

Consolidated Financial Statements of

# FRASER HEALTH AUTHORITY

Year ended March 31, 2016





## Statement of Management Responsibility

The consolidated financial statements of Fraser Health Authority (the "Authority") for the year ended March 31, 2016 have been prepared by management in accordance with Canadian public sector accounting standards ("PSAS") issued by the Public Sector Accounting Board ("PSAB"), as required by Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of British Columbia and in regard to the accounting for restricted contributions which is based on the *Restricted Contributions Regulation 198/2011*. The integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the consolidated financial statements.

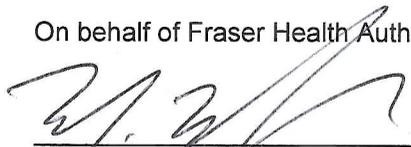
Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced.

The Board of Directors is responsible for ensuring that management fulfils its responsibilities for financial reporting and internal control and exercises this responsibility through the Finance and Audit Committee of the Board. The Finance and Audit Committee meets with management and the internal auditor no fewer than four times a year and the external auditors a minimum of two times a year.

The Authority's internal auditor independently evaluates the effectiveness of internal controls on an ongoing basis and reports its findings to management and the Finance and Audit Committee.

The external auditors, PricewaterhouseCoopers LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the consolidated financial statements. Their examination considers internal control relevant to management's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the consolidated financial statements, but not for the purposes of expressing an opinion on the effectiveness of the Authority's internal control. The external auditors have full and free access to the Finance and Audit Committee of the Board and meet with it on a regular basis.

On behalf of Fraser Health Authority

  
\_\_\_\_\_  
**Michael Marchbank,**  
**President and CEO**

  
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**Brenda Liggitt,**  
**Chief Financial Officer**

June 14, 2016



June 14, 2016

## **Independent Auditor's Report**

### **To the Board of Directors of Fraser Health Authority and the Minister of Health, Province of British Columbia**

We have audited the accompanying consolidated financial statements of Fraser Health Authority, which comprise the consolidated statement of financial position as at March 31, 2016 and the consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, and the related notes, which comprise a summary of significant accounting policies and other explanatory information.

#### **Management's responsibility for the consolidated financial statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Section 23.1 of the *Budget Transparency and Accountability Act*, of the Province of British Columbia, and for such internal control as management determines is necessary to enable the preparation of consolidated 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 consolidated 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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"PwC" refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.



**Opinion**

In our opinion, the consolidated financial statements which comprise the statement of financial position of Fraser Health Authority as at March 31, 2016 and the results of its consolidated statements of operations and accumulated deficit, changes in net debt and cash flows for the year then ended, and the related notes are prepared, in all material respects, in accordance with Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of British Columbia.

**Emphasis of matter**

Without modifying our opinion, we draw your attention to note 1 of the consolidated financial statements, which describes the basis of accounting and the significant differences between such basis of accounting and Canadian Public Sector Accounting Standards.

*PricewaterhouseCoopers LLP*

**Chartered Professional Accountants**

# FRASER HEALTH AUTHORITY

Consolidated Statement of Financial Position  
(Amounts expressed in thousands of dollars)

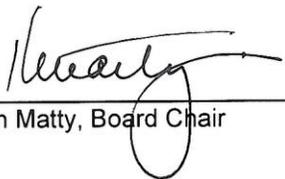
As at March 31, 2016

	2016	2015
<b>Financial assets</b>		
Cash and cash equivalents (note 2)	\$ 409,652	\$ 347,322
Accounts receivable (note 3)	112,920	97,628
Long-term disability and health and welfare benefits (note 7(b))	-	72,599
	<u>522,572</u>	<u>517,549</u>
<b>Liabilities</b>		
Accounts payable and accrued liabilities (note 4)	347,675	364,698
Deferred operating contributions (note 5)	2,822	2,842
Debt (note 6)	653,049	659,397
Lease inducements	10,852	11,947
Retirement allowance (note 7(a))	150,923	145,712
Long-term disability and health and welfare benefits (note 7(b))	17,015	-
Deferred capital contributions (note 8)	930,049	966,477
	<u>2,112,385</u>	<u>2,151,073</u>
<b>Net debt</b>	<u>(1,589,813)</u>	<u>(1,633,524)</u>
<b>Non-financial assets</b>		
Prepaid expenses	42,668	41,836
Inventories held for use (note 9)	8,060	8,382
Tangible capital assets (note 10)	1,423,972	1,467,772
	<u>1,474,700</u>	<u>1,517,990</u>
<b>Accumulated deficit</b>	<u>\$ (115,113)</u>	<u>\$ (115,534)</u>

Commitments and contingencies (note 11)

See accompanying notes to consolidated financial statements.

Approved on behalf of the Board:

  
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Karen Matty, Board Chair

  
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Markus Delves, Director

# FRASER HEALTH AUTHORITY

Consolidated Statement of Operations and Accumulated Deficit  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

	Budget	2016	2015
	(note 1(m))		
Revenues:			
Ministry of Health contributions	\$ 2,760,430	\$ 2,786,391	\$ 2,679,911
Medical Services Plan	160,810	174,007	163,925
Recoveries from other health authorities and BC government reporting entities	104,380	106,985	101,663
Amortization of deferred capital contributions (note 8)	93,340	90,596	91,608
Patients, clients and residents (note 12(a))	83,604	88,965	82,089
Other contributions (note 12(b))	70,420	73,624	74,520
Other (note 12(c))	33,181	44,090	40,405
Interest income	2,755	3,410	3,363
	<b>3,308,920</b>	<b>3,368,068</b>	<b>3,237,484</b>
Expenses (note 12(d)):			
Acute	1,929,620	1,963,111	1,893,608
Residential care	556,600	553,586	544,780
Community care	301,010	296,151	289,088
Corporate	203,100	238,587	200,612
Mental health and substance use	237,140	234,285	228,747
Population health and wellness	81,450	81,927	79,077
	<b>3,308,920</b>	<b>3,367,647</b>	<b>3,235,912</b>
Annual surplus	-	421	1,572
Accumulated deficit, beginning of year	(115,534)	(115,534)	(117,106)
Accumulated deficit, end of year	\$ (115,534)	\$ (115,113)	\$ (115,534)

See accompanying notes to consolidated financial statements.

# FRASER HEALTH AUTHORITY

Consolidated Statement of Changes in Net Debt  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

	Budget (note 1(m))	2016	2015
Annual surplus	\$ -	\$ 421	\$ 1,572
Acquisition of tangible capital assets	(104,182)	(71,735)	(96,565)
Proceeds from disposal of tangible capital assets	-	199	127
Adjustment on disposal of tangible capital assets	-	1,656	597
Amortization of tangible capital assets	119,800	113,461	113,871
Loss on disposal of tangible capital assets	-	219	510
	15,618	44,221	20,112
Acquisition of inventory held for use	-	(70,182)	(66,208)
Acquisition of prepaid expenses	-	(49,702)	(22,748)
Consumption of inventory held for use	-	70,504	67,001
Use of prepaid expenses	-	48,870	27,289
	-	(510)	5,334
Decrease in net debt	15,618	43,711	25,446
Net debt, beginning of year	(1,633,524)	(1,633,524)	(1,658,970)
Net debt, end of year	\$ (1,617,906)	\$ (1,589,813)	\$ (1,633,524)

See accompanying notes to consolidated financial statements.

# FRASER HEALTH AUTHORITY

Consolidated Statement of Cash Flows  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

	2016	2015
Cash flows from (used in) operating activities:		
Annual surplus	\$ 421	\$ 1,572
Items not involving cash:		
Amortization of deferred capital contributions	(90,596)	(91,608)
Amortization of tangible capital assets	113,461	113,871
Amortization of lease inducements	(1,095)	(1,042)
Loss on disposal of tangible capital assets	219	510
Retirement allowance expense	13,069	14,455
Long-term disability and health and welfare benefits expense	89,614	27,252
Interest expense	48,730	48,780
Interest income	(3,410)	(3,363)
	<u>170,413</u>	<u>110,427</u>
Net change in non-cash operating items (note 13)	(32,845)	30,710
Interest paid	(48,730)	(48,780)
Interest received	3,410	3,363
Net change in cash from operating activities	<u>92,248</u>	<u>95,720</u>
Capital activities:		
Proceeds from disposal of tangible capital assets	199	127
Acquisition of tangible capital assets	(71,735)	(96,565)
Net change in cash from capital activities	<u>(71,536)</u>	<u>(96,438)</u>
Financing activities:		
Retirement allowance benefits paid	(7,858)	(8,143)
Lease inducements	-	746
Long-term disability and health and welfare benefits contributions	-	(27,096)
Repayment of debt	(6,348)	(5,501)
Capital contributions	55,824	100,590
Net change in cash from financing activities	<u>41,618</u>	<u>60,596</u>
Increase in cash and cash equivalents	62,330	59,878
Cash and cash equivalents, beginning of year	347,322	287,444
Cash and cash equivalents, end of year	<u>\$ 409,652</u>	<u>\$ 347,322</u>

Supplementary cash flow information (note 13)

See accompanying notes to consolidated financial statements.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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Fraser Health Authority (the "Authority") was created under the *Health Authorities Act of British Columbia* on December 12, 2001 with a Board of Directors appointed by the Ministry of Health (the "Ministry") and is one of six health authorities in British Columbia ("BC"). The Authority is dependent on the Ministry to provide sufficient funds to continue operations, replace essential equipment, and complete its capital projects. The Authority is a registered charity under the *Income Tax Act* and, as such, is exempt from income and capital taxes.

The Authority provides services including inpatient hospital care, outpatient diagnostics and treatments, rehabilitation care, residential care, specialized children's services and programs, community, home care and home support services, and environmental and public health services.

## 1. Significant accounting policies:

### (a) Basis of accounting:

The consolidated financial statements have been prepared in accordance with Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of BC supplemented by *Regulations 257/2010 and 198/2011* issued by the Province of BC Treasury Board, referred to as the financial reporting framework (the "framework").

The *Budget Transparency and Accountability Act* requires that the consolidated financial statements be prepared in accordance with the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada, or if the Treasury Board makes a regulation, the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada as modified by the alternate standard or guideline or part thereof adopted in the regulation.

*Regulation 257/2010* requires all tax-payer supported organizations in the Schools, Universities, Colleges and Hospitals sectors to adopt Canadian public sector accounting standards ("PSAS") issued by the Canadian Public Sector Accounting Board ("PSAB") without any PS 4200 series.

*Regulation 198/2011* requires that restricted contributions received or receivable are to be reported as revenue depending on the nature of the restrictions on the use of the funds by the contributors as follows:

- (i) Contributions for the purpose of acquiring or developing a depreciable tangible capital asset or contributions in the form of a depreciable tangible capital asset, in each case for use in providing services, are recorded and referred to as deferred capital contributions and recognized in revenue at the same rate that amortization of the related tangible capital asset is recorded. The reduction of the deferred capital contributions and the recognition of the revenue are accounted for in the fiscal periods during which the tangible capital asset is used to provide services. If the depreciable tangible capital asset funded by a deferred contribution is written down, a proportionate share of the deferred capital contribution is recognized as revenue during the same period.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (a) Basis of accounting (continued):

- (ii) Contributions externally restricted for specific purposes other than those for the acquisition or development of a depreciable tangible capital asset are recorded as deferred operating contributions and recognized in revenue in the year in which the stipulation or restriction on the contributions has been met by the Authority.

For BC tax-payer supported organizations, these contributions include government transfers and externally restricted contributions.

The accounting policy requirements under *Regulation 198/2011* are significantly different from the requirements of PSAS which requires that:

- government transfers, which do not contain a stipulation that creates a liability, be recognized as revenue by the recipient when approved by the transferor and the eligibility criteria have been met in accordance with PS 3410, *Government Transfers*;
- externally restricted contributions be recognized as revenue in the period in which the resources are used for the purpose or purposes specified in accordance with PS 3100, *Restricted Assets and Revenues*; and
- deferred contributions meet liability criteria in accordance with PS 3200, *Liabilities*.

As a result, revenue recognized in the consolidated statement of operations and certain related deferred capital contributions would be recorded differently under PSAS.

### (b) Basis of consolidation:

The Authority and the Provincial Health Services Authority ("PHSA") own Abbotsford Regional Hospital and Cancer Centre Inc. ("ARHCC Inc.") in accordance with the Share Transfer Agreement whereby 102 (85%) common shares of ARHCC Inc. are held by the Authority and 18 (15%) common shares are held by the PHSA. The Authority's interest in ARHCC Inc. is recorded on a proportional consolidation basis in these consolidated financial statements.

### (c) Cash and cash equivalents:

Cash and cash equivalents include cash on hand, demand deposits and highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of change in value. These investments generally have a maturity of three months or less at acquisition and are held for the purpose of meeting short-term cash commitments rather than for investing.

### (d) Lease inducements:

Lease inducements are monies advanced on an operating lease by the property owner to finance tenant improvements. Inducements are amortized on a straight-line basis over the lease term.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (e) Asset retirement obligations:

The Authority recognizes an asset retirement obligation in the period in which it incurs a legal or constructive obligation associated with the retirement of a tangible capital asset, including leasehold improvements resulting from the acquisition, construction, development and/or normal use of the asset.

The obligation is measured at the best estimate of the future cash flows required to settle the liability, discounted at estimated credit-adjusted risk-free discount rates. The estimated amount of the asset retirement cost is capitalized as part of the carrying value of the related tangible capital asset and is amortized over the life of the asset.

The liability is accreted to reflect the passage of time. At each reporting date, the Authority reviews its asset retirement obligations to reflect current best estimates. Asset retirement obligations are adjusted for changes in factors such as the amount or timing of the expected underlying cash flows, or discount rates, with the offsetting amount recorded to the carrying amount of the related asset.

### (f) Employee benefits:

#### (i) Defined benefit obligations, including multiple employer benefit plans:

Liabilities, net of plan assets, are recorded for employee retirement allowance benefits and multiple employer defined long-term disability and health and welfare benefit plans as employees render services to earn the benefits.

The actuarial determination of the accrued benefit obligations uses the projected benefit method prorated on service which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors. Plan assets are measured at fair value.

The cumulative unrecognized actuarial gains and losses for retirement allowance benefits are amortized over the expected average remaining service period of active employees covered under the plan. The expected average remaining service period of the active covered employees entitled to retirement allowance benefits is 10 years (2015 - 10 years). Actuarial gains and losses from event-driven benefits such as long-term disability and health and welfare benefits that do not vest or accumulate are recognized immediately.

The discount rate used to measure obligations is based on the Province of BC's cost of borrowing if there are no plan assets. The expected rate of return on plan assets is the discount rate used if there are plan assets. The cost of a plan amendment or the crediting of past service is accounted for entirely in the year that the plan change is implemented.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (f) Employee benefits (continued):

#### (ii) Defined contribution plans and multi-employer benefit plans:

Defined contribution plan accounting is applied to multi-employer defined benefit plans and, accordingly, contributions are expensed when they become payable.

#### (iii) Accumulating, non-vesting benefit plans:

Benefits that accrue to employees, which do not vest, such as sick leave banks for certain employee groups, are accrued as the employees render services to earn the benefits, based on estimates of the expected future settlements.

#### (iv) Non-accumulating, non-vesting benefit plans:

For benefits that do not vest or accumulate, a liability is recognized when an event that obligates the Authority to pay benefits occurs.

### (g) Non-financial assets:

#### (i) Tangible capital assets:

Tangible capital assets are recorded at cost, which includes amounts that are directly attributable to acquisition, construction, development, or betterment of the asset and overhead directly attributable to construction and development. Interest is capitalized over the development period whenever external debt is issued to finance the construction and development of tangible capital assets.

The cost, less residual value, of the tangible capital assets, excluding land, is amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Basis
Land improvements	20 years
Buildings	10 - 50 years
Equipment	4 - 20 years
Information systems	3 - 5 years
Leasehold improvements	Lease term

Assets under construction or development are not amortized until the asset is available for productive use.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (g) Non-financial assets (continued):

#### (i) Tangible capital assets (continued):

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets is less than their net book value. The write-downs of tangible capital assets are recorded in the consolidated statement of operations. Write-downs are not subsequently reversed.

Contributed tangible capital assets are recorded at their fair value on the date of contribution. Such fair value becomes the cost of the contributed asset. When fair value of a contributed asset cannot be reliably determined, the asset is recorded at nominal value.

#### (ii) Inventories held for use:

Inventories held for use are recorded at the lower of weighted average cost and replacement cost.

#### (iii) Prepaid expenses:

Prepaid expenses are recorded at cost and amortized over the period when the service benefits are received.

### (h) Revenue recognition:

Under the *Hospital Insurance Act and Regulation* thereto, the Authority is funded primarily by the Province of BC in accordance with budget management plans and performance agreements established and approved by the Ministry.

Revenues are recognized on an accrual basis in the period in which the transactions or events occurred that gave rise to the revenues, the amounts are considered to be collectible and can be reasonably estimated.

Revenues related to fees or services received in advance of the fees being earned or the services being performed are deferred and recognized when the fees are earned or services performed.

Unrestricted contributions are recognized as revenue when receivable if the amounts can be estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue depending on the nature of the restrictions on the use of the funds by the contributors as described in note 1(a).

Volunteers contribute a significant amount of their time each year to assist the Authority in carrying out its programs and services. Because of the difficulty of determining their fair value, contributed services are not recognized in these consolidated financial statements.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (h) Revenue recognition (continued):

Contributions of assets, supplies and services that would otherwise have been purchased are recorded at fair value at the date of contribution, provided fair value can be reasonably determined.

Contributions for the acquisition of land, or the contributions of land, are recorded as revenue in the period of acquisition or transfer of title.

### (i) Measurement uncertainty:

The preparation of consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period.

Significant areas requiring the use of estimates include the valuation of accounts receivable, the estimated useful lives of tangible capital assets, amounts to settle asset retirement obligations, contingent liabilities and the future costs to settle employee benefit obligations.

Estimates are based on the best information available at the time of preparation of the consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Actual results could differ from the estimates.

### (j) Foreign currency translation:

The Authority's functional currency is the Canadian dollar. Foreign currency transactions are translated at the exchange rates prevailing at the date of the transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at the financial statement date. Any gain or loss resulting from a change in rates between the transaction date and the settlement date or statement of financial position date is recognized in the consolidated statement of operations.

### (k) Financial instruments:

Financial instrument classification is determined upon inception and financial instruments are not reclassified into another measurement category for the duration of the period they are held.

Financial assets and financial liabilities, other than derivatives, equity instruments quoted in an active market and financial instruments designated at fair value, are measured at cost or amortized cost upon their inception and subsequent to initial recognition. Cash and cash equivalents are measured at cost. Accounts receivable are recorded at cost less any amount for valuation allowance. All debt and other financial liabilities are recorded using cost or amortized cost.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (k) Financial instruments (continued):

Interest and dividends attributable to financial instruments are reported in the consolidated statement of operations.

All financial assets recorded at amortized cost are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the consolidated statement of operations.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

Transaction costs for financial instruments measured using cost or amortized cost are added to the carrying value of the financial instrument. Transaction costs for financial instruments measured at fair value are expensed when incurred.

A financial liability or its part is derecognized when it is extinguished.

Management evaluates contractual obligations for the existence of embedded derivatives and elects to either designate the entire contract for fair value measurement or separately measure the value of the derivative component when characteristics of the derivative are not closely related to the economic characteristics and risks of the contract itself. Contracts to buy or sell non-financial items for the Authority's normal purchase, sale or usage requirements are not recognized as financial assets or financial liabilities.

### (l) Capitalization of public-private partnership projects:

Public-private partnership ("P3") projects are delivered by private sector partners selected to design, build, finance and maintain the assets. The cost of the assets under construction is estimated at fair value, based on construction progress billings verified by an independent certifier, and also includes other costs incurred directly by the Authority.

The asset cost includes development and financing fees estimated at fair value, which require the extraction of cost information from the financial model embedded in the project agreement. Interest during construction is also included in the asset cost and is calculated on the P3 asset value, less contributions received and amounts repaid, during the construction term. The interest rate used is the project internal rate of return. When available for operations, the project assets are amortized over their estimated useful lives.

Correspondingly, an obligation net of the contributions received is recorded as a liability and included in debt.

Upon substantial completion, the private sector partner receives monthly payments over the term of the project agreement to cover the partner's operating costs, financing costs and a return of the capital.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (m) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Authority's initial budget conditionally approved by the Board of Directors on March 24, 2015.

### (n) Future accounting standards:

- (i) In March 2015, PSAB issued PS 2200, *Related Party Disclosures*. PS 2200 defines a related party and establishes disclosures required for related party transactions. Disclosure of information about related party transactions and the relationship underlying them is required when the transactions have occurred at a value different from that which would have been arrived at if the parties were unrelated, and the transactions have, or could have, a material financial effect on the financial statements. PS 2200 applies to fiscal years beginning on or after April 1, 2017. Management is in the process of assessing the impact of adoption of PS 2200 on the consolidated financial statements of the Authority.
- (ii) In March 2015, PSAB issued PS 3420, *Inter-entity Transactions*. PS 3420 establishes standards of how to account for and report transactions between public sector entities that comprise a government reporting entity from both a provider and a recipient perspective. The main features of PS 3420 are as follows:
- Under a policy of cost allocation, revenues and expenses are recognized on a gross basis;
  - Transactions are measured at the carrying amount, except in specific circumstances;
  - A recipient may choose to recognize unallocated costs for the provision of goods and services and measure them at the carrying amount, fair value or other amount dictated by policy, accountability structure or budget practice; and
  - The transfer of an asset or liability for nominal or no consideration is measured by the provider at the carrying amount and by the recipient at the carrying amount or fair value.

Requirements of this standard are considered in conjunction with requirements of PS 2200. PS 3420 applies to fiscal years beginning on or after April 1, 2017. Management is in the process of assessing the impact of adoption of PS 3420 on the consolidated financial statements of the Authority.

- (iii) In June 2015, PSAB issued PS 3210, *Assets*. PS 3210 provides guidance for applying the definition of assets set out in PS 1000, *Financial Statement Concepts*, and establishes general disclosure standards for assets. Disclosure of information about the major categories of assets that are not recognized is required. When an asset is not recognized because a reasonable estimate of the amount involved cannot be made, a disclosure should be provided. PS 3210 applies to fiscal years beginning on or after April 1, 2017.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 1. Significant accounting policies (continued):

### (n) Future accounting standards (continued):

Management is in the process of assessing the impact of adoption of PS 3210 on the consolidated financial statements of the Authority.

- (iv) In June 2015, PSAB issued PS 3320, *Contingent Assets*. PS 3320 defines and establishes disclosure standards for contingent assets. Contingent assets are possible assets arising from existing conditions or situations involving uncertainty. Disclosure of information about contingent assets is required when the occurrence of the confirming future event is likely. PS 3320 applies to fiscal years beginning on or after April 1, 2017. Management is in the process of assessing the impact of adoption of PS 3320 on the consolidated financial statements of the Authority.
- (v) In June 2015, PSAB issued PS 3380, *Contractual Rights*. PS 3380 defines and establishes disclosure standards for contractual rights. Contractual rights are rights to economic resources arising from contracts or agreements that will result in both an asset and revenue in the future. Disclosure of information about contractual rights is required including description of their nature and extent, and the timing. PS 3380 applies to fiscal years beginning on or after April 1, 2017. Management is in the process of assessing the impact of adoption of PS 3380 on the consolidated financial statements of the Authority.
- (vi) In June 2015, PSAB issued PS 3430, *Restructuring Transactions*. PS 3430 defines a restructuring transaction and establishes standards for recognizing and measuring assets and liabilities transferred in a restructuring transaction. The main features of PS 3430 are as follows:
- A restructuring transaction is a transfer of an integrated set of assets and/or liabilities, together with related program or operating responsibilities without consideration based primarily on the fair value of the individual assets and individual liabilities transferred;
  - The net effect of a restructuring transaction should be recognized as revenue or as an expense by entities involved;
  - A transferor should derecognize individual assets and liabilities transferred in a restructuring transaction at their carrying amount at the restructuring date;
  - A recipient should recognize individual assets and liabilities received in a restructuring transaction at their carrying amount with applicable adjustments at the restructuring date;
  - A transferor and a recipient should not restate their financial position or results of operations; and
  - A transferor and a recipient should disclose sufficient information to enable users to assess the nature and financial effects of a restructuring transaction on their financial position and operations.

PS 3430 applies to restructuring transactions occurring in fiscal years beginning on or after April 1, 2018.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 2. Cash and cash equivalents:

	2016	2015
Cash and cash equivalents	\$ 409,652	\$ 347,322
Amounts restricted for capital purposes	(116,939)	(116,547)
Amounts restricted for P3 projects	(115,469)	(104,695)
Amounts restricted for patient comfort funds	(549)	(520)
Unrestricted cash and cash equivalents	\$ 176,695	\$ 125,560

## 3. Accounts receivable:

	2016	2015
Other health authorities and BC government reporting entities	\$ 46,445	\$ 45,751
Patients, clients and residents	23,714	19,190
Ministry of Health	15,808	2,503
Medical Services Plan	13,606	20,207
Foundations and auxiliaries	9,011	7,579
Other	6,531	4,278
Federal government	2,517	2,544
	117,632	102,052
Allowance for doubtful accounts	(4,712)	(4,424)
	\$ 112,920	\$ 97,628

## 4. Accounts payable and accrued liabilities:

	2016	2015
Trade accounts payable and accrued liabilities	\$ 144,232	\$ 168,810
Salaries and benefits payable	126,594	117,699
Accrued vacation pay	76,849	78,189
	\$ 347,675	\$ 364,698

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 5. Deferred operating contributions:

Deferred operating contributions represent externally restricted operating funding received for specific purposes, such as multi-year projects and research.

	2016	2015
Deferred operating contributions, beginning of year	\$ 2,842	\$ 3,053
Contributions received during the year for specific purposes	2,519	1,582
Amounts recognized as revenue in the year	(2,539)	(1,793)
Deferred operating contributions, end of year	\$ 2,822	\$ 2,842

## 6. Debt:

	2016	2015
Abbotsford Regional Hospital and Cancer Centre, 30 year contract to May 2038 with Access Health Abbotsford Ltd., payable in monthly payments including annual interest of 7.75%, payable in accordance with the project agreement terms	\$ 319,600	\$ 320,499
Surrey Memorial Hospital Redevelopment Project, 30 year contract to February 2044 with Integrated Team Solutions SMH Partnership, payable in monthly payments including annual interest of 7.76%, payable in accordance with the project agreement terms	176,202	177,939
Jim Pattison Outpatient Care and Surgery Centre, 30 year contract to March 2041 with BCHS Healthcare (Surrey) Limited Partnership, payable in monthly payments including annual interest of 6.21%, payable in accordance with the project agreement terms	157,247	160,959
	\$ 653,049	\$ 659,397

Required principal repayments on P3 debt for the years ending March 31 are disclosed with P3 commitments in note 11(e).

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 7. Employee benefits:

### (a) Retirement allowance:

Certain employees with 10 or 20 years of service and having reached a certain age are entitled to receive special payments upon retirement or as specified by collective or employee agreements. These payments are based upon accumulated sick leave credits and entitlements for each year of service.

The Authority's liabilities are based on an actuarial valuation as at the early measurement date of December 31, 2015 and extrapolated to March 31, 2016 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2016 are derived. The next required valuation will be as of December 31, 2016.

Information about retirement allowance benefits is as follows:

	2016	2015
Accrued benefit obligation:		
Severance benefits	\$ 79,808	\$ 75,839
Sick leave benefits	57,441	57,832
	137,249	133,671
Unamortized actuarial gain	13,674	12,041
Accrued benefit liability	\$ 150,923	\$ 145,712

The accrued benefit liability for retirement allowance reported on the consolidated statement of financial position is as follows:

	2016	2015
Accrued benefit liability, beginning of year	\$ 145,712	\$ 139,400
Net benefit expense:		
Current service cost	9,034	9,420
Interest expense	5,421	5,787
Amortization of actuarial gain	(1,386)	(752)
Net benefit expense	13,069	14,455
Benefits paid	(7,858)	(8,143)
Accrued benefit liability, end of year	\$ 150,923	\$ 145,712

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 7. Employee benefits (continued):

### (a) Retirement allowance (continued):

The significant actuarial assumptions adopted in measuring the Authority's accrued retirement benefit obligation are as follows:

	2016	2015
Accrued benefit obligation as at March 31:		
Discount rate	3.93%	3.98%
Rate of compensation increase	2.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	3.98%	4.26%
Rate of compensation increase	2.50%	2.50%
Expected future inflationary increases	2.00%	2.00%

### (b) Healthcare Benefit Trust benefits:

The Healthcare Benefit Trust (the "Trust") administers long-term disability benefits and group life insurance, accidental death and dismemberment, extended health and dental claims ("health and welfare benefits") for certain employee groups of the Authority and other provincially funded organizations. The Authority and all other participating employers are jointly responsible for the liabilities of the Trust should any participating employers be unable to meet their obligation to contribute to the Trust.

Long-term disability and health and welfare benefits:

The Trust is a multiple employer plan, with the Authority's assets and liabilities being segregated with regards to long-term disability benefits after September 30, 1997 and health and welfare benefits after December 31, 2014. Accordingly, the Authority's net trust liabilities are reflected in these consolidated financial statements.

The Authority's net liabilities as of March 31, 2016 are based on the actuarial valuation at December 31, 2015, extrapolated to March 31, 2016. The next expected valuation is as of December 31, 2016.

The long-term disability and health and welfare benefits liability (asset) reported on the consolidated statement of financial position is as follows:

	2016	2015
Accrued benefit obligation	\$ 239,280	\$ 257,291
Fair value of plan assets	222,265	329,890
Long-term disability and health and welfare benefits liability (asset)	\$ 17,015	\$ (72,599)

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

Long-term disability and health and welfare benefits (continued):

	2016	2015
Long-term disability and health and welfare benefits (asset), beginning of year	\$ (72,599)	\$ (72,755)
Net benefit expense:		
Long-term disability expense	40,860	40,478
Health and welfare benefit expense	48,384	11,011
Interest expense	11,682	12,151
Employees' payments	-	(781)
Expected return on assets	(14,272)	(15,726)
Actuarial loss (gain)	2,960	(17,209)
Net benefit expense	89,614	29,924
Contributions to the plan	-	(4,656)
Transfer of health and welfare benefits surplus	-	(22,440)
Effect of change in plan valuation date	-	(2,672)
Long-term disability and health and welfare benefits liability (asset), end of year	\$ 17,015	\$ (72,599)
Benefits paid to claimants	\$ 85,081	\$ 38,333
Plan assets consist of:		
	2016	2015
Debt securities	42%	44%
Foreign equities	36%	40%
Canadian equities and other	22%	16%
Total	100%	100%

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 7. Employee benefits (continued):

### (b) Healthcare Benefit Trust benefits (continued):

Long-term disability and health and welfare benefits (continued):

The significant actuarial assumptions adopted in measuring the Authority's long-term disability and health and welfare benefits liabilities are as follows:

	2016	2015
Accrued benefit obligation as at March 31:		
Discount rate	5.30%	5.30%
Rate of benefit increase	1.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	5.30%	5.80%
Rate of compensation increase	1.50%	2.50%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.30%	5.80%

The actual rate of return on plan assets was 7.7% for the year ended December 31, 2015 (December 31, 2014 - 10.8%).

The 2014-2019 Health Science Professionals Bargaining Association, Community Bargaining Association and Facilities Bargaining Association collective agreements include provisions to establish joint benefit trusts to provide long-term disability and health and welfare benefits to the employees covered by these agreements. During the 2016/17 fiscal year, management of the long-term disability and health and welfare benefits being provided to these employee groups through the Trust will transition to the joint benefit trusts.

### (c) Employee pension benefits:

The Authority and its employees contribute to the Municipal Pension Plan and the Public Service Pension Plan, multi-employer defined benefit pension plans governed by the *BC Public Sector Pension Plans Act*.

Employer contributions to the Municipal Pension Plan of \$103.8 million (2015 - \$99.7 million) were expensed during the year. Every three years, an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at December 31, 2012 indicated an unfunded liability of approximately \$1,370.0 million. The actuary does not attribute portions of the unfunded liability to individual employers. The plan covers approximately 184,000 active members, of which approximately 22,000 (2015 - 21,000) are employees of the Authority. The next expected actuarial valuation date will be as of December 31, 2015 with results available in fall 2016.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 7. Employee benefits (continued):

### (c) Employee pension benefits (continued):

Employer contributions to the Public Service Pension Plan of \$2.7 million (2015 - \$2.9 million) were expensed during the year. Every three years, an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at March 31, 2014 indicated a funding surplus of \$194.0 million. The actuary does not attribute portions of the unfunded liability to individual employers. The plan covers approximately 56,000 active members, of which approximately 450 (2015 - 500) are employees of the Authority. The next expected actuarial valuation date will be as of March 31, 2017 with results available in early 2018.

## 8. Deferred capital contributions:

Deferred capital contributions represent externally restricted contributions and other funding received for tangible capital assets.

	2016	2015
Deferred capital contributions, beginning of year	\$ 966,477	\$ 958,092
Capital contributions received:		
Ministry of Health	41,383	81,303
Foundations and auxiliaries	9,366	15,750
Other	2,770	3,537
Regional hospital district	2,305	-
	55,824	100,590
Amortization for the year	(90,596)	(91,608)
Adjustment on disposal of tangible capital assets	(1,656)	(597)
Deferred capital contributions, end of year	\$ 930,049	\$ 966,477

Deferred capital contributions comprise the following:

	2016	2015
Contribution used to purchase tangible capital assets	\$ 809,289	\$ 845,688
Unspent contributions	120,760	120,789
	\$ 930,049	\$ 966,477

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 9. Inventories held for use:

	2016	2015
Pharmaceuticals	\$ 5,837	\$ 6,084
Medical supplies	2,223	2,298
	<b>\$ 8,060</b>	<b>\$ 8,382</b>

## 10. Tangible capital assets:

Cost	2015	Additions	Disposals	Transfers	2016
Land	\$ 25,665	\$ -	\$ -	\$ -	\$ 25,665
Land improvements	9,304	452	(501)	101	9,356
Buildings	1,891,405	10,454	(5,916)	25,381	1,921,324
Equipment	693,307	17,447	(145,569)	3,670	568,855
Information systems	110,931	11,018	(20,267)	2,844	104,526
Leasehold improvements	29,342	507	(989)	97	28,957
Construction in progress	31,919	22,539	-	(25,518)	28,940
Equipment and information systems in progress	7,404	9,318	-	(6,575)	10,147
<b>Total</b>	<b>\$ 2,799,277</b>	<b>\$ 71,735</b>	<b>\$ (173,242)</b>	<b>\$ -</b>	<b>\$ 2,697,770</b>

Accumulated amortization	2015	Amortization	Disposals	2016
Land improvements	\$ 5,894	\$ 301	\$ (498)	\$ 5,697
Buildings	708,850	58,532	(5,160)	762,222
Equipment	525,016	42,125	(144,641)	422,500
Information systems	81,182	10,823	(19,898)	72,107
Leasehold improvements	10,563	1,680	(971)	11,272
<b>Total</b>	<b>\$ 1,331,505</b>	<b>\$ 113,461</b>	<b>\$ (171,168)</b>	<b>\$ 1,273,798</b>

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 10. Tangible capital assets (continued):

Cost	2014	Additions	Disposals	Transfers	2015
Land	\$ 25,665	\$ -	\$ -	\$ -	\$ 25,665
Land improvements	8,994	310	-	-	9,304
Buildings	1,805,529	28,515	(20)	57,381	1,891,405
Equipment	644,365	35,980	(24,192)	37,154	693,307
Information systems	105,644	3,929	(6)	1,364	110,931
Leasehold improvements	28,330	92	-	920	29,342
Construction in progress	67,732	21,603	-	(57,416)	31,919
Equipment and information systems in progress	40,799	6,136	(128)	(39,403)	7,404
<b>Total</b>	<b>\$ 2,727,058</b>	<b>\$ 96,565</b>	<b>\$ (24,346)</b>	<b>\$ -</b>	<b>\$ 2,799,277</b>

Accumulated amortization	2014	Amortization	Disposals	2015
Land improvements	\$ 5,613	\$ 281	\$ -	\$ 5,894
Buildings	652,317	56,549	(16)	708,850
Equipment	502,650	45,456	(23,090)	525,016
Information systems	71,247	9,941	(6)	81,182
Leasehold improvements	8,919	1,644	-	10,563
<b>Total</b>	<b>\$ 1,240,746</b>	<b>\$ 113,871</b>	<b>\$ (23,112)</b>	<b>\$ 1,331,505</b>

Net book value	2016	2015
Land	\$ 25,665	\$ 25,665
Land improvements	3,659	3,410
Buildings	1,159,102	1,182,555
Equipment	146,355	168,291
Information systems	32,419	29,749
Leasehold improvements	17,685	18,779
Construction in progress	28,940	31,919
Equipment and information systems in progress	10,147	7,404
<b>Total</b>	<b>\$ 1,423,972</b>	<b>\$ 1,467,772</b>

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 10. Tangible capital assets (continued):

Tangible capital assets are funded as follows:

	2016	2015
Deferred capital contributions	\$ 809,289	\$ 845,688
Debt	637,698	643,721
Internally funded	(23,015)	(21,637)
<b>Tangible capital assets</b>	<b>\$ 1,423,972</b>	<b>\$ 1,467,772</b>

## 11. Commitments and contingencies:

(a) Construction, equipment and information systems in progress:

As at March 31, 2016, the Authority had outstanding commitments for construction, equipment and information systems in progress of \$18.6 million (2015 - \$17.8 million).

(b) Contractual obligations:

The Authority has entered into various contracts for services within the normal course of operations. The estimated contractual obligations under these contracts for the years ending March 31 are as follows:

2017	\$	51,653
2018		50,454
2019		42,824
2020		43,753
2021		30,953
Thereafter		84,152
	\$	303,789

(c) Residential care and health care service provider contracts:

The Authority has entered into contracts with 962 service providers to provide residential care and health services. The aggregate annual commitments for these contracts for the year ending March 31, 2017 are \$589.1 million (2016 - \$549.7 million).

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 11. Commitments and contingencies (continued):

### (d) Operating leases:

The aggregate minimum future annual rentals under operating leases for the years ending March 31 are as follows:

2017	\$	26,676
2018		24,771
2019		21,259
2020		18,005
2021		16,348
Thereafter		85,345
	\$	192,404

### (e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance and maintain the Abbotsford Regional Hospital and Cancer Centre, the Jim Pattison Outpatient Care and Surgery Centre and the Surrey Memorial Hospital Redevelopment Project. The information presented below shows the anticipated cash outflow for future obligations under these contracts for the capital cost and financing of the asset, the facility maintenance ("FM") and the lifecycle costs. As construction progressed, the asset values were recorded as tangible capital assets and the corresponding liabilities were recorded as debt and disclosed in note 6. FM and lifecycle payments to the private partner are contingent on specified performance criteria and include an estimation of inflation where applicable.

	Capital and financing	FM and lifecycle	Total payments
2017	\$ 55,331	\$ 32,372	\$ 87,703
2018	56,037	30,676	86,713
2019	56,721	33,195	89,916
2020	57,327	32,171	89,498
2021	57,505	34,211	91,716
Thereafter	1,174,833	949,412	2,124,245
	\$ 1,457,754	\$ 1,112,037	\$ 2,569,791

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 11. Commitments and contingencies (continued):

(e) Public-private partnerships commitments (continued):

Required principal repayments on P3 debt for the years ending March 31 included in capital and financing commitments above are as follows:

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2017	\$	7,299
2018		8,405
2019		9,678
2020		10,966
2021		11,921
Thereafter		604,780
	\$	653,049

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(f) Litigation and claims:

Risk management and insurance services for all health authorities in BC are provided by the Risk Management and Government Security Branch of the Ministry of Finance.

The nature of the Authority's activities is such that there is litigation pending or in progress at any time. With respect to unsettled claims at March 31, 2016, management is of the opinion that the Authority has valid defenses and appropriate insurance coverage in place, or if there is unfunded risk, such claims are not expected to have material effect on the Authority's financial position. Outstanding contingencies are reviewed on an ongoing basis and are provided for based on management's best estimate of the ultimate settlement.

(g) Asset retirement obligations:

The Authority has certain asset retirement obligations relating to several of its facilities that may contain asbestos which may require special handling procedures. At this time, the Authority has not recognized these asset retirement obligations as there are no current approved plans and the timing of the future demolition or renovation of the facilities is unknown and therefore the value of future obligations cannot be reasonably estimated. These asset retirement obligations will be recognized as a liability in the period when their value can be reasonably estimated.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 12. Consolidated statement of operations:

### (a) Patients, clients and residents revenue:

	2016	2015
Long-term and extended care	\$ 34,348	\$ 33,126
Non-residents of Canada	17,261	14,841
WorkSafe BC	13,205	12,530
Non-residents of BC	11,923	11,123
Preferred accommodation	4,645	3,683
Residents of BC self pay	4,249	3,769
Federal government	1,773	1,529
Other	1,561	1,488
	<u>\$ 88,965</u>	<u>\$ 82,089</u>

### (b) Other contributions:

	2016	2015
Other health authorities	\$ 67,919	\$ 68,380
Other ministries	3,786	4,543
Other	1,919	1,597
	<u>\$ 73,624</u>	<u>\$ 74,520</u>

### (c) Other revenues:

	2016	2015
Parking	\$ 13,478	\$ 12,616
Compensation recoveries	12,468	11,050
Recoveries from sale of goods and services	6,290	5,225
Other	11,854	11,514
	<u>\$ 44,090</u>	<u>\$ 40,405</u>

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 12. Consolidated statement of operations (continued):

(d) The following is a summary of expenses by object:

	2016	2015
Compensation:		
Compensation	\$ 1,571,692	\$ 1,521,857
Employee benefits	326,382	288,314
Loss (gain) on event-driven employee benefits	2,960	(17,209)
	<u>1,901,034</u>	<u>1,792,962</u>
Referred-out and contracted services:		
Health and support services providers	641,464	625,181
Other health authorities and BC government reporting entities	219,103	214,122
	<u>860,567</u>	<u>839,303</u>
Supplies:		
Medical and surgical	136,063	125,507
Drug and medical gases	57,275	61,587
Diagnostic	23,423	21,795
Food and dietary	14,217	13,594
Laundry and linen	11,726	11,113
Printing, stationery and office	6,936	5,904
Housekeeping	4,566	4,259
Other	18,704	18,761
	<u>272,910</u>	<u>262,520</u>
Equipment and building services:		
Equipment	53,668	57,327
Rent	29,180	35,444
Plant operation (utilities)	15,877	15,308
Building and ground service contracts	7,616	5,957
Other	7,722	7,484
	<u>114,063</u>	<u>121,520</u>
Amortization of tangible capital assets	113,461	113,871
Sundry:		
Other	22,206	22,549
Patient transport	12,681	12,530
Communication and data processing	7,776	7,318
Travel	7,358	7,379
Professional fees	6,861	7,180
	<u>56,882</u>	<u>56,956</u>
Interest on debt	48,730	48,780
	<u>\$ 3,367,647</u>	<u>\$ 3,235,912</u>

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 13. Supplementary cash flow information:

Net change in non-cash operating items:

	2016	2015
Accounts receivable	\$ (15,292)	\$ 5,795
Accounts payable and accrued liabilities	(17,023)	19,792
Deferred operating contributions	(20)	(211)
Prepaid expenses	(832)	4,541
Inventories held for use	322	793
	<hr/>	<hr/>
	\$ (32,845)	\$ 30,710

## 14. Related party and other agency operations:

(a) BC government reporting entities:

The Authority is related through common control to all Province of BC ministries, agencies, Crown corporations, school districts, health authorities, hospital societies, universities and colleges that are included in the provincial government reporting entity. Transactions with these entities, unless disclosed otherwise, are considered to be in the normal course of operations and are recorded at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 14. Related party and other agency operations (continued):

### (a) BC government reporting entities (continued):

The consolidated financial statements include transactions and balances with these parties in the following amounts:

	2016	2015
Revenue:		
Ministry of Health contributions	\$ 2,786,391	\$ 2,679,911
Medical Services Plan	174,007	163,925
Recoveries from other health authorities and BC government reporting entities	106,985	101,663
Amortization of deferred capital contributions	75,471	76,806
Other contributions	72,663	73,892
Patients, clients and residents	11,923	11,123
	<u>\$ 3,227,440</u>	<u>\$ 3,107,320</u>
Expenses:		
Referred-out and contracted services	\$ 220,422	\$ 214,122
Supplies	113,174	106,587
Sundry	16,023	15,773
Equipment and building services	8,247	7,958
	<u>\$ 357,866</u>	<u>\$ 344,440</u>
Accounts receivable:		
Other health authorities and BC government reporting entities	\$ 46,445	\$ 45,751
Ministry of Health	15,808	2,503
Medical Services Plan	13,606	20,207
	<u>\$ 75,859</u>	<u>\$ 68,461</u>
Accounts payable and accrued liabilities	\$ 49,609	\$ 56,003
Deferred operating contributions	173	169
Deferred capital contributions	800,770	834,769

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 14. Related party and other agency operations (continued):

### (b) Hospital foundations:

Within the Authority area, there are separate health care foundations and auxiliaries, which were established to raise funds for their respective hospitals and/or community health services organizations. The foundations and auxiliaries are separate legal entities incorporated under the *Society Act of British Columbia* with separate governance structures. The foundations and some of the auxiliaries are registered charities under the provisions of the *Income Tax Act of Canada*. The financial and non-financial assets and liabilities and results from operations of the foundations and auxiliaries are not included in the consolidated financial statements of the Authority. During the year, the foundations granted \$10.5 million (2015 - \$17.1 million) and the auxiliaries granted \$1.2 million (2015 - \$1.0 million) to various facilities within the Authority.

#### Foundations:

- Burnaby Hospital Foundation
- Delta Hospital Foundation
- Eagle Ridge Hospital Foundation
- Fraser Valley Health Care Foundation
- Langley Memorial Hospital Foundation
- Peace Arch Hospital and Community Health Foundation
- Queen's Park Healthcare Foundation
- Ridge Meadows Hospital Foundation
- Royal Columbian Hospital Foundation
- Surrey Memorial Hospital Foundation

#### Auxiliaries:

- Delta Hospital Auxiliary Society
- Eagle Ridge Hospital Auxiliary
- Auxiliary to Fraser Canyon Hospital and Fraser Hope Lodge
- Langley Memorial Hospital Auxiliaries Council
- Peace Arch Hospital Auxiliary Society
- Auxiliary to Ridge Meadows Hospital
- Royal Columbian Hospital Auxiliary
- Surrey Memorial Hospital Auxiliary

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 15. Risk management:

The Authority is exposed to credit risk, liquidity risk and foreign exchange risk from its financial instruments. Qualitative and quantitative analysis of the significant risks from the Authority's financial instruments is provided below by type of risk.

### (a) Credit risk:

Credit risk primarily arises from the Authority's cash and cash equivalents and accounts receivable. The risk exposure is limited to their varying amounts at the date of the statement of financial position.

The Authority manages credit risk by holding balances of cash and cash equivalents with a reputable top rated financial institution.

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, hospital foundations and auxiliaries, grantors, etc. To reduce the risk, the Authority periodically reviews the collectability of its accounts receivable and establishes an allowance based on its best estimate of potentially uncollectable amounts. As at March 31, 2016, the amount of allowance for doubtful accounts was \$4.7 million (2015 - \$4.4 million).

The Authority is not exposed to significant credit risk with respect to the amounts receivable from the Ministry, other health authorities and BC government reporting entities.

### (b) Liquidity risk:

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. It is the Authority's intention to meet its financial obligations through the collection of current accounts receivable, cash on hand and future funding from the Ministry.

The Authority's principal source of funding is from the Ministry. The Authority is not subject to debt covenants or any other capital requirements with respect to operating funding. Funding received for designated purposes must be used for the purpose outlined in the funding letter or grant documentation. The Authority has complied with the external restrictions on the funding provided.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

## 15. Risk management (continued):

### (b) Liquidity risk (continued):

The tables below show when various financial assets and liabilities mature:

2016 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 409,652	\$ -	\$ -
Accounts receivable	112,920	-	-
<b>Total financial assets</b>	<b>\$ 522,572</b>	<b>\$ -</b>	<b>\$ -</b>

2016 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 347,675	\$ -	\$ -
Debt	7,299	40,970	604,780
<b>Total liabilities</b>	<b>\$ 354,974</b>	<b>\$ 40,970</b>	<b>\$ 604,780</b>

2015 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 347,322	\$ -	\$ -
Accounts receivable	97,628	-	-
<b>Total financial assets</b>	<b>\$ 444,950</b>	<b>\$ -</b>	<b>\$ -</b>

2015 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 364,698	\$ -	\$ -
Debt	6,348	36,348	616,701
<b>Total liabilities</b>	<b>\$ 371,046</b>	<b>\$ 36,348</b>	<b>\$ 616,701</b>

Debt pertaining to P3 projects is funded through the ongoing annual operating grants received from the Ministry.

# FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements  
(Amounts expressed in thousands of dollars)

Year ended March 31, 2016

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## 15. Risk management (continued):

### (c) Foreign exchange risk:

The Authority's operating results and financial position are reported in Canadian dollars. As the Authority operates in an international environment, some of the Authority's financial instruments and transactions are denominated in currencies other than the Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks.

The Authority makes payments denominated in US dollars and other currencies. The currency most contributing to the foreign exchange risk is the US dollar.

Comparative foreign exchange rates as at March 31 are as follows:

	2016	2015
US dollar per Canadian dollar	\$ 0.770	\$ 0.790

The Authority has not entered into any agreements or purchased any foreign currency hedging arrangements to hedge possible currency risks, as management believes that the foreign exchange risk derived from currency conversions is not significant. The foreign currency financial instruments are short term in nature and do not give rise to significant foreign currency risk.

## 16. Comparative figures:

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