

BOARD AGENDA



Cariboo Chilcotin
Regional Hospital District

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**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
MEETING AGENDA**

May 1, 2026

9:30 a.m.

**Cariboo Regional District Board Room
Suite D - 180 Third Avenue North
Williams Lake, B.C.**

Pages

1. CALL TO ORDER

(The meeting is scheduled to commence at 9:30 a.m.)

1.1 Adoption of Agenda

Corporate Vote - Unweighted

That the agenda be adopted as presented.

2. ADOPTION OF MINUTES

**2.1 Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting -
April 10, 2026**

3 - 5

Corporate Vote - Unweighted

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held April 10, 2026, be adopted.

3. INFORMATION ITEMS

3.1 Healthy Communities Newsletter - April 2026

6 - 13

3.2 City of Quesnel - Healthcare Recruitment Statistics Q1

14 - 14

4. DELEGATIONS/GUESTS

4.1 11:00 a.m. Delegation - Northern Health

Ciro Panessa, President & Chief Executive Officer, and Daryl Petsul, Senior Operating Officer, from the Northern Health Authority will attend remotely to provide an update of activities and issues within their authority.

4.2 11:30 a.m. - Delegation - PMT Chartered Professional Accountants

15 - 27

JoAnn Francis, CPA, CA of PMT Chartered Professional Accountants will present the Audited 2025 CCRHD Financial Statements.

5. ADJOURNMENT

Corporate Vote - Unweighted

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at TIME, May 1, 2026.



**CARIBOO CHILCOTIN
REGIONAL HOSPITAL DISTRICT
MINUTES**

April 10, 2026

9:30 a.m.

**Cariboo Regional District Board Room
Suite D - 180 Third Avenue North
Williams Lake, B.C.**

PRESENT: Chair A. Richmond, Vice Chair J. Massier, Director N. Audet, Director B. Bachmeier, Director S. Forseth, Director M. LeBourdais, Director M. Wagner, Director J. Glassford, Director T. Pare, Director B. Anderson, Director E. de Vries, Director E. Coleman, Alternate Director S. Nelson, Alternate Director L. Roodenburg, Director J. Smith

ABSENT: Director M. Neufeld, Director S. Rathor, Director M. Pinkney, Director R. Paull

STAFF: M. Daly, Chief Administrative Officer, A. Johnston, Corporate Officer/Deputy CAO, K. Erickson, Chief Financial Officer, K. Chatten, Manager of Communications, L. Schick, Deputy Corporate Officer/Executive Assistant, T. Giroday, Recording Secretary, S. Masun, Manager of Intergovernmental Relations, D. Campbell, Manager of Community Services, V. Hoefels, Chief Building Official, C. Harder, Communications Specialist, C. Ikoma, Planning Officer II

1. CALL TO ORDER

1.1 Adoption of Agenda

Corporate Vote - Unweighted

CCH.2026-04-01

Moved Director Pare

Seconded Director Glassford

That the agenda be adopted as presented.

Carried

2. ADOPTION OF MINUTES

**2.1 Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting -
March 20, 2026**

Corporate Vote - Unweighted

CCH.2026-04-02

Moved Director Bachmeier

Seconded Director de Vries

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held March 20, 2026, be adopted.

Carried

3. INFORMATION ITEMS

3.1 Healthy Communities Newsletter - March 2026

CCH.2026-04-03

Moved Alternate Director Nelson

Seconded Director Anderson

That the Board supports the creation of involuntary beds within the Cariboo region; in partnership with the Province, the CRD's member municipalities, and the Health Authorities, and that a letter to the Minister of Health be provided advising of such.

Carried

The meeting recessed at 9:50 a.m.

The meeting reconvened at 11:02 a.m.

4. DELEGATIONS/GUESTS

4.1 11:00 a.m. - Delegation - UNBC and CNC

Dr. Nathan Lachowsky, Dean, Faculty of Human and Health Sciences, University of Northern BC; and Jenn Scott, Dean for the School of Health Sciences and Human Services, College of New Caledonia, were present to provide information on health science programs and collaboration in the recruitment, training, and support of medical students.

5. ADJOURNMENT

Corporate Vote - Unweighted

CCH.2026-04-04

Moved Director Forseth

Seconded Director Pare

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at 11:35 a.m., April 10, 2026.

Carried

Chair

Corporate Officer

From: IH Healthy Communities <healthycommunities@interiorhealth.ca>

Sent: April 15, 2026 2:30 PM

To: Alice Johnston <AJohnston@cariboord.ca>

Subject: April 2026 Healthy Communities Newsletter



April 2026

Our Healthy Communities team works with Indigenous communities, municipalities, regional districts and other partners to create opportunities for all people to live well. Healthy built and natural environments, along with supportive social and economic circumstances, are the essential building blocks for health. Topics within the newsletter reflect this broad scope. Learn more about the [Healthy Communities team](#), find your [local team member](#) or visit our [website](#).



Community Recognition

From Vacant Lot to Wildfire Resilience: How Barriere is Innovating to become FireSmart

The District of Barriere is [taking a proactive step toward community health and wellbeing in a warming climate by transforming a vacant lot into a FireSmart Showcase](#). The plan to demonstrate how wildfire mitigation can be both beautiful and resilient, this project highlights local leadership in protecting homes, infrastructure, and neighbourhoods in a high-risk wildfire zone. Funded through provincial resiliency grants, the initiative blends climate adaptation, education, and placemaking, showing how smart land stewardship can strengthen safety, connection, and quality of life for the whole community.



Lake Country Lights the Way for Pedestrian Safety

Vulnerable road users — joggers, cyclists and pedestrians - children, seniors, and people using mobility aids or pushing a stroller - face the greatest risk in traffic incidents. With funding from [Vision Zero](#), the District of Lake

Country was able to install [new pedestrian-activated warning lights at a dangerous corne](#)
They are a practical and visible step toward creating a culture of shared responsibility on our roads.



Wildfire Resilience Toolkit for Small Municipalities

[This toolkit](#) from the Green Municipal Fund provides step-by-step guidance, templates, and examples to help municipalities reduce wildfire risks, protect infrastructure and ecosystems, and build community resilience using practical, nature-based and strategic solutions.

Flood Resilience Toolkit for Small Municipalities

Green Municipal Fund's [Community Flood Resilience Toolkit](#) provides step-by-step guidance, templates and examples to help municipalities reduce flood risks, protect infrastructure and build community resilience using practical, nature-based solutions. Access the toolkit to explore practical, on-the-ground activities your community can implement.





Events and Learning Opportunities

ONLINE COURSE: Tackling Energy Use in Your Municipal and Community Buildings

This course series from the Green Municipal Fund offers four self-paced, free, online courses for you to choose from that cover topics such as municipal leadership, community-scale energy solutions, and policies and programs designed to support community members. Once you have registered, the course you selected will be available to you for three months and it is estimated to take less than 10 hours to complete each course. You can take any number of courses and in any order, depending on your municipal priorities and needs.

[Register Here](#)

WEBINAR: Advancing the Accessible BC Act: Recommendations for Municipalities

Wednesday, May 13 | 10:30AM PST

Co-hosted by BC Healthy Communities and the City of Powell River, this one-hour online session will demonstrate how municipalities can advance the BC Accessibility Act by transforming programs, services, spaces, communications, and policies to better serve children with disabilities and their families. The webinar centers on four protective factors for child and youth well-being published by BC Healthy Communities and Vancouver

Coastal Health: Participation, Play, Safety, and Social Connection and Belonging.

[Register Here](#)



WEBINAR: Advancing High-Performance Gentle Density Housing

Tuesday, April 21 | 8:00 - 11:30 AM PST

This free webinar from [Small Housing BC](#) brings a multidisciplinary group into the same room, with the tools, best practices, and shared understanding needed to discuss the challenges earlier in the process.

[Register Here](#)

WEBINAR: Building Sustainable Age-Friendly Communities Through Partnerships and Community Connection

Tuesday, April 28 | 10:30AM PST

As British Columbia's population ages, communities face growing pressure to adapt programs, services, and policies to better meet the needs of older residents. This webinar will examine how cross-sector collaboration - spanning local and Indigenous governments, regional health authorities, and

community organizations - can strengthen the resilience and inclusivity of age-friendly initiatives over the long term.

[Register Here](#)



Funding Opportunities

2026 PlanH Healthy Communities Grants

The [2026 Plan H grants](#) are now open! There are [two streams](#):

- 1) **Community Connectedness funding stream** (up to \$5,000) for projects that foster relationship-building among community members and create long-lasting partnerships.
- 2) **Healthy Public Policy stream** (up to \$15,000) for projects that will create or update existing policies to improve the health and well-being of community members.

Applications due June 2, 2026.



Disaster Resilience and Innovation Funding Program

The [Disaster Resilience and Innovation Funding \(DRIF\)](#) program provides funding to First Nations and local governments in B.C. to enhance their capacity to withstand and adapt to natural and climate-driven hazards. The program is currently accepting EOIs for structural disaster risk reduction projects for the following hazards: drought and water scarcity, erosion, extreme temperature, flood, geohazards (for example avalanche, landslide), sea level rise, seismic, storm, tsunami, and others as eligible.

Expressions of interest (EOIs) for structural projects are being accepted until **May 1, 2026**.



FireSmart Community Funding and Supports

The [FireSmart Community Funding and Supports](#) program through UBCM offers grants to help B.C. local governments and First Nations strengthen wildfire resiliency through community-based FireSmart planning and activities. The program has now transitioned into the 2026 Winter/Spring Closed Intake.

All applications due April 30, 2026.

How would you rate this issue of the Healthy Communities Newsletter?

lowest [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) highest



We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations, where we live, learn, collaborate and work together. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.

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This newsletter is brought to you by the Healthy Communities Program with Interior Health.

You can connect with us at healthycommunities@interiorhealth.ca

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You can [update your preferences](#) or [unsubscribe from this list.](#)

Output	Jan	Feb	March	Number (YTD)	March	Feb	Jan
New contacts							
Physician	2	0	2	4	2 physicians		PRA, physician
Nurse/Technologist	0	1	0	1		RN	
Allied Health	0	0	1	1	Lab		
Resident/Locum/ Student	3	3	1	7	MS	R1, R2, MS 3	MS1, MS4, MS3
Community tours	2	0	2	4	2 physicians (1 shortened tour)		2 physicians
New arrivals							
Physician	0	3	1	4	1 physician	2 physicians, 1 family (physician arrived earlier)	
Nurse/Technologist	0			0			
Allied Health	0		1	1	Lab		
Resident/Locum/Student	0	4	3	7	R1, R1, MS	MS, MS, MS1, MS1	
Welcome Basket/Swag Bags given:	3	6	5	14	2 physicians, 2 R1, 1 MS	2 physicians, 4 MS	1 physician, 1 R1, 1 MS1
Housing support provided							
Physician	4	4	1	9			
Nurse/Technologist	0	0	1	1	RN		
Allied Health	0		1	1	Lab		
Resident/Locum/Student	3	4	2	9	2 MS	4 MS	3 MS
Follow up contact							
Physician	4	4	4	12			
Nurse/Technologist	0		1	1	RN		
Allied Health	0			0			
Resident/Locum/Student	0	2	4	6	2 R1, 1 MS1, 1 MS4	1 MS1, 1 MS4	
Year One Recognition							
Physician	0			0			
Allied Health	0			0			
Long Term Service/Retirement:							
Physician	0			0			
Housewarming							
Physician	0	1	2	3			
Allied Health	0			0			
Meetings with NH Recruitment team	1	1	1	3	Met : Wendy Fox, Robin parker	Van jaarsveld	Van jaarsveld
Other	0	1	4	5	Katrina Molendrk NH Recruiter Ashley Gueret, NP Recruiter with Northern Health Met with Jana Tojnarova with UNBC to discuss housing Met : Lyndsey Rhea- Indigenous Care team with NH		
Group Events	1	1	1	3	Coffee Club: 6 spouse participatns	Coffee Club: 4 spouse participants	Coffee Club: 1 spouse participant
Notes:							
	0	3	1	3	Meeting with Jana from UNBC, Robin Parker, Wendy Fox, Abby Giebrecht	Presented to CCRHD Meeting with Wendy Fox Meeting with Emelye (Northern Health Recruiter)	

CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
Financial Statements
Year Ended December 31, 2025

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CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Index to Financial Statements

Year Ended December 31, 2025

	Page
MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING	1
INDEPENDENT AUDITOR'S REPORT	2 - 3
FINANCIAL STATEMENTS	
Statement of Financial Position	4
Statement of Operations and Accumulated Surplus	5
Statement of Changes in Net Financial Assets	6
Statement of Cash Flows	7
Notes to Financial Statements	8 - 11

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MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The financial statements of the Cariboo-Chilcotin Regional Hospital District have been prepared in accordance with Canadian public sector accounting standards (PSAS). When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. These statements include certain amounts based on management's estimates and judgments. Management has determined such amounts based on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects.

The integrity and reliability of the Cariboo-Chilcotin Regional Hospital District's reporting systems are achieved through the use of formal policies and procedures, the careful selection of employees and an appropriate division of responsibilities. These systems are designed to provide reasonable assurance that the financial information is reliable and accurate.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board meets periodically with management and the Hospital District's auditors to review significant accounting, reporting and internal control matters. The Board reviews the financial statements and discusses with the auditors, prior to its approval of the financial statements. The Board also considers and approves the engagement or re-appointment of the external auditors.

The financial statements have been audited on behalf of the Board of Directors by PMT Chartered Professional Accountants LLP, in accordance with Canadian generally accepted auditing standards.

Chief Administrative Officer

Chief Financial Officer

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INDEPENDENT AUDITOR'S REPORT

To the Directors of Cariboo-Chilcotin Regional Hospital District

Report on the Financial Statements

Opinion

We have audited the financial statements of Cariboo-Chilcotin Regional Hospital District (the "Hospital District"), which comprise the statement of financial position as at December 31, 2025, and the statements of operations and accumulated surplus, changes in net financial assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies (the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital District as at December 31, 2025, and the results of its operations and cash flows for the year then ended in accordance with Canadian public sector accounting standards (PSAS).

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 District in accordance with 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 PSAS, 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 District'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 District or to cease operations, or has no realistic alternative but to do so.

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

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Independent Auditor's Report to the Directors of Cariboo-Chilcotin Regional Hospital District (*continued*)

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 District'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 District'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 District 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.

Williams Lake, BC

PMT CHARTERED PROFESSIONAL
ACCOUNTANTS LLP

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CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Statement of Financial Position

December 31, 2025

	<u>2025</u>	<u>2024</u>
Financial assets		
Cash and cash equivalents (Note 4)	\$ 60,705,197	\$ 80,205,600
Accounts receivable (Note 5)	<u>103,991</u>	<u>210,576</u>
	<u>60,809,188</u>	<u>80,416,176</u>
Financial liabilities		
Accounts payable and accrued liabilities (Note 6)	<u>2,134,906</u>	<u>5,899,066</u>
Contingencies (Note 7)		
Net assets	<u>\$ 58,674,282</u>	<u>\$ 74,517,110</u>
Non-financial assets		
Tangible capital assets (Note 8)	<u>1,136,019</u>	<u>-</u>
Accumulated surplus	<u>\$ 59,810,300</u>	<u>\$ 74,517,110</u>

Kevin Erickson, CPA, CGA, Chief Financial Officer

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The accompanying notes are an integral part of this statement

CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Statement of Operations and Accumulated Surplus

Year Ended December 31, 2025

	2025	2025	2024
Revenue			
Taxation - net	\$ 14,576,666	\$ 14,605,033	\$ 13,746,688
Grants in lieu of taxes	9,000	11,533	14,275
Interest	2,886,361	2,163,676	4,042,310
Other recoveries	-	4,251	-
	<u>17,472,027</u>	<u>16,784,493</u>	<u>17,803,273</u>
General and administrative expenses			
Administration overhead	90,000	94,659	90,156
Miscellaneous	-	59	-
Office	687,500	-	-
Capital projects	32,281,729	30,590,498	22,437,103
Foundation partnerships	100,000	-	171,309
Global grants	512,420	512,420	512,420
Insurance	2,500	2,625	2,500
Recruitment and retention	350,000	291,041	298,731
Professional fees	10,000	-	-
	<u>34,034,149</u>	<u>31,491,302</u>	<u>23,512,219</u>
Annual surplus (deficit)	(16,562,122)	(14,706,809)	(5,708,946)
Accumulated surplus - beginning of year	<u>74,517,109</u>	<u>74,517,109</u>	<u>80,226,056</u>
Accumulated surplus - end of year	<u>\$ 57,954,987</u>	<u>\$ 59,810,300</u>	<u>\$ 74,517,110</u>

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The accompanying notes are an integral part of this statement

CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Statement of Changes in Net Financial Assets

Year Ended December 31, 2025

	Budget 2025	2025	2024
Annual surplus (deficit)	\$ (16,562,122)	\$ (14,706,809)	\$ (5,708,946)
Purchase of property, plant and equipment	-	(1,136,020)	-
Decrease in net financial assets	(16,562,122)	(15,842,829)	(5,708,946)
Net financial assets - beginning of year	74,517,110	74,517,110	80,226,056
Net financial assets - end of year	<u>\$ 57,954,988</u>	<u>\$ 58,674,281</u>	<u>\$ 74,517,110</u>

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The accompanying notes are an integral part of this statement

CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT**Statement of Cash Flows****Year Ended December 31, 2025**

	2025	2024
Operating activities		
Annual surplus (deficit)	<u>\$ (14,706,809)</u>	\$ (5,708,946)
Changes in non-cash working capital:		
Accounts receivable	106,585	92,820
Accounts payable and accrued liabilities	<u>(3,764,160)</u>	3,767,757
	<u>(3,657,575)</u>	3,860,577
Cash flow used by operating activities	<u>(18,364,384)</u>	(1,848,369)
Investing activity		
Purchase of property, plant and equipment	<u>(1,136,019)</u>	-
Cash flow from (used by) investing activity	<u>(1,136,019)</u>	-
Decrease in cash flow	(19,500,403)	(1,848,369)
Cash and cash equivalents - beginning of year	<u>80,205,600</u>	82,053,969
Cash and cash equivalents - end of year	<u>\$ 60,705,197</u>	<u>\$ 80,205,600</u>
Cash and cash equivalents consist of:		
Operating cash	\$ 41,052,505	\$ 61,101,989
Money market funds with the Municipal Finance Authority	<u>19,652,693</u>	<u>19,103,611</u>
	<u>\$ 60,705,198</u>	<u>\$ 80,205,600</u>

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The accompanying notes are an integral part of this statement

CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Notes to Financial Statements

Year Ended December 31, 2025

1. Purpose of the Hospital District

Cariboo-Chilcotin Regional Hospital District (the "Hospital District") was incorporated on December 12, 1995 under the Health Authorities Act as the Cariboo Coast Regional Hospital District.

On November 19, 1998, Supplementary Letters Patent were issued to change the name to the Cariboo-Chilcotin Regional Hospital District and reduce the boundaries by transferring the Bella Coola area back to the Central Coast Regional Hospital District.

The Hospital District has assumed the authority previously held by the Cariboo Regional Hospital District.

The Hospital District provides capital funding for health care facilities within the District's boundaries.

The Cariboo-Chilcotin Regional Hospital District operates under the provisions of the Hospital District Act.

2. Significant accounting policies

Basis of presentation

The financial statements were prepared in accordance with Canadian public sector accounting standards (PSAS).

Financial instruments

Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, financial assets with actively traded markets are reported at fair value, with any unrealized gains and losses reported in income. All other financial instruments are reported at amortized cost, and tested for impairment at each reporting date. Transaction costs on the acquisition, sale, or issue of financial instruments are expensed when incurred.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Cash and cash equivalents

Cash and cash equivalents consist of cash on hand less outstanding cheques and deposits with a maturity of less than three months at the time of purchase. When outstanding cheques are in excess of cash on hand, the excess is reported in bank indebtedness.

Tangible capital assets

Tangible capital assets are stated at cost or deemed cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset less accumulated amortization.

Contributed tangible capital assets are recorded at the fair value at the date of receipt and also are recorded as revenue.

The costs, less residual values, of the tangible capital assets, excluding land, are amortized over their estimated useful lives on a declining balance basis at the following rates and methods:

Buildings	20 - 50 years
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The Hospital District regularly reviews its tangible capital assets to eliminate obsolete items. Government grants are treated as a reduction of tangible capital assets cost.

Tangible capital assets acquired during the year but not placed into use are not amortized until they are placed into use.

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CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Notes to Financial Statements

Year Ended December 31, 2025

2. Significant accounting policies (*continued*)

Taxation

Each municipality and electoral area within the CCRHD is requisitioned for their portion of the Hospital District service. These funds are then levied by the Municipalities and the Province (for electoral areas) to individual taxpayers and remitted to the Hospital District by August 1 of each year. Tax requisition revenues are recognized as revenue in the year in which they are levied.

Revenue recognition

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

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.

Budget reporting

Unaudited budget figures shown represent the Annual Budget Bylaw adopted by the Board of Directors on January 24, 2025.

Measurement uncertainty

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Such estimates are periodically reviewed and any adjustments necessary are reported in earnings in the period in which they become known. Actual results could differ from these estimates.

3. Financial instruments

The Hospital District is exposed to various risks through its financial instruments and has a comprehensive risk management framework to monitor, evaluate and manage these risks. The following analysis provides information about the Hospital District's risk exposure and concentration as of December 31, 2025.

Credit risk

Credit risk arises from cash and cash equivalents and the potential that a counter party will fail to perform its obligations. In order to reduce its credit risk, District invests its cash and cash equivalents with high-rated financial institutions and monitors the creditworthiness of its counterparties.

During the year, the District's credit risk changed from the previous year as a result of a decrease in financial assets, in particular operating cash.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument or fair value of future cash flows of a financial instruction will fluctuate because of changes in interest rates. The Hospital District is exposed to interest rate risk on the fair value of its floating interest rate interest earned on its cash and cash equivalents.

During the year, the District's interest rate risk changed from the previous year as a result of a decrease in interest rates affecting interest earned on cash and cash equivalents.

Unless otherwise noted, it is management's opinion that the Hospital District is not exposed to significant other price risks arising from these financial instruments.

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CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Notes to Financial Statements

Year Ended December 31, 2025

4. Cash and cash equivalents

	<u>2025</u>	<u>2024</u>
Operating cash	\$ 41,052,504	\$ 61,101,989
Money market funds with the Municipal Finance Authority	<u>19,652,693</u>	<u>19,103,611</u>
	<u>\$ 60,705,197</u>	<u>\$ 80,205,600</u>

Money market funds held in a Municipal Finance Authority (MFA) pooled money market fund have an annual rate of return of approximately 2.88% (2024 – 4.83%).

5. Accounts receivable

	<u>2025</u>	<u>2024</u>
Accrued interest receivable	\$ 99,176	\$ 206,326
Trade receivable	<u>4,815</u>	<u>4,250</u>
	<u>\$ 103,991</u>	<u>\$ 210,576</u>

6. Accounts payable and accrued liabilities

	<u>2025</u>	<u>2024</u>
Global grants payable	\$ -	\$ (1)
Trade accounts payable	<u>560,714</u>	<u>311,791</u>
	<u>1,574,193</u>	<u>5,587,276</u>
	<u>\$ 2,134,907</u>	<u>\$ 5,899,066</u>

7. Contingencies

During the course of the year, the Hospital District may be a defendant in a lawsuit. The Hospital District reviews any claims or potential claims made against it on a yearly basis to determine if they would be covered by insurance, and if not, whether a claim that would not be successfully defended would have any material effect on the financial statements. The management of the Hospital District is not aware of any claims or potential claims that if not successfully defended would have a material effect on the financial statements. If a claim was paid as a result of the outcome of litigation it would be treated as an expenditure.

8. Property, plant and equipment

	<u>Cost</u>	<u>Accumulated amortization</u>	<u>2025 Net book value</u>	<u>2024 Net book value</u>
Work in progress	\$ 1,136,019	\$ -	\$ 1,136,019	\$ -

The value of contributed tangible capital assets during the year was \$NIL (2024 - \$NIL).

The write-down of tangible capital assets during the year was \$NIL (2024 - \$NIL).

In the current year, there are no capital leases included in tangible capital assets.

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CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT

Notes to Financial Statements

Year Ended December 31, 2025

9. Related party transactions

The Hospital District is related to the Cariboo Regional District as the members of the Board of Directors of the Cariboo Regional District form the majority of the members of the Board of Directors of the Cariboo-Chilcotin Regional Hospital District. As legislated by the Hospital District Act, the officers and employees of the Cariboo Regional District are the corresponding officers and employees of the Cariboo-Chilcotin Regional Hospital District. Each of the Regional District and the Hospital Districts are separate legal entities as authorized by separate legislation.

During the year, the Hospital District received accounting and management services from the Cariboo Regional District and paid \$94,500 (2024 - \$90,000) for these services.

These transactions are in the normal course of business and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

10. Contractual rights

The Hospital District entered into a five year contract with the City of Quesnel for the term of January 1, 2024 - December 31, 2028 to a maximum of \$264,310. Contract payments are made based on delivery of services and expected as follows, 2026 - \$52,841, 2027 - \$53,898 and 2028 - \$54,977. The Hospital District also agrees to provide additional support, to a maximum of \$388,615 for the recruitment of locums during this period. To date, \$38,234 has been spent.

The Hospital District entered into a five year contract with Rogue Consulting Group Inc. for the term of January 1, 2025 - December 31, 2029. Contract payments are made based on delivery of services to a maximum of \$234,439 per year. Actual contract payments are made based on delivery of services and expected as follows, 2026 - \$234,439, 2027 - \$234,439, 2028 - \$234,439, 2029 - \$234,439.

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