ALEXANDRA MARINE AND GENERAL HOSPITAL FINANCIAL STATEMENTS MARCH 31, 2016

VODDEN, BENDER & SEEBACH LLP Chartered Professional Accountants

Vodden, Bender & Seebach LLP Chartered Professional Accountants

P.O. Box 758 41 Ontario Street CLINTON, ONTARIO NOM 1L0 Tel:(519) 482-7979 Fax:(519) 482-5761 vbs@vbsca.ca

INDEPENDENT AUDITOR'S REPORT

To the Board of Governors and Members of Alexandra Marine and General Hospital

We have audited the accompanying financial statements of Alexandra Marine and General Hospital, which comprise the balance sheet as at March 31, 2016, and the operating fund statement of revenue and expenses 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, 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 Alexandra Marine and General Hospital as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards.

Chartered Professional Accountants Licensed Public Accountants

Vodden, Bender & Leeback up

Clinton, Ontario May 6, 2016

ALEXANDRA MARINE AND GENERAL HOSPITAL **BALANCE SHEET**

See Accompanying Notes to Financial Statements

As at March 31	2016	2015
ASSETS		
Current assets		
Cash	1,454,798	803,079
Short-term investments	· · -	4,532
Accounts receivable	786,299	1,072,954
Inventories	280,432	291,129
Prepaid expenses	164,618	107,197
	2,686,147	2,278,891
Capital assets, net book value (note 3)	15,836,124	16,624,109
	\$ 18,522,271	\$ 18,903,000
LIABILITIES AND NET ASSETS Current liabilities		
Accounts payable and accrued liabilities (note 4)	3,077,713	2,984,923
Employee future benefits (note 7)	163,100	167,900
Deferred revenue	<u>-</u>	19,091
	3,240,813	3,171,914
Long term liabilities		
Long-term debt (note 5)	507,632	700,454
Deferred capital contributions (note 6)	5,951,415	5,854,677
Employee future benefits (note 7)	1,397,300	1,352,200
	7,856,347	7,907,331
Net assets		
Invested in capital assets	9,377,077	10,068,978
Unrestricted	(1,951,966)	(2,245,223)
	7,425,111	7,823,755
	\$ 18,522,271	\$ 18,903,000
On habalf of the board of dovornors:		

On behalf of the board of governors:

Jawk Member

BMap Mluxes Member

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On behalf of the board of governors:		
Member		
Member		

ALEXANDRA MARINE AND GENERAL HOSPITAL OPERATING FUND STATEMENT OF REVENUE AND EXPENSES

For the Year Ended March 31	2016	2015
Revenue		
LHIN Base funding	16,525,624	16,334,600
One time funding	345,871	174,714
Other MOHLTC funding	2,636,926	2,644,627
Paymaster funding	292,174	372,572
Other votes funding	1,757,293	1,708,360
Cancer Care Ontario	37,356	44,973
Recoveries and miscellaneous	636,875	750,716
Patient revenues and OHIP	1,418,056	1,431,336
Differential and copayment	176,381	208,099
Amortization of deferred capital contributions - equipment	409,372	968,608
·	24,235,928	24,638,605
Expenses		
Salaries and benefits	14,275,202	14,485,880
Medical staff remuneration	3,428,846	3,477,487
Supplies and other expenses	3,078,074	2,623,973
Medical and surgical supplies	486,600	610,995
Drugs and medical gases	310,087	272,049
Rental and lease expenses	40,326	23,418
Bad debts	14,738	14,551
Other votes expenses	1,757,293	1,708,360
Amortization - equipment	843,443	1,425,791
•	24,234,609	24,642,504
Excess (deficiency) of revenue over expenses		
from Hospital operations	1,319	(3,899)
Other items affecting operations	**************************************	
Amortization of deferred capital contributions - building		
and building service equipment	275,381	239,224
Amortization - building and building service equipment	(675,344)	(636,750)
Sanang ana sanang sa nas squipman	(399,963)	(397,526)
Excess (deficiency) of revenue over expenses for the year	(\$ 398,644)	(\$ 401,425)

ALEXANDRA MARINE AND GENERAL HOSPITAL STATEMENT OF CHANGES IN NET ASSETS

For the Year Ended March 31			2016	2015
	Invested in Capital Assets	Unrestricted	Total	Total
Balance, beginning of year	10,068,978	(2,245,223)	7,823,755	8,225,180
Excess (deficiency) of revenues over expenses	(855,191)	456,547	(398,644)	(401,425)
Transfer between funds	163,290	(163,290)	-	-
Balance, end of year	9,377,077	(1,951,966)	\$ 7,425,111	\$ 7,823,755

ALEXANDRA MARINE AND GENERAL HOSPITAL OPERATING FUND STATEMENT OF CASH FLOWS

For the Year Ended March 31	2016	2015
	-	
Operating activities	(209.644)	(401,425)
Excess of revenue over expenses for the year Items not requiring (not providing) cash	(398,644)	(401,423)
Amortization expense	1,518,787	2,060,776
Amortization of deferred capital grants and donations	(684,753)	(1,207,832)
Gain on disposal of capital assets	21,157	(4,000)
Working capital provided from operations	456,547	447,519
Cash provided from (used for) changes in operational balances		10.101
Accounts receivable	286,655	12,121
Inventory	10,697	(15,796)
Prepaid expenses	(57,421)	8,462 15,000
Other assets	92,790	(131,528)
Accounts payable and accrued liabilities	(4,800)	(2,000)
Employee future benefits - current Deferred revenue	(19,091)	(1,577)
	765,377	332,201
Cash provided from (used for) operating activities	700,011	
Investing activities	(7E7 222)	(1,383,538)
Net disposals (purchases) of capital assets	(757,333)	(1,383,538)
	<u>(757,333)</u>	(1,363,336)
Financing activities		
Net proceeds (repayments) from long-term debt	(192,822)	(953,916)
Deferred building and equipment grants and donations	786,865	1,134,530
Employee future benefits - long-term	45,100	25,900
	639,143	206,514
Increase (decrease) in cash	647,187	(844,823)
Cash, beginning of year	807,611	1,652,434
Cash, end of year	\$ 1,454,798	\$ 807,611
each cha of Jose		
Cash consists of:		0 0
Cash	1,454,798	803,079
Short-term investments	-	4,532
	\$ 1,454,798	\$ 807,611

For the Year Ended March 31, 2016

Alexandra Marine and General Hospital was incorporated by letters patent under the Ontario Business Corporations Act on June 3, 1901.

The Hospital is principally involved in providing health care services to the residents of the Town of Goderich and surrounding municipalities of Huron County. The Hospital is incorporated without share capital under the Corporations Act (Ontario) and is a charitable organization within the meaning of the Income Tax Act (Canada).

1. Significant accounting policies

The financial statements have been prepared in accordance with the Public Sector Accounting Handbook ("PS") which sets out Canadian generally accepted accounting principles ("GAAP") for government not-for-profit organizations ("GNPOs") in Canada. The Hospital has chosen to use the standards specified for GNPOs set out in PS 4200 to PS 4270. The significant accounting policies are summarized as follows:

a) Revenue recognition

The Hospital follows the deferral method of accounting for contributions that include donations and government grants.

The Hospital is primarily funded by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care (MOHLTC) and the South West Local Health Integration Network ("SW-LHIN").

Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of the 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 arrangements with the Ministry of Health and Long-Term Care with respect to the year ended March 31, 2016.

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

Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets including restricted cash are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Revenue from the insurance plans, preferred accommodations, and marketed services is recognized when the goods are sold or the service is provided, the amounts can be reasonably estimated and collection is reasonably assured.

b) Inventories

Inventories are recorded at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs incurred in bringing the inventories to their present location and condition.

c) Capital assets

Capital assets are recorded at cost. Assets are amortized over their estimated useful lives using the following rates on a straight-line basis:

Land improvements	10 - 20 years
Buildings	50 years
Building service equipment	10 - 25 years
Equipment	5 - 10 years
Computer equipment	3 - 5 vears

Construction in progress is not amortized until construction is complete and the facilities are placed into use.

For the Year Ended March 31, 2016

1. Significant accounting policies (continued)

d) Contributed services

Volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the financial statements.

e) Employee future benefits

The benefit obligation is amortized over the average remaining service period of the active employees. The cost of retirement benefits earned by employees is actuarially determined using the projected unit method pro-rated on service and management's best estimate of retirement ages of employees and expected health and dental care costs.

f) Use of estimates

The preparation of the financial statements in conformity with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation of receivables, inventories; and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in operations in the year in which they are known.

g) Financial instruments

The financial instruments are classified into one of five categories: held-for-trading, held-to-maturity, loans and receivables, available-for-sale financial assets or other financial liabilities. All financial instruments are measured in the balance sheet at fair value except for loans and receivables, held-to-maturity investments and other financial liabilities which are measured at amortized cost. Subsequent measurement and changes in fair value will depend on their initial classification, as follows: held-for-trading financial assets are measured at fair value and changes in fair value are recognized in net earnings; available-for-sale financial instruments are measured at fair value with unrealized changes in fair value recorded in the statement of changes in net assets until the investment is derecognized or impaired at which time the amounts would be recorded in the operating fund statement of revenue and expenses.

In accordance with the Canadian Public Sector Accounting Standards the Hospital has undertaken the following:

- (i) Designated cash and short-term investments as held-for-trading, being measured at fair
- (ii) Accounts receivable are classified as loans and receivables, which are measured at amortized cost.
- (iii) Marketable securities are designated as available-for-sale, which are recorded at fair value.
- (iv) Accounts payable and accrued liabilities and long-term debt are classified as other financial liabilities, which are measured at amortized cost.

For the Year Ended March 31, 2016

1. Significant accounting policies (continued)

g) Financial instruments (continued)

No financial statement recognition is given to embedded derivatives or non-financial contracts with derivative characteristics.

The Hospital also complies with PS 3450, "Financial Instruments", for the presentation and disclosure of financial instruments and non-financial derivatives.

The Hospital has elected to account for transactions as at the trade date.

h) Funding adjustments

The Hospital receives grants from the MOHLTC and the South West Local Health Integration Network (SWLHIN) for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the MOHLTC or SWLHIN is entitled to seek refunds. Should any amounts become refundable, the refunds would be charged to operations in the period in which the refund is determined to be payable. Should programs and activities incur a deficit, the Hospital records any recoveries thereon in the period in which collection is received.

2. Restricted investments

Restricted investments reflect the investment of unused donations received from donors, restricted for future Hospital expenditures, and interest earned on those contributions.

The Hospital currently holds no investments.

3. Capital assets

	Cost	Accumulated Amortization	Net Book Value 2016	Net Book Value 2015
Land	153,868		153,868	153,868
Land improvements	138,353	88,806	49,547	54,051
Buildings	16,291,510	5,732,176	10,559,334	10,885,781
Building service equipment	5,157,803	3,024,869	2,132,934	2,210,351
Equipment	11,906,436	9,585,342	2,321,094	2,617,299
Computer hardware/software	2,585,803	<u>1,966,456</u>	<u>619,347</u>	702,759
	\$ 36,233,773	\$ 20,397,649	\$ 15,836,124	\$ 16,624,109

4. Accounts payable and accrued liabilities

Accounts payable and accrued liabilities consist of:

	2016	2015
Trade payables	1,280,485	1,475,024
Salaries and deductions payable	1,134,349	902,050
Accrued vacation and statutory holiday payable	484,421	477,933
Other liabilities	<u> 178,458</u>	<u>129,916</u>
	<u>\$ 3,077,713</u>	<u>\$ 2,984,923</u>

For the Year Ended March 31, 2016

5. Long-term obligations

Long tom onightions		
	2016	2015
CT1 (A) Loan, 1.36% per annum for rate term expiring January 2017, interest paid monthly, semi-annual principle payments of \$17,833, due December 2022	214,000	324,220
CT1 (B) Loan, 1.47% per annum for rate term expiring January 2017, interest paid monthly, principle payment of \$31,079 due July 2016	31,079	76,841
CT2 Loan, 1.36% per annum for rate term expiring January 2017, blended monthly payments of principal and interest of \$3,399, due December 2022	262,553	299,393
due December 2022	\$ 507,632	\$ 700,454

The Foundation has guaranteed funding for the CT1 loan, and effective January 2015 has also taken over payments on the CT2 loan. No current portion of the loans has been recognized on the balance sheet as the Foundation is making all principal and interest payments directly to TD. Principal due within each of the next five years on the long-term debt is as follows:

	CT1 [A] loan	CT1 [B] loan	CT2 loan
2017	35,666	31,079	38,048
2018	35,666	-	38,568
2019	35,666	-	39,096
2020	35,666	. .	39,631
2021	<u>35,666</u>		<u>40,173</u>
	\$ 178,330	\$ 31,079	\$ 195,516

6. Deferred capital contributions related to capital assets

Deferred capital contributions related to capital assets represent the unamortized amount received for the purchase of capital assets and consists of the following:

	2016	2015
Balance, beginning of year	5,854,677	5,927,979
Additional contributions	786,865	1,134,530
Less: Amounts amortized to revenue	<u>(690,127</u>)	<u>(1,207,832</u>)
Balance, end of year	\$ 5,951,415	<u>\$ 5,854,677</u>

Comparative amounts have been reclassified to conform with the current year's financial statement presentation.

For the Year Ended March 31, 2016

7. Employee future benefits

The Alexandra Marine and General Hospital provides extended health care, dental and semi-private benefits to eligible retired employees. An independent actuarial study of the post-retirement benefits has been undertaken. The most recent valuation of the employee future benefits was prepared as at March 31, 2016.

At March 31, 2016 the Hospital's accrued benefit obligation related to post-retirement benefit plans was \$1,560,400 (2015: \$1,520,100), as detailed in the table below.

	2016	2015
Balance, beginning of year	1,520,100	1,496,200
Benefit cost	167,900	169,900
Contributions by the Hospital	(127,600)	(146,000)
Balance, end of year	1,560,400	1,520,100
Less: current portion	<u> 163,100</u>	<u>167,900</u>
Long-term accrued benefit liability	<u>\$ 1,397,300</u>	\$ 1,352,200

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

Discount rate	2016	2015
Beginning of year	3.31%	4.36%
End of year	3.76%	3.31%
General inflation	CPI rate is used	

8. Invested in capital assets

a) Net assets invested in capital assets are calculated as follows:

	2016	2015
Capital assets, net book value	15,836,124	16,624,109
Amounts financed by:	, .	
Deferred capital contributions	(5,951,415)	(5,854,677)
Obligations under long-term debt	(507,632)	(700,454)
	\$ 9,377,077	<u>\$ 10,068,978</u>
b) Change in net assets invested in capital assets is	s calculated as follows:	
	2016	2015
Excess of expenses over revenues:		
Gain on disposal of capital assets	(21,157)	4,000
Amortization of deferred capital contributions		
related to capital assets	684,753	1,207,832
Amortization of capital assets	<u>(1,518,787</u>)	<u>(2,060,776</u>)
	<u>\$ (855,191</u>)	<u>\$ (848,944)</u>
Net change in investments in capital assets:		
Purchase of capital assets	785,877	1,387,538
Capital assets funded by deferred	, ,	.,,
capital contributions	(786,865)	(1,134,530)
Reduction in long-term debt	192,822	953,916
Proceeds on disposal of capital assets	<u>(28,544</u>)	(4,000)
	\$ 163,290	\$ 1,202,924

For the Year Ended March 31, 2016

9. Pension plan

Employees of the Hospital are eligible to be members of the Hospitals of Ontario Pension Plan (HOOPP) which is a multi-employer final average pay contributory pension plan. Contributions made to the Plan during the year by the Hospital amounted to \$945,657 (2015: \$951,155) and are included in the operating fund statement of revenue and expenses.

10. Economic interest

The Hospital has an economic interest in the Alexandra Marine and General Hospital Foundation. The Foundation was established to solicit funds on behalf of the Hospital. The Foundation has net assets totalling \$951,924 (2015: \$1,162,454) for the benefit of the Hospital.

11. Financial risks and concentration of credit risks

Credit risk

Credit risk refers to the risk that a counterpart may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2016 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the operating fund statement of revenue and expenses. Subsequent recoveries of impairment losses related to accounts receivable are credited to the operating fund statement of revenue and expenses. The balance of the allowance for doubtful accounts at March 31, 2016 is \$30,000 (2015: \$10,500).

There have been no significant changes to the credit risk exposure from 2015.

Liquidity risk

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There have been no significant changes to the liquidity risk exposure from 2015.

Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investments.

The Hospital is not exposed to market risk.

Interest rate risk

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

At March 31, 2016, all of the Hospital's long-term debt was at fixed interest rates, with the exception of advances under the bank credit facility.

There has been no change to the interest rate risk exposure from 2015.