

Financial Statements of

INTERIOR HEALTH AUTHORITY

Year ended March 31, 2017



Interior Health

Statement of Management Responsibility

The financial statements of Interior Health Authority (the "Authority") for the year ended March 31, 2017 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 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 fulfills its responsibilities for financial reporting and internal control and exercises this responsibility through the Audit and Finance Committee of the Board. The Board Audit and Finance 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 Board Audit and Finance Committee.

The external auditors, KPMG LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the financial statements. Their examination considers internal control relevant to management's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the 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 Board Audit and Finance Committee and meet with the Committee on a regular basis.

On behalf of Interior Health Authority

Chris Mazurkewich,
Chief Executive Officer

Donna Lomier,
Vice President, Support Services & Chief Financial Officer

June 6, 2017



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Interior Health Authority and
To the Minister of Health, Province of British Columbia

We have audited the accompanying financial statements of Interior Health Authority, which comprise the statement of financial position as at March 31, 2017, the statements of operations and accumulated surplus, changes in net debt and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with the financial reporting provisions of 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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



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

Opinion

In our opinion, the financial statements of Interior Health Authority as at March 31, 2017, and for the year then ended are prepared, in all material respects, in accordance with the financial reporting provisions of 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 attention to Note 1(a) to the financial statements, which describes the basis of accounting and significant differences between such basis of accounting and Canadian public sector accounting standards.

A handwritten signature in black ink, appearing to read 'KPMG LLP'.

Chartered Professional Accountants

June 6, 2017
Kelowna, Canada

INTERIOR HEALTH AUTHORITY

Statement of Financial Position

(Tabular amounts expressed in thousands of dollars)


As at March 31, 2017

	2017	2016
Financial assets		
Cash and cash equivalents (note 2)	\$ 236,826	\$ 254,622
Accounts receivable (note 3)	62,171	68,750
	<u>298,997</u>	<u>323,372</u>
Liabilities		
Accounts payable and accrued liabilities (note 4)	192,284	204,441
Deferred operating contributions (note 5)	7,936	9,694
Debt (note 6)	253,963	219,830
Retirement allowance (note 7(a))	115,635	112,123
Long-term disability and health and welfare benefits (note 7(b)(i))	16,173	40,031
Replacement reserves (note 8)	987	937
Deferred capital contributions (note 9)	1,047,709	987,820
	<u>1,634,687</u>	<u>1,574,876</u>
Net debt	<u>(1,335,690)</u>	<u>(1,251,504)</u>
Non-financial assets		
Tangible capital assets (note 10)	1,354,589	1,275,065
Inventories held for use (note 11)	6,229	5,596
Prepaid expenses	11,230	5,198
Restricted assets (note 12)	235	235
	<u>1,372,283</u>	<u>1,286,094</u>
Accumulated surplus	<u>\$ 36,593</u>	<u>\$ 34,590</u>

Commitments and contingencies (note 13)

See accompanying notes to financial statements.

Approved on behalf of the Board:



John O'Fee
Director



Dennis Rounsville
Director

INTERIOR HEALTH AUTHORITY
Statement of Operations and Accumulated Surplus
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

	2017 Budget (Notes 1(n), 18)	2017	2016
Revenues:			
Ministry of Health contributions	\$ 1,668,105	\$ 1,660,254	\$ 1,620,293
Medical Services Plan	139,527	155,082	145,994
Patients, clients and residents (note 14(a))	99,759	106,034	103,552
Amortization of deferred capital contributions	75,897	77,784	75,364
Recoveries from other health authorities and BC government reporting entities	41,112	45,323	40,651
Other contributions (note 14(b))	37,997	34,218	36,849
Other (note 14(c))	27,642	29,985	26,784
Investment	2,489	2,667	2,127
	<u>2,092,528</u>	<u>2,111,347</u>	<u>2,051,614</u>
Expenses (note 14(d)):			
Acute	1,173,909	1,184,607	1,158,644
Residential care	380,217	377,613	376,502
Community care	216,092	214,906	211,988
Corporate	131,654	142,712	138,638
Mental health and substance use	129,728	129,443	121,640
Population health and wellness	60,928	60,063	58,939
	<u>2,092,528</u>	<u>2,109,344</u>	<u>2,066,351</u>
Annual surplus (deficit)	-	2,003	(14,737)
Accumulated surplus, beginning of year	34,590	34,590	49,327
Accumulated surplus, end of year	<u>\$ 34,590</u>	<u>\$ 36,593</u>	<u>\$ 34,590</u>

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Statement of Changes in Net Debt
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

	2017 Budget (Note 1(n))	2017	2016
Annual surplus (deficit)	\$ -	\$ 2,003	\$ (14,737)
Acquisition of tangible capital assets	(190,300)	(170,425)	(125,096)
Proceeds from disposal of tangible capital assets	-	695	47
Amortization of tangible capital assets	87,226	88,742	85,950
Loss on disposal of tangible capital assets	-	1,464	63
	(103,074)	(77,521)	(53,773)
Acquisition of inventories held for use	-	(82,083)	(81,175)
Acquisition of prepaid expenses	-	(26,046)	(16,517)
Consumption of inventories held for use	-	81,450	81,452
Use of prepaid expenses	-	20,014	16,820
	-	(6,665)	580
Increase in net debt	(103,074)	(84,186)	(53,193)
Net debt, beginning of year	(1,251,504)	(1,251,504)	(1,198,311)
Net debt, end of year	\$ (1,354,578)	\$ (1,335,690)	\$ (1,251,504)

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Statement of Cash Flows

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017.

	2017	2016
Cash flows from (used in) operating activities:		
Annual surplus	\$ 2,003	\$ (14,737)
Items not involving cash:		
Amortization of deferred capital contributions	(77,784)	(75,364)
Amortization of tangible capital assets	88,742	85,950
Loss on disposal of tangible capital assets	1,464	63
Retirement allowance expense	10,532	10,301
Long-term disability and health and welfare benefits expense	53,828	82,346
Interest income	(2,667)	(2,127)
Interest expense	15,515	15,830
	91,633	102,262
Net change in non-cash operating items (note 15(a))	(13,946)	20,032
Interest received	2,667	2,127
Interest paid	(15,520)	(15,836)
Net change in cash from operating activities	64,834	108,585
Capital activities:		
Proceeds from disposal of tangible capital assets	695	47
Acquisition of tangible capital assets (note 15(b))	(131,624)	(124,868)
Net change in cash from capital activities	(130,929)	(124,821)
Financing activities:		
Retirement allowance benefits paid	(7,020)	(7,528)
Long-term disability and health and welfare benefits contributions	(77,686)	-
Repayment of debt	(4,668)	(4,296)
Capital contributions	137,673	117,567
Net change in cash from financing activities	48,299	105,743
Increase (decrease) in cash and cash equivalents	(17,796)	89,507
Cash and cash equivalents, beginning of year	254,622	165,115
Cash and cash equivalents, end of year	\$ 236,826	\$ 254,622

Supplementary cash flow information (note 15)

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

Interior 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 role of the Authority is to promote and provide for the physical, mental and social well-being of people who live in the Interior region and those referred from outside the region.

1. Significant accounting policies:

(a) Basis of accounting:

The 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 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 of amortization used for the related tangible capital asset. 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.
- (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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(a) Basis of accounting (continued):

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*; and
- 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 statement of operations and certain related deferred capital contributions would be recorded differently under PSAS.

(b) Basis of presentation:

The Authority has collaborative relationships with certain foundations and auxiliaries, which support the activities of the Authority and/or provide services under contracts. As the Authority does not control these organizations, the financial statements do not include the assets, liabilities and results of operations of these entities (see note 16(b)).

(c) Cash and cash equivalents:

Cash and cash equivalents include cash on-hand, demand deposits and short-term 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) Accounts receivable:

Accounts receivable are recorded at amortized cost less an amount for valuation allowance. Valuation allowances are made to reflect accounts receivable at the lower of amortized cost and the net recoverable value when risk of loss exists. Changes in valuation allowance are recognized in the statement of operations. Interest is accrued on loans receivable to the extent it is deemed collectable.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

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 benefits 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 benefit is 11 years (2016 – 11 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(f) Employee benefits (continued):

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

The discount rate used to measure obligation 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.

(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 due and 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:

Land improvements	5 - 25 years
Buildings	10 - 50 years
Equipment	3 - 20 years
Information systems	3 - 10 years
Leasehold improvements	2 - 15 years
Vehicles	4 years

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(g) Non-financial assets (continued):

(i) Tangible capital assets (continued):

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

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 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 where 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.

Revenue related to fees or services received in advance of the fee being earned or the service 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).

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(h) Revenue recognition (continued):

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 financial statements.

Contributions of assets, supplies and services that would otherwise have been purchased are recorded at fair value at the date of contribution, provided a 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 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 financial statements and are reviewed annually to reflect new information as it becomes available. Actual results could differ from the estimates.

(j) Restricted assets:

Restricted assets are comprised of endowment contributions which are externally restricted in their use. Endowment contributions are recorded as revenue in the period of acquisition. Use of these funds is limited to the terms of reference.

(k) Foreign currency translation:

Foreign currency transactions are translated into Canadian dollars 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 statement of operations.

(l) 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(l) Financial instruments (continued):

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. Portfolio investments, other than equity investments quoted in an active market, are reported at amortized cost less any write-downs associated with a loss in value that is other than a temporary decline. All debt and other financial liabilities are recorded using cost or amortized cost.

Interest and dividends attributable to financial instruments are reported in the 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 statement of operations. A write-down of a portfolio investment to reflect a loss in value is not reversed for a subsequent increase in value.

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.

(m) 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 are 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(m) Capitalization of public-private partnership projects (continued):

When available for operations, the project assets are amortized over their estimated useful lives.

Correspondingly, an obligation for the cost of capital and financing received to date, net of the contributions received is recorded as a liability and included in debt.

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

(n) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Authority's Fiscal 2016/2017 Budget approved by the Board of Directors on May 31, 2016 and published in the Authority's Service Plan. The budget is reflected in the statement of operations and accumulated operating surplus and the statement of changes in net debt. Note 18 reconciles the approved budget to the budget information reported in these financial statements.

(o) 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 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 the standard 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017.

1. Significant accounting policies (continued):

(o) Future accounting standards (continued):

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 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, disclosure should be provided. PS 3210 applies to fiscal years beginning on or after April 1, 2017. Management is in the process of assessing the impact of adoption of PS 3210 on the 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 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 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;

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

1. Significant accounting policies (continued):

(o) Future accounting standards (continued):

- 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. Management is in the process of assessing the impact of adoption of PS 3380 on the financial statements of the Authority.

2. Cash and cash equivalents:

	2017	2016
Cash and cash equivalents	\$ 236,826	\$ 254,622
Amounts restricted for capital purposes	(50,370)	(34,749)
Amounts restricted for future operating purposes	(7,936)	(9,694)
Amounts restricted for P3 projects	(2,558)	(757)
Amounts restricted for replacement reserves	(987)	(937)
Amounts restricted for patient comfort funds	(240)	(240)
Unrestricted cash and cash equivalents and portfolio investments	\$ 174,735	\$ 208,245

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

3. Accounts receivable:

	2017	2016
Patients, clients and residents	\$ 16,808	\$ 16,738
Other health authorities and BC government reporting entities	12,430	13,305
Medical Services Plan	18,285	13,234
Ministry of Health	4,958	13,060
Regional hospital districts	4,352	8,317
Foundations and auxiliaries	2,809	2,769
Federal government	3,804	2,039
WorkSafeBC	1,576	1,634
Other	8,625	6,781
	<u>73,647</u>	<u>77,877</u>
Allowance for doubtful accounts	(11,476)	(9,127)
	<u>\$ 62,171</u>	<u>\$ 68,750</u>

4. Accounts payable and accrued liabilities:

	2017	2016
Salaries and benefits payable	\$ 75,451	\$ 105,504
Accrued vacation pay	62,394	59,018
Trade accounts payable and accrued liabilities	54,439	39,919
	<u>\$ 192,284</u>	<u>\$ 204,441</u>

5. Deferred operating contributions:

Deferred operating contributions represent externally restricted operating funding received for specific purposes.

	2017	2016
Deferred operating contributions, beginning of year	\$ 9,694	\$ 7,062
Contributions received during the year	4,124	5,455
Amount recognized as revenue in the year	(5,882)	(2,823)
	<u>\$ 7,936</u>	<u>\$ 9,694</u>

INTERIOR HEALTH AUTHORITY

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

6. Debt:

	2017	2016
Public-private partnerships:		
Kelowna and Vernon Hospitals Project, 30 year contract to August 2042 with Infusion Health KVH General Partnership, payable in monthly payments including annual interest of 7.62%, in accordance with the project agreement terms	\$ 136,614	\$ 140,107
Interior Heart & Surgical Centre Project, 30 year contract to December 2044 with Plehary Health, payable in monthly payments including annual interest of 5.93%, in accordance with the project agreement terms	75,938	76,988
Penticton Hospital Tower Project, 30 year contract to December 2048 with EllisDon, payable in monthly payments including annual interest of 4.61%, in accordance with the project agreement terms	38,801	-
	<u>251,353</u>	<u>217,095</u>
Mortgages:		
Canada Mortgage and Housing Corporation (CMHC), secured by first charges on properties:		
Columbia View Lodge, payable in monthly payments of \$8,552, including annual interest of 10.5%, renewable December 1, 2027	858	899
Kimberley Special Care Home, payable in monthly payments of \$2,628, including annual interest of 8%, renewable September 1, 2026	210	225
Noric House, payable in monthly payments of \$14,457, including annual interest of 10%, renewable December 1, 2028	1,542	1,611
	<u>2,610</u>	<u>2,735</u>
	<u>\$ 253,963</u>	<u>\$ 219,830</u>

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

6. Debt (continued):

Required principal repayments on mortgages for the years ending March 31 are as follows:

2018	\$	137
2019		151
2020		166
2021		182
2022		200
Thereafter		1,774
	\$	2,610

Required principal repayments on P3 debt for the years ending March 31 are disclosed with public-private partnership commitments in note 13(e)

7. Employee benefits:

(a) Retirement allowance:

Certain employees with ten or twenty 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, 2016 and extrapolated to March 31, 2017 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2017 are derived. The next required valuation will be as of December 31, 2017.

Information about retirement allowance benefits is as follows:

	2017	2016
Accrued benefit obligation:		
Severance benefits	\$ 59,507	\$ 57,539
Sick leave benefits	43,228	44,078
	102,735	101,617
Unamortized actuarial gain	12,900	10,506
Accrued benefit liability	\$ 115,635	\$ 112,123

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

7. Employee benefits (continued):

(a) Retirement allowance (continued):

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

	2017	2016
Accrued benefit liability, beginning of year	\$ 112,123	\$ 109,350
Net benefit expense:		
Current service cost	7,754	7,201
Interest expense	4,022	4,087
Amortization of actuarial (gain) loss	(1,244)	(987)
Net benefit expense	10,532	10,301
Benefits paid	(7,020)	(7,528)
Accrued benefit liability, end of year	\$ 115,635	\$ 112,123

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

	2017	2016
Accrued benefit obligation as at March 31:		
Discount rate	3.86%	3.93%
Rate of compensation increase	2.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	3.93%	3.98%
Rate of compensation increase	2.50%	2.50%
Expected future inflationary increases	2.00%	2.00%

INTERIOR HEALTH AUTHORITY

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits:

The Healthcare Benefit Trust (the "Trust") administers long-term disability, group life insurance, accidental death and dismemberment, extended health and dental claims 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.

(i) Long-term disability 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, 2015. Accordingly, the Authority's net trust liabilities are reflected in these financial statements.

The Authority's liabilities as of March 31, 2017 are based on the actuarial valuation at December 31, 2016, extrapolated to March 31, 2017. The next expected valuation is as of December 31, 2017.

The long-term disability and health and welfare benefits obligation reported on the statement of financial position is as follows:

	2017		2016	
Fair value of plan assets	\$	173,790	\$	167,313
Accrued benefit obligation		189,963		207,344
Net funded liability	\$	16,173	\$	40,031

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

7. Employee benefits (continued):

(a) Healthcare Benefit Trust benefits (continued):

(i) Long-term disability benefits (continued):

	2017	2016
Long-term disability and health and welfare benefits liability, beginning of year:	\$ 40,031	\$ (42,315)
Net benefit expense:		
Long-term disability expense	32,018	28,552
Health and welfare benefit expense	37,708	32,066
Interest expense	10,842	9,436
Actuarial loss (gain)	(15,413)	23,193
Employee payments	(1,972)	(6)
Expected return on assets	(9,355)	(10,895)
Net benefit expense	53,828	82,346
Contributions to the plan	(77,686)	-
Long-term disability and health and welfare benefits liability, end of year	\$ 16,173	\$ 40,031
Plan assets consist of:		
	2017	2016
Debt securities	40.00%	42.00%
Foreign equities	35.00%	36.00%
Equity securities and other	25.00%	22.00%
Total	100.00%	100.00%

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

(i) Long-term disability benefits (continued):

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

	2017	2016
Accrued benefit obligation as at March 31:		
Discount rate	5.30%	5.30%
Rate of benefit increase	1.50%	1.50%
Benefit costs for years ended March 31:		
Discount rate	5.30%	5.30%
Rate of compensation increase	1.50%	1.50%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.30%	5.30%

Actual long-term rate of return on plan assets was 4.0% for the year ended December 31, 2016 (December 31, 2015 – 7.7%).

(ii) Other Trust benefits:

The 2014-2019 Health Science Professionals Bargaining Association, Community Bargaining Association and Facilities Bargaining Association collective agreements include provisions to establish joint benefit trusts (JBTs) to provide long-term disability and health and welfare benefits to the employees covered by these agreements. Effective April 1, 2017, management of the long-term disability and health and welfare benefits being provided to these employee groups through Healthcare Benefit Trust will transition to the JBTs.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

7. Employee benefits (continued):

(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 \$81.3 million (2016 - \$77.9 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 December 31, 2015 indicated a surplus of approximately \$2,224.0 million. The actuary does not attribute portions of the unfunded liability or surplus to individual employers. The plan covers approximately 189,000 active members, of which approximately 17,256 are employees of the Authority (2016 - 17,275) and covers approximately 85,000 retired members. The next actuarial valuation will be as of December 31, 2018 with results available in 2019.

Employer contributions to the Public Service Pension Plan of \$1.0 million (2016 - \$1.1 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 surplus of approximately \$194.0 million. The actuary does not attribute portions of the unfunded liability/surplus to individual employers. The plan covers approximately 58,000 active members, of which approximately 171 are employees of the Authority (2016 - 182) and covers approximately 45,000 retired members. The next actuarial valuation will be as of March 31, 2017 with results available in early 2018.

8. Replacement reserves:

Under the terms of mortgage agreements with Canada Mortgage and Housing Corporation ("CMHC") and BC Housing Management Commission ("BC Housing"), the Authority is required to set aside certain amounts each year as a replacement reserve. Use of the reserve funds requires approval of CMHC or BC Housing, respectively. The Authority complies with these provisions.

The replacement reserves by facility are as follows:

	2017	2016
Kimberley Special Care Home	\$ 420	\$ 420
Noric House	396	368
Columbia View Lodge	171	149
	\$ 987	\$ 937

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Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

9. Deferred capital contributions:

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

	2017	2016
Deferred capital contributions, beginning of year	\$ 987,820	\$ 945,617
Capital contributions received:		
Ministry of Health	69,646	63,465
Regional hospital districts	57,069	41,664
Foundations and auxiliaries	9,646	11,043
Health authorities and BC government reporting entities	8	474
Other	1,304	921
	137,673	117,567
Amortization for the year	(77,784)	(75,364)
Deferred capital contributions, end of year	\$ 1,047,709	\$ 987,820

Deferred capital contributions are comprised of the following:

	2017	2016
Contributions used to purchase tangible capital assets	\$ 997,339	\$ 953,071
Unspent contributions	50,370	34,749
	\$ 1,047,709	\$ 987,820

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

10. Tangible capital assets:

Cost	2016	Additions	Disposals	Transfers	2017
Land	\$ 43,070	\$ -	\$ (228)	\$ 308	\$ 43,150
Land improvements	26,095	123	-	71	26,289
Buildings	1,625,214	367	(6,489)	76,283	1,695,375
Equipment	614,092	16,879	(13,121)	14,897	632,747
Information systems	74,764	159	(351)	10,674	85,246
Leasehold improvements	17,848	65	(1,653)	6,780	23,040
Vehicles	8,797	772	(821)	-	8,748
Construction in progress	73,519	127,141	-	(96,870)	103,790
Equipment and information systems in progress	19,702	24,919	-	(12,362)	32,259
Total	\$ 2,503,101	\$ 170,425	\$ (22,663)	\$ (219)	\$ 2,650,644

Accumulated amortization	2016	Amortization	Disposals	Transfers	2017
Land improvements	\$ 15,468	\$ 1,193	\$ -	\$ -	\$ 16,661
Buildings	657,180	48,919	(5,096)	-	701,003
Equipment	472,303	32,290	(12,866)	(219)	491,508
Information systems	63,811	4,402	(351)	-	67,862
Leasehold improvements	12,188	996	(1,382)	-	11,802
Vehicles	7,086	942	(809)	-	7,219
Total	\$ 1,228,036	\$ 88,742	\$ (20,504)	\$ (219)	\$ 1,296,055

Cost	2015	Additions	Disposals	Transfers	2016
Land	\$ 42,450	\$ -	\$ (41)	\$ 661	\$ 43,070
Land improvements	25,860	9	(18)	244	26,095
Buildings	1,552,600	438	(463)	72,639	1,625,214
Equipment	583,502	17,912	(12,105)	24,783	614,092
Information systems	70,362	268	(9)	4,143	74,764
Leasehold improvements	17,488	-	-	360	17,848
Vehicles	9,159	576	(939)	1	8,797
Construction in progress	75,109	86,328	-	(87,918)	73,519
Equipment and information systems in progress	15,050	19,565	-	(14,913)	19,702
Total	\$ 2,391,580	\$ 125,096	\$ (13,575)	\$ -	\$ 2,503,101

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Notes to Financial Statements
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

10. Tangible capital assets (continued):

Accumulated amortization	2015	Amortization	Disposals	Transfers	2016
Land improvements	\$ 14,268	\$ 1,218	\$ (18)	\$ -	15,468
Buildings	607,732	49,907	(458)	(1)	657,180
Equipment	455,184	29,226	(12,086)	(21)	472,303
Information systems	60,344	3,600	(9)	(124)	63,811
Leasehold improvements	11,043	1,145	-	-	12,188
Vehicles	6,980	854	(894)	146	7,086
Total	\$ 1,155,551	\$ 85,950	\$ (13,465)	\$ -	\$ 1,228,036

Net book value	2017	2016
Land	\$ 43,150	\$ 43,070
Land improvements	9,628	10,627
Buildings	994,372	968,034
Equipment	141,239	141,789
Information systems	17,384	10,953
Leasehold improvements	11,238	5,660
Vehicles	1,529	1,711
Construction in progress	103,790	73,519
Equipment and information systems in progress	32,259	19,702
Total	\$ 1,354,589	\$ 1,275,065

During the year, \$0.5 million (2016 - \$nil) was capitalized to construction in progress.

Tangible capital assets are funded as follows:

	2017	2016
Deferred capital contributions	\$ 997,339	\$ 953,071
Debt	253,963	219,830
Internally funded	103,287	102,164
Tangible capital assets	\$ 1,354,589	\$ 1,275,065

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

11. Inventories held for use:

	2017	2016
Medical supplies	\$ 4,003	\$ 3,616
Pharmaceuticals	2,226	1,980
	\$ 6,229	\$ 5,596

12. Restricted assets:

	2017	2016
Endowments, beginning of year	\$ 235	\$ 235
Contributions received during the year	-	-
Endowments, end of year	\$ 235	\$ 235

13. Commitments and contingencies:

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

As at March 31, 2017, the Authority had outstanding commitments for construction, equipment and information systems projects in progress of \$34.5 million (2016 – \$56.2 million).

(b) Contractual obligations:

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

	2018	2019	2020	2021	2022	Thereafter
Service contracts	\$101,142	\$51,002	\$19,698	\$9,173	\$3,740	\$2,906

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

13. Commitments and contingencies (continued):

(c) Long-term residential care contracts:

The Authority has entered into contracts with 39 service providers to provide residential care services. The aggregate annual commitments for these contracts for the years ending March 31 are as follows:

2018	\$	186,920
2019		41,708
2020		41,708
2021		41,708
2022		41,708
Thereafter		248,666
	\$	602,418

(d) Operating leases:

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

2018	\$	15,326
2019		10,716
2020		10,314
2021		9,407
2022		8,459
Thereafter		299,480
	\$	353,702

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

13. Commitments and contingencies (continued):

(e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance, and maintain the Kelowna and Vernon Hospitals' project, the Interior Heart and Surgical Centre project and the Penticton Regional Hospital 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 progresses the asset values are recorded as tangible capital assets and the corresponding liabilities are recorded as debt and disclosed in note 6. Facilities maintenance and life cycle 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
2018	\$ 142,608	\$ 17,041	\$ 159,649
2019	66,609	18,176	84,785
2020	27,573	20,663	48,236
2021	27,231	21,742	48,973
2022	27,405	22,067	49,472
Thereafter	594,221	765,606	1,359,827
	\$ 885,647	\$ 865,295	\$ 1,750,942

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

2018	\$ 4,743
2019	4,820
2020	6,804
2021	6,938
2022	7,548
Thereafter	220,500
	\$ 251,353

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

13. Commitments and contingencies (continued):

(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, 2017, 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 the 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.

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Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

14. Statement of operations:

(a) Patients, clients and residents revenue:

	2017	2016
Long-term and extended care	\$ 43,459	\$ 42,277
Non-residents of BC	26,799	26,382
Non-residents of Canada	12,485	11,418
WorkSafe BC	10,878	11,057
Residents of BC self pay	9,845	9,553
Federal government	982	1,245
Preferred accommodation	569	658
Other	1,017	962
	<u>\$ 106,034</u>	<u>\$ 103,552</u>

(b) Other contributions:

	2017	2016
Provincial Health Services Authority	\$ 30,851	\$ 33,496
Other BC government reporting entities	2,402	2,619
Other	965	734
	<u>\$ 34,218</u>	<u>\$ 36,849</u>

(c) Other revenues:

	2017	2016
Compensation recoveries	\$ 12,130	\$ 10,760
Parking	4,860	4,437
Other	12,995	11,587
	<u>\$ 29,985</u>	<u>\$ 26,784</u>

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

14. Statement of operations (continued):

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

	2017	2016
Compensation:		
Compensation	\$ 1,119,259	\$ 1,077,908
Employee Benefits	251,568	238,366
(Gain) loss on event-driven employee benefits	(15,413)	23,193
	1,355,414	1,339,467
Referred-out and contracted services:		
Health and support services providers	295,355	284,266
Other health authorities and BC government reporting entities	17,378	17,668
	312,733	301,934
Supplies:		
Medical and surgical	85,847	84,942
Drugs and medical gases	60,028	58,080
Diagnostic	23,646	22,286
Food and dietary	16,147	15,999
Printing, stationery and office	5,926	5,756
Laundry and linen	5,742	5,455
Housekeeping	5,079	4,872
Other	12,157	10,978
	214,572	208,368
Amortization of tangible capital assets	88,742	85,950
Equipment and building services:		
Equipment	30,902	27,216
Plant operation (utilities)	18,727	17,620
Rent	8,491	11,555
Building and ground service contracts	8,884	8,520
Other	6,502	5,578
	73,506	70,489
Sundry:		
Patient transport	9,054	8,847
Travel	8,813	8,685
Communication and data processing	5,212	5,425
Professional fees	4,392	3,611
Other	21,391	17,745
	48,862	44,313
Interest on debt	15,515	15,830
	\$ 2,109,344	\$ 2,066,351

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

15. Supplementary cash flow information:

(a) Net change in non-cash operating items:

	2017	2016
Accounts receivable	\$ 6,579	\$ 1,749
Accounts payable and accrued liabilities	(12,152)	15,007
Deferred operating contributions	(1,758)	2,632
Replacement reserves	50	64
Inventories held for use	(633)	276
Prepaid expenses	(6,032)	304
	<u>\$ (13,946)</u>	<u>\$ 20,032</u>

(b) Acquisition of tangible capital assets:

Assets purchased or acquired through debt or other non-cash transactions are excluded from purchase of tangible capital assets on the statement of cash flows.

	2017	2016
Acquisition of tangible capital assets (note 10)	\$ 170,425	\$ 125,096
Construction financed with debt	(38,801)	(228)
	<u>\$ 131,624</u>	<u>\$ 124,868</u>

16. Related parties 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

16. Related parties and other agency operations (continued):

(a) BC Government reporting entities (continued):

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

	2017	2016
Revenue:		
Ministry of Health contributions	\$ 1,660,254	\$ 1,620,293
Medical Services Plan	155,082	145,994
Amortization of deferred capital contributions	43,501	42,703
Recoveries from other health authorities and BC government reporting entities	45,323	40,651
Other contributions	33,253	36,115
Patient, clients and residents	27,816	27,344
	<u>\$ 1,965,229</u>	<u>\$ 1,913,100</u>
Expenses:		
Referred-out and contracted services	\$ 17,378	\$ 17,668
Sundry	15,494	15,195
Equipment and building services	723	5,851
Supplies	5,478	1,558
	<u>\$ 39,073</u>	<u>\$ 40,272</u>
Accounts receivable:		
Medical Services Plan	\$ 18,285	\$ 13,234
Other health authorities and BC government reporting entities	12,430	13,305
Ministry of Health	4,958	13,060
	<u>\$ 35,673</u>	<u>\$ 39,599</u>
Accounts payable and accrued liabilities:		
Deferred operating contributions	\$ 11,835	\$ 12,077
Deferred capital contributions	6,524	9,182
	<u>586,048</u>	<u>559,895</u>

INTERIOR HEALTH AUTHORITY

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(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

16. Related party and other agency operations (continued):

(b) Foundations and auxiliaries:

Within the Authority area, there are 68 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 *Societies 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 financial statements of the Authority. During the year, the foundations and auxiliaries granted \$11.6 million (2016 - \$12.3 million) to various facilities within the Authority.

17. 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 reputable top rated financial institutions.

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, 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 uncollectible amounts. As at March 31, 2017, the amount of allowance for doubtful accounts was \$10.4 million (2016 - \$9.1 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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

17. Risk management (continued):

(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.

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

2017 Financial assets	Up to 1 year	1 to 5 years	Over 5 years	Total
Cash and cash equivalents	\$ 236,826	\$ -	\$ -	\$ 236,826
Accounts receivable	62,171	-	-	62,171
Total financial assets	\$ 298,997	\$ -	\$ -	\$ 298,997

2017 Financial liabilities	Up to 1 year	1 to 5 years	Over 5 years	Total
Accounts payable and accrued liabilities	\$ 192,066	\$ 218	\$ -	\$ 192,284
Debt	4,880	28,146	220,937	253,963
Total financial liabilities	\$ 196,946	\$ 28,364	\$ 220,937	\$ 446,247

2016 Financial assets	Up to 1 year	1 to 5 years	Over 5 years	Total
Cash and cash equivalents	\$ 254,622	\$ -	\$ -	\$ 254,622
Accounts receivable	68,750	-	-	68,750
Total financial assets	\$ 323,372	\$ -	\$ -	\$ 323,372

2016 Financial liabilities	Up to 1 year	1 to 5 years	Over 5 years	Total
Accounts payable and accrued liabilities	\$ 204,164	\$ 277	\$ -	\$ 204,441
Debt	4,307	19,315	196,208	219,830
Total financial liabilities	\$ 208,471	\$ 19,592	\$ 196,208	\$ 424,271

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements
(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

17. Risk management (continued):

(b) Liquidity risk (continued)

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

(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 Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks.

The Authority makes payments denominated in USA dollars, Great Britain pounds and other currencies. Currencies most contributing to the foreign exchange risk is the US dollar.

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

	2017	2016
US dollar per Canadian dollar	\$ 0.752	\$ 0.770

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.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2017

18. Budget:

The original budget, as approved by the Board on May 31, 2016, has been adjusted to reflect changes made to sector allocations for various programs and services and the refinement of allocation between accounts. The changes are as follows:

	Board		Restated
	Approved	Plan Reallocations	Budget
Revenues:			
Provincial government sources	\$ 1,930,251	\$ (1,930,251)	\$ -
Non-provincial government sources	162,277	(162,277)	-
Ministry of Health contributions	-	1,668,105	1,668,105
Medical Services Plan	-	139,527	139,527
Patients, clients and residents	-	99,759	99,759
Amortization	-	75,897	75,897
Recoveries from other Health Authorities and government reporting entities	-	41,112	41,112
Other contributions	-	37,997	37,997
Other	-	27,642	27,642
Investment Income	-	2,489	2,489
	2,092,528	-	2,092,528
Expenses:			
Acute	1,174,181	(272)	1,173,909
Residential care	380,232	(15)	380,217
Community care	216,068	24	216,092
Corporate	131,654		131,654
Mental health and substance use	129,728		129,728
Population health and wellness	60,665	263	60,928
	2,092,528	-	2,092,528
Annual Surplus	\$ -	\$ -	\$ -

