Financial Statements of

KEMPTVILLE DISTRICT HOSPITAL

Year ended March 31, 2017

Financial Statements

Year ended March 31, 2017

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MANAGEMENT REPORT

Management's Responsibility for the Financial Statements

The accompanying financial statements of Kemptville District Hospital (the "Hospital") as at and for the year ended March 31, 2017 are the responsibility of the Hospital's management and have been prepared in accordance with Canadian public sector accounting standards. The accounting policies followed by the Hospital are included in the summary of significant accounting policies outlined in note 2 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Hospital's management maintains a system of internal control designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Corporate Services Committee of the Board of Directors meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to the Corporate Services Committee's and the Board of Directors' approval of the financial statements.

The financial statements have been audited by KPMG LLP, Chartered Professional Accountants, Licensed Public Accountants, independent external auditors appointed by the Hospital. The accompanying Independent Auditors' Report outlines their responsibilities, the scope of their examination and their opinion on the Hospital's financial statements.

Frank J. Vassallo Chief Executive Officer

Andrew J. Pinhey, CPA, CGA CFO & VP Operations

May 25, 2017

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KPMG LLP 150 Elgin Street, Suite 1800 Ottawa ON K2P 2P8 Canada Telephone 613-212-5764 Fax 613-212-2896

INDEPENDENT AUDITORS' REPORT

To the Members of Kemptville District Hospital

We have audited the accompanying financial statements of Kemptville District Hospital, which comprise the statement of financial position as at March 31, 2017, the statement of operations, changes in net assets, cash flows and remeasurement gain and losses for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our 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, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kemptville District Hospital as at March 31, 2017, its results of operations, changes in net assets, cash flows and remeasurement gains and losses for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

May 25, 2017

Ottawa, Canada

Statement of Financial Position

March 31, 2017, with comparative information fe	for 2016
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		2017	2016
Assets			
Current assets:			
Cash	\$	4,614,976	\$ 4,972,043
Short-term investments (note 3)		99,144	-
Accounts receivable		721,528	1,024,693
Inventories		82,956	70,253
Prepaid expenses		237,643	162,309
		5,756,247	6,229,298
Long-term receivable (note 13(a))		666,897	778,770
Long-term investments (note 3)		1,905,023	-
Capital assets (note 4)		27,250,912	27,319,337
	\$	35,579,079	\$ 34,327,405
	1	,	- ,- ,
Liabilities and Net Assets			
Current liabilities:			
Accounts payable and accrued liabilities (note 5)	\$	4,490,685	\$ 3,117,307
Deferred revenue		52,225	48,574
Current portion of obligations under capital leases (note 7)		1,807	57,635
Current portion of term loan		4,544,717	14,750 3,238,266
		т, 0 тт, <i>1</i> 17	0,200,200
Deferred contributions related to capital assets (note 6)		25,338,129	25,026,126
Obligations under capital leases (note 7)		-	1,807
Term loan		-	234,771
Employee future benefits liability (note 8)		594,600	579,200
N / /		30,477,446	29,080,170
		1,912,783	2,293,211
		.,,	28,224
Invested in capital assets		28.224	
Invested in capital assets Restricted for endowment		28,224 3.155.459	2.925.800
Invested in capital assets		3,155,459	
Invested in capital assets Restricted for endowment			
Invested in capital assets Restricted for endowment Unrestricted Accumulated remeasurement gains		3,155,459 5,096,466	 5,247,235
Restricted for endowment Unrestricted		3,155,459 5,096,466 5,167	 2,925,800 5,247,235

See accompanying notes to financial statements.

Statement of Operations

	2017	2016
Revenue:		
Champlain Local Health Integration Network and Ontario		
Ministry of Health and Long-Term Care Allocations		
(Schedule A)	\$ 17,081,408	\$ 16,930,293
Other (Schedule B and D)	5,038,516	5,206,501
Other funding votes (Schedule E)	1,121,916	1,111,034
	23,241,840	23,247,828
Expenses:		
Salaries, wages and purchased services	8,377,311	8,482,956
Employee benefits	2,780,743	2,372,895
Medical staff remuneration	2,429,489	2,406,942
Supplies and other expenses	5,426,091	5,038,151
Medical and surgical supplies	1,908,762	1,901,170
Drugs and medical gases	291,346	332,592
Miscellaneous	44,498	57,229
Bad debts (recovery)	11,258	(321,970)
Amortization of equipment	633,856	711,463
Other funding votes (Schedule E)	1,246,235	1,195,630
	23,149,589	22,177,058
	92,251	1,070,770
Other revenue and expenses		
Other revenue and expenses (Schedule C)	(243,020)	(235,622)
Loss on disposal of capital assets	-	(2,710)
	(243,020)	(238,332)
Excess (deficiency) of revenue over expenses	\$ (150,769)	\$ 832,438

See accompanying notes to financial statements.

Statement of Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

	Invested in capital assets	Restricted for endowment	Unrestricted	2017 Total	2016 Total
Balance, beginning of year	\$ 2,293,211	\$ 28,224	\$ 2,925,800	\$ 5,247,235	\$ 4,414,797
Excess (deficiency) of revenue over expenses	-	-	(150,769)	(150,769)	832,438
Acquisition of capital assets	1,506,631	-	(1,506,631)	-	-
Amortization of capital assets	(1,575,056)	-	1,575,056	-	-
Net change in deferred contributions related to capital assets	(312,003)	-	312,003	-	-
Balance, end of year	\$ 1,912,783	\$ 28,224	\$ 3,155,459	\$ 5,096,466	\$ 5,247,235

See accompanying note to financial statements.

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

		2017		2016
Cash provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenses	\$	(150,769)	\$	832,438
Items which do not involve cash:				
Change in employee future benefits liability		15,400		20,800
Amortization of capital assets		1,575,056		1,636,659
Loss on disposal of capital assets		-		2,710
Amortization of deferred capital contributions				
related to capital assets		(1,292,563)		(1,313,599)
Change in non-cash operating working capital (note 9)		1,704,030		2,201,998
		1,851,154		3,381,006
Capital activities:				
Deferred contributions related to capital assets received		1,604,566		892,521
Purchase of capital assets		(1,506,631)		(648,881)
Proceeds from disposal of capital assets		(1,000,001)		1,000
		97,935		244,640
Investing activities:				
Purchase of investments		(1,999,000)		-
Financing activities:				
Net repayment of obligations under capital lease		(57,635)		(175,666)
Repayment of term loan		(249,521)		(14,750)
		(307,156)		(190,416)
Increase (decrease) in cash		(357,067)		3,435,230
Cash, beginning of year		4,972,043		1,536,813
	ŕ		\$	
Cash, end of year	\$	4,614,976	φ	4,972,043

See accompanying notes to financial statements.

Statement of Remeasurement Gains and Losses

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Accumulated remeasurement gains, beginning of the year	\$ -	\$ -
Unrealized gains attributable to Investments	5,167	-
Accumulated remeasurement gains, end of the year	\$ 5,167	\$ -

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2017

1. Stature and nature of business:

The Kemptville District Hospital (the "Hospital"), a corporation without share capital, incorporated under the Corporations Act of Ontario, is a not-for-profit organization which provides health care services. As a registered charity, the Hospital is exempt from income taxes under the Income Tax Act (Canada).

These financial statements reflect the assets, liabilities and operations of the Kemptville District Hospital (the "Hospital"). They do not include the assets, liabilities or operations of the Kemptville District Hospital Auxiliary and the Kemptville District Hospital Foundation, which, although associated with the Hospital, are separately managed, and report to separate Boards of Directors.

2. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards including the 4200 standards for government not-for-profit organizations and include the following significant accounting policies.

(a) Basis of presentation:

The Hospital follows the deferral method of accounting for contributions for not-for-profit organizations which includes provincial government allocations, other contributions and grants.

(b) Revenue recognition:

Under the Local Health Integration Act, 2006, the Hospital is funded primarily by the Champlain Local Health Integration Network ("LHIN"), an entity created by the Government of Ontario on April 1, 2007. Allocations are negotiated through a Hospital Service Accountability Agreement in accordance with processes established by the LHIN and the Ministry of Health and Long-Term Care of Ontario.

Allocations are recorded as revenue in the period to which they relate when received or receivable if the amount can be reasonably estimated and collection can be reasonably assured. The final amount of revenue recorded cannot be determined until the LHIN and the Ministry of Health and Long-Term Care of Ontario have reviewed the Hospital's financial and statistical returns for the year. Any adjustment arising from these reviews is recorded in the period in which the adjustment is made.

Amounts approved but not received at the end of an accounting period are recorded as accounts receivable. When a portion of an allocation relates to a future period, it is deferred and recognized in that period.

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

Notes to Financial Statements (continued)

Year ended March 31, 2017

2. Significant accounting policies (continued):

(b) Revenue recognition (continued):

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue using the straight-line method, at the related tangible capital assets' amortization rate.

Endowment contributions are recognized as direct increases in restricted for endowment net assets.

Investment income is recognized as revenue when earned.

Recoveries and miscellaneous revenue as well as revenue for services rendered are recognized as revenue when received or receivable, if the amount can be reasonably estimated and collection is reasonably assured.

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition and are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has elected to carry its investment 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.

Financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

Notes to Financial Statements (continued)

Year ended March 31, 2017

2. Significant accounting policies (continued):

(c) Financial instruments (continued):

The Standards require the Hospital to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- · Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.
- (d) Inventories:

Inventories are measured at the lower of cost and net realizable value, with cost being determined using the weighted average cost method. Net realizable value is the estimated selling price in the ordinary course of business, less any applicable selling costs.

(e) Donations-in-kind:

The Hospital records significant donations-in-kind at fair value when it can be easily determined.

(f) Capital assets:

Capital assets are accounted for at cost. Amortization is calculated on their respective estimated useful life using the straight-line method over the following periods:

Asset	Useful life
Land improvements	8 to 20 years
Buildings and building service equipment	5 to 40 years
Equipment and equipment under capital lease	3 to 20 years
Software	5 years

Construction-in-progress is not amortized until the project is complete and the facilities come into use.

Notes to Financial Statements (continued)

Year ended March 31, 2017

2. Significant accounting policies (continued):

(g) Employee benefits plan:

The Hospital accrues its share of the obligation for the employee benefits plan of the Ontario Nurses Association ("ONA"). The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on the number of years of service and management's best estimate of retirement age of employees and expected health care costs. The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2017, and the next required valuation will be as of March 31, 2018.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. These defined benefit plans are not funded.

The average remaining service period of active employees covered by the employee benefit plans is 10 years (2016 - 10 years).

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

The Hospital is an employer member of the Healthcare of Ontario Pension Plan, which is a multiemployer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles.

(h) Contributed services:

Volunteers donate a considerable number of hours to assist the Hospital in carrying out its activities on a yearly basis. Due to the difficulty in compiling these hours and in determining the fair value, contributed services are not recognized in the financial statements.

(i) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed annually and as adjustments become necessary, they are recognized in the financial statements in the period they become known.

Notes to Financial Statements (continued)

Year ended March 31, 2017

3. Investments:

	Level	2017	2016
Investments consist of the following: Short-term fixed income securities	1	\$ 99,144	\$ -
Long-term fixed income securities	1	1,905,023	-
Total		\$ 2,004,167	\$ -

The Hospital's fixed income securities have interest rates of 1.05% to 2.28% and maturity dates ranging from February 2018 to February 2022.

4. Capital assets:

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
Land	\$ 399,685	\$ -	\$ 399,685	\$ 399,685
Land improvements	385,479	205,635	179,844	186,900
Buildings and building				
service equipment	31,890,839	7,642,336	24,248,503	24,759,616
Equipment and equipment				
under capital lease	10,722,115	9,087,307	1,634,808	1,616,562
Software	1,062,723	695,841	366,882	134,212
Construction-in-progress	421,190	-	421,190	222,362
	44,882,031	17,631,119	\$ 27,250,912	\$ 27,319,337

Cost and accumulated amortization as at March 31, 2016 amounted to \$43,375,400 and \$16,056,063, respectively. During the year, the Hospital disposed of assets with a cost of \$Nil (2016 - \$41,900), accumulated amortization of \$Nil (2016 - \$38,190) and received proceeds on disposal of \$Nil (2016 - \$1,000).

5. Accounts payable and accrued liabilities:

As at year end, the Hospital had \$311,551 (2016 - \$232,423) payable for government remittances, including amounts relating to harmonized sales tax and payroll-related taxes.

6. Deferred contributions related to capital assets:

	2017	2016
Balance, beginning of year	\$ 25,026,126	\$ 25,447,204
Add: Contributions received during the year	1,604,566	892,521
Less: Amortization related to equipment Less: Amortization related to land improvements,	(608,435)	(639,072)
buildings, building service equipment and minor equipment	(684,128)	(674,527)
Balance, end of year	\$ 25,338,129	\$ 25,026,126

Notes to Financial Statements (continued)

Year ended March 31, 2017

7. Obligations under capital lease:

	2017	2016
Equipment lease contract with a net book value of \$Nil, maturing February 27, 2018, payable in monthly instalments of \$164	\$ 1,870	\$ 3,819
Equipment lease contracts, matured during the year	-	56,598
Total amount of future minimum lease payments	1,870	60,417
Interest included in payments (at a rate of 7.22%)	63	975
	1,807	59,442
Current portion of obligations under capital lease	1,807	57,635
	\$ -	\$ 1,807

8. Employee future benefits:

The Hospital provides extended health care and dental insurance benefits to its employees and extends this coverage to the post-retirement period. The measurement date used to determine the accrued benefit obligation is March 31, 2017. The most recent actuarial valuation of employee future benefits was completed as at March 31, 2017.

The Hospital's employee future benefits accrued liability and accrued benefit obligation are as follows:

	2017	2016
Accrued benefit obligation:		
Balance, beginning of year	\$ 612,300	\$ 631,400
Current period benefit cost	22,900	23,900
Interest on accrued benefits	23,200	21,200
Benefit payments	(35,700)	(32,500)
Actuarial loss (gain)	13,800	(31,700)
Balance, end of year	636,500	612,300
Unamortized actuarial losses	(41,900)	(33,100)
Employee future benefits liability	\$ 594,600	\$ 579,200

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Employee future benefits (continued):

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

	2017	2016
Discount rate	3.56%	3.76%
Dental cost increases	3.75%	3.75%
Extended healthcare cost escalations, 7% in 2016 decreasing		
by 0.25% per annum to an ultimate rate of 4.75%	7%	7%
Expected average remaining service life of employees	10 years	10 years

(a) Healthcare of Ontario Pension Plan:

Substantially all full time employees of the Hospital are eligible to be members of the Healthcare of Ontario Pension Plan (the "Plan"). This Plan is a multi-employer, defined benefit pension plan. Employer contributions to the Plan during the year amounted to \$707,622 (2016 - \$679,209). These amounts are included in employee benefits expense in the statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at March 31, 2015 indicates the Plan is fully funded.

9. Net change in non-cash working capital items:

	2017	2016
Accounts receivable	\$ 303,165	\$ 169,494
Inventories	(12,703)	33,642
Prepaid expenses	(75,334)	19,656
Long-term accounts receivable	111,873	161,128
Long-term loan receivable	-	1,496,661
Accounts payable and accrued liabilities	1,373,378	304,307
Deferred revenue	3,651	17,110
	\$ 1,704,030	\$ 2,201,998

10. Short-term borrowing:

The Hospital has a operating line of credit to a maximum of \$2,000,000 which bears interest at prime minus 0.5%. At March 31, 2017, the Hospital has drawn \$Nil (2016 - \$Nil).

Notes to Financial Statements (continued)

Year ended March 31, 2017

11. Related parties:

The Hospital has an economic interest in the Kemptville District Hospital Foundation (the "Foundation") and the Kemptville District Hospital Auxiliary (the "Auxiliary") which are incorporated under the Corporations Act of Ontario. Their objective is to raise, receive, maintain and manage funds and to apply all or part of them and the income derived from them for the development and promotion of the Hospital and the well-being of patients.

The Foundation is the sole beneficiary of the Rideau Valley Health Trust which holds the shares of Rideau Valley Health Services Ltd.

The Hospital is related to both Rideau Valley Health Trust and Rideau Valley Health Services Ltd. due to its significant influence over both entities by virtue of its ability to appoint 40% of the members of the Trust's Board.

(a) Kemptville District Hospital Foundation:

During the year, the Hospital recognized an amount of \$473,014 (2016 - \$504,914) received from the Foundation, represented by \$308,495 (2016 - \$346,345) in capital contributions and \$164,519 (2016 - \$158,569) in reimbursement of expenses incurred on behalf of the Foundation.

As at March 31, 2017, the Hospital had accounts receivable from the Foundation amounting to \$38,692 (2016 - \$175,470), and accounts payable to the Foundation amounting to \$1,010 (2016 - \$1,085). The Hospital provides the Foundation with office space without charge.

(b) Kemptville District Hospital Auxiliary:

As at March 31, 2017, the Hospital had accounts receivable from the Auxiliary amounting to \$1,468 (2016 - \$4,078). During the year, the Hospital received an amount of \$65,000 (2016 - \$65,000) from the Auxiliary.

(c) Rideau Valley Health Services Ltd.:

As at March 31, 2017, the Hospital had accounts payable to Rideau Valley Health Services Ltd. (RVHS) amounting to \$117,460 (2016 - \$188,463). The Hospital provides Rideau Valley Health Services Ltd. 9,000 square feet located at 1221 Greenbank Road, Ottawa, ON known as RVHS Health Centre. The Hospital has engaged RVHS as an independent contractor to provide services to the Family Health Organization and Specialists Groups operating in this space. Services include Administrative services for their EMR System including billing and maintenance, clinical support to physicians, DI Clinic, Diabetes Education Program and services and equipment to carry on the practice of Medicine. During the year, the Hospital incurred net expenses totalling \$36,264 (2016 - \$22,972) relating to those services.

Notes to Financial Statements (continued)

Year ended March 31, 2017

11. Related parties (continued):

- (c) Rideau Valley Health Services Ltd. (continued):
 - (i) Contingent liabilities:

The Hospital is a co-borrower with Rideau Valley Health Services Ltd. on the following credit facilities at year-end:

- a) Rideau Valley Health Services Ltd. has a bank lease of \$1,741,559 bearing interest at prime plus 0.25% and is repayable in monthly instalments of \$26,902. Under the arrangement, Rideau Valley Health Services Ltd. was able to borrow up to \$2,500,000 per the agreement signed in September 2011 and is responsible for making the required payments on the lease. If Rideau Valley Health Services Ltd. defaults on its payment obligations, the Hospital will be required to make the monthly lease payments. At March 31, 2017, the required payments are up-todate. Therefore, no liability has been recorded on the Hospital's statement of financial position with respect to this lease agreement.
- (b) Rideau Valley Health Services Ltd. has an operating line of credit with a maximum of \$550,000 which bears interest at prime. At March 31, 2017, the Rideau Valley Health Services Ltd. has drawn \$480,000 (2016 - \$430,000) on this line of credit.
- (c) Rideau Valley Health Services Ltd. has a non-revolving term loan of \$33,333 with interest at prime plus 0.25% per annum. The loan is repayable in 23 equal installments (\$8,333.33) commenced on July 31, 2015 with a final balance of principal and interest then outstanding due on the 24th month on July 31, 2017.
- (d) Rideau Valley Health Services Ltd. has a business visa card with an available credit limit of \$30,000. At March 31, 2017, \$6,222 was outstanding against this facility.

12. Commitments, contingencies and guarantees:

- (a) The nature of the Hospital's activities is such that there is usually litigation pending or in progress at any time. There were no specific claims noted by Management at year-end and any potential claims are covered under the Hospital's insurance policy. No provision has been made for a loss in these financial statements, and any potential claims will not have a material adverse affect on the statement of financial position or results of operations.
- (b) To the extent permitted by law the Hospital indemnifies present and former directors and officers against certain claims that may be made against them as a result of their service as directors or officers. The Hospital purchases directors' and officers' liability insurance that may be available in certain instances. The nature and likelihood of these arrangements preclude the Hospital from making a reasonable estimate of the maximum potential amount the Hospital could be required to pay to counterparties. The Hospital believes the likelihood that it will incur significant liability under these arrangements is remote and accordingly, no amount has been recorded in the financial statements for these guarantees.

Notes to Financial Statements (continued)

12. Commitments, contingencies and guarantees (continued):

(c) The Hospital has committed to make the following future minimum payments under a premise lease:

2018 2019 2020 2021 2022	\$ 444,384 444,384 444,384 444,384 185,160
	\$ 1,962,696

A portion of the space is currently being occupied by Rideau Valley Health Services Ltd.

13. Financial risks and concentration of credit risk:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to this risk relating to its cash and accounts receivable. The Hospital holds its cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation.

The Hospital's receivables are primarily with governments, government funding agencies, patients and residents and corporate entities. The Hospital's largest account receivable from a non-related party is the long-term receivable of \$620,000 (2016 - \$720,000) due from the township of North Grenville relating to capital funding. The Hospital believes that its receivables do not have significant credit risk in excess of allowances for doubtful accounts that have been established. An allowance for doubtful accounts has not been recognized as at the year ended March 31, 2017.

(b) Liquidity risk:

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

Accounts payable and accrued liabilities are generally due within 30 days of receipt of an invoice.

Notes to Financial Statements (continued)

Year ended March 31, 2017

13. Financial risks and concentration of credit risk (continued):

(c) Market risk:

Market risk is the risk that the fair value or 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 other price risk.

The Hospital believes it is not subject to significant interest rate, foreign currency or other price risks arising from its financial instruments.

There have been no significant changes from the previous year in the Hospital's exposure to market, liquidity or credit risk or the policies, procedures and methods used to measure these risks.

14. Comparative information:

Certain 2016 comparative information has been reclassified to conform with the financial statement presentation adopted for 2017.

Additional Information

Year ended March 31, 2017, with comparative information for 2016

Schedule A - Champlain local health integration network and Ontario Ministry of Health and Long-Term Care Allocations

	2017	2016
Base allocations One-time payments	\$ 16,471,676 609,732	\$ 16,325,964 604,329
	\$ 17,081,408	\$ 16,930,293
Schedule B - Other		
	2017	2016
Recoveries and miscellaneous revenue Amortization of deferred contributions related to equipment Other patient services Room differential and patients' co-payments	\$ 833,981 607,728 3,484,239 112,568	\$ 816,222 639,072 3,577,931 173,276
	\$ 5,038,516	\$ 5,206,501
Schedule C - Other revenue and expenses		
	2017	2016
Amortization of land improvements, buildings and building service equipment Amortization of deferred contributions related to land improvements, building and buildings service equipment	\$ (927,148) 684,128	\$ (910,149) 674,527
	\$ (243,020)	\$ (235,622)

KEMPTVILLE DISTRICT HOSPITAL Additional Information (continued)

Year ended March 31, 2017, with comparative information for 2016

Schedule D - Alternative	funding agreement
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		2017		2016
Revenue:				
Contributions - Ontario Ministry of Health and				
Long-Term Care	\$	1,830,054	\$	1,831,408
Interest	,	349	•	451
		1,830,403		1,831,859
Expenses:				
Medical staff remuneration		1,800,403		1,801,859
Supplies		30,000		30,000
		1,830,403		1,831,859
Excess of revenue over expenses	\$	-	\$	-
Schedule E - Other funding votes				
Interim long-term care beds				
		2017		2016
Revenue: Contributions - Champlain Local Health				
Integration Network	\$	1,047,448	\$	1,033,847
Amortization of deferred contributions related to equipment	Ψ	707	Ψ	708
Patients' co-payments		69,861		72,579
		1,118,016		1,107,134
Expenses:				
Nursing and personal care		856,199		797,152
Program and support services		121,735		102,710
Raw food		31,589		31,918
Other accommodations		206,654		232,743
Physicians on call		12,106		12,161
Amortization of equipment		14,052		15,046
		1,242,335		1,191,730
Deficiency of revenue over expenses	\$	(124,319)	\$	(84,596)

Additional Information (continued)

Year ended March 31, 2017, with comparative information for 2016

Schedule E - Other funding votes (continued)

Property taxes

		2017		2016
Revenue:				
Contributions - Champlain Local Health Integration Network	\$	3,900	\$	3,900
Expenses:				
Property taxes		3,900		3,900
Excess of revenue over expenses	\$	-	\$	-
Summary - Schedule E - Other funding votes				
		2017		2016
Total revenue	\$	1,121,916	\$	1,111,034
Total expenses	Ţ	1,246,235	,	1,195,630
Deficiency of revenue over expenses	\$	(124,319)	\$	(84,596)