

**LADY MINTO HOSPITAL**

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

**MARCH 31, 2017**



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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of  
Lady Minto Hospital

### *Report on the Financial Statements*

We have audited the accompanying financial statements of Lady Minto Hospital, which comprise the statement of financial position as at March 31, 2017, and the statements of operations, comprehensive operations, 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 Lady Minto Hospital as at March 31, 2017, 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 19, 2017

# **LADY MINTO HOSPITAL**

## **FINANCIAL STATEMENTS**

**MARCH 31, 2017**

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# LADY MINTO HOSPITAL

## STATEMENT OF OPERATIONS

YEAR ENDED MARCH 31, 2017

	Budget (Unaudited)	2017 Actual	2016 Actual
<b>REVENUES</b>			
Ministry of Health and Long-Term Care, schedule 1	\$ 11,462,520	\$ 11,812,554	\$ 11,293,867
Cancer Care Ontario	445,000	174,109	311,546
Ontario Health Insurance	258,000	206,370	169,287
Other patient care revenue	259,450	287,269	277,141
Recoveries and other revenue	921,781	1,016,330	1,080,006
Investment income	50,000	66,494	109,686
Amortization of deferred capital contributions - equipment and software	160,000	98,424	130,645
	<u>13,556,751</u>	<u>13,661,550</u>	<u>13,372,178</u>
<b>EXPENSES</b>			
Salaries and wages, schedule 2	6,073,983	5,918,376	5,623,287
Employee benefits	1,822,195	1,819,206	1,791,366
Medical staff remuneration	1,725,949	1,687,045	1,594,687
Supplies and other expenses, schedule 3	2,872,940	2,878,380	2,808,555
Medical and surgical supplies	226,250	239,902	205,417
Drugs and medical gases	485,000	335,007	538,643
Amortization of equipment and software	328,000	243,145	266,766
Loss on disposition of capital assets	-	24,781	-
	<u>13,534,317</u>	<u>13,145,842</u>	<u>12,828,721</u>
<b>EXCESS OF REVENUES OVER EXPENSES FROM OPERATIONS</b>			
	<u>22,434</u>	<u>515,708</u>	<u>543,457</u>
Amortization of deferred capital contributions - buildings	225,000	291,981	256,863
Amortization of buildings	(500,000)	(632,368)	(551,180)
	<u>(275,000)</u>	<u>(340,387)</u>	<u>(294,317)</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES) BEFORE OTHER PROGRAMS AND OTHER VOTES</b>			
	(252,566)	175,321	249,140
<b>OTHER PROGRAMS</b>			
Villa Minto Nursing Home - Deficit, schedule 4	-	(176,680)	(220,982)
	<u>(252,566)</u>	<u>(1,359)</u>	<u>28,158</u>
<b>OTHER VOTES - MUNICIPAL LEVY</b>			
Revenue	4,350	4,350	4,350
Expense	(4,350)	(4,350)	(4,350)
	<u>-</u>	<u>-</u>	<u>-</u>
<b>EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)</b>			
	<u>\$ (252,566)</u>	<u>\$ (1,359)</u>	<u>\$ 28,158</u>

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

# LADY MINTO HOSPITAL

## STATEMENT OF REMEASUREMENT GAINS

YEAR ENDED MARCH 31, 2017

	2017	2016
ACCUMULATED REMEASUREMENT GAINS, BEGINNING OF YEAR	\$ 128,311	\$ 237,465
Unrealized gains (losses) on investments	77,714	(55,341)
Realized gains on disposition of investments	(8,761)	(53,813)
NET INCREASE (DECREASE) IN UNREALIZED GAINS ON INVESTMENTS	68,953	(109,154)
ACCUMULATED REMEASUREMENT GAINS, END OF YEAR	\$ 197,264	\$ 128,311
ACCUMULATED REMEASUREMENT GAINS ARE ATTRIBUTABLE TO:		
Domestic investments	\$ 106,371	\$ 77,821
Foreign investments	90,893	50,490
	\$ 197,264	\$ 128,311

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

**LADY MINTO HOSPITAL****STATEMENT OF CHANGES IN NET ASSETS****YEAR ENDED MARCH 31, 2017**

	Invested in Capital Assets and Intangible Assets (note 13)		Unrestricted	Total 2017	Total 2016			
BALANCE, BEGINNING OF YEAR	\$	8,320,559	\$	2,696,395	\$	11,016,954	\$	11,097,950
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)		-		(1,359)		(1,359)		28,158
NET CHANGE IN INVESTED IN CAPITAL ASSETS AND INTANGIBLE ASSETS (note 13)		42,078		(42,078)		-		-
NET INCREASE (DECREASE) IN UNREALIZED GAINS ON INVESTMENTS		-		68,953		68,953		(109,154)
BALANCE, END OF YEAR	\$	8,362,637	\$	2,721,911	\$	11,084,548	\$	11,016,954

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

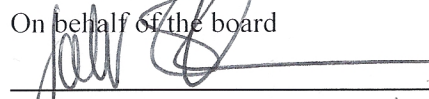
**LADY MINTO HOSPITAL**  
**STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2017**

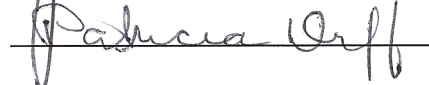
	2017	2016
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 859,725	\$ 878,214
Accounts receivable (note 4)	822,148	727,579
Prepaid expenses	113,582	130,303
Inventories	218,197	197,361
	<u>2,013,652</u>	<u>1,933,457</u>
LONG-TERM RECEIVABLES (note 5)	68,569	131,221
INVESTMENTS (note 6)	3,140,147	2,986,247
CAPITAL ASSETS (note 7)	12,336,291	11,637,519
INTANGIBLE ASSETS (note 8)	501,378	539,946
	<u>\$ 18,060,037</u>	<u>\$ 17,228,390</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities (note 9)	\$ 511,324	\$ 614,974
Deferred revenue	9,344	9,344
Due to MICs Group of Health Services (note 10)	609,243	357,114
	<u>1,129,911</u>	<u>981,432</u>
POST-EMPLOYMENT BENEFITS PAYABLE (note 11)	1,357,101	1,340,173
DEFERRED CAPITAL CONTRIBUTIONS (note 12)	4,488,477	3,889,831
	<u>6,975,489</u>	<u>6,211,436</u>
<b>NET ASSETS</b>		
INVESTED IN CAPITAL ASSETS AND		
INTANGIBLE ASSETS (note 13)	8,362,637	8,320,559
UNRESTRICTED	2,721,911	2,696,395
	<u>11,084,548</u>	<u>11,016,954</u>
	<u>\$ 18,060,037</u>	<u>\$ 17,228,390</u>

**CONTINGENCIES AND COMMITMENTS - note 16**

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

On behalf of the board

 Director

 Director



# LADY MINTO HOSPITAL

## STATEMENT OF CASH FLOWS

YEAR ENDED MARCH 31, 2017

	2017	2016
<b>OPERATING ACTIVITIES</b>		
EXCESS OF REVENUES OVER EXPENSES (EXPENSES OVER REVENUES)	\$ (1,359)	\$ 28,158
Items not involving cash:		
Amortization of capital assets - buildings	632,368	551,180
Amortization of capital assets - equipment and software	243,145	266,766
Amortization of capital assets - Villa Minto	15,458	24,268
Amortization of intangible assets - Villa Minto	38,568	38,568
Amortization of deferred capital contributions - buildings	(291,981)	(256,863)
Amortization of deferred capital contributions - equipment and software	(98,424)	(130,645)
Amortization of deferred capital contributions - Villa Minto	(7,759)	(6,704)
Loss on disposition of capital assets	24,781	-
Realized gains on disposition of investments	(8,761)	(53,813)
Accrual for post-employment benefits	16,928	60,963
Transfer of deferred capital contributions from accounts payable	-	92,805
	562,964	614,683
Changes in:		
Accounts receivable	(94,569)	(167,765)
Prepaid expenses	16,721	(130,303)
Inventories	(20,836)	732
Long-term receivables	62,652	16,051
Accounts payable and accrued liabilities	(103,650)	(97,565)
Deferred revenue	-	9,344
	423,282	245,177
<b>INVESTING ACTIVITIES</b>		
Purchase of investments	-	(1,000,000)
Net investment purchases within portfolio	(76,186)	(19,893)
	(76,186)	(1,019,893)
<b>FINANCING ACTIVITIES</b>		
Advances from MICs Group of Health Services	16,370,813	27,711,614
Advances to MICs Group of Health Services	(16,118,684)	(26,545,525)
	252,129	1,166,089
<b>CAPITAL ACTIVITIES</b>		
Purchase of capital assets	(1,619,619)	(2,625,719)
Capital contributions received	996,810	1,270,326
Proceeds of disposition of capital assets	5,095	-
	(617,714)	(1,355,393)
<b>CHANGE IN CASH POSITION</b>	(18,489)	(964,020)
<b>CASH POSITION, BEGINNING OF YEAR</b>	878,214	1,842,234
<b>CASH POSITION, END OF YEAR</b>	\$ 859,725	\$ 878,214

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

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

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### 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 241 8th Street, Cochrane, Ontario. The Hospital is a not-for-profit organization and, as such, is exempt from income taxes under the Income Tax Act (Canada).

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### 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, expenses, 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 (North East 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 and donations 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.

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

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### 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	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.

#### INTANGIBLE ASSETS

Intangible assets are recorded at cost less accumulated amortization. Amortization is calculated on a straight line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The estimated useful life of the intangible asset is as follows:

Nursing home licence	20 years
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#### 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.

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

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### 2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

#### 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.

#### 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.

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

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### 2. SIGNIFICANT ACCOUNTING POLICIES, (CONT'D)

#### 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. 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, long-term receivables, accounts payable and accrued liabilities and due to MICs Group of Health Services. 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.

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# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 3. FINANCIAL INSTRUMENT CLASSIFICATION

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

	2017		
	Fair Value	Amortized Cost	Total
Cash and cash equivalents	\$ 859,725	\$ -	\$ 859,725
Accounts receivable	\$ -	\$ 822,148	\$ 822,148
Long-term receivables	\$ -	\$ 68,569	\$ 68,569
Investments	\$ 3,140,147	\$ -	\$ 3,140,147
Accounts payable and accrued liabilities	\$ -	\$ 511,324	\$ 511,324
Due to MICs Group of Health Services	\$ -	\$ 609,243	\$ 609,243

	2016		
	Fair Value	Amortized Cost	Total
Cash and cash equivalents	\$ 878,214	\$ -	\$ 878,214
Accounts receivable	\$ -	\$ 727,579	\$ 727,579
Long-term receivables	\$ -	\$ 131,221	\$ 131,221
Investments	\$ 2,986,247	\$ -	\$ 2,986,247
Accounts payable and accrued liabilities	\$ -	\$ 614,974	\$ 614,974
Due to MICs Group of Health Services	\$ -	\$ 357,114	\$ 357,114

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, 2017.

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 4. ACCOUNTS RECEIVABLE

	2017	2016
Ministry of Health and Long-Term Care	\$ 125,000	\$ 5,045
Insurers and patients	176,942	219,329
HST rebates receivable	400,005	353,481
Other receivables	156,063	174,233
	858,010	752,088
Allowance for doubtful accounts	(35,862)	(24,509)
	<u>\$ 822,148</u>	<u>\$ 727,579</u>

### 5. LONG-TERM RECEIVABLES

	2017	2016
Physician and nursing recruitment incentive agreements, interest free, unsecured, due over varying terms	<u>\$ 68,569</u>	<u>\$ 131,221</u>

### 6. INVESTMENTS

	2017 Cost	2017 Fair Market Value	2016 Cost	2016 Fair Market Value
Equity instruments, carried at fair market value	\$ 803,781	\$ 989,025	\$ 773,527	\$ 878,173
Guaranteed Investment Certificates, earning interest at rates between 1.43% and 3.65%, maturing at various dates, carried at fair market value	2,139,102	2,151,122	2,084,409	2,108,074
	<u>\$ 2,942,883</u>	<u>\$ 3,140,147</u>	<u>\$ 2,857,936</u>	<u>\$ 2,986,247</u>

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 7. CAPITAL ASSETS

	<b>Cost</b>	<b>Accumulated Amortization</b>	<b>2017 Net</b>	<b>2016 Net</b>
Land	\$ 86,514	\$ -	\$ 86,514	\$ 86,514
Land improvements	124,532	-	124,532	124,532
Buildings	21,414,765	10,773,963	10,640,802	10,373,460
Equipment	6,512,386	5,027,943	1,484,443	1,046,303
Software	54,998	54,998	-	6,710
	<u>\$ 28,193,195</u>	<u>\$ 15,856,904</u>	<u>\$ 12,336,291</u>	<u>\$ 11,637,519</u>

As at March 31, 2017, there were no capital projects in progress (2016 - \$ 1,837,401).

### 8. INTANGIBLE ASSETS

	<b>Cost</b>	<b>Accumulated Amortization</b>	<b>2017 Net</b>	<b>2016 Net</b>
Nursing home licence	\$ 771,354	\$ 269,976	\$ 501,378	\$ 539,946

In 1998, the Hospital acquired the Nursing Home Licence to operate a 33 bed Nursing Home pursuant to the Nursing Home Act (Ontario), with an additional four beds held in abeyance by the Ministry of Health and Long-Term Care for the Hospital. The Nursing Home Licence was recorded at cost and was not amortized considering that the licence was not issued for a specified period of time.

Under the Long-Term Care Homes Act (Ontario) and related Regulations which became in effect as of July 1, 2010, a replacement licence for 33 beds was issued for a period of 20 years expiring June 30, 2030, with provisions allowing for issuance of a new licence under particular conditions. The cost of the original licence is now being amortized on a straight line basis over the term of the agreement. A licence may be revoked under particular conditions set out in the Act.



# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 9. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	2017	2016
Trades payable and accrued liabilities	\$ 399,893	\$ 359,272
Ministry of Health and Long-Term Care	111,431	255,702
	<u>\$ 511,324</u>	<u>\$ 614,974</u>

### 10. DUE TO MICS GROUP OF HEALTH SERVICES

The Hospital exercises significant influence over the MICs Group of Health Services (MICs) 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 \$ 9,868,899 (2016 - \$ 9,367,617) 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:

	2017	2016
Due to MICs Group of Health Services	<u>\$ 609,243</u>	<u>\$ 357,114</u>

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.

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 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 April 28, 2017 for the year ended March 31, 2017.

The following tables outlines the components of the Hospital's accrued post-employment benefit liability and benefit expense:

#### ACCRUED BENEFIT LIABILITY

	<b>Hospital</b>	<b>Share of MICS</b>	<b>2017 Total</b>	<b>2016 Total</b>
Accrued benefit obligation	\$ 1,160,240	\$ 105,626	\$ 1,265,866	\$ 1,147,964
Unamortized actuarial loss (gain)	92,249	(1,014)	91,235	192,209
Accrued benefit liability	<u>\$ 1,252,489</u>	<u>\$ 104,612</u>	<u>\$ 1,357,101</u>	<u>\$ 1,340,173</u>

#### BENEFIT EXPENSE

	<b>Hospital</b>	<b>Share of MICS</b>	<b>2017 Total</b>	<b>2016 Total</b>
Accrued benefit obligation, beginning of year	\$ 1,053,316	\$ 94,648	\$ 1,147,964	\$ 1,297,339
Unamortized actuarial loss (gain)	184,680	7,529	192,209	(18,129)
Accrued benefit liability, beginning of year	<u>1,237,996</u>	<u>102,177</u>	<u>1,340,173</u>	<u>1,279,210</u>
Current service cost	52,645	6,145	58,790	72,496
Interest on obligation	39,748	3,542	43,290	43,198
Amortization of actuarial loss (gain)	<u>(23,984)</u>	<u>(999)</u>	<u>(24,983)</u>	<u>657</u>
Benefit expense	<u>68,409</u>	<u>8,688</u>	<u>77,097</u>	<u>116,351</u>
Benefit payment	<u>(53,916)</u>	<u>(6,253)</u>	<u>(60,169)</u>	<u>(55,388)</u>
Accrued benefit liability, end of year	<u>\$ 1,252,489</u>	<u>\$ 104,612</u>	<u>\$ 1,357,101</u>	<u>\$ 1,340,173</u>

**LADY MINTO HOSPITAL****NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2017**

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

The above amounts exclude contributions to the Hospitals of Ontario Pension Plan, a multi-employer 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 3.56% (2016 - 3.76%) 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 (2016 - 8%) and decrease proportionately thereafter by 0.5% per year to an ultimate rate of 4.5% (2016 - 4.5%).

*Dental costs*

Dental costs is assumed to increase at 4% per annum (2016 - 4%).

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**LADY MINTO HOSPITAL****NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2017****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:

	<b>2017</b>	<b>2016</b>
<b>CAPITAL CONTRIBUTIONS RECEIVED</b>		
Balance, beginning of year	\$ 11,540,177	\$ 10,177,046
Funding received during the year	996,810	1,270,326
Transfer of deferred capital contributions from accounts payable	-	92,805
	<u>12,536,987</u>	<u>11,540,177</u>
<b>ACCUMULATED AMORTIZATION</b>		
Balance, beginning of year	(7,650,346)	(7,256,134)
Amortization - buildings	(291,981)	(256,863)
Amortization - equipment and software	(98,424)	(130,645)
Amortization - Villa Minto Nursing Home	(7,759)	(6,704)
	<u>(8,048,510)</u>	<u>(7,650,346)</u>
Balance, end of year	<u>(8,048,510)</u>	<u>(7,650,346)</u>
<b>NET DEFERRED CAPITAL CONTRIBUTIONS</b>	<u><b>\$ 4,488,477</b></u>	<u><b>\$ 3,889,831</b></u>

Included in deferred capital contributions are donations and grants reserved for the purchase of capital assets that are unspent. Unspent contributions are subject to recovery by the funder. These contributions are comprised of:

	<b>2017</b>	<b>2016</b>
Donations	<u>\$ 13,445</u>	<u>\$ 32,925</u>

**LADY MINTO HOSPITAL****NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2017****13. INVESTED IN CAPITAL ASSETS AND INTANGIBLE ASSETS**

Invested in capital assets and intangible assets is calculated as follows:

	<b>2017</b>	<b>2016</b>
Capital assets	\$ 12,336,291	\$ 11,637,519
Intangible assets	501,378	539,946
Deferred capital contributions	(4,488,477)	(3,889,831)
Unspent deferred capital contributions (note 12)	13,445	32,925
	<u>\$ 8,362,637</u>	<u>\$ 8,320,559</u>

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

	<b>2017</b>	<b>2016</b>
<b>CAPITAL ASSET ACTIVITIES</b>		
Purchase of capital assets	\$ 1,619,619	\$ 2,625,719
Amortization of capital assets - buildings	(632,368)	(551,180)
Amortization of capital assets - equipment and software	(243,145)	(266,766)
Amortization of capital assets - Villa Minto Nursing Home	(15,458)	(24,268)
Amortization of intangible assets - Villa Minto Nursing Home	(38,568)	(38,568)
Loss on disposition of capital assets	(24,781)	-
Proceed of disposition of capital assets	(5,095)	-
	<u>660,204</u>	<u>1,744,937</u>
<b>DEFERRED CAPITAL CONTRIBUTION ACTIVITIES</b>		
Capital contributions received during the year	(996,810)	(1,270,326)
Capital contributions transferred from accounts payable	-	(92,805)
Net change in unspent deferred capital contributions	(19,480)	(25,634)
Amortization of deferred capital contributions - buildings	291,981	256,863
Amortization of deferred capital contributions - equipment and software	98,424	130,645
Amortization of deferred capital contributions - Villa Minto Nursing Home	7,759	6,704
	<u>(618,126)</u>	<u>(994,553)</u>
	<u>\$ 42,078</u>	<u>\$ 750,384</u>

**LADY MINTO HOSPITAL****NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2017**

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**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 \$ 597,307 (2016 - \$ 547,944) 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, 2016 indicated that the Plan is fully funded on a solvency basis.

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**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.

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

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# **LADY MINTO HOSPITAL**

## **NOTES TO FINANCIAL STATEMENTS**

**MARCH 31, 2017**

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### **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, 2017, 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 Hospital participates in the Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay actuarially determined annual premiums. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2017.

c) 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.

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### **17. ECONOMIC DEPENDENCE**

The Hospital receives the majority of its revenue through a funding agreement with the North East Local Integration Network. The Hospital's continued operations are dependent on this funding agreement and on satisfying the terms of the agreement.

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### **18. 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 and cash equivalents, accounts receivable, long-term receivables 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, 2017 are as follows:

# LADY MINTO HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2017

### 18. FINANCIAL INSTRUMENTS RISK MANAGEMENT, (CONT'D)

#### CREDIT RISK (CONT'D)

		Total	Current	31-60 days	61-90 days	90+ days
MOHLTC	\$	125,000	\$	125,000	\$	-
Insurers and patients		176,942		119,722		33,171
HST rebates		400,005		400,005		-
Other		156,063		126,005		10,126
		858,010		770,732		33,171
Allowance for doubtful accounts		(35,862)		-		(2,691)
	\$	822,148	\$	770,732	\$	7,781
				43,635		-

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.



**LADY MINTO HOSPITAL****NOTES TO FINANCIAL STATEMENTS****MARCH 31, 2017**

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**18. FINANCIAL INSTRUMENTS RISK MANAGEMENT, (CONT'D)****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.

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# LADY MINTO HOSPITAL

## SCHEDULES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2017

### MINISTRY OF HEALTH AND LONG-TERM CARE

Schedule 1

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
North East LHIN - Base allocation	\$ 9,778,571	\$ 10,031,055	\$ 9,778,648
Ministry of Health - Physician specific	1,623,949	1,579,138	1,461,625
Ministry of Health - One-time funding	60,000	202,361	53,594
	<b>\$ 11,462,520</b>	<b>\$ 11,812,554</b>	<b>\$ 11,293,867</b>

### SCHEDULE OF SALARIES AND WAGES

Schedule 2

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
Nursing services	\$ 2,802,427	\$ 2,539,701	\$ 2,420,916
Diagnostic and therapeutic	1,073,647	1,027,625	997,074
Education	28,045	30,091	28,272
Administration and other	2,169,864	2,320,959	2,177,025
	<b>\$ 6,073,983</b>	<b>\$ 5,918,376</b>	<b>\$ 5,623,287</b>

### SCHEDULE OF SUPPLIES AND OTHER EXPENSES

Schedule 3

	<b>Budget (Unaudited)</b>	<b>2017 Actual</b>	<b>2016 Actual</b>
Nursing services	\$ 68,200	\$ 105,165	\$ 56,891
Diagnostic and therapeutic	881,600	773,640	778,695
Education	59,640	39,343	44,175
Administration and other	1,863,500	1,960,232	1,928,794
	<b>\$ 2,872,940</b>	<b>\$ 2,878,380</b>	<b>\$ 2,808,555</b>

**LADY MINTO HOSPITAL****SCHEDULES TO FINANCIAL STATEMENTS****YEAR ENDED MARCH 31, 2017****SCHEDULE OF VILLA MINTO NURSING HOME - STATEMENT OF OPERATIONS****Schedule 4**

	<b>2017</b>	<b>2016</b>
<b>REVENUES</b>		
Provincial subsidies	\$ 1,857,936	\$ 1,690,445
Charges to residents	684,648	635,413
Amortization of deferred capital contributions	7,759	6,704
Other revenue	3,177	1,672
	<u>2,553,520</u>	<u>2,334,234</u>
<b>EXPENSES</b>		
Salaries and benefits	2,248,822	2,128,990
Supplies and other expenses	427,352	363,390
Amortization of capital assets	15,458	24,268
Amortization of licence	38,568	38,568
	<u>2,730,200</u>	<u>2,555,216</u>
<b>DEFICIT FOR THE YEAR</b>	<u>\$ (176,680)</u>	<u>\$ (220,982)</u>