INDEPENDENT AUDITOR'S REPORT AND FINANCIAL STATEMENTS

MARCH 31, 2015





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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Anson General Hospital

Report on the Financial Statements

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We have audited the accompanying financial statements of Anson General Hospital, which comprise the statement of financial position as at March 31, 2015, and the statements of operations, remeasurement gains, changes in net assets 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.



INDEPENDENT AUDITOR'S REPORT, (CONT'D)

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 organization'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 organization'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 Anson General Hospital as at March 31, 2015, and the results of its operations, its remeasurement gains and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations.

Collins Barrow Gagné Gagnon Bisson Hébert

Chartered Professional Accountants Licenced Public Accountants June 24, 2015



ANSON GENERAL HOSPITAL FINANCIAL STATEMENTS

MARCH 31, 2015

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STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2015

	Budget (Unaudited)	2015 Actual	2014 Actual
REVENUES			
Ministry of Health and Long-Term Care, schedule 1	\$ 7,776,084 \$	\$ 7,787,942 \$	7,805,420
Patient care, schedule 2	532,650	418,673	467,954
Recoveries and other income, schedule 3	411,850	605,274	494,412
Amortization of deferred capital contributions -	,	,	,
equipment and software	60,000	61,376	39,571
Cochrane Regional Lab Program	306,050	306,050	306,050
	9,086,634	9,179,315	9,113,407
EXPENSES		, ,	, , <u>,</u>
Salaries and wages, schedule 4	4,617,428	4,424,133	4,491,285
Employee benefits	1,313,084	1,331,434	1,354,264
Medical staff remuneration	211,500	110,369	218,972
Supplies and other expenses, schedule 5	2,201,365	2,337,805	2,517,426
Medical and surgical supplies	218,050	224,685	232,269
Drugs and medical gases	212,000	200,067	197,714
Amortization of equipment and software	200,000	198,194	186,256
Cochrane Regional Lab Program	306,050	306,050	306,050
	9,279,477	9,132,737	9,504,236
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) FROM OPERATIONS	(192,843)	46,578	(390,829)
Amortization of deferred capital contributions -	(1)2,015)	10,370	(590,029)
buildings	380,000	352,926	351,447
Amortization of buildings	(440,000)	(455,558)	(451,408)
Amortization of oundings	(60,000)	(102,632)	(99,961)
EXCESS OF EXPENSES OVER REVENUES BEFORE OTHER PROGRAMS AND OTHER			
VOTES	(252,843)	(56,054)	(490,790)
OTHER PROGRAMS South Centennial Manor - Surplus (Deficit), schedule 6	-	111,696	(2,619)
Family Health Team - Deficit, schedule 7	-	-	(8,597)
	-	111,696	(11,216)
	(252,843)	55,642	(502,006)
OTHER VOTES- MUNICIPAL LEVY			
Revenue	3,150	3,150	3,150
Expense	(3,150)	(3,150)	(3,150)
	-	-	-
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	\$ (252,843)	\$ 55,642 \$	(502,006)



STATEMENT OF REMEASUREMENT GAINS

YEAR ENDED MARCH 31, 2015

		2015	2014
ACCUMULATED REMEASUREMENT GAINS (LOSSES), BEGINNING OF YEAR	<u>\$</u>	163,000 \$	(14,063)
Unrealized gains on investments Realized gains on disposition of investments		166,175 (55,003)	177,063 -
NET INCREASE IN UNREALIZED GAINS ON INVESTMENTS		111,172	177,063
ACCUMULATED REMEASUREMENT GAINS, END OF YEAR	\$	274,172 \$	163,000
ACCUMULATED REMEASUREMENT GAINS ARE ATTRIBUTABLE TO:			
Domestic investments Foreign investments	\$	31,349 \$ 242,823	25,814 137,186
	\$	274,172 \$	163,000



ANSON GENERAL HOSPITAL STATEMENT OF CHANGES IN NET ASSETS YEAR ENDED MARCH 31, 2015

	Ca	Invested in pital Assets (note 13)	Unrestricted	Total 2015	Total 2014
BALANCE, BEGINNING OF YEAR	\$	4,144,088 \$	681,248 \$	4,825,336 \$	5,150,279
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)		-	55,642	55,642	(502,006)
NET CHANGE IN INVESTED IN CAPITAL ASSETS (note 13)		(235,003)	235,003	-	-
NET INCREASE IN UNREALIZED GAINS ON INVESTMENTS		-	111,172	111,172	177,063
BALANCE, END OF YEAR	\$	3,909,085 \$	1,083,065 \$	4,992,150 \$	4,825,336



STATEMENT OF FINANCIAL POSITION

MARCH 31, 2015

		2015	2014
ASSETS			
CURRENT ASSETS			
Cash	\$	500 \$	500
Accounts receivable (note 4)		490,450	514,900
Inventories		78,603	79,204
Due from MICs Group of Health Services (note 5)	*idamian	162,033	245,366
		731,586	839,970
INVESTMENTS (note 6)		2,326,479	2,142,514
CAPITAL ASSETS (note 7)		12,586,786	12,730,216
	\$	15,644,851 \$	15,712,700
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and accrued liabilities (note 8)	\$	791,763 \$	689,685
Deferred revenue		-	2,000
Current portion of mortgage payable		52,600	3,600
Current portion of capital contribution repayable		12,000	12,000
		856,363	707,285
MORTGAGE PAYABLE (note 9)		-	52,600
CAPITAL CONTRIBUTION REPAYABLE (note 10)		228,000	240,000
POST-EMPLOYMENT BENEFITS PAYABLE (note 11)		1,182,159	1,151,202
DEFERRED CAPITAL CONTRIBUTIONS (note 12)		8,386,179	8,736,277
		10,652,701	10,887,364
NET ASSETS			
INVESTED IN CAPITAL ASSETS (note 13)		3,909,085	4,144,088
UNRESTRICTED		1,083,065	681,248
		4,992,150	4,825,336
	\$	15,644,851 \$	15,712,700

CONTINGENCIES AND COMMITMENTS - note 10 and note 16

On behalf of the board Director Director



STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2015

	2015	2014
OPERATING ACTIVITIES		
	\$ 55,642 \$	(502,006)
Items not involving cash:	. ,	
Amortization of capital assets - buildings	455,558	451,408
Amortization of capital assets - equipment and software	198,194	186,256
Amortization of capital assets - South Centennial Manor	224,587	264,784
Amortization of capital assets - Family Health Team	-	5,350
Amortization of deferred capital contributions - buildings	(352,926)	(351,447)
Amortization of deferred capital contributions - equipment and software	(61,376)	(39,571)
Amortization of deferred capital contributions - South Centennial Manor	(109,049)	(123,899)
Accrual for post-employment benefits	30,957	29,512
Loss on disposition of capital assets	918	-
Realized gains on disposition of investments	(55,003)	-
	387,502	(79,613)
Changes in:		
Accounts receivable	24,450	(134,401)
Inventories	601	22,874
Accounts payable and accrued liabilities	102,079	(185,836)
Deferred revenue	(2,000)	(66,081)
	512,632	(443,057)
INVESTING ACTIVITIES		
Purchase of investments	(1,196,000)	(25,467)
Proceeds on disposition of investments	1,178,210	-
Advances from MICs Group of Health Services	13,945,990	14,710,763
Advances to MICs Group of Health Services	(13,862,657)	(13,706,333)
	65,543	978,963
FINANCING ACTIVITIES		
Repayment of mortgage payable	(3,600)	(3,600)
Repayment of capital contribution repayable	(12,000)	(12,000)
	(15,600)	(15,600)
CAPITAL ACTIVITIES		
Purchase of capital assets	(768,058)	(560,444)
Insurance proceeds	14,230	-
Proceeds on disposition of capital assets	18,000	-
Capital contributions received	188,103	20,000
Deferred capital contributions transfered from deferred revenue	-	20,138
Transfer of unspent deferred capital contributions to operations	(14,850)	-
	(562,575)	(520,306)
CHANGE IN CASH POSITION	-	-
CASH POSITION, BEGINNING OF YEAR	500	500
CASH POSITION, END OF YEAR	\$ 500 \$	500



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

1. STATUS AND NATURE OF OPERATIONS

The Hospital, incorporated under the Ontario Business Corporation Act, without share capital, operates a Hospital under the Charitable Institutions Act, at 58 Anson Drive, Iroquois Falls, Ontario. The Hospital is a not-for-profit organization and, as such, is exempt from income taxes under the Income Tax Act (Canada).

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements 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 and includes the following significant accounting policies:

BASIS OF PRESENTATION

The financial statements include the assets, liabilities and activities of the Hospital. The revenues, expenditures, assets and liabilities with respect to the operations of the Hospital Auxiliary and the MICs Healthcare Foundation are not reflected in these financial statements except to the extent that the funds have been received from or disbursed to them.

REVENUE RECOGNITION

The financial statements have been prepared using the deferral method of accounting. Under the deferral method, revenues are recorded in the period to which they relate.

Under the Health Insurance Act and the regulations thereto, the Hospital is funded primarily by the North East Local Health Integration Network (LHIN) in accordance with the terms and conditions in the Hospital Service Accountability Agreement.

Unrestricted contributions, including operating grants are recorded as revenue in the period to which they relate. Grants approved but not yet received at the end of the year are accrued.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Grants, donations and other contributions received for the acquisition of specific capital assets are recorded as deferred capital contributions and recognized into revenue at a rate corresponding with the amortization rate for the related capital assets.

Revenue from the provincial insurance plans, and uninsured patients, operational revenue and other services and recoveries are recognized as revenue when received or receivable if the amount to be recorded can be reasonably estimated and the collection is reasonably assured.

Investment income is recognized as revenue when earned.

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NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

INVENTORIES

Inventories of all hospital supplies are valued at the lower of average cost and replacement value and include only those supplies located in central storage areas and not supplies that have been issued to departments for direct patient care.

CAPITAL ASSETS

The acquisition of capital assets are recorded at their historical cost less amortization. Contributed capital assets are recorded at fair value at the date of contribution. 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 or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying amount is reduced to reflect the decline in the asset's value. The writedown is recorded in the statement of operations.

Amortization is calculated on a straight line basis using rates as set out in the Ontario Health Care Reporting System Guidelines. The estimated useful lives of the assets are as follows:

Land improvements	20 years
Buildings	20-40 years
Equipment	5-20 years
Software	3-5 years

The cost of capital projects in progress is recorded as capital assets and no amortization is taken until the project is substantially completed and the asset is ready for productive use. The Hospital allocates salary and benefit costs when personnel work directly in managing or implementing the capital project.

CONTRIBUTED SERVICES AND MATERIALS

Volunteers contribute significant hours of their time each year to assist the Hospital in carrying out certain charitable activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

FUNDING

Under the current funding policy, the Hospital is essentially funded by using a budget base approved by the North East Local Health Integration Network. The Hospital is allowed to retain any excess of revenues over expenses derived from its operations and, conversely, retains responsibility for any deficit it may occur.



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NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

RETIREMENT AND POST-EMPLOYMENT BENEFIT PLANS

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

Multi-employer defined benefit pension

Substantially all of the employees of the Hospital are eligible to be members of the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer, defined benefit, final average earnings, contributory pension plan. Defined contribution plan accounting is applied to HOOPP, whereby contributions are expensed when due, as the Hospital has insufficient information to apply defined benefit accounting.

Post-employment benefits

i) The costs of post-employment future benefits are actuarially determined using the projected benefit method prorated on service and management's best estimate of retirement ages, 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.

ii) Past service costs (if any) arising from plan amendments are immediately recognized.

iii) The discount rate used in the determination of the above-mentioned liability is the discount rate recommended by the Ministry of Health and Long-Term Care.

FINANCIAL INSTRUMENTS

The Hospital records its financial instruments at either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

Fair Value

This category includes derivatives and equity instruments quoted in an active market. The Hospital has designated its cash and cash equivalents and its investments at fair value as they are managed and evaluated on a fair value basis.

They are initially recognized at cost and subsequently carried at fair value. Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

FINANCIAL INSTRUMENTS, (CONT'D)

Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

Amortized cost

This category includes accounts receivable, due from MICs Group of Health Services, accounts payable and accrued liabilities, mortgage payable and capital contribution repayable. 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.

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 recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

MEASUREMENT UNCERTAINTY

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards for Government Not-for-Profit Organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include the allowance for doubtful accounts receivable, the useful life of capital assets, the actuarial estimation of post-employment benefits, accrued liabilities and contingencies. Actual results could differ from those estimates.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

3. FINANCIAL INSTRUMENT CLASSIFICATION

The following table provides cost and fair value information of financial instruments by category as at March 31, 2015. The maximum exposure to credit risk and liquidity risk would be the carrying value as shown below:

				2015	
		Fair Value		Amortized Cost	Total
Cash and cash equivalents	\$	500		-	\$ 500
Accounts receivable Due from MICs Group of Health Services	\$ \$	-	\$ \$	490,450 162,033	\$ 490,450 162,033
Investments Accounts payable and accrued liabilities	\$ \$	2,326,479	\$ \$	- 791,763	2,326,479 791,763
Mortgage payable Capital contribution repayable	\$ \$	-	\$ \$	52,600 240,000	52,600 240,000

		2014	
		Amortized	
	Fair Value	Cost	Total
Cash and cash equivalents	\$ 500	\$ -	\$ 500
Accounts receivable	\$ -	\$ 514,900	\$ 514,900
Due from MICs Group of Health Services	\$ -	\$ 245,366	\$ 245,366
Investments	\$ 2,142,514	\$ -	\$ 2,142,514
Accounts payable and accrued liabilities	\$ -	\$ 689,685	\$ 689,685
Mortgage payable	\$ -	\$ 56,200	\$ 56,200
Capital contribution repayable	\$ -	\$ 252,000	\$ 252,000

The following provides details of financial instruments that are measured subsequent to initial recognition at fair value, grouped into levels 1 to 3 based on the degree to which the fair value is observable:

Level 1: Fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price;

Level 2: Fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset and liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices);

Level 3: Fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Cash and cash equivalents and investments are considered Level 1 fair value.

There were no transfers between levels for the year ended March 31, 2015.



NOTES TO FINANCIAL STATEMENTS MARCH 31, 2015

4. ACCOUNTS RECEIVABLE

	2015	2014
Ministry of Health and Long-Term Care	\$ 41,548 \$	18,356
Insurers and patients	234,394	196,126
MICs Healthcare Foundation (note 15)	-	44,531
HST rebates receivable	128,951	218,211
Other receivables	 97,567	86,830
	502,460	564,054
Allowance for doubtful accounts	 (12,010)	(49,154)
	\$ 490,450 \$	514,900

During the year, \$ 2,177 (2014 - \$ 9,650) of accounts receivable was written off.

5. DUE FROM MICS GROUP OF HEALTH SERVICES

The Hospital exercices significant influence over the MICs Group of Health Services by virtue of it being a member of the Partnership and its ability to appoint some of the members of the Board of Directors. The Partnership was established to increase opportunities for collaboration between its member hospitals (Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital) in the sharing of costs and provision of health services. The Partnership is a non-profit organization.

Included in the Hospital's expenses for the year is \$ 9,816,695 (2014 - \$ 10,095,279) paid or payable to the Partnership for the Hospital's share of various cost functions primarily administration and support services. The share of costs to participating hospitals are set by a methodology agreed to by the Board on a cost recovery basis. The deficiency of amounts paid or to be paid by MICs on behalf of the Hospital over amounts received by MICs on behalf of the Hospital is noted below:

	2015	2014
Due from MICs Group of Health Services	\$ 162,033 \$	245,366

The balance due from MICs Group of Health Services is unsecured, non-interest bearing with no specific terms of repayment. These transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties.





NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

5. DUE FROM MICS GROUP OF HEALTH SERVICES, (CONT'D)

Information systems network, software and hardware, as well as office equipment shared by the three participating hospitals are recorded as capital assets and the respective Hospital's share of the related costs are recorded when the capital assets are amortized. Any capital contributions, grants or donations received for the acquision of capital assets are deferred and the respective Hospital's share of the related revenue is recorded when the contribution is amortized.

6. **INVESTMENTS**

	2015 Cost	2013 Fair Marke Valu	t	2014 Cost	2014 Fair Market Value
Mutual funds and managed assets, carried at fair market value	\$ 853,201	\$ 1,129,07:	5\$	957,915	\$ 1,122,742
Guaranteed Investment Certificates, earning interest at rates between 1.40% and 1.76%, maturing in March 2010 and March 2017, carried at fair market value	1,196,000	1,197,404	1	-	-
Guaranteed Investment Certificates, earning interest at rates between 1.55% and 1.95%, matured in February 2015 and March 2015, carried at fair market value	-	_		1,018,350	1,019,772
	\$ 2,049,201	\$ 2,326,479	9\$	1,976,265	\$ 2,142,514





ANSON GENERAL HOSPITAL NOTES TO FINANCIAL STATEMENTS MARCH 31, 2015

7. CAPITAL ASSETS

				Accumulated	2015 Net		2014 Net	
Land	\$	72,707	\$	-	\$	72,707 \$	72,707	
Land improvements		74,959		17,260		57,699	61,447	
Buildings		21,451,690		9,747,708		11,703,982	11,846,062	
Equipment		5,420,408		4,681,436		738,972	729,861	
Software		60,533		47,107		13,426	20,139	
	\$	27,080,297	\$	14,493,511	\$	12,586,786 \$	12,730,216	

As at March 31, 2015, there were \$ 554,149 (2014 - 142,248) of capital projects in progress (note 16). These assets were not amortized.

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 consisted of a 69 bed home for the aged and related equipment and furnishing. Because the fair value of assets could not be determined at the time of the transfer in April 1998, they were recorded at a nominal cost of \$ 1.

8. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

2015	2014
\$ 90,993 \$	136,598
390,773	324,653
248,054	200,742
 61,943	27,692
\$ 791,763 \$	689,685
\$	\$ 90,993 \$ 390,773 248,054 61,943



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

9. MORTGAGE PAYABLE

	2015	2014
Mortgage payable, bearing no interest, secured by a first mortgage on real property, due in August 2015. Current portion	\$ 52,600 \$ 52,600	56,200 3,600
	\$ - \$	52,600

10. CAPITAL CONTRIBUTION REPAYABLE

		2015	2014
Capital contribution repayable, bearing no interest, unsecured,			
repayable in monthly instalments of \$ 1,000, due in 2035	\$	240,000 \$	252,000
Current portion		12,000	12,000
	\$	228,000 \$	240,000
The principal instalments to be paid over the next five fiscal ye	ars ar	e as follows [.]	
2016	ars ar \$	12,000	
2017	Ŷ	12,000	
2018		12,000	
2019		12,000	
2020		12,000	
Subsequent years		180,000	
	¢	• • • • • • •	
	\$	240,000	

In 2007, the Hospital entered into an agreement with the Ministry of Health and Long-Term Care for a contribution to the capital cost of the Family Health Team facility. The Ministry's contribution was in the amount of \$ 2,000,000 with the understanding that \$300,000 will be paid to or recovered by the Ministry at \$ 12,000 per year for 25 years starting in April 2010. The remaining balance of \$ 1,700,000 is included in deferred capital contributions and is being amortized over the useful life of the facility. The agreement provides for the requirement for repayment of the contribution to the Ministry on a declining balance basis as set out in the new agreement (see note 17) in the event of non-compliance by the Hospital of specific terms in the agreement unless otherwise agreed to by the Ministry in writing.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

11. POST-EMPLOYMENT BENEFITS PAYABLE

The Hospital extends post employment extended health coverage, dental benefits and life insurance to certain employee groups subsequent to their retirement. The Hospital recognizes these benefits as they are earned during the employees' tenure of service. The related liability was determined by an actuarial valuation dated May 15, 2015 for the year ended March 31, 2015.

The following tables outlines the components of the Hospital's accrued post-employment benefit liability and benefit expense. These are allocated to the respective hospitals according to where the services are provided by the respective employees.

		Hospital	Share of MICS	2015 Total	2014 Total
Accrued benefit obligation Unamortized actuarial loss	\$	1,134,642 \$	107,593 \$	1,242,235 \$	965,716
(gain)		(48,300)	(11,776)	(60,076)	185,486
Accrued benefit liability	\$	1,086,342 \$	95,817 \$	1,182,159 \$	1,151,202
BENEFIT EXPENSE		Hospital	Share of MICS	2015 Total	2014 Total
Accrued benefit obligation, beginning of year Unamortized actuarial loss	\$	868,078 \$	97,638 \$	965,716 \$	965,159
(gain)		193,031	(7,545)	185,486	156,530
Accrued benefit liability, beginning of year		1,061,109	90,093	1,151,202	1,121,689
Current service cost Interest on obligation Amortization of actuarial loss		49,468 38,077	6,848 4,261	56,316 42,338	57,734 38,318
(gain)		(22,710)	868	(21,842)	(18,416)
Benefit expense		64,835	11,977	76,812	77,636
Benefit payment		(39,602)	(6,253)	(45,855)	(48,123)
Accrued benefit liability, end of year	\$	1,086,342 \$	95,817 \$	1,182,159 \$	1,151,202

ACCRUED BENEFIT LIABILITY



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

11. **POST-EMPLOYMENT BENEFITS PAYABLE, (CONT'D)**

The above amounts exclude contributions to the Hospitals of Ontario Pension Plan, a multiemployer plan, described in note 14.

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

Discount rate

The present value of the future benefits was determined using a discount rate of 3.31% (2014 -4.36%) which is the discount rate recommended by the Ministry of Health and Long-Term Care.

Extended Health Coverage

Extended Health Coverage is assumed to increase at a rate of 8% per annum (2014 - 8%) and decrease proportionately thereafter by 0.5% per year to an ultimate rate of 4.5% (2014 - 4.5%).

Dental costs

Dental costs is assumed to increase at 4% per annum (2014 - 4%).

12. **DEFERRED CAPITAL CONTRIBUTIONS**

Deferred capital contributions represent the unamortized amount of donations and grants received for the purchase of capital assets. The changes in the deferred capital contributions balances are as follows:

		2015	2014
CAPITAL CONTRIBUTIONS RECEIVED			
Balance, beginning of year	\$	18,651,157 \$	18,611,019
Funding received during the year	+	188,103	20,000
Funding transfered from deferred revenue during the year		-	20,138
Transfer of unspent deferred capital contributions to operations	_	(14,850)	-
Balance, end of year		18,824,410	18,651,157
ACCUMULATED AMORTIZATION			
Balance, beginning of year		(9,914,880)	(9,399,963)
Amortization - buildings		(352,926)	(351,447)
Amortization - equipment and software		(61,376)	(39,571)
Amortization - South Centennial Manor		(109,049)	(123,899)
Balance, end of year		(10,438,231)	(9,914,880)
NET DEFERRED CAPITAL CONTRIBUTIONS	\$	8,386,179 \$	8,736,277



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

12. DEFERRED CAPITAL CONTRIBUTIONS, (CONT'D)

Included in deferred capital contributions are donations and grants reserved for the purchase of capital assets that are unspent. These contributions are comprised of:

	2015	2014
Donations	\$ - \$	14,850
Health Infrastructure Renewal Fund	-	423,500
North East Local Health Integration Network	 1,078	20,000
	\$ 1,078 \$	458,350

13. INVESTED IN CAPITAL ASSETS

Invested in capital assets is calculated as follows:

	2015	2014
Capital assets	\$ 12,586,786 \$	12,730,216
Deferred capital contributions	(8,386,179)	(8,736,277)
Unspent deferred capital contributions	 1,078	458,350
	 4,201,685	4,452,289
Mortgage payable	(52,600)	(56,200)
Capital contribution repayable	 (240,000)	(252,000)
	 (292,600)	(308,200)
	\$ 3,909,085 \$	4,144,089



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

13. INVESTED IN CAPITAL ASSETS, (CONT'D)

The interfund transfer and the change in invested in capital assets is calculated as follows:

		2015	2014
CAPITAL ASSET ACTIVITIES			
Purchase of capital assets	\$	768,058 \$	560,444
Insurance proceeds	+	(14,230)	-
Proceeds on disposition of capital assets		(18,000)	-
Amortization of capital assets - buildings		(455,558)	(451,408)
Amortization of capital assets - equipment and software		(198,194)	(186,256)
Amortization of capital assets - South Centennial Manor		(224,587)	(264,784)
Amortization of capital assets - Family Health Team		-	(5,350)
Loss on disposition of capital assets		(918)	-
Repayment of mortgage payable		3,600	3,600
Repayment of capital contribution repayable		12,000	12,000
		(127,829)	(331,754)
DEFERRED CAPITAL CONTRIBUTION ACTIVITIES			
Capital contributions received during the year		(188,103)	(20,000)
Capital contributions transfered from deferred revenue		-	(20,138)
Net change in unspent deferred capital contributions		(442,422)	100,215
Amortization of deferred capital contributions - buildings		352,926	351,447
Amortization of deferred capital contributions - equipment and sofware		61,376	39,571
Amortization of deferred capital contributions - South Centennial Manor		109,049	123,899
		(107,174)	574,994
	\$	(235,003)\$	243,240



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

14. RETIREMENT BENEFITS

Substantially all of the Hospital's employees are members of the Hospitals of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the plan made during the year by the Hospital on behalf of its employees amounted to \$ 536,101 (2014 - \$ 536,869) and are included in the statement of operations. As this is a multi-employer pension plan, these contributions are the Hospital's pension benefit expenses. Any pension plan surpluses or deficits are a joint responsibility of member organizations and their employees. As a result, the organization does not recognize any share of the Plan's surplus or deficit. No contributing employer or employee has any liability, directly or indirectly, to provide the benefits established by this plan beyond the obligation to make contributions pursuant to the Plan policies. The most recent actuarial valuation of the Plan at December 31, 2014 indicated that the Plan is fully funded on a solvency basis.

15. RELATED PARTY TRANSACTIONS

MICs Healthcare Foundation is a corporation without share capital jointly controlled by the three participating hospitals of the MICs Group of Health Services partnership. It has its own Board of Directors. The Foundation was incorporated primarily for the purpose of raising funds for the use by the three hospitals (Bingham Memorial Hospital, Anson General Hospital and Lady Minto Hospital). Transactions are valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties.

During the year, the Foundation did not grant any funds to the Hospital (2014 - \$ nil). As of March 31, 2015, the Foundation did not owe any funds to the Hospital (2014 - \$ 44,531).

The financial results of the Foundation is not consolidated in the financial statements of the Hospital.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

16. CONTINGENCIES AND COMMITMENTS

a) The nature of the Hospital's activities are such that there is usually litigation pending or in progress at any one time. With respect to claims as at March 31, 2015, it is management's position that the Hospital has valid defences and appropriate insurance coverage in place. In the unlikely event any claims are successful, such claims are not expected to have a material effect on the Hospital's financial position.

b) 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 the Hospital on completion of the plan is currently not determinable.

c) As at March 31, 2015, the Hospital has a further commitment of \$ 550,769 in relation to current projects in progress (note 7).

17. FAMILY HEALTH TEAM

As of April 1st, the Family Health Team funding agreement and operations were transfered to a new not-for-profit corporation - Iroquois Falls Family Health Team and a new agreement has been established and approved by the Ministry. The new corporation will be governed by an independent, at arm's length Board of Directors comprised of physicians and community members. The Hospital will continue to fulfill its obligations related to the capital contribution repayable (note 10) as outlined in the agreement since ownership of the facility has not been transferred.

18. COMPARATIVE FIGURES

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

19. FINANCIAL INSTRUMENTS RISK MANAGEMENT

CREDIT RISK

The Hospital is exposed to credit risk in the event of non-payment by their debtors for their accounts receivable. Credit risk arises from the possibility that these individuals may experience financial difficulty and be unable to fulfill their obligations. The hospital is exposed to this risk relating to its cash, accounts receivable and investments.

The Hospital holds its cash account with federally regulated chartered banks who are insured by the Deposit Insurance Corporation of Ontario.

Accounts receivable are generally due from government agencies, insurers and patients and other. The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is recorded based on the Hospital's historical experience regarding collections. The amounts outstanding as at March 31, 2015 are as follows:

	Total	Current	31-60 days	61-90 days	90+ days
MOHLTC Insurers and	\$ 41,548 \$	41,548 \$	- \$	- \$	-
patients	234,394	57,816	8,445	2,706	165,427
HST rebates	128,951	128,951	-	-	-
Other	 97,567	47,014	3,760	-	46,793
Allowance	502,460 (12,010)	275,329	12,205	2,706	212,220 (12,010)
	\$ 490,450 \$	275,329 \$	12,205 \$	2,706 \$	200,210

The Hospital performs ongoing evaluations of their accounts receivable and maintains provisions for potential credit losses to minimize credit risk.

The Hospital's investment policy puts limits on the bond portfolio including portfolio composition units, issuer type limits, bond quality limits, aggregate issuer limits, corporate sector limits and general guidelines for geographic exposure. Investments are monitored by management and measured for performance on a regular basis.

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.



NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

19. FINANCIAL INSTRUMENTS RISK MANAGEMENT, (CONT'D)

LIQUIDITY RISK

Liquidity risk results from the Hospital's potential inability to meet its obligations associated with the financial liabilities as they become due. The Hospital mitigates this risk by monitoring its operations and cash flows to ensure that current and future obligations will be met. The Hospital believes that its current sources of liquidity are sufficient to cover its currently known short and long-term cash obligations.

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 of 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. Market risk for the Hospital lies mostly in the potential loss related to the volatility of interest rates and foreign exchange rates. The interest rate risk and currency risk is related to the adverse fluctuation of the interest rates and foreign exchange rates on investment revenue, on fair value of investments and on economic value of net assets. The Hospital does not use derivative instruments to reduce its exposure to interest rate and currency risk. Conservative management is exercised to minimize the impact of any eventual fluctuations in these rates.

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.



SCHEDULES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2015

MINISTRY OF HEALTH AND LONG-TERM CARE

	(Budget Unaudited)	2015 Actual	2014 Actual
North East LHIN - Base allocation	\$	7,940,616 \$	8,020,026 \$	7,940,629
North East LHIN - Allocation for Cochrane Regional Lab Program		(306,050)	(306,050)	(306,050)
Ministry of Health - Physician specific		80,000	30,142	44,447
Ministry of Health - One-time funding		61,518	43,824	126,394
Ministry of Health - Palliative Care		-	-	100,000
Transfer Palliative Care to South Centennial Manor		-	-	(100,000)
	\$	7,776,084 \$	7,787,942 \$	7,805,420

SCHEDULE OF PATIENT CARE

	Budget		2015	2014	
	(Unaudited)		Actual	Actual	
Ontario Health Insurance	\$	220,500 \$	199,601 \$	207,240	
Other patient care revenue		312,150	219,072	260,714	
	\$	532,650 \$	418,673 \$	467,954	

SCHEDULE OF RECOVERIES AND OTHER INCOME

	J)	Budget Jnaudited)	2015 Actual	2014 Actual
Recoveries and other income Investment income	\$	381,850 \$ 30,000	532,481 \$ 72,793	468,946 25,466
	\$	411,850 \$	605,274 \$	494,412



Schedule 1

Schedule 2

Schedule 3

Collins Barrow agné Gagnon Bisson Hébert artered Accountants / Comptables Agrées

ANSON GENERAL HOSPITAL SCHEDULES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2015

SCHEDULE OF SALARIES AND WAGES

	Budget	2015	2014
	(Unaudited)	Actual	Actual
Nursing services	\$ 2,331,546 \$	2,205,748 \$	2,294,872
Diagnostic and therapeutic	817,648	810,264	804,585
Education	28,070	27,823	27,862
Administration and other	1,440,164	1,380,298	1,363,966
	\$ 4,617,428 \$	4,424,133 \$	4,491,285

SCHEDULE OF SUPPLIES AND OTHER EXPENSES

Schedule 5

Schedule 4

	(Budget Unaudited)	2015 Actual	2014 Actual
Nursing services Diagnostic and therapeutic Education Administration and other Loss on disposition of capital assets	\$	53,000 \$ 798,550 41,350 1,308,465	53,787 \$ 968,558 25,302 1,289,240 918	56,826 866,852 28,503 1,565,245
	\$	2,201,365 \$	2,337,805 \$	2,517,426



SCHEDULES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2015

SCHEDULE OF SOUTH CENTENNIAL MANOR - STAT OPERATIONS	EMENT OF		Schedule 6
		2015	2014
REVENUES			
Provincial subsidies	\$	3,473,426 \$	3,306,354
Transfer of Palliative Care from Anson General Hospital		-	100,000
Charges to residents		1,361,052	1,351,184
Other revenue		71,970	62,062
Amortization of deferred capital contributions -			
equipment and software		109,049	123,899
		5,015,497	4,943,499
EXPENSES		5,015,177	1,915,199
Salaries and benefits		3,849,884	3,803,144
Supplies and other expenses		829,330	878,190
Amortization of capital assets		224,587	264,784
*			
		4,903,801	4,946,118
SURPLUS (DEFICIT) FOR THE YEAR	\$	111,696 \$	(2,619)
SCHEDULE OF FAMILY HEALTH TEAM - STATEMEN	T OF OPER	RATIONS	Schedule 7
		2015	2014
		(Note 17)	2014
REVENUES			
Provincial subsidies	\$	- \$	691,753
Other revenue		-	1,327
		-	693,080
EXPENSES			
Salaries and benefits		-	545,504
Supplies and other expenses		-	150,823 5,350
Amortization of capital assets		-	2 3 3 10
			5,550
	<u> </u>	-	701,677
DEFICIT FOR THE YEAR	<u> </u>	- \$	

