

Financial Statements

Geraldton District Hospital

Year Ended March 31, 2019

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INDEPENDENT AUDITORS' REPORT

To the Members of Geraldton District Hospital

Opinion

We have audited the accompanying financial statements of Geraldton District Hospital (the "Hospital"), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of changes in fund balances for the year then ended
- the statement of remeasurement gains (losses) for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2019, and its results of operations, its changes in fund balances, statement of remeasurement gains (losses) and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

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 Auditors' Responsibilities for the Audit of the Financial Statements.

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 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, 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.



Auditors' Responsibility 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 auditors' 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 the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit 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 Hospital's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.

Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants
Sault Ste. Marie, Canada
June 19, 2019

**Geraldton District Hospital
Statement of Financial Position
As at March 31,**

	2019	2018
	\$	\$
ASSETS		
Current		
Cash	1,888,829	1,984,170
Accounts receivable (note 3)	323,338	161,794
Inventory of supplies	345,733	323,688
Prepaid expenses	240,573	221,656
Total Current Assets	2,798,473	2,691,308
Restricted Assets		
Capital Expenditure Reserve Fund	5,010,787	4,765,924
Property, plant and equipment, net (note 4)	8,886,131	8,832,418
	16,695,391	16,289,650
LIABILITIES AND FUND BALANCES		
Current		
Accounts payable and accrued liabilities (note 5)	1,597,836	1,373,758
Restricted fund benefit payable	3,253	3,664
	1,601,089	1,377,422
Deferred Capital Contributions (note 6)	3,707,866	3,916,483
Employee Future Benefits (note 7)	1,075,200	967,000
Commitments and contingencies (note 12)		
Fund Balances		
Investment in property, plant and equipment (note 8a)	5,178,265	4,915,935
Used for operating purposes	125,437	350,550
Restricted Benefits Fund	(3,253)	(3,664)
Capital Expenditure Reserve Fund	4,874,680	4,633,165
Accumulated remeasurement	136,107	132,759
Total Fund Balances	10,311,236	10,028,745
	16,695,391	16,289,650

See accompanying notes to the financial statements.

On behalf of the Board



Director



Director

Date: June 25/19

**Geraldton District Hospital
Statement of Operations
Year Ended March 31,**

	2019	2018
	\$	\$
REVENUE		
Ambulance	27,420	24,030
Amortization of deferred capital contributions	32,582	32,287
Co-payments revenue	603,627	594,054
Interest income	179,561	104,222
Ontario Ministry of Health and Long-Term Care / North West Local Health Integration Network	10,521,207	10,095,023
Other programs (note 14)	1,010,145	1,003,516
Other revenue	564,801	508,374
In-patient services	5,265	10,672
Out-patient services	232,751	211,942
	13,177,359	12,584,120
EXPENDITURES		
Amortization of equipment, furnishings and computer system	272,105	285,968
Bad debts	24,992	11,209
Drugs	85,074	117,881
Employee benefits	1,907,530	1,884,478
Medical and surgical supplies	142,754	152,938
Medical staff remuneration	81,843	76,691
Other programs (note 14)	1,012,440	1,006,995
Purchased Services	184,564	120,016
Salaries and wages	6,608,171	6,579,018
Supplies and other expense	2,207,890	2,204,498
	12,527,363	12,439,691
Excess of revenue over expenses before the following	649,996	144,429
Buildings and building service equipment	(674,377)	(678,136)
Amortization of deferred capital contributions	303,524	326,196
Excess (deficiency) of revenue over (under) expenses for the year	279,143	(207,512)

Geraldton District Hospital
Statement of Changes in Fund Balances
Year Ended March 31,

	2019				2018	
	Investment in Property, Plant and Equipment \$ (note 8)	Used for Operating Purposes \$	Internal Restricted Fund \$	Restricted Benefits Fund \$	Capital Expenditure Reserve Fund \$	Accumulated Remeasurement \$
Balance, beginning of year	4,915,935	350,550	-	(3,664)	4,633,165	132,759
Net remeasurement gains (losses) for the year						10,028,745
Increase in Capital Expenditure Reserve		(241,515)			241,515	
Excess (deficiency) of revenue over (under) expenses for the year	(611,410)	890,553				279,143
Increase (decrease) in Restricted Benefits Fund		(411)		411		
Net change in investment in property, plant and equipment	873,740	(873,740)				
Balance, end of year	5,178,265	125,637	-	(3,253)	4,874,680	136,107
						10,028,745

See accompanying notes to the financial statements.

Geraldton District Hospital		
Statement of Remeasurement Gains (Losses)		
As at March 31,	2019	2018
	\$	\$
Accumulated remeasurement gains (losses) - Beginning of year	132,759	168,423
Unrealized gains (losses) attributable to:		
Change in fair value		
Investments	160,120	(35,664)
Amounts reclassified to the statement of operations		
Gain on investments	(156,772)	
Net remeasurement gains (losses) for the year	3,348	(35,664)
Accumulated remeasurement gains (losses) - End of year	136,107	132,759

Geraldton District Hospital		
Statement of Cash Flows		
As at March 31,	2019	2018
	\$	\$
OPERATING ACTIVITIES		
Excess (deficiency) of revenue over (under) expenses for the year	279,143	(207,512)
Items not requiring cash from operations		
Amortization	950,029	967,179
Amortization of deferred capital contributions	(338,619)	(362,029)
Employee future benefits	108,200	83,000
Change in non-cash operational balances (note 10)	21,572	170,550
Cash provided by Operations	1,020,325	651,188
CAPITAL ACTIVITIES		
Additions to property, plant and equipment (note 8)	(1,003,742)	(682,599)
Funding for property, plant and equipment -		
Ontario Ministry of Health and Long-Term Care	130,002	19,652
Cash used in Capital Activities	(873,740)	(662,947)
INVESTMENT ACTIVITIES		
Net remeasurment gains (loss) for the year	3,348	(35,664)
Transfer of Restricted Benefits Fund	(411)	(412)
Transfer of Capital Expenditure Reserve Fund	(244,863)	(44,046)
Cash used in Investment Activities	(241,926)	(80,122)
Decrease in cash during year	(95,341)	(91,881)
Cash, beginning of year	1,984,170	2,076,051
Cash, end of year	1,888,829	1,984,170

See accompanying notes to the financial statements.

The Geraldton District Hospital was incorporated under the laws of Ontario as a corporation without share capital on September 14, 1939. Its principal activity is to provide specialized and general hospital-based health care to the people of Greenstone and Northwestern Ontario. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

1. 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 PSAB 4200.

(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 province of Ontario in accordance with budget arrangements established by the Ontario Ministry of Health and Long-Term Care. 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 funding approved by the Ministry with respect to the year ended March 31, 2019.

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.

Investment income is recognized as revenue when earned.

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

Contributions received for the purchase of property, plant and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related property, plant and equipment.

(b) 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.

(c) Inventory

Inventory is valued at the lower of cost and net realizable value. Cost of supplies is determined on a first in first out basis. Cost of pharmacy is determined on a weighted average cost basis.

(d) Cash

Cash includes cash on hand and in banks.

(e) Property, plant and equipment

Purchased property, plant and equipment are recorded at cost. Contributed property, plant and equipment are recorded at fair value at the date of contribution. Assets acquired under capital leases are capitalized and amortized over the estimated life of the assets or over the lease term, as appropriate. Repairs and maintenance costs are charged to expense. The cost of renovations to the hospital buildings, which significantly increase useful life and capacity are capitalized. Betterments which extend the estimated life of an asset are capitalized. When a piece of property, plant and equipment no longer contributed to the Hospital's ability to provide services, its carrying amount is written down to its net realizable value.

Property, plant and equipment are amortized on a straight-line basis using the following annual rates:

Building and building service equipment	3% - 5%
Equipment, furnishings and computer system	5% - 50%
Land improvements	10%
Leasehold improvements	10%

(f) Compensated absences

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

(g) Employee benefits

The Hospital accrues its obligations under employee benefit plans and the related costs. The Hospital has adopted the following policy:

The cost of retirement benefits earned by employees is actuarially determined using the projected unit method pro-rated on service, retirement ages of employees and expected health care costs.

(h) The Residents' Trust Fund

The Residents' Trust Fund consists of amounts held in trust for the residents of the Geraldton District Hospital. These funds are not reflected in these financial statements (see note 9).

(i) Management's estimates

The preparation of financial statements, in conformity with Canadian Public Sector Accounting Standards, requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. These estimates and assumptions are determined using a consistent approach year over year. Management believes that the estimates utilized in preparing its financial statements accounting standards for Government not-for-profit organizations.

(j) Restricted Benefits Fund

Geraldton District Hospital has adopted an administrative services only funding arrangement for a group insurance plan provider. Under the arrangement, the Hospital manages its benefit premium changes as a form of self-insurance. This fund consists of reserve and deposit account balances which have been contributed proportionately by the Hospital and its employees.

(k) Capital Expenditure Reserve Fund

This Reserve is internally restricted and is to be used to finance replacements or additions to buildings, furniture and equipment for Geraldton District Hospital.

(l) Cash

Cash includes cash on hand and in banks.

(m) Financial Instruments

The Hospital accounts for its financial assets and liabilities in accordance with Canadian Public Sector Accounting Standards under CPA Handbook 3856.

Financial instruments are recorded at fair market value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the effective interest rate 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 Hospital 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 Hospital expects to realize by exercising its right to any collateral. If events and circumstances reverse in the future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

Geraldton District Hospital
Notes to the Financial Statements
March 31, 2019

3. ACCOUNTS RECEIVABLE

	March 31, 2019	March 31, 2018
	\$	\$
Unrestricted		
Accounts receivable	214,362	96,773
HST receivable	126,240	70,997
	340,602	167,770
Less allowance for doubtful accounts	17,264	5,976
	323,338	161,794

4. PROPERTY, PLANT AND EQUIPMENT

Details of year-end property, plant and equipment balances are as follows:

	March 31, 2019		March 31, 2018	
	Cost \$	Accumulated amortization \$	Cost \$	Accumulated amortization \$
Building and building service equipment	19,144,832	12,673,988	18,752,430	12,018,162
Construction in-progress	763,587	-	416,146	-
Equipment, furnishings and computer systems	8,564,273	7,167,866	8,329,413	6,892,214
Land	106,489	-	106,489	-
Land improvements	448,432	299,628	419,393	281,077
	29,027,613	20,141,482	28,023,871	19,191,453
Property, plant and equipment, net		8,886,131		8,832,418

5. ACCOUNTS PAYABLE AND ACCRUED LIABILITIES

	March 31, 2019	March 31, 2018
	\$	\$
Accounts payable and accrued liabilities	1,106,536	910,624
Accrued salaries and wages	491,300	463,134
	1,597,836	1,373,758

6. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of donations and grants received for the purchase of plant, property and equipment. The amortization of deferred capital contributions is recorded as revenue in the statement of operations.

	March 31, 2019	March 31, 2018
	\$	\$
Balance, beginning of year	3,916,483	4,258,860
Additional contributions received	130,002	19,652
	<u>4,046,485</u>	<u>4,278,512</u>
Less amounts amortized to revenue	338,619	362,029
	<u>3,707,866</u>	<u>3,916,483</u>
Represented by		
Unamortized deferred capital contribution	2,355,751	2,564,368
Unspent deferred capital contribution	1,352,115	1,352,115
	<u>3,707,866</u>	<u>3,916,483</u>
Deferred capital contributions for building and equipment	<u>3,707,866</u>	<u>3,916,483</u>

Of the amortization above, \$336,106 (2018 - \$358,483) is included on the Statement of Operations as amortization deferred capital contributions. The remaining \$2,513 (2018 \$3,546) is included in revenues of the Other Programs (note 14) to Nakina Clinic.

7. EMPLOYEE FUTURE BENEFITS

The Hospital provides extended health care, dental and life insurance benefits to substantially all full-time employees. One employee group is entitled to continue to receive these benefits upon early retirement until they reach age 65.

At March 31, 2019, the Hospital's accrued benefit obligation relating to post-retirement benefit plans is \$1,075,200 (2018 - \$967,000)

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

Discount rate	3.37%
Dental benefits cost escalation	4.00%
Medical benefits cost escalation - extended health care	8.25% in 2018 decreasing by 0.25% per annum to an ultimate rate of 5.0% per annum.

Included in employee benefits on the Statement of Operations is an amount of \$108,200 (2018 - \$83,000) regarding employee benefits. This amount is comprised of:

	\$
Additional benefits expense for year	180,300
Less payments made during the year by the Hospital on behalf of retirees	(72,100)
	<u>108,200</u>

8. INVESTMENT IN PROPERTY, PLANT AND EQUIPMENT

(a) Investment in property, plant and equipment is calculated as follows:

	March 31, 2019	March 31, 2018
	\$	\$
Property, plant and equipment	8,886,131	8,832,418
Amounts financed by deferred capital contributions	(3,707,866)	(3,916,483)
	<u>5,178,265</u>	<u>4,915,935</u>

(b) Change in net assets investment in property, plant and equipment is calculated as follows:

	March 31, 2019	March 31, 2018
	\$	\$
Shortfall of revenue over expense		
Amortization of deferred capital contributions	338,619	362,029
Amortization of property, plant and equipment	(950,029)	(967,179)
	<u>(611,410)</u>	<u>(605,150)</u>

Of the amortization above, \$946,482 (2018 - \$964,104) is included on the Statement of Operations as amortization. The remaining \$3,547 (2018 \$3,075) is included in expenses of the Other Programs (note 14) to Nakina Clinic.

Net change in investment in property, plant and equipment:

	March 31, 2019	March 31, 2018
	\$	\$
Purchase of property, plant and equipment	1,003,742	682,599
Amounts funded by Ontario Ministry of Health and Long-Term Care	(130,002)	(19,652)
	<u>873,740</u>	<u>662,947</u>

9. RESIDENTS' TRUST FUND

The balance held in trust at year-end was \$1,000 (2018 \$1,110).

10. CHANGE IN NON-CASH OPERATIONAL BALANCES

The net change in non-cash operational balances related to operations is represented by the following:

	March 31, 2019	March 31, 2018
	\$	\$
Accounts receivable	(161,544)	865
Inventory of supplies	(22,045)	(28,354)
Prepaid expenses	(18,917)	(84,089)
Accounts payable and accrued liabilities	224,078	282,128
	21,572	170,550

11. PENSION PLAN

Most 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 of annualized earnings during the five consecutive years prior to retirement, termination or death, that provide the highest earnings.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. On January 1, 2019 the contribution rates were 6.9% (2018 - 6.9%) up to last year's maximum pensionable earnings (YMPE) and 9.2% (2018- 9.2%) above the YMPE. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by participating members. The most recent actuarial valuation of the Plan as at December 31, 2018 indicates the Plan is 122% funded. Contribution to the Plan made during the year by the Hospital on behalf of its employees amounted to \$520,304 (2018 - \$519,033) and are included in the statement of operations.

12. COMMITMENTS AND CONTINGENCIES

- (a) The Hospital has been named in legal action of which the outcome is not determinable. If any of the actions are successful, it is anticipated that all damages will be covered by the Hospital's insurers.
- (b) 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 March 31, 2019, management believes the Hospital has valid defenses and appropriate insurance coverage 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.

12. COMMITMENTS AND CONTINGENCIES CONTINUED

- (c) The Hospital participates in the Healthcare Insurance Reciprocal of Canada ("HIROC). HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay annual premium which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 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 claim reserves and expenses and operating expenses. Each subscriber, which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses, may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of the HIROC. There are no contributions receivable from the HIROC as of March 31, 2019.

- (d) Under the terms of equipment and vehicle operating leases, the Hospital is committed to make minimum lease payments totaling \$17,755 per annum. The lease expires December 8, 2019.
- (e) Geraldton District Hospital, together with other regional hospitals, has an ASO employee benefit plan for semi-private, dental and extended health care benefits. Under the terms of the plan, the Hospital will pay for certain employee benefit claims not exceeding \$5,000 per year. Any excess claims would be insured.

13. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT

Financial instruments

The Hospital's financial instruments consist of cash and cash equivalents, capital expenditure reserve fund, accounts receivable, accounts payable and accrued liabilities.

The Hospital's financial instruments are generally classified and measured as follows:

Assets/liabilities	Measurement Category	Fair Value Level
Cash and cash equivalents	fair value	Level 1
Capital expenditure reserve fund	fair value	Level 1
Accounts receivable	amortized cost	
Accounts payable and accrued liabilities	amortized cost	

Fair value measurement

The following classification system is used to describe the basis of the inputs used to measure the fair value of the financial instruments in the fair value measurement category:

Level 1 – quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2 – market based inputs other than quoted prices that are observable for the asset or liability either directly or indirectly; and

Level 3 – inputs for the assets or liabilities that are not based on observable market data, assumptions are based on the best internal and external information available and are most suitable and appropriate, based on the type of financial instrument being valued in order to establish what the transaction price would have been on the measurement date in an arm's length transaction.

13. FINANCIAL INSTRUMENTS AND RISK MANAGEMENT (CONT'D)

Risk and Concentration

The Hospital is exposed to various risks through its financial instruments. The following analysis provides a measure of the Hospital's risk exposure and concentrations as at March 31, 2019.

Credit risk:

The Hospital's exposure to credit risk relates to its accounts receivable and arises from possibility that debtors will not fulfill their obligations under their agreements, including non payment by patients for non-insured services, and for services provided to patients. This risk is minimized through continuous monitoring of aged user fee receivable balances, providing for an adequate allowance for doubtful accounts (refer to Note 3), monitoring government service contracts and cash flows. There has been no change in credit risk from that of the prior year.

Liquidity risk:

Liquidity risk is the risk that the Hospital will encounter difficulty raising liquid funds to meet commitments as they arise. In meeting its liquidity requirements the organization monitors its working capital, cash flow requirements and obligations. The organization maintains a target level of available cash to meet liquidity requirement as the come due and has adequate borrowing facilities. There has been no change in liquidity risk from that of prior year.

Market risk:

Market risk is the risk that the Hospital's investments, certificate of deposits and mutual funds are exposed to price risks as these investments are subject to price changes in the open market due to a variety of reasons including market interest rate changes, general economic factors and restrictions of credit markets. The Hospital does not use derivative financial instruments to alter the effects of the risk and mitigates this risk by ensuring no individual investment is significant to the overall financial position of the Hospital by limiting investment to a nominal percentage of the total investment portfolio. There has been change in market risk from that of prior year as the Hospital increased its holdings in equity and foreign equity securities.

Geraldton District Hospital
Notes to the Financial Statements
March 31, 2019

14. OTHER PROGRAMS

	2019		2018	
	Revenue	Expenses	Revenue	Expenses
	\$	\$	\$	\$
Nakina Clinic	232,269	234,564	230,020	233,499
Municipal Taxes	4,500	4,500	4,500	4,500
Hospital on Call Coverage	106,196	106,196	106,196	106,196
ER/Locum	667,180	667,180	662,800	662,800
	1,010,145	1,012,440	1,003,516	1,006,995