Strathroy Middlesex General Hospital Financial Statements For the year ended March 31, 2014

For the year ended March 31, 2014

	Contents
Independent Auditor's Report	2
Financial Statements	
Statement of Financial Position	3
Statement of Changes in Net Assets	4
Statement of Operations	5
Statement of Cash Flows	6
Notes to Financial Statements	7



Tel: 519 245 1913 Fax: 519 245 5987 strathroy@bdo.ca www.bdo.ca

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, 2014 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, 2014, 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 Accountants, Licensed Public Accountants

Strathroy, Ontario May 22, 2014

BDO Canada LLP

Strathroy Middlesex General Hospital Statement of Financial Position

March 31	2014 201
Assets Current Cash Accounts receivable (Note 17) Inventory (Note 4) Prepaid expenses	\$ 2,694,904 \$ 3,183,636 980,926 1,544,455 88,217 81,145 234,064 155,382
Capital assets (Note 5)	3,998,111 4,964,618 17,974,169 17,324,976 \$ 21,972,280 \$ 22,289,594
Liabilities and Net Assets Current	
Accounts payable and accrued liabilities (Note 3) Deferred contributions relating to operations (Note 7) Current portion of obligation	\$ 4,038,518 \$ 2,962,020 450,000 450,000
under capital lease (Note 8)	197,425 191,012 4,685,943 3,603,032
Deferred contributions relating to capital assets (Note 7) Post-employment benefits (Note 9) Obligation under capital lease (Note 8)	14,239,505 15,127,539 846,200 835,061 308,637 506,062
Net assets	20,080,285 20,071,694
Internally restricted (Note 15) Unrestricted	600,000 600,000 1,291,995 1,617,900 1,891,995 2,217,900
	\$ 21,972,280 \$ 22,289,594

On behalf of the Board of Clinactors:

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				2014		2013
		Restricted (Note 17)	Unrestricted	Total		Total
Balance, beginning of year	⋄	600,000	\$ 1,617,900 \$ 2,217,900	\$ 2,217,900	s	\$ 1,840,363
Excess (deficiency) of revenues over expenditures	ĺ		(325,905)	(325,905)	:	377,537
Balance, end of year	↔	900,009	600,000 \$ 1,291,995 \$ 1,891,995	\$ 1,891,995	\$	\$ 2,217,900

Strathroy Middlesex General Hospital Statement of Operations

For the year ended March 31	2014	2013
Revenue		
Ministry of Health and Long-Term Care	\$ 30,810,602	\$ 30,348,473
Patient revenues	2,573,174	2,440,918
Differential and co-payment	420,843	461,575
Recoveries and miscellaneous	1,619,655	1,454,602
Amortization of deferred capital contributions, equipment	687,712	733,632
Other votes	671,620	650,202
	36,783,606	36,089,402
Expenses		
Salaries and wages	16,350,862	15,881,639
Employee benefits	3,723,424	3,650,749
Employee future benefits (Note 9)	81,800	77,100
Medical staff remuneration	5,791,844	5,496,886
Supplies and other expenses	5,621,325	5,342,488
Medical and surgical supplies	2,966,832	2,675,398
Drugs	583,390	608,789
Amortization - equipment (Note 5)	818,141	850,292
Other votes	807,756	781,082
	36,745,374	35,364,423
Operating excess of revenue over expenses	38,232	724,979
Other		
Amortization of deferred capital contributions, building	597,131	595,988
Amortization of buildings and land improvements (Note 5)	(961,268)	(943,430)
(Hotels)	(701,200)	(713,130)
	(364,137)	(347,442)
(Deficiency) excess of revenue over expenses	\$ (325,905)	\$ 377,537
(Deficiency) excess of revenue over expenses	J (323,703)	\$ 377,537

Strathroy Middlesex General Hospital Statement of Cash Flows

For the year ended March 31	2014	2013
Cash provided by (used in)		
Operating activities (Deficiency) excess of revenues over expenses Items not involving cash	\$ (325,905)	\$ 377,537
Amortization	1,779,409	1,793,722
(Gain) loss on disposal of capital assets Amortization of deferred contributions relating to	(7,408)	10,746
capital assets	(1,284,843)	(1,329,619)
Increase in post-employment benefits liability	11,139	27,461
	172,392	879,847
Net changes in non-cash working capital balances:		
Accounts receivable	563,529	(876,930)
Inventory	(7,072)	8,635
Prepaid expenses	(78,682)	(43,999)
Accounts payable and accrued liabilities Deferred contributions relating to operations	1,076,498	308,422
beterred contributions retacting to operations	-	450,000
	1,726,665	725,975
Capital activities		
Purchase of capital assets	(2,428,602)	(935,505)
Proceeds on disposal of capital assets Contributions received for	7,408	36,127
capital assets	396,809	920,295
	(2,024,385)	20,917
Financing activities		
Payments on capital lease	(191,012)	(184,806)
(Decrease) increase in cash and equivalents during the year	(488,732)	562,086
Cash and equivalents, beginning of year	3,183,636	2,621,550
Cash and equivalents, end of year	\$ 2,694,904	\$ 3,183,636

March 31, 2014

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 2014 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, 2014

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 progess 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, 2014

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, 2014

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, 2014.

Vacation Pay

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

March 31, 2014

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.

			2014			2013
	Fair Value	Amortized Cost	Total	Fair Value	Amortized Cost	
Cash Accounts receivable Accounts payable and	\$2,694,904 \$ -	980,926	\$2,694,904 980,926	\$3,183,636		\$3,183,636 1,544,455
accrued liabilities		4,038,518	4,038,518	•	2,962,020	2,962,020
	\$2,694,904 \$	5,019,444	\$7,714,348	\$3,183,636	\$4,506,475	\$7,690,111

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.

Mar	ch	3	1.	20	14

			=-	
3. Accounts Payable and Acc	rued Liabilities	_	2014	2013
Ministry of Health and Long Trade Wages and other accruals	term Care	\$	121,467 1,350,785 2,566,266	\$ 175,051 353,410 2,433,559
		\$	4,038,518	\$ 2,962,020
4. Inventory				
		-	2014	2013
Pharmacy inventory		<u>\$</u>	88,217	\$ 81,145
Inventory is carried at cost	, which exceeds net re	alizable value.		
5. Capital Assets		2014		2013
	Cost	Accumulated Amortization		Accumulated Amortization
Land	\$ 92,528	\$ -	\$ 92,528	\$ -
Building and related service equipment Major equipment Construction in progress	30,073,848 19,944,922 1,975,026	16,978,029 17,134,126	29,782,178 19,390,190 392,826	16,016,761 16,315,985
	\$52,086,324	\$34,112,155	\$ 49,657,722	\$ 32,332,746
Net book value		\$17,974,169		\$ 17,324,976
The amortization charge fo	r the year is as follows	:	2014	2013
Building Equipment		\$	961,268 81B,141	\$ 943,430 850,292
		\$	1,779,409	\$ 1,793,722

Included in major equipment is equipment under capital lease with a cost of \$988,204 (2013 - \$988,204) and accumulated amortization of \$370,575 (2013 - \$247,050). Amortization expense includes amortization on equipment under capital lease of \$123,525 (2013 - \$123,525).

March 31, 2014

6. Bank Indebtedness

As at March 31, 2014, the Hospital had \$2,500,000 in available credit (2013 - \$2,500,000), consisting of a \$1,500,000 operating line and \$1,000,000 in available transfers from Four Counties Health Services. At year end, neither facility was drawn upon.

7. Deferred Contributions

Deferred Contributions Relating to Operations

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.

	2014	2013
Balance, beginning of year Contributions received Amortized to revenue	\$15,127,539 396,809 (1,284,843)	\$ 15,536,863 920,295 (1,329,619)
Balance, end of year	\$14,239,505	\$ 15,127,539

As at March 31, 2014 there was \$1,088,099 (2013 - \$1,110,983) of deferred capital contributions received which were not spent.

March 31, 2014

8. Obligation Under Capital Lease	2014	2013
Obligation under capital lease - 3.33%, due December, 2016, repayable in semi-annual instalments of \$106,324 principal and interest Less current portion	\$ 506,062 197,425	\$ 697,074 191,012
	\$ 308,637	\$ 506,062

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

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

Year		Amount
2015	\$	197,425
2016		204,054
2017		104,583
	 -	
	<u>\$</u>	506,062

9. Post-Employment Benefits

The following tables outline the components of the Hospital's post-employment benefits and the related expenses:

	 2014	2013
Accrued employee future benefits obligations Unamortized actuarial loss	\$ 892,100 45,900	\$ 930,400 95,339
Accrued Benefit Liability - end of year	\$ 846,200	\$ 835,061
	 2014	 2013
Current year benefit cost Interest on accrued benefit obligation Amortized actuarial loss	\$ 36,100 36,500 9,200	\$ 31,500 40,700 4,900
Total expense	\$ 81,800	\$ 77,100

March 31, 2014

9. Post-Employment Benefits (Continued)

Above amounts exclude pension contributions to the Hospitals of Ontario Pension Plan ("HOOP"), a multi-employer plan, described below.

Retirement Benefits

Substantially all of the full-time employees and some of the part-time employees are members of Healthcare of Ontario Pension Plan (HOOPP). The plan is a multi-employer plan and therefore the Hospital's contributions are accounted for as if the plan were defined contribution plan with the Hospital's contributions being expensed in the period they come due. Contributions made to the plan during the year by the Hospital and employees amounted to \$1,498,884 (2013 - \$1,411,491) and \$1,188,282 (2013 - \$1,116,950) respectively.

Post-Employment Benefits

The Hospital extends post employment life insurance, health and dental benefits to certain employee groups subsequent to their retirement. The Hospital recognizes these benefits as they are earned during employees' tenure of service. The related benefit liability was determined by an actuarial valuation study.

The major actuarial assumptions employed for the valuations are as follows:

a) Discount rate

The present value as at March 31, 2014 of the future benefits was determined using a discount rate of 4.36% (2013 - 3.94%).

b) Drug Costs

Drug costs were assumed to increase at a 8.6% rate for 2014 (2013 - 8.8%) and decrease proportionately thereafter to an ultimate rate of 4.5% in 2022.

c) Hospital and other medical

Hospital and other medical costs were assumed to increase at 4.5% per annum in 2014 (2013 - 4.5%).

Medical premium increases were assumed to increase at 8.6% per annum in 2014 (2013 - 8.8%) and decrease proportionately thereafter to an ultimate rate of 4.5% in 2022. Medical premiums are assumed to increase at the same rate as the drug costs.

d) Dental Costs

Dental costs were assumed to increase at 4.5% per annum in 2014 (2013 - 4.5%).

March 31, 2014

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).

At March 31, 2014, the Hospital has a receivable from the Foundation of \$\text{snil} (2013 - \\$50,000). During the year, the Foundation transferred \$824,512 (2013- \\$519,032) to the Hospital to be used for the purchase of capital assets and \$220,238 (2013 - \\$243,285) 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 \$1,147,939 (2013 - \$934,065) from Four Counties Health Services, and reimbursed Four Counties Health Services \$339,082 (2013 - \$420,430) 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 84% of its total revenue for the year ended March 31, 2014 (2013 - 84%) from the Southwest LHIN and Ministry of Health and Long-Term Care.

12. 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.

March 31, 2014

12. Capital Management (Continued)

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.

13. 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. In calendar year 2013, Todd Stepanuik, President and Chief Executive Officer of the Middlesex Hospital Alliance received salary of \$113,940 and taxable benefits of \$422; Nancy Maltby-Webster, Chief Operating Officer of the Middlesex Hospital Alliance received salary of \$143,805 and taxable benefits of \$7,727; Gina Taylor, Director of Patient Care received salary of \$126,891 and taxable benefits of \$473; Marianne Lewis, Registered Nurse received salary of \$108,982 and taxable benefits of \$534; Nancy Switzer, Registered Nurse received salary of \$101,642 and taxable benefits of \$370; Liz Kendall, Director of Human Resources received salary of \$102,005 and taxable benefits of \$400; and Patricia De Ruiter, Director of Diagnostic Services received salary of \$101,716 and taxable benefits of \$400. 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).

14. 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. See Note 18 regarding HIROC contingencies.

15. Internally Restricted Net Assets

\$600,000 (2013 - \$600,000) of net surplus has been internally restricted for future capital asset purchases.

March 31, 2014

16. Supplementary Information

Additional cash flow information is as follows:

	 2014	 2013
Interest paid in the year Interest received in the year	\$ 21,636 22,331	\$ 27,841 18,407

17. 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 (2013 - \$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 Ministry of Health and	\$	61,807 \$ 48,910 276,070	31,968 \$ 27,732 222,824	14,271 \$ 7,598 52,749	823 \$ 4,654 393	14,745 \$ 4,562	4,364 104	
Long-Term Care Miscellaneous	_	17,275 597,864	17,275 597,296	49	- 489		30	
Gross receivables Less: impairment allowances	1	(21,000)	897,095 (19,000)	74,667 (2,000)	6,359 <u>-</u>	19,307	4,498	
Net receivables	\$ <u> </u>	980,926 \$	878,095 \$	72,667 \$	6,359 \$	19,307 \$	4,498	

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, 2014

17. 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				
	o mondis		1 year		- 5 years
Accounts payable Obligation under capital lease	\$ 4,038,518 97,898	\$	99,528	\$	308,637
	\$ 4,136,416	\$	99,528	\$	308,637

March 31, 2014

18. 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.