

Financial Statements of

BROCKVILLE GENERAL HOSPITAL

Year ended March 31, 2026

Independent Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets (Deficiency)

Statement of Cash Flows

Notes to Financial Statements



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Brockville General Hospital

Opinion

We have audited the financial statements of the Brockville General Hospital (the Entity), which comprise:

- the statement of financial position as at March 31, 2026
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2026, and its results of operations, its cash flows and the remeasurement gains and losses for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

We are independent of the Entity 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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity'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 Entity's internal control.



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- 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 Entity'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.
- 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.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P', with a small upward tick at the end.

Chartered Professional Accountants, Licensed Public Accountants

Kingston, Canada

June 17, 2026

BROCKVILLE GENERAL HOSPITAL

Statement of Financial Position

March 31, 2026, with comparative information for 2025

	2026	2025
Assets		
Current assets:		
Cash	\$ 14,952,329	\$ 10,787,117
Receivable from Ministry of Health/Ontario Health	4,768,181	4,866,522
Accounts receivable	4,230,093	5,577,263
Inventory of supplies	1,119,357	1,004,881
Prepaid expenses	1,856,849	1,735,293
	<u>26,926,809</u>	<u>23,971,076</u>
Restricted cash (note 2)	247,965	306,386
Capital assets (note 3)	232,679,105	237,788,662
	<u>\$ 259,853,879</u>	<u>\$ 262,066,124</u>
Liabilities, Deferred Contributions and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 26,993,612	\$ 24,402,949
Current portion of long-term debt (note 9)	748,627	14,839,538
	<u>27,742,239</u>	<u>39,242,487</u>
Accrued employee future benefits liability (note 4)	3,609,700	3,457,300
Asset retirement obligation (note 10)	2,078,591	1,995,000
Long-term debt (note 9)	14,381,212	-
Deferred contributions (note 5):		
Expenses of future periods	936,644	605,270
Capital assets	197,246,039	202,994,679
	<u>198,182,683</u>	<u>203,599,949</u>
Net assets:		
Invested in capital assets (note 6(a))	20,303,227	19,954,445
Endowments (note 7)	19,397	19,397
Unrestricted deficiency	(6,463,170)	(6,202,454)
	<u>13,859,454</u>	<u>13,771,388</u>
Contingencies (note 11)		
Commitments (note 12)		
	<u>\$ 259,853,879</u>	<u>\$ 262,066,124</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Director

 Director

BROCKVILLE GENERAL HOSPITAL

Statement of Operations

Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Revenue:		
Ministry of Health/Ontario Health	\$ 115,886,578	\$ 113,798,633
Provincial insurance plan	10,707,258	9,350,105
Recoveries and other revenue	5,466,374	5,372,211
Funding for other programs	2,131,048	1,646,338
Amortization of deferred contributions for equipment capital assets	1,875,462	1,770,891
Patient revenue from other payers	606,676	457,878
Investment income (note 13)	350,401	80,600
Co-payments	319,928	296,309
Preferred accommodation	47,716	44,768
	<u>137,391,441</u>	<u>132,817,733</u>
Expenses:		
Employee salary and benefits	90,510,057	86,766,242
Supplies and other expenses	20,925,303	21,269,059
Medical staff remuneration	13,069,048	13,118,482
Medical and surgical supplies	5,820,999	6,329,916
Amortization of equipment	3,958,976	2,708,554
Drugs	2,098,958	1,952,439
Interest on long-term debt	443,885	214,429
Asset retirement obligation	83,591	–
	<u>136,910,817</u>	<u>132,359,121</u>
Excess of revenue over expenses from Hospital operations	480,624	458,612
Amortization of deferred contributions related to capital assets - building	6,578,245	6,527,193
Amortization of capital assets - building	(6,970,803)	(6,904,022)
Excess of revenue over expenses	<u>\$ 88,066</u>	<u>\$ 81,783</u>

See accompanying notes to financial statements.

BROCKVILLE GENERAL HOSPITAL

Statement of Changes in Net Assets

Year ended March 31, 2026, with comparative information for 2025

	Invested in capital assets (note 6(a))	Endowments (note 7)	Unrestricted	2026 Total	2025 Total
Balance (deficiency), beginning of year	\$ 19,954,445	\$ 19,397	\$ (6,202,454)	\$ 13,771,388	\$ 13,689,605
Excess (deficiency) of revenue over expenses	(2,476,072)	–	2,564,138	88,066	81,783
Investment in capital assets	2,824,854	–	(2,824,854)	–	–
Balance (deficiency), end of year	\$ 20,303,227	\$ 19,397	\$ (6,463,170)	\$ 13,859,454	\$ 13,771,388

See accompanying notes to financial statements.

BROCKVILLE GENERAL HOSPITAL

Statement of Cash Flows

Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Cash provided by (used in):		
Operating activities:		
Excess of revenue over expenses	\$ 88,066	\$ 81,783
Items not involving cash:		
Amortization of deferred contributions for capital assets	(8,453,707)	(8,298,084)
Amortization of capital assets	10,929,779	9,612,576
Asset retirement obligation	83,591	–
Change in accrued employee future benefits liability	152,400	117,300
Cash provided by (used in) the following operational balances:		
Receivable from Ministry of Health/Ontario Health	98,341	(373,808)
Accounts receivable	1,347,170	(557,176)
Inventory of supplies	(114,476)	26,520
Prepaid expenses	(121,556)	(47,227)
Accounts payable and accrued liabilities	2,590,663	(1,417,308)
Deferred contributions received for future expenses	331,374	(6,503)
	6,931,645	(861,927)
Capital activities:		
Purchase of capital assets	(5,820,222)	(18,192,853)
Deferred contributions for capital assets	2,705,067	15,697,399
	(3,115,155)	(2,495,454)
Financing activities:		
Issuance of debt	290,301	14,839,538
Increase in cash	4,106,791	11,482,157
Cash (bank indebtedness), beginning of year	11,093,503	(388,654)
Cash, end of year	\$ 15,200,294	\$ 11,093,503
Cash is comprised of the following:		
Cash	\$ 14,952,329	\$ 10,787,117
Restricted cash	247,965	306,386
	\$ 15,200,294	\$ 11,093,503

See accompanying notes to financial statements.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2026

The Brockville General Hospital, (the "Hospital") was incorporated in 1885 under an Act respecting Benevolent, Provident and other Societies, being Chapter 167 of the Revised Statutes of Ontario, 1877. Its principal activity is the operation of a health care facility in Brockville, Ontario. The Brockville General Hospital is a registered charity under the Income Tax Act (Canada) and is exempt from income taxes, provided certain requirements of the Income Tax Act (Canada) are met.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards.

(a) Revenue recognition:

The Hospital is funded primarily by the Ministry of Health/Ontario Health ("MOH"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued.

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants. These financial statements reflect agreed arrangements approved by the MOH with respect to the year ended March 31, 2026.

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.

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

Contributions of non-amortizable capital assets are recorded as direct increases in net assets in the year in which they are received.

Other revenue is recognized when performance obligations are fulfilled.

(b) Contributed services:

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

(c) Inventory of supplies:

Inventory of supplies is valued at the lower of average cost and net replacement value.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

1. Significant accounting policies (continued):

(d) Capital assets:

Capital assets are recorded at cost. 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 and capacity 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. Amortization of cost and any corresponding deferred contribution is calculated on a straight-line basis using the following annual rates per MOH guidelines:

Land improvements	5% to 12.5%
Buildings	2% to 5%
Building service equipment	4% to 10%
Equipment, furnishings and software	5% to 33.33%
Information system software and equipment	20% to 33.33%

Costs of construction and planning in progress are capitalized. Amortization is not recognized until construction is complete and the assets are put into use.

Where the Hospital secures a credit facility specific to the development of a capital asset that capitalizes interest to the principal balance of the facility during the asset development period, the Hospital capitalizes the associated interest cost to the cost of asset until the asset is ready for its intended use.

(e) Vacation pay:

Vacation pay is accrued for all employees as entitlement to these payments is earned in accordance with the Hospital's benefit plan for vacation.

(f) Employee future benefits:

The Hospital accrues its obligations under employee benefit plans as the employees render the services necessary to earn non-pension post-retirement benefits. The cost of such benefits earned by the employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of the retirement ages of employees and expected health and dental care costs.

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the remaining service period of active employees. The average remaining service period of active employees covered by the employee benefit plan is 14 years (2025 - 14 years).

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

1. Significant accounting policies (continued):

(g) Multi-employer pension plan:

The Hospital participates in a defined benefit multi-employer pension plan. The plan is accounted for on a defined contribution plan basis as contributions to the benefit plan are determined by the plan administrator and are expensed when due. The most recent regulatory funding valuation of this multi-employer pension plan conducted as at December 31, 2025 disclosed actuarial assets of \$131,936 million (2024 - \$123,017 million) with accrued pension liabilities of \$120,833 million (2024 - \$112,579 million), resulting in a surplus of \$11,103 million (2024 - \$10,438 million). This filing valuation also confirmed that the plan was fully funded on a solvency basis as at December 31, 2025 based on the assumptions and methods adopted for the valuation.

(h) Use of estimates:

The preparation of financial statement 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. Actual results could differ from those estimates.

(i) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to subsequently carry financial instruments at fair value.

Long-term debt is recorded at amortized cost.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the Statement of Operations.

(j) Statement of remeasurement gains and losses:

A statement of remeasurement gains and losses has not been provided as there are no significant unrealized gains or losses at March 31, 2026 or March 31, 2025.

(k) Asset retirement obligations:

The Hospital recognizes the fair value of an asset retirement obligation ("ARO") when all of the following criteria have been met:

- 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.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

1. Significant accounting policies (continued):

(k) Asset retirement obligations (continued):

Actual remediation costs incurred are charged against the ARO to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability are recognized in the Statement of Operations at the time of remediation.

(l) Funding adjustments:

The Hospital receives grants from the MOH for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the MOH is entitled to seek repayment. Should any amounts become repayable, the difference between the accrual and the repayment would be charged to operations in the period in which the reconciliation is completed. Should programs and activities incur a deficit, the Hospital records any recoveries thereon in the period in which collection is received.

2. Restricted cash:

Restricted cash represents funds received from the Brockville and District Hospital Foundation. These funds are externally restricted through the J.E. Johnson Bequest fund.

3. Capital assets:

			2026	2025
	Cost	Accumulated amortization	Net book value	Net book value
Land	\$ 3,357,835	\$ –	\$ 3,357,835	\$ 3,357,835
Land improvements	7,820,416	2,343,343	5,477,073	5,848,150
Buildings and building service equipment including asset retirement costs	260,762,722	70,610,054	190,152,668	195,815,999
Equipment, furnishings and software	61,307,629	47,867,659	13,439,970	12,750,580
Information system software and equipment	31,989,753	13,741,987	18,247,766	1,825,332
Construction and planning in progress	2,003,793	–	2,003,793	18,190,766
	<u>\$ 367,242,148</u>	<u>\$ 134,563,043</u>	<u>\$ 232,679,105</u>	<u>\$ 237,788,662</u>

Cost and accumulated amortization of capital assets at March 31, 2025 amounted to \$361,421,926 and \$123,633,264, respectively.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

4. Employee future benefits:

- (a) The Hospital has defined benefit plans providing post-retirement health care, dental and life insurance benefits covering substantially all retirees and permanent full-time employees. There are no assets associated with these benefit plans. Information about the Hospital's defined post-retirement benefit plans, in aggregate, is as follows:

	2026	2025
Accrued benefits obligation, beginning of year	\$ 4,078,700	\$ 3,586,900
Benefits adjustments		298,800
Current service cost	353,800	325,100
Interest on accrued benefits	185,500	187,800
Actuarial experience	(78,300)	110,100
Benefits payments	(430,900)	(430,000)
Accrued benefits obligation, end of year	4,108,800	4,078,700
Unamortized actuarial experience loss	(499,100)	(621,400)
Accrued employee future benefits liability, end of year	\$ 3,609,700	\$ 3,457,300

An independent actuarial study of the post-retirement and post-employment benefits has been undertaken. The most recent valuation of the employee future benefits was conducted as at March 31, 2025 with the next valuation scheduled to be conducted as of March 31, 2028.

The significant actuarial assumptions adopted in estimating the Hospital's accrued benefits obligation at the beginning and end of the year are as follows:

Discount rate	4.4% per annum (2025 - 4.7%)
Dental cost escalation	5.0% per annum (2025 - 5.0%)
Health care cost escalation	5.97% per annum (2025 - 5.97%)

- (b) The Hospital's post-retirement benefit plans expense is as follows:

	2026	2025
Current service cost	\$ 353,800	\$ 325,100
Interest on accrued benefits	185,500	187,800
Amortization of actuarial loss	44,000	34,400
	\$ 583,300	\$ 547,300

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

5. Deferred contributions:

(a) Expenses of future periods:

Deferred contributions for expenses of future periods represent unspent government grants and externally restricted provincial grants, donations, bequests and fundraising for particular purposes.

	2026	2025
Balance, beginning of year	\$ 605,270	\$ 611,773
Additional contributions	447,680	69,680
Less amount recognized as revenue in the year	116,306	(76,183)
Balance, end of year	\$ 936,644	\$ 605,270

The balance of deferred contributions for expenses of future periods consists of the following:

	2026	2025
J.E. Johnson Bequest	\$ 247,965	\$ 306,386
Other	688,679	298,884
	\$ 936,644	\$ 605,270

(b) Capital assets:

Deferred contributions for capital assets represent the unamortized amount and unspent amount of grants and donations received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the Statement of Operations.

	2026	2025
Balance, beginning of year	\$ 202,994,679	\$ 195,595,364
Additional contributions	2,705,067	15,697,399
Less amount amortized to revenue	(8,453,707)	(8,298,084)
Balance, end of year	\$ 197,246,039	\$ 202,994,679

The balance of deferred contributions for capital assets consists of the following:

	2026	2025
Unamortized capital contributions used to purchase assets	\$ 197,246,039	\$ 202,994,679

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

6. Net assets invested in capital assets:

(a) Net assets invested in capital assets is calculated as follows:

	2026	2025
Capital assets	\$ 232,679,105	\$ 237,788,662
Amounts financed by deferred contributions	(197,246,039)	(202,994,679)
Amounts financed by debt	(15,129,839)	(14,839,538)
	<u>\$ 20,303,227</u>	<u>\$ 19,954,445</u>

(b) Change in net assets invested in capital assets is calculated as follows:

	2026	2025
Excess of expenses over revenue:		
Amortization of deferred contributions for capital assets	\$ 8,453,707	\$ 8,298,084
Amortization of:		
Buildings	(6,970,803)	(6,904,022)
Equipment	(3,958,976)	(2,708,554)
	<u>(2,476,072)</u>	<u>(1,314,492)</u>
Net change in investment in capital assets:		
Purchase of capital assets	5,820,222	18,192,853
Amounts financed by deferred contributions	(2,705,067)	(15,697,399)
Amounts financed by debt	(290,301)	(14,839,538)
	<u>2,824,854</u>	<u>(12,344,084)</u>
	<u>\$ 348,782</u>	<u>\$ (13,658,576)</u>

7. Endowments:

Endowments net assets represent endowment capital which cannot be expended.

8. Bank indebtedness:

The Hospital's financial agreement with its bank provides for an operating facility of up to \$10,000,000 to finance (operating and capital) expenses. As at March 31, 2026, \$Nil (2025 - \$Nil) was drawn.

Interest paid on this facility during 2026 amounted to \$Nil (2025 - \$214,429).

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

9. Long-term debt:

In 2024, the Hospital entered into an agreement with the Ontario Financing Authority (“OFA”) for a non-revolving project loan facility to support capital costs associated with the Regional HIS Project. During the fiscal year, a total of \$290,301 (2025 - \$14,645,000) was drawn on the facility in addition to \$242,384 (2025 - \$ 194,538) in interest capitalized to the principal amount of the facility. On December 31, 2025, the project financing facility converted to an unsecured, non-revolving facility with a 15-year amortization period and bears interest at a fixed rate of 4.08% per annum. Repayment for this facility consists of blended semi-annual debt service payments of \$679,408.

The Hospital is committed to the principal repayment on long-term debt in each of the next five years and thereafter approximately as follows:

2027	\$	748,627
2028		779,506
2029		811,658
2030		845,136
2031		879,995
Thereafter		11,064,917
	\$	15,129,839

10. Asset retirement obligation:

The Hospital's asset retirement obligations relate to the legally required removal or remediation of asbestos-containing materials in certain buildings. The obligation is determined based on the estimated undiscounted cash flows that will be required in the future to remove or remediate the asbestos containing material in accordance with current legislation.

The change in the estimated obligation during the year consists of the following:

	2026	2025
Balance, beginning of year	\$ 1,995,000	\$ 1,995,000
Add: Inflationary adjustment	83,591	–
Balance, end of year	\$ 2,078,591	\$ 1,995,000

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

11. Contingencies:

- (a) 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 that the Hospital has valid defenses and appropriate insurance coverages 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.
- (b) Healthcare Insurance Reciprocal of Canada ("HIROC" or the "Reciprocal") was formed in 1987 as an insurance reciprocal pursuant to the Insurance Act of Ontario. The Reciprocal is licensed in Ontario, Manitoba, Newfoundland and Labrador, Saskatchewan, Alberta, Nova Scotia, Northwest Territories, Yukon and Nunavut. It facilitates the exchange of reciprocal contracts of insurance among its subscribers, which are not-for-profit Canadian health care organizations. Since 1987 coverage has been provided for health care liability risks and during 2003 coverage was extended to include property risks.

The Financial Services Commission of Ontario and the Insurance Act of Ontario require that the Reciprocal maintain a surplus of assets over liabilities.

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. There are no such assessments payable to HIROC as at March 31, 2026.

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. There are no such distributions receivable from HIROC as at March 31, 2026.

- (c) During the normal course of operation, the Hospital is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable.
- (d) The Hospital participates in centralized pay equity plans with certain employee groups. It is not possible at this time to make an estimate of the amount that may be payable to these labour groups and accordingly no provision has been made in the financial statements.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

12. Commitments:

- (a) The Hospital has entered into a contract with Kingston Regional Hospital Laundry Services for laundry services for an initial term of April 1, 2015 until August 31, 2020. This contract was renewed until August 31, 2029, with the option to renew for up to three additional five-year terms.
- (b) The Hospital has entered into a contract with Kingston Health Sciences Centre and the Southeastern Ontario Academic Medical Organization for laboratory and pathology services for an initial term of July 6, 2017 until June 30, 2022 with the option to renew for five years. The agreement was renewed in 2022 for an additional five-year term ending June 30, 2027.

13. Investment income:

Investment income earned is reported as follows:

	2026		2025
Income earned on unrestricted resources	\$ 350,401	\$	80,600
Income earned on externally restricted resources: JEJ Bequest Fund	7,732		13,985
	\$ 358,133	\$	94,585

14. Pension plan:

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan") which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. The Plan specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$ 5,576,309 (2025 - \$5,268,723) and are recorded in the Statement of Operations.

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

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The Plan's 2025 Annual Report indicates the plan is fully funded at 109%.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

15. Other information:

- (a) The Brockville & District Hospital Foundation (the "Foundation") is incorporated without share capital under the Ontario Corporations Act. It is a non-profit corporation established for the purpose of receiving and maintaining a fund or funds and applying all or part of the principal and the income therefrom to the Hospital or such other organizations whose objectives are similar to or congruent with the Hospital. The Foundation qualifies for tax-exempt status as a registered charity under the Income Tax Act (Canada). The Hospital has an economic interest, but not control of the Brockville & District Hospital Foundation.

During the year, the Hospital received \$3,114,313 (2025 - \$8,497,000) from the Foundation for the purchase of capital and operating needs.

The net assets and results of operations of the Foundation are not included in the financial statements of the Hospital.

- (b) The Hospital has economic interest in the Brockville General Volunteer Association by way of the Hospital holding resources that are used by the Volunteer Association to produce revenue. The net assets and results of the operations of the Volunteer Association are not included in the financial statements of the Hospital.

16. Financial risks and concentration of credit risks:

- (a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2026 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the Statement of Operations. Subsequent recoveries of impairment losses related to accounts receivable are credited to the Statement of Operations. The balance of allowance for doubtful accounts at March 31, 2026 is \$295,932 (2025 - \$245,000).

There have been no significant changes to the credit risk exposure from 2025.

BROCKVILLE GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2026

16. Financial risks and concentration of credit risks (continued):

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. During the year, the Hospital's liquidity risk improved as a result of the Hospital's debt financing to fund investments in capital assets. The Hospital continues to experience a working capital deficiency. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash flow forecasts to ensure it has sufficient funds to fulfill its obligations and provides regular reporting on financial results to the Board of Directors.

(c) Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposure within acceptable parameters while optimizing return on investment.

There have been no significant changes to the market risk exposure from 2025.

(d) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to interest rate risk through its interest-bearing long-term debt.

There have been no significant changes to the interest rate risk exposure from 2025.

17. Comparative information:

Certain comparative information has been reclassified to conform to the financial statement presentation adopted in the current year.