ANSON GENERAL HOSPITAL

FINANCIAL STATEMENT
TO MARCH 31, 2012

ANSON GENERAL HOSPITAL

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J. Clive Dorland, B. Comm. C.A.

INDEPENDENT AUDITOR'S REPORT

TO: The Members Anson General Hospital Iroquois Falls, Ontario

I have audited the accompanying financial statements of Anson General Hospital which comprise the statement of financial position as at March 31, 2012 and the statements of operations, changes in net assets, 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 the fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, 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

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I 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 judgement, including the assessment of the risks of material misstatement of the financial statement, 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.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Anson General Hospital as at March 31, 2012 and the results of its operations and the change in its net assets and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

I have not audited budget figures.

CHARTERED ACCOUNTANT Licensed Public Accountant

Delet-Del

Cochrane, Ontario June 12, 2012

STATEMENT OF FINANCIAL POSITION March 31, 2012

	2012	2011
ASSETS		
Current Assets:		
Cash	\$ 42,149	35,282
Accounts Receivable (note 2)	1,655,204	1,583,329
Inventories	75,095	116,076
	1,772,448	1,734,687
Non Current Assets:		
Investments (note 3)	1,880,283	1,897,638
Capital assets (note 4)	13,728,114	14,423,010
	15,608,397	16,320,648
	\$ 17,380,846	18,055,335
LIABILITIES and NET ASSETS		
Current Liabilities:		Victorial Reduced Code Code
Accounts Payable and Accrued Liabilities	\$ 787,581	945,276
Long Term Liabilities:		
Contribution - Capital Asset repayable (note 6(a))	276,000	288,000
Mortgage Payable (note 6(b))	63,400	65,500
Accrued Benefit Liability - Employee Future Benefits (note 5)	1,202,035	1,091,464
Deferred Contributions - Capital Assets (note 6(c))	9,685,848	10,128,866
	11,227,283	11,573,830
Net Assets		
	4,410,723	4,733,982
Investment in Capital Assets (note 7)	055.050	802,247
Investment in Capital Assets (note 7) Unrestricted	955,259	
	5,365,982	5,536,229

See accompanying notes to financial statements

On behalf of the Board:

Director

Director

STATEMENT OF OPERATIONS MARCH 31, 2012

			12212	2500000
		Dudget	2012	2011
		Budget	Actual	Actual
REVENUES				
Ministry of Health and Long Term Care				
-Base Allocation	\$	7,540,650	7,513,152	7,391,450
-Physician Specific	8.	86,000	63,214	82,461
One Time Funding		0	117,820	02,401
Subtotal Ministry of Health Funding		7,626,650	7,694,186	7,473,911
Recoveries & miscellaneous Revenue		451,329	491,485	367.016
Investment income		160,000	18,167	114,438
Amortization of Grants/Donation Equipment		60,000	50.133	57,477
OHIP Patient Revenue		171,500	205,162	195,266
Other Patient Revenue		304,700	301,383	270,494
		8,774,179	8,760,516	8,478,602
EXPENSES				
Salaries & Wages (Schedule A)		4,422,627	4,598,844	4,125,458
Benefit Contributions		1,328,010	1,198,099	1,146,630
Employee Future Benefit Costs		0	110,571	63,269
Medical Staff Remuneration		281,000	375,385	278,656
Supplies & Other Expenses (Schedule A)		2,146,386	2,034,706	1,909,473
Medical/Surgical Supplies		166,500	225,769	164,627
Drugs & Medical Gases		226,000	208,357	225,625
Amortization-equipment		195,000	242,674	209,266
Rental/Lease of Equipment		6,000	5,621	3,016
		8,771,523	9,000,028	8,126,020
SURPLUS / (DEFICIT) FROM HOSPITAL OPERATIONS		2,656	(239,511)	352,582
Amortization of Deferred Contributions related				
to Building - Revenue		220,000	384,179	359,479
Amortization of Building - Expense		475,000	442,096	428,928
(DEFICIT) FROM ITEMS ABOVE		(255,000)	(57,917)	(69,449)
OTHER VOTES- MUNICIPAL LEVY			8	
Revenue		-	3.150	3,150
Expense		-	3,150	3,150
SURPLUS FROM OTHER VOTES			5,130	
OTHER PROGRAMS (note 12)				
Revenue		_	5,708,365	5,220,266
Expenses		-	5,574,418	5,375,045
SURPLUS (DEFICIT) FROM OTHER PROGRAMS		0	133,947	(154,779)
SURPLUS / (DEFICIT) FOR YEAR	\$	(252,344)	(163,481)	128,355

See accompanying notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS March 31, 2012

				- 2012		2011
		nvested in	Unre	stricted	<u> </u>	V-E27 (68)
		capital assets	Realized	Unrealized	Total	Total
Balance, beginning of year	\$	4,733,982	849,324	(47,077)	5,536,229	5,441,666
Excess (Deficiency) of Revenues over Expenses		(356,724)	193,243	-	(163,481)	128,355
Change in unrealized net assets (note 8)		-	-	(6,766)	(6,766)	(33,792
Investment in Capital assets		33,465	(33,465)	. * .3	.	i e
Balance, end of year	s -	4,410,723	1,009,102	(53,843)	5,365,982	5,536,229

See accompanying notes to financial statements

STATEMENT OF CASH FLOW MARCH 31, 2012

	2012	2011
Cash provided by (used for):		
Operating activities:		
Surplus for the year	\$ (163,481)	128,355
Items not involving cash:		.20,000
Amortization of capital assets	883,644	914,007
Amortization of deferred contributions		353,04550
related to capital assets	(526,920)	(514,576)
Employee Future Benefit Costs (note 5)	110,571	63,344
	467,295	462,775
Changes in non-cash operating working capital		
Accounts receivable	(283,623)	(56,296)
Inventories	40,981	34,176
Accounts payable and accrued liabilities	(157,695)	71,767
The Proceedings of the Population of the Populat	(400,337)	49,647
Net cash provided by operating activities	(96,523)	640,777
Financing activities:		
(Decrease) in capital accounts payable	0	(260,045)
Deferred contributions capital received	295,652	365,656
Provincial sales tax rebate-capital	53,571	000,000
Increase (decrease) in long term loan payable	(2,100)	65500
Increase(decrease) in contribution-capital asset repayable	(12,000)	
and the state of t	335,123	(12,000) 159,111
Investing activities		
Purchase of capital assets	(242,321)	(786,927)
Decrease in long term loan receivable	(242,321)	68,750
Net (Increase) Decrease in investments	10,588	
	(231,733)	(418,076) (1,136,253)
Net increase (decrease) in cash	6,867	(336,365)
Cash, beginning of year	35,282	371,647
Cash, end of year	\$ 42.149	35,282

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS MARCH 31, 2012

The Anson General Hospital (the "Hospital") was incorporated under the Corporations Act, 1953 through Letters of Patent issued on April 20, 1955. The Hospital is principally involved in providing essential quality health services for the citizens of Iroquois Falls and area. 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. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles.

Revenue Recognition

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

The Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health Operating grants and of Health Operating grants and subsidies 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 is related to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by the Ministry with respect of year ended March 31, 2012.

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 are restricted for the purchase capital assets are deferred and amortized into revenue on a straight line basis, at a rate corresponding with the amortization rate for the related capital asset.

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized.

Unrestricted investment income is recognized as revenue when earned. Gains/losses on investments held available-for-sale are recognized as income when actually realized on disposition of the investment. Unrealized gains/losses on fair value of investments available-for-sale are reflected directly on the Statement of Changes in Net Assets.

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

Contributed Services

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

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and and the reported amount of revenues and expenditures during the period. Actual results could differ from these estimates.

Investments

Investments classified as "available for sale" are recorded at fair market value. The excess (deficiency) of fair market value over cost of investments held is reflected in the statement of Net Assets as "Unrealized" net assets. Investments are classified as current/non current in accordance with their intended holding period.

Inventory

Inventories are valued at the lower of average cost and replacement value.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution where fair value can be reasonably determined. Assets acquired under capital leases are amortized over the estimated life of the asset or over the lease term, as appropriate. Repairs and maintenance are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Included in capital assets are land, building and equipment that were acquired on the transfer of South Centennial Manor assets to the Hospital from the Board of Management for Cochrane District Home for the Aged. The assets consist of a 69 bed home for the aged and furnishings in Iroquois Falls, Ontario. The building was constructed in 1967 and renovated in 1985. Because of the fair value of assets acquired cannot be reasonably determined, they are recorded at the nominal cost of \$1. Subsequent additions are recorded at cost.

Capital Assets are amortized on a straight line basis using the following annual rates:

Buildings and Residential Properties Major Equipment

2.5% - 5%

5% - 20%

NOTES TO FINANCIAL STATEMENTS MARCH 31, 2012

1. SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Compensated absences

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

2. ACCOUNTS RECEIVABLE

Ministry of Health Other Due from MICs Partnership (note 17)				\$	48,653 304,093 1,302,458	230,171 290,004 1,063,154
				\$_	1,655,204	1,583,329
3. INVESTMENTS						
		2012 Market	Cost		2011	0
	5,000	IVIdING	Cost		Market	Cost
Managed and Mutual Funds available-for-sale	\$	1,880,283	1,934,127		1,868,084	1,915,161
Mortgage on real property and chattels	-				29,554	29,554
	\$_	1,880,283	1,934,127		1,897,638	1,944,715

2012

2011

The Hospital is exposed to market risk on its publicly traded investments.

4. CAPITAL ASSETS			2011		
	57	Cost	Accumulated Amortization	Net	Net
Land and land improvements	s	107,665	5,738	101,927	98.395
Buildings		20,616,362	7,796,309	12.820.053	13,365,533
Software		40,395	35,314	5,081	9,118
Furnishing and equipment		4,305,842	3,504,789	801,053	949,964
Joint Venture - equipment (note 10)	-	735,579	735,579		•
	s	25,805,843	12.077.729	13.728.114	14 423 010

5. EMPLOYEE FUTURE BENEFITS

The Anson General Hospital and the MICs Group of Health Services provide extended health care, dental and life insurance benefits to substantially all employees.

The accrued benefit obligation and accrued benefit liability related to employees of MICs and participating hospitals is determined by actuarial calculations in aggregate for all employees. The latest actuarial valuation was dated May 28 ,2012 for the fiscal year ending March 31, 2012. Expenses are allocated to respective facilities according to where services are provided by respective employees. Prior year amounts were determined by extrapolating figures from the previous valuation dated June, 2010 along with particular estimates.

Experience gains and losses are amortized as follows:

Net gains or losses are combined with the unamortized balance of previous gains or losses, and the portion that exceeds 10% of the accrued benefit obligation is amortized over the remaining service period of active employees.

The Anson General Hospital's accrued benefit liability related to post-retirement benefit plans for its employees and its proportionate share of accrued benefit liability for MICs of the balance sheet at March 31, 2012 is determined as follows:

2	_	Anson General Hospital	Share of MICs	2012 Total	2011 Total
Balance beginning of year	\$_	969,512	121,952	1,091,464	1,028,120
Additional Benefit Expense Contributions by Employer Net Benefit Expense	_	132,549 (35,591) 96,958	13,613 - - - - - -	146,162 (35,591) 110,571	107,532 (44,188) 63,344
Balance of accrued benefit liability at end of year	\$_	1,066,470	135,565	1,202,035	1,091,464
Additional benefit expense is comprised as follows:	_	Anson General Hospital	Share of MICs	2012 Total	2011 Total
Cost of benefits Interest on Accrued Benefit Obligation Amortization of past service costs	\$	54,518 63,163 14,868	7,252 6,361 0	61,770 69,524 900	50,082 56,550 900
Benefit Expense	\$_	132,549	13,613	146,162	107,532

The measurement date used to determine the accrued benefit obligation is March 31, 2012.

The accrued benefit liability at March 31, 2012 is reconciled with the Accrued Benefit Obligation at March 31, 2012 as follows:

		Hospital	Share of MICs	2012 Total	2011 Total
Accrued Benefit obligation at March 31, 2012 as determined by actuarial valuation Less: Unamortized amounts at March 31, 2012	\$	1,032,338	95,706	1,128,044	1,097,348
Actuarial experience gain (loss) Past Service Costs	-	178,009 (143,877)	39,859	217,868 (143,877)	(784) (5,100)
Accrued employee benefit liability at March 31,2012	\$_	1,066,470	135,565	1,202,035	1,091,464

The significant actuarial assumptions adopted in estimating the accrued benefit obligation are as follows:

2012

2011

Discount Rate
Dental benefits cost escalation
Medical benefits cost escalation-extended health care

3.90% per annum 4.00% per annum 8.00% decreasing linearly each year to a rate of 4.5% / annum after 6 years

4.00% per annum
7.40% decreasing linearly each year
to a rate of 4.5% / annum after
5 years

5.50% per annum

NOTES TO FINANCIAL STATEMENTS MARCH 31, 2012

6 (a). Contribution - Capital Assets Repayable \$276,000 (2011 - \$288,000)

The Hospital entered into a Capital Grant Agreement with the Ministry of Health and Long-Term Care for a contribution to the capital cost of a Family Health Team facility. The Ministry contribution is in the amount of \$2,000,000 with the understanding that \$300,000 of that will be recovered by the Ministry at \$1,000 per month for 25 years. The recovery will be made through reduction of annual Family Health Team operating funding that would otherwise have been provided, by \$12,000 annually.

The \$1,700,000 balance of the contribution is included in the Deferred Contributions - Capital Assets.

The agreement requires that the Family Health Team be able to occupy the facility rent - free for a period of 25 years. The agreement restricts the use of the funding for construction of a facility for a Family Health Team.

The agreement provides for the requirement for repayment of the contribution to the Ministry on a declining balance basis as set out in the agreement, in the event of sale of the building or termination of the agreement by the Hospital unless otherwise agreed to by the Ministry in writing.

6 (b) Mortgage Payable- \$63,400 (2011 - \$65,500)

Mortgage bears no interest, with payments of \$1,500 per month, secured by a first mortgage on real property. The balance is due August 31,2015.

6 (c). Deferred Contributions - Capital Assets

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

		2012	2011
Balance, beginning of year Contributions during the year Less amounts amortized to revenue	\$	10,128,865 83,903 (526,919)	10,387,169 256,273 (514,577)
Balance, end of year	\$	9,685,849	10,128,865
7. INVESTMENT IN CAPITAL ASSETS			
		2012	2011
Capital assets Less amounts financed by:	\$	13,728,114	14,423,010
Deferred contributions balance end of year Less unexpended funding	\$ (9,685,849) 368,458	(9,317,391)	(9,689,028)
	\$	4,410,723	4,733,982
8. CHANGE IN UNREALIZED NET ASSETS			
		2012	2011
Comprised as follows:			
Realization of gains (losses)		0	-105,592
Reduction of amount of unrealized gains\recognition of losses on investments arising from (increase)/decrease in market value of available-for-sale investments	\$	(6,767)	71,800
	\$	(6,767)	(33,792)

9. PENSION PLAN

Substantially all of the employees of the Hospital are eligible to be members of the Hospital of Ontario Pension Plan, which is a multi-employer final average pay contributory pension plan. Employer contributions made to the plan during the year by the Hospital amounted to \$533,770 (2011 - \$529,307). These amounts are included in expenses in the operating fund Statement of Operations.

NOTES TO FINANCIAL STATEMENTS MARCH 31, 2012

10. JOINT VENTURE

In 2001, the North Eastern Health Services Alliance, which is a group of 8 hospitals in Northeastern Ontario, agreed to jointly participate in the installation of a Picture Archiving Communication System (PACS). This system provides digital diagnostic imaging communication capability amongst all hospitals in the group. Timmins and District Hospital /l'Hôpital de Timmins et du district was given the responsibility to administer the funds on behalf of this group.

11. SOUTH CENTENNIAL MANOR

Anson General Hospital operates the long term care facility, South Centennial Manor, under agreement with the Ministry of Health. Services are provided in accordance with the applicable provincial legislation.

Revenues a	e as follows:
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12. OTHER PROGRAMS

2012		Revenue		Surplus/ (Deficit)	
South Centennial Manor Cochrane Regional Lab Program Family Health Team	\$	4,511,963 306,050 890,353	4,558,335 306,050 710,033	(46,373) \$ - 180,320	
	⊅ =	5,708,366	5,574,418	133,947	
2011	Revenue		Expense	Surplus/ (Deficit)	
South Centennial Manor Cochrane Regional Lab Program Family Health Team	\$	4,269,851 306,050 644,365	4,339,165 306,050 729,829	(69,315) 0 (85,464)	
	\$_	5,220,266	5,375,044	(154,779)	

13. BUDGET FIGURES

Budgets for South Centennial Manor are prepared on a calendar year basis consequently budget figures are not presented for Other Funding Sources.

14. FINANCIAL INSTRUMENTS

Fair Value - unless otherwise noted, the carrying values of financial instruments approximate their fair value.

Credit Risk - Credit risk arises from the potential that debtors will fail to honour their obligations. Included in Accounts Receivable and Accrued Capital Contributions is an amount receivable from the MICs Partnership of \$1.303.458 (2014.84.343.640).

is an amount receivable from the MICs Partnership of \$1,302,458 (2011-\$1,243,610). Management considers there is no significant credit risk associated with this receivable. The Hospital does not have significant exposure to credit risk arising from accounts receivable from any other party.

15. CONTINGENT LIABILITIES

The MICs Group of Health Services is part of a collective group of employers participating in the process of formulating a central pay equity plan for a particular employee group. The possible ultimate liability arising to Anson General Hospital on completion of the plan is not determinable.

NOTES TO FINANCIAL STATEMENTS MARCH 31, 2012

16. RELATED PARTY TRANSACTIONS

The Hospital exercises significant influence over the The MICs Group of Health Services (MICs) by virtue of its being a member of the partnership and its ability to appoint some of the Board of Directors. The Partnership was established to increase opportunities for collaboration between its member Hospitals in the sharing of costs and provision of health services. It is a non-profit organization,

Included in the Hospital expenses for the year is \$9,797,715 (2011 - \$9,552,540) paid (or payable) to the partnership for the Hospital's share of costs functions, primarily general administration, paramedical and support services. Share of costs to participating hospitals are set by a methodology agreed to by the Board on a cost recovery basis.

The excess of amounts paid from the Hospital to MICs over amounts paid or to be paid by MICs on behalf of the Hospital at March 31, 2012 (\$1,302,458) is included in Accounts Receivable and Accrued Capital Contributions (2011- \$1,063,154). Amounts due to\form MICs bear no interest.

In 2007/2008 the Partnership began a major Information System implementation to allow participation in the regional NEON information systems network on behalf of the three MICs partners. The total capital cost of the software licences, contribution to hardware and implementation is approximately \$1,317,000. Government assistance to the participating MICs hospitals in total towards the cost was \$685,212, leaving a balance to be borne by the hospitals. The capital cost of the system to March 31, 2012 and the related deferred Government assistance is reflected on the financial statement of the partnership. The respective hospitals' share of costs after applying government assistance will be recognized in the future years as the capital cost of the sytem and the related government assistance are amortized. The ultimate cost to be borne by Anson General Hospital after applying government assistance is approximately \$246,000.

ANSON GENERAL HOSPITAL IROQUOIS FALLS, ONTARIO

SCHEDULE OF SALARIES & WAGES, AND SUPPLIES & OTHER EXPENSES YEAR ENDED MARCH 31, 2012

Department		Salaries and Wages	Supplies and Other	2012	2011
Nursing Services Diagnostic and Therapeutic Education Administration and Other	\$	2,318,796 812,041 28,037 1,439,970	\$ 65,382 584,120 43,313 1,341,891	\$ 2,384,178 1,396,161 71,350 2,781,861	\$ 2,164,044 1,349,942 54,824 2,466,121
	\$_	4,598,844	\$ 2,034,706	\$ 6,633,550	\$ 6,034,931