

**Ross Memorial Hospital**  
**Financial Statements**  
*March 31, 2026*

# Ross Memorial Hospital Contents

*For the year ended March 31, 2026*

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To the Board of Ross Memorial Hospital:

## Opinion

We have audited the financial statements of Ross Memorial Hospital (the "Hospital"), which comprise the statement of financial position as at March 31, 2026, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2026, and the results of its operations 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.

## 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.

Lindsay, Ontario

June 8, 2026

*MNP LLP*

Chartered Professional Accountants

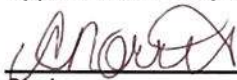
Licensed Public Accountants

**Ross Memorial Hospital**  
**Statement of Financial Position**

*As at March 31, 2026*

	2026	2025
	\$	\$
<b>Assets</b>		
<b>Current</b>		
Cash (Note 3)	33,611,852	22,310,872
Short-term investments (Note 4)	-	15,798,070
Accounts receivable (Note 5)	4,879,107	4,913,542
Inventory	538,783	509,282
Prepaid expenses and deposits	2,215,320	1,989,600
	<b>41,245,062</b>	<b>45,521,366</b>
Investments (Note 4)	10,058,603	-
Capital assets (Note 6)	76,791,207	77,437,440
	<b>128,094,872</b>	<b>122,958,806</b>
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accruals (Note 8)	31,364,822	25,427,936
Current portion of long-term debt (Note 9)	881,596	852,830
Payable to Ministry of Health	6,383,778	7,148,326
	<b>38,630,196</b>	<b>33,429,092</b>
Employee future benefits (Note 11)	6,296,100	6,300,900
Deferred capital contributions (Note 13)	52,397,998	54,389,086
Long-term debt (Note 9)	11,258,295	12,139,891
Asset retirement obligations (Note 10)	4,798,591	4,842,346
	<b>113,381,180</b>	<b>111,101,315</b>
Contingencies and commitments (Note 15)		
<b>Net Assets</b>		
Unrestricted net assets, end of year (Note 16)	14,713,692	11,857,491
	<b>128,094,872</b>	<b>122,958,806</b>

Approved on behalf of the Board of Directors

  
\_\_\_\_\_  
Chairperson

  
\_\_\_\_\_  
Treasurer

# Ross Memorial Hospital

## Statement of Operations and Changes in Net Assets

*For the year ended March 31, 2026*

	2026	2025
	\$	\$
<b>Revenue</b>		
Ministry of Health	132,235,110	123,703,816
Patient revenues	2,121,220	2,416,330
Differential preferred accommodation	1,029,027	849,883
Chronic care-co-payment	189,513	374,367
Other operating revenue	5,269,802	7,273,689
Restricted program revenue	2,386,361	1,841,806
Amortization of deferred contributions related to equipment	2,363,162	1,984,258
	<b>145,594,195</b>	<b>138,444,149</b>
<b>Expenses</b>		
Salary, wages and other remuneration	85,336,916	80,528,337
Employee benefits	18,883,305	18,429,037
Supplies and other expenses	21,408,842	21,894,750
Medical and surgical supplies	7,832,133	6,525,624
Drugs	2,572,300	2,491,076
Restricted program expenses	2,387,882	1,892,796
Equipment amortization	3,888,250	3,590,956
	<b>142,309,628</b>	<b>135,352,576</b>
<b>Surplus before building amortization</b>	<b>3,284,567</b>	<b>3,091,573</b>
<b>Amortization</b>		
Amortization of deferred contributions for buildings	2,402,560	2,204,339
Amortization for buildings	(2,830,926)	(2,669,002)
	<b>(428,366)</b>	<b>(464,663)</b>
<b>Net income</b>	<b>2,856,201</b>	<b>2,626,910</b>
<b>Unrestricted net assets, beginning of year</b>	<b>11,857,491</b>	<b>9,230,581</b>
<b>Unrestricted net assets, end of year (Note 16)</b>	<b>14,713,692</b>	<b>11,857,491</b>

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

**Ross Memorial Hospital**  
**Statement of Cash Flows**  
*For the year ended March 31, 2026*

	2026	2025
	\$	\$
<b>Cash provided by (used for) the following activities</b>		
<b>Operating</b>		
Net income	2,856,201	2,626,910
Non-cash items		
Equipment amortization	3,888,250	3,590,956
Building amortization	2,830,926	2,669,002
Accrued interest	739,467	(798,070)
Amortization of deferred contributions related to capital assets	(4,765,722)	(4,188,597)
Employee future benefits	(4,800)	271,300
Asset retirement obligation - accretion expense	197,578	189,832
	5,741,900	4,361,333
Changes in working capital accounts		
Accounts receivable	34,435	6,062,032
Inventory	(29,501)	45,627
Prepaid expenses and deposits	(225,720)	(634,674)
Accounts payable and accruals	5,936,887	(588,976)
Ministry of health payable	(764,548)	(971,949)
	10,693,453	8,273,393
<b>Investing</b>		
Proceeds from sale of investments	15,000,000	-
Purchase of investments	(10,000,000)	-
	5,000,000	-
<b>Capital activities</b>		
Additions to capital assets	(6,072,943)	(6,272,855)
Proceeds from grants and donations	2,774,633	5,885,689
Remediation of asset retirement obligations	(241,333)	-
	(3,539,643)	(387,166)
<b>Financing</b>		
Repayment of long-term financing	(852,830)	(825,004)
<b>Increase (decrease) in cash resources</b>	<b>11,300,980</b>	<b>7,061,223</b>
<b>Cash resources, beginning of year</b>	<b>22,310,872</b>	<b>15,249,649</b>
<b>Cash resources, end of year</b>	<b>33,611,852</b>	<b>22,310,872</b>

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

**1. Significant accounting policies**

***Nature of organization***

The Ross Memorial Hospital, established in 1902, provides health care services in the City of Kawartha Lakes, Brock Township and parts of Haliburton County. The Hospital is incorporated without share capital under a Special Act of legislature. It is a registered charity under the Income Tax Act (Canada). The Hospital is a not-for-profit organization and accordingly is exempt from income taxes under the Income Tax Act (Canada).

***Basis of presentation***

The financial statements of the Hospital have been prepared in accordance with Canadian public sector accounting standards, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPOs").

***Contributed services***

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

***Inventory***

Inventory is valued at the lower of cost and net realizable value. Cost is determined by the average cost method. Inventory consists of medical and general supplies that are used in the Hospital's operations and not for resale purposes.

***Retirement, post-employment benefits and compensated absences***

These benefits include life, extended health and dental insurance to certain employee groups. 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. (Note 11)

The Hospital is also an employer member of the Healthcare of Ontario Pension Plan (the "plan"), which is a multi-employer, defined benefit pension plan. The Board of Trustees, representing plan members and employers, is responsible for overseeing the management of the pension plan, including investment of the assets and administration of the benefits. The Hospital has adopted defined contribution plan accounting principles for this plan because insufficient information is available to apply defined benefit plan accounting principles. (Note 12)

***Capital assets***

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 which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value. Projects under construction are not amortized until construction is substantially complete and assets are ready for use.

Capital assets are amortized on a straight-line basis over their useful lives, which have been estimated as follows:

Buildings	2% - 6.67%
Building service equipment	5% - 10%
Computers	20% - 33%
Major equipment	5% - 20%
Parking lot	5%
Parking lot equipment	33%

1. **Significant accounting policies** *(Continued from previous page)*

**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 Ministry of Health ("MOH"). The board of directors recognizes the Hospital's ongoing dependency on the MOH as the primary funding source for the Hospital's operating activities.

The Hospital has entered into a Service Accountability Agreement (the "H-SAA"). This assignment enables Ontario Health ("OH") to take on full responsibility for planning, funding and integrating health services in the OH area, which includes the Hospital. The H-SAA also sets out 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 of obligations, the MOH or OH has the right to adjust funding received by the Hospital. The MOH or OH is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of funding received by the Hospital during the year may be increased or decreased subsequent to year end.

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

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 to be received 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.

Externally restricted contributions are recognized as revenue in the year in which the related expenditures are recognized. Restricted investment income is recognized as revenue in the year in which the related expenditures are recognized. Unrestricted investment income is recognized as revenue when earned.

Revenues from patient services, preferred accommodation, and marketed services are recognized when the goods are sold or services provided.

Other operating revenue includes parking and food revenues which are recognized when the goods are sold and services provided.

1. **Significant accounting policies** *(Continued from previous page)*

***Asset retirement obligation***

A liability for an asset retirement obligation is recognized at the best estimate of the amount required to retire a tangible 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 tangible 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, 2026. 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 tangible 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 tangible 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.

***Measurement uncertainty (use of estimates)***

The preparation of financial statements in accordance with PSAB for Government NPOs requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. The principal estimates used in the preparation of these financial statements are the determination of allowance for doubtful accounts, actuarial estimation of the liability for post-retirement benefits and compensated absences, estimated useful life of capital assets, asset retirement obligations, amortization of deferred capital contributions, accrued liabilities, pay equity accrual, ministry funding adjustments, contingencies and fair value disclosures. Actual results could differ from management's best estimates as additional information becomes available in the future.

1. **Significant accounting policies** *(Continued from previous page)*

**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. It is initially recognized at cost and subsequently carried at fair value. Changes in fair value are recognized in the statement of operations and net assets. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restrictions has been met.

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 that is 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 long-term debt. 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, except for contributions, which are initially recognized at fair value.

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 and net assets.

**Joint venture in Enabling Healthcare Across Central East (ENHANCE) Ontario**

The Hospital holds a 5.28% interest in ENHANCE Ontario, a joint venture with 6 other Ontario Hospital Organizations which is engaged in operating and maintaining its Clinical Information System. This investment is accounted for using the proportionate consolidation method.

Under this method, the Hospital records its pro-rata share of ENHANCE Ontario's assets, liabilities, revenues, and expenses on a line-by-line basis in the consolidated financial statements. All inter-entity transactions and balances have been eliminated to the extent of the Hospital's interest. The joint venture's accounting policies are conformed to those of the Hospital.

2. **Financial instrument classification**

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

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price;
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset 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

Cash and investments are included in Level 1. There were no transfers between Level 1 and Level 2 for the years ended March 31, 2026 and 2025. There were also no transfers in or out of level 3.

**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
*For the year ended March 31, 2026*

**3. Credit facility**

The Hospital is subject to a \$6,500,000 overdraft limit. Interest is charged monthly at a rate of prime. Amounts in excess of this agreed upon limit are subject to interest at 21% per annum. The line of credit is secured by a general security agreement. This facility was not in use at year end.

**4. Investments**

Investments are recognized at fair value and consist of a GIC, with a maturity date of July 22, 2027 and bearing interest at 3.10%.

**5. Accounts receivable**

	2026	2025
	\$	\$
Ministry of Health and Ontario Health	1,516,301	1,897,320
Self-pay and other agencies	4,454,234	3,998,899
	<b>5,970,535</b>	<b>5,896,219</b>
Less: Allowance for doubtful accounts	<b>(1,091,428)</b>	<b>(982,677)</b>
	<b>4,879,107</b>	<b>4,913,542</b>

**6. Capital assets**

			2026	2025
			\$	\$
	<i>Cost</i>	<i>Accumulated amortization</i>	<i>Net book value</i>	<i>Net book value</i>
Buildings and building service equipment	99,731,259	51,399,629	48,331,630	47,040,120
Equipment	44,532,266	35,994,300	8,537,966	9,101,250
Land	3,490,296	-	3,490,296	3,490,296
Computers	19,846,868	8,485,085	11,361,783	11,852,756
Parking lot and parking lot equipment	1,544,130	1,533,350	10,780	29,446
Projects under construction	5,058,752	-	5,058,752	5,923,572
	<b>174,203,571</b>	<b>97,412,364</b>	<b>76,791,207</b>	<b>77,437,440</b>

**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
*For the year ended March 31, 2026*

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**7. Joint venture information**

On April 1st, 2025 - ENHANCE Ontario was created by 7 hospitals, each having contributed 100% of their regional asset for their proportionate interest in the entity. The following is a summary of the Hospital's proportional interest in ENHANCE Ontario as at March 31, 2026, and for the year then ended:

	<i>Amount recognized (5.28%) \$</i>	<i>Total \$</i>
<b>Statement of Financial Position</b>		
Current assets	717,763	13,594,000
Liabilities	(717,763)	(13,594,000)
<hr/>		
Accumulated Surplus	-	-
<hr/>		
<b>Statement of Operations</b>		
Revenues	3,316,685	62,816,000
Expenses	(3,316,685)	(62,816,000)
<hr/>		
Excess of revenues over expenses	-	-
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**8. Accounts payable and accruals**

	<i>2026 \$</i>	<i>2025 \$</i>
Trade payable and accruals	10,520,008	7,266,627
Wages and other payroll accruals	20,844,814	18,161,309
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	31,364,822	25,427,936
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**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
*For the year ended March 31, 2026*

**9. Long-term debt**

Net long-term debt reported on the statement of financial position is comprised of the following:

	2026	2025
	\$	\$
Long-term loan maturing April 1, 2037 repayable in semi-annual instalments with interest at 3.35%	12,139,891	12,992,721
Less: current portion	881,596	852,830
	<b>11,258,295</b>	<b>12,139,891</b>

The annual payments required on long-term debt are as follows:

2027	881,596
2028	911,332
2029	942,071
2030	973,847
2031	1,006,695
Thereafter	7,424,350
	<b>12,139,891</b>

**10. Asset retirement obligations**

The Hospital's financial statements include an asset retirement obligation for medical and residential buildings containing asbestos. The Hospital would be required to perform abatement activities upon renovation or demolition of buildings. Abatement activities include handling and disposing of the asbestos in a prescribed manner when it is disturbed. 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 4.19%. The estimated total undiscounted future expenditures are \$15,089,309, which were estimated to be incurred between a period of 19, 31, and 35 years at the end of the related assets life.

The carrying amount of the liability is as follows:

	2026	2025
	\$	\$
<b>Balance, beginning of year</b>	<b>4,842,346</b>	4,652,514
Liabilities settled	(241,333)	-
Accretion	197,578	189,832
<b>Balance, end of year</b>	<b>4,798,591</b>	4,842,346

**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
*For the year ended March 31, 2026*

**11. Employee future benefits**

The Hospital sponsors a defined benefit employee future benefit plan offering post-retirement non-pension benefits covering substantially all employees. The employee future benefits include non-pension post-employment benefits providing health, dental, and life insurance benefits to employees. The costs of employee future benefits are accrued over the periods in which employees earn the benefits.

Actuarial valuations for accounting purposes are performed triennially using the projected benefit method prorated on services. The most recent actuarial report was prepared as at March 31, 2025.

	<b>2026</b>	<b>2025</b>
	\$	\$
<b>Accrued benefit obligation</b>		
Balance, beginning of year	4,540,500	5,769,100
Current service expense	331,200	402,200
Interest	182,600	275,900
Benefits paid during year	(377,200)	(475,500)
Actuarial (gain) loss	-	(1,431,200)
Balance, end of year	4,677,100	4,540,500

	<b>2026</b>	<b>2025</b>
	\$	\$
<b>Post-employment benefit liability</b>		
Accrued benefit obligation	4,677,100	4,540,500
Unamortized experience gain / (loss)	1,619,000	1,760,400
Total	6,296,100	6,300,900

The actuarial valuation was based on a number of assumptions about future events, such as inflation rates, interest rates, medical inflation rates, wage and salary increases, employee turnover, and mortality. The assumptions used reflecting the Organization's best estimates are:

- The discount rate used to determine the accrued benefit obligation is 3.90% (2025 - 3.90%)
- The dental cost trend rate used was 5.30% (2025 - 5.00%)
- Extended health care trend rate used was 5.90% (2025 - 5.90%)

The post-employment benefit expense is reported as a component of current expenditures on the statement of operations and net assets. Composition of the amount is as follows:

	<b>2026</b>	<b>2025</b>
	\$	\$
Current service costs	331,200	402,200
Interest on post-employment benefit liability	182,600	275,900
Net actuarial (gain) loss amortized in the year	141,400	68,700
Total expense related to post-employment benefits	655,200	746,800

The above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan (HOOPP), a multi-employer plan, described in Note 12.

**12. Pension plan**

The Healthcare of Ontario Pension Plan (HOOPP) provides pension services to more than 478,879 active and retired members and approximately 706 employers. 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 come due.

Each year, an independent actuary determines the funding status of HOOPP by comparing the actuarial value of invested assets to the estimated present value of all pension benefits that members have earned to date. The results of the most recent valuation as at December 31, 2024 disclosed a surplus of \$10 billion. The results of this valuation disclosed total actuarial liabilities and pension obligations of \$230 billion in respect of benefits accrued for service with actuarial assets at that date of \$240 billion.

Because HOOPP is a multi-employer plan, any pension plan surpluses or deficits are a joint responsibility of Ontario member organizations and their employees. As a result, the Hospital does not recognize any share of the HOOPP surplus or deficit. Contributions made to the plan during the year by the Hospital and employees amounted to \$5,378,059 (2025 - \$5,189,962) and \$4,268,301 (2025 - \$4,119,017) respectively.

**13. Deferred capital contributions**

Deferred capital contributions related to capital assets represent the unamortized 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 and net assets.

	<b>2026</b>	<b>2025</b>
	\$	\$
Balance, beginning of year	<b>54,389,086</b>	52,691,994
Additional funding received	<b>2,774,633</b>	5,885,689
Less: Amounts amortized to revenue	<b>(4,765,721)</b>	(4,188,597)
	<b>52,397,998</b>	54,389,086

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**14. Related party transactions**

The Hospital is related to the Ross Memorial Hospital Foundation and 2690518 Ontario Inc.

The Foundation was established to raise and manage funds for the benefit of the Hospital. The Foundation is incorporated as a public foundation under the Canada Corporations Act and is a registered charity under the Income Tax Act. According to the most recent available data, net resources of the Foundation amount to approximately \$11,977,360 as at March 31, 2026 with the balance being available to the Hospital for uses consistent with the intent of the donors and the objects of the foundation at the discretion of the Foundation's Board of Directors.

The net assets and results from operations of the Foundation are not included in the statements of the Hospital. Separate financial statements of the Foundation are available upon request.

2690518 Ontario Inc. holds properties in trust for the Ross Memorial Hospital. All assets, income and expense are incorporated into the financial statements of the Hospital.

All transactions with related parties are recorded at the exchange amount.

Related party transactions during the year not separately disclosed in the financial statements include the following:

- a. donations amounting to \$516,382 (2025 - \$2,500,000) have been received from the Foundation.
- b. an amount of \$635,069 (2025 - \$556,798) has been received from the Foundation as a reimbursement of expenditures

**15. Contingencies and commitments**

**Litigation**

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2026 management believes the Hospital has valid defences and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.

**Collaborative benefits program**

The Hospital uses Blue Cross to administer the Extended Health Care, stop-loss coverage, and travel and dental benefits for the Hospital's employees. Blue Cross provides administrative services only; therefore, the Hospital assumes the risk. As at March 31, 2026, the Hospital's portion of the plan was in a deficit position of approximately \$62,746 (2025 - surplus of \$100,001), which is included in accounts payable and accruals on the Statement of Financial Position.

**16. Unrestricted net assets**

The Hospital's unrestricted net assets of \$14,713,692 consists of \$7,454,727 invested in capital assets and a \$7,258,965 (2025 - \$6,644,204) in remaining net assets. The investment in capital assets is calculated as follows:

	2026	2025
	\$	\$
Capital assets	76,791,207	77,437,440
Amounts financed by deferred contributions	(52,397,998)	(54,389,086)
Amounts financed by long-term debt	(12,139,891)	(12,992,721)
Asset retirement obligations	(4,798,591)	(4,842,346)
	7,454,727	5,213,287

**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
*For the year ended March 31, 2026*

**17. Financial instruments**

The Hospital, as part of its operations, carries a number of financial instruments. It is management's opinion that the Hospital is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

**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. The following table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

		2026			
		Within 6 months	6 months to 1 year	1-5 years	> 5 years
Accounts payable	\$	20,856,611	\$ -	\$ 10,508,211	\$ -
Long-term debt		437,142	444,454	3,833,945	7,424,350
		<b>\$ 21,293,753</b>	<b>\$ 444,454</b>	<b>\$ 14,342,156</b>	<b>\$ 7,424,350</b>
		2025			
		Within 6 months	6 months to 1 year	1-5 years	> 5 years
Accounts payable	\$	16,703,501	\$ -	\$ 9,372,562	\$ -
Long-term debt		422,879	429,952	3,708,846	8,431,044
		<b>\$ 17,126,380</b>	<b>\$ 429,952</b>	<b>\$ 13,081,408</b>	<b>\$ 8,431,044</b>

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

**Ross Memorial Hospital**  
**Notes to the Financial Statements**  
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17. **Financial instruments** (Continued from previous page)

**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, investments, grants receivable 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.

Accounts receivable are primarily due from OHIP, the Ministry of Health, Ministry of Long-Term Care, patients and long term care residents. 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 collections. The amounts outstanding at year end were as follows:

	Past Due					
	Total	Current	31-60 Days	61-90 Days	91-120 Days	120+ Days
OHIP	\$ 2,145,457	\$ 801,145	\$ 410,677	\$ 20,673	\$ 25,771	\$ 887,191
MOH/OH	1,516,301	1,516,301	-	-	-	-
Patient services	620,722	53,444	19,318	13,710	18,972	515,278
Other	1,688,055	1,688,055	-	-	-	-
Gross receivables	5,970,535	4,058,945	429,995	34,383	44,743	1,402,469
Impairment allowance	(1,091,428)	-	-	-	-	(1,091,428)
Net receivables	<b>\$ 4,879,107</b>	<b>\$ 4,058,945</b>	<b>\$ 429,995</b>	<b>\$ 34,383</b>	<b>\$ 44,743</b>	<b>\$ 311,041</b>

	Past Due					
	Total	Current	31-60 Days	61-90 Days	91-120 Days	120+ Days
OHIP	\$ 2,036,159	\$ 773,064	\$ 376,725	\$ 31,501	\$ 121,051	\$ 733,818
MOH/OH	1,897,320	1,897,320	-	-	-	-
Patient services	629,336	60,099	35,671	19,648	38,666	475,252
Other	1,333,404	1,333,404	-	-	-	-
Gross receivables	5,896,219	4,063,887	412,396	51,149	159,717	1,209,070
Impairment allowance	(982,677)	-	-	-	-	(982,677)
Net receivables	<b>\$ 4,913,542</b>	<b>\$ 4,063,887</b>	<b>\$ 412,396</b>	<b>\$ 51,149</b>	<b>\$ 159,717</b>	<b>\$ 226,393</b>

The amounts aged greater than 120 days owing from patients that have not had a corresponding impairment allowance setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on the credit quality of the debtors and their past history of payment believes that these balances will be collected.

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