Financial Statements

For the year ended March 31, 2015

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KPMG LLP 863 Princess Street Suite 400 Kingston ON K7L 5N4 Canada Telephone (613) 549-1550 Fax (613) 549-6349 Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Members of the Northumberland Hills Hospital

We have audited the accompanying financial statements of Northumberland Hills Hospital, which comprise the statement of financial position as at March 31, 2015, the statements of revenue and expenses, changes in net assets (deficiency) and cash flows 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 audits 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 Northumberland Hills Hospital as at March 31, 2015, and its results of operations, changes in net assets (deficiency) and its cash flows for the year then ended and the remeasurement gains and losses for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

June 4, 2015

Kingston, Canada

LPMG LLP

Statement of Financial Position

As at	March 31, 2015	March 31, 2014
Assets		
Current assets		
Cash	\$ 231,378	\$ -
Accounts receivable, net of allowance for doubtful accounts (Note 2)	3,930,074	3,644,665
Inventories	949,854	861,640
Prepaid expenses	1,639,206	1,046,018
	6,750,512	5,552,323
Capital assets (Note 3)	50,613,112	52,577,032
	\$ 57,363,624	\$ 58,129,355
Current liabilities Bank indebtedness (Note 4) Accounts payable and accrued liabilities Accrued salaries and benefits Current portion of long-term debt (Note 5) Current portion of accrued employee benefit liability (Note 6)	\$ - 5,472,942 4,401,761 183,403 252,400 10,310,506	\$ 770,152 5,554,648 4,066,891 354,915 432,800 11,179,406
Long-term liabilities		
Long-term debt (Note 5)	-	183,403
Accrued employee benefit liability (Note 6)	4,085,300	3,729,800
Deferred capital contributions (Note 7)	48,956,739	<u>50,3</u> 44,718
	53,042,039	54,257,921
Contingent liabilities (Note 11) Commitments (Note 12)	63,352,545	65,437,327
Net Assets (Deficiency)	(5,988,921)	(7,307,972)
	\$ 57,363,624	\$ 58,129,355

Approved by the Board of Directors

Director

Directo

Statement of Revenue and Expenses

For the year ended March 31	2015	2014
Revenue		
Base operating funding	\$ 39,262,973	\$ 39,452,814
Interim long-term care funding (recovery)	(23,683)	(32,257)
One-time operating funding	2,687,993	2,306,983
Separately funded programs - other votes	3,798,776	3,656,636
Separately funded programs - priority programs	2,870,303	2,119,225
Patient revenue	10,186,434	10,047,631
Differential and co-payment revenue	1,669,131	1,428,123
Other revenue	4,394,651	3,738,799
Amortization of deferred capital contributions related to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,700,700
major equipment and software licences (Note 8)	1,905,023	1,800,619
	66,751,601	64,518,573
Expenses		
Salaries and wages	28,112,859	27,453,220
Employee benefits	6,817,653	6,728,235
	34,930,512	34,181,455
Medical remuneration	8,954,493	8,855,756
Medical and surgical supplies	2,344,565	2,384,247
Drugs and medical gases	2,392,573	2,483,557
Supplies	2,863,314	2,808,046
Equipment and maintenance	2,900,765	2,896,093
Professional fees	540,064	445,878
Referred out contracted services	1,396,146	1,240,560
Interest (Note 4)	56,831	69,469
Sundry	792,267	705,110
Separately funded programs - other votes	3,798,776	3,656,636
Separately funded programs - priority programs	1,916,234	2,118,485
Amortization of major equipment and software licences (Note 8)	2,505,417	1,971,735
	65,391,957	63,817,027
Excess of revenue over expenses before the undernoted	1,359,644	701,546
Gain on disposal of capital assets	14,633	16,014
Restructuring activities (Note 9)	-	(200,000)
Amortization of deferred capital contributions related to land		•
improvements, buildings and building service equipment (Note 8) Amortization of land improvements, buildings and building	1,478,744	1,485,470
service equipment (Note 8)	(4 547 947)	(4 E04 0CZ)
Interest on long term debt (Note 5)	(1,517,347) (16,623)	(1,534,057) (31,907)
	(10,020)	(01,007)
Excess of revenue over expenses (Note 10)	\$ 1,319,051	\$ 437,066

Statement of Changes in Net Assets (Deficiency)

For the year ended March 31	2015	2014		
Net assets (Deficiency), beginning of year	\$ (7,307,972)	\$ (7,745,038)		
Excess of revenue over expenses	1,319,051_	437,066		
Net assets (Deficiency), end of year	\$ (5,988,921)	\$ (7,307,972)		

Statement of Cash Flows

For the year ended March 31	2015	2014
Cash provided by (used in)		
Operating activities		
Excess of revenue over expenses	\$ 1,319,051	\$ 437,066
Adjustment for items which do not affect cash		
Amortization of deferred capital contributions (Note 8)	(3,383,767)	(3,286,089)
Amortization of capital assets (Note 8)	4,022,764	3,505,792
Gain on disposal of capital assets Post-retirement employee benefits expense for year (Note 6)	(14,633)	(16,014)
rost-retirement employee benefits expense for year (Note 6)	432,800	426,500
	2,376,215	1,067,255
Net increase (decrease) in non-cash working capital	(713,647)	(561,473)
	1,662,568_	505,782
Financiae estivities		
Financing activities Decrease in long-term debt	(254.045)	(000,004)
Payments for post-retirement employee benefits (Note 6)	(354,915)	(339,631)
r dyments for post-retirement employee benefits (Note o)	(257,700)	(258,700)
	(612,615)	(598,331)
Capital activities		
Proceeds from disposal of capital assets	11,968	-
Purchase of capital assets	(2,066,447)	(2,779,474)
Donations and capital grants (Note 7)	2,006,056	2,405,421
	(48,423)	(374,053)
Increase (decrease) in cash	1,001,530	(466,602)
Cash (bank indebtedness) at beginning of year	(770,152)	(303,550)
Cash (bank indebtedness) at end of year	\$ 231,378	\$ (770,152)

Summary of Significant Accounting Policies

Year ended March 31, 2015

Accounting Standards

On April 1, 2012, the Hospital adopted Canadian public sector accounting standards. The Hospital has also elected to apply the 4200 standards for government not-for-profit organizations.

Revenue Recognition

Northumberland Hills Hospital ("Hospital") is funded primarily by the Province of Ontario in accordance with accountability and contractual arrangements entered into with the Ministry of Health and Long-Term Care ("Ministry") and the Central East Local Health Integration Network ("CE LHIN"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period. One-time funding is recognized when the terms and conditions of the grant are met.

The Hospital follows the deferral method of accounting for contributions which include donations and government grants. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital assets.

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

Contributed Services

A substantial number of volunteers contribute a significant amount of their time each year. The fair value of these contributed services is not recorded in the financial statements.

Inventories

Inventories are measured at the lower of cost and net realizable value by using first-in, first-out inventory and/or weighted average costing methodology.

Capital Assets

Capital assets are recorded at cost. Betterments which extend the estimated life of an asset are capitalized. Repairs and maintenance costs are charged to expense. Gains and losses on the disposal of capital assets are credited or charged to operations in the year of disposal. Interest costs incurred on debt incurred for assets under construction are capitalized until the asset is placed in service.

Equipment under leases that effectively transfer substantially all of the benefits and risks of ownership to the Hospital as lessee is recorded as a capital asset at the present value of the minimum payments under the lease with a corresponding liability for the related lease obligation. Charges to expenses are made for amortization of the equipment and interest inherent in the lease obligation. Leases not meeting the conditions of a capital lease are treated as operating leases.

Summary of Significant Accounting Policies

Year ended March 31, 2015

Capital Assets (continued)

Capital assets are amortized according to Ministry guidelines on a straight-line basis using the following annual rates:

Buildings	2.5%
Building service equipment	5%
Land improvements	5% to 20%
Major equipment	5% to 20%
Software licences and related costs	20%

Employee Future Benefits

The Hospital accrues its obligations for employee benefit plans. The cost of nonpension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of salary escalation (where applicable), retirement ages of employees and expected health care costs.

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. The average remaining service period of the active employees covered by the other retirement benefits plan is 13 years (2014 - 14 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 multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for the Plan because insufficient information is available to apply defined benefit plan accounting principles. Contributions to the multi-employer defined benefit plan are expenses when due.

Financial Instruments

Financial instruments are recorded at fair value on initial recognition. Financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to carry financial instruments at fair value.

Long term debt is recorded at cost.

Use of Estimates

In preparing the financial statements in accordance with Canadian public sector accounting standards, management is required to make estimates and assumptions to determine the reported amounts of assets and liabilities, the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Gains and Losses

Statement of Remeasurement A statement of remeasurement gains and losses has not been provided as there are no significant unrealized gains or losses at March 31, 2015.

Notes to the Financial Statements

Year ended March 31, 2015

1. Economic Environment

a. Nature of Business

The Hospital is engaged in the provision of various health care services within Northumberland County. The Hospital is a registered charity under the *Income Tax Act* (Canada) and accordingly is exempt from income taxes, provided certain requirements of the *Income Tax Act* (Canada) are met.

b. Economic Dependence

The Hospital is dependent on an on-going basis on the Ministry, Cancer Care Ontario and/or CE LHIN as the primary funding source for operating activities. This year, provincial funding was equivalent to 88% of the total operating revenue (2014 - 89%).

2. Accounts Receivable	March 31, March 31, 2015 2014
Accounts receivable	\$ 4,061,272 \$ 3,689,573
Less allowance for doubtful accounts	(131,198) (44,908)
	\$ 3,930,074 \$ 3,644,665
3. Capital Assets	March 31, 2015
	Accumulated Net Book Cost Amortization Value
Land and land improvements Buildings and building service equipment Equipment Software licences and related costs	\$ 1,309,148 \$ 195,046 \$ 1,114,102 57,529,074 16,608,866 \$ 40,920,208 33,862,968 26,132,238 \$ 7,730,730 3,687,901 2,839,829 \$ 848,072
	\$ 96,389,091 \$ 45,775,979 \$ 50,613,112
	March 31, 2014
	Accumulated Net Book Cost Amortization Value
Land and land improvements Buildings and building service equipment Equipment Software licences and related costs	\$ 1,309,148 \$ 175,941 \$ 1,133,207 57,391,533 15,110,624 \$ 42,280,909 33,820,287 25,564,241 \$ 8,256,046 3,490,051 2,583,181 \$ 906,870
	\$ 96,011,019 \$ 43,433,987 \$ 52,577,032

Notes to the Financial Statements

Year ended March 31, 2015

4. Bank Operating Line of Credit

The Hospital has an unsecured bank operating line of credit of \$4.5 million at March 31, 2015 (\$4.5 million at April 1, 2014) at the lender's prime rate less 0.75%. This arrangement is reviewed annually with the bank.

Interest expense incurred during the year on the operating line of credit was \$56,831 (2014 - \$69,469).

Long-term Debt Non-revolving term loan secured by diagnostic imaging	March 31, 2015	March 31, 2014	
equipment, repayable monthly with blended payments including interest at a rate of 4.41% per annum due September 2015	\$ 183,403	\$ 538,318	
Less current portion	183,403	354,915	
	\$ -	\$ 183,403	
Interest expense incurred on this loan during the year was \$16,623 (20)14 - 31,907).		
The long-term debt has the following principal repayments:	2015	2014	
2015 2016	183,403	354,915 183,403	
	\$ 183,403	\$ 538,318	

Notes to the Financial Statements

Year ended March 31, 2015

6. Accrued Employee Benefit Liability

The Hospital provides extended health care, dental and life insurance benefits to certain employees upon retirement. Costs for employee future benefits are accrued over the periods in which employees earn the benefits through service.

The date of the most recent actuarial valuation used to measure the accrued benefit obligation was March 31, 2015. The following actuarial assumptions were used in estimating the Hospital's post-retirement benefits expense and the accrued benefit liability:

Discount rate for calculation of net benefit costs Discount rate for disclosure at end of period Dental benefits cost escalation Medical benefits cost escalation - extended health care	4.00% per annum 2.75% per annum 3.75% per annum 7.00% in 2016; decreasing be annum to an ultimate	
Total employee-future-benefits expense for the year is as follows	:: 2015	2014
	2015	2014
Current service cost Interest on accrued employee benefits Amortization of actuarial (gains) losses	\$ 261,600 171,400 (200)	\$ 260,600 158,600 7,300
	\$ 432,800	\$ 426,500
Information with respect of the Hospital's post-retirement and post-follows:	st-employment employee benefit lial	oilities is as
	2015	2014
Accrued employee benefit liability, beginning of year Expense for the year Employee benefits paid for the year	\$ 4,162,600 432,800 (257,700)	\$ 3,994,800 426,500 (258,700)
Accrued employee benefit liability, end of year	4,337,700	4,162,600
Less current portion	(252,400)	(432,800)
	\$ 4,085,300	\$ 3,729,800
Accrued employee benefit liabilities at year-end include the follow	wing components:	
ricorded employee benefit habilities at year-end fillidide the follow	2015	2014
Accrued employee benefit obligation	\$ 4,624,000	\$ 4,152,300
Unamortized actuarial gains (losses)	(286,300)	10,300
Accrued employee benefit liability	\$ 4,337,700	\$ 4,162,600

Notes to the Financial Statements

Year ended March 31, 2015

7. Deferred Capital Contributions

Deferred capital contributions related to capital assets represent the unamortized amount of donations and grants received for the purchase of capital assets. The continuity of deferred capital contributions is as follows:

Capital contributions received in year from: Northumberland Hills Hospital Foundation (note 13):		2015		2014
Contributions towards current capital equipment needs Northumberland Hills Hospital Auxiliary Ministry of Health and Long-Term Care Cancer Care Ontario Central East Local Health Integration Network	\$	1,642,026 275,000 10,507 3,523 75,000	\$	2,209,566 150,000 - 11,337 34,518
		2,006,056		2,405,421
Less amortization of deferred capital contributions (Note 8) Less amounts related to capital assets disposed of in year		(3,383,767) (10,268)	_	(3,286,089) (26,412)
Decrease in year		(1,387,979)		(907,080)
Balance at beginning of year		50,344,718		51,251,798
Balance at end of year	\$	48,956,739	\$	50,344,718

Included in the year end balance is \$46,859 (2014 - \$59,077) which will be used to fund future interest costs related to the capital cost of the 2003 new hospital project.

8. Amortization

a.	Amortization of Deferred Capital Contributions related to:	2015	2014
	Major equipment and software licences Land improvements, buildings and building service equipment, and interest for hospital construction	\$ 1,905,023	\$ 1,800,619
		 1,478,744	 1,485,470
		\$ 3,383,767	\$ 3,286,089
b.	Amortization of Capital Assets	2015	2014
	Major equipment and software licences	\$ 2,505,417	\$ 1,971,735
	Major equipment and software licences Land improvements, buildings and building service equipment	\$ 2,505,417 1,517,347	\$ 1,971,735 1,534,057

Notes to the Financial Statements

Year ended March 31, 2015

9. Restructuring Activities

Restructuring costs include expenditures related to employee severances and early retirement allowances. These costs are a result of the Hospital's approved operating and service plans that include balanced budget strategies, resulting in restructuring activities.

	2015			2014		
Restructuring accrual at beginning of year Restructuring costs paid in year Restructuring accrual at end of year	\$	(149,359) 149,359	\$	(480,000) 530,641 149,359		
Net restructuring activities	\$	**	\$	200,000		

10. Excess (Deficiency) of Revenue over Expenses

In 2014/2015, the Hospital received one-time Working Capital Assistance funding in the amount of \$422,900 (2014 - \$422,900) used to pay down existing debt. This funding was restricted in its usage to reducing the Hospital's working capital deficit and was not general revenue for regular hospital expenditures. For further clarity, the Hospital achieved an excess of revenue over expenses of \$1,319,051 (2014 - \$437,066) comprised of a surplus from regular hospital operations of \$896,151 (2014 - \$14,166) plus the Working Capital Assistance funding of \$422,900.

11. Contingent Liabilities

a. Potential Claims

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. With respect of claims at March 31, 2015, management believes the Hospital has valid defenses and appropriate insurance coverages in place. In the event any claims are successful, management is of the opinion that such claims will not have a material effect on the Hospital's financial position.

b. Health Insurance Reciprocal of Canada ("HIROC")

A group of health care organizations, ("subscribers"), including the Hospital, make up HIROC. HIROC is licensed as a reciprocal pursuant to Part XIII of the *Insurance Act* (Ontario) which permits persons to form groups to insure each other against all recognized hazards of hospital operations. The Act requires that reciprocals maintain an excess of cash over liabilities of a specified amount and provides further that, in the event of a deficiency, the subscribers shall be assessed to make up such deficiency. No such assessments have ever been made by HIROC during the time the Hospital has been a subscriber.

Notes to the Financial Statements

Year ended March 31, 2015

12. Commitments

The Hospital is committed to a minimum of annual lease payments relating to separately funded programs under various property and vehicle leases to the end of the lease term as follows:

	2015	2014	
2015	\$ -	\$ 201,365	
2016	215,520	215,520	
2017	215,520	215,520	
2018	191,751	191,751	
2019	203,925	203,925	
Thereafter	540,245	540,245	

13. Guarantees

In the normal course of business, the Hospital enters into agreements that may contain guarantees. The Hospital's significant outstanding guarantees include:

- a. Indemnity is provided to all directors and/or officers of the Hospital for various items including, but not limited to, all costs to settle suits or actions due to association with the Hospital, subject to certain restrictions. The Hospital has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of the indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a trustee, director or officer of the Hospital. The maximum amount of any potential future obligation cannot be reasonably estimated.
- b. In the normal course of business, the Hospital enters into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, engagement letters with advisors and consultants, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the Hospital to compensate counterparties for losses incurred by the counterparties as a result of breaches in representation and regulations or as a result of litigation claims or statutory sanctions that may be suffered by the counterparty as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

The nature of these indemnification agreements prevents the Hospital from making an estimate of the maximum exposure owing to the difficulties in assessing the amount of liability from unpredictable future events as well as from the unlimited coverage offered to counterparties. Historically, the Hospital has not made any significant payments nor are any currently anticipated under such or similar agreements. Therefore, no amount has been accrued with respect of these agreements.

14. Northumberland Hills Hospital Foundation

The Northumberland Hills Hospital Foundation (the Foundation), which raises funds for the Hospital, is a separate corporate entity and disburses funds at the discretion of its own Board of Directors. The accounts of the Foundation have not been included in these financial statements. The Foundation has reimbursed the Hospital for salaries, benefits and other expenses incurred by the Foundation in the amount of \$348,381 (2014 - \$343,185), which are recorded on a cost recovery basis. In addition to contributions provided to the Hospital for capital equipment needs (Note 7), the Foundation contributed funds in the amount of \$250,785 (2014 - \$220,762) towards the Hospital's Gerontological and Educational Programs.

Notes to the Financial Statements

Year ended March 31, 2015

15. Financial Risks and Concentration of Credit Risk

a. Credit Risk

Credit risk refers to the risk that a counterpart may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance of doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2015 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the statement of revenue and expense. Subsequent recoveries of impairment losses related to accounts receivable are credited to the statement of revenue and expenses. The balance of the allowance for doubtful accounts at March 31, 2015 was \$131,198 (2014 - \$44,908).

As at March 31, 2015 \$503,876 (2014 - \$330,147) of trade accounts receivable were past due, but not impaired.

There have been no significant changes to the credit risk exposure from 2014.

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 60 days of receipt of an invoice.

The contractual maturities of long-term debt are disclosed in Note 5.

There have been no significant changes to the liquidity risk exposure from 2014.

c. Market Risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

d. Interest Rate Risk

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to this risk through its interest bearing loan payable.

There have been no significant changes to the interest rate risk exposure from 2014.

Notes to the Financial Statements

Year ended March 31, 2015

16. Change in Accounting Policy

The Hospital adopted the Public Sector Accounting Board Standard PS 3260 Liability for Contaminated Sites effective April 1, 2014. Under PS 3260, contaminated sites are a result of contamination being introduced in air, soil, water, or sediment of a chemical, organic, or radioactive material or live organism that exceeds an environmental standard. There were no adjustments as a result of the adoption of this standard.

17. Comparative Figures

Certain 2014 amounts have been restated to conform with the current year presentation.