Financial Statements

For the year ended 31 March 2019

Financial Statements Index

For the year ended 31 March 2019

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INDEPENDENT AUDITOR'S REPORT

The Chair and Board of Directors, Renfrew Victoria Hospital, RENFREW, Ontario.

Opinion

We have audited the financial statements of the Renfrew Victoria Hospital (the Hospital), which comprise the statement of financial position as at 31 March 2019, and the statements of current operations, capital operations, changes in net assets, accumulated remeasurement gains and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at 31 March 2019, and its financial performance and its cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian Public Sector Accounting Standards for government 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.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located at *MacKillican's* website at: http://mackillicans.com/PDF/Auditors_Responsibilities.pdf. This description forms part of our auditor's report.

Mackillicon a Associates

RENFREW, Ontario. 17 June 2019.

Chartered Professional Accountants,
Licensed Public Accountants.

Statement of Financial Position

As at 31 March 2019 (with 2018 figures for comparison)

<u>ASSETS</u>		<u>2019</u>		<u>2018</u>
Current: Cash and investments (Note 8) Accounts receivable (Note 5) Inventory (Note 2 (c)) Prepaid expenses Loans receivable (Note 14)	\$	14,233,253 2,105,470 329,042 388,702 129,079	\$	11,077,220 5,628,642 276,173 291,948 58,333
	\$	17,185,546	\$	17,332,316
Loans receivable (Note 14)				783,335
Capital assets (Notes 2 (e) and 6)		44,459,711		42,279,128
	\$	61,645,257	\$	60,394,779
LIABILITIES AND NET ASSE	<u>TS</u>			
Current liabilities: Accounts payable and accrued liabilities Deferred provincial grants (Note 2 (a)) Deferred revenue (Note 2 (a))	\$ _ \$_	8,237,245 53,528 24,578 8,315,351	\$ \$	8,340,456 53,528 17,669 8,411,653
Deferred capital grants (Notes 2 (a) and 9) Employee future benefits (Notes 2 (g) and 11)	\$ \$	26,815,516 1,451,807 28,267,323	\$ \$	25,794,057 1,468,407 27,262,464
Net assets: Investment in capital assets (Note 13 (a)) Unrestricted Accumulated remeasurement gains	\$ \$ \$	27,574,009 (2,893,354) 24,680,655 381,928	\$\$ \$	23,213,404 1,167,411 24,380,815 339,847
	\$	25,062,583	\$	24,720,662
	\$	61,645,257	\$	60,394,779
Approved on behalf of the Board:				

Statement of Current Operations

For the year ended 31 March 2019 (with 2018 figures for comparison)

		<u>2019</u>		<u>2018</u>
Revenue:				
Patient care services (Note 2 (a))	\$	41,049,134	\$	40,443,349
Cash recoveries and sundry		2,798,640		2,793,111
Investment income		43,741		47,533
	\$	43,891,515	\$	43,283,993
Expenses:				
Salaries, wages and benefits	\$	30,071,025	\$	29,899,510
Medical and surgical supplies		2,167,483		2,079,266
Drugs and medical gases		2,403,450		2,045,630
Other supplies and expenses	_	7,837,612	_	7,675,333
	\$	42,479,570	\$	41,699,739
Excess of revenue over expenses from operations	\$	1,411,945	\$	1,584,254
Amortization of deferred contributions related to equipment		958,196		639,418
Amortization of equipment		(1,910,507)		(1,864,934)
Excess of revenue over expenses for the year	\$	459,634	\$	358,738

Statement of Capital Operations

For the year ended 31 March 2019 (with 2018 figures for comparison)

	<u>2019</u>		<u>2018</u>
Revenue:			
Investment income	\$ 232,302	\$	144,094
Rental income	 7,651	-	12,954
	\$ 239,953	\$	157,048
Expenses:			
Other supplies and expenses	\$ 29,282	\$	27,435
Excess of revenue over expenses before amortization	\$ 210,671	\$	129,613
Amortization of deferred contributions related to buildings	626,841		774,755
Amortization of buildings	 <u>(997,306</u>)	_	<u>(984,479</u>)
Deficiency of revenue over expenses for the year	\$ (159,794)	\$	(80,111)

Statement of Changes in Net Assets

For the year ended 31 March 2019 (with 2018 figures for comparison)

	Investment in Capital Assets	<u>Unrestricted</u>	<u>2019</u>	<u>2018</u>
Net assets at the beginning of the year	\$ 23,213,404	\$ 1,167,411	\$ 24,380,815	\$ 24,102,188
Excess (deficiency) of revenue over expenses for the year Transfer between funds (Note 13 (b))	(159,794) 4,520,399	459,634 (4,520,399)	299,840	278,627
` ` ` ` ` ' '	4,320,399	<u>(4,320,399</u>)	<u> </u>	
Net assets (deficiencies) at the end of the year	\$ <u>27,574,009</u>	\$ <u>(2,893,354</u>)	\$ <u>24,680,655</u>	\$ <u>24,380,815</u>

Statement of Accumulated Remeasurement Gains

For the year ended 31 March 2019 (with 2018 figures for comparison)

	<u>2019</u>	<u>2018</u>
Accumulated remeasurement gains at beginning of year	\$ 339,847	\$ 400,911
Net unrealized (realized) gains attributable to investments	 42,081	 (61,064)
Accumulated remeasurement gains at end of year	\$ 381,928	\$ 339,847

Statement of Cash Flows

For the year ended 31 March 2019 (with 2018 figures for comparison)

		<u>2019</u>		<u>2018</u>
Cash flows from operating activities: Excess of revenue over expenses for the year Add (deduct) items which do not involve cash:	\$	299,840	\$	278,627
- amortization of buildings and equipment - amortization of deferred capital grants - increase (decrease) in employee future benefits - unrealized (realized) gains		2,907,813 (1,585,037) (16,600) 42,081 1,648,097	 \$	2,849,413 (1,414,173) (27,300) (61,064) 1,625,503
Not shange in non each working conital halaness related to	\$	1,040,077	Ψ	1,023,303
Net change in non cash working capital balances related to operations:				
Decrease (increase) in accounts receivable Decrease (increase) in inventory Decrease (increase) in prepaid expenses Increase (decrease) in accounts payable and accrued liabilities Increase (decrease) in deferred provincial grants Increase (decrease) in deferred revenue	\$	3,523,172 (52,869) (96,754) (103,211) 6,909	\$	(2,733,092) 24,879 (49,068) 1,696,552 (280,000) (794,948)
	\$	3,277,247	•	(2,135,677)
			Φ	
Cash flows from (used for) operating activities	\$	4,925,344	\$	(510,174)
Cash flows from financing activities:				
Deferred grants for capital assets received	\$	2,606,496	\$	6,240,726
Cash flows from investing activities:				
Additions to construction in progress Additions to - land improvements - buildings - equipment	\$	(2,943,272) (41,593) (2,103,531)	\$	(2,537,720) (230,822) (282,321) (3,088,888)
Decrease (increase) in loans receivable		712,589		(466,667)
Cash flows used for investing activities	\$	(4,375,807)	\$	(6,606,418)
Net increase (decrease) in cash and investments during the year Cash and investments at the beginning of the year	\$	3,156,033 11,077,220	\$	(875,866) 11,953,086
Cash and investments at the end of the year	\$	14,233,253	\$	11,077,220

Notes to the Financial Statements

For the year ended 31 March 2019

1. GENERAL INFORMATION

The Renfrew Victoria Hospital is incorporated without share capital under the laws of the Province of Ontario. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes.

These financial statements reflect the assets, liabilities and operations of the Renfrew Victoria Hospital. They do not include the assets, liabilities or operations of its related entities which, although associated with the Hospital, are separately managed and report to a separate Board of Directors.

The Hospital is principally involved in providing health care services as a community hospital to the residents of the Town of Renfrew and surrounding area.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian Public Sector Accounting Standards for government not-for-profit organizations, including the 4200 series of the standards, as issued by the Public Sector Accounting Board.

a) Revenue recognition:

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

Under the Health Insurance Act and regulations thereto, the Hospital is funded primarily by the Local Health Integration Networks (LHIN) in accordance with budget arrangements established by the Ministry of Health. Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of the 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 funding arrangements approved by the Ministry with respect to the year ended 31 March 2019.

Capital grants for acquisition of capital assets are recorded as deferred credits and amortized to income in future years at the same rate as the related capital assets are amortized.

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.

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

b) Contributed services:

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

c) Inventory:

Inventory is valued at the lower of cost and net realizable value. Cost is determined on an average cost basis.

Notes to the Financial Statements

For the year ended 31 March 2019

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

d) Use of estimates:

The preparation of financial statements in conformity with Canadian Public Sector Accounting Standards for government not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Areas of key estimation include determination of fair value for long term investments, allowance for doubtful accounts, and actuarial estimation of employee future benefits.

e) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When capital assets are disposed of, the cost of the asset and the resulting gain or loss on disposal, if significant, is included in net assets. Costs of construction in progress are capitalized. Amortization is not recognized until construction is complete and the assets are ready for productive use.

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

Buildings	2.5%
Equipment	12.5%
Land improvements	12.5%

Assets acquired during the year are not amortized until the following year.

f) Vacation pay:

Vacation pay for all employees is accrued as entitlement is earned.

g) Employee future benefits:

The Hospital accrues its obligations under employee future benefits and the related costs. These costs include extended health and dental insurance to certain employee groups. The costs of retirement benefits earned by employees is actuarially determined using management's best estimate of salary escalation, retirement ages of employees and expected health care costs. 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.

The costs of multi-employer defined contribution pension plan benefits, such as the Healthcare of Ontario Pension Plan (HOOPP), are the employer's contributions due to the plan in the period.

h) Financial instruments:

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

Fair value:

This category includes equity instruments quoted in an active market.

They are initially recognized at cost and subsequently carried at fair value. Unrealized changes in fair value are recognized in the statement of accumulated remeasurement gains until they are realized, when they are transferred to the statement of operations.

Notes to the Financial Statements

For the year ended 31 March 2019

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Transaction costs related to the financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains associated with that instrument is removed from net assets and recognized in the statement of operations.

Amortized cost:

This category includes accounts receivable, loans receivable and accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using effective interest rate method, less any impairment losses on financial assets.

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

Write-downs on the financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write-down being recognized in the statement of operations.

i) Cash and cash equivalents:

Cash and cash equivalents are comprised of cash on hand and in bank and short term investments or investments quoted on an active market.

3. FINANCIAL INSTRUMENT RISK MANAGEMENT

Credit risk:

Credit risk is the risk that financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating to its accounts receivable and loans receivable.

Accounts receivable is mainly composed of amounts from the Provincial Ministry of Health and patient services. Allowance for doubtful accounts is set up based on the Hospital's historical experience regarding collecting.

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.

Market risk:

The Hospital's investment policy operates within the constraints of the investment guidelines set out by the Board of Directors. Investment portfolios are reviewed for performance on a monthly basis and monitored by management on a monthly basis.

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.

Notes to the Financial Statements

For the year ended 31 March 2019

3. FINANCIAL INSTRUMENT RISK MANAGEMENT (Continued)

Currency risk:

Currency risk relates to the Hospital operating in different currencies and converting non-Canadian earnings at different points in time. The Hospital does not have any material transactions or financial instruments denominated in foreign currencies.

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.

Interest rate risk:

Interest rate risk is the potential for financial loss caused by fluctuation in fair value or future cash flows of financial instruments because of changes in market interest rates.

The Hospital is exposed to this risk through its interest bearing investments.

The Hospital's bond portfolio has interest rates ranging from 0.75% to 3.75% with maturities ranging from June 2019 to September 2021.

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.

Equity risk:

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The Hospital is exposed to this risk through its equity holdings within its investment portfolio.

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 Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining investments that may be converted to cash in the near term 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.

Notes to the Financial Statements

For the year ended 31 March 2019

4. FINANCIAL INSTRUMENT CLASSIFICATION

The following table provides cost and fair value information of financial instruments reported on the Statement of Financial Position of the Hospital. The maximum exposure to credit risk would be the carrying value as shown below.

		2019	
	Fair Value	Amortized Cost	<u>Total</u>
Cash and investments	\$ 14,233,253		\$ 14,233,253
Accounts receivable		\$ 2,105,470	2,105,470
Loans receivable		129,079	129,079
Accounts payable and accrued liabilities		8,237,245	8.237.245

Investments consist of equity instruments in Canadian and United States public companies and various government bonds. The fair value measurements are those derived from quoted prices in active markets for identical assets or liabilities using the last bid price.

5.	ACCOUNTS RECEIVABLE				<u>2019</u>			<u>2018</u>	
	Accounts receivable is con Services to patients Other	mpı	rised as follows:			90,50 35,46			1,137,687 4,505,25 <u>5</u>
	Less allowance for do	ubt	ful accounts		· · · · · · · · · · · · · · · · · · ·	25,97 20,50		5	5,642,942 14,300
					\$	05,47	<u>0</u> \$	5	5,628,642
					2019				<u>2018</u>
6.	CAPITAL ASSETS		<u>Cost</u>		ccumulated mortization	-	Net Book <u>Value</u>		Net Book <u>Value</u>
	Land Land improvements Buildings Equipment Construction in progress	\$	78,649 1,892,056 38,291,925 38,725,665 3,252,453	\$	358,024 12,831,680 24,591,333	\$	78,649 1,534,032 25,460,245 14,134,332 3,252,453	\$	78,649 1,575,079 26,374,911 11,402,437 2,848,052

7. COMMITMENTS AND CONTINGENCIES

a) The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at 31 March 2019, management believes the Hospital has valid defenses and appropriate insurance coverages in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.

37,781,037

Notes to the Financial Statements

For the year ended 31 March 2019

7. COMMITMENTS AND CONTINGENCIES (Continued)

b) On 1 July 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 permits 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 31 March 2019.

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 premiums 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 31 March 2019.

8. INVESTMENTS		<u>2019</u>		<u>2018</u>
Investments consist of:				
Cash	\$	77,306	\$	616,207
Fixed income		7,210,712		3,182,865
Common shares		1,658,406		1,579,550
Mutual funds and other	-	1,365,317	_	1,689,558
	\$	10.311.741	\$	7,068,180

The investments are managed by investment managers who are under the direction of the Board of Directors. Market value is determined by reference to public markets as reported by the investment manager.

9.	DEFERRED CAPITAL GRANTS	<u>2019</u>	<u>2018</u>
	Balance at the beginning of the year Contributions during the year (net) Less amortization to revenue during the year	\$ 25,794,057 2,606,496 (1,585,037)	\$ 20,967,504 6,240,726 (1,414,173)
	Balance at the end of the year	\$ 26,815,516	\$ 25,794,057

10. PENSION PLAN

Substantially all of the employees of the Hospital are members of the Hospitals 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. Plan members will receive benefits based on the length of service and on the average annualized earnings during the five consecutive years prior to retirement, termination or death, that provide the highest earnings.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing Plan assets in trust and through the Plan investment policy.

Notes to the Financial Statements

For the year ended 31 March 2019

10. PENSION PLAN (Continued)

Pension expense is based on management's best estimate, in consultation with its actuaries, of the amount, together with employee contributions, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employee contributions.

Variances between actuarial funding estimates and actual experiences may be material and any differences are generally to be funded by the participating members. Contributions made during the year by the Hospital, amounted to \$1,645,755 (2018 - \$1,595,693) and are included in salaries, wages and benefits in the statement of operations.

11. EMPLOYEE FUTURE BENEFITS

The Hospital provides extended health and dental to certain employees. An independent actuarial study of the post-retirement and post-employment benefits has been undertaken. The most recent valuation of employee future benefits was completed as at 31 March 2018.

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

Discount rate for calculation of net benefit costs of 3.37%.

Discount rate to determine accrued benefit obligation for disclosure at end of period 3.37%.

Dental and extended health costs in 2018 are based on the following assumed rates. Dental cost increases are assumed to be 2.75% per annum thereafter. Extended health care costs are assumed to be 5.75% in 2019 decreasing by 0.25% per annum to an ultimate rate of 4.50% per annum.

Information with respect to the Hospital's employee future benefit obligations is as follows:

Employee future benefit liabilities:

	<u>2019</u>	<u>2018</u>
Accrued benefit obligation Unamortized actuarial gain	\$ 1,189,800 262,007	\$ 1,171,600 296,807
Accrued employee benefit obligation	\$ <u>1,451,807</u>	\$ <u>1,468,407</u>
Employee future benefit expense:	<u>2019</u>	<u>2018</u>
Current year benefit cost Interest on accrued benefit obligation Amortized actuarial (gain) loss	\$ 58,800 40,100 (34,800)	\$ 56,900 42,900 (37,700)
Employee future benefit expense	\$ <u>64,100</u>	\$62,100

Notes to the Financial Statements

For the year ended 31 March 2019

12. RELATED ENTITIES

Renfrew Victoria Hospital Foundation:

The Renfrew Victoria Hospital Foundation is a separate legal entity and reports to its own Board. Incorporated without share capital under the laws of Ontario, it is a registered charity under the Income Tax Act and was established in 1988 to raise funds for the use of the Hospital. Included in accounts receivable is an amount of \$1,102,120 (2018 - \$41,567) due from the Foundation. This represents the net of salaries, employee benefits and supplies paid by the Hospital on behalf of the Foundation during the fiscal year.

Eastern Ontario Regional Laboratory Association Inc.:

The Hospital is an owner/member of Eastern Ontario Regional Laboratory Association Inc. ("EORLA"). EORLA was established to provide an integration of laboratory and pathology services to the 16 member Hospitals on a cost of service basis. Effective 1 April 2012, a number of non-medical laboratory employees became employees of EORLA. The current contract is for 10 years, with a no escape clause for the first 5 years. EORLA has assumed all liabilities related to lab and pathology services and charge all member Hospitals on a semi-monthly basis for their share of lab costs based on useage. Included in other supplies and expenses is an amount of \$1,523,903 (2018 - \$1,523,368) for the provision of laboratory and pathology services paid to EORLA. As an owner, the Hospital would be responsible for a portion of any operating losses, liabilities or significant capital requirements agreed to by the EORLA Board of Directors.

13. INVESTMENT IN CAPITAL ASSETS		<u>2019</u>		<u>2018</u>
a) Investment in capital assets is comprised as follow	s:			
Capital assets	\$	44,459,711	\$	42,279,128
Cash and investments		9,929,814		6,728,333
Less amounts financed by deferred contributions		(26,815,516)	_	(25,794,057)
	\$	27,574,009	\$	23,213,404

b) Net transfer between investment in capital assets and unrestricted is calculated as follows:

	<u>2019</u>		<u>2018</u>	
Amortization of deferred capital grants				
related to capital assets	\$	958,196	\$	639,418
Purchase of capital assets		5,088,396		6,139,751
Amortization of capital assets		(1,910,507)		(1,864,934)
Rental income		(7,651)		(12,954)
Other supplies and expenses		(1,539)		(2,992)
Amounts funded by deferred capital grants		(2,606,496)		(6,240,728)
Transfer to investments		3,000,000		
	\$	4,520,399	\$	(1,342,439)

Notes to the Financial Statements

For the year ended 31 March 2019

14. LOANS RECEIVABLE

The Hospital has provided financing to new physicians and certain employees. The loans are over a six year period with annual repayment amounts, they are non-interest bearing and will be paid back prior to 31 December 2020.

15. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the current year's financial statement presentation.

16. HOSPITAL INFORMATION SYSTEM

In fiscal 2018, the Hospital entered into an agreement with a group of Hospitals to implement a shared Hospital Information System. The Hospital's estimated implementation cost of the project is \$6,300,000. The system is scheduled to go live June 2019.

The other Hospitals included in the project are the Ottawa Hospital, the University of Ottawa Heart Institute, Hawkesbury & District General Hospital and St. Francis Memorial Hospital.

In fiscal 2019, the Hospital made cash contributions of \$ 748,358 (2018 - \$ 288,852) to the Ottawa Hospital that was applied to project costs.