For the year ended March 31, 2015

For the year ended March 31, 2015

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### **Independent Auditor's Report**

#### To the Board of Directors Strathroy Middlesex General Hospital

We have audited the accompanying financial statements of Strathroy Middlesex General Hospital which comprise the statement of financial position as at March 31, 2015 and the statement of changes in net assets, operations and cash flows 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 for government 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.

#### 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, these financial statements present fairly, in all material respects, the financial position of Strathroy Middlesex General Hospital as at March 31, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Chartered Professional Accountants, Licensed Public Accountants

Strathroy, Ontario May 27, 2015

## Strathroy Middlesex General Hospital Statement of Financial Position

March 31	2015 2014
Assets Current Cash Accounts receivable (Note 18) Inventory (Note 4) Prepaid expenses	\$ 5,261,609 \$ 2,694,904 1,117,769 980,926 72,968 88,217 210,483 234,064
Capital assets (Note 5)	<b>6,662,829</b> 3,998,111 <b>19,126,981</b> 17,974,169
	<b>\$ 25,789,810</b> \$ 21,972,280
Liabilities and Net Assets Current Accounts payable and accrued liabilities (Note 3) Deferred contributions relating to operations (Note 7) Current portion of obligation under capital lease (Note 8)	\$ 6,123,825 \$ 4,038,518 - 450,000  251,895 197,425 6,375,720 4,685,943
Deferred contributions relating to capital assets (Note 7) Post-employment benefits (Note 9) Obligation under capital lease (Note 8)	16,041,62914,239,505884,400846,200278,027308,63723,579,77620,080,285
Net assets Internally restricted (Note 16) Unrestricted	- 600,000 2,210,034 1,291,995 2,210,034 1,891,995
	\$ <b>25,789,810</b> \$ 21,972,280

On behalf of the Bolard of Directors:

Director

Director

The accompanying notes are an integral part of these financial statements.

## Strathroy Middlesex General Hospital Statement of Changes in Net Assets

For the year ended March 31				2015	2014
		Restricted (Note 16)	Unrestricted	Total	Total
Balance, beginning of year	\$	600,000	\$ 1,291,995	\$ 1,891,995	\$ 2,217,900
Change in restrictions		(600,000)	600,000	-	-
Excess (deficiency) of revenues over expenditures	_	-	318,039	318,039	(325,905)
Balance, end of year	\$	-	\$ 2,210,034	\$ 2,210,034	\$ 1,891,995

# Strathroy Middlesex General Hospital Statement of Operations

For the year ended March 31	2015	2014
Revenue		
Ministry of Health and Long-Term Care	\$32,876,262	\$ 30,810,602
Patient revenues	2,681,736	2,573,174
Differential and co-payment	360,688	420,844
Recoveries and miscellaneous	1,442,879	1,619,655
Amortization of deferred capital contributions, equipment	775,085	687,711
Other votes (Note 20)	11,550	671,620
	38,148,200	36,783,606
Expenses		
Salaries and wages	16,965,540	16,350,862
Employee benefits	3,911,320	3,723,424
Employee future benefits (Note 9)	79,600	81,800
Medical staff remuneration	5,482,777	5,791,844
Supplies and other expenses	6,375,452	5,621,325
Medical and surgical supplies	2,975,499	2,966,832
Drugs	624,232	583,390
Amortization - equipment (Note 5)	1,101,620	818,141
Other votes (Note 20)	11,550	807,756
	37,527,590	36,745,374
Operating excess of revenue over expenses	620,610	20 222
Operating excess of revenue over expenses	020,610	38,232
Other		
Amortization of deferred capital contributions, building	621,526	597,131
Amortization of buildings and land improvements (Note 5)	(924,097)	(961,268)
	(302,571)	(364,137)
Excess (deficiency) of revenue over expenses	\$ 318,039	\$ (325,905)

## Strathroy Middlesex General Hospital Statement of Cash Flows

For the year ended March 31	2015	2014
Cash provided by (used in)		
Operating activities Excess (deficiency) of revenues over expenses Items not involving cash Amortization Gain on disposal of capital assets Amortization of deferred contributions relating to capital assets Increase in post-employment benefits liability	\$ 318,039 2,025,717 (13,222) (1,396,611) 38,200	\$ (325,905) 1,779,409 (7,408) (1,284,843) 11,139
	972,123	172,392
Net changes in non-cash working capital balances: Accounts receivable Inventory Prepaid expenses Accounts payable and accrued liabilities Deferred contributions relating to operations	(136,843) 15,249 23,581 2,085,307 (450,000)	563,529 (7,072) (78,682) 1,076,498
	2,509,417	1,726,665
Capital activities Purchase of capital assets Proceeds on disposal of capital assets Contributions received for capital assets	(3,182,003) 16,696 3,198,735	(2,428,602) 7,408 396,809
capital assets	33,428	(2,024,385)
Financing activities Payments on capital lease Capital lease financing received	(230,805) 254,665	(191,012)
	23,860	(191,012)
Increase (decrease) in cash and equivalents during the year	2,566,705	(488,732)
Cash and equivalents, beginning of year	2,694,904	3,183,636
Cash and equivalents, end of year	\$ 5,261,609	\$ 2,694,904

#### March 31, 2015

#### 1. Significant Accounting Policies

#### Nature of Organization

The Hospital provides health care services to the residents of Strathroy and surrounding areas. The Hospital, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act (Canada).

The Hospital is a non-for-profit organization and, as such, is exempt from income taxes under the Income Tax Act (Canada).

#### **Basis of Accounting**

The financial statements of the Hospital have been prepared 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 Board ("PSAB for Government NPOs"). The Strathroy Middlesex General Hospital Foundation is a separate entity whose financial information is reported separately from the hospital.

#### **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 include 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 Local Health Integration Network ("LHIN"). The hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2015 with the Ministry and LHIN that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the Ministry/LHIN. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

If the Hospital does not meet its performance standards or obligations, the Ministry/LHIN has the right to adjust funding received by the Hospital. The Ministry/LHIN is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after completion of the financial statements, the amount of Ministry/LHIN funding received by the Hospital during the year may be increased or decreased subsequent to year end.

#### March 31, 2015

#### 1. Significant Accounting Policies (Continued)

Revenue Recognition (Continued) Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to future period, it is deferred and recognized in that subsequent period.

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

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

> Revenue from patient services is recognized when the service is provided.

Inventory

Inventory is valued at the lower of cost and net realizable Cost is determined on the first-in first-out basis. Inventory consists of pharmaceuticals that are used in the Hospital's operations and not for sale purposes.

**Capital Assets** 

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated useful life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Building and related service equipment 5 - 40 years Major equipment 3 - 20 years Properties for future expansion 20 years

#### March 31, 2015

#### 1. Significant Accounting Policies (Continued)

#### Retirement and Post-Employment Benefits

The Hospital provides defined retirement and post-employment benefits to certain employee groups. These benefits include pension, health and dental. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment 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 expense in the period of the plan amendment.
- (ii) The costs of the multi-employer defined benefit pension are the employer's contributions due to the plan in the period.
- (iii) The discount used in the determination of the abovementioned liabilities is equal to the Hospital's internal rate of borrowing.

#### Pension Plan

The Hospital participates in a multi-employer defined benefit pension plan, however, sufficient information is not available to use defined benefit accounting. Therefore, the Hospital accounts for the plan as if it were a defined contribution plan, recognizing contributions as an expense in the year to which they relate.

#### **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:

#### Fair value

This category includes cash.

#### **Amortized cost**

This category includes accounts receivable, accounts payable and accrued liabilities and the obligation under capital lease. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

#### March 31, 2015

#### 1. Significant Accounting Policies (Continued)

Financial Instruments (Continued) Transaction costs related to financial instruments in the 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 a loss is known with sufficient precision, and there is no realistic prospect of Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

#### **Management Estimates**

The preparation of financial statements in conformity with PSAB for Government NPOs requires management to make estimates and 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 amounts of revenue and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of the allowance for doubtful accounts and actuarial estimation of post-employment benefits.

#### Leases

Leases meeting certain criteria are accounted for as capital leases. The imputed interest is charged against income and the capitalized value is amortized over its estimated useful life. Obligations under capital lease are reduced by lease payments net of imputed interest.

### Ministry of Health and Long-Term Care Funding

Under the Health Insurance Act and the 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. The financial statements reflect agreed funding arrangements approved by the Ministry with respect to the year ended March 31, 2015.

#### Vacation Pay

Vacation pay is accrued for all employees as entitlement is earned.

#### March 31, 2015

#### 2. Financial Instrument Classification

The following table provides cost and fair value information of financial instruments by category. The maximum exposure to credit risk would be the carrying value shown below.

		2015			2014
	Fair Am Value	nortized Cost Total	Fair Value	Amortized Cost	
Cash Accounts receivable Accounts payable and	\$5,261,609 \$ - 1,1	- \$5,261,609 17,769	\$2,694,904	\$ - 980,926	\$2,694,904 980,926
accrued liabilities	- 6,12	23,825 6,123,825	-	4,038,518	4,038,518
	\$5,261,609 \$7,24	41,594 \$12,503,20	3 \$2,694,904	\$5,019,444	\$7,714,348

The cash is a level 1 fair value measurement which are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price.

3. Accounts Payable and Accrued Liabilities	2015	2014
Ministry of Health and Long-term Care Trade Wages and other accruals	\$ 296,236 915,811 4,911,778	\$ 121,467 1,350,785 2,566,266
	\$ 6,123,825	\$ 4,038,518
4. Inventory	2015	2014
Pharmacy inventory	\$ 72,968	\$ 88,217

Inventory is carried at cost, which exceeds net realizable value.

March 31, 2015

5. Capital Assets			20	15			2014
		Cost	Accumula Amortiza	ated		Cost	Accumulated Amortization
Land	\$	92,528	\$	-	\$	92,528	\$ -
Building and related service equipment Major equipment Construction in progress	21	0,554,304 ,693,645 2,680,710	17,902,1 17,992,0		19	0,073,848 9,944,922 1,975,026	16,978,029 17,134,126
	\$55	5,021,187	\$35,894,2	206	\$ 52	2,086,324	\$ 34,112,155
Net book value			\$19,126,9	981			\$ 17,974,169
The amortization charge for the	year	is as follows	:			2015	2014
Building Equipment				\$	924 1,101	,097 ,620	\$ 961,268 818,141
				\$	2,025	,717	\$ 1,779,409

Included in major equipment is equipment under capital lease with a cost of \$1,242,689 (2014 - \$988,204) and accumulated amortization of \$545,035 (2014 - \$370,575). Amortization expense includes amortization on equipment under capital lease of \$174,458 (2014 - \$123,525).

Capital asset additions in 2015 amounted to \$480,456 in building and related service equipment, \$1,995,863 in major equipment and \$2,669,391 in construction in progress, totaling \$5,212,698. There were transfers of \$1,963,707 from construction in progress and asset retirements of \$182,142 in major equipment.

#### 6. Bank Indebtedness

As at March 31, 2015, the Hospital had \$2,500,000 in available credit (2014 - \$2,500,000), consisting of a \$1,500,000 operating line (2014 - \$1,500,000) and \$1,000,000 (2014 - \$1,000,000) in available transfers from Four Counties Health Services. At year end, neither facility was drawn upon.

#### March 31, 2015

#### 7. Deferred Contributions

#### <u>Deferred Contributions Relating to Operations</u>

Deferred operating contributions consist of HIRF funding received for asbestos abatement.

#### **Deferred Contributions Relating to Capital Assets**

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2015	2014
Balance, beginning of year Contributions received Amortized to revenue	\$14,239,505 3,198,735 (1,396,611)	\$ 15,127,539 396,809 (1,284,843)
Balance, end of year	\$16,041,629	\$ 14,239,505

As at March 31, 2015 there was \$2,783,080 (2014 - \$1,088,099) of deferred capital contributions received which were not spent.

8. Obligation Under Capital Lease	 2015	2014
Obligation under capital lease - 3.33%, due December, 2016, repayable in semi-annual instalments of \$106,324 principal and interest	\$ 308,637	\$ 506,062
Obligation under capital lease - 2.87%, due November, 2019 repayable in semi-annual installments of \$14,114 principle and interest	106,745	-
Obligation under capital lease - 5.17% due May, 2019 repayable in monthly installments of \$2,551 principle and interest	114,540	\$ 
Less current portion	529,922 251,895	506,062 197,425
	\$ 278,027	\$ 308,637

Obligations under capital lease are secured by specific digital imaging equipment.

#### March 31, 2015

#### 8. Obligation Under Capital Lease (continued)

Principal payments required on obligations under capital lease for the next five years are as follows:

Year		Amount
2016 2017 2018 2019 2020	\$ \$	251,895 154,414 51,911 54,084 17,618
	\$	529,922

#### 9. Post-Employment Benefits

#### **Retirement Benefits**

The Healthcare of Ontario Pension Plan (HOOPP) has substantially all of the full-time employees enrolled in it. Part-time employees are eligible for HOOPP if they work more than 700 hours annually. Some of the part-time employees are enrolled into HOOPP. With the advent of the new Ontario Retirement Pension Plan (ORPP) part-time employees will need to enroll into the ORPP if they are not eligible for HOOPP. Contributions to the plan made during the year by the Hospital on behalf of these employees amounted to \$1,574,427 (2014 - \$1,498,884). Contributions to the plan made during the year by the employees amounted to \$1,243,972 (2014 - \$1,188,282). These are included in the "Employee Benefits" section of the Statement of Operations. For 2015, the Hospital had a liability of \$324,625 (2014 - \$nil), associated with the Pension Plan.

As a result of ongoing restructuring and staff reductions, early retirement packages have been made available to eligible Hospital employees. Eligible full-time employees who opted for early retirement received a continuation of their current health care benefits, up to the age of 65.

The Hospital also pays 50% of the premiums for health and dental benefits of the Ontario Nurses' Association (ONA) members that retired after April 1, 2011, from the date of retirement until the individual reaches the age of 65.

The "Employee future benefit" liability is actuarially determined using the projected accrued benefit cost method, pro-rata on service, and reflects Management's best estimate of future cost trends associated with such benefits and interest rates. The Plan amendments are amortized over the expected average remaining service to full eligibility of the active employees (7.5 years). The cumulative gains and losses in excess of 10% of the beginning of the year accrued benefit obligation are amortized over the expected average remaining service to the expected retirement age of active employees (12.3 years).

March 31, 2015

#### 9. Post-Employment Benefits (continued)

Information about the Hospital's accrued benefit obligation relating to its post-retirement benefit plan at March 31, 2015, is as follows:

	2015	2014
Accrued benefit obligation	\$833,200	\$892,100
Less unamortized losses:		
Unamortized past service costs	0	0
Unamortized net actuarial (gain)/loss	\$ 51,200	\$ 45,900
Accrued Benefit Liability - End of Year	\$ 884,400	\$ 846,200

The significant actuarial assumptions used in estimating the Hospital's accrued benefit obligations are as follows:

Discounted rate:	
Beginning of year	4.36 %
End of year	3.31 %
Weighted average health care trend rate	
Initial	7.7 %
Ultimate	4.5 %
Year "Ultimate" reached	2032

The actuarial valuation is for the period April 1, 2014 through March 31, 2015. Included in Employee Benefits on the Statement of Operations is an amount of \$79,600 (2014: \$81,800) related to employee future benefits.

	2015	2014
Current Year Benefit cost:	35,900	36,100
Interest on accrued benefit obligation	38,800	36,500
Amortized actuarial loss	4,900	9,200
Total Expense	\$ 79,600	\$ 81,800

Above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), a multi-employer plan, described above.

#### March 31, 2015

#### 10. Related Entities

#### a) Strathroy Middlesex General Hospital Foundation

Strathroy Middlesex General Hospital exercises influence over Strathroy Middlesex General Hospital Foundation (the Foundation) by virtue of its ability to appoint some of the Foundation's Directors of the Board. The Foundation raises funds for capital acquisition and other related purposes of the Hospital. The Foundation is incorporated under the Corporations Act of Ontario and is a registered charity under the Income Tax Act (Canada).

During the year, the Foundation transferred \$748,464 (2014 - \$824,512) to the Hospital to be used for the purchase of capital assets and \$325,484 (2014 - \$220,238) for operations (education and capital lease).

#### b) Strathroy Middlesex General Hospital Auxiliary

The Auxiliary is an ancillary volunteer organization that is a registered charity under the Income Tax Act (Canada). Under its constitution and by-laws the stated purpose of the Auxiliary is to assist the Hospital and the community.

#### c) Four Counties Health Services

Strathroy Middlesex General Hospital is related to Four Counties Health Services as they are controlled by the same Board of Directors. Staff resources are shared by the hospital. During the year, Strathroy Middlesex General Hospital recovered remuneration of \$1,203,528 (2014 - \$1,147,939) from Four Counties Health Services, and reimbursed Four Counties Health Services \$311,257 (2014 - \$339,082) for remuneration paid by Four Counties Health Services. Joint purchases of supplies are expensed to each Hospital at point of purchase.

#### 11. Economic Dependence

The Hospital received 86% of its total revenue for the year ended March 31, 2015 (2014 - 84%) from the Southwest LHIN and Ministry of Health and Long-Term Care.

#### 12. Joint Venture Agreement

The Hospital was part of an agreement with the Regional Shared Services ("RSS") which was initially formed by the Thames Valley Hospital Planning Partnership ("TVHPP") to develop and operate a shared electronic health information management system. An agreement was executed by all involved hospitals in order to outline the rights, obligations and duties of each joint venture partner. The Hospital had an economic interest in RSS and paid to the RSS its share of capital, staffing and operating costs incurred by the RSS. The shared assets of the RSS resided on the financial statements of the London Health Sciences Centre ("LHSC"). The Hospital accounted for the joint venture on an equity basis.

Effective July 21, 2011 the parties revised their contractual relationship in order to adopt a purchased service model for existing services and to create advisory and decision-making committees composed of London Health Sciences Centre and St. Joseph's Health Care, London, collectively known as the Service Provider, and the Customers.

March 31, 2015

#### 13. Capital Management

The Hospital's primary objective when managing capital is to safeguard the entity's ability to deliver comprehensive family-centred patient care in a rural and community-focused health service setting in collaboration and integration with our healthcare partners. The Hospital defines its capital as its cash and net assets, both restricted and unrestricted.

The Hospital monitors its cash position on a weekly basis and reviews the current ratio and working capital position on a monthly basis.

The Hospital manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Strathroy Middlesex General Hospital Foundation provides the annual capital equipment support, which is paid on a predetermined basis during the fiscal year. In order to adjust the capital structure the Hospital may sell or purchase investments, utilize the approved operating line of credit, or any advances from the Southwest Local Health Integration Network (LHIN). Longer term borrowing arrangements with financial institutions are also in place.

There have been no changes in what the Hospital defines as capital, or the objectives, policies and procedures for managing capital, in the year.

The Hospital manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Strathroy Middlesex General Hospital Foundation provides the annual capital equipment support, which is paid on a predetermined basis during the fiscal year. In order to adjust the capital structure the Hospital may sell or purchase investments, utilize the approved operating line of credit, or any advances from the Southwest Local Health Integration Network (LHIN). Longer term borrowing arrangements with financial institutions are also in place.

There have been no changes in what the Hospital defines as capital, or the objectives, policies and procedures for managing capital, in the year.

#### March 31, 2015

#### 14. Public Sector Salary Disclosure Act

The Public Sector Salary Disclosure Act requires that the Hospital disclose in its annual statement, the amount of salary and benefits paid in excess of \$100,000.

For the Calendar year, 2014:	Salary	Taxable benefits			
Todd Stepanuik, President and Chief Executive Officer	\$187,571	\$785			
Nancy Maltby-Webster, Chief Operating Officer	\$146,221	\$7,771			
Gina Taylor, Director of Patient Care	\$131,283	\$470			
Marianne Lewis, Registered Nurse	\$105,405	\$434			
Nancy Switzer, Registered Nurse	\$105,405	\$434			
Liz Kendall, Director of Human Resources	\$105,405	\$437			
Patricia DeRuiter, Director of Diagnostic Services	\$105,107	\$437			
Steve Titus, Director of Facilities Management	\$103,215	\$36			
Cara Van Dyk, Registered Nurse	\$100,591	\$0			

Generally, the Act defines salary as the amount received by an employee required by the Income Tax Act (Canada) and defines benefits as amounts reported to Revenue Canada, Taxation, under the Income Tax Act (Canada).

#### 15. Contingencies

The Hospital has been named defendant in certain legal actions. The final liability, if any, of these claims is indeterminable as the Hospital has established defense actions and further, in the opinion of legal counsel and the Hospital's insurance adjustors, should any claim be successful, it would be subject to material coverage by the hospital's policies of insurance.

#### 16. Internally Restricted Net Assets

\$nil (2014 - \$600,000) of net surplus has been internally restricted for future capital asset purchases.

#### March 31, 2015

#### 17. Supplementary Information

Additional cash flow information is as follows:

	2013		2014	
Interest paid in the year Interest received in the year	\$	20,081 24,417	\$	21,636 22,331

#### 18. Financial Instrument Risk Management

#### 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. The Hospital is exposed to this risk relating to its cash and accounts receivable. The Hospital holds it cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Hospital's cash accounts are insured up to \$100,000 (2014 - \$100,000).

Accounts receivable is 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 patients population.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collection. The amounts outstanding at year end were as follows:

		_	Past Due				
	Total	Current	31-60 days	61-90 days	91-120 days >	120 days	
Inpatients Outpatients OHIP Miscellaneous	\$ 81,513 \$ 47,375 315,662 693,219	38,223 \$ 23,449 247,323 689,408	4,315 \$ 5,702 67,656 3,781	15,200 \$ 7,487 618	137 \$ 7,606 65 30	23,638 3,131 - -	
Gross receivables Less: impairment allowances	1,137,769 (20,000)	998,403	81,454 -	23,305	7,838 -	26,769 -	
Net receivables	\$1,117,769 \$	978,403 \$	81,454 \$	23,305 \$	7,838 \$	26,769	

The amounts aged greater than 90 days owing from patients that have not had corresponding impairment allowance setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on credit quality of debtors and their past history of payment.

#### March 31, 2015

#### 18. Financial Instrument Risk Management (Continued)

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the 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: Interest rate risk, currency risk and equity risk. The Hospital is not exposed to significant currency or equity risk as it does not transact 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 the risk.

#### Interest rate risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates.

The Hospital is exposed to this risk through its capital lease obligation.

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

#### Liquidity rate risk

Liquidity risk is the risk that the 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. The follow table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

	6 months to 6 months 1 year			1 - 5 years	
Accounts payable Obligation under capital lease	\$ 6,123,825 124,862	\$	- 127,033	\$	- 278,027
	\$ 6,248,687	\$	127,033	\$	278,027

#### March 31, 2015

#### 19. HIROC

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to current date.

Since its inception in 1987 HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC.

#### 20. Other Votes

Other votes consists of the funding and related expenses for municipal taxes. For the year ended March 31, 2014 other votes also included the funding and related expenses for the Diabetes Education Program. Beginning in fiscal 2015 the Diabetes Education Program funding is now included in the revenue from the Ministry of Health and Long-Term Care.

#### 21. Contractual Obligation

The hospital has entered into an agreement with a supplier to upgrade various electrical, lighting, heating, ventilation and air conditioning systems with an estimated cost of \$5.75 million. The upgrades are to be paid from the energy savings realized over the next 20 years and is expected to be cash flow neutral.