

Financial Statements March 31, 2016



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Management's Report

The accompanying financial statements of The Izaak Walton Killam Health Centre (the "Health Centre") are the responsibility of management and have been approved by the Board of Directors (the "Board").

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. The preparation of the financial statements necessarily involves management's judgement and estimates of the expected outcomes of current events and transactions with appropriate consideration to materiality.

The Health Centre maintains systems of internal accounting and financial controls. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate, and that assets are properly accounted for and safeguarded.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance, Audit & Risk Committee (the "Committee"). The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the financial statements.

The financial statements have been audited by Grant Thornton LLP, the external auditors, in accordance with Canadian generally accepted auditing standards.

Tracy Kitch

President and Chief Executive Officer

Stephen D'Arcy

Chief Financial Officer

June 14, 2016



Independent auditor's report

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To the Board of Directors of The Izaak Walton Killam Health Centre

We have audited the accompanying financial statements of The Izaak Walton Killam Health Centre (the "Health Centre"), which comprise the statement of financial position as at March 31, 2016, and the statements of operations and changes in accumulated surplus, changes in net debt, and cash flows for the year then ended, and 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.

Auditor's 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 the auditor's 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, the auditor considers internal control relevant to the Health Centre'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 Health Centre'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 the Health Centre as at March 31, 2016, and the results of its operations and changes in accumulated surplus, changes in net debt, and its cash flows for the year then ended, in accordance with Canadian public sector accounting standards.

Other matter

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The information disclosed in Note 3 is presented for purposes of additional information and is not required as part of the financial statements. Such supplementary information has been subjected to the auditing procedures applied, only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

Halifax, Canada June 14, 2016

Chartered accountants

Grant Thornton LLP

The Izaak Walton Killam Health Centre Statement of Financial Position

March 31 (expressed in \$,000's)	2016	2015
Financial Assets Cash and cash equivalents Receivables (Notes 4 and 14) Employee receivables Receivable from IWK Health Centre Charitable Foundation Accumulated sick leave receivable (Note 11) Retirement allowance and health benefits (Note 9)	\$ 11,801 20,152 1,269 18,654 17,963 39,432 109,271	\$ 19,226 23,647 1,447 18,389 16,470 34,908 114,087
Liabilities Payables and accruals (Note 5) Capital lease payable (Note 8) Retirement allowances and health benefits (Note 9) Accumulated sick leave payable (Note 11) Facilities loan payable (Note 7) Deferred capital, research and other restricted revenue (Note 8)	23,713 52 39,432 17,963 8,407 31,732 121,299	34,369 100 34,908 16,470 9,245 30,758 125,850
Net Debt	(12,028)	(11,763)
Non-Financial Assets Prepaids Inventories held for use Tangible capital assets (Page 19)	2,627 1,470 190,424 194,521	1,642 1,350 189,828 192,820
Accumulated Surplus	\$ 182,493	\$ 181,057

Contingency and Contractual Obligation (Note 12)

On behalf of the Board of Directors:

Bob Hanf

Chair, Board of Directors

Larry Evans

Chair, Finance, Audit & Risk Committee

The Izaak Walton Killam Health Centre Statement of Operations and Changes in Accumulated Surplus

Years ended March 31 (expressed in \$,000's)	Revised Budget 2016 (Note 15)	Actual 2016	 Actual 2015
Revenue			
Department of Health and Wellness			
IWK base operational funding \$	206,256	\$ 206,434	\$ •
Claims-based/direct funding	14,854	16,212	18,703
Provincial program funding	22,301	22,614	23,181
Capital grant funding	6,003	4,851	7,958
PNS - benefit liabilities	-	8,641	6,423
Inpatient, outpatient and clinics	5,972	6,337	6,337
Rentals, sales and other	8,455	9,191	8,685
Miscellaneous recoveries			
IWK operations	6,545	8,613	7,145
Provincial programs	1,944	3,680	4,969
Research revenue	12,572	13,513	13,752
Specified donations for equipment,			
renovations & research			
IWK operations equipment and renovations		6,946	9,638
Research operating	1,200	1,200	800
Research equipment and renovations	1,100	1,100	237
	295,862	309,332	310,513
F			
Expenses	457 700	450.004	450 700
Salaries and wages	157,733	158,224	156,783
Employee benefits	28,274	33,669	31,907
Services and other contracts	9,128	8,573	10,691
Maintenance and building	14,015	15,362	14,091 12,475
Medical supplies	12,579 7,489	12,879	
Other supplies and expenses		10,097	8,455 4,878
Equipment expenses	4,855 3,565	4,490 5,370	
Drugs Patient food	2,460	2,559	3,695 2,392
Professional fees	1,984	2,339	2,156
Amortization of capital assets	12,354	12,354	11,794
Provincial programs	24,245	27,113	28,784
Research	13,772	15,031	14,799
research	292,453	307,896	302,900
	202,400	001,000	002,000
Annual Surplus (Note 3) \$	3,409	1,436	7,613
Accumulated Surplus, beginning of year		181,057	173,444
Accumulated Surplus, end of year		\$ 182,493	\$ 181,057

The Izaak Walton Killam Health Centre Statement of Changes in Net Debt

Years ended March 31 (expressed in \$,000's)		Revised Budget 2016	Actual 2016	Actual 2015
		(Note 15)		
Annual surplus	\$	3,409	\$ 1,436 \$	7,613
Acquisition of tangible capital assets Amortization Change in prepaids Change in inventories	_	(15,763) 12,354 - -	(12,950) 12,354 (985) (120)	(18,611) 11,794 (616) 2
Change in net debt		-	(265)	182
Net debt, beginning of year	_	(11,763)	(11,763)	(11,945)
Net debt, end of year	\$_	(11,763)	\$ (12,028) \$	(11,763)

The Izaak Walton Killam Health Centre Statement of Cash Flows

Years ended March 31 (expressed in \$,000's)		2016		2015
Increase (decrease) in cash and cash equivalents				•
Operating				
Annual surplus	\$	1,436	\$	7,613
Amortization	_	12,354	_	11,794
		13,790		19,407
Changes in non-cash operating items				
Decrease in receivables		3,495		11,074
Decrease in employee receivables		178		118
Increase in receivable from IWK Health Centre Charitable				
Foundation		(265)		(1,385)
Increase in prepaid expenses		(985)		(616)
(Increase) decrease in inventories		(120)		2
(Decrease) increase in payables and accruals		(10,656)		795
Decrease in capital lease payable		(48)		(46)
Increase (decrease) in deferred capital, research and		074		(000)
other restricted revenue	_	974	_	<u>(693</u>)
	_	6,363	-	28,656
Capital				
Cash used to acquire tangible capital assets - net		(12,950)		(18,611)
Cash used to acquire tangible capital assets - het	-	(12,550)	-	(10,011)
Financing				
Principal repayments on facilities loan payable		(838)		(791)
This part opaymonts on tasimos to an payable	_	(000)	_	()
(Decrease) increase in cash and cash equivalents		(7,425)		9,254
		, ,		•
Cash and cash equivalents				
Beginning of year	_	19,226	_	9,972
End of year	\$_	11,801	\$_	19,226
	_			

March 31, 2016 (expressed in \$,000's)

1. Purpose of organization

The Izaak Walton Killam Health Centre (the "Health Centre") provides quality care for children, women and families in the three Maritime Provinces and beyond. It is a tertiary care health centre dedicated to family-centred care, education, research, health promotion and advocacy for best results. The Health Centre is also committed to being global leaders in research and knowledge transfer.

The Health Centre is a charitable organization under the Income Tax Act.

2. Summary of significant accounting policies

Basis of accounting

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants and reflect the significant accounting policies noted below.

These financial statements include the assets, liabilities and activities of the Health Centre. They do not include the activities of the IWK Health Centre Charitable Foundation (the "Foundation"), a non-controlled, not-for-profit entity (Note 16).

Revenue recognition

Provincial government transfers for operating and capital purposes are recognized as revenue in the period in which all eligibility criteria and/or stipulations have been met and the amounts are authorized. Any funding received prior to satisfying these conditions is deferred until conditions have been met. When revenue is received without eligibility credits or stipulations, it is recognized when the transfer is authorized.

All non-government contribution or grant revenues that are externally restricted such that they must be used for a specified purpose are recognized as revenue in the period in which the resources are used for the purpose or purposes specified. Any externally restricted inflow received before the criterion has been met is reported as a liability within deferred capital, research and other restricted revenue until the resources are used for the purpose or purposes specified.

In-patient, out-patient, food services, and rentals are recognized as revenue when the related service is rendered or goods are provided.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks with original maturities of three months or less. Bank borrowings are considered to be financing activities.

The categories of cash include:

		<u>2016</u>	<u>2015</u>
Research Restricted Operating	\$	12,610 \$ 6,910 (7,71 <u>9</u>)	11,631 7,479 116
	\$	11,801 \$	19,226

Inventories

Inventories are valued at the lower of cost and replacement cost. The Health Centre uses the weighted average cost method to determine cost of stores inventory and the first-in, first-out method to determine cost of pharmacy inventory.

March 31, 2016 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Tangible capital assets

Tangible capital assets are stated at cost. Amortization is provided on the straight-line basis over the expected useful life of the asset:

Buildings and service equipment Major equipment

2% to 5% 5% to 20%

Amortization on equipment purchased commences in the year after acquisition. Amortization on capital projects and renovations commences in the year after the asset is ready for use.

When conditions indicate that a tangible capital asset no longer contributes to the Health Centre's ability to provide goods and services, or that the value of future economic benefits associated with the tangible capital asset is less than its net book value, the cost of the tangible capital asset is reduced to reflect the decline in the asset's value. Write-downs are not reversed.

Capital leases

Capital leases are leases where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity.

A capital lease is accounted for as an asset as well as an obligation. Accordingly, capital leases are recognized by recording an asset and a liability at the present value of the minimum lease payments, excluding the portion thereof relating to executor costs. However, the maximum value recorded for the asset and obligation will not exceed the leased asset's fair value.

An obligation under a capital lease is similar to a loan. Lease payments are allocated to a reduction of the obligation, interest expense and any related executor costs. The interest expense is calculated using the discount rate used in computing the present value of the minimum lease payments applied to the remaining balance of the obligation.

Compensation accruals

The Health Centre follows the policy of recording in accrued salaries and benefits a liability for vacation pay, accumulated overtime, smoothing banks and statutory holidays.

Retirement allowances, health benefits, and compensated absences

The Health Centre provides defined benefit plans to certain employee groups. These benefits include pension, health and dental, retirement allowances and non-vesting sick leave. The Health Centre has adopted the following policies with respect to these employee benefits:

(i) Retirement allowances paid to employees upon retirement are actuarially determined. The retirement allowance value is provided by the Department of Finance for the Health Centre. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 11 years. The costs are actuarially determined using management's best estimate of employee retention, retirement ages of employees, salary escalation, other cost escalation, long term inflation and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.

March 31, 2016 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Retirement allowances, health benefits, and compensated absences (continued)

- (ii) The costs of post-employment future health benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 10 years. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight-line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- (iii) The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates. It is calculated using the projected benefit method prorated on services as required under Section 3250 of the Public Sector Accounting Handbook. Experience gains and losses and assumption changes are amortized on a linear basis over the expected average remaining service life of 11 years. Adjustments to these costs arising from changes in actuarial assumption and/or experience are recognized over the estimated average remaining service life of the employees.
- (iv) Pension benefits are provided to certain employees under multi-employer defined benefit plans. The costs of these pensions are the employer's contributions due to the plan in the period and are accounted for as defined contribution plans.

Funds held in trust

Funds held in trust are maintained separately from the Health Centre's assets and are excluded from the statement of financial position.

At March 31, 2016, the Health Centre held \$3,060 (2015 - \$2,778) in trust on behalf of various stakeholders.

Financial instruments

Financial instruments must be classified within either cost/amortized cost or fair value categories. The Health Centre has no financial instruments that are required to be accounted for at fair value.

The cost/amortized cost category includes cash and cash equivalents, receivables, employee receivables, receivable from IWK Health Centre Charitable Foundation, payables and accruals, and facilities loan payable. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Management assess each financial instrument to determine whether there are any impairment losses and if any, are reported in the statement of operations and changes in accumulated surplus. Valuation allowances are recorded to write-down amounts and loans receivable to the lower of cost their net recoverable value.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

There are no unrealized gains or losses therefore the statement of remeasurement gains and losses has not been presented.

March 31, 2016 (expressed in \$,000's)

2. Summary of significant accounting policies (continued)

Use of estimates

The preparation of financial statements in conformity with Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amount of revenues and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of allowance for doubtful accounts, amortization of tangible capital assets and actuarial estimation of post-employment benefits, retiring allowances and nonvested sick time liabilities.

3.	Reconciliation of annual operating funding		2016	<u>2015</u>
Amo Spec Capi	ral surplus rtization ified donations for equipment and renovations - research tal grants lus from operations	\$	1,436 12,354 (1,100) (11,797) 893	\$ 7,613 11,794 (532) (17,303) 1,572
Amo	unts attributed to capital asset purchases		(893)	(1,572)
Annı	ual operating surplus	\$		\$
4.	Receivables		<u>2016</u>	<u>2015</u>
(ents and other receivables, net of allowance for doubtful accounts of \$1,561 (2015 - \$1,000) Department of Health & Wellness	\$	8,116 12,036	\$ 10,030 13,617
		\$	20,152	\$ 23,647
NS E	Department of Health & Wellness receivables are comprise	d o	f:	
	Capital grants Mental health funding T projects HITS – NS deficit Accumulated deficit 1998/99 Benefit bank funding Newborn screening and other labs Contract increases and wage funding Provincial programs Physician on call funding (Family Medicine) Retiree benefits & allowances Wage funding and other Nursing strategy Orthopaedic Working Group Initiative	\$	3,826 2,311 1,672 1,064 908 484 465 297 276 196 185 135 148 69	4,026 1,613 2,642 1,255 908 484 - 297 1,320 194 - 564 141 173
		\$	12,036	\$ 13,617

Of the total receivable from the NS Department of Health & Wellness, as of May 25, 2016, \$6,880 (2015 - \$3,393) has been received.

March 31, 2016 (expressed in \$,000's)

5. Payables and accruals		<u>2016</u>		<u>2015</u>
Trade payables Other Accrued salaries and benefits NS Department of Health & Wellness payables	\$	9,519 - 14,079 <u>115</u>	\$	18,509 192 15,647 <u>21</u>
	\$	23,713	\$_	34,369

6. Credit facility

The Health Centre has been approved for a line of credit of \$2,000. At year end, no amount has been advanced on the line of credit from the Royal Bank (2015 - \$Nil). Any outstanding amount is repayable on demand and bears interest at prime plus 3/4%.

7. Facilities loan payable

Nova Scotia Department of Finance loan repayable in equal quarterly instalments of \$338 at an interest rate of 5.76% per annum calculated semi-annually. First instalment paid on March 1, 2004, with the final instalment due December 1, 2023.

	<u>2016</u>		<u>2015</u>
Balance	\$ 8,407	\$_	9,245

Principal amounts repayable within the next four years and thereafter are as follows:

2017	\$ 887
2018	939
2019	995
2020 and thereafter	5,586

Interest on facilities loan payable in the amount of \$511 (2015 - \$557) is included in operating fund expenses.

8. Deferred Capital, Research and Other Restricted Revenue

The following is a summary of the amounts in deferred capital, research and other restricted revenue:

Capital		<u>2016</u>		<u>2015</u>
Equipment Capital campaigns	\$ 	98 13,270 13,368	\$	44 11,605 11,649
Research funds Other restricted	_	11,454 6,910	_	11,630 7,479
Balance at year end	\$	31,732	\$_	30,758

March 31, 2016 (expressed in \$,000's)

8. Deferred Capital, Research and Other Restricted Revenue (continued)

Included in equipment is obligations under capital lease of \$52 (2015 - \$100) payable to the Capital District Health Authority. The lease bears interest at 6.29%, is secured by specific equipment and is repayable in seven blended annual instalments of \$55 ending December 2016.

The following is a summary of the continuity of deferred capital and research revenue:

	<u>2016</u>	<u>2015</u>
Balance, beginning of year	\$30,758	\$31,451
Grants from the IWK Health Centre Charitable Foundation NS Department of Health & Wellness funding Research funding Capital campaign fund Other funding Other restricted	916 4,851 11,267 7,538 213 1,577 26,362	1,016 7,957 12,979 7,618 6 2,722 32,298
Capital funding expended Disbursements Research Other restricted	(11,798) (11,444) (2,146) (25,388)	(17,303) (12,561) (3,127) (32,991)
Balance, end of year	\$ 31,732	\$ 30,758

9. Retirement allowances and health benefits

Retirement allowance amounts for employees and cost sharing for certain employees on health benefits following retirement are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all government departments, agencies and boards. The last actuarial valuation for retiring allowances was conducted as at June 30, 2015, with actuarial liabilities as at March 31, 2016 extrapolated based on the latest actuarial valuations.

The last actuarial valuation for the retiree health benefits was as at December 31, 2013, with actuarial liabilities as at March 31, 2016 extrapolated based on the latest actuarial valuations.

Annually, results along with values to record the liability and expenses are provided by the Department of Finance. The Department of Finance fully funds this liability, thus an offsetting receivable balance has been recorded.

March 31, 2016 (expressed in \$,000's)

9. Retirement allowances and health benefits (continued)

Information about the retirement allowance and health benefits are as follows:

Accrued benefit obligation Opening benefit obligation,		Retirement		<u>Health</u>	 2016 total irement and alth benefits	2015 total tirement and ealth benefits
beginning of year Current service cost Interest on obligation Impact of curtailment	\$	24,764 - 969 1,755 774	\$	12,711 754 494 -	\$ 37,475 754 1,463 1,755 774	\$ 35,960 2,493 1,477
Other Less: premiums paid Actuarial (losses) gains Closing benefit obligation,	•	(2,360) (854)	œ.	(264) (3,087)	 (2,624) (3,941)	(2,346) (109)
end of year	\$	25,048	\$.	10,608	\$ 35,656 2016 total	\$ 37,475 2015 total
Accrued benefit obligation		Retirement		Health	irement and alth benefits	tirement and ealth benefits
Funded status - surplus Unamortized net	\$	25,048	\$	10,608	\$ 35,656	\$ 37,475
actuarial loss Accrued benefit liability,		854		2,922	3,776	(2,567)
end of year	\$	25,902	\$	13,530	\$ 39,432	\$ 34,908

The Health Centre's expense for the retirement allowance and health benefits is as follows:

		<u>2016</u>		<u>2015</u>
Retirement allowances and health benefits	\$	7,150	\$_	4,495

The following actuarial assumptions have been used in the determination of the accrued benefit liabilities as at March 31, 2016:

	<u>Allowances</u>	<u>Benefits</u>
Discount rate	3.71%	3.71%
Rate of compensation increase	0 - 2.25%	-
Termination rates	0 - 20%	0-36%

- (i) The actuary for the pension manager assumed that 75% of employees will retire on the date they are first eligible for an unreduced retirement pension, and the remainder will retire on their normal retirement date, which is their 65th birthday.
- (ii) The plan was curtailed effective April 1, 2015 and accrued service for the purpose of benefit determination is frozen as at that date. The change in liability related to the curtailment of service is reflected in the current year benefit expense and totals \$3,141.
- (iii) The actuary for the health benefits plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65. In calculating the post-retirement health benefits liability, it was further assumed that 60% of members will elect family coverage and that 95% of eligible employees will elect to participate.

March 31, 2016 (expressed in \$,000's)

10. Pension plans

The Health Centre contributes to the following pension plans on behalf of its employees:

- (i) a multi-employer defined benefit plan, as administered by the Health Association of Nova Scotia, formerly the Nova Scotia Association of Health Organizations (NSAHO), providing pension benefits to most of its employees. The most recent actuarial valuation was conducted as at July 1, 2014 which indicated a funding surplus.
- (ii) the second plan is administered by an independent trustee, the Public Service Superannuation Plan Trustee Inc. The most recent actuarial valuation was conducted as at December 31, 2014 which indicated a funding surplus.

The Health Centre's pension expense for the year amounted to \$15,066 (2015 - \$15,872).

11. Accumulated sick leave

Qualifying employees are entitled to a prescribed number of sick leave days over their employment term. The Health Centre has recognized in these financial statements, the liability associated with accumulated sick leave earned by staff. Compensated absences for qualifying employees are actuarially determined. The Province of Nova Scotia contracts a third party to perform an actuarial valuation for all Health Authorities and the Health Centre. The actuarial valuation for non-vesting sick leave banks usage was as at March 31, 2014. These actuarial liabilities were extrapolated to March 31, 2015 and March 31, 2016.

Annually, results along with values to record the liability and expenses are provided by the Department of Finance. The Department of Finance fully funds this liability, thus an offsetting accounts receivable balance is recorded.

Information about the sick leave liability is as follows:

Accrued benefit liability		<u>2016</u>		<u>2015</u>
Opening benefit obligation, beginning of year Current service cost Interest on obligation Less: premiums paid Actuarial gains Closing benefit obligation, end of year	\$	13,719 2,629 542 (1,431) (783) 14,676	\$	14,878 2,328 635 (1,066) (3,056) 13,719
Unamortized net actuarial gain	_	3,287		2,751
Accrued benefit liability, end of year	\$ _	17,963	\$_	16,470
The Health Centre's sick time expense is as follows:				
Sick time expense paid to employees	\$_	8,843	\$	9,624

March 31, 2016 (expressed in \$,000's)

11. Accumulated sick leave (continued)

The following actuarial assumptions have been used in the determination of the accrued benefit obligation as at March 31, 2016:

	<u>2016</u>	<u>2015</u>
Discount rate	3.71%	4.10%
Rate of compensation increase	0.04 - 2.90%	0.15 - 2.65%
Current sick leave utilization	8.2 days	8.2 days
Sick leave bank utilization	6.2 - 14.6 days	6.2-14.6 days
Termination rates	0 - 20%	0 - 20%

The actuary for the plan manager assumed 75% would retire on the date they are first eligible for an unreduced retirement pension and the remainder will retire at the rate of 5% each at ages 52, 57, 60, 62 and 65.

12. Contingency and contractual obligations

The Health Centre has been named as a defendant in legal actions arising in the ordinary course of business. Counsel is unable to form an opinion regarding the merit of certain claims and those in which counsel has provided an opinion, it is expected that payments, if any, which may arise from these claims would be funded by the liability insurance carrier.

The Heath Centre is committed to annual premise lease payments as follows:

2017	\$ 3,459
2018	3,583
2019	3,617
2020	3,667
2021	3,223

March 31, 2016 (expressed in \$,000's)

13. Expenses by program

The following is a summary of the expenses reported on the statement of operations by program:

		Revised Budget 2016		Actual <u>2016</u>	Actual 2015
Clinical and medical					
Children's health	\$	68,962	\$	74,157	\$ 71,537
Women's and newborn health		48,431		50,539	50,277
Mental health and addictions		31,412		31,620	32,755
Clinic lab services		18,957		18,454	18,024
Medical services		9,614		10,024	8,664
Diagnostic imaging		8,382		8,506	8,289
Pharmacy		5,666		6,326	5,838
Professional practice		1,916		1,733	1,942
Primary health		1,548		1,581	1,561
Operations		•		•	·
Finance		9,984		12,223	9,617
Quality and system performance		16,340		16,419	16,581
Corporate services		14,255		14,394	14,555
Plant maintenance services		9,464		10,102	9,745
Human resources		5,149		5,286	5,119
Executive offices and public relations		2,597		2,216	3,043
Facilities redevelopment		1,759		2,172	1,770
Provincial programs		,		•	•
HITS-NS		20,042		23,706	25,442
Reproductive Care Program		1,764		1,664	1,743
Nova Scotia Breast Screening Program		1,265		1,332	1,274
Nova Scotia Insulin Pump Program		1,174		411	325
Research		13,772	_	15,031	14,799
	\$_	292,453	\$	307,896	\$ 302,900
	=				

14. Financial instrument risk management

The Health Centre has a comprehensive risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from financial instruments include credit risk, liquidity risk and market risk. Market risk arises from changes in interest rates, foreign currency exchange rates and other price risks. Unless otherwise noted, it is management's opinion that the Health Centre is not exposed to market risks arising from financial instruments.

Credit risk

Credit risk is the risk of financial loss to the Health Centre if a debtor fails to make payments when due. The Health Centre is exposed to this risk relating to its receivables.

Receivables are ultimately due from the government, third party insurers, patients, foundations and auxiliaries. Credit risk is mitigated by management's review of aging and collection of receivables and billings. The Health Centre recognizes a specific allowance for doubtful accounts when management considers the expected amounts to be recovered are lower than the actual receivable.

March 31, 2016 (expressed in \$,000's)

14. Financial instrument risk management (continued)

Credit risk (continued)

The Health Centre measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Health Centre's historical experience regarding collections. The amounts outstanding at year end were as follows:

	<u>Total</u>		<u>0-150 Days</u>	<u>1</u> :	51-365 Days		365+ Days
Patients	\$ 3,714	\$	2,125	\$	223	\$	1,366
Clients/other agencies	1,879		1,518		-		361
Harmonized sales tax	1,545		1,545		-		-
NS Health Authority	1,025		1,011		10		4
NS Department of Health &							
Wellness	12,036		10,327		20		1,689
NS Government Departments	452		430		5		17
Other	1,062		1,062		-		-
Less: impairment allowances	(1,561)		-				(1,5 <u>61</u>)
	\$ 20,152	\$_	18,018	\$	258	\$_	1,876

Patient receivables not impaired are collectible based on the Health Centre's assessment and past experience regarding collection rates.

Government receivables are due from the Province of Nova Scotia. The Health Centre mitigates credit risk by ensuring that grants are entered into by way of a contract and by continuous monitoring of outstanding balances to ensure collection is timely.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Liquidity risk

Liquidity risk is the risk that the Health Centre will not be able to meet all cash outflow obligations as they come due. The Health Centre mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining a bank overdraft credit facility if unexpected cash outflows arise.

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

March 31, 2016 (expressed in \$,000's)

15. Approved budget

The 2016 budget figures presented on the statement of operations and changes in accumulated surplus reflect certain budget adjustments made during the fiscal year. A breakdown of the adjustments is presented below.

•		<u>Approved</u>	<u>Changes</u>	Revised
Revenue				
IWK operations	\$	250,426	\$ 7,419	\$ 257,845
Provincial programs		21,140	3,105	24,245
Research operations	-		13,772	13,772
	_	271,566	24,296	295,862
Expense		<u>Approved</u>	<u>Adjustments</u>	Revised
Salaries and wages	\$	157,931	\$ (198)	\$ 157,733
Employee benefits		28,274	· -	28,274
Services and other contracts		9,228	(100)	9,128
Maintenance and building		14,015	-	14,015
Medical supplies		12,779	(200)	12,579
Other supplies and expenses		7,489	-	7,489
Equipment expenses		4,855	-	4,855
Drugs		3,565	-	3,565
Patient food		2,460	-	2,460
Professional fees		1,984	-	1,984
Amortization of capital assets		12,354	-	12,354
Recoveries		(6,545)	6,545	04.045
Provincial programs		21,140	3,105	24,245
Research	-		13,772	13,772
	\$_	269,529	\$ 22,924	\$ 292,453
Annual surplus	\$_	2,037	\$ 1,372	\$ 3,409

Actuarial estimates of gains and losses and provincial sick bank, retiree benefit and pension are not budgeted within the Health Centre expenses and revenue as they are not the responsibility of the organization.

The 2016 budget figure for acquisition of tangible capital assets as presented on the Statement of Changes in Net Debt was revised from \$14,391 to \$15,763 as the result of additional government and other capital funding received during the year.

16. IWK Health Centre Charitable Foundation

The Foundation provides donations to the Health Centre for capital, clinical programs and research activities. During the current year, the Health Centre received \$13,971 (2015 - \$13,098) in donations from the Foundation. The total amount receivable from the Foundation as at March 31, 2016 is \$18,654 (2015 - \$18,389).

17. Comparative figures

Certain 2015 comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

The Izaak Walton Killam Health Centre Schedule of Tangible Capital Assets

Year ended March 31, 2016 (expressed in \$,000's)

Cost	impi	Land and land ovements		Building and service <u>equipment</u>	Major equipment	<u>2016</u>
Beginning of year Additions during the year Disposals during the year End of year	\$	4,285 - 4,285	_	235,930 8,196 (1,330) 242,796	33,276 \$ 4,754 (10,394) 27,636 \$	273,491 12,950 (11,724) 274,717
Accumulated amortization						
Beginning of year Amortization	\$	-	\$	69,358 5,700	\$ 14,304 \$ 6,655	83,662 12,355
Reversal of accumulated amortization relating to disposals End of year	\$		\$	(1,330) 73,728	(10,394) 10,565 \$	(11,724) 84,293
Net book value of tangible capital costs	\$	4,285	\$	169,068	\$ 17,071 \$	190,424

Included in major equipment is equipment acquired under a capital lease with a total cost of \$332 and a net book value of \$52 (2015 - \$100).

Cost	impi	Land and land ovements	,	Building and service equipment		Major equipment	<u>2015</u>
Beginning of year Additions during the year Disposals during the year End of year	\$ \$	4,285 - - 4,285	•	222,333 13,942 (345) 235,930)	33,406 \$ 4,669 (4,799) 33,276 \$	260,024 18,611 (5,144) 273,491
Accumulated amortization							
Beginning of year Amortization	\$	-	\$	64,591 5,113	\$	12,422 \$ 6,681	77,013 11,794
Reversal of accumulated amortization relating to disposals End of year	\$		\$	(345) 69,359		(4,799) 14,304 \$	(5,144) 83,663
Net book value of tangible capital costs	\$	4,285	\$	<u> 166,571</u>	\$	18,972 \$	189,828

Included in major equipment is equipment acquired under a capital lease with a total cost of \$332 and a net book value of \$100 (2014 - \$133).