

DG Dartmouth General
HF Hospital Foundation

Annual Report

2023-2024



Incoming Board of Directors

2024/2025

EXECUTIVE

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1 st Vice Chair	Paul O’Hearn <i>Director, National Accounts Atlantic Region, TD Bank Group</i>
2 nd Vice Chair	Candace L. Thomas, K.C. <i>Vice President, Legal, General Counsel and Corporate Secretary, NS Health</i>
Treasurer	Jennifer Alward <i>Senior Manager, KPMG LLP</i>
Secretary	Sharon Davis-Murdoch <i>Co-President, Health Association of African Canadians</i>

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Stephen Harding <i>President and CEO, DGH Foundation</i>
Lori Sanderson <i>Health Services Director, DGH</i>
Randi Monroe <i>Executive Director, Health Services, Rural and Community, Central Zone, Nova Scotia Health</i>

DIRECTORS

Dr. Natalie Cheng <i>Medical Site Lead, DGH</i>
Joseph Daniel <i>CEO, Cresco</i>
Bruce Delo <i>Senior Consultant, Delo Management Consulting</i>
Joseph Diab <i>President, Baker Drive Developments</i>
John Fitzpatrick, K.C. <i>Partner, BoyneClarke LLP</i>
Rick Flynn <i>Community Volunteer, Retired Aviation Executive</i>
Dan Gibson <i>Past Chair, Retired Partner, The Shaw Group</i>
Carolyn Hortie <i>DGH Auxiliary President</i>
Tyler MacLeod <i>Founder, Rhyme + Reason</i>
Dr. Carla Pittman <i>DGH Radiologist</i>
Mark Sherman <i>Retired, VP & COO, Irving Oil</i>
Tara Wickwire <i>Principal, The Message</i>



MESSAGE FROM

The President and Board Chair

Everywhere you look, you can see philanthropy in action at DGH.

From a new Palliative Care Unit, to DGH's long-awaited first MRI, to a new generation of healthcare heroes, the impact of donor generosity can be seen not just in the hallways of DGH, but also in our community.

Thanks to you, Dartmouth General Hospital is now scanning its first MRI patients. Our new MRI unit, housed in a beautiful newly-constructed suite, will operate 7 days a week and perform up to 5,000 scans per year. With a current provincial waitlist of approximately 15,000 people, DGH's new MRI will help people get the care they need faster.

The vision of caring donors helped create a new 6-bed palliative care unit at DGH that will have the comforts of home and convertible furniture designed for overnight stays for families and friends who wish to room-in with patients.

And we were able to award almost \$30,000 in bursary support to our next generation of healthcare heroes as they begin their post-secondary studies in healthcare-related fields. We congratulate and

wish all the best to the learners of African descent who received these bursaries and look forward to seeing them in the halls of DGH or elsewhere in the provincial healthcare system in the future.

More than 300 surgeries have been performed with our new Orthopedic Robot and thanks to the Orchid Gala, we look forward to cutting the ribbon on the new Deanne Reeve Pelvic Health Suite in the year ahead.

The DGH Foundation is committed to advancing Equity, Diversity, and Inclusion, (EDI) practices, which has led to the creation of a new EDI policy of the board. We are proud to be leaders in supporting EDI initiatives at DGH and are committed to funding projects that will advance health equity at the hospital, and in the communities we serve.

These are just a few examples of philanthropy in action at Dartmouth General. On behalf of all of us, we want extend our most sincere thanks to all of you. Your generosity is leading the way for the very best healthcare - right here, in our community. **Thank you.**



Stephen Harding

*CEO, Dartmouth General
Hospital Foundation*



Dan Gibson

*Chair, Dartmouth General
Hospital Foundation Board of Directors*



MESSAGE FROM

DGH Medical Site Lead and Director of Health Services

Your support helps us be the best we can be and inspires us to seek innovative new technologies, tools, and procedures to better care for our community.

Dartmouth General Hospital has been a pilot site for innovation and the birthplace of new discoveries and treatment protocols for more than 45 years. From DGH's award-winning multidisciplinary pressure injury team to Dr. Kevin Spencer's ingenious Ring Rescue Kit, to Dr. Brian Norman's penicillin allergy testing model, DGH is a leader in the Nova Scotia healthcare ecosystem.

Thanks to your generosity, we are the provincial test site for a new wearables pilot project in our Emergency Department. This allows us to monitor patients' vitals while they wait to be seen in our ED

and react quickly to any concerning changes. And thanks to donor support, we can now offer safer, non-invasive laser treatment for patients with enlarged prostates. DGH is currently the only site in Atlantic Canada to offer this same-day procedure.

Our donor-funded Palliative Care Unit began as a pilot project and has demonstrated positive impacts on the care we provide at DGH to palliative patients and their families. Your generosity is also funding DGH's new Pelvic Health Suite - another first for Atlantic Canada.

Amazing projects like these would not be possible without the support of our community. Thank you for believing in our mission, investing in our vision, and for standing beside us as we strive for excellence.

With your support, we will continue to build a healthcare system that is rooted in community, fueled by innovation, and driven by the unwavering spirit of giving.



Natalie Cheng

Dt. Natalie Cheng

DGH Medical Site Lead

Lori Sanderson

Lori Sanderson

DGH Director of Health Services

MESSAGE FROM

Lead On Cabinet and Al MacPhee, Lead On Campaign Chair

It was just over a year ago when we gathered together to celebrate the largest gift in DGH's history – an incredible \$3 million commitment from the J & W Murphy Foundation to help support a number of hospital priorities, including DGH's first MRI, healthcare bursaries for learners of African descent, and enhanced patient experience for our elderly patients and for men's and women's health.

In the months that followed, this tremendous commitment helped to inspire an additional \$3 million+ in community support from generous philanthropists, community leaders, and longtime friends. Earlier this year, we officially passed the \$15 million mark for our Lead On Campaign, thanks to you.

There's more work to be done, but you can already see the impact of your generosity at DGH. The new MRI Suite is complete and patient scans are

now underway. Eight young learners from our community will have help covering the cost of post-secondary healthcare education this year thanks to bursary support from DGHF, and DGH is about to be home to the first Pelvic Health Suite of its kind in Atlantic Canada.

Dartmouth General Hospital was built by the community, for the community. And community support continues to drive innovation, fuel excellence, and help deliver the level of healthcare we all want for ourselves, our families, and our communities.

It has been a great pleasure and privilege working alongside these committed community leaders – our Lead On Campaign Cabinet – to support the Dartmouth General. Together, we are leading on to ensure the DGH is the very best it can be – now and in the future!



Al MacPhee

Lead On Campaign Chair



Meet Our Team

Stephen Harding

President & CEO

Steve Houle

Vice President, Finance & Administration

Jenna Joyce

Vice President, Philanthropy

Carolyn Marshall

Campaign Director

Lisa Cottreau

Manager, Donor Engagement

Kiana Pace

Manager, Communications & Marketing

Shannon Shields

Philanthropy Officer

Basim Sobeih

Philanthropy Officer

Maryann Couture

Special Events Officer

Himali Bhavsar

Finance Coordinator

Susanne McCarroll

Campaign Coordinator

Heather Mosher

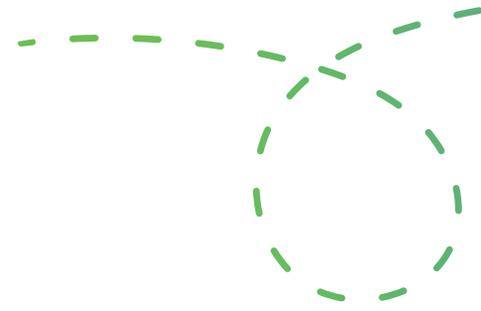
Administrative & Stewardship Assistant

Ken Doucette

Partnership Advisor

Frank Lockington

Philanthropy Advisor - Legacy Giving



Your Generosity Creates Big Impact



Ways You Can Give:

- One-time Gifts
- Monthly Giving
- Memorial Giving
- Tribute Giving
- Legacy Giving
- Attend our Special Events
- Through Community Partners



Visit dghfoundation.ca or call **902-460-4149**

to make a donation and enhance patient care at Dartmouth General Hospital.



Dartmouth General Hospital Foundation

325 Pleasant Street
Dartmouth, NS B2Y 4G8



@DGHFoundation

Charitable Donation Number: BN 12245-5611-RR0001

The Healthcare Foundations 50/50 Update

We know we are stronger together so we were excited this year to spearhead a collaborative province-wide effort to help support our sister hospitals and healthcare organizations throughout Nova Scotia. From Yarmouth to Cape Breton, the new Healthcare Foundations 50/50 monthly lottery has already sold more than a half a million dollars in tickets, which means that nearly a quarter of a million dollars has been divided among our 24 participating healthcare foundations, including the DGHF.

Each month, net proceeds from the 50/50 are distributed equally amongst all participating foundations. Foundations can use these funds to purchase equipment, fund programs, or invest in staff training, retention, and recruitment.

Hospitals and healthcare organizations in Nova Scotia are already seeing the impact of this new provincial partnership. Funds raised are being put to work in communities throughout Nova Scotia, including :



Cobequid Health Centre Foundation

(Lower Sackville, NS) is using their funds to purchase a Ring Rescue, used in emergency settings to safely remove rings from patients' fingers



St. Martha's Regional Hospital Foundation

(Antigonish, NS) is using their funds to purchase Simulation-Based Training Resources including High-Fidelity Humanoid Mannequins



The Health Services Foundation of the South Shore

(Bridgewater, NS) and a number of other participating foundations are using their funds to invest in the future of healthcare by offering bursaries and scholarships to high school students interesting in pursuing careers in healthcare.



These are just a few of the important initiatives made possible through our new collaborative monthly provincial 50/50 draw.

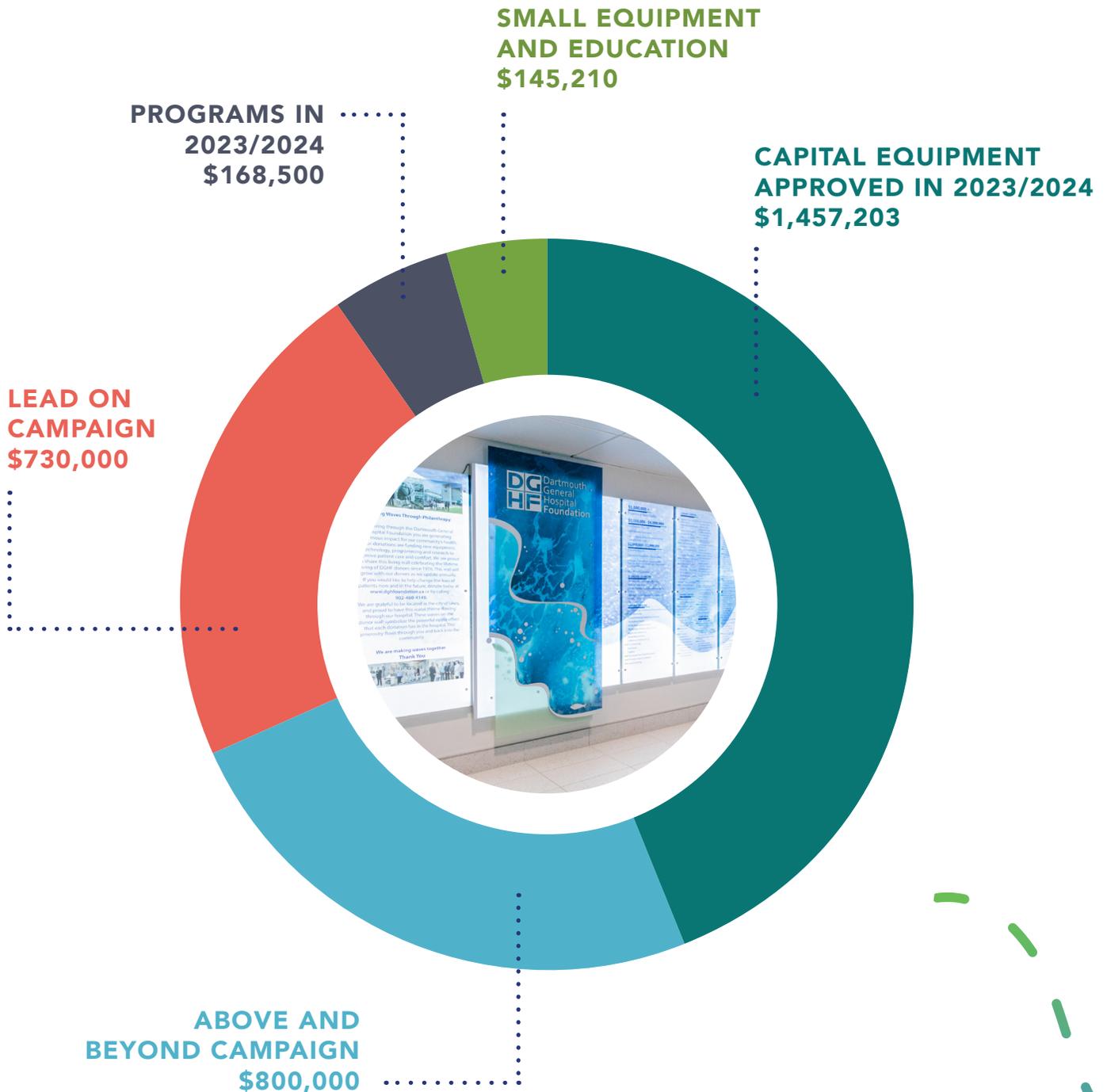
As the program grows, we look forward to hearing (and sharing) more stories about the impact of our efforts on healthcare in all of Nova Scotia, and finding new ways to collaborate with our fellow NS Health Foundations!

To learn more about the Healthcare Foundations 50/50 program, and the participating foundations, please visit healthcare5050ns.ca



What we funded in 2023/2024

Thanks to the exceptional donors who supported Dartmouth General Hospital in 2023/2024, we funded **\$3,300,913** worth of equipment, programming, and education opportunities. This outstanding generosity in our community means that the latest technology is in the hands of our DGH physicians, professional development is available for the healthcare team and vital programs are connecting the hospital with the community to promote health equity for all patients and their families.



CAPITAL EQUIPMENT APPROVED IN 2023/2024

Pressure Mapping System	\$14,800
Arthroscopes (x2)	\$9,200
Video Laryngoscope	\$9,118
Operating Room Bed (x4)	\$240,000
Fracture Table	\$169,720
Urology Resection Set (x2)	\$46,430
Flexible Uretero Fibroscope	\$13,030
Charnley Retractors	\$10,001
Lucas Chest Compression System	\$17,295
Nasopharyngeal Scope	\$6,912
Tono-pen Q3-0271	\$6,097
ICU Restorative Space & Staff Lounge	\$10,000
Point of Care Ultrasound	\$75,000
Cable Ready Systems	\$39,600
Holmium Laser	\$250,000
Masimo Monitoring System	\$75,000
Endoscopy Ultrasound	\$333,000
Laser for Barretts Esophagus	\$50,000
Mini C-Arm	\$82,000
Total	\$1,457,203

ABOVE AND BEYOND CAMPAIGN DISTRIBUTIONS IN 2023/2024

DGH 5th Floor Redevelopment	\$800,000
Total	\$800,000

LEAD ON CAMPAIGN DISTRIBUTIONS IN 2023/2024

MRI	\$320,000
Orthopedic Robot	\$410,000
Total	\$730,000

PROGRAMS IN 2023/2024

Promoting Leadership in Healthcare for African Nova Scotians (PLANS)	\$58,000
Education - Scholarships & Bursaries	\$55,000
Other Hospital Education & Programs	\$44,943
Patient Essentials	\$10,557
Total	\$168,500

SMALL EQUIPMENT AND EDUCATION

Small Equipment (< \$5,000)	\$110,262
Hospital Education and Programs	\$34,948
Total	\$145,210

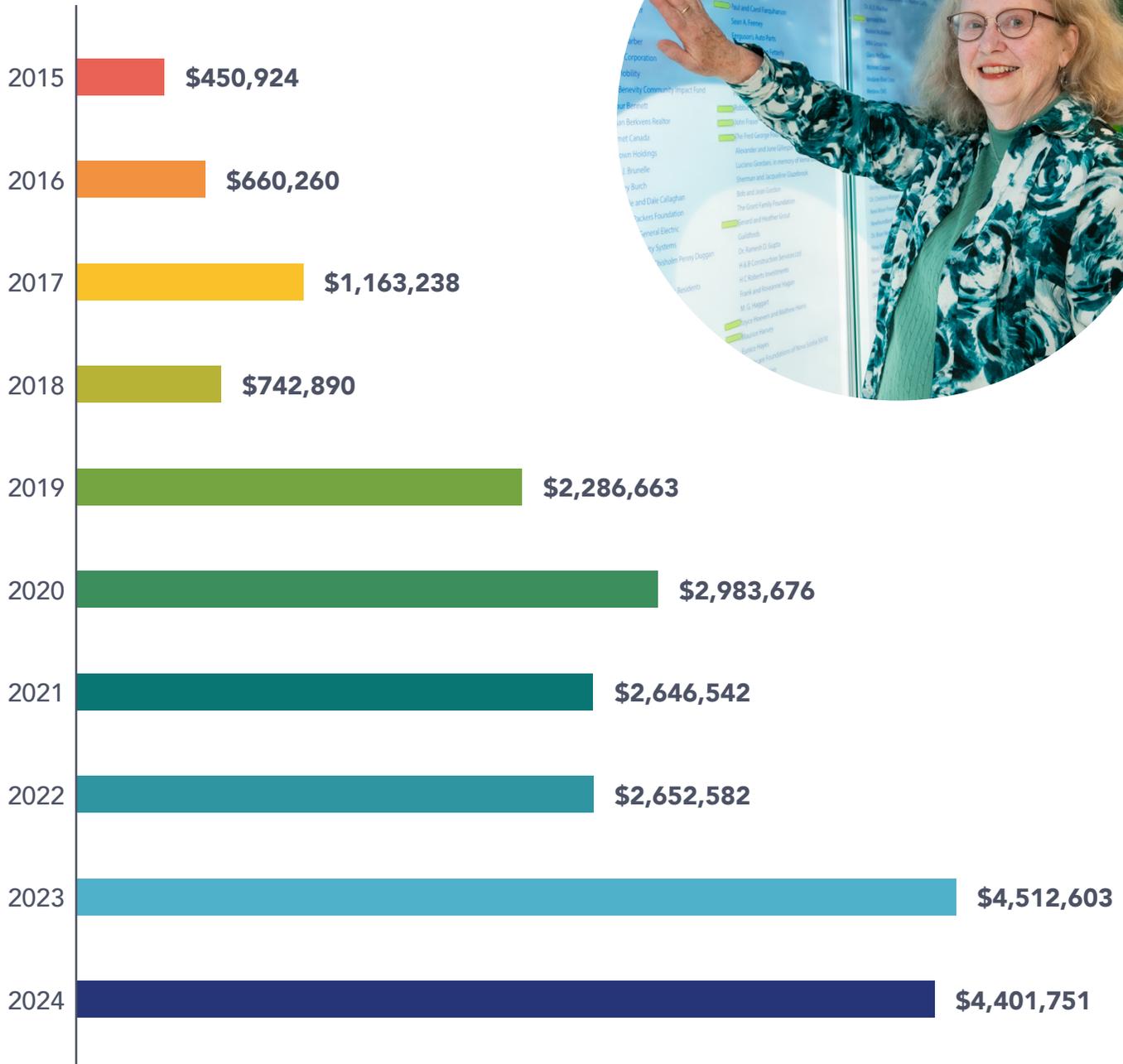


Trend in the last Ten Years

TOTAL DONATIONS

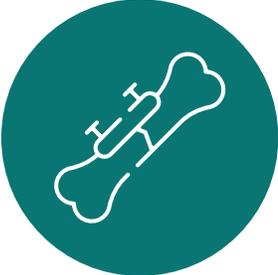
Not including parking revenue, or investment revenue

Full financial statements available at dghfoundation.ca



Caring for Our Community

BY THE NUMBERS



COMPLETED ORTHOPEDIC SURGICAL CASES

2021-2022	1,175
2022-2023	1,883
2023-2024	2,398



EMERGENCY DEPARTMENT VISITS

2021-2022	44,816
2022-2023	44,991
2023-2024	45,094



DIAGNOSTIC IMAGING PROCEDURES

2021-2022	88,856
2022-2023	115,908
2023-2024	106,733



DRIVE THRU BLOOD COLLECTION VISITS

2021-2022	614
2022-2023	16,305
2023-2024	17,447



Community Events



The 16th annual Get Up There (GUT), sponsored by Di5, was a huge success, raising \$100,000 to help improve FIT (fecal immunochemical test) return rates. Each year, more than 170,000 FIT kits are mailed out to Nova Scotians between the ages of 50-74. Only about 40% of those are completed and returned. It's time we raise the bar on completion rates!



Halifax Firefighters GUT team



Thanks to our generous sponsors, amazing committee members, and outstanding community support, the 38th Annual Lobster Dinner & Auction presented by Conrad Bros. raised a record-breaking \$400,000 to support Orthopedic Innovation at Dartmouth General Hospital! A big thank you to the J & W Murphy Foundation for their generous \$150,000 matching donation to help bring the orthopedic robot to DGH!



Jack MacKinnon



History was made at DGH's 34th Annual DGHF Golf Classic, held at Brightwood Golf & Country Club on September 11th. For the first time ever, a hole-in-one was recorded! Dr. Don Cheverie hit a beautiful shot on Hole #4 that landed in the cup - incredible! Not only was it our tournament's first hole-in-one, it was also Dr. Cheverie's! This magic moment encouraged \$21,000 in additional donations to top off the event's fundraising total of over \$100,000!



Winning team, MacKinnon & Olding, with Alex Joseph and Stephen Harding



The 4th Annual DGH Foundation Radiothon, presented by Chicken Little Café & Dairy Bar, broadcasted on 105.9 Seaside FM on October 21, 2023. Thanks to special guests Joel Plaskett, Laura Merriman and Denis Ryan, and the incredible support from listeners across the province, we raised more than \$82,000 to purchase a new point-of-care ultrasound machine for the Dartmouth General.



Kiana Pace and Joel Plaskett

HOLIDAY MAGIC



The Gilberts



Robert Van Wart and granddaughter, Violet, with Stephen Harding



A VAN WART PRODUCTION HOLIDAY VARIETY SHOW

We were thrilled to partner with Robert Van Wart and CTV for the second year in a row to bring Holiday Magic to viewers across Atlantic Canada – all in support of innovative healthcare at DGH. The family-friendly, holiday themed stage production and television broadcast was a smashing success, helping to raise more than \$100,000 for DGH's new orthopedic robot.

Highlights of the 2023 show included performances by Andrew Machum, the Diago Dancers, Linda Carvery and the incredibly talented students from the Suzuki School of Music. The encore was a moment we won't forget for some time. Following

the final curtain call, there wasn't a dry eye in the room when Robert Van Wart took the stage with his family to announce a \$1 million commitment to Dartmouth General Hospital to fund kidney health innovation. Wow! The Van Wart family has personally felt the affects of kidney disease and are committed to investing in research, new treatments, and innovations that will improve kidney health and treatments for individuals with kidney disease.

Stay tuned for Holiday Magic 2024 where we will be hosting a live show in Dartmouth, followed by a televised production that will air on CTV in December.

THANK YOU TO OUR 2023 SPONSORS INCLUDING:



Suzuki School of Music performers with Stephen Harding, Robert Van Wart and granddaughter, Violet



L to R: Sheri Morgan, Liz Rigney, Dean Reeve, Eliza Reeve, Rob Steele, The Hon. Barbara Adams, Stephen Harding

Pelvic Health Suite - Orchid Gala & Rob Steele

Inaugural Orchid Gala Raises **\$500,000** for DGH's New Pelvic Health Suite

A \$250,000 match from Steele Auto Group helped the Orchid Gala raise \$500,000 to support Dartmouth General Hospital's new Pelvic Health Suite - the first of its kind in Atlantic Canada. In recognition of this significant donation, DGH's new Pelvic Health Suite will be named in honour of the late Deanne Reeve.

The new Suite will provide a dedicated area for gynecology and urology services at DGH, helping to reduce surgical and scoping wait times for patients by moving procedures out of operating rooms and endoscopy suites. The new Suite will bring added capacity to double the number of cystoscopies currently being performed at DGH.

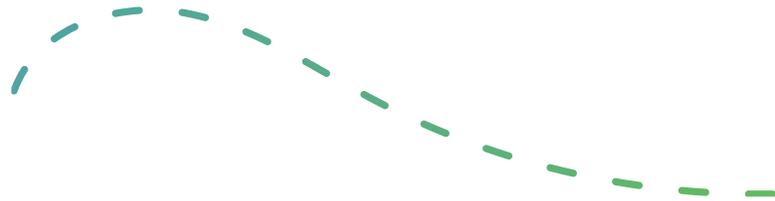
"The new Deanne Reeve Pelvic Health Suite at the Dartmouth General Hospital will provide a dedicated clinical area for urology and gynecology services at DGH. It will quadruple our capacity to perform gynecological procedures at DGH and free up more than 500 hours of endoscopy and operating suite time. This will help to reduce wait times for gynecologic, urologic, endoscopic and surgical procedures. The benefits of this new suite will be far-reaching and will have a positive impact on patient care throughout HRM and beyond," comments **Dr. Scott Mawdsley, Chief of Surgery, DGH.**

"This is very special cause that is close to me personally and to our entire team at Steele Auto Group. We are deeply proud to support the Orchid Gala and commit these important resources to ensure we are providing the best care possible to women across the region," comments **Rob Steele, Steele Auto Group.**

2023 was the inaugural year for the Orchid Gala, an event that was created to honour the memory of Deanne Reeve, a young Nova Scotian woman who passed away to cervical cancer in 2020. Established by Deanne's close friends, Sheri Morgan and Liz Rigney, the event raises funds and awareness for women's health.

In an unexpected twist, when it became apparent that the 2023 Gala would have to be cancelled due to Hurricane Lee, Gala organizers worked quickly with United Way Halifax to have 250 steak dinners distributed to community organizations throughout HRM. In the midst of a hurricane, meals were delivered to Joan's Table, North Park Street Shelter, Freedom Foundation, Adsum House, Phoenix House, Nehiley House, Metro Turning Point, Barry House, Sir Sanford Flemming House, Out of the Cold Shelter Halifax and Out of the Cold Shelter Dartmouth - a true silver lining to the event.

Construction of the new Deanne Reeve Pelvic Health Suite is expected to be completed in Fall 2024.





Dr. Gregory Roy and colleagues from Woodlawn Medical Clinic

Honouring Dr. Gregory L. Roy

BELOVED DARTMOUTH FAMILY PHYSICIAN

On September 8th, 2023 we were honoured to announce and unveil the Gregory L. Roy Pulmonary Function Lab at DGH!

We were joined by Dr. Roy's friends and family in the Neville Gilfoy Wing at DGH to pay tribute to, celebrate, and honour Dr. Gregory L. Roy, a beloved Dartmouth family physician. Adored and admired by his patients, colleagues, and the community, Dr. Roy cared for generations of families in Dartmouth for more than 30 years.

In addition to his very busy practice at Woodlawn Medical Clinic, Dr. Roy filled many different roles at Dartmouth General Hospital, working in the emergency department, in-patient care, and assisting in the operating rooms - all while running a busy family practice.

Thank you to Vernon at Janet's Flowers, another longtime member of our community, who created and donated a stunning floral arrangement for the celebration and to Glenna McLellan at Woodlawn Medical Clinic who truly made this wonderful tribute happen.

And we thank you, Dr. Roy, for your lifetime of caring service!

Dr. Gregory L. Roy, December 9, 1947 - November 16, 2023



SUE SMITH PATIENT TESTIMONIAL

Sue Smith Thanks Dr. Jennifer Leighton for New Lease on Life

Sue Smith has been a nurse for over 40 years and is now a senior executive in healthcare, witnessing the inner workings of the healthcare system and the advancements achieved in patient care.

However, for over a decade she was the patient, undergoing two hip replacements on her right side before becoming a patient of Dr. Jennifer Leighton at Dartmouth General Hospital.

Before Dr. Leighton completed her revision surgery, the third replacement of her right hip, Sue was unable to walk without the use of a mobility aid like a cane or walker. She couldn't enjoy the things she loved the most like playing with her granddaughters or enjoying a round of golf. Now, all that has changed. "Dr. Jennifer Leighton did my third hip replacement...it was a complicated surgery and my goodness, didn't she do a great job!"

Years of issues with her hip led to her left side needing to be replaced as well. With confidence in Dr. Leighton, Sue had her left hip replaced in 2022. "I was over the moon! I'm just about a year from having an outpatient, basically day surgery, a total hip replacement at the Dartmouth General. Seven and a half hours after coming in early that morning I was back home watching a movie!"

Sue is ecstatic that she is now able to keep up with her grandchildren as they run around Chicken Little Café on their weekly ice-cream dates and wants to express her gratitude to Dr. Leighton personally and on behalf of her entire family.

"We have two grandchildren - twins - and I couldn't even come close to keeping up with them. I couldn't walk them to the park or anything like that. I have a new lease on life that barely gives credit to the fact that it's not only my life, but my family's life, that has been transformed by this medical marvel."

Sue knows that the kind of orthopedic innovation that she credits with changing her life is due in part to the generosity of donors funding equipment like the Orthopedic Robot. "I am so appreciative of all the donors, no matter how they are giving, and no matter what amount they give. It's that sense of community, that sense of wanting to make a difference."



Sue Smith



Dr. Jennifer Leighton

DGH Leads On with Healthcare Equity Initiatives

HIGHLIGHTING PLANS, PREP ACADEMY AND AFRICAN NOVA SCOTIAN BURSARY RECIPIENTS

Through the generosity of our donors, the Dartmouth General Hospital Foundation is proud to support two annual bursaries for learners of African descent who wish to pursue post-secondary studies in a healthcare field. Each year we award six \$2,000 annual bursaries – one for each high school in Dartmouth and, most recently, a new \$8,000 4-year renewable bursary awarded to up to four students per year.

We want to extend our most sincere congratulations to the first recipients of our newly established renewable healthcare bursaries. Created through a generous gift from the J&W Murphy Foundation, the bursary aims to help achieve the goal of building a healthcare workforce that is representative of the communities we serve, and to build increased cultural competency within the health care system. Our heartfelt congratulations to Nathan Tesfazion and Samara Hudson-Ash who were each awarded an \$8,000 renewable bursary for the 2023/24 academic year!

With support from the RBC Foundation, we are also a proud partner of the Dalhousie PLANS (Promoting Leadership in healthcare for African Nova Scotians) Co-op Program, acting as the hospital site partner for the past five years. Each year, we host two group of PLANS Co-op students at DGH for a tour of the site and hands-on learning activities. We also host an annual Health Exploration Day for learners in junior high, where participants get to explore a variety of healthcare careers and learn about the education requirements before choosing their high school courses. Over the past five years, we have hosted more than 200 junior high and high school learners interested in careers in healthcare. Our thanks to RBC for supporting this impactful program.

And recently we were pleased to host students from PREP Academy for a day of job shadowing. PREP Academy coaches students in Grades 10, 11 and 12 to plan, prepare and pursue college and university – and continues to provide wrap around supports as they navigate post-secondary education and transition into their chosen careers. These incredible young people spent the day learning about careers in surgery, general medicine, and radiology. We look forward to welcoming them back to the Dartmouth General when they are ready to begin their professional careers.



PREP Academy students



Sharon Davis-Murdoch with PLANS students



Lori Sanderson, Dr. Natalie Cheng, Stephen Harding, John & Heather Fitzpatrick, Al Abraham Jr. with DGHF bursary recipients

Vital Signs Wearables Project

The John and Judy Bragg Innovation Fund at Dartmouth General Hospital invites DGH staff members to submit ideas annually that bring forth innovative projects to benefit patients, staff and the community.

In 2023, the John and Judy Bragg Innovation Fund supported a Vital Signs Wearables Pilot Project in the DGH Emergency Department (ED). This pilot project allows Waiting Room Care Providers in the ED to better monitor patients while they are in the waiting room. The project is the first of its kind in an Emergency Department in Canada and is focused on increasing safety for patients while they wait for care.

The wearable device is connected to a monitor that tracks patient vital signs, including pulse and oxygen levels. Since the project began in January 2024, Waiting Room Care Providers have identified multiple changes in condition of patients using the wearables.

“Wearables give staff, patients and family an added security while waiting to be placed in the Department for further assessment.”

–DGH Emergency Department Nurse

Thank you to the John and Judy Bragg Innovation Fund and the River Philip Foundation for supporting this pilot project and continuing to drive innovation in patient care at Dartmouth General Hospital.





L to R: Violet Diab, Joseph Diab, Minister Tim Halman, Minister Twila Grosse, Al MacPhee, Dr. Graham Joy, Pearl Duffy, Sharon Hartling, Premier Tim Houston, Stephen Harding, Lisa Murphy, Sharon Calder, Richard Calder, Fred Smithers

Celebrating DGH's first MRI!

Dartmouth General's long-anticipated, first-ever MRI is now scanning its first patients! Watching and sharing the progress of the construction of the new Suite has been very exciting this past year. Our sincere thanks to Lindsay Construction who were gracious with their time in granting us access to the area under construction. We had the opportunity to host more than 100 supporters for tours of the Suite over the past eight months, with many visitors having a once-in-a-lifetime opportunity to sign their name and leave a message on one of the steel beams in the new Suite, before they were enclosed within the new walls.

DGH's new MRI Suite is a 1,100 square foot space that houses a new 1.5T MRI unit with an orthopedics package. This will significantly increase capacity, helping to tackle year-long wait times and improve access for MRI patients in the Central Zone.

DGH's first-ever MRI is born of a partnership between donors and government - an incredible demonstration of government working with community to advance healthcare. Donors contributed \$2 million for the MRI Unit and the Nova Scotia government is contributing \$10.9M for Suite construction and ongoing operating costs.

The addition of this MRI in the Central Zone will reduce the need for patients to travel to other zones for their scans, which will make accessing care much easier for people. It will also mean that Dartmouth General patients will no longer need to be transported to Halifax for urgent scans, which will result in expedited care and improved patient comfort.

"Today is a shining example of how much we can achieve, working together. This partnership will result in improved access to healthcare services and reduced wait times for MRI scans for Nova Scotians. I want to thank the Dartmouth General Hospital, its donors, and our partners at Nova Scotia Health for helping us deliver more care, faster, to Nova Scotians."

-Premier Tim Houston



Candace Thomas



Jack and Ania Mackinnon



Donor tour of MRI Suite under construction

NEW PALLIATIVE CARE UNIT

Donors Inspire New Palliative Care Unit at DGH

Thanks to a generous gift from the J & W Murphy Foundation, Dartmouth General Hospital is now home to a new 6-bed palliative care unit on its 5th floor. This thoughtful and impactful gift has also helped create a palliative care area in DGH's Emergency Department, one of the first we know of in hospital emergency departments.

Funds are being used to refurbish the designated palliative care rooms with the comforts of home, including large screen TV's, comfortable bedding, soft lighting, and furniture to allow family and friends to overnight with palliative patients. Work is also being done to create a small kitchenette and seating area for palliative visitors.

This wonderful gift from the J & W Murphy Foundation has inspired others to support DGH's palliative care program. Longtime supporters and passionate advocates for palliative care excellence, Gerry Boudreau and Mark Boudreau of MarKim Insurance, made a generous gift in support of DGH's new palliative care unit earlier this year. And loyal DGH supporters, the Ramey family, donated to establish a music therapy program at DGH – a program from which all patients can benefit.

For the first time in many years, DGH is now able to take direct-from-community admissions into its designated palliative beds, supporting families who need end-of-life care to avoid the emergency department.

This is the power of philanthropy, in action.



Karen Spaulding, Holly Murphy-Stanton, Lisa Murphy



Gerry and Mark Boudreau with Stephen Harding and palliative care nurses Patti and Kayla

ROGER & LINDSEY KING DINING HALL & LOUNGE

Generous Gift will Enrich Staff Experience at DGH

By Fall 2024, DGH staff and visitors will be able to enjoy a beautiful, updated dining space, thanks to the generosity of Roger and Lindsey King. As owners of Supplement King, the Kings made a \$500,000 transformational gift to DGHF to create a reimagined modern Dining Hall and Lounge at our hospital.

Adjacent to a newly renovated terrace and outdoor green space, the current cafeteria will undergo a redesign that will feature device charging stations, better lighting and an overall inviting environment. The new space will feature comfortable, modern dining furniture and a lounge area with sofas and club chairs for those who want to sit back and relax. It will be a place for eating, gathering, celebrating, and solitude.

Roger King, CEO, Supplement King, comments, "It can't be overstated how important it is in a healthcare environment for patients, caregivers and hospital staff to have a place where they can take a break, whether that's to dine, have a conversation, read or simply take a moment for themselves. We are very proud to bring this lead gift in the hopes that others will recognize the value of a beautiful, modern and welcoming space with multi-functional areas to serve all needs for people to connect."

In recognition of this generous gift, DGH's Cafeteria will be renamed The Roger & Lindsey King Dining Hall & Lounge.



Roger King



Roger & Lindsey King



Bernard Brennan, Betty Ann Brennan, Lindsey King, Basim Sobehi, Stephen Harding, Roger King, Joan King, John King, Al MacPhee



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**DARTMOUTH GENERAL HOSPITAL CHARITABLE
FOUNDATION**

FINANCIAL STATEMENTS

MARCH 31, 2024

**DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION
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MARCH 31, 2024**

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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, 2024 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 and supplementary schedules.

In our opinion, except for the possible 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, 2024, 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 parking and 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 for the years ended March 31, 2024 and March 31, 2023.

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 qualified 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.

Dartmouth, Nova Scotia
July 17, 2024

Baker Tilly Nova Scotia Inc

Chartered Professional Accountants

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 4
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
REVENUES		
Donations (Schedule 1)	3,478,265	3,884,738
Investments (Schedule 2)	1,330,706	810,120
Special events, net (Schedule 3)	923,486	627,865
Parking, net (Schedule 4)	622,933	626,494
Other	<u>-</u>	<u>1,045</u>
	<u>6,355,390</u>	<u>5,950,262</u>
EXPENSES		
Campaigns	537,779	659,422
Fundraising and office (Schedule 5)	270,068	225,692
Insurance	3,574	3,597
Interest and bank charges	7,633	4,996
Investment management fees	156,319	129,141
Professional fees	101,861	25,010
Salaries and wages	<u>796,322</u>	<u>668,790</u>
	<u>1,873,556</u>	<u>1,716,648</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	4,481,834	4,233,614
DISTRIBUTIONS (Note 8)	(3,300,913)	(6,234,714)
UNREALIZED GAIN (LOSS) DUE TO CHANGE IN MARKET VALUE OF INVESTMENTS	<u>989,607</u>	<u>(183,770)</u>
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	<u><u>2,170,528</u></u>	<u><u>(2,184,870)</u></u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION
STATEMENT OF OPERATIONS BY FUND AND CHANGES IN FUND BALANCES
FOR THE YEAR ENDED MARCH 31, 2024

	<u>Externally Restricted</u>					Unrestricted	2024	2023
	Internally Restricted Capital Fund	Capital Campaign Fund (Note 9)	Renewable Scholarship Fund	Cardiology Education Fund				
	\$	\$	\$	\$	\$	\$	\$	
Balance - beginning of year	-	1,860,739	765,182	5,803	16,972,096	19,603,820	21,788,690	
Revenues	(42,715)	2,853,879	39,707	-	3,504,519	6,355,390	5,950,262	
Expenses	-	(521,779)	-	-	(1,351,777)	(1,873,556)	(1,716,648)	
Distributions	-	(1,836,277)	(16,000)	-	(1,448,636)	(3,300,913)	(6,234,714)	
Unrealized gain (loss) due to change in market value of investments	-	-	-	-	989,607	989,607	(183,770)	
Excess (deficiency) of revenues over expenses	(42,715)	495,823	23,707	-	1,693,713	2,170,528	(2,184,870)	
Interfund transfers	42,715	-	-	-	(42,715)	-	-	
Balance - end of year	-	<u>2,356,562</u>	<u>788,889</u>	<u>5,803</u>	<u>18,623,094</u>	<u>21,774,348</u>	<u>19,603,820</u>	

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 6
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2024

	2024	2023
	\$	\$
ASSETS		
CURRENT		
Cash	7,508,480	5,679,139
Short term investments	1,075,960	1,433,819
Accounts receivable (Note 3)	48,719	100,444
Prepays	<u>20,410</u>	<u>35,777</u>
	8,653,569	7,249,179
INVESTMENTS (Note 4)	20,493,794	19,738,290
CAPITAL ASSETS (Note 5)	<u>70,424</u>	<u>104,550</u>
	<u>29,217,787</u>	<u>27,092,019</u>
LIABILITIES		
CURRENT		
Accounts payable and accrued liabilities	286,914	260,437
Deferred revenue	45,000	-
Due to Nova Scotia Health Authority	<u>6,606,525</u>	<u>5,527,762</u>
	6,938,439	5,788,199
DUE TO NOVA SCOTIA HEALTH AUTHORITY	<u>505,000</u>	<u>1,700,000</u>
	<u>7,443,439</u>	<u>7,488,199</u>
FUND BALANCES		
EXTERNALLY RESTRICTED	3,151,254	2,631,724
UNRESTRICTED	<u>18,623,094</u>	<u>16,972,096</u>
	<u>21,774,348</u>	<u>19,603,820</u>
	<u>29,217,787</u>	<u>27,092,019</u>

COMMITMENTS (Note 7)

Approved by the Board



Director



Director

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 7
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2024

	2024	2023
	\$	\$
CASH PROVIDED BY (USED FOR):		
OPERATING		
Excess (deficiency) of revenues over expenses	2,170,528	(2,184,870)
Items not affecting cash		
Amortization	42,715	58,391
Unrealized loss (gain) due to change in market value of investments	(989,607)	183,770
Gain on sale of investments	(570,367)	(226,285)
	<u>653,269</u>	(2,168,994)
Changes in non-cash working capital items		
Accounts receivable	51,725	(35,976)
Prepays	15,367	(3,525)
Accounts payable and accrued liabilities	26,477	100,008
Deferred revenue	45,000	(47,870)
Due to Nova Scotia Health Authority	(116,237)	3,200,284
	<u>675,601</u>	<u>1,043,927</u>
INVESTING		
Acquisition of investments	(296,732)	(2,501,537)
Proceeds on sale of investments	1,459,061	2,500,990
Acquisition of capital assets	(8,589)	-
	<u>1,153,740</u>	(547)
CHANGE IN CASH	1,829,341	1,043,380
CASH - beginning of year	<u>5,679,139</u>	<u>4,635,759</u>
CASH - end of year	<u>7,508,480</u>	<u>5,679,139</u>
CASH CONSISTS OF:		
Cash	3,003,938	2,795,077
Restricted cash	<u>4,504,542</u>	<u>2,884,062</u>
	<u>7,508,480</u>	<u>5,679,139</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
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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.

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 (deficiency) of revenues over expenses.

Financial assets measured at amortized cost include cash, guaranteed investment certificates ("GICs") and accounts receivable.

Financial assets measured at fair value include pooled funds.

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, 2024

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 (deficiency) 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 fair market value of investments, useful lives of capital assets and certain accrued liabilities. Actual results could differ from those estimates.

3. ACCOUNTS RECEIVABLE	2024	2023
	\$	\$
Trade receivables	48,719	51,411
Government remittances recoverable	<u>-</u>	<u>49,033</u>
	<u>48,719</u>	<u>100,444</u>
4. INVESTMENTS	2024	2023
	\$	\$
Pooled funds	20,493,794	18,722,997
GICs		
5.09%, maturing May 10, 2024	1,075,960	1,021,977
Matured GICs	<u>-</u>	<u>1,427,135</u>
	21,569,754	21,172,109
Less: short term investments	<u>1,075,960</u>	<u>1,433,819</u>
	<u>20,493,794</u>	<u>19,738,290</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 12
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2024

4. INVESTMENTS (Continued)

Included in investments is \$804,889 (2023 - \$765,182) of externally restricted funds relating to the renewable scholarship fund.

5. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net 2024	Net 2023
	\$	\$	\$	\$
Equipment and software	<u>303,395</u>	<u>232,971</u>	<u>70,424</u>	<u>104,550</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. COMMITMENTS

The Foundation has made commitments to the Nova Scotia Health Authority as part of the capital campaigns to purchase capital equipment, fund research and improve patient care. The commitments are payable as follows:

	Above and Beyond Campaign	Lead On Campaign	Total
	\$	\$	\$
2025	600,000	1,130,897	1,730,897
2026	600,000	730,000	1,330,000
2027	600,000	741,325	1,341,325
2028	600,000	320,000	920,000
2029	773,491	-	773,491

8. 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, 2024

9. CAPITAL CAMPAIGN FUND

The Capital Campaign Fund includes amounts for two capital campaigns. The Above and Beyond Campaign, which ran between 2017 and 2020, relates to funds to be used towards the Dartmouth General Hospital Redevelopment Project. The Lead On Campaign (previously referred to as the Next Campaign), which began in 2021, relates to funds for major capital equipment, palliative care, orthopaedic innovation and other programs for the Dartmouth General Hospital. The current year operations and changes in fund balances attributable to each of these campaigns present as follows:

	Above and Beyond Campaign \$	Lead On Campaign \$	2024 Total \$	2023 Total \$
Balance - beginning of year	1,425,284	435,455	1,860,739	1,596,661
Revenues	484,210	2,369,669	2,853,879	2,730,174
Expenses	(1,930)	(519,849)	(521,779)	(659,422)
Distributions	(800,000)	(1,036,277)	(1,836,277)	(1,870,496)
Interfund transfers	<u>-</u>	<u>-</u>	<u>-</u>	<u>63,822</u>
Balance - end of year	<u>1,107,564</u>	<u>1,248,998</u>	<u>2,356,562</u>	<u>1,860,739</u>

10. 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, 2024.

It is management's opinion that the Foundation is not exposed to significant liquidity, currency, or interest rate 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.

10. FINANCIAL INSTRUMENTS (Continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Association is mainly exposed to other price risk.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. Financial instruments that potentially subject the Foundation to concentrations of other price risk consist of pooled funds.

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 15
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2024

1. DONATIONS	2024	2023
	\$	\$
Annual giving	205,281	206,671
Bequests	218,842	47,598
Direct mail and newsletter	94,241	87,418
Major gifts	242,106	172,751
Memoriams	53,511	42,563
Externally restricted		
Capital campaign	2,664,284	2,577,737
Renewable scholarship	-	750,000
	<u>3,478,265</u>	<u>3,884,738</u>
2. INVESTMENTS	2024	2023
	\$	\$
Dividends	120,404	124,156
Gain on sale of investments	565,803	229,538
Interest	600,228	444,497
Externally restricted		
Capital campaign - gain (loss) on sale of investments	4,564	(3,253)
Renewable scholarship - interest	39,707	15,182
	<u>1,330,706</u>	<u>810,120</u>
3. SPECIAL EVENTS	2024	2023
	\$	\$
Revenues		
Auction and lobster dinner	524,591	342,264
Golf tournament	147,001	121,850
Radiothon	59,601	60,220
Third party events	508,218	360,568
	<u>1,239,411</u>	<u>884,902</u>
Expenses		
Auction and lobster dinner	120,146	122,423
Golf tournament	50,514	31,072
Radiothon	2,394	55
Third party events	142,871	103,487
	<u>315,925</u>	<u>257,037</u>
	<u>923,486</u>	<u>627,865</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 16
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2024

3. SPECIAL EVENTS (Continued)

Included in special event revenues are amounts that were received that are considered to be externally restricted. The following amounts have been recognized as revenue in the Capital Campaign Fund:

	2024	2023
	\$	\$
Auction and lobster dinner	150,000	100,000
Golf tournament	5,010	-
Radiothon	-	25
Third party events	<u>30,021</u>	<u>55,665</u>
	<u>185,031</u>	<u>155,690</u>

4. PARKING

	2024	2023
	\$	\$
Revenue	1,090,437	971,635
Transportation and infrastructure renewal portion	<u>(32,522)</u>	<u>(28,334)</u>
	<u>1,057,915</u>	<u>943,301</u>
Expenses		
Amortization	42,715	58,391
Bank charges	22,292	19,510
Management fees	49,555	32,444
Miscellaneous	59,638	31,617
Repairs and maintenance	41,558	24,484
Salaries and wages	149,291	93,812
Snow removal	63,251	46,030
Supplies	<u>6,682</u>	<u>10,519</u>
	<u>434,982</u>	<u>316,807</u>
	<u>622,933</u>	<u>626,494</u>

DARTMOUTH GENERAL HOSPITAL CHARITABLE FOUNDATION 17
SCHEDULES OF REVENUES AND EXPENSES
FOR THE YEAR ENDED MARCH 31, 2024

5. FUNDRAISING AND OFFICE	2024	2023
	\$	\$
Advertising	9,352	8,320
Annual report	8,289	-
Board	1,198	-
Catering	4,634	8,318
Conferences	5,525	19,868
Courier	-	395
Direct mail	49,007	39,028
Donor recognition	4,210	-
Entertainment	69	790
Hospitality	15,625	10,590
Local travel	3,980	2,642
Lottery	21	53
Memberships	3,915	2,837
Merchant fees	21,090	24,976
Miscellaneous	300	-
Newsletter	17,527	16,898
Photography	887	4,172
Platform fees	-	7,601
Postage	10,179	3,453
Printing	1,628	4,895
Prizes and gifts	3,590	8,336
Recruitment	53,703	9,012
Rentals	2,387	1,021
Software and hardware	2,635	3,645
Subscriptions and journals	2,722	1,879
Supplies	13,564	20,063
System maintenance and training	29,217	23,170
Telecommunications	3,470	3,444
Website and hosting	<u>1,344</u>	<u>286</u>
	<u>270,068</u>	<u>225,692</u>