FINANCIAL STATEMENTS

March 31, 2016

FINANCIAL STATEMENTS

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STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The accompanying financial statements of Nipigon District Memorial Hospital [the "Hospital"] are the responsibility of management and have been approved by the Board of Directors.

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. The preparation of the financial statements necessarily involves management's judgment and estimates of the expected outcomes of current events and transactions with appropriate consideration to materiality.

Nipigon District Memorial Hospital maintains systems of internal accounting and financial controls. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable, accurate, and that assets are properly accounted for and safeguarded.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Operations Committee [the "Committee"]. The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the financial statements and the external independent auditor's report. The Committee reports its findings to the Board for consideration when approving the financial statements.

The financial statements have been audited by Grant Thornton LLP, the external auditors, in accordance with Canadian generally accepted auditing standards.

Rhonda Crocker Ellacott

Chief Executive Office

Dan Hill

Chief Financial Officer



Independent Auditor's Report

Grant Thornton LLP 979 Alloy Drive Thunder Bay, ON P7B5Z8

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To the Members of Nipigon District Memorial Hospital

We have audited the accompanying financial statements of Nipigon District Memorial Hospital, which comprise the statement of financial position as at March 31, 2016, and the statements of operations, changes in net assets (debt), and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Nipigon District Memorial Hospital as at March 31, 2016, and the results of its operations, changes in net assets (debt), and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Thunder Bay, Canada June 13, 2016

Chartered Professional Accountants Licensed Public Accountants

Grant Thornton LLP

STATEMENT OF FINANCIAL POSITION

As at March 31	2016	2015
	\$	\$
ASSETS		
Current		
Cash	1,151,456	1,524,231
Term deposits [note 2]	118,365	116,282
Accounts receivable [note 3]	251,937	353,350
Inventory [note 4]	101,389	104,501
Prepaid expenses	112,029	116,490
	1,735,176	2,214,854
Restricted cash [note 5]	48,275	47,451
Capital assets, net [note 6]	9,050,302	9,369,242
	10,833,753	11,631,547
LIABILITIES		
Current		
Short-term portion of long-term debt [note 7]	78,339	74,652
Accounts payable and accrued liabilities [note 8]	1,252,211	1,339,485
Deferred operating contributions [note 9]	-	12,138
	1,330,550	1,426,275
Long term		
Long-term debt [note 7]	1,123,137	1,202,005
Deferred capital contributions [note 10]	6,137,873	6,576,438
Employee future benefits [note 11]	407,700	393,000
	7,668,710	8,171,443
NET ASSETS		
Investment in capital assets [note 12(a)]	1,710,953	1,516,147
Internally restricted [note 13]	87,034	48,618
Externally restricted [note 5]	48,275	47,451
Unrestricted	(11,769)	421,613
	1,834,493	2,033,829
	10,833,753	11,631,547

Commitments [note 14], Contingent liabilities [note 15]

Approved on behalf of the Board of Directors:

Director

The accompanying notes are an integral part of these financial statements

STATEMENT OF OPERATIONS

Year ended March 31	2016	2015
	\$	\$
REVENUE		
Ministry of Health and Long-Term Care and		
North West Local Health Integration Network [note 16]	6,828,882	6,590,837
Patient services	213,477	206,560
Preferred accommodation and co-payments	556,637	547,425
Other revenue [note 17]	615,384	571,300
Beardmore Regional Health Centre [schedule 1]	251,237	269,021
Fundraising [schedule 2]	16,834	40,528
Assisted Living Program [schedule 3]	108,632	104,985
Municipal taxes funding	2,775	2,775
Y-11	8,593,858	8,333,431
EXPENSES		
Salaries and wages	4,872,525	4,650,512
Medical staff remuneration	187,168	184,666
Employee benefits	1,312,164	1,184,956
Supplies and expenses	1,556,654	1,660,591
Medical and surgical supplies	95,685	80,263
Drugs and medical gases	87,698	94,403
Provision for bad debts	5,736	6,122
Amortization of major equipment and information systems	190,487	163,995
Beardmore Regional Health Care [schedule 1]	253,034	269,021
Fundraising [schedule 2]	16,909	16,359
Assisted Living Program [schedule 3]	108,632	104,985
Municipal taxes expense	2,775	2,775
**	8,689,467	8,418,648
SHORTFALL OF REVENUE OVER EXPENSES		
BEFORE THE FOLLOWING	(95,609)	(85,217)
Amortization of land improvements, buildings		
and building service equipment	(458,642)	(437,809)
Amortization of deferred capital contributions	354,915	329,088
SHORTFALL OF REVENUE OVER EXPENSES	(199,336)	(193,938)

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31

5					2016	2015
	Invested in Capital Assets \$	Externally Restricted \$	Internally Restricted \$	Unrestricted \$	Total \$	Total
Balance at beginning of year	1,516,147	47,451	48,618	421,613	2,033,829	2,227,767
Excess (shortfall) of revenue over expenses	(195,888)			(3,448)	(199,336)	(193,938)
Net change in externally restricted funds		824		(824)	8 2 5	
Net change in internally restricted funds			38,416	(38,416)	0≠ 00	¥
Net change in investment in capital assets [note 12 (b)]	390,694			(390,694)	-	2
BALANCE AT END OF YEAR	1,710,953	48,275	87,034	(11,769)	1,834,493	2,033,829

STATEMENT OF CASH FLOWS

Year ended March 31	2016	2015
	\$	\$
OPERATING ACTIVITES		
Shortfall of revenue over expenses for year	(199,336)	(193,938)
Add charges (deduct credits) to excess of revenue over	(,)	(170,700)
expenses not involving a current payment (receipt) of cash		
Amortization of capital assets and deferred charges	652,656	606,375
Amortization of deferred capital contributions	(456,465)	(369,906)
Loss (gain) on disposal of capital assets	(303)	42
Employee future benefits	14,700	(1,000)
Changes in non-cash operational balances [note 18]	9,574	95,997
Net Cash Provided By Operating Activities	20,826	137,570
CAPITAL ACTIVITIES		
Purchase of capital assets	(222 714)	(014 154)
Proceeds from sale of capital assets	(333,716)	(814,154)
Cash used in capital activities	303	1,852
Cash used in Capital activities	(333,413)	(812,302)
INVESTING ACTIVITIES		
Decrease (increase) in long-term deposit and accrued interest	(2,083)	253,436
Net Cash (Used For) Provided by Investing Activities	(2,083)	253,436
FINANCING ACTIVITIES		
Deferred capital contributions received		
Ontario Ministry of Health and Long-Term Care	48,886	396,034
Private and other donations	37,126	815
Paymaster distributions and other transfers	(68,112)	(54,947)
Borrowings	~	262,433
Borrowings repayments	(75,181)	(18,810.00)
Net Cash (Used For) Provided By Financing Activities	(57,281)	585,525
DECREASE IN CASH	(371,951)	164,229
	(3/1,551)	104,227
Cash at beginning of year	1,571,682	1,407,453
CASH AT END OF YEAR	1,199,731	1,571,682
	1,177,701	1,071,002
Represented by		
Cash	1,151,456	1,524,231
Restricted cash	48,275	47,451
	1,199,731	1,571,682

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

General

Nipigon District Memorial Hospital (the "Hospital") was incorporated under the Corporations Act in January, 1956. The Hospital is principally involved in providing health care services to the Nipigon-Red Rock region of Northwestern Ontario. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

The financial statements of the Hospital have been prepared by management in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Standards Board ("PSAB for Government NPOs").

Cash

Cash includes cash on hand, other short-term highly liquid investments with original maturities of 3 months or less.

Contributed services

Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The Fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements.

Revenue recognition

The Hospital follows the deferral method of accounting for contributions, which includes donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC), and the North West Local Health Integration Network ("LHIN"). Operating grants are recorded as revenue in the period to which they relate. Grants approved, but not received at the end of an accounting period, are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by the MOHLTC and the LHIN with respect to the year ended March 31, 2016.

Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

Revenue from the Provincial Insurance Plan, preferred accommodation, and marketed services is recognized when the goods are sold or the service is provided.

Revenue from patient services is recognized when the services are provided.

Restricted contributions for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate of for the related capital assets.

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

Externally restricted investment income is accounted for as a liability until the restrictions imposed on the income have been met by the Hospital. As these assets become unrestricted they may be used for such purposes that the Board approves including current operations and capital purchases. Unrestricted investment income is recognized as revenue when earned.

Financial instruments

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

i) Fair Value

Financial instruments are initially recognized at cost subsequently carried at fair value. Changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restrictions has been met. Transaction costs related to financial instruments in the fair value category are expenses as incurred. Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses is removed from net assets (debt) and recognized in the statement of operations.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

i) Amortized cost

This category includes cash, accounts receivable, investments, accounts payable and accrued liabilities, and short-term borrowing. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on the financial assets. Transaction costs related to the financial instruments in amortized cost category are added to the carrying value of the instrument. Writedowns on financial assets in the amortized cost category are recognized when the amount of the loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

Inventory

Inventory of general, medical and surgical supplies is valued at the lower of average cost and replacement value, whereas drugs and medical gases are carried at cost on a first-in, first-out basis.

Capital assets and amortization

Purchased capital assets are valued at cost and contributed assets are valued at their fair market value at the time of contribution. The cost of major replacements and improvements to capital assets are capitalized and the cost of maintenance and repairs are expensed when incurred.

The amortization of the capital assets is recorded annually with a corresponding reduction in investment in capital assets. All assets are amortized over their expected useful lives using the straight-line basis, at the following annual rates:

Buildings 20 to 40 years
Building service equipment 10 to 20 years
Computer software 3 years
Major equipment 5 to 20 years
Land improvements 10 to 20 years

Employee future benefits

The Hospital provides extended health care, dental and life insurance benefits to substantially all employees and accrues its obligations under employee benefit plans and the related costs. The cost of retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service from management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

The cost of post-employment benefits future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs are recognized as an expenses in the period of the plan amendment

The Hospital is an employer member of the Health Care of Ontario Pension, which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. The Hospital records as pension expense the current service cost, amortization of past service costs and interest costs related to the future employer contributions to the Plan for past employee service.

Compensated absences

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the benefit plans of the Hospital.

Management estimates

The preparation of financial statements in conformity with PSAB for Government NPOs requires management to make estimates assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of allowance for doubtful accounts and actuarial estimation of post-employment benefits, estimated useful lives of capital assets and compensated absences.

2. TERM DEPOSITS

The term deposits consists of guaranteed investment certificates in the amount \$115,713 [2015 - \$115,713] plus accrued interest of \$2,652 [2015 - \$569]. The term deposit carries interest rates of 1.65% and matures in November 2016.

3. ACCOUNTS RECEIVABLE

Accounts receivable consist of the following:	2016	2015
**************************************	\$	\$
Other non-patient accounts receivable	159,079	274,831
Patient accounts receivable	76,196	78,645
Provincial Insurance Plan	23,559	17,530
	258,834	371,006
Less allowance for doubtful accounts	6,897	17,656
	251,937	353,350

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

4. INVENTORY

	2016	2015
	\$	\$
Pharmacy inventory	35,907	39,626
Supplies inventory	65,482	64,875
	101,389	104,501

5. RESTRICTED CASH

Restricted cash of \$48,275 [2015 - \$47,451] represents endowments where the principal contribution is restricted for various time intervals which upon expiry is to be used for capital purchases.

6. CAPITAL ASSETS

		Accumulated	2016
	Cost	Amortization	Net
	\$	\$	\$
Land	141,832		141,832
Land improvements	820,719	725,139	95,580
Buildings and building			84
service equipment	15,381,949	7,764,715	7,617,234
Major equipment and			
computer systems	5,098,091	3,902,435	1,195,656
	21,442,591	12,392,289	9,050,302
		Accumulated	2015
	Cost	Amortization	Net
	\$	\$	\$
Land	141,832	2	141,832
Land improvements	820,719	708,820	111,899
Buildings and building			181
service equipment	15,300,362	7,329,122	7,971,240
Major equipment and			(#1)
computer systems	4,848,624	3,704,353	1,144,271
	21,111,537	11,742,295	9,369,242

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

7. LONG-TERM DEBT

The Hospital has loan of \$1,201,474 standing at March 31, 2016 that was used to finance an energy retrofit of the facility [2015 - \$1,276,657]. The unsecured loan is repayable to RBC in monthly installments of \$8,481, including interest of at 2.01%, maturing in December 2029. The five year repayment schedule is as follows:

Year	Principal	
2016	78,339	
2017	79,927	
2018	81,548	
2019	83,203	
2020	84,890	
Thereafter	793,567	
	1,201,474	

The Hospital has available an operating loan of \$300,000 of which \$Nil [2015-NIL] was borrowed at year-end. Interest on line of credit is calculated at Royal Bank Prime [3% at year end].

8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

Accounts payable consist of the following:

	2016 \$	2015
Management of the second of th		\$
Accounts payable and accrued liabilities	464,452	762,823
Accrued salaries and wages	541,200	565,612
Ontario Ministry of Health and Long-Term Care /		
North West Local Health Integration Network	150,286	21
Government remittances payable	96,273	11,029
	1,252,211	1,339,485

9. DEFERRED OPERATING CONTRIBUTIONS

eferred operating contributions consist of the following:	2016	2015
·	\$	\$
Balance, beginning of year	12,138	12,138
Recongnized into revenue	12,138	
	無)	12,138

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

10. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent current and prior fiscal years' funding expended for the purchase of capital assets. These capital contributions are realized as the related capital assets are amortized.

	2016	2015
*	\$	\$
Balance, beginning of year	6,576,438	6,604,441
Receipts	86,012	396,849
Paymaster distributions and other transfers	(68,112)	(54,947)
Amortization	(456,465)	(369,905)
	6,137,873	6,576,438
Represented by		
Unamortized portion	5,945,690	5,856,176
Unexpended portion	192,183	720,262
	6,137,873	6,576,438

11. EMPLOYEE FUTURE BENEFITS

The Hospital provides extended health care, dental and life insurance benefits to substantially all full-time employees. Under the terms of employee contracts, some employee groups, who elect to retire early, are entitled to continue to receive these health and dental benefits from the date of early retirement until they reach the age of 65. The Hospital is required to fund either 50% or 75% of the costs of these post employment benefits on behalf of the retired employee groups.

At March 31, 2016, the Hospital's total accrued benefit obligation related to post-employment benefit plans (other than pension) is \$407,700 [2015 - \$393,000]. The most recent actuarial estimate was provided as at March 31, 2015. The significant actuarial assumptions adopted in estimating the Hospital's accrued benefit obligation are as follows:

Discount rate	3.3%
Dental benefits cost escalation	4.0%
Medical benefits cost escalation – extended health care	6,8%

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

Included in employee benefits on the statement of operations is an amount of 14,700 [2015 - (1,000)] regarding employee future benefits. This amount is comprised of:

	2016	2015
	\$	\$
Additional benefit expense	38,200	21,700
Estimated payments made by the Hospital		
during the year	(23,500)	(22,700)
	14,700	(1,000)

12. INVESTMENT IN CAPITAL ASSETS

(a) Investment in capital assets is calculated as follows:

	2016	2015
	\$	\$
Capital assets at net book value	9,050,302	9,369,242
Amounts financed by deferred capital contributions	(6,137,873)	(6,576,438)
Borrorwings	(1,201,476)	(1,276,657)
	1,710,953	1,516,147

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

	2016	2015
	\$	\$
xcess (shortfall) of revenue over expenses		
Amortization of deferred capital contributions	456,465	369,906
Amortization of capital assets	(652,656)	(606,375)
Gain on disposal of capital assets	303	(42)
	(195,888)	(236,511)
et change in capital assets		
Purchase of capital assets	333,716	814,154
Deferred capital contributions applied	(86,012)	(396,849)
Capital contributions paymaster distribution	68,112	54,947
Proceeds from short-term borrowings	9	(243,623)
Repayment of long-term debt	75,181	
Proceeds from sale of capital assets	(303)	(1,852)
	390,694	226,777
Change in investment in capital assets	194,806	(9,734)

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

13. INTERNALLY RESTRICTED ASSETS

Each year the Hospital sets aside 25% of rental income to be used for capital equipment and repairs for the premises which the Hospital acts as a landlord.

14. COMMITMENTS

Under the terms of equipment and vehicle operating leases, the Hospital is committed to the following lease payments:

2016	\$ 16,316
2017	\$ 7,776
2018	\$ 6,610
2019	\$ 2,754

The lease expiry dates range from December 2016 to August 2019.

15. CONTINGENT LIABILITIES

Insurance

A group of hospitals, including Nipigon District Memorial Hospital, have formed the Healthcare Insurance Reciprocal of Canada (HIROC). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2016.

Employee fringe benefits

The Hospital, together with five other regional hospitals, has entered into a self insured employee benefit plan for semi-private, dental and extended health care benefits. Under the terms of the plan, the Hospital will pay for certain employee benefit claims not exceeding \$5,000 per employee per year. Any excess claims would be insured.

16. MINISTRY OF HEALTH AND LONG-TERM CARE AND NORTH WEST LOCAL INTEGRATION NETWORKING FUNDING

Under the Health Insurance Act, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care (MOHLTC) and North West Local Health Integration Network (NW LHIN).

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

17. OTHER REVENUE		
	2016	2015
	\$	\$
Amortization of deferred capital contributions for major equipment	83,808	37,324
Donations - other	9,366	7,887
Gain (Loss) on disposal of capital assets	303	•
Interest		(42)
Recoveries:	11,151	14,941
	220 507	202.552
Administrative and support services	238,597	202,552
Diagnostic and therapeutic services	15,804	17,976
Food services	34,379	39,807
Meals	34,036	35,918
Patient service	11,919	11,726
Residences	9,240	3,600
Telephone	1,223	2,089
Television	5,980	7,467
Union secondment	5,913	9,566
Salary recoveries	· ¥	25,000
Rentals	153,665	155,489
	615,384	571,300

18. CHANGES IN NON-CASH OPERATIONAL BALANCES

	2016 \$	2015
Accounts receivable	101,413	(135,322)
Inventory	3,112	(17,159)
Prepaid expenses	4,461	12,321
Accounts payable and accruals	(87,274)	236,157
Deferred operating contributions	(12,138)	
	9,574	95,997

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

19. PENSION PLAN

Most of the employees of the Hospital are members of the Hospitals of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination of death, that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount require to provide a high level of assurance that benefits will be fully represented by fund assets at retirements, as provided by the Plan. On January 1, 2016 the contribution rates were 6.9% [2015 -6.9%] up to the year's maximum pensionable earnings (YMPE) and 9.2% [2015 -9.2%] above the YMPE. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2015 indicates the Plan is 122% funded. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$378,069 [2015 - \$363,307] and are included in the statement of operations.

20. FINANCIAL INSTRUMENT RISK MANAGEMENT

The Hospital's main financial instrument risk exposure is detailed as follows:

Credit Risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. Hospital is exposed to this risk relating to its cash, investments, and accounts receivable.

Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

Investments consist of guaranteed investment certificates ("GICs"),

Accounts receivable are primarily due from OHIP, the Ministry of Health and Long-Term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population. An allowance for doubtful patient accounts is set up based on historical experience regarding collections.

NOTES TO FINANCIAL STATEMENTS

March 31, 2016

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

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: currency risk, interest rate risk and equity risk. The Hospital is not exposed to significant currency or equity risk as it does not transect materially in foreign currency or hold equity financial instruments.

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

Interest rate risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flow of financial instruments because of changes in market interest rates. Currently, there is minimal interest rate risk for investments as the majority of them are held at fixed rates. There is minor interest rate risk on short term borrowings as the interest rate contains a floating component.

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

Liquidity risk

Liquidity risk is the risk that Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near term if unexpected cash outflows arise.

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

21. COMPARATIVE FIGURES

Certain prior year figures presented for comparative purposes have been reclassified to adhere to the presentation adopted for the current year.

Schedule 1

BEARDMORE REGIONAL HEALTH CENTER

Year ended March 31

rear ended March 31		
	2016	2015
	\$	\$
REVENUE		
	240.220	0.40.200
Ministry of Health and Long-Term Care	248,328	248,328
Other one time funding from MOHLTC	; = :	18,760
Repayable to Ministries and other agencies	: 5:	(2,571)
Amortization of deferred capital contributions for equipment	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	3,494
Other revenue and recoveries	2,909	1,010
	251,237	269,021
EXPENSES		
Salaries and employee benefits	196,556	190,263
Supplies and expenses	47,247	65,540
Medical supplies and drugs	6,562	9,505
Amortization of major equipment and information systems	2,669	3,713
	253,034	269,021
SHORTFALL OF REVENUE OVER EXPENSES	(1,797)	#

Schedule 2

FUNDRAISING

Year ended March 31	2016	2015
	\$	\$
REVENUE		
Donations	16,810	40,506
Other revenue and recoveries	24	22
	16,834	40,528
EXPENSES		
Salaries and employee benefits	15,903	15,218
Supplies and expenses	148	283
Amortization of major equipment and information systems	858	858
	16,909	16,359
SHORTFALL OF REVENUE OVER EXPENSES	(75)	24,169

Schedule 3

ASSISTED LIVING PROGRAM

Year ended March 31	2016	2015
	\$	\$
REVENUE		
Local Health Integration Network	156,000	100,785
Patient services	18,258	19,829
Repayable to Ministries and other agencies	(65,626)	(15,629)
William Control of the Control of th	108,632	104,985
EXPENSES		
Salaries and employee benefits	97,891	97,690
Supplies and expenses	10,741	7,295
	108,632	104,985
REVENUE OVER EXPENSES	:#:	