Financial Statements of

NORTH BAY REGIONAL HEALTH CENTRE

Year ended March 31, 2014



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INDEPENDENT AUDITORS' REPORT

To the Directors of North Bay Regional Health Centre

We have audited the accompanying financial statements of **North Bay Regional Health Centre**, which comprise the statements of financial position as at March 31, 2014, the statements of operations, changes in deficiency in net assets and cash flows for the year ended March 31, 2014 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 North Bay Regional Health Centre, as at March 31, 2014, and its results of operations and its cash flows for the year ended March 31, 2014 in accordance with Canadian public sector accounting standards.

Chartered Professional Accountants, Licensed Public Accountants

North Bay, Canada June 19, 2014

KPMG LLP

Statements of Operations

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

	2014	2013
N.		
Revenue:		
Ministry of Health and Long-Term Care / North East Local		
Health Integration Network	\$ 200,529	204,982
Cancer Care Ontario	5,499	2,762
Patient services	11,512	11,411
Preferred accommodation	2,380	2,135
Other	7,409	7,945
Uniquely funded programs (note 16)	27,206	25,990
Amortization of deferred capital contributions - equipment	7,390	7,682
	261,925	262,907
Expenses:		
Salaries and wages	125,735	126,787
Benefits contributions	35,613	33,691
Medical staff remuneration	14,069	12,576
Drugs	6,062	6,127
Medical and surgical supplies	8,009	8,736
Amortization - equipment	8,154	8,210
Other supplies and services	35,272	40,245
Uniquely funded programs (note 16)	27,206	25,990
	260,120	262,362
Excess of revenue over expenses before undernoted	1,805	545
Amortization of deferred contributions - buildings	•	
	10,774	10,282
Amortization of buildings	(10,973)	(10,952)
Government contribution for interest on other long-term obligations	20,554	20,881
Interest on long-term obligations	(22,141)	(22,493)
Excess of revenues over expenses from health centre operations	19	(1,737)
Working capital relief funding (note 17)	6,854	-
Excess (deficiency) of revenue over expenses	\$ 6,873	(1,737)

See accompanying notes to financial statements.

Statements of Financial Position

March 31, 2014, with comparative information for 2013 (In thousands of dollars)

		2014	2013
Assets			
Current assets:			
Cash and short-term investments	\$	195	1,496
Marketable securities (note 2)		509	3,964
Accounts receivable (note 3)		18,464	10,833
Inventories		2,528	2,498
Prepaid expenses		3,351	3,453
Current portion of long-term receivables (note 5)		1,630	1,533
		26,677	23,777
Capital assets (note 4)		525,623	541,793
Long-term receivables (note 5)		12,091	12,940
	\$	564,391	578,510
Liabilities and Deficiency in Net Assets			
•			
Current liabilities:		- 17 070	4 543
Current liabilities: Bank indebtedness (note 6)		17,070 40 912	
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7)		40,912	34,737
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8)	æ	40,912 27,083	34,737 53,058
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7)	8	40,912	34,737 53,058 7,274
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9)	8	40,912 27,083 7,562 92,627	34,737 53,058 7,274 99,612
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9) Long-term obligations (note 9)	20	40,912 27,083 7,562 92,627 390,448	34,737 53,058 7,274 99,612 397,139
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9) Long-term obligations (note 9) Deferred capital contributions (note 10)		40,912 27,083 7,562 92,627	34,737 53,058 7,274 99,612 397,139 111,092
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9) Long-term obligations (note 9) Deferred capital contributions (note 10)		40,912 27,083 7,562 92,627 390,448 103,394	34,737 53,058 7,274 99,612 397,139 111,092 13,420
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9) Long-term obligations (note 9) Deferred capital contributions (note 10) Post-employment benefit obligation (note 11)		40,912 27,083 7,562 92,627 390,448 103,394 13,802	34,737 53,058 7,274 99,612 397,139 111,092 13,420 621,263
Current liabilities: Bank indebtedness (note 6) Accounts payable and accrued liabilities (note 7) Deferred contributions (note 8) Current portion of long-term obligations (note 9)		40,912 27,083 7,562 92,627 390,448 103,394 13,802 600,271	4,543 34,737 53,058 7,274 99,612 397,139 111,092 13,420 621,263 (42,753

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

Statement of Changes in Deficiency in Net Assets

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

	 2014	2013
Deficiency in net assets, beginning of year	\$ (42,753)	(41,016)
Excess (deficiency) of revenue over expenses	6,873	(1,737)
Deficiency in net assets, end of year	\$ (35,880)	(42,753)

See accompanying notes to financial statements.

Statements of Cash Flows

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

	2014	2013
Cash flows from operating activities:	9	
Excess (deficiency) of revenue over expenses	\$ 6,873	(1,737)
Items not involving cash:		
Amortization of capital assets	19,127	19,162
Amortization of deferred capital contributions	(18,164)	(17,964)
Loss (gain) on disposal of capital assets	3	(42)
	7,839	(581)
Change in non-cash working capital balances:	1	
Accounts receivable	(7,631)	(4,180)
Inventories	(30)	(100)
Prepaid expenses	102	(945)
Accounts payable and accrued liabilities	6,175	(1,277)
Deferred contributions	(24,785)	1,106
	(18,330)	(5,977)
Cash flows from investing activities:		
Decrease in long-term receivables	752	1,145
Proceeds from disposal of marketable securities	3,455	7,492
	4,207	8,637
Cash flows from capital activities:	W.T.	7.9
Purchase of capital assets	(2,962)	(4,197)
Proceeds from disposal of capital assets	2	46
	(2,960)	(4,151)
Cash flows from financing activities:		
Deferred capital contributions received	9,276	8,668
Principal repayment of long-term obligations	(6,403)	(6,453)
Increase (decrease) in bank indebtedness	12,527	(1,301)
Increase in post-employment benefit obligation	382	307
	15,782	1,221
Net decrease in cash	(1,301)	(270)
Cash and short-term investments, beginning of year	1,496	1,766
Cash and short-term investments, end of year	\$ 195	1,496

See accompanying notes to financial statements.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

The North Bay Regional Health Centre (the "Health Centre") is incorporated without share capital under the laws of Ontario. Its principal activity is the provision of health care services in the District of Nipissing, Ontario and mental health services in Northeastern Ontario. The Health Centre is a registered charity under the Income Tax Act and accordingly is exempt from income taxes under section 149 of the Income tax Act.

1. 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. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

(a) Revenue recognition:

The Health Centre accounts for contributions, which include donations and government grants, under the deferral method of accounting.

Under the Health Insurance Act and Regulations thereto, the Health Centre is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-term Care ("MOHLTC") and the North East Local Health Integration Network ("NELHIN"). 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 the subsequent period.

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

Externally restricted contributions are recognized as revenue in the period in which the related expenses are recognized.

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on the straight-line basis, at rates corresponding to those of the related capital assets.

Revenue from patient and other services is recognized when the service is provided.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

1. Significant accounting policies (continued):

(b) Inventories:

Inventories are stated at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs in bringing the inventories to their present location and condition.

(c) Property, plant and equipment:

Property, plant and equipment are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of the future minimum lease payments and amortized over the useful life of the assets. Minor equipment replacements are expensed in the year of replacement.

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

Amortization is provided on the straight-line basis at the following range of annual rates:

Buildings, roads, sidewalks and landscaping Various rates to 10% Leasehold improvements Various rates to 20% Furniture and equipment Various rates to 33% Equipment under capital leases

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the Health Centre uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer amortized. The asset and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position.

30%

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

1. Significant accounting policies (continued):

(d) Related entities:

The notes to financial statements include information for the following entities (note 13):

North Bay Regional Health Centre Foundation ("NBRHC Foundation")

(e) Employee post-retirement benefits:

The Health Centre accrues its obligations for employee benefit plans. 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 service and management's best estimate of retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from changes in 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 employee benefit plan is 13 years.

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

The Health Centre is an employer member of the Health Care of Ontario Pension Plan (the "Plan"), which is a multi-employer, defined benefit pension plan. The Health Centre has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. The Health Centre records as pension expense the current service cost, amortization of past service costs and interest costs related to the future employer contributions to the Plan for past employee service.

(f) 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 periods specified. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation allowances for receivables, and inventories; valuation of financial instruments; and assets and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

1. Significant accounting policies (continued):

(g) Funding adjustments:

The Health Centre receives grants from the NELHIN, MOHLTC and Cancer Care Ontario for specific services. Pursuant to the related agreements, if the Health Centre does not meet specified levels of activity, the MOHLTC, NELHIN or Cancer Care Ontario may be entitled to seek recoveries. Should any amounts become recoverable, the recoveries would be charged to operations in the period in which the recovery is determined to be payable. Should programs and activities incur a deficit, the Health Centre records any recoveries thereon when additional funding is received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

(h) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Given the difficulty of determining the fair market value, contributed services are not recognized in the financial statements.

(i) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments, if any, held in equity instruments that trade in an active market are recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis. Freestanding derivative instruments that are not equity instruments that are quoted in an active market are subsequently measured 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 incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

All financial assets are assessed for impairment on an annual basis. Where a decline in fair value is determined to be other than temporary, the amount of the loss is recognized in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses. On sale, the statement of remeasurement gains and losses associated with that instrument are reversed and recognized in the statement of operations.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

2. Marketable securities:

Marketable securities consist of cashable fixed-term guaranteed income certificates with interest rates ranging from 2.30% to 2.35% and maturing in June 2015. The fair market value of the marketable securities is equal to their cost.

3. Accounts receivable:

		2014	2013
	37		
MOHLTC/NELHIN	\$	12,308	3,390
Cancer Care Ontario		153	754
Insurers and patients		3,986	4,319
Other		2,017	2,370
	\$	18,464	10,833

The reported balance of accounts receivable are net of an allowance for doubtful accounts of \$2,132 (2013 - \$5,679).

4. Capital assets:

March 31, 2014		Cost	Accumulated Amortization	Net book Value
Land	\$	1.226		1,226
Buildings, roads, sidewalks and landscaping	•	525,125	41,063	484,062
Leasehold improvements		2,019	713	1,306
Furniture and equipment		92,460	53,431	39,029
Equipment under capital leases		102	102	_
	\$	620,932	95,309	525,623

March 31, 2013	Cost	Accumulated Amortization	Net book Value
Land	\$ 1,226	_	1,226
Buildings, roads, sidewalks and landscaping	524,681	30,329	494,352
Leasehold improvements	2,059	517	1,542
Furniture and equipment	92,834	48,239	44,595
Equipment under capital leases	514	436	78
	\$ 621,314	79,521	541,793

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

5. Long-term receivables:

	 2014	2013
	*:	
Municipal contributions (i)	\$ 10,335	11,146
Recruitment loans:		
Acute care physicians (ii)	3,075	2,923
Psychiatrists (iii)	 311	404
-	13,721	14,473
Current portion of long-term receivables	1,630	1,533
	\$ 12,091	12,940

- (i) Municipal contributions receivable are recorded at their net present value using the effective interest rate method and a discount rate of 4.75%.
- (ii) Recruitment loans for acute care physicians are non-interest bearing and partially forgivable provided certain contractual conditions are met by the recipient physician.
- (iii) Recruitment loans for psychiatrists are non-interest bearing and fully forgivable provided certain contractual conditions are met by the recipient physician.
- (iv) The reported balance of long-term receivable are net of an allowance for doubtful accounts of \$740 (2013 \$838).

6. Bank indebtedness:

Bank indebtedness consists of draws on an unsecured line of credit of \$35,000 (2013 - \$35,000). The credit facility bears interest at the bank's prime lending rate less 0.75%.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

7. Accounts payable and accrued liabilities:

	 2014	2013
J#0		
Accounts payable and accrued liabilities:		
- NELHIN/MOHLTC	\$ 3,814	3,056
- Cancer Care Ontario	133	121
- Other funding agencies	164	210
- Trade payables	16,147	13,755
Payroll accruals:		
- salaries and wages	8,759	7,301
- employee deductions payable	3,867	3,582
- vacation pay and other entitlements	8,028	6,712
	\$ 40,912	34,737

8. Deferred contributions:

Deferred contributions represent unspent funding externally restricted for specific programs received in the current and/or prior period that are related to a subsequent period.

	2014	2013
Provincial funding for long-term obligation	\$ 7,137	30,213
Protected mental health envelope	18,048	19,847
Other programs	1,898	2,998
	\$ 27,083	53,058

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

9. Long-term obligations

		2014	201
Long-term obligation, unsecured, payable in			
monthly installments of \$2,389, bearing interest			
at 5.55%, final installment due June 2040	\$	395,490	402,02
Available \$3 million credit facility, unsecured,			
principal repayable on each draw in equal			
annual installments over a period of six years,			
bearing interest at bank prime lending interest			
rate		2,520	2,31
Obligations under capital lease	- 4	-	7
		398,010	404,41
Current portion of long-term obligations		7,562	7,27
	\$	390,448	397,13
cheduled principal repayments in each of the next five y	ears and there	eafter are as fol	lows:
5			
2015		\$,
2016			7,87
017			8,20
018			8,51
2019			8,54
2020 and thereafter			357,31
			398,01

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

10. Deferred capital contributions:

Deferred capital contributions represent the unamortized and unspent balances of donations and grants restricted for capital asset acquisitions. Details of the continuity of these funds are as follows:

	12.	2014	2013
Balance, beginning of year	** \$	111,092	120,388
Contributions received during the year		9,276	8,668
Add: amounts transferred from deferred contributions		1,190	. –
Less: amounts amortized to revenue		(18,164)	(17,964)
Balance, end of year	\$	103,394	111,092

11. Post-employment benefit obligation:

The Health Centre sponsors a post-retirement defined benefit plan for medical, life insurance and dental benefits for employees with various cost-sharing arrangements as determined by their collective agreements and conditions of employment. The most recent valuation of the employee future benefits was completed as at March 31, 2012. The valuation was updated as of April 1, 2013. The next full valuation of the plan will be as of April 1, 2015.

The accrued benefit obligation is recorded in the financial statements as follows:

	 2014	2013
Balance, beginning of year	\$ 13,420	13,113
Add: Benefit costs	1,072	1,005
	 14,492	14,118
Less: Benefit contributions	(690)	(698)
Balance, end of year	13,802	13,420

Similar to most post-employment benefit plans (other than pension) in Canada, the Health Centre's plan is not pre-funded, resulting in plan deficit equal to the accrued benefit obligation.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

11. Post-employment benefit obligation (continued):

The significant actuarial assumptions adopted in measuring the Health Centre's accrued benefit obligations are as follows:

	2014	2013
		4
Discount rate	5.52%	5.54%
Dental cost trend rates	4.00%	4.00%
Extended health care trend rates	5.00%	5.00%

12. Pension plan:

The majority of full-time and part-time employees of the Health Centre are eligible to be members of the Plan which is a multi-employer defined benefit plan. Contributions to the Plan made during the year on behalf of employees amounted to \$11,254 (2013 - \$10,775).

13. Related entity:

The Health Centre has an economic interest in the NBRHC Foundation. The NBRHC Foundation was incorporated by Letters Patent under the Ontario Corporations Act on September 30, 1999 as a not-for-profit organization and is a registered charity under the Income Tax Act. Its primary goal is to provide ongoing resources for patient-focused care, education and research.

During the current year, the Health Centre received total contributions of \$2,214 from the NBRHC Foundation (2013 - \$1,893).

14. Commitments and contingencies:

(a) Lifecycle and maintenance costs

In February 2007, the former North Bay General Hospital ("NBGH") signed an agreement with Plenary Health North Bay GP ("Plenary") to build, maintain and finance the NBRHC facility. Plenary commenced facility construction in March 2007 with substantial completion in June 2010.

Upon completion of construction, annual payments of approximately \$6.8 million for lifecycle and facility maintenance costs commenced for a period of 30 years, with the final payment due in May 2041. A portion of the payment is subject to indexing for increases in cost of living, labour, insurance and energy and utilities.

The MOHLTC has approved an annual grant to fund the lifecycle component of these payments and negotiations are ongoing for a long-term funding arrangement for the MOHLTC's share of the facility maintenance costs, with the expectation being that this funding will be incorporated into the Health Centre's operating grants.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

14. Commitments and contingencies (continued):

(b) HealthCare Insurance Reciprocal of Canada:

The Health Centre is a member of the HealthCare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risk of its members. All members pay annual deposit premiums which are actuarially determined and are subject to further assessment for losses, if any, experienced by the pool for the years in which they are members. As at March 31, 2014, no assessments have been received by the Health Centre.

(c) Legal matters and litigation:

The Health Centre is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. With the exception of specific matters noted below, management is of the opinion that these matters are mitigated by adequate insurance coverage.

Prior to the current year, the NBGH was named as a co-defendant in a statement of claim. The action is claiming damages that are in excess of the insurance coverage that the NBGH held at the time of the incident. It is the Health Centre's position and that of its legal counsel that the likelihood of loss, if any, is not determinable at this time and the Health Centre has not recorded a liability for any amount relating to this claim. Damages and legal costs, if any, relating to this matter would be recognized in the year they become determinable.

Prior to the current year the NBGH was named as a co-defendant in a statement of claim where the date of occurrence was prior to the current insurance policy period. There is a dispute between the previous and current insurers as to which policy coverage extends to this claim. It is the Health Centre's position and that of its legal counsel that the likelihood of loss that is not covered by insurance, if any, is not determinable at this time and the Health Centre has not recorded a liability for any amount relating to this claim. Damages and legal costs, if any, relating to this matter would be recognized in the year they become determinable.

(d) Employment matters:

During the normal course of business, the Health Centre is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable. Where amounts are not reasonably determinable, costs, if any, relating to these matter would be recognized when known.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

15. 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 Health Centre is exposed to credit risk with respect to accounts receivable and other investments.

The Health Centre assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Health Centre at March 31, 2014 is the carrying value of these assets.

Management considers credit risk to be minimal as most of the accounts receivable balance is collected in a timely fashion.

There have been no significant changes to the credit risk exposure from 2013.

(b) Liquidity risk:

Liquidity risk is the risk that the Health Centre will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Health Centre manages its liquidity risk by monitoring its operating requirements. The Health Centre 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.

There have been no significant changes to the liquidity risk exposure from 2013.

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

16. Uniquely funded programs:

The Health Centre administers a number of programs which are separately funded. The revenues and expenses related to these programs are recorded separately from the base funding operations of the Health Centre and any excess or deficiency of revenue over expenses is settled with the funding agencies on an annual basis.

(a) MOHLTC/NELHIN funded programs:

>		2014	2013
Revenues:			
Community mental health	\$	5,891	5,814
Substance abuse	*	2.608	2,608
Central ambulance communication centre		2,230	2,154
North East specialized geriatric services		1,404	_,
Other programs		338	_
		12,471	10,576
Expenses:			
Community mental health	\$	5,891	5,814
Substance abuse	*	2,608	2,608
Central ambulance communication centre		2,230	2,154
North East seniors' geriatric services		1,404	
Other programs		338	_
		12,471	10,576
Excess of revenues over expenses	\$		

Notes to Financial Statements

Year ended March 31, 2014, with comparative information for 2013 (In thousands of dollars)

16. Uniquely funded programs (continued):

(b) Other government funded programs:

		2014	2013
30			
Revenues:			
Land ambulance service	\$	5,913	5,751
Regional children's psychiatric centre		1,792	3,161
Grants assistance		4,764	3,815
Wordplay		1,609	1,580
Diabetes centre – Nipissing District		_	486
Client information management system		657	621
		14,735	15,414
Expenses:			
Land ambulance service	\$	5,913	5,751
Regional children's psychiatric centre	·	1,792	3,161
Grants assistance		4,764	3,815
Wordplay		1,609	1,580
Diabetes centre – Nipissing District		_	486
Client information management system		657	621
		14,735	15,414
Excess of revenues over expenses	\$	_	

17. Working capital relief funding:

In March 2014, the Hospital was advised that it was eligible for one-time working capital relief funding over the next three fiscal years to improve its adjusted working funds deficit position. The Hospital is eligible to receive these funds in three annual installments of \$6,854, provided that it meets certain conditions. The funding received is restricted in use to reducing the Hospital's working capital deficit and cannot be used to fund operating or capital expenditures.