plan made during the year by the employees amounted to \$395,543 (2024 - \$369,193). These are included in the "Employee Benefits" section of the Statement of Operations. For 2025, the Hospital had a liability of \$100,895 (2024 - \$94,544), associated with the Pension Plan.

As a result of restructuring and staff reductions, early retirement packages have been made available to eligible Hospital employees. Eligible full-time employees who opted for early retirement received a continuation of their current health care benefits, up to the age of 65.

The Hospital also pays 50% of the premiums for health and dental benefits of the Ontario Nurses' Association (ONA) members that retired after April 1, 2011, from the date of retirement until the individual reaches the age of 65.

The "Employee future benefit" liability is actuarially determined using the projected accrued benefit cost method, pro-rata on service, and reflects Management's best estimate of future cost trends associated with such benefits and interest rates. The Plan amendments are amortized over the expected average remaining service to full eligibility of the active employees. The cumulative gains and losses in excess of 10% of the beginning of the year accrued benefit obligation are amortized over the expected average remaining service to the expected retirement age of active employees (12.1 years).

Information about the Hospital's accrued benefit obligation relating to its post-retirement benefit plan at March 31, 2025, is as follows:

	2025	2024
Accrued benefit obligation - beginning of year	\$244,700	\$ 232,400
Less: Unamortized net actuarial loss (gain)	55,800	12,300
Accrued Benefit Liability - End of Year	<u>\$300,500</u>	<u>\$ 244,700</u>

Four Counties Health Services Notes to Financial Statements

March 31, 2025

9. Post-Employment Benefits (continued)

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

	2025	2024
Discount rate:		
Beginning of year	3.95%	4.04%
End of year	3.89%	3.95%
Weighted average health care trend rate		
Initial	4.45%	4.45%
Ultimate	4.10%	4.10%
Year "Ultimate" reached	2040	2040

The actuarial valuation is for the period April 1, 2024 through March 31, 2025. Included in Employee Benefits on the Statement of Operations is an amount of \$56,800 (2024 - \$22,400) related to employee future benefits.

	2025	2024
Current year benefit cost:	\$34,400	\$14,000
Interest on accrued benefit obligation	14,400	8,900
Amortized actuarial loss (gain)	8,000	(500)
Total Expense	\$56,800	\$ 22,400

Above amounts exclude pension contributions to the HOOPP, a multi-employer plan, described above.

10. Asset Retirement Obligations

The Hospital's financial statements include an asset retirement obligation for the asbestos that had been used in construction of the hospital buildings throughout its course of operations. The related asset retirement costs are being amortized on a straight-line basis. The liability has been estimated using a net present value technique with a discount rate of 4.24% (2024 - 4.07%). The estimated total undiscounted future expenditures are \$368,863 (2024 - \$359,481), which are to be incurred over the remaining useful life of the buildings. The liability is expected to be settled as the building is renovated.

Four Counties Health Services Notes to Financial Statements

March 31, 2025

10. Asset Retirement Obligations (continued)

The carrying amount of the liability is as follows:

	2025	2024
Asset retirement obligation, beginning of year	\$ 359,481	\$ 316,443
Increase due to accretion expense	14,631	14,114
(Decrease) increase due to revisions in estimated cash flows	(5,249)	28,924
Asset retirement obligation, end of year	<u>\$ 368,863</u>	<u>\$ 359,481</u>

11. Related Entities

a) Four Counties Health Services Foundation

Four Counties Health Services Foundation is a separate legal entity. The Foundation raises funds for capital acquisition and other related purposes of the Hospital. The Foundation is incorporated under the Corporations Act of Ontario and is a registered charity under the Income Tax Act (Canada).

During the year, the Foundation transferred \$192,467 (2024 - \$211,783) to the Hospital to be used for the purchase of capital assets and \$12,000 (2024 - \$17,956) for operations.

The Foundation receives the following materials and services from Health Services at no cost to the Foundation: Office space, telephone service, and computer support.

b) Four Counties Health Services Auxiliary

The Auxiliary is an ancillary volunteer organization that is a registered charity under the Income Tax Act (Canada). Under its constitution and by-laws the stated purpose of the Auxiliary is to assist the Hospital and the community.

Four Counties Health Services Notes to Financial Statements

March 31, 2025

11. Related Entities (continued)

c) Four Counties Community Villa (Non-Profit) Inc

The Hospital has an economic interest in Four Counties Community Villa (Non-Profit) Inc.

During the year, Four Counties Health Services received loan repayments of \$44,580 from Four Counties Community Villa (Non-Profit) Inc. (2024 - \$44,580). Funds in the amount of \$1,560,000 were advanced in fiscal 2000 and 2001 to Four Counties Community Villa (Non-Profit) Inc., interest free, to finance the construction of a non-profit supportive housing facility on the Hospital's land. The loan is to be repaid over thirty-five years, in equal monthly instalments. The land lease is for a period of ninety-nine years and no rental payments are required for the first thirty-five years.

At April 1, 2007, the loan was classified as loans and receivables, and was discounted using an interest rate comparable to similar mortgages at the time of issue. It is subsequently being carried at amortized cost. Since the loan originated as a result of a related party transaction, fair value of the loan is not readily determinable, and as such, has not been presented. Interest income earned on the loan have been included in other funding sources on the statement of operations.

All transactions between Four Counties Health Services and its related parties are recorded at cost.

d) Strathroy Middlesex General Hospital

Four Counties Health Services is related to Strathroy Middlesex General Hospital as they are controlled by an identical Board of Directors. Strathroy Middlesex General Hospital provides medical services in Strathroy, Ontario and is registered under the Income Tax Act (Canada). Four Counties Health Services has created a Local Advisory Committee whose purpose is to advocate for the local community. Staff and other resources are shared between both hospitals. During the year, Four Counties Health Services recovered remuneration of \$358,627 (2024 - \$338,538) from Strathroy Middlesex General Hospital, and reimbursed Strathroy Middlesex General Hospital \$2,356,687 (2024 - \$1,958,867) for remuneration paid by Strathroy Middlesex General Hospital. Joint purchases of supplies are expensed to each Hospital at point of purchase. At March 31, 2025, \$51,016 (2024 - \$54,705) was included in accounts receivable and \$299,518 (2024 - \$249,435) was included in accounts payable, relating to balances owing from/to Strathroy Middlesex General Hospital.

The Hospital has an agreement with Strathroy Middlesex General Hospital, in which they can advance up to \$1,000,000 at an interest rate of prime plus 0.50%, should Strathroy Middlesex General Hospital require the funds for the purchase of capital equipment. At year end, \$24,638 (2024 - \$113,456) has been advanced as part of this agreement. The loan is to be repaid over seven years, in equal monthly instalments. The payments in the year from Strathroy Middlesex General Hospital were \$91,008 (2024 - \$155,520). The loan is being carried at amortized cost.

Four Counties Health Services Notes to Financial Statements

March 31, 2025

11. Related Entities (continued)

Receivable from related parties are as follows:

	2025	2024
Four Counties Community Villa (Non-Profit) Inc	\$ 312,827	\$ 333,117
Strathroy Middlesex General Hospital	24,638	113,456
	<u>337,465</u>	<u>446,573</u>
Less: current portion	46,497	109,108
	<u>\$ 290,968</u>	<u>\$ 337,465</u>

The following financial information was reported by Strathroy Middlesex General Hospital for the year ended March 31, 2025:

	2025	2024
Financial position		
Total assets	\$ 41,488,598	\$ 37,141,786
Total liabilities	<u>(59,583,303)</u>	<u>(50,921,199)</u>
Net assets	<u>\$ (18,094,705)</u>	<u>\$ (13,779,413)</u>
Operations		
Revenues	\$ 56,808,780	\$ 55,475,982
Expenses	(60,807,565)	(56,108,842)
Other expenses	<u>(316,507)</u>	<u>(297,873)</u>
Deficiency of revenues over expenses	<u>\$ (4,315,292)</u>	<u>\$ (930,733)</u>

All transactions between Strathroy Middlesex General Hospital and its related parties are recorded at cost.

12. Economic Dependence

The Hospital received 92% of its total revenue for the year ended March 31, 2025 (2024 - 92%) from the MOH/OH.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

13. Capital Management

The Hospital's primary objective when managing capital is to safeguard the entity's ability to deliver comprehensive family-centered patient care in a rural and community-focused health service setting in collaboration and integration with our healthcare partners. The Hospital defines its capital as cash, both restricted and unrestricted, investments, and net assets, both restricted and unrestricted.

The Hospital monitors its cash position on a weekly basis and reviews the current ratio and working capital position on a monthly basis.

The Hospital manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Four Counties Health Services Foundation provides the annual capital equipment support, which is paid on a predetermined basis during the fiscal year. In order to adjust the capital structure the Hospital may sell or purchase investments, utilize the approved operating line of credit, or any advances from Ontario Health.

There have been no changes in what the Hospital defines as capital, or the objectives, policies and procedures for managing capital, in the year.

14. Contingencies

The Hospital has been named defendant in certain legal actions. The final liability, if any, of these claims is indeterminable as the Hospital has established defence actions and further, in the opinion of legal counsel and the Hospital's insurance adjustors, should any claim be successful, it would be subject to material coverage by the Hospital's policies of insurance. See Note 16 regarding HIROC contingencies.

15. Financial Instrument Risk Management

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

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 and accounts receivable. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Hospital's cash accounts are insured up to \$100,000 (2024 - \$100,000).

The Hospital's investment policy operates within the constraints of the investment guidelines issued by MOH/OH in relation to the funding agreements described in Note 1 and puts limits on the investment portfolio including portfolio composition limits, issuer type limits, aggregate issuer limits, corporate sector limits and general guidelines for geographic exposure.

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

15. Financial Instrument Risk Management (continued)

Credit Risk (continued)

The maximum exposure to investment credit risk is outlined in Note 4.

Accounts receivable is primarily due from OHIP, the MOH/OH 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. An impairment allowance is set up based on the Hospital's historical experience regarding collection (Note 3).

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 or equity risk as it does not transact materially in foreign currency or hold equity financial instruments.

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 interest rate risk primarily through its The Hospital is exposed to the risk through its interest bearing investments (Note 2).

Currency risk

Currency rate risk is the risk to the Hospital's income that arise from fluctuations of foreign exchange rates. The Hospital is exposed to foreign currency exchange risk on foreign investments (Note 4), when sold. The Hospital does not use derivative instruments to reduce its exposure to foreign currency risk.

Liquidity rate 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):

	Within 6 months	6 months to 1 year	1 - 5 years
Accounts payable and accrued liabilities	\$ 2,193,294	\$ -	\$ -

Four Counties Health Services

Notes to Financial Statements

March 31, 2025

16. HIROC

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to the current date.

Since its inception in 1987 HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. No such disbursements have been made to the current date.

17. Other Votes

Other votes reflects a separate funding stream from the MOH/OH for programs not typically part of the base, Quality-Based Procedures, Wait Time, or Health-Based Allocation Model funding. Other votes consists of the funding and related expenses for municipal taxes, Adult Day Program and Supportive Housing Programs.

18. Comparative Figures

Comparative figures have been modified to confirm with the current year presentation.
