



2020

IMPACT REPORT

2021

TO THE COMMUNITY

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CARING FOR OUR COMMUNITY 2020-2021

EMERGENCY VISITS: 42,985

OUTPATIENT VISITS: 109,086

DIAGNOSTIC IMAGING PROCEDURES: 70,354

DRIVE-THRU COVID-19 TESTS: 75,027 and counting

DRIVE-THRU COVID-19 VACCINATIONS: 19,254





I am so pleased to share Dartmouth General Hospital Foundation's 2020-2021 Annual Report with you. Despite the continuing challenges and changes the COVID-19 pandemic has brought, the Foundation has had a truly remarkable year. During one of the most challenging year in our history, we pivoted and achieved strong results thanks to our donors. Those results have translated into real impact for patients and staff at DGH.

During 2020-2021 we were able to secure funding for many of the items you will read about later in the report, and now in the 2021-2022 year we are seeing construction of these new and improved spaces in the hospital, and the purchase of new equipment, come to fruition.

As we continue to fight back against the pandemic I am blown away by the amazing support of our donors, staff, and volunteers. In a difficult year for everyone, you have continued to step up and help revolutionize the care provided at Dartmouth General. Your engagement in everything from a drive-thru dinner, online auctions, virtual tours of newly opened spaces, and participating in our first-ever Radiothon, has allowed us to continue our mission of providing Innovation and Exceptional Care Through Inspired Giving.

With Gratitude,

Stephen Harding, President & CEO



The long-standing generosity of the Dartmouth community continues to provide opportunities to enhance patient care, foster innovation at the DGH and support health and wellness initiatives in the community. On behalf of the Dartmouth General Hospital Foundation Board, I want to convey thanks to all the donors who support the Foundation's work. Please know that each and every donation has an impact on patient care.

This past year saw us successfully complete the Above and Beyond campaign, our largest ever, in support of the DGH redevelopment and we are now focused on helping to put the latest tools and equipment in the hands of the talented professionals working in our hospital. You will have a chance to read about how we fundraise for equipment and technology and how your donations have a direct impact on patients. The stories you read in this annual report and hundreds of others just like them exemplify the importance and impact of each and every donation.

I would be remiss if I did not recognize the departure of two board members - Peter Boyd and Rob Mediema who have each served on the Foundation board for nine years, and outgoing Auxiliary President Susan Thorpe. A heartfelt Thank You to all of you for your generous volunteerism and commitment to the DGH.

On behalf of the Foundation, I take this opportunity to express gratitude to everyone who supports the Dartmouth General Hospital, you are making difference – Thank You!

Bruce Delo, DGHF Board Chair

MESSAGE FROM CHIEF OF STAFF, DR. NATALIE CHENG, AND DIRECTOR OF HEALTH SERVICES, CYNTHIA ISENROR

2020-2021 has been another unprecedented year in healthcare, unlike any other for our generation. The Dartmouth General Hospital was not immune to this, nor were our patients, their families, and our staff and physicians. The COVID pandemic has taken a toll on everyone, and the tragic events in April of 2020 continue to affect us all. Despite this, one of the things that has stood out amongst all the hardship is the generosity of the Dartmouth community and the DGH Foundation. Throughout these difficult times, our community and Foundation have continued to show tremendous support, and the positive impacts can be seen throughout the hospital.

As Chief of Staff and interim Director of Health Services at DGH, we both transitioned into our roles at the beginning of the COVID pandemic's third wave; however, we were both involved in leadership and pandemic planning in our previous roles. Dr. Cheng served as Site Chief for Family Practice from 2011 and 2017, and continues to work as a COVID physician and a hospitalist at DGH, in addition to her new role as Chief of Staff. Innovation and collaboration have always been a high priority for her, and she looks forward to building new bridges within Nova Scotia Health and with outside partners. Cynthia Isenor is the Health Services Director for Critical Care, Respiratory Therapy, Plastics and Burns, and Provincial Organ Donation and has begun the interim role for Site Director at DGH. She is very excited to expand her work with DGH from Critical Care to the entire site!



This past year has seen many positive changes at the DGH site. The Above and Beyond campaign exceeded its goals and raised an impressive \$13.6M towards the DGH redevelopment. This has helped DGH to build and expand to 8 new operating rooms, upgrade our cardiac investigation and diagnostic imaging areas, modernize our pharmacy, and just recently, open our new and improved Lorraine Elizabeth Brownrigg Intensive Care unit. We've added the Plasma Button and MyoSure, which provide options for less invasive urological and gynecological treatments, and started scholarships for African Nova Scotian high school students with an interest in health care. During the latter half of 2021, we will be continuing to work on the expansion of inpatient care, adding a large number of beautiful private and semi-private rooms to the facility on the 5th floor. We've also received a very generous 10-year donation commitment from the John and Judy Bragg Foundation to support innovation at the Dartmouth General; the first year of funding was used toward the very successful drive-through COVID testing and vaccination center behind the DGH.

None of these great things would have been possible without the support of our community and the Foundation. It is an honour and privilege for us to work at the Dartmouth General Hospital, and we'd like to offer a sincere thank you to the Board of Directors, Foundation staff, Auxiliary, and volunteers. Your support and dedication are recognized and appreciated every day. To all of our donors – individuals, businesses, and families who support the Dartmouth General Hospital, your generosity has made our hospital the tremendous institution it is. Thank you all for making a profound impact in the lives of our patients and their families.

Dr. Natalie Cheng
Medical Site Lead, DGH

Cynthia Isenor
Director of Health Services, DGH

DARTMOUTH GENERAL HOSPITAL FOUNDATION BOARD OF DIRECTORS 2020/2021

EXECUTIVE

Chair	Bruce Delo, Senior Consultant, Delo Management Consulting
1st Vice Chair	Robert Miedema, Partner, Boyne Clarke LLP
2nd Vice Chair	Dan Gibson, Retired Partner, The Shaw Group
Past Chair	Peter Boyd, CA, CFP, Owen MacFadyen Group
Treasurer	Jennifer Alward, Senior Manager, KPMG LLP
Secretary	Sharon Davis-Murdoch, Co-President of Health Association of African Canadians

DIRECTORS

Dr. Natalie Cheng	DGH Medical Site Lead
Joseph Diab	President, Baker Drive Developments
Mark Gascoigne	Director, CEO, Trampoline Branding
Rick Flynn	CPA, CA, EMBA, Director. Community Volunteer, Retired Aviation Executive
Ann Janega	Associate, C-Level Executive
Georgia Lloyd	President, Ritual Edibles Company Inc.
Paul O'Hearn	Director, National Accounts Atlantic Region, TD Bank Group
Mark Sherman	Retired, VP & COO, Irving Oil
Susan Thorpe	Auxiliary President

EX-OFFICIO

Stephen Harding	President and CEO, DGH Foundation
Cynthia Isenor	Health Services Director, DGH
Vickie Sullivan	Interim Vice President, Operations, Central Zone
Dr. Todd Howlett	Executive Medical Director of Central Zone

ABOUT THE DARTMOUTH GENERAL HOSPITAL FOUNDATION

Today and since its inception in 1975, the Dartmouth General Hospital Foundation has been a driving force in connecting community and hospital. Through the tremendous generosity of community, friends and partners, the Foundation has positively impacted and supported the delivery of exceptional patient care at the Dartmouth General Hospital through more than \$42 million dollars invested in equipment, technology, facilities and programs.



Stephen Harding, Lisa Cottreau, Kiana Pace, Joanna Shackleton, Tom Pettigrew, Lisa Weatherhead, Chris Underhill at the opening of the new PACU



Nursing staff in the new Day Surgery Unit in December 2020

WE WENT ABOVE AND BEYOND!

We are thrilled to officially announce that we have exceeded our \$13 million goal for the Above and Beyond campaign! We couldn't have done this without you and we are proud to announce that our total has exceeded \$13 million which includes some media gift-in-kind and programming. Wow! The compassion and support from the community has been awe-inspiring.

Volunteers are at the centre of so much of what we do and this campaign has been no different. The campaign has been led by a wonderful group of volunteers, our Honourary Chair Fred Smithers, and Co-Chairs Dr. Carla Pittman and John Fitzpatrick. We can't thank the campaign cabinet, co-chairs, and honorary chair enough for all of their hard work and dedication to this project.

To the donors, cabinet members and supporters - we did it together! Your gifts are helping change the lives of patients and staff at the Dartmouth General. Thank you!



Co-Chair John Fitzpatrick and Dr. Jon Duplisea



Honourary Chair Fred Smithers and Stephen Harding



Bruce Delo, DGHF Board Chair



Co-Chair Dr. Carla Pittman and Bruce Delo



DGHF Staff Tom Pettigrew, Kiana Pace, Stephen Harding, and Lisa Weatherhead



Stephen Harding and Gordon Peckham

Equipment, Research, and Programs Funded

Capital Equipment - \$737,293

Bladder Scanner
Bedside Ultrasounds for Emergency Department
Surgery 4K Laproscopes
Rigid cystoscopes for surgery
Solid Privacy Screens for the PACU & Day Surgery
Electric Dermatome and Mesher for Surgery
Orthopedic Handheld Instruments for Surgery
Ring Retractor System
Dual Channel Rigid Ureteroscopes for Urology
High Resolution Ultrasound Unit for Diagnostic Imaging

Capital Campaign - \$1,622,475

Plasma Button - Men's Health
Myosure Gynecological Equipment - Women's Health
Above & Beyond Campaign
Piano for Atrium

COVID-19 Research - \$165,000

John & Judy Bragg Innovation Fund - \$100,000

Programs - \$100,000

Jiklai Indigenous specific information on COVID-19
African Nova Scotian Heart Health Program
PLANS - Promoting Leadership in Health for African Nova
Scotians

COVID 19 Response Fund - \$32,481

Glidescope
Nurse Training Education Video System (allows for socially
distanced training)
PPE - Face Shields from Spring Loaded Technology
Bracelets for Emergency Room COVID-19 Safety System



DGH Drive-Thru funded by
the John & Judy Bragg Foundation



Researchers supported by DGHF



PLANS Students, Coordinators, and teachers with Mike
Roberts from Emera

PIVOTING IN A PANDEMIC - 2020 EVENTS DELIVERED



DGH GUT Team; Gordon Peckham, Rebecca Croft, Rachel Nalepa, Kim McMahan

This year the proceeds raised by **Get Up There! (GUT)** participants will be used to advance colorectal screening capacity and the opening of the third endoscopy suite at the Dartmouth General Hospital. The opening of this third suite has the potential to reduce wait times and increase capacity for colonoscopies by over 200%!

Early detection is critical in the diagnosis and treatment of colorectal cancer, so this increase in capacity will help the Dartmouth General Hospital save lives.



In 2020, for the **35th Annual Lobster Dinner and Auction**, presented by the Conrad Brothers Ltd., the Foundation, and our dedicated organizing committee pivoted from our traditional in-person dinner and created a virtual dinnerless dinner.

Together, we raised more than \$80,000 to support the priorities of the Dartmouth General Hospital Foundation, such as the COVID-19 Response Fund and equipment for the Diagnostic Imaging Department.



Tom Pettigrew, Blain Henshaw, Robyn Taylor, Stephen Harding, Wayne Harrett from Seaside

Our first-ever **Radiothon on 105.9 Seaside FM** was a success! On October 24, 2020 we shared patient testimonials, and interviews with Hospital staff, dedicated volunteers, and donors, like you! We were also lucky enough to have live musical performances by Adam Baldwin, Reeny Smith, and Kevin and Scott Saccary.

The generosity of our listeners allowed us to raise over \$46,000 for the Dartmouth General Hospital! Thank you to everyone who listened and donated!



Alex Joseph, Golf Chair, and Maria West, Manager of Finance

The **31st Annual DGH Golf Classic** had to transition in 2020 to a virtual e-vent, due to the COVID-19 pandemic. Thankfully, due to the incredible event committee and our wonderful volunteers and sponsors, we were able to deliver a successful 50/50 raffle and auction - entirely online!

Thank you to everyone who participated in our raffle and online auction, as well as all of the organizations who donated auction items. Thanks to your very generous support, we raised over \$48,000 to support the Dartmouth General Hospital!

INVESTING IN PLASMA BUTTON TECHNOLOGY FOR UROLOGY

We are so pleased to announce that thanks to a generous donation by John and Heather Fitzpatrick, the DGH will now be able to use plasma button equipment as part of our Men's Health initiative. The impact of this donation is best described by Don Mills, a patient who is grateful that the plasma button equipment was available when he had to undergo a procedure in late 2020 in Halifax.

"On December 9, 2020 I was admitted to hospital for surgery to treat benign prostatic hyperplasia (BHP) in Halifax. The most common side effects of BHP are the frequent need to urinate, sudden urge to urinate, not fully emptying the bladder, and difficulty starting (as well as stop and go) urination. These signs also mean that people with BHP are often up multiple times per night, interrupting sleeping patterns.

My procedure was a transurethral resection of the prostate (TURP). Normally this procedure can involve wires and be much more invasive. I was lucky to be able to have the less invasive plasma button procedure.



Don Mills
Founder of Corporate Research Associates
(now Narrative Research).

The plasma button version can reduce damage and leads to less bleeding post-surgery. The plasma button is new in Nova Scotia, and I'm so glad to have been able to have this as an option. Having this procedure done has improved my quality of life, and

means that my wife and I can get a full night of sleep now!

I chose to share my experience because I feel like regular prostate exams and PSA blood tests for men over 50 are so important to keep us healthy. People are timid to discuss prostate health, but this is an important aspect of healthcare that needs to be discussed openly and honestly. I feel so lucky to have had people reach out to me on social media with their own stories and thank me for sharing mine."

Dr. Jon Duplisea, a urologist at DGH, explains the importance of providing the best possible equipment for urological care:



Dr. Jon Duplisea

"As our population ages, and more and more people require urological health care, we endeavor to ensure wait times for procedures are minimized and reduce the need for overnight hospital stays.

We need the best and most reliable surgical equipment available for our patients at the Dartmouth General

Hospital and the support of our donors can help us achieve this."

Thank you John and Heather for making a difference in the quality of life for so many patients!

PATIENT STORY - SARAH LYON AND DEVIN MACEACHERN

With 24-hour urgent care, emergency department standards are high at the Dartmouth General Hospital where they provide critical care during stressful and traumatic experiences. Sarah Lyon and her partner Devin MacEachern still remember the stress they felt during their visit last year.

Although their emergency room visit was stressful and intimidating, Sarah and her partner expressed gratitude to the friendly and compassionate staff at the Dartmouth General Hospital who made their visit memorable.

“Everybody that we met along the journey of the two days that we were at the Dartmouth General Hospital were very comforting and understanding, and especially under a stressful time,” said Sarah. “Working in a hospital during a pandemic, you’re under a lot of stress and you still have to be calm to the patients who are under a lot of stress and so I do really appreciate that.”

Sarah and Devin visited the Dartmouth General Hospital’s emergency department when Sarah was just ten weeks pregnant. Three years prior, the couple suffered a miscarriage around the same period in the pregnancy and they

were worried it was happening again. Thankfully, after two days of tests and ultrasounds, the couple safely returned home. They now have a healthy, loud, six month old.

“People might wonder why we went to the Dartmouth General when we were having a pregnancy, but it’s because they were our emergency room and they are there to handle all of our medical needs,” said Sarah.

Accompanying Sarah, Devin interacted with many staff members over the course of the two days.

“They were all fantastic,” said Devin. “I know for myself growing up, we would not go to the emergency room unless it was really really bad, but now I think they give you that feeling that you should come in, they’re really great people.”

Sarah and Devin are proud to have the Dartmouth General in their community and are content to visit for any medical need.

“[We’re] thankful to the donors that make that possible, and to the staff for continuing to give excellent care through the renovations,” said Sarah.





Former DGH Patient, Maggie Archibald - photographed outside DGH

MAGGIE'S STORY

“

As a 26-year-old female I never thought I would have a kidney stone so young.

Thankfully, the urology department at Dartmouth General Hospital has been phenomenal. My urologist, Dr. Duplisea, has been incredibly detailed every time I have had communication with him. I really appreciated his thoroughness in helping me understand my kidney's health and what I can do to improve it.

When I had a ureteroscopy for my kidney stone in September 2020, all the doctors, nurses and staff I dealt with were kind and professional. The care they provided to me was exceptional, especially during a pandemic and being unable to have a support person with me.

It made me feel really good as a patient knowing I was in such good hands. I look forward to the continued care from Dr. Duplisea for the months to come, knowing I will be receiving the best care.

”

- Maggie Archibald



Maggie Archibald with another former DGH Patient, Darlene Metzler

Share your story!

If you, or someone you know, would like to share your experience as a patient at Dartmouth General Hospital, please contact Kiana Pace, DHGF Marketing and Communications Officer at kiana.pace@dghfoundation.ca.

Sharing your story helps donors see the impact of their generosity and helps patients feel more comfortable before their procedures.



Maggie Archibald with Dr. Jon Duplisea at Dartmouth General Hospital

LEAVING A LEGACY FOR LORRAINE ELIZABETH BROWNRIGG

The new Lorraine Elizabeth Brownrigg intensive care unit (ICU) at Dartmouth General Hospital is now open for patient care.

The new space is strategically located between the operating rooms and the emergency department, with diagnostic imaging across the hall.

“This will be invaluable for timely access to care and eliminate the need to use the elevator to transport patients to access care,” said ICU health services manager, Holly Henry. “This makes it much more dignified for the patients and much easier for health care providers.”

In addition to its new location, the renovated unit is larger in space than its predecessor. The bigger footprint allows for family to support their loved ones, without encroaching on health care spaces.

“Our new ICU allows us to optimally care for our critically ill patients, adapting to their needs,” said Dartmouth General medical lead, Dr. Natalie Cheng. “There is significantly improved functionality and flexibility, a dedicated negative pressure room [isolation room] with a separate antechamber for safer gowning and removal of personal protective equipment, and a separate consultation room for important family discussions. These, along with the other improvements, will have an enormous impact on patients and the health care team.”

Henry explains that the new ICU provides better care conditions

for both patients and providers, including 12-foot ceilings, large windows, and a skylight to help alleviate ICU deliriums and improve the overall workplace environment.

Additional new features and equipment include booms and patient lifts, and functions without head walls to provide more space for and easier access for patient care.

This incredible donation was made possible because of the exceptional care Lorraine received at DGH. Impressed by Lorraine’s care from Dr. LindenSmith, Dr. Yung, and the entire DGH Respiratory Team, her husband, John, approached the Foundation in 2015 following Lorraine’s passing.

John was eager to support the Foundation, and he wanted to make a donation to show his appreciation. Sadly, John passed before he was able to see his donation remembering his beloved wife realized, but Foundation and Hospital staff were lucky enough to be joined by members of John and Lorraine’s families by zoom for a virtual tour early in July.

John and Lorraine, like all of the other donors to the Above and Beyond campaign, are now part of the history of the Dartmouth General. Between the generosity of our donors and the Province of Nova Scotia truly amazing work has been, and will continue to be done at DGH.

This is impact!



Above: John Brownrigg with a photo of his beloved wife Lorraine
Below: Lorraine and John Brownrigg (submitted photo, 1990)



Lindsay Corkum, Dr. Natalie Cheng, Holly Henry, Dr. Jorin LindenSmith, Cynthia Isenor, Heather Peddle-Bolivar at the opening of the Lorraine Brownrigg ICU in June, 2021.

36TH ANNUAL LOBSTER DINNER FUNDS NEW DIAGNOSTIC IMAGING EQUIPMENT

What an incredible event! The Annual Lobster Dinner and Auction was different this year, but thanks to incredible supporters like you it was a huge success! We are so happy to report that **we raised over \$260,000 for the Dartmouth General - more than any other year in the past!** The funds raised from this event are going towards new diagnostic imaging equipment, including fully funding a brand new ultrasound unit at DGH.

We are so grateful to our Presenting Sponsor Conrad Bros., all of our other generous sponsors listed below, everyone who bought tickets, our entertainer Adam Baldwin, and of course the J&W Murphy Foundation who matched the funds we raised this year! Also, thank you so much to Al and Mary MacPhee for being the Honourary Chairs of the 36th Annual Lobster Dinner, helping us promote this great event, and volunteering on the day of!



Chef Rob MacIsaac's staff from MetroWorks and Stone Hearth Bakery hard at work



Mary MacPhee, Stephen Harding, and Al MacPhee after the 36th Annual Lobster Dinner



Harold Taylor, one of DGH's incredible Frontline Workers, in line to pick up his meal.

LAUNCHING THE CAMPAIGN TO BRING AN MRI TO DARTMOUTH GENERAL

For a long time donors to DGHF have asked how they can help bring a new MRI unit to Dartmouth General Hospital, knowing that it will have an incredibly positive impact on patients and staff. We are excited to share that the Province of Nova Scotia has recently selected Dartmouth General as the site of one of Nova Scotia's next MRIs! This new MRI will help reduce wait times, and advance the incredible work being done at the Fred Smithers Centre for Orthopedic Care.

The Dartmouth General Hospital Foundation has launched a campaign to raise \$2 million to buy the new piece of equipment. The province will match this by investing \$3.9 million over the next three years to complete renovations, procurement and installation of a Magnetic Resonance Imaging (MRI) scanner.

This is another great example of the Government of Nova Scotia partnering with hospital foundations like ours to help change the lives of patients in HRM and beyond. This MRI will help to alleviate the long wait times patients are currently experiencing.



Example of an MRI Scanner



Joseph and Violet Diab with an early contribution to the MRI Campaign



Stephen Harding and Fred Smithers

FRED SMITHERS COLD THERAPY LENDING PROGRAM LAUNCHED

Fred Smithers has made another incredible gift to the Dartmouth General Hospital, creating a program that will lend Cold Therapy units to patients recovering from Orthopedic Procedures at DGH.

Cold Therapy can be recommended to patients as part of their recovery process, but is not always covered by their insurance.

Through Fred's generosity, Cold Therapy will now be available to anyone who needs it, regardless of insurance coverage.

This program is another great addition to the Fred Smithers Centre for Orthopedic Care at the Dartmouth General.

A special thanks to Soles in Motion for helping us pilot this amazing new program!



Jessica Duncan, Michelle Young, April Christoff, Lauren Isnor and Beth Dowd, 4WEST Inpatient Nurses,

COVID-19 RESPONSE FUND UPDATE

Our Donors responded quickly and generously when our fundraising priorities shifted due to the COVID-19 pandemic. While the healthcare system was adjusting to life in a pandemic, our donors made sure that the team at DGH could have access to the things they needed. The response of our donors was more than we could have ever expected.

Their generosity was key in providing essential personal protective equipment like FaceShields to our frontline workers, helped fund the creation of a wristband system in our Emergency Room that allows staff to know the COVID-19 threat level a patient possesses while they are triaged, and funded a Glidescope Go for the emergency room. The Glidescope Go is a camera that shows you where the tube is while intubating a patient. Using a glidescope is much safer as it ensures that the tube is not going down the esophagus. COVID-19 patients are likely needing to be intubated if they come in through the Emergency Department.



Sydney Mogae, Stephen Harding, Sarah Upshaw, Mike Roberts (Emera)

EMERA PARTNERS WITH DGHF TO SUPPORT AFRICAN NOVA SCOTIAN PROGRAMMING

The Dartmouth General Hospital Foundation is very pleased to announce that Emera has donated \$65,000 to support the PLANS Youth Employment Strategy and African Nova Scotian COVID-19 health research projects. PLANS is focused on increasing the representation of African Nova Scotians in the health professions through programming, including mentorships and camp programs, and resources, such as health program and career information. The program is delivered in collaboration with Dalhousie University's Faculties of Health, Dentistry, and Medicine.

This gift is funded through the Emera Inclusion and Diversity Fund, and was announced earlier this year.

Emera's donation will also support three African Nova Scotian COVID-19-focused health research projects, that will provide additional knowledge, skills and resources to prepare for future outbreaks.



Dr. Chadwick Williams, Julianne Sparks, Keiara Colley, Alissa Provo, Keasiah Sparks, Keanna Davies, Stephen Harding

DGH FOUNDATION AFRICAN NOVA SCOTIAN HEALTHCARE SCHOLARSHIPS

The Dartmouth General Hospital (DGH) values diversity, inclusion and a workforce that is representative of the people we serve. We recognize that African Nova Scotian people are essential for our workforce and our Dartmouth General Hospital community.

It is in this spirit that the Dartmouth General Hospital Foundation has established the DGH Foundation Healthcare Scholarship for African Nova Scotians to recognize one student from each of the six Dartmouth High Schools with a \$2,000 award each year.

It is our hope that encouraging African Nova Scotian students to pursue careers in healthcare will inspire a more diverse workforce at the Dartmouth General Hospital, and an environment that is more culturally representative of the community we serve.

If you would like to donate to this scholarship fund you can visit www.dghfoundation.ca and click "Donate Today"

CHANGING THE FUTURE OF GYNECOLOGICAL CARE AT DGH WITH MYOSURE TISSUE REMOVAL EQUIPMENT

The recent purchase of a MyoSure for the Dartmouth General Hospital will allow safer, more efficient, and more comfortable procedures for patients.

The MyoSure Tissue Removal equipment is essential in the removal of a benign polyp or fibroid, as an outpatient, and often treats bothersome bleeding while preserving uterine function and form - this is especially important for people who plan to have children in the future. Early diagnosis of a small uterine cancer, that can be missed by blind sampling without MyoSure equipment, leads to better outcomes for the patient.

This is a piece of equipment that the Gynecology team at DGH have been interested in acquiring for a while, and was made



First day with the new Myosure at DGH

possible by one of four incredibly generous donations this year by the J&W Murphy Foundation, as well as donations from Rick and Nancy Flynn, Robert Bell, and many others! Thank you to everyone who is supporting Women's Health at DGH!

"The adoption of MyoSure technology at Dartmouth General Hospital will improve the overall quality of care for the many women who undergo hysteroscopic procedures in our facility. It will allow us to carry out these procedures with increased safety and shorter operating times."

-Dr. Brett Vair, MD FRCS

"As gynecologists, we advocate for women and strive for their optimal care. The MyoSure hysteroscope and the Aquilex® fluid control system will allow us to provide an excellent standard of care and continue to stay at the forefront of medicine."

-Dr. Heather Stone, MD FRCS

LEAVING A LEGACY - HONOURING NEVILLE J. GILFOY

We started the year by marking an historic milestone for the Dartmouth General Hospital with the unveiling of the exterior Neville J. Gilfoy Wing signage. For those of you who aren't familiar with the story; in 2018 the O'Regan family made a \$2 million gift to the DGH for the Above & Beyond Campaign and they chose to honour Neville J. Gilfoy. Neville led the Reaching New Heights Campaign for our Emergency Department in early 2000s as Campaign Chair. He was well known in the community and in particular was a mentor for Patrick and Sean O'Regan.

Neville's wife Ann Janega, joined by their two sons and their families, along with the O'Regan family came together in their family bubbles to witness this exciting moment in DGH history. Thank you to both families for this historic moment!

Thank you to the O'Regan's Automotive Group and the O'Regan family for honouring Neville's legacy in such a beautiful way.



Patrick O'Regan, Kathleen O'Regan, Sean O'Regan, Peter Boyd, Stephen Harding, Donald Chisholm, John Fitzpatrick, Dr. Carla Pittman, Ann Janega, Bruce Delo

2020/2021 DARTMOUTH GENERAL HOSPITAL AUXILIARY HIGHLIGHTS

The Dartmouth General Hospital Auxiliary has had quite a different year in 2020 due to the Covid 19 Pandemic.

Our usual activities did not take place and our Gift Shop was closed for more than a year. However, our Gift Shop is reopening on September 7, 2021.

Even though 2020 was very unusual for us, we did have some exciting events. We met with Foundation Members in the Hospital Atrium to present our yearly \$40,000 to Steve Harding (photo below) as part of our \$200,000 commitment to the Above and Beyond Campaign. To celebrate our support a plaque will be placed in the new ICU Unit, Room 2915, to honour our Auxiliary for our contributions made to the Hospital since 1973.

We were also thrilled this year to learn that our Auxiliary will be second on the Foundation's Donor Wall for our continued support and loyalty to Dartmouth General Hospital.

Regards,

Susan Thorpe

Susan Thorpe
President
DGH Auxiliary



SUMMARY FINANCIALS FOR THE YEAR ENDING MARCH 31, 2021

FINANCIAL POSITION

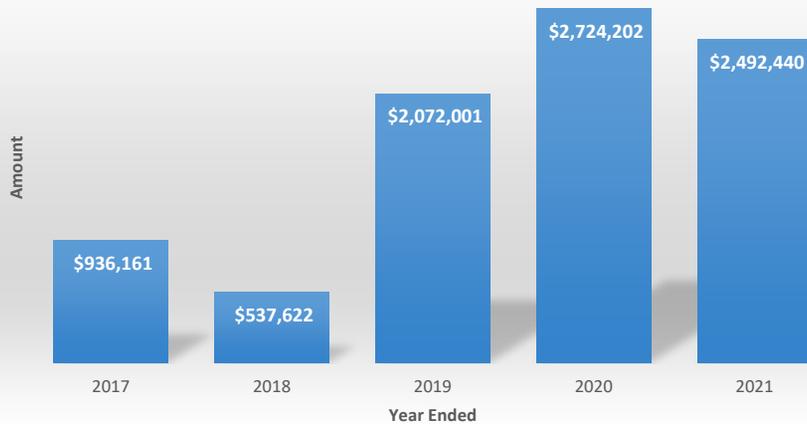
	2021	2020
Assets	\$7,900,485 Current Assets	\$7,510,623 Current Assets
	\$17,093,874 Investments at Market Value	\$14,234,335 Investments at Market Value
	\$221,333 Capital Assets	\$206,887 Capital Assets
	\$25,215,692 Total	\$21,951,845 Total
Liabilities & Fund Balances	\$4,074,128 Payables and accruals	\$2,838,118 Payables and accruals
	\$21,141,564 Fund balances at year end	\$19,113,727 Fund balances at year end
	\$25,215,692 Total	\$21,951,845 Total

SUMMARY STATEMENT OF OPERATIONS & CHANGES IN FUND BALANCES

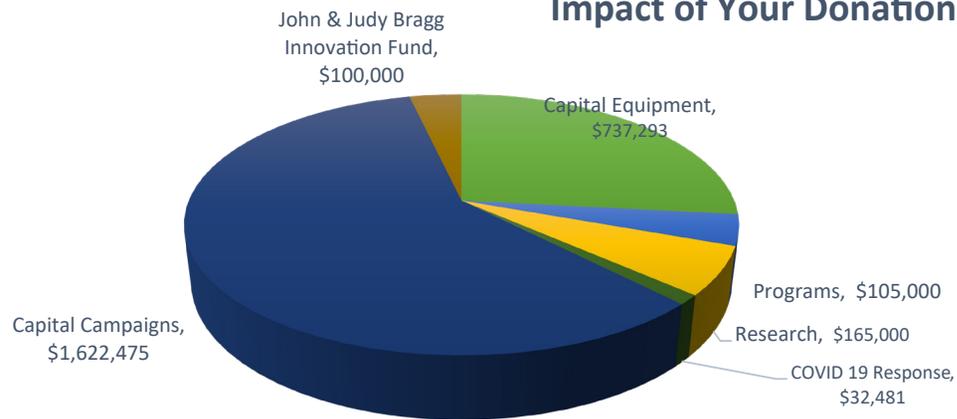
Revenue	2021	2020
Donations - Core Operations	\$ 995,717	\$ 615,529
Donations - Capital Campaigns	1,496,723	2,108,673
Investment Income	526,468	788,301
Parking & Special Events	389,002	802,622
Other Revenue (Government Assistance)	95,443	
	<u>\$ 3,503,352</u>	<u>\$ 4,315,125</u>
Expenses		
General Operating & Fundraising	\$ 941,150	\$ 554,164
Capital Campaigns	374,579	858,994
	<u>1,315,729</u>	<u>1,413,158</u>
Excess of revenue over expenses before distributions	2,187,623	2,901,967
Distributions to Hospital/NSHA:		
Equipment	837,293	11,934
Capital Campaigns	1,622,475	1,000,000
Research, Programs, Education	302,481	20,119
	<u>2,762,249</u>	<u>1,032,053</u>
Excess (loss) of revenue over expenses before unrealized loss due to change in market value of investments	\$ (574,626)	\$ 1,869,914
Unrealized gain (loss) due to change in market value of investments	2,602,501	(875,118)
Excess (deficiency) of revenue over expenses	<u>\$ 2,027,875</u>	<u>\$ 994,796</u>

FINANCIAL STATEMENTS - TRENDS IN THE LAST 5 YEARS

Trend in the Last Five Years- Total Donations



Impact of Your Donations



- Capital Equipment
- Programs
- Research
- COVID 19 Response
- Capital Campaigns
- John & Judy Bragg Innovation Fund

EXAMPLES OF EQUIPMENT FUNDED THIS YEAR



4K LAPAROSCOPIC LENSES



HIGH RESOLUTION ULTRASOUND



MYOSURE TISSUE REMOVAL EQUIPMENT



UROLOGY PLASMA BUTTON BIPOLAR ELECTRODE

YOUR GENEROSITY CREATES BIG IMPACT

WAYS YOU CAN GIVE:

- One-time gifts
- Monthly Giving
- Memorial Giving
- Tribute Giving
- Planned Giving
- Attend our Special Events

Visit www.dghfoundation.ca or call 902-460-4149 to make a donation and enhance patient care at the Dartmouth General Hospital.

Dartmouth General Hospital Foundation
325 Pleasant Street
Dartmouth, NS B2Y 4G8

Phone us at 902-460-4149 or email us at info.dghfoundation@dghfoundation.ca



@DGHFoundation



**DARTMOUTH GENERAL HOSPITAL CHARITABLE
FOUNDATION**

FINANCIAL STATEMENTS

MARCH 31, 2021

**DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION
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MARCH 31, 2021**

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INDEPENDENT AUDITORS' REPORT

To the Directors of:
Dartmouth General Hospital Charitable Foundation

Qualified Opinion

We have audited the financial statements of **Dartmouth General Hospital Charitable Foundation** ("the Foundation"), which comprise the statement of financial position as at March 31, 2021 and the statements of operations, operations by fund and changes in fund balances and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2021, and results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Qualified Opinion

In common with many not-for-profit organizations, the Foundation derives revenues from fundraising activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Foundation and we were not able to determine whether any adjustments might be necessary to revenues, excess of revenues over expenses, assets and fund balances.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Foundation 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 accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Foundation'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 Foundation or to cease operations, or has no realistic alternative but to do so.

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

Auditors' 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 auditors' 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 Foundation'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 Foundation'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 auditors' report. However, future events or conditions may cause the Foundation 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.

Baker Tilly Nova Scotia Inc

Dartmouth, Nova Scotia
September 9, 2021

Chartered Professional Accountants

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 4
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
	\$	\$
REVENUES		
Donations (Schedule 1)	2,492,440	2,724,202
Investments (Schedule 2)	526,468	788,301
Other (Note 8)	95,443	4,228
Parking, net (Schedule 3) (Note 9)	234,900	538,920
Special events, net (Schedule 4)	<u>154,102</u>	<u>259,474</u>
	<u>3,503,353</u>	<u>4,315,125</u>
EXPENSES		
Accounting fees	9,200	11,040
Fundraising and office (Schedule 5)	153,447	116,476
Insurance	3,200	2,783
Interest and bank charges	10,608	17,607
Investment management fees	141,065	102,508
Professional fees	19,014	13,017
Redevelopment campaign	374,579	858,994
Salaries and wages	<u>604,616</u>	<u>290,733</u>
	<u>1,315,729</u>	<u>1,413,158</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	2,187,624	2,901,967
DISTRIBUTIONS (Note 10)	(2,762,288)	(1,032,053)
UNREALIZED GAIN (LOSS) DUE TO CHANGE IN MARKET VALUE OF INVESTMENTS	<u>2,602,501</u>	<u>(875,118)</u>
EXCESS OF REVENUES OVER EXPENSES	<u><u>2,027,837</u></u>	<u><u>994,796</u></u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION
STATEMENT OF OPERATIONS BY FUND AND CHANGES IN FUND BALANCES
AS AT MARCH 31, 2021

	Externally Restricted					Unrestricted	2021	2020
	Internally Restricted Capital Fund	Capital Campaign Fund (Note 11)	Palliative Care Fund	Cardiology Education Fund				
	\$	\$	\$	\$	\$	\$	\$	
Balance - beginning of year	-	1,866,271	57,051	5,803	17,184,602	19,113,727	18,118,931	
Revenues	(54,923)	1,496,855	590	-	2,060,831	3,503,353	4,315,125	
Expenses	-	(374,579)	-	-	(941,150)	(1,315,729)	(1,413,158)	
Distributions	-	(1,603,500)	-	-	(1,158,788)	(2,762,288)	(1,032,053)	
Unrealized gain (loss) due to change in market value of investments	-	-	-	-	<u>2,602,501</u>	<u>2,602,501</u>	<u>(875,118)</u>	
Excess (deficiency) of revenues over expenses	(54,923)	(481,224)	590	-	2,563,394	2,027,837	994,796	
Interfund transfers	<u>54,923</u>	<u>-</u>	<u>1,100</u>	<u>-</u>	<u>(56,023)</u>	<u>-</u>	<u>-</u>	
Balance - end of year	<u>-</u>	<u>1,385,047</u>	<u>58,741</u>	<u>5,803</u>	<u>19,691,973</u>	<u>21,141,564</u>	<u>19,113,727</u>	

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 6
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2021

	2021	2020
	\$	\$
ASSETS		
CURRENT		
Cash	7,720,254	4,830,716
Short term investments	70,224	2,570,078
Accounts receivable (Note 3)	81,572	100,390
Prepays	<u>28,435</u>	<u>9,439</u>
	7,900,485	7,510,623
INVESTMENTS (Note 4)	17,093,874	14,234,335
CAPITAL ASSETS (Note 5)	<u>221,333</u>	<u>206,887</u>
	<u>25,215,692</u>	<u>21,951,845</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	280,851	91,294
Deferred revenue	15,000	25,898
Due to Nova Scotia Health Authority	<u>3,778,277</u>	<u>2,720,926</u>
	<u>4,074,128</u>	<u>2,838,118</u>
FUND BALANCES		
EXTERNALLY RESTRICTED	1,449,591	1,929,125
UNRESTRICTED	<u>19,691,973</u>	<u>17,184,602</u>
	<u>21,141,564</u>	<u>19,113,727</u>
	<u>25,215,692</u>	<u>21,951,845</u>
COMMITMENT (Note 7)		

Approved by the Board


 _____ Director

 _____ Director

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 7
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2021

	2021	2020
	\$	\$
CASH PROVIDED BY (USED FOR):		
OPERATING		
Excess of revenues over expenses	2,027,837	994,796
Items not affecting cash		
Amortization	54,923	18,550
Unrealized loss (gain) due to change in market value of investments	(2,602,501)	875,118
Gain on sale of investments	(143,475)	(329,359)
	(663,216)	1,559,105
Changes in non-cash working capital items		
Accounts receivable	18,818	(78,187)
Prepays	(18,996)	10,100
Accounts payable and accrued liabilities	189,557	(16,136)
Deferred revenue	(10,898)	23,698
Due to Nova Scotia Health Authority	<u>1,057,351</u>	<u>(2,445,640)</u>
	<u>572,616</u>	<u>(947,060)</u>
INVESTING		
Purchases of investments	(224,167)	(18,919,280)
Proceeds on sale of investments	2,610,458	17,130,229
Acquisition of capital assets	<u>(69,369)</u>	<u>(222,587)</u>
	<u>2,316,922</u>	<u>(2,011,638)</u>
CHANGE IN CASH	2,889,538	(2,958,698)
CASH - beginning of year	<u>4,830,716</u>	<u>7,789,414</u>
CASH - end of year	<u>7,720,254</u>	<u>4,830,716</u>
CASH CONSISTS OF:		
Cash	2,177,292	2,338,427
Restricted cash	<u>5,542,962</u>	<u>2,492,289</u>
	<u>7,720,254</u>	<u>4,830,716</u>

1. OPERATIONS

Dartmouth General Hospital Charitable Foundation ("the Foundation") works in partnership with individuals, corporations, foundations, service organizations and governments to secure funding to support the patient care capital improvement requirements of the Dartmouth General Hospital, a site of the Nova Scotia Health Authority ("NSHA").

The foundation is a not-for-profit organization and as such, is not subject to income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements were prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

Fund accounting

Unrestricted fund

The Unrestricted Fund is used for the Foundation's day-to-day ongoing activities including fundraising activities, unrestricted contributions, television, parking and investment income. This fund includes the assets, liabilities, revenues and expenses other than those related to the Externally Restricted Funds or Capital Fund.

Externally restricted funds

The purpose of the Externally Restricted Funds is to account for contributions which have been restricted for a specified purpose by the contributor. The contributions are recorded in the appropriate fund based on the external restrictions associated with them.

Capital fund

The purpose of the Capital Fund is to account for capital assets, including their acquisition, amortization and disposal. Contributions to the Capital Fund are internally restricted.

Cash

Cash consists of cash on hand and bank balances that fluctuate held with a financial institution.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Capital assets

Capital assets are recorded at cost. Amortization is provided for using the following rate and method over their estimated useful lives as follows:

Equipment and software	5 Year	Straight line
------------------------	--------	---------------

One half year's amortization is taken in the year of acquisition.

Impairment of long-lived assets

Long-lived assets are tested for impairment whenever events or changes in circumstances indicate that their carrying value may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value.

Revenue recognition

The Foundation follows the restricted fund method of accounting for its contributions.

Donation revenue recognized by the Foundation consists of unrestricted, externally restricted and internally restricted contributions. Unrestricted contributions are recognized as revenue of the Unrestricted Fund when received or receivable if the amount is fixed or determinable and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the appropriate restricted funds when received or receivable if the amount is fixed or determinable and collection is reasonably assured. If externally restricted contributions are received for a purpose for which no restricted fund has been established, the contributions are deferred and recognized in the unrestricted fund when the related expense is incurred. Internally restricted contributions are recognized as revenue in the Capital Fund when received or receivable if the amount is fixed or determinable and collection is reasonably assured.

Net investment income that is not externally restricted is recognized as it is earned in the statement of operations. Net investment income that is externally restricted is recognized as direct increases or decreases in fund balances in the appropriate Restricted Fund.

Parking and special events revenue are recognized as the related service is provided and collection is reasonably assured. Amounts received in advance of the service being provided are recorded as deferred revenues.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue recognition (Continued)

All other revenues are recognized when the risk and rewards of ownership transfer to the Foundation, the amount is fixed or determinable and collection is reasonably assured.

Contributed goods and services

Contributed materials and services are recognized in the financial statements when their fair value can be reasonably determined and they are used in the normal course of the Foundation's operations and would otherwise have been purchased.

The Foundation benefits from donated services in the form of volunteer time for various programs and objectives of the Foundation. Due to the difficulty of determining their fair value, these contributed services are not recognized in these financial statements.

Government assistance

Government assistance is recorded as revenue when received.

Income taxes

The Foundation is a registered charity under section 149.1(1) of the Income Tax Act, and, as such, is exempt from income taxes. Accordingly, no provision has been made in the accounts for income taxes.

Financial instruments

Measurement of financial instruments

The Foundation initially measures its financial assets and financial liabilities at fair value.

The Foundation subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in excess of revenues over expenses.

Financial assets measured at amortized cost include cash, short term investments and accounts receivable.

Financial assets measured at fair value include investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and amount due to Nova Scotia Health Authority.

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 11
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2021

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Financial instruments (Continued)

Impairment

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of any write down is recognized in excess of revenues over expenses. Any previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of a reversal is recognized in excess of revenues over expenses.

Use of estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Estimates are used when accounting for items and matters such as useful lives of capital assets and certain accrued liabilities. Actual results could differ from those estimates.

3. ACCOUNTS RECEIVABLE	2021	2020
	\$	\$
Trade receivables	81,572	67,813
Government remittances recoverable	<u>-</u>	<u>32,577</u>
	<u>81,572</u>	<u>100,390</u>
4. INVESTMENTS	Fair value	Fair value
	2021	2020
	\$	\$
Pooled Funds	17,095,558	14,167,284
GICs	<u>68,540</u>	<u>2,637,129</u>
	17,164,098	16,804,413
Less: short term investments	<u>70,224</u>	<u>2,570,078</u>
	<u>17,093,874</u>	<u>14,234,335</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 12
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2021

5. CAPITAL ASSETS

	Cost	Amortization	Net 2021	Net 2020
	\$	\$	\$	\$
Equipment and software	<u>294,806</u>	<u>73,473</u>	<u>221,333</u>	<u>206,887</u>

6. INTERNALLY IMPOSED RESTRICTIONS

The Foundation has committed to funding certain equipment for the Dartmouth General Hospital, a site of NSHA. Donations made for specific purposes are restricted towards their specified use. The Foundation funds any shortfall for commitments made from unrestricted fund balances.

7. COMMITMENT

As of April 2017, the Foundation has committed to contribute \$11,000,000 to the NSHA, a related entity, which will be used towards the Dartmouth General Hospital Redevelopment project. To date, \$5,232,511 (2020 - \$3,732,511) has been distributed from the Foundation to NSHA.

8. GOVERNMENT ASSISTANCE

During the year, the Foundation received \$93,763 (2020 - \$NIL) under the Canada Emergency Wage Subsidy. This amount has been recognized in the current year as other revenue.

9. HST ADJUSTMENT

In the current year, it was determined that a change to HST regulations in 2014 meant that HST in relation to monthly parking revenues should have been remitted. The Foundation has assessed the HST payable on these revenues from 2014 onwards. The HST adjustment on revenues recognized in previous years has been recorded in the current year excess of revenues over expenses.

10. DISTRIBUTIONS

Distributions are amounts that have been committed by the Board of Directors to the Dartmouth General Hospital, a site of NSHA, towards equipment purchases and other related capital expenditures.

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 13
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2021

11. CAPITAL CAMPAIGN FUND

The Capital Campaign Fund includes amounts for two capital campaigns: The Above and Beyond Campaign which relates to funds to be used towards the Dartmouth General Hospital Redevelopment Project and the Next Campaign which relates to funds for major capital equipment for the Dartmouth General Hospital. The current year operations and changes in fund balances attributable to each of these campaigns is as follows:

	Above and Beyond Campaign \$	Next Campaign \$	Total \$
Balance - beginning of year	1,866,271	-	1,866,271
Revenues	1,328,175	168,680	1,496,855
Expenses	(224,379)	(150,200)	(374,579)
Distributions	<u>(1,500,000)</u>	<u>(103,500)</u>	<u>(1,603,500)</u>
Balance - end of year	<u>1,470,067</u>	<u>(85,020)</u>	<u>1,385,047</u>

12. FINANCIAL INSTRUMENTS

Risks and concentrations

The Foundation is exposed to various risks through its financial instruments. The following analysis provides a measure of the Foundation's risk exposure and concentrations at March 31, 2021.

It is management's opinion that the Foundation is not exposed to significant liquidity, market, currency, interest rate and other price risks from its financial instruments. The risks arising on financial instruments are limited to the following:

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Financial instruments that potentially subject the Foundation to concentrations of credit risk consist of cash, short term investments and investments. The Foundation deposits its cash, short term investments and investments in reputable financial institutions and therefore believes the risk of loss to be remote.

13. COMPARATIVE FIGURES

Certain figures presented for comparative purposes have been reclassified to conform with the financial statement presentation adopted for the current year.

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 14
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2021

1. DONATIONS	2021	2020
	\$	\$
Bequests	10,150	25,011
Direct mail and newsletter	112,092	157,424
Annual giving	510,096	233,329
Major gifts	335,367	165,020
Memoriums	28,012	34,745
Major Capital Campaign		
Restricted	<u>1,496,723</u>	<u>2,108,673</u>
	<u>2,492,440</u>	<u>2,724,202</u>
2. INVESTMENTS	2021	2020
	\$	\$
Dividends	109,541	105,394
Gain on sale of investments	143,343	329,359
Interest	273,452	353,548
Capital Campaign		
Gain on sale of investments - restricted	<u>132</u>	<u>-</u>
	<u>526,468</u>	<u>788,301</u>
3. PARKING	2021	2020
	\$	\$
Revenue	563,477	758,822
Transportation and infrastructure renewal portion	<u>(9,857)</u>	<u>(21,441)</u>
	<u>553,620</u>	<u>737,381</u>
Expenses		
Amortization	54,923	18,550
Bank charges	11,319	8,436
HST adjustment (Note 9)	57,639	-
Management fees	18,985	15,000
Miscellaneous	25,595	13,484
Rent	-	3,750
Repairs and maintenance	9,522	12,297
Salaries and wages	96,715	75,926
Security	-	10,394
Snow removal	37,833	30,669
Supplies	<u>6,189</u>	<u>9,955</u>
	<u>318,720</u>	<u>198,461</u>
	<u>234,900</u>	<u>538,920</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 15
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2021

4. SPECIAL EVENTS	2021	2020
	\$	\$
Revenues		
Auction and lobster dinner	86,077	180,853
Golf tournament	58,341	101,590
Get Up There	<u>29,903</u>	<u>73,275</u>
	<u>174,321</u>	<u>355,718</u>
Expenses		
Auction and lobster dinner	9,149	52,460
Golf tournament	9,538	22,545
Get Up There	-	21,239
Other	<u>1,532</u>	<u>-</u>
	<u>20,219</u>	<u>96,244</u>
	<u>154,102</u>	<u>259,474</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 16
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2021

5. FUNDRAISING AND OFFICE	2021	2020
	\$	\$
Advertising	9,440	3,559
Annual report	2,016	5,956
Board	-	2,724
Catering	666	1,887
Conferences	503	5,476
Courier	27	107
Design work	254	-
Direct mail	16,730	19,773
Donor recognition	6,721	-
Hospitality	-	2,090
Local travel	242	566
Memberships	417	3,381
Miscellaneous	-	433
Newsletter	11,990	12,197
Photography	289	137
Platform fees	4,471	-
Postage	6,916	3,039
Printing	4,622	2,341
Prizes and gifts	3,287	-
Recruitment	680	2,801
Rentals	3,507	-
Research tools	2,507	-
Software and hardware	4,338	3,889
Subscriptions and journals	3,334	597
Supplies	10,480	12,120
System maintenance and training	42,193	11,132
Telecommunications	7,094	5,857
Website and hosting	<u>10,723</u>	<u>16,414</u>
	<u><u>153,447</u></u>	<u><u>116,476</u></u>