

Financial Statements of

ONGWANADA HOSPITAL

Year ended March 31, 2017

ONGWANADA HOSPITAL

Financial Statements

Year ended March 31, 2017

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INDEPENDENT AUDITORS' REPORT

To the Members of Ongwanada Hospital

We have audited the accompanying financial statements of Ongwanada Hospital, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in net assets 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 accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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 Ongwanada Hospital as at March 31, 2017, and its results of operations, its changes in net assets, and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

June 15, 2017

Kingston, Canada

ONGWANADA HOSPITAL

Statement of Financial Position


March 31, 2017, with comparative information for 2016

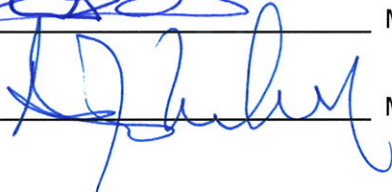
	2017	2016
Assets		
Current assets:		
Cash and cash equivalents	\$ 5,966,608	\$ 6,220,726
Accounts receivable:		
Province of Ontario	475,447	890,620
Sundry (note 2)	575,975	672,653
Prepaid expenses	150,654	97,869
Inventories	144,556	137,167
Cash held as loan security (note 4)	1,000,000	1,000,000
	<u>8,313,240</u>	<u>9,019,035</u>
Restricted assets:		
Patient safekeeping accounts		
Cash	60,821	80,119
Due from general account	95	1,157
	<u>60,916</u>	<u>81,276</u>
Capital assets (note 3)	8,929,797	9,209,412
Due from Ongwanada Non-Profit Housing Corporation (note 10(a))	53,951	224,929
	<u>\$ 17,357,904</u>	<u>\$ 18,534,652</u>

	2017	2016
Liabilities, Deferred Contributions and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 5)	\$ 2,888,832	\$ 3,820,000
Due to patient safekeeping account	95	1,157
Current portion of long-term debt (note 4)	—	611,680
	<u>2,888,927</u>	<u>4,432,837</u>
Employee future benefits liability (note 6)	7,556,900	6,131,600
Patients' safekeeping accounts:		
Balances held in trust	60,916	81,276
Deferred capital contributions (note 7)	6,097,813	6,194,128
Net assets:		
Invested in capital assets (note 8(a))	2,831,984	3,015,284
Internally restricted	165,561	164,447
Unrestricted deficiency	(2,244,197)	(1,484,920)
	<u>753,348</u>	<u>1,694,811</u>
Contingent liabilities (note 11)		
Commitments (note 13)		
	<u>\$ 17,357,904</u>	<u>\$ 18,534,652</u>

See accompanying notes to financial statements.

On behalf of the Board:


 _____ Member


 _____ Member

ONGWANADA HOSPITAL

Statement of Operations

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

	Responsibility of Ministry of Community and Social Services		Plant and endowment fund	2017 Total	2016 Total
	General programs	Responsibility of hospital			
Revenue:					
Patient services:					
Approved funding	\$ 30,934,604	\$ -	\$ -	\$ 30,934,604	\$ 30,686,438
Other patient revenue	1,539,189	-	-	1,539,189	1,522,238
Offset revenue and recoveries:					
Community residential services	339,253	-	-	339,253	322,641
Client and community services - environmental support	1,253,640	-	-	1,253,640	1,365,461
General administration	57,946	-	-	57,946	46,294
Community health services	-	1,694,576	-	1,694,576	1,585,572
Interest	11,777	-	58,143	69,920	77,764
Donations	-	-	9,618	9,618	66,602
Amortization of deferred capital contributions (note 7)	-	-	483,934	483,934	500,694
Other income	136,520	42,247	-	178,767	188,066
	34,272,929	1,736,823	551,695	36,561,447	36,361,770
Expenses:					
Developmental care:					
Community residential services (schedule A)	18,000,677	-	-	18,000,677	17,972,832
Client and community services - environmental support (schedule B)	13,190,017	-	-	13,190,017	13,095,292
General administration (schedule C)	2,564,418	-	-	2,564,418	2,929,822
Community health services (schedule B)	-	1,642,705	-	1,642,705	1,553,655
Interest on pay equity and wage compression long-term debt	16,515	-	-	16,515	20,970
Amortization of capital assets	-	-	659,755	659,755	683,932
Change in vacation pay liability	-	(11,546)	-	(11,546)	58,906
Change in sick pay liability	-	-	-	-	(67,579)
Change in employee future benefits liability (note 6)	-	1,425,300	-	1,425,300	31,200
Other expense	-	15,069	-	15,069	43,906
	33,771,627	3,071,528	659,755	37,502,910	36,322,936
Excess (deficiency) of revenue over expenses	\$ 501,302	\$ (1,334,705)	\$ (108,060)	\$ (941,463)	\$ 38,834

See accompanying notes to financial statements.

ONGWANADA HOSPITAL

Statement of Changes in Net Assets

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

	Invested in capital assets	Internally restricted	Unrestricted	2017 Total	2016 Total
Balance (deficiency), beginning of year	\$ 3,015,284	\$ 164,447	\$ (1,484,920)	\$ 1,694,811	\$ 1,655,977
Excess (deficiency) of revenue over expenses (note 8(b))	(175,821)	1,114	(766,756)	(941,463)	38,834
Net change in investment in capital assets (note 8(b))	(7,479)	--	7,479	--	--
Balance (deficiency), end of year	\$ 2,831,984	\$ 165,561	\$ (2,244,197)	\$ 753,348	\$ 1,694,811

See accompanying notes to financial statements.

ONGWANADA HOSPITAL

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	\$ (941,463)	\$ 38,834
Items not involving cash:		
Amortization of deferred capital contributions	(483,934)	(500,694)
Amortization of capital assets	659,755	683,932
Loss on disposal of capital assets	7,479	—
Change in non-cash operating working capital:		
Accounts receivable:		
Province of Ontario	415,173	(885,381)
Sundry	96,678	15,516
Due from Ongwanada Non-Profit Housing Corporation	170,978	21,582
Prepaid expenses	(52,785)	30,036
Inventories	(7,389)	1,296
Cash held as loan security	—	—
Accounts payable and accrued liabilities	(931,168)	(484,618)
Due to patient safekeeping account	(1,062)	2,219
Change in employee future benefits liability	1,425,300	31,200
	357,562	(1,046,078)
Financing activities:		
Increase in deferred capital contributions	387,619	324,883
Repayment of long-term debt	(611,680)	(223,177)
	(224,061)	101,706
Capital activities:		
Additions to capital assets	(387,619)	(339,144)
Decrease in cash and cash equivalents	(254,118)	(1,283,516)
Cash and cash equivalents, beginning of year	6,220,726	7,504,242
Cash and cash equivalents, end of year	\$ 5,966,608	\$ 6,220,726

See accompanying notes to financial statements.

ONGWANADA HOSPITAL

Notes to Financial Statements

Year ended March 31, 2017

Ongwanada Hospital (the "Organization") was incorporated without share capital under the Ontario Corporations Act on November 23, 1945. The Organization is principally involved in providing support services to citizens with development disabilities in the rural and urban communities of South Eastern Ontario. The Organization 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.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook – Accounting.

(a) Revenue recognition:

The Organization follows the deferral method of accounting for contributions which include donations and government grants.

Under various Province of Ontario Acts and Regulations thereto, the Organization is funded primarily in accordance with budget arrangements established by the Ministry of Community and Social Services (the "Ministry"). 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. These financial statements reflect agreed arrangements approved by the Ministry with respect to the year ended March 31, 2017.

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.

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

Other patient revenue is recognized when the goods are sold or the service is provided.

(b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand and short-term deposits which are highly liquid with original maturities of less than three months.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(c) Contributed services:

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

(d) Inventories:

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

(e) Capital assets:

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense as incurred. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Organization's ability to provide services, its carrying amount is written down to its residual value.

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

Asset	Rate
Buildings	2.5%
Furniture and equipment	20%
Vehicles	10%

The costs incurred for major capital projects are classified separately as construction-in-progress until the project is complete. When complete, the costs are transferred to the appropriate capital asset category.

(f) Compensated absences:

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the Organization's benefit plans for vacation and sick leave.

(g) Employee future benefits:

The Organization uses the immediate recognition approach to account for its defined benefit plans. The Organization accrues its obligations under the defined benefit plans as the employees render the services necessary to earn the non-pension post-retirement benefits. The cost of non-pension post-retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service, which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors. The measurement date of the accrued benefit obligation coincides with the Organization's fiscal year. Actuarial gains (losses) that arise from changes in actuarial assumptions used to determine the accrued benefit obligation are recognized in income in the year of valuation.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(g) Employee future benefits (continued):

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

(h) 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. Actual results could differ from those estimates. These estimates are reviewed annually and as adjustments become necessary, they are recorded in the financial statements in the reporting period they become known.

(i) 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. The Organization has not elected to subsequently carry any such financial instruments at fair value.

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

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Organization determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Organization expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

2. Sundry accounts receivable:

	2017	2016
Trade	\$ 249,893	\$ 310,483
Harmonized sales tax	101,741	109,175
Copayment	150,395	151,983
Other	153,214	175,773
	655,243	747,414
Less: allowance for doubtful accounts	79,268	74,761
	\$ 575,975	\$ 672,653

3. Capital assets:

	Cost	Accumulated amortization	2017 Net book value	2016 Net book value
Land	\$ 911,723	\$ —	\$ 911,723	\$ 911,723
Buildings	15,979,948	8,593,354	7,386,594	7,403,792
Furniture and equipment	3,280,380	3,027,464	252,916	380,263
Vehicles	1,569,808	1,191,244	378,564	513,634
	\$ 21,741,859	\$ 12,812,062	\$ 8,929,797	\$ 9,209,412

Cost and accumulated amortization of capital assets at March 31, 2016 amounted to \$21,493,229 and \$12,283,817, respectively.

4. Long-term debt:

	2017	2016
Bank term loan	\$ —	\$ 611,680
Less: Current portion	—	611,680
	\$ —	\$ —

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

4. Long-term debt (continued):

During the year, the bank term loan was fully repaid. The bank term loan was a non-revolving one-year loan that matured on October 31, 2016, with interest only payable monthly at the bank's prime lending rate.

The bank term loan was secured by cash collateral of \$1,000,000 which earns interest at the bank's prime lending rate less 1.9%.

5. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$327,172 (2016 - \$321,447), which includes amounts payable for harmonized sales tax and payroll-related taxes.

6. Employee future benefits:

The Organization provides extended health care, dental and life insurance benefits to its employees. An independent actuarial study of the employee future benefits has been undertaken. The most recent valuation of the employee future benefits was completed as at March 31, 2017.

At March 31, 2017, the Organization's accrued benefit obligation relating to post-retirement benefit plans is \$7,556,900 (2016 - \$6,131,600).

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

Discount rate for calculation of accrued benefit obligation	3.50% per annum
Discount rate for calculation of net benefit costs	3.50% per annum
Salary escalation	2.50% per annum
Dental benefits escalation	2.75% per annum
Health benefits escalation	6.00% in 2019, decreasing by 0.25% per year to an ultimate rate of 4.50%

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

6. Employee future benefits (continued):

Information with respect to the Organization's post-retirement obligations is as follows:

	2017	2016
Accrued benefit obligation, beginning of year	\$ 6,131,600	\$ 6,100,400
Expense recognized for the year	502,700	487,900
Past service cost	418,000	—
Benefits paid for the year	(310,400)	(285,900)
Actuarial experience loss (gain) recognized	815,000	(170,800)
Accrued benefit obligation, end of year	\$ 7,556,900	\$ 6,131,600

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 amortization of capital contributions is recorded as revenue in the statement of operations.

	2017	2016
Balance, beginning of year	\$ 6,194,128	\$ 6,369,939
Additional contributions received	387,619	324,883
Less amortization of deferred capital contributions	(483,934)	(500,694)
Balance, end of year	\$ 6,097,813	\$ 6,194,128

8. Investment in capital assets:

(a) Investment in capital assets is calculated as follows:

	2017	2016
Capital assets	\$ 8,929,797	\$ 9,209,412
Amounts financed by:		
Deferred contributions	(6,097,813)	(6,194,128)
	\$ 2,831,984	\$ 3,015,284

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Investment in capital assets (continued):

(b) Change in net assets invested in capital assets is calculated as follows:

	2017	2016
Excess of revenue over expenses:		
Amortization of deferred capital contributions	\$ 483,934	\$ 500,694
Amortization of capital assets	(659,755)	(683,932)
	\$ (175,821)	\$ (183,238)
Net change in investment in capital assets:		
Purchase of capital assets	\$ 387,619	\$ 339,144
Disposal of capital assets	(7,479)	–
Amounts funded by deferred contributions	(387,619)	(324,883)
	\$ (7,479)	\$ 14,261

9. Pension plan:

Substantially all of the employees of the Organization are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. The Plan specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay

Contributions to the Plan made during the year by the Organization on behalf of its employees amounted to \$1,602,887 (2016 - \$1,620,690) and are included in the statement of operations.

10. Related entities:

(a) Ongwanada Non-Profit Housing Corporation:

The Organization currently controls Ongwanada Non-Profit Housing Corporation (the "Housing Corporation") by virtue of having common board members. The Board members of the Housing Corporation are also the Executive Committee members of the Organization's Board. In addition, general members of the Housing Corporation are board members of the Organization. The Housing Corporation is incorporated without share capital under the laws of Ontario to provide non-profit housing services and, accordingly, is exempt from income taxes, provided certain requirements of the Income Tax Act (Canada) are met.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related entities (continued):

(a) Ongwanada Non-Profit Housing Corporation (continued):

The Housing Corporation has not been consolidated in the Organization's financial statements. Financial statements of the Housing Corporation are available upon request. Financial summaries of this unconsolidated entity as at March 31, 2017 and March 31, 2016, and for the years ended March 31, 2017 and March 31, 2016, are as follows:

	2017	2016
Assets:		
Current	\$ 64,971	\$ 146,436
Replacement reserve fund	49,440	89,400
Capital assets	2,308,303	2,416,674
	<u>2,422,714</u>	<u>2,652,510</u>
Liabilities and fund balance:		
Current	180,214	256,177
Long-term	2,193,060	2,306,933
Replacement reserve fund	49,440	89,400
	<u>2,422,714</u>	<u>2,652,510</u>
Net assets	<u>\$ -</u>	<u>\$ -</u>

The amount owing to the Organization is composed of \$684 (2016 - \$84,594) owing from the replacement reserve fund and \$53,267 (2016 - \$140,335) included in current liabilities.

	2017	2016
Revenue	\$ 521,966	\$ 588,840
Expense	521,966	588,840
Excess of revenue over expense	<u>\$ -</u>	<u>\$ -</u>
Cash flows provided by (used in):		
Operating activities	\$ 108,371	\$ 103,150
Financing and investing activities	(108,371)	(103,150)
Increase in cash	<u>\$ -</u>	<u>\$ -</u>

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related entities (continued):

(a) Ongwanada Non-Profit Housing Corporation (continued):

The Housing Corporation follows an appropriate disclosed basis of accounting, under which the following accounting policies differ from those followed by the Organization:

- (i) Amortization of lands, building and equipment is provided at an amount equivalent to the principal repayment of debt rather than being amortized over their useful lives.
- (ii) Capital assets purchased after initial project construction are reported as direct expenses of the replacement reserve fund rather than being capitalized on the statement of financial position and amortized over their useful life.
- (iii) Transfers to the replacement reserve fund are accounted for on the statement of operations, rather than as an interfund transfer on the statement of changes in net assets.

The Organization enters into transactions with the Housing Corporation in the normal course of operations.

The Organization leases certain residential properties from the Housing Corporation on a month-to-month basis. These properties are sublet to clients receiving support services from the Organization on the same terms and conditions.

The Organization provides project management and maintenance services to the Housing Corporation. In return for these services the Housing Corporation paid fees of \$67,620 (2016 - \$67,620) to the Organization.

During the year, the Organization provided temporary financing to the Housing Corporation to offset cash flow delays related to the timing of receipt of operating grants from the Ministry of Community and Social Services. At March 31, 2017, a balance of \$53,951 (2016 - \$224,929) was receivable from the Housing Corporation and is reported on the statement of financial position. The balance has no fixed terms of repayment, is unsecured and is non-interest bearing.

(b) Kingston Regional Hospital Laundry Incorporated:

Kingston Regional Hospital Laundry Incorporated, a corporation incorporated under the laws of the Province of Ontario, provides laundry services, linen replacement, uniforms and other related laundry services to five hospitals in the Kingston region. The Organization exercises significant influence, but not control, over Kingston Regional Hospital Laundry Incorporated.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related entities (continued):

(b) Kingston Regional Hospital Laundry Incorporated (continued):

Kingston Regional Hospital Laundry Incorporated provides laundry services to the Organization based on rates reflecting the costs, expenses and disbursements incurred by them in the normal course of business relating to the provision of laundry services. The Organization contributes toward approved capital improvements and replacement costs incurred by Kingston Regional Hospital Laundry Incorporated. During the year, the Organization paid \$9,532 (2016 - \$8,505) to Kingston Regional Hospital Laundry Incorporated for laundry services.

(c) Ongwanada Auxiliary:

The Organization has an economic interest in Ongwanada Auxiliary. Ongwanada Auxiliary promotes and extends the interests of the Organization through the provision of volunteer auxiliary services and raising funds for the Organization. During the year, Ongwanada Auxiliary granted \$Nil (2016 - \$50,000) to the Organization to fund equipment purchases and special program costs. At March 31, 2017, the Organization owed the Ongwanada Auxiliary \$43,476 (2016 - \$35,627). The balance owing is unsecured, bears interest at the bank's prime rate minus 1% and has no fixed terms of repayment.

11. Contingent liabilities:

(a) Reciprocal:

The Organization is a member of the Healthcare Insurance Reciprocal of Canada (HIROC), which is a self-funding public liability insurer. In the event that public liability claims exceed the balance in the fund, the Organization would be liable for its pro rata share of the deficiency. No assessments for losses have been made to March 31, 2017.

(b) Pay equity:

An agreement has been reached on a new pay equity plan, incorporating a mutually agreed-upon job evaluation system, covering all Organization employees. The costs arising from maintaining this agreement have been recognized in the financial statements.

(c) General:

The nature of the Organization's activities is such that there may be litigation pending at any time. With respect to claims at March 31, 2017 against the Organization, management believes there are valid defenses and appropriate insurance coverages in place. In the event any claims specifically are successful, management believes that such claims are not expected to have a material effect on the financial position of the Organization.

ONGWANADA HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2017

12. Financial risk and concentration of risk:

(a) Liquidity risk:

Liquidity risk is the risk that the Organization will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Organization manages its liquidity risk by monitoring its operating requirements. The Organization prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. There has been no change to the risk exposure from 2016.

(b) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Organization is exposed to credit risk with respect to the accounts receivable. The Organization assesses, on a continuous basis, accounts receivable and provides for any amounts that are not considered collectible in an allowance for doubtful accounts.

13. Commitments:

The Organization is required to install sprinkler systems in all community residences by January 1, 2019. At March 31, 2017, there are three homes remaining to be done at an estimated cost of \$267,000.

ONGWANADA HOSPITAL

Expenses of Developmental Care (Community Residential Services)

SCHEDULE A

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

	2017	2016
High support - 24 hour nursing:		
Barclay	\$ 985,381	\$ 999,879
Elizabeth	1,114,822	1,119,949
High support:		
Baxter	859,982	860,333
Sydenham	944,369	880,555
James	789,136	842,111
Respite:		
Wilson	221,157	196,217
Out of home	177,829	142,580
Low support:		
Dundas	8,940	11,579
Seaforth	599,912	642,906
Inverness	648,455	754,541
Douglas	660,724	681,813
Montreal North	700,680	674,183
Aberfoyle	1,043	7,064
Portsmouth	543,601	592,626
Montreal South	622,599	623,205
Mulcaster	594,282	627,222
Prince Charles	708,203	656,592
Richard	609,785	652,221
Church	689,123	677,156
Robinson	665,690	664,234
Cunningham	608,523	586,270
Henry	612,950	612,617
McKeown	606,691	601,640
Henrietta	9,025	393,707
Grosvenor	663,008	705,297
Muirfield	605,070	607,828
Mowat	612,993	629,063
Complex care:		
Gore	1,043,154	436,911
Residential administration and support:		
Administration	531,015	540,350
Scheduling	249,491	241,912
Transportation	313,044	310,271
	<u>\$ 18,000,677</u>	<u>\$ 17,972,832</u>

ONGWANADA HOSPITAL

Expenses of Developmental Care (Client and Community Services,
Environmental Support)

SCHEDULE B

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

	2017	2016
Housekeeping	\$ 410,729	\$ 392,640
Laundry and linen	9,532	8,505
Maintenance - Resource Centre	1,221,195	1,226,718
Maintenance - Crescent Centre	62,470	71,752
Maintenance - Balsam Grove	43,431	42,505
Adult protective services	175,003	176,718
Complex case management	96,252	98,824
Home share	1,529,692	1,613,756
Out of home respite	42,872	50,437
Continuing education	899,105	886,414
Client services, administration	66,562	64,788
Chaplaincy	58,407	43,650
Medical associates	252,855	304,086
Radiology *	218,131	221,732
Clinical lab	35,467	55,444
Cytogenetics	120,324	120,324
Pharmacy *	1,424,574	1,331,923
Clinical services	825,518	435,264
Hydrotherapy	195,372	-
Crescent community services	1,656,541	1,617,045
Psychology	278,649	370,513
Behavior management	306,929	305,170
Social services	338,785	310,907
Volunteer services	43,461	44,838
Client facilitation	445,447	442,202
Planning and vocational services	144,649	213,419
Data analytics	71,828	-
Clinical records	314,728	245,459
Joint service agreements	927,185	902,237
Dietary	431,832	443,178
Community network of specialized care	880,759	1,159,749
Treatment home	1,304,438	1,448,750
	\$ 14,832,722	\$ 14,648,947

*Effective April 1, 2016, Pharmacy & Radiology were excluded from Ministry responsibility

Responsibility of Ministry of Community & Social Services	\$ 13,190,017	\$ 13,095,292
Responsibility of Board	1,642,705	1,533,655
	\$ 14,832,722	\$ 14,648,947

ONGWANADA HOSPITAL

Expenses of Developmental Care (General Administration)

SCHEDULE C

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

	2017	2016
Administration	\$ 534,268	\$ 671,544
Financial services	545,108	561,770
Human resources	588,945	599,046
Occupational health and safety	206,705	196,630
Support services	388,255	447,824
Management information system	301,137	453,008
	<u>\$ 2,564,418</u>	<u>\$ 2,929,822</u>