TIMMINS AND DISTRICT HOSPITAL/L'HÔPITAL DE TIMMINS ET DU DISTRICT Financial Statements Year Ended March 31, 2010

L'HÔPITAL DE TIMMINS ET DU DISTRICT

(incorporated under the laws of the Province of Ontario as a corporation without Share Capital)

BOARD OF DIRECTORS

Allan Kean, Chair

Marjorie Boyd, Vice Chair

David Thomas, Vice Chair

Léon Laforest, Treasurer

Dr. Harry Voogjarv, Chief of Staff

Dr. Lesley Griffiths, President of Medical Staff

Dr. Larry Malo, Vice President of Medical Staff

Roger Walker, Secretary, President and CEO

Wally Wiwchar, Past Chair

Robert Perrault, Foundation Appointment

Sheila Lamontagne, NEOMA Appointment

Stacey Cress, Aboriginal Representative

Steve Adams, City Appointment

Ann Rudd-Robins, Auxiliary President, Honorary Position

Adam Estabrooks

Denis Alarie

Julie Béchard - Fischer

Pierre DeLaplante

Mireille Fortier

Martin Rody

Pauline Bélanger, Recording Secretary

AUDITORS

Ross, Pope & Company LLP

Chartered Accountants

Timmins, Ontario

Index to Financial Statements

	Page
AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statement of Financial Position	2
Statement of Operations	3
Statement of Changes in Net Assets	4
Statement of Cash Flows	5
Notes to Financial Statements	6 - 13
Schedule of Other Revenue (Schedule 1)	14
Schedule of Other Funds (Schedule 2)	15



Telephone (705) 264-9484 Fax: (705) 264-0788 Email: inform@rosspope.com www.rosspope.com

AUDITORS' REPORT

To the Members of Timmins and District Hospital/L'Hôpital de Timmins et du district

We have audited the statement of financial position of Timmins and District Hospital/L'Hôpital de Timmins et du district as at March 31, 2010 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the hospital's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the hospital as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ross, Pope & Company LLP

Timmins, Ontario May 31, 2010 Ross, Pope & Company LLP Licensed Public Accountants Chartered Accountants

Statement of Financial Position

March 31, 2010

	2010	2009
ASSETS		
CURRENT Cash	ф Б 4.040	ф
Accounts receivable (Note 3)	\$ 54,019 3,124,708	\$ - 3,707,793
Inventories	731,452	725,455
Prepaid expenses	746,493	644,574
	4,656,672	5,077,822
LONG TERM ACCOUNTS RECEIVABLE	284,564	215,807
CAPITAL ASSETS (Notes 4, 8)	64,460,714	62,138,813
	\$ 69,401,950	\$ 67,432,442
LIABILITIES AND NET ASSETS		
CURRENT		
Line of credit (Note 5)	\$ 310,000	\$ 2,107,141
Accounts payable and accrued liabilities	12,413,341	11,252,910
Deferred revenue	1,575,105	1,892,057
Current portion of long term debt (Note 6)	426,598	-
Current portion of obligations under capital lease	450 500	450,857
Current portion of accrued benefit liability (Note 7)	152,500	145,600
	14,877,544	15,848,565
LONG TERM DEBT (Note 6)	5,227,470	-
ACCRUED BENEFIT LIABILITY (Note 7)	2,386,500	2,177,700
DEFERRED CONTRIBUTIONS (Note 8)	53,534,887	52,872,732
	76,026,401	70,898,997
NET ASSETS		
Invested in capital assets (Note 9)	5,271,762	8,545,226
Unrestricted (deficiency)	(11,896,213)	(12,011,781)
	(6,624,451)	(3,466,555)
	\$ 69,401,950	\$ 67,432,442

Contingencies (Note 15)

Approved on behalf of the Board

See accompanying notes.

Statement of Operations

	2010	2009
DEVENUE		
REVENUE	6.04.054.470	Φ 00 101 000
Ministry of Health - Hospital Funding Ministry of Health - Paymaster / Flow Through	\$ 64,951,178 (69,421)	\$ 63,164,038 58,864
Cancer Care Ontario	1,137,029	1,161,723
Schedule of Other Revenue (Schedule 1)	20,101,989	18,080,535
Amortization of deferred contributions - equipment (Note 8)	1,170,468	1,425,965
Amortization of deferred contributions - equipment (Note 8)	1,170,400	1,425,965
	87,291,243	83,891,125
EXPENSES		
Salaries and wages	42,523,243	40,898,257
Supplies and other expenses	13,952,081	13,760,061
Medical staff fees and honouraria	12,054,821	11,409,462
Employee benefits	11,083,096	11,344,683
Medical and surgical supplies	4,351,773	3,896,237
Amortization of equipment and other	3,141,319	3,125,495
Drugs	3,124,579	3,111,958
Interest on long term debt	30,150	14,365
	90,261,062	87,560,518
DEFICIENCY OF REVENUE OVER EXPENSES FROM		
OPERATIONS	(2,969,819)	(3,669,393)
OI EIIMIIONO	(2,000,010)	(0,000,000)
AMORTIZATION OF DEFERRED CONTRIBUTIONS AND CAPITAL BUILDINGS		
Amortization of deferred contributions - buildings (Note 8)	2,020,274	2,018,025
Amortization of buildings	(2,208,350)	(2,190,999)
	()) /	()) <u>- /</u>
	(188,076)	(172,974)
OTHER FUNDS (Schedule 2)		
Other fund revenues	3,847,749	3,483,292
Other fund revenues Other fund expenses	(3,847,749)	(3,483,292)
Other fully expenses	(0,071,149)	(0,400,292)
	-	-
DEFICIENCY OF REVENUE OVER EXPENSES	\$ (3,157,895)	\$ (3,842,367)

TIMMINS AND DISTRICT HOSPITAL/L'HÔPITAL DE TIMMINS ET DU DISTRICT Statement of Changes in Net Assets

			Invested in				
	Unrestricted (deficiency)	C	apital Assets		2010		2009
NET ASSETS - BEGINNING OF YEAR	\$ (12,011,781)	\$	8 545 226	\$	(3,466,555)	\$	375,812
Deficiency of revenue over expenses	(991,979)	Ψ	(2,165,917)	Ψ	(3,157,896)	Ψ	(3,842,367)
Purchase of capital assets	(7,668,536)		7,668,536		-		-
Amounts funded by financing arrangements	4,923,070		(4,923,070)		-		-
Amounts funded by deferred contributions	3,853,013		(3,853,013)		-		
NET ASSETS - END OF YEAR	\$ (11,896,213)	\$	5,271,762	\$	(6,624,451)	\$	(3,466,555)

Statement of Cash Flows

	2010	2009
OPERATING ACTIVITIES	ф /2.1E7.00E\	ф (O 040 OC7)
Deficiency of revenue over expenses Items not affecting cash:	\$ (3,157,895)	\$ (3,842,367)
Amortization of equipment and other	3,138,286	3,132,306
Amortization of buildings	2,208,350	2,190,999
Amortization of deferred contributions - equipment	(1,170,468)	(1,426,081)
Amortization of deferred contributions - buildings	(2,020,274)	(2,018,025)
Change in accrued benefit liability	215,700	218,801
	(786,301)	(1,744,367)
Changes in non-cash working capital:		
Accounts receivable	583,085	919,998
Inventories	(5,997)	(45,908)
Accounts payable and accrued liabilities	1,160,313	(335,047)
Deferred revenue	(316,952)	113,983
Prepaid expenses	(101,919)	(148,286)
	1,318,530	504,740
Cash flow from (used by) operating activities	532,229	(1,239,627)
INVESTING ACTIVITIES		
Purchase of capital assets	(7,668,536)	(6,131,119)
Decrease (increase) in long-term accounts receivable	(68,757)	42,787
Cash flow used by investing activities	(7,737,293)	(6,088,332)
FINANCING ACTIVITIES		
Proceeds from long term financing	5,790,777	_
Repayment of long term debt	(136,709)	(160,875)
Repayment of obligations under capital lease	(450,857)	(355,215)
Deferred contributions received	3,853,013	2,373,056
Cash flow from financing activities	9,056,224	1,856,966
INCREASE (DECREASE) IN CASH FLOW	1,851,160	(5,470,993)
Cash (deficiency) - beginning of year	(2,107,141)	3,363,852
CASH DEFICIENCY - END OF YEAR	\$ (255,981)	\$ (2,107,141)
CASH (DEFICIENCY) CONSISTS OF:		
Cash	\$ 54,019	\$ -
Line of credit	(310,000)	(2,107,141)
	•	<u> </u>
	\$ (255,981)	\$ (2,107,141)

Notes to Financial Statements

Year Ended March 31, 2010

HOSPITAL ORGANIZATION

The Timmins and District Hospital/l'Hôpital de Timmins et du district is incorporated without share capital by Letters Patent issued by the Province of Ontario. The hospital is regulated by the Public Hospitals Act and accordingly, the accounting for the operations of the hospital are based on reporting procedures approved by the Ministry of Health. The hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes under section 149.1 of the Income Tax Act.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) REVENUE RECOGNITION

The hospital follows the deferral method of accounting for contributions which include donations and government transfers.

Under the Health Insurance Act and regulations thereto, the hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care. Operating transfers are recorded as revenue in the period to which they relate. Transfers approved but not received at the end of an accounting period are accrued. Where a portion of a transfer relates to a future period, it is deferred and recognized in that subsequent period. These financial statements reflect agreed arrangements approved by the Ministry with respect to the year ended March 31, 2010.

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 on a straight-line basis, at a rate corresponding with the amortization rate for the related capital assets.

Patient related revenue is recognized when the goods are sold or the service is provided.

(b) INVENTORIES

Inventories are valued at the lower of average cost and replacement value.

(c) PLEDGES

The amount of any pledges to donate funds to the hospital are not included in revenues until such time as funds are received.

(continues)

Notes to Financial Statements

Year Ended March 31, 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(d) CAPITAL ASSETS

Capital assets are stated at cost and amortized on a straight-line basis over the estimated life of assets as follows:

Land improvements	10 - 20 years
Buildings	10 - 40 years
Equipment	3 - 20 years
Building service equipment	5 - 20 years

The hospital regularly reviews its capital assets to eliminate obsolete items. Any items under construction are not amortized until they are put into use.

(e) ACCRUED BENEFIT LIABILITY

The hospital accrues for employee future benefit plans and related costs. The cost of retirement benefits earned by employees is actuarially determined using the projected unit method pro-rated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

(f) MEASUREMENT UNCERTAINTY

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Such estimates include providing for amortization of capital assets, estimating the allowance for doubtful accounts and recording significant accruals based on management assumptions. Actual results could differ from these estimates.

(g) DONATED SERVICES

The work of the hospital Board is dependent on the voluntary service of members of the Board and others. Since these services are not normally purchased by the hospital and because of the difficulty in determining their fair value, donated services are not recognized in these financial statements.

(h) LEASED EQUIPMENT

Equipment leased on terms which transfer substantially all of the benefits and risks of ownership to the hospital are accounted for as "capital leases" and are, therefore, accounted for as though an asset had been purchased and a liability incurred.

(continues)

Notes to Financial Statements

Year Ended March 31, 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(i) FINANCIAL INSTRUMENTS

Financial instruments are classified into one of the following five categories: held for trading, held-to-maturity, loans and receivables, available for sale financial assets, or other financial liabilities. All financial instruments are included on the Statement of Financial Position and are initially measured at fair value. Loans and receivables, held-to-maturity investments and other financial liabilities are subsequently measured at amortized cost. Held for trading financial instruments are subsequently measured at fair value, and all gains and losses are included in surplus in the period which they arise. Available-for-sale financial instruments are subsequently measured at fair value with revaluation gains and losses included in Net Assets until the instrument is derecognized or impaired. As a result of adoption of these standards, the hospital has classified its cash and cash equivalents as held for trading. Accounts receivable are classified as loans and receivables. Accounts payable and accrued liabilities and long term debt are classified as other financial liabilities.

3. ACCOUNTS RECEIVABLE

	2010	2009
Ministry of Health	\$ 262,371	\$ 168,338
Insurers and patients	2,089,941	2,355,772
Other	827,396	1,238,683
Subtotal Less: Allowance for doubtful accounts	3,179,708 (55,000	
	\$ 3,124,708	

4. CAPITAL ASSETS

		Cost	ccumulated mortization	Net 2010	Net 2009
Land	\$	490,002	\$ -	\$ 490,002	\$ 490,002
Land improvements		363,047	71,234	291,813	305,609
Buildings	•	79,119,504	30,887,217	48,232,287	49,410,498
Equipment		44,335,038	34,997,466	9,337,572	9,421,328
Building service equipment		7,266,712	1,157,672	6,109,040	2,511,376
	\$1:	31,574,303	\$ 67,113,589	\$ 64,460,714	\$ 62,138,813

LINE OF CREDIT

The hospital has a \$5,000,000 bank line of credit available to meet current expenditures. The facility bears interest at a rate equal to the lender's prime rate less 0.50% and is secured by general security agreement.

Notes to Financial Statements

6.	LONG TERM DEBT		
		2010	2009
	Royal Bank loan bearing interest at 4.16% per annum, repayable in monthly blended payments of \$42,619 and maturing in April 2015.	\$ 4,990,777	\$ -
	Royal Bank loan bearing interest at 3.4% per annum, repayable in monthly blended payments of \$14,518 and maturing in April 2014.	663,291	-
		5,654,068	-
	Amounts payable within one year	(426,598)	-
		\$ 5,227,470	\$ -
	Principal repayment terms are approximately:		
	2011	\$ 426,602	
	2012	438,013	
	2013	449,899	
	2014	462,279	
	2015	376,975	
	Thereafter	 3,500,300	
		\$ 5,654,068	

Notes to Financial Statements

Year Ended March 31, 2010

7. ACCRUED BENEFIT LIABILITY

The Timmins and District Hospital/l'Hôpital de Timmins et du district provides extended health care, dental and life insurance benefits to all full-time employees. The cost of premiums for these benefits is shared by the hospital and full-time employees. The hospital's accrued benefit obligation relating to post-retirement plans is as follows:

	2010	2009
Current portion Long term portion	\$ 152,500 2,386,500	\$ 145,600 2,177,700
Total accrued benefit liability	\$ 2,539,000	\$ 2,323,300

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

Discount rate at March 31, 2010 5.50% Dental benefits cost escalation 4.00%

Medical benefits cost escalation - extended health care 8% for 2010, grading down to an

ultimate rate of 4.5% in in 2017

Reconciliation of accrued benefit obligation to accrued benefit liability:

	2010		2009
Accrued benefit obligation Benefit expense Contributions by employer	\$ 2,323, 316, (101,	900	2,114,000 303,300 (94,000)
	\$ 2,539,	000 \$	2,323,300

The accrued benefit liability has been determined by an actuary based on an actuarial valuation performed as at March 31, 2010. The next required actuarial valuation will be performed as at March 31, 2011.

Included in employee benefits on the Statement of Operations is an amount of \$316,900 (\$303,300 - 2009) regarding employee future benefits. The amount is comprised of the following:

	2010	2009
Additional benefit expense as a result of actuarial valuation Payments made by Hospital during year Amortization of past service costs Amortization of net actuarial gain	\$ 138,400 152,500 17,800 8,200	\$ 129,600 145,600 17,800 10,300
	\$ 316,900	\$ 303,300

Notes to Financial Statements

Year Ended March 31, 2010

DEFERRED CONTRIBUTIONS

CAPITAL ASSETS

Deferred capital contributions related to the capital assets represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortized amount of capital contributions is recorded as revenue in the statement of operations.

	2010	2009
Balance, beginning of year	\$ 52,872,732	\$ 53,943,781
Additional contributions received	3,853,013	2,373,056
Amounts amortized to revenue	(3,190,858)	(3,444,105)
Balance, end of year	\$ 53,534,887	\$ 52,872,732

INVESTMENT IN CAPITAL ASSETS

a) Investment in capital assets is calculated as follows:

		2010	2009
CAPITAL ASSETS	\$	64,460,714	\$ 62,138,813
AMOUNTS FINANCED BY: Long-term bank loans Deferred contributions Unrestricted funds used for PACS contribution		(5,654,068) (53,534,887)	(450,855) (52,872,732) (270,000)
Officestricted failus asea for 1 ACS contribution	\$	5,271,759	\$ 8,545,226
b) Change in net assets invested in capital assets is calculated a	e follo	we.	
,	S IOIIC	JWS.	
Deficiency of revenue over expenses Amortization of deferred contributions related to capital assets Amortization of capital assets	\$	3,190,858 (5,356,774)	\$ 3,444,105 (5,323,305)
	\$	(2,165,916)	\$ (1,879,200)
Net change in investment in capital assets:			
Purchase of capital assets Amounts funded by deferred contributions Amount funded by long term debt	\$	7,668,536 (3,853,013) (4,923,070)	\$ 6,131,119 (2,373,056) 516,090
	\$	(1,107,547)	\$ 4,274,153

10. PENSION PLAN

Substantially all of the employees of the hospital are members of the Hospitals of Ontario Pension Plan. Contributions to this defined benefit plan made during the year by the hospital on behalf of its employees amounted to \$3,292,963 (\$3,092,521 in 2009) of which \$3,133,661 (\$2,987,011 in 2009) is included in employee benefits in the Statement of Operations and \$159,302 (\$105,510 in 2009) is included in Other Fund Expenses. Contributions are related to actuarial requirements established by the trustees of the plan.

Notes to Financial Statements

Year Ended March 31, 2010

11. RELATED ENTITIES

The financial statements do not include the assets, liabilities and activities of any organizations such as the Timmins and District Hospital Foundation or the Timmins and District Hospital Auxiliary which, although related to the hospital, are not operated by it.

The hospital has an economic interest in the Timmins and District Hospital Foundation, whose mandate is to fundraise for the hospital. During the year, the Foundation contributed \$1,186,804 (2009 - \$1,509,443) towards the purchase of capital assets.

12. HEALTHCARE INSURANCE RECIPROCAL OF CANADA

On July 1, 1987, a group of health care organizations ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2010.

Since its inception in 1987, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. There are no distributions receivable from HIROC as of March 31, 2010.

13. ECONOMIC DEPENDENCE

The hospital receives a significant amount of its revenue from the Ministry of Health. The continuation of this hospital is totally dependent on this funding.

14. FINANCIAL INSTRUMENTS

The hospital's financial instruments consist of cash, accounts receivable, accounts payable and accrued liabilities, long-term debt, obligation under capital lease and accrued benefit liability. It is management's opinion that the hospital is not exposed to significant interest, currency or credit risks arising from these financial instruments.

FAIR VALUE

The hospital's carrying value of cash, accounts receivable, accounts payable and accrued liability approximate its fair value due to the immediate or short term maturity of these instruments.

The carrying value of the long term debt and the accrued benefit liability approximates the fair value as the interest rates are consistent with the current rates offered to the hospital for debt with similar terms.

(continues)

Notes to Financial Statements

Year Ended March 31, 2010

14. FINANCIAL INSTRUMENTS (continued)

CREDIT RISK

The hospital does not have sufficient exposure to any individual or party. A large portion of the hospital's receivables are due from other levels of government. An allowance for doubtful accounts is established based on factors surrounding the risk related to specific accounts, historical trends and other information. The hospital has an allowance for doubtful accounts in the amount of \$55,000 (2009 - \$55,000).

INTEREST RISK

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. In seeking to minimize the risks from interest rate fluctuations, the hospital manages exposure through its normal operating and financing activities. The hospital is exposed to interest rate risk primarily through its floating interest rate bank indebtedness and credit facilities.

COMMODITY RISK

The hospital is exposed to fluctuations in commodity prices for natural gas, crude oil and natural gas liquids. Commodity prices are affected by many factors including supply, demand and the Canadian to U.S. dollar exchange rate. The hospital had no financial hedges or price commodity contracts in place at year end.

15. CONTINGENCIES

The hospital 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. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

Schedule of Other Revenue

(Schedule 1)

	2010	2009
Out patients - OHIP	\$ 7,101,490	\$ 6,607,478
Ministry of Health - Emergency Physician Funding	2,932,730	2,632,232
Out patients - other	1,940,760	1,689,606
Undistributed income	1,533,358	1,128,025
Preferred accommodation	1,409,089	896,666
Recoveries - all other	1,355,262	1,379,009
Recoveries - other services	1,220,539	938,462
Other revenue	1,031,033	1,003,351
Cafeteria and coffee shop	950,872	979,014
In Patient	545,941	717,087
Ambulance	72,309	70,270
Investment Income	8,606	39,335
	\$ 20,101,989	\$ 18,080,535

Schedule of Other Funds

(Schedule 2)

	2010	2009
Revenues		
Adult Community Mental Health	\$ 1,358,333	\$ 1,398,892
Air and Land Ambulance Base Hospital	37,384	249,693
Interim Long-Term Care	702,823	674,432
Mental Health Out-Patient Sessional Fees	269,924	249,242
Municipal Taxation	12,300	12,300
Nurse Practitioner	122,877	129,750
Partnerships and projects	1,344,108	768,983
	3,847,749	3,483,292
Expenses		
Adult Community Mental Health	1,358,333	1,399,348
Air and Land Ambulance Base Hospital	37,384	249,237
Interim Long-Term Care	702,823	674,432
Mental Health Out-Patient Sessional Fees	269,924	249,242
Municipal Taxation	12,300	12,300
Nurse Practitioner	122,877	129,750
Partnerships and Projects	1,344,108	768,983
	3,847,749	3,483,292
NET	\$ -	\$ -