FINANCIAL STATEMENTS

March 31, 2017

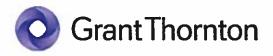
FINANCIAL STATEMENTS

March 31, 2017

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STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The accompanying financial statements of Nipigon D the responsibility of management and have been appropriately accompanying financial statements of Nipigon D	
The financial statements have been prepared by mana sector accounting standards. When alternative accounthose it deems most appropriate in the circumstances, necessarily involves management's judgment and estimated events and transactions with appropriate consideration	ting methods exist, management has chosen The preparation of the financial statements imates of the expected outcomes of current
Nipigon District Memorial Hospital maintains system Such systems are designed to provide reasonable assureliable, accurate, and that assets are properly account	rance that the financial information is relevan
The Board is responsible for ensuring that manageme reporting and is ultimately responsible for reviewing Board meets with management and the external audit auditing matters, to discuss the results of audit examinand the external independent auditor's report before	and approving the financial statements. The ors to review any significant accounting and nations, and to review the financial statements
The financial statements have been audited by Grant accordance with Canadian generally accepted auditin	-
ald Callant	4
	an Hill
Chief Executive Officer C	hief Financial Officer



Independent Auditor's Report

Grant Thornton LLP 979 Alloy Drive Thunder Bay, ON P78528 T (807) 345-6571 F (807) 345-0032 www.GrantThornton.ca

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, 2017, 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, 2017, 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 May 29, 2017

Chartered Professional Accountants Licensed Public Accountants

Grant Thornton LLP

STATEMENT OF FINANCIAL POSITION

As at March 31	2017	2016
<u> </u>	<u> </u>	\$
ASSETS		
Current		
Cash	1,699,838	1,151,456
Term deposits [note 2]	100,000	118,365
Accounts receivable [note 3]	218,034	251,937
Inventory [note 4]	84,908	101,389
Prepaid expenses	189,195	112,029
	2,291,975	1,735,176
Restricted cash [note 5]	45,260	48,275
Capital assets, net [note 6]	9,340,857	9,050,302
	11,678,092	10,833,753
LIABILITIES		
Current		
Short-term portion of long-term debt [note 7]	79,927	78,339
Accounts payable and accrued liabilities [note 8]	1,680,020	1,252,211
	1,759,947	1,330,550
Long-term		
Long-term debt [note 7]	1,043,442	1,123,137
Deferred capital contributions [note 10]	6,735,187	6,137,873
Employee future benefits [note 11]	421,400	407,700
	8,200,029	7,668,710
NET ASSETS		
Investment in capital assets [note 12(a)]	1,482,301	1,710,953
Internally restricted [note 13]	126,501	87,034
Externally restricted [note 5]	45,260	48,275
Unrestricted	64,054	(11,769)
	1,718,116	1,834,493
	11,678,092	10,833,753

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

Approved on behalf of the Board of Directors:

itor Director

The accompanying notes are an integral part of these financial statements

STATEMENT OF OPERATIONS

Year ended March 31	2017	2016
	S	
REVENUE		
Ministry of Health and Long-Term Care and		
North West Local Health Integration Network [note 16]	7,054,399	6,718,747
Patient services	239,664	213,477
Preferred accommodation and co-payments	497,376	556,637
Other revenue [note 17]	527,620	615,384
Beardmore Regional Health Centre [schedule 1]	257,343	251,237
Fundraising [schedule 2]	26	16,834
Assisted Living Program [schedule 3]	103,169	108,632
Hospital On-Call Coverage	106,196	110,135
Municipal taxes funding	2,775	2,775
	8,788,568	8,593,858
EXPENSES		
Salaries and wages	4,746,333	4,872,525
Medical staff remuneration	85,363	77,033
Employee benefits	1,216,672	1,312,164
Supplies and expenses	1,842,009	1,556,654
Medical and surgical supplies	97,251	95,685
Drugs and medical gases	103,574	87,698
Provision for bad debts	7,363	5,736
Amortization of major equipment and information systems	212,724	190,487
Beardmore Regional Health Care [schedule 1]	258,512	253,034
Fundraising [schedule 2]	16,702	16,909
Assisted Living Program [schedule 3]	103,169	108,632
Hospital On-Call Coverage	106,196	110,135
Municipal taxes expense	2,775	2,775
10	8,798,643	8,689,467
SHORTFALL OF REVENUE OVER EXPENSES		
BEFORE THE FOLLOWING	(10,075)	(95,609)
Amortization of land improvements, buildings		
and building service equipment	(459,214)	(458,642)
Amortization of deferred capital contributions	352,912	354,915
SHORTFALL OF REVENUE OVER EXPENSES	(116,377)	(199,336)

STATEMENT OF CHANGES IN NET ASSETS

Year ended March 31

- the character of					2017	2016
	Invested in Capital Assets	Externally Restricted S	Internally Restricted S	Unrestricted S	Total S	Total
Balance at beginning of year	1,710,953	48,275	87,034	(11,769)	1,834,493	2,033,829
Excess (shortfall) of revenue over expenses	(281,389)			165,012	(116,377)	(199,336)
Net change in externally restricted funds		(3,015)		3,015	-	-
Net change in internally restricted funds			39,467	(39,467)	-	-
Net change in investment in capital assets [note 12 (b)]	52,737			(52,737)	-	
BALANCE AT END OF YEAR	1,482,301	45,260	126,501	64,054	1,718,116	1,834,493

STATEMENT OF CASH FLOWS

Year ended March 31	2017	2016
	S	\$
OPERATING ACTIVITES		
Shortfall of revenue over expenses for year	(116,377)	(199,336)
Add charges (deduct credits) to excess of revenue over	(110,577)	(177,550)
expenses not involving a current payment (receipt) of cash		
Amortization of capital assets and deferred charges	674,033	652,656
Amortization of deferred capital contributions	(392,409)	(456,465)
Gain on disposal of capital assets	(235)	(303)
Employee future benefits	13,700	14,700
Changes in non-cash operational balances [note 18]	401,027	9,574
Net Cash Provided By Operating Activities	579,739	20,826
		<u> </u>
CAPITAL ACTIVITIES		
Purchase of capital assets	(964,588)	(333,716)
Proceeds from sale of capital assets	235	303
Cash used in capital activities	(964,353)	(333,413)
INVESTING ACTIVITIES		
Decrease (increase) in long-term deposit and accrued interest	18,365	(2,083)
Net Cash (Used For) Provided by Investing Activities	18,365	(2,083)
		
FINANCING ACTIVITIES		
Deferred capital contributions received		
Ontario Ministry of Health and Long-Term Care	781,946	48,886
Private and other donations	149,181	37,126
Paymaster distributions and other transfers	58,596	(68,112)
Borrowings repayments	(78,107)	(75,181)
Net Cash (Used For) Provided By Financing Activities	911,616	(57,281)
INCREASE (DECREASE) IN CASH	545 365	(17) 051)
INCREASE (DECREASE) IN CASH	545,367	(371,951)
Cash at beginning of year	1,199,731	1,571,682
CASH AT END OF YEAR	1,745,098	1,199,731
	27	.,,
Represented by		
Cash	1,699,838	1,151,456
Restricted cash	45,260	48,275
	1,745,098	1,199,731

NOTES TO FINANCIAL STATEMENTS

March 31, 2017

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, 2017.

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, 2017

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, 2017

4. INVENTORY

	2017	2016
	\$	\$
Pharmacy inventory	31,389	35,907
Supplies inventory	53,519	65,482
	84,908	101,389

5. RESTRICTED CASH

Restricted cash of \$45,260 [2016 - \$48,275] 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

	Cost	Accumulated	2017
		Amortization	Net
	\$	\$	\$
Land	141,832	-	141,832
Land improvements	820,719	741,458	79,261
Buildings and building			
service equipment	15,647,830	8,203,540	7,444,290
Major equipment and			
computer systems	5,796,797	4,121,323	1,675,474
	22,407,178	13,066,321	9,340,857

	Cost	Accumulated Amortization	2016 Net
	\$	\$	\$
Land	141,832	-	141,832
Land improvements	820,719	725,139	95,580
Buildings and building 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

NOTES TO FINANCIAL STATEMENTS

March 31, 2017

7. LONG-TERM DEBT

The Hospital has loan of \$1,123,369 standing at March 31, 2017 that was used to finance an energy retrofit of the facility [2016 - \$1,201,474]. 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
2018	79,927
2019	81,548
2020	83,203
2021	84,890
2022	86,613
Thereafter	707,188
	1,123,369

The Hospital has available an operating loan of \$300,000 of which \$nil [2016-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:

	2017 S	2016
		\$
Accounts payable and accrued liabilities	1,104,396	464,452
Accrued salaries and wages	467,103	541,200
Ontario Ministry of Health and Long-Term Care /		
North West Local Health Integration Network	100,366	150,286
Government remittances payable	8,155	96,273
	1,680,020	1,252,211

9. DEFERRED OPERATING CONTRIBUTIONS

ferred operating contributions consist of the following:	2017	2016
	\$	\$
Balance, beginning of year	-	12,138
Recongnized into revenue	-	12,138
	•	-

NOTES TO FINANCIAL STATEMENTS

March 31, 2017

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.

	2017	2016
	\$	\$
Balance, beginning of year	6,137,873	6,576,438
Receipts	989,723	86,012
Paymaster distributions and other transfers		(68,112)
Amortization	(392,409)	(456,465)
	6,735,187	6,137,873
Represented by		
Unamortized portion	6,511,571	5,945,690
Unexpended portion	223,616	192,183
	6,735,187	6,137,873

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, 2017, the Hospital's total accrued benefit obligation related to post-employment benefit plans (other than pension) is \$421,400 [2016 - \$407,700]. The most recent actuarial estimate was provided as at March 31, 2017. 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, 2017

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:

2018	\$ 7,553
2019	\$ 7,553
2020	\$ 7,553
2021	\$ 7,553
2022	\$ 7,553

The lease expiry dates are June 2022.

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, 2017.

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 \$10,000 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, 2017

17. OTHER REVENUE		
•	2017	2016
	<u> </u>	\$
Amortization of deferred capital contributions for major equipment	61,101	83,808
Donations - other	-	9,366
Gain on disposal of capital assets	235	303
Interest	10,056	11,151
Recoveries:		
Administrative and support services	191,245	238,597
Diagnostic and therapeutic services	3,666	15,804
Food services	34,672	34,379
Meals	38,985	34,036
Patient service	963	11,919
Residences	11,400	9,240
Telephone	190	1,223
Television	5,353	5,980
Union secondment	11,886	5,913
Rentals	157,868	153,665
	527,620	615,384

18. CHANGES IN NON-CASH OPERATIONAL BALANCES

	2017	2016 \$
	S	
Accounts receivable	33,903	101,413
Inventory	16,481	3,112
Prepaid expenses	(77,166)	4,461
Accounts payable and accruals	427,809	(87,274)
Deferred operating contributions	_	(12,138)
	401,027	9,574

NOTES TO FINANCIAL STATEMENTS

Ma	rch	31	. 20)17

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, 2017 the contribution rates were 6.9% [2016 – 6.9%] up to the year's maximum pensionable earnings (YMPE) and 9.2% [2016 – 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, 2017 indicates the Plan is 122% funded. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$378,276 [2016 - \$378,069] 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, 2017

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

Year ended March 31		
	2017	2016
	\$	\$
REVENUE		
Ministry of Health and Long-Term Care	253,228	248,328
Amortization of deferred capital contributions for equipment	1,018	-
Other revenue and recoveries	3,097	2,909
	257,343	251,237
EXPENSES		
Salaries and employee benefits	192,981	196,556
Supplies and expenses	55,877	47,247
Medical supplies and drugs	8,417	6,562
Amortization of major equipment and information systems	1,237	2,669
	258,512	253,034
SHORTFALL OF REVENUE OVER EXPENSES	(1,169)	(1,797)

Schedule 2

FUNDRAISING

Year ended March 31	2017	2016
	\$	\$
REVENUE		
Donations	149,181	17,185
Transferred to deferred capital contributions	(149,181)	(375)
Other revenue and recoveries	26	24
	26	16,834
EXPENSES		
Salaries and employee benefits	15,844	15,903
Supplies and expenses	-	148
Amortization of major equipment and information systems	858	858
	16,702	16,909
SHORTFALL OF REVENUE OVER EXPENSES	(16,676)	(75)

Schedule 3

ASSISTED LIVING PROGRAM

Year ended March 31	2017	2016
	\$	\$
REVENUE		
Local Health Integration Network	156,000	156,000
Patient services	17,199	18,258
Repayable to Ministries and other agencies	(70,030)	(65,626)
	103,169	108,632
EXPENSES		
Salaries and employee benefits	93,631	97,891
Supplies and expenses	9,538	10,741
	103,169	108,632
REVENUE OVER EXPENSES		