

BINGHAM MEMORIAL HOSPITAL

**INDEPENDENT AUDITOR'S REPORT AND
FINANCIAL STATEMENTS**

MARCH 31, 2015

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Bingham Memorial Hospital

Report on the Financial Statements

We have audited the accompanying financial statements of Bingham Memorial 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 Bingham Memorial Hospital as at March 31, 2015, and the results of its operations, its remeasurement gains, its changes in net assets 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

BINGHAM MEMORIAL HOSPITAL
FINANCIAL STATEMENTS

MARCH 31, 2015

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BINGHAM MEMORIAL HOSPITAL

STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2015

	Budget (Unaudited)	2015 Actual	2014 Actual
REVENUES			
Ministry of Health and Long-Term Care, schedule 1	\$ 6,632,327	\$ 6,813,960	\$ 6,804,900
Ontario Health Insurance	81,500	51,610	53,262
Other patient care revenue	464,250	524,695	459,385
Recoveries and other revenue	96,500	169,096	167,201
Investment income	10,000	15,568	7,660
Amortization of deferred capital contributions - equipment and software	90,000	43,153	78,961
	<u>7,374,577</u>	<u>7,618,082</u>	<u>7,571,369</u>
EXPENSES			
Salaries and wages, schedule 2	3,587,203	3,335,922	3,331,508
Employee benefits	1,033,387	971,111	1,001,344
Medical staff remuneration	869,000	930,836	949,664
Supplies and other expenses, schedule 3	1,539,102	1,315,542	1,584,553
Medical and surgical supplies	87,500	65,730	81,144
Drugs and medical gases	120,700	85,610	96,448
Amortization of equipment and software	132,000	135,109	115,134
	<u>7,368,892</u>	<u>6,839,860</u>	<u>7,159,795</u>
EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS	<u>5,685</u>	<u>778,222</u>	<u>411,574</u>
Amortization of deferred capital contributions - buildings	205,000	240,728	220,958
Amortization of buildings	(225,000)	(243,179)	(252,510)
	<u>(20,000)</u>	<u>(2,451)</u>	<u>(31,552)</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER VOTES	<u>(14,315)</u>	<u>775,771</u>	<u>380,022</u>
OTHER VOTES - MUNICIPAL LEVY			
Revenue	3,000	3,000	3,000
Expense	(3,000)	(3,000)	(3,000)
	<u>-</u>	<u>-</u>	<u>-</u>
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	<u>\$ (14,315)</u>	<u>\$ 775,771</u>	<u>\$ 380,022</u>

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

BINGHAM MEMORIAL HOSPITAL
STATEMENT OF REMEASUREMENT GAINS
YEAR ENDED MARCH 31, 2015

	2015	2014
ACCUMULATED REMEASUREMENT GAINS, BEGINNING OF YEAR	\$ 101,525	\$ 39,629
Unrealized gains on investments	38,792	62,056
Realized gains on disposition of investments	(2,461)	(160)
NET INCREASE IN UNREALIZED GAINS ON INVESTMENTS	36,331	61,896
ACCUMULATED REMEASUREMENT GAINS, END OF YEAR	\$ 137,856	\$ 101,525

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

BINGHAM MEMORIAL HOSPITAL
STATEMENT OF CHANGES IN NET ASSETS
YEAR ENDED MARCH 31, 2015

	Invested in Capital Assets (note 12)	Unrestricted	Total 2015	Total 2014
BALANCE, BEGINNING OF YEAR	\$ 745,317	\$ 795,580	\$ 1,540,897	\$ 1,098,979
EXCESS OF REVENUES OVER EXPENSES	-	775,771	775,771	380,022
NET CHANGE IN INVESTED IN CAPITAL ASSETS (note 12)	(76,189)	76,189	-	-
NET INCREASE IN UNREALIZED GAINS ON INVESTMENTS	-	36,331	36,331	61,896
BALANCE, END OF YEAR	\$ 669,128	\$ 1,683,871	\$ 2,352,999	\$ 1,540,897

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

BINGHAM MEMORIAL HOSPITAL
STATEMENT OF FINANCIAL POSITION
MARCH 31, 2015

	2015	2014
ASSETS		
CURRENT ASSETS		
Cash	\$ 47,667	\$ 197,493
Accounts receivable (note 4)	319,567	477,738
Inventories	136,070	122,826
Short-term investments (note 5)	520,862	200,491
Due from MICs Group of Health Services (note 6)	1,277,067	388,640
	<u>2,301,233</u>	<u>1,387,188</u>
INVESTMENTS (note 7)	595,278	699,971
CAPITAL ASSETS (note 8)	3,664,781	3,622,510
	<u>\$ 6,561,292</u>	<u>\$ 5,709,669</u>
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities (note 9)	\$ 486,733	\$ 166,943
Deferred revenue	126,060	99,106
	<u>612,793</u>	<u>266,049</u>
POST-EMPLOYMENT BENEFITS (note 10)	552,348	535,957
DEFERRED CAPITAL CONTRIBUTIONS (note 11)	3,043,152	3,366,766
	<u>4,208,293</u>	<u>4,168,772</u>
NET ASSETS		
INVESTED IN CAPITAL ASSETS (note 12)	669,128	745,317
UNRESTRICTED	1,683,871	795,580
	<u>2,352,999</u>	<u>1,540,897</u>
	<u>\$ 6,561,292</u>	<u>\$ 5,709,669</u>

CONTINGENCIES AND COMMITMENTS - note 15

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

On behalf of the board

 Director

 Director

BINGHAM MEMORIAL HOSPITAL

STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2015

	2015	2014
OPERATING ACTIVITIES		
EXCESS OF REVENUES OVER EXPENSES	\$ 775,771	\$ 380,022
Items not involving cash:		
Amortization of capital assets - buildings	243,179	252,510
Amortization of capital assets - equipment and software	135,109	115,134
Amortization of deferred capital contributions - buildings	(240,728)	(220,958)
Amortization of deferred capital contributions - equipment and software	(43,153)	(78,961)
Accrual for post-employment benefits	16,391	19,615
Realized gains on disposition of investments	(2,461)	(160)
	<u>884,108</u>	<u>467,202</u>
Changes in:		
Accounts receivable	158,171	(129,328)
Inventories	(13,244)	6,076
Accounts payable and accrued liabilities	319,790	(163,543)
Deferred revenue	26,954	(103,228)
	<u>1,375,779</u>	<u>77,179</u>
INVESTING ACTIVITIES		
Purchase of investments	(379,839)	(358,331)
Proceeds on disposition of investments	202,952	37,503
Advances from MICs Group of Health Services	6,771,457	7,315,741
Advances to MICs Group of Health Services	(7,659,883)	(6,886,439)
	<u>(1,065,313)</u>	<u>108,474</u>
CAPITAL ACTIVITIES		
Purchase of capital assets	(430,104)	(230,662)
Insurance proceeds	9,545	-
Capital contributions received	137,554	25,000
Deferred capital contributions transferred from deferred revenue	-	20,138
Transfer of deferred capital contributions to accounts payable	(142,443)	-
Transfer of deferred capital contributions to operations	(34,844)	-
	<u>(460,292)</u>	<u>(185,524)</u>
CHANGE IN CASH POSITION	(149,826)	129
CASH POSITION, BEGINNING OF YEAR	<u>197,493</u>	<u>197,364</u>
CASH POSITION, END OF YEAR	<u>\$ 47,667</u>	<u>\$ 197,493</u>

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

BINGHAM MEMORIAL HOSPITAL

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 507 8th Ave, Matheson, 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.

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

Unrestricted investment income is recognized as revenue when earned.

BINGHAM MEMORIAL HOSPITAL

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	10 years
Buildings	10-40 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.

BINGHAM MEMORIAL HOSPITAL

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.

BINGHAM MEMORIAL HOSPITAL

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 and accounts payable and accrued liabilities. 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, the useful life of capital assets, the actuarial estimation of post-employment benefits, accrued liabilities and contingencies. Actual results could differ from those estimates.

BINGHAM MEMORIAL HOSPITAL

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	\$ 47,667	\$ -	\$ 47,667
Accounts receivable	\$ -	\$ 319,567	\$ 319,567
Short-term investments	\$ 520,862	\$ -	\$ 520,862
Due from MICs Group of Health Services	\$ 1,277,067	\$ -	\$ 1,277,067
Investments	\$ 595,278	\$ -	\$ 595,278
Accounts payable and accrued liabilities	\$ -	\$ 486,733	\$ 486,733
	2014		
	Fair Value	Amortized Cost	Total
Cash and cash equivalents	\$ 197,493	\$ -	\$ 197,493
Accounts receivable	\$ -	\$ 477,738	\$ 477,738
Short-term investments	\$ 200,491	\$ -	\$ 200,491
Due from MICs Group of Health Services	\$ 388,640	\$ -	\$ 388,640
Investments	\$ 699,971	\$ -	\$ 699,971
Accounts payable and accrued liabilities	\$ -	\$ 166,943	\$ 166,943

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, short-term investments and investments are considered Level 1 fair value.

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

BINGHAM MEMORIAL HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2015****4. ACCOUNTS RECEIVABLE**

	2015	2014
Ministry of Health and Long-Term Care	\$ 52,390	\$ 10,424
Insurers and patients	68,590	62,545
MICs Healthcare Foundation (note 14)	-	6,705
HST rebates receivable	192,999	381,765
Other receivables	5,588	16,299
	\$ 319,567	\$ 477,738

During the year, \$ 714 (2014 - \$ 11,644) of accounts receivable was written off.

5. SHORT-TERM INVESTMENTS

	2015 Cost	2015 Fair Market Value	2014 Cost	2014 Fair Market Value
Guaranteed Investment Certificates, earning interest at a rates between 1.56% and 2.01%, maturing in April 2015, June 2015 and March 2016, carried at fair market value	\$ 365,103	\$ 367,915	-	-
Guaranteed Investment Certificates, earning interest at a rate of 1.85%, maturing in March 2016, carried at fair market value	150,000	152,947	-	-
Guaranteed Investment Certificates, earning interest at a rates between 1.60% and 1.90%, matured in June 2014 and March 2015, carried at fair market value	-	-	199,604	200,491
	\$ 515,103	\$ 520,862	\$ 199,604	\$ 200,491

BINGHAM MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

6. DUE FROM MICS GROUP OF HEALTH SERVICES

The Hospital exercises 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 \$ 4,504,303 (2014 - \$ 4,649,170) 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	\$ 1,277,067	\$ 388,640

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.

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 acquisition of capital assets are deferred and the respective Hospital's share of the related revenue is recorded when the contribution is amortized.

BINGHAM MEMORIAL HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2015****7. INVESTMENTS**

	2015	2015	2014	2014
	Cost	Fair Market Value	Cost	Fair Market Value
Mutual funds, carried at fair market value	\$ 449,699	\$ 595,278	\$ 449,332	\$ 549,811
Guaranteed Investment Certificates, earning interest at a rate of 1.85%, maturing in March 2016, carried at fair market value (classified as short-term investments as at March 31, 2015 - see note 5)	-	-	150,000	150,160
	<u>\$ 449,699</u>	<u>\$ 595,278</u>	<u>\$ 599,332</u>	<u>\$ 699,971</u>

The above investments include restricted investments of \$ 72,244 (2014 - \$ 65,927) held for use for physician recruitment and retention.

8. CAPITAL ASSETS

	Cost	Accumulated Amortization	2015 Net	2014 Net
Land	\$ 159,212	\$ -	\$ 159,212	\$ 159,212
Land improvements	33,616	33,616	-	-
Buildings	7,695,199	4,641,594	3,053,605	2,910,540
Equipment	3,053,392	2,624,958	428,434	517,463
Software	115,560	92,030	23,530	35,295
	<u>\$ 11,056,979</u>	<u>\$ 7,392,198</u>	<u>\$ 3,664,781</u>	<u>\$ 3,622,510</u>

As at March 31, 2015, there were \$ 103,114 (2014 - 41,419) of capital projects in progress (note 15). These assets were not amortized.

BINGHAM MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

9. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2015	2014
Health Infrastructure Renewal Fund	\$ 142,443	\$ -
Ministry of Health and Long-Term Care	-	19,831
Trades payable	235,925	98,689
Accrued liabilities	108,365	48,423
	<u>\$ 486,733</u>	<u>\$ 166,943</u>

10. 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.

ACCRUED BENEFIT LIABILITY

	Hospital	Share of MICS	2015 Total	2014 Total
Accrued benefit obligation	\$ 503,882	\$ 75,606	\$ 579,488	\$ 431,450
Unamortized actuarial loss (gain)	(18,865)	(8,275)	(27,140)	104,507
Accrued benefit liability	<u>\$ 485,017</u>	<u>\$ 67,331</u>	<u>\$ 552,348</u>	<u>\$ 535,957</u>

BINGHAM MEMORIAL HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2015****10. POST-EMPLOYMENT BENEFITS PAYABLE, (CONT'D)**

BENEFIT EXPENSE	Hospital	Share of MICS	2015 Total	2014 Total
Accrued benefit obligation, beginning of year	\$ 362,842	\$ 68,608	\$ 431,450	\$ 437,867
Unamortized actuarial loss (gain)	109,804	(5,297)	104,507	78,475
Accrued benefit liability, beginning of year	472,646	63,311	535,957	516,342
Current service cost	18,790	4,812	23,602	24,392
Interest on obligation	15,924	2,994	18,918	17,315
Amortization of actuarial loss (gain)	(12,918)	610	(12,308)	(9,233)
Benefit expense	21,796	8,416	30,212	32,474
Benefit payment	(9,425)	(4,396)	(13,821)	(12,859)
Accrued benefit liability, end of year	\$ 485,017	\$ 67,331	\$ 552,348	\$ 535,957

The above amounts exclude contributions to the Hospitals of Ontario Pension Plan, a multi-employer plan, described in note 13.

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%).

BINGHAM MEMORIAL HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2015****11. 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	\$ 9,734,465	\$ 9,689,327
Funding received during the year	137,554	25,000
Funding transferred from deferred revenue	-	20,138
Transfer of deferred capital contributions to accounts payable	(142,443)	-
Transfer of deferred capital contributions to operations	(34,844)	-
Balance, end of year	<u>9,694,732</u>	<u>9,734,465</u>
ACCUMULATED AMORTIZATION		
Balance, beginning of year	(6,367,699)	(6,067,780)
Amortization - buildings	(240,728)	(220,958)
Amortization - equipment and software	(43,153)	(78,961)
Balance, end of year	<u>(6,651,580)</u>	<u>(6,367,699)</u>
NET DEFERRED CAPITAL CONTRIBUTIONS	<u>\$ 3,043,152</u>	<u>\$ 3,366,766</u>

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	\$ 40,492	\$ 40,492
MICs Healthcare Foundation	7,007	6,705
Health Infrastructure Renewal Fund	-	417,376
North East Local Health Integration Network.	-	25,000
	<u>\$ 47,499</u>	<u>\$ 489,573</u>

BINGHAM MEMORIAL HOSPITAL**NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2015****12. INVESTED IN CAPITAL ASSETS**

Invested in capital assets is calculated as follows:

	2015	2014
Capital assets	\$ 3,664,781	\$ 3,622,510
Deferred capital contributions	(3,043,152)	(3,366,766)
Unspent deferred capital contributions	47,499	489,573
	<u>\$ 669,128</u>	<u>\$ 745,317</u>

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

	2015	2014
CAPITAL ASSETS ACTIVITIES		
Purchase of capital assets	\$ 430,104	\$ 230,662
Insurance proceeds	(9,545)	-
Amortization of capital assets - buildings	(243,179)	(252,510)
Amortization of capital assets - equipment and software	(135,109)	(115,134)
	<u>42,271</u>	<u>(136,982)</u>
DEFERRED CAPITAL CONTRIBUTIONS ACTIVITIES		
Capital contributions received during the year	(137,554)	(25,000)
Capital contributions transferred from deferred revenue	-	(20,138)
Transfer of unspent deferred capital contributions to operations	(34,844)	-
Net change in unspent deferred capital contributions	(229,943)	(12,505)
Amortization of deferred capital contributions - buildings	240,728	220,958
Amortization of deferred capital contributions - equipment and software	43,153	78,961
	<u>(118,460)</u>	<u>242,276</u>
	<u>\$ (76,189)</u>	<u>\$ 105,294</u>

BINGHAM MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

13. 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 \$ 248,809 (2014 - \$ 257,875) 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.

14. 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 granted \$ 302 to the Hospital (2014 - \$ nil) and was recorded as deferred capital contributions. As of March 31, 2015, the Foundation did not owe any funds to the Hospital (2014 - \$ 6,705).

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

15. 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.

BINGHAM MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

15. CONTINGENCIES AND COMMITMENTS, (CONT'D)

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 \$ 52,577 in relation to a current project in progress with cost to date of \$ 103,114 (note 8).

16. 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.

17. 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	\$ 52,390	\$ 52,390	\$ -	\$ -	\$ -
Insurers and patients	68,590	37,335	6,600	7,435	17,220
HST rebates	192,999	192,999	-	-	-
Other	5,588	5,588	-	-	-
	\$ 319,567	\$ 288,312	\$ 6,600	\$ 7,435	\$ 17,220

BINGHAM MEMORIAL HOSPITAL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2015

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

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.

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: currency risk, interest rate risk and equity risk. Market risk for the Hospital lies mostly in the potential loss related to the volatility of interest rates. The interest rate risk is related to the adverse fluctuation of the interest rate on investment revenue, on fair value of investments and on economic value of net assets. Conservative management is exercised to minimize the impact of any eventual fluctuation of interest 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.

BINGHAM MEMORIAL HOSPITAL
SCHEDULES TO FINANCIAL STATEMENTS
YEAR ENDED MARCH 31, 2015

MINISTRY OF HEALTH AND LONG-TERM CARE **Schedule 1**

	Budget (Unaudited)	2015 Actual	2014 Actual
North East LHIN - Base allocation	\$ 5,777,327	\$ 5,852,627	\$ 5,834,819
Ministry of Health - Physician specific	805,000	897,010	887,981
Ministry of Health - One-time funding	50,000	64,323	82,100
	<u>\$ 6,632,327</u>	<u>\$ 6,813,960</u>	<u>\$ 6,804,900</u>

SCHEDULE OF SALARIES AND WAGES **Schedule 2**

	Budget (Unaudited)	2015 Actual	2014 Actual
Nursing services	\$ 1,937,385	\$ 1,858,300	\$ 1,890,026
Diagnostic and therapeutic	595,168	470,755	444,118
Education	19,725	19,465	19,423
Administration and other	1,034,925	987,402	977,941
	<u>\$ 3,587,203</u>	<u>\$ 3,335,922</u>	<u>\$ 3,331,508</u>

SCHEDULE OF SUPPLIES AND OTHER EXPENSES **Schedule 3**

	Budget (Unaudited)	2015 Actual	2014 Actual
Nursing services	\$ 49,700	\$ 44,768	\$ 44,336
Diagnostic and therapeutic	428,850	399,007	434,082
Education	35,260	25,063	20,346
Administration and other	1,025,292	846,704	1,085,789
	<u>\$ 1,539,102</u>	<u>\$ 1,315,542</u>	<u>\$ 1,584,553</u>