Lakeridge Health

Financial Statements
March 31, 2016

June 17, 2016

Independent Auditor's Report

To the Members of the Resources Committee of the Board of Trustees Lakeridge Health

We have audited the accompanying financial statements of Lakeridge Health, which comprise the statement of financial position as at March 31, 2016 and the statements of operations, remeasurement gains and losses, changes in net assets 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 financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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

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

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Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Lakeridge Health as at March 31, 2016 and the results of its operations, its remeasurement gains and losses, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

PricewaterhouseCoopers LLP

Chartered Professional Accountants, Licensed Public Accountants

Lakeridge Health

Statement of Financial Position

As at March 31, 2016

(in thousands of dollars)

	2016 $	2015 $
Assets		
Current assets		
Cash (note 3)	99,741	150,075
Short-term investments (note 4)	50,000	-
Accounts receivable (note 5)	17,408	13,854
Inventories	3,649	4,081
Prepaid expenses	2,840	1,938
	173,638	169,948
Restricted funds - Energy retrofit (note 3)	916	4,706
Other long-term assets (note 6)	1,575	1,227
Capital assets (note 7)	460,398	444,016
	636,527	619,897
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	80,978	87,890
Deferred capital contributions - capital advances (note 8)	8,789	11,295
Deferred research contributions	5,044	4,391
Deferred contributions - other	5,862	5,779
Current portion of long-term debt (note 9)	3,019	3,045
	103,692	112,400
Long-term debt (note 9)	43,562	46,584
Employee future benefit liability (note 10)	13,875	13,106
Other long-term liabilities (notes 11 and 17)	4,763	4,934
Deferred capital contributions (note 8)	343,629	340,371
	509,521	517,395
Net Assets	126,245	101,947
Accumulated remeasurement gains	761	555
	127,006	102,502
	636,527	619,897

Approved on Behalf of the Board of Directors

D Kingelin Director James Clapp Director

The accompanying notes are an integral part of these financial statements.

Lakeridge Health

Statement of Operations

For the year ended March 31, 2016

(in thousands of dollars)

	2016 $	2015 $
Revenue		
Ministry of Health and Long-Term Care (MoHLTC)	397,660	395,718
Patient services	27,287	28,327
Other ancillary revenue and recoveries	28,346	26,843
Specifically funded programs	18,591	18,217
Research grants	1,559	1,367
Amortization of deferred capital contributions - equipment	4,953	4,301
	478,396	474,773
Expenses		
Compensation and benefits	312,278	309,568
Supplies and other	56,250	54,622
Drugs	31,951	30,639
Medical and surgical supplies	20,278	20,461
Specifically funded programs	18,793	18,217
Amortization of equipment	8,488	8,018
	448,038	441,525
Excess of revenue over expenses before building amortization and interest expense	30,358	33,248
Net building amortization and interest		
Amortization of deferred capital contributions - buildings	12,321	12,497
Amortization of buildings	(16,286)	(14,609)
Interest on long-term debt	(2,095)	(2,080)
Excess of revenue over expenses for the year	24,298	29,056

The accompanying notes are an integral part of these financial statements.

Lakeridge Health

Statement of Remeasurement Gains and Losses

For the year ended March 31, 2016

(in thousands of dollars)

	2016 $	2015 $
Accumulated remeasurement gains - Beginning of year	555	1,120
Unrealized gains (losses) attributable to derivative liability	206	(565)
Accumulated remeasurement gains - End of year	761	555

The accompanying notes are an integral part of these financial statements.

Lakeridge Health

Statement of Changes in Net Assets

For the year ended March 31, 2016

(in thousands of dollars)

	2016				2015
	Invested in capital assets **$** (note 12)	**Internally restricted** **$** (note 13)	**Unrestricted** **$**	**Total** **$**	**Total** **$**
Net assets - Beginning of year	54,015	238	47,694	101,947	72,891
Excess of revenue over expenses before amortization	-	-	31,798	31,798	34,885
Amortization of capital assets	(24,774)	-	-	(24,774)	(22,627)
Amortization of deferred capital contributions	17,274	-	-	17,274	16,798
	46,515	238	79,492	126,245	101,947
Purchase of capital assets, net of disposals (note 7)	41,156	-	(41,156)	-	-
Amounts funded from deferred contributions and restricted funds, less repayments of long-term debt	(17,483)	-	17,483	-	-
Net assets - End of year	70,188	238	55,819	126,245	101,947

The accompanying notes are an integral part of these financial statements.

Lakeridge Health

Statement of Cash Flows

For the year ended March 31, 2016

(in thousands of dollars)

	2016 $	2015 $
Cash provided by (used in)		
Operating activities		
Excess of revenue over expenses for the year	24,298	29,056
Add (deduct): Non-cash items		
Amortization of capital assets (note 7)	24,774	22,627
Amortization of deferred capital contributions (note 8)	(17,274)	(16,798)
Employee future benefit expense (note 10)	1,632	1,540
	33,430	36,425
Net change in non-cash operating items (note 14)	(10,631)	(7,529)
Employee future benefits paid (note 10)	(780)	(701)
	22,019	28,195
Capital activities		
Purchase of capital assets (note 7)	(41,156)	(37,800)
Financing activities		
Proceeds of long-term debt (note 9)	-	685
Repayment of long-term debt and equipment financing	(3,048)	(2,963)
Other long-term liabilities	35	1,227
Capital contributions (note 8)		
Short-term	(2,506)	5,049
Long-term	20,532	16,355
Net change in restricted cash	3,790	6,831
	18,803	27,184
Investing activities		
Purchase of short-term investments	(50,000)	-
Increase in cash during the year	(50,334)	17,579
Cash - Beginning of year	150,075	132,496
Cash - End of year (note 3)	99,741	150,075
Supplemental information		
Interest paid (note 9)	2,857	2,945

The accompanying notes are an integral part of these financial statements.

(in thousands of dollars)

1 The Corporation

Lakeridge Health (the Hospital) was formed on July 31, 1998 by amalgamation under subsection 113(3) of the Corporations Act of Ontario and is a registered charity under the Income Tax Act (Canada). The Hospital is an amalgamation of Oshawa General Hospital, Memorial Hospital Bowmanville, North Durham Hospital Corporation and Whitby General Hospital.

Under the Health Insurance Act and the regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care (MoHLTC). The board of trustees recognizes the Hospital's ongoing dependency on the MoHLTC as the primary funding source for the Hospital's operating activities.

As provided under the Local Health System Integration Act, 2006, effective April 1, 2007, the MoHLTC assigned to the Central East Local Health Integration Network (CELHIN) all of its rights, duties and obligations under its 2007/08 Hospital Accountability Agreement with the Hospital. This assignment is aligned with the MoHLTC's transformation agenda and will enable the CELHIN to take on full responsibility for planning, funding and integrating health services in the CELHIN area, which includes the Hospital.

2 Summary of significant accounting policies

Management has prepared these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, using the deferral method of reporting restricted contributions. In preparing the financial statements, management is required to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the year. Actual results could differ from these estimates. Accounts requiring significant estimates include accounts receivable, capital assets, accrued liabilities, deferred revenue and employee future benefits.

Revenue recognition

Under the Health Insurance Act and Regulations thereto, the Hospital is primarily funded by the Province of Ontario. Operating grants are recorded as revenue in the year to which they relate.

To the extent that MoHLTC or CELHIN funding has been received with the stipulated requirement that the Hospital provides specific services, and these services have not yet been provided, the funding is deferred until such time as the services are performed and the monies spent. In the event that the services are not performed in accordance with the funding requirements, the funds received in excess of monies spent could be recovered by the MoHLTC or by the CELHIN.

Operating contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Capital contributions externally restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at a rate corresponding with the amortization rate of the related capital assets.

(in thousands of dollars)

Revenue from other agencies, patients, special programs and other sources is recognized when the service is provided.

Classification of financial instruments

All financial instruments reported on the statement of financial position of the Hospital are measured as follows:

Financial instrument	Measurement
Cash	amortized cost
Short-term investments	amortized cost
Accounts receivable	amortized cost
Cash - Restricted funds - energy retrofit	amortized cost
Accounts payable and accrued liabilities	amortized cost
Long-term debt	amortized cost
Derivative liability	fair value

The Hospital initially recognizes financial instruments at fair value and subsequently measures them at amortized cost using the effective interest rate method, less any impairment losses on financial assets, except for the derivative liability. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Inventories

Inventories are valued at the lower of cost and replacement cost, with cost being determined on a first-in, first-out basis.

Capital assets

Capital assets are recorded at acquisition cost. Amortization is provided on a straight-line basis and is based on the estimated useful service lives of the assets as follows:

Land improvements	10 - 20 years
Buildings and building service equipment	20 - 50 years
Furniture and equipment	3 - 15 years

On completion, costs in construction-in-progress are reclassified to the appropriate capital asset amount and amortization is commenced when the asset is operational.

Employee future benefits

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health-care costs.

(in thousands of dollars)

Adjustments arising from plan amendments are recognized in the year that the plan amendments occur. Actuarial gains or losses are amortized over the average remaining service period of the active employees.

The Hospital is an employer member of the Healthcare of Ontario Pension Plan (the plan), which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for the plan because insufficient information is available to apply defined benefit plan accounting principles.

3 Cash

	2016 $	2015 $
Cash - operations	99,741	150,075
Restricted funds - energy retrofit	916	4,706
	100,657	154,781

In fiscal 2012 - 2013, the Hospital entered into an agreement to retrofit certain energy systems. Under the agreement, $17,710 (note 9) was borrowed and held in trust to finance the project expenditures. At March 31, 2016, $916 (2015 - $4,706) remained in trust.

4 Short-term investments

In January 2016, the Hospital purchased a two-year redeemable guaranteed investment certificate (GIC) with an effective interest rate of 1.7%. Interest is paid annually on the anniversary date.

5 Accounts receivable

	2016 $	2015 $
MoHLTC	564	279
Insurers and patients	11,519	8,947
Foundations	2,644	357
Other	4,008	5,266
	18,735	14,849
Provision for uncollectible accounts	(1,327)	(995)
	17,408	13,854

(in thousands of dollars)

6 Other long-term assets

	2016 $	2015 $
Healthcare Insurance Reciprocal of Canada (HIROC) deposits (note 17)	655	-
Other	920	1,227
	1,575	1,227

7 Capital assets

	Cost - Beginning of year $	Additions/ Transfers $	Cost - End of year $	Accumulated amortization - Beginning of year $	Amortization expense $	Accumulated amortization - End of year $	2016 Net $	2015 Net $
Land and land improvements	7,075	225	7,300	4,081	49	4,130	3,170	2,994
Buildings and building service equipment	545,877	23,812	569,689	170,055	16,179	186,234	383,455	375,822
Furniture and equipment	185,765	23,183	208,948	146,820	8,546	155,366	53,582	38,945
Construction-in-progress	26,255	(6,064)	20,191	-	-	-	20,191	26,255
	764,972	41,156	806,128	320,956	24,774	345,730	460,398	444,016

8 Deferred capital contributions

The current portion of deferred contributions represents the unspent amount of externally restricted contributions received for specific purposes and interest earned on these funds. Included in this balance are monies received from the MoHLTC and other funding agencies, which are either available for future use or subject to a settlement process with the funding agency.

Short-term

	2016 $	2015 $
Contributions received for capital purposes - current year		
MoHLTC - redevelopment	3,420	5,019
Transfer to long-term	(5,926)	30
Net increase (decrease) for the year	(2,506)	5,049
Balance - Beginning of year	11,295	6,246
Balance - End of year	8,789	11,295

(in thousands of dollars)

Long-term

	2016 $	2015 $
Contributions received for capital purposes - current year		
Foundations - redevelopment	-	1,816
Foundations - other	2,520	1,388
Other	12,086	13,181
Transfer from short-term	5,926	(30)
Net increase for the year	20,532	16,355
Less: Amortization	(17,274)	(16,798)
Net increase (decrease) for the year	3,258	(443)
Balance - Beginning of year	340,371	340,814
Balance - End of year	343,629	340,371

9 Long-term debt

	2016 $	2015 $
Loan bearing interest at 8.40%, acquired for construction of parking garage, guaranteed by Lakeridge Health Foundation, repayable in blended monthly payments of $96, will be paid in full as of December 31, 2016	838	1,878
Loan for the purpose of financing the construction of a Central Utilities Plant at one of the Hospital's facilities, bearing interest at a floating rate based on bankers' acceptance rate of 1.20% during the year; effective October 1, 2004, an interest rate swap in the amount of $15,050 was initiated and was renegotiated to $17,500 that modified the floating interest rate on the loan to a fixed rate of 5.99% (note 11)	12,219	12,965
Fixed rate loan of $7,013 bearing interest at 5.07%, to finance approved capital redevelopment projects, repayable in monthly payments based on a 15-year amortization	3,119	3,616
Fixed rate loan of $12,500 bearing interest at 5.58%, acquired for expansion of the north parking garage at the Oshawa site, repayable based on a 25-year amortization with interest only payments for the first 5 years; principal payments commenced in January 2013	11,286	11,681
Fixed rate loan of $17,710 bearing interest at 5.25%, acquired for the retrofit of energy systems at the Hospital, repayable based on a 19-year term with the first payment scheduled to begin in January 2015. The hospital has a letter of credit amounting to $1,786 (2015 - $nil)	19,119	19,489
	46,581	49,629
Less: Amounts due within one year	3,019	3,045
	43,562	46,584

Interest expense on long-term debt was $2,095 (2015 - $2,080). Of this amount, $nil (2015 - $685) has been accrued in respect of the retrofit of energy systems loan, as payment on this loan commences in January 2015. Interest paid during the year amounted to $2,857 (2015 - $2,945).

(in thousands of dollars)

Principal repayments due in each of the next five years and thereafter on long-term debt are as follows:

	$
2017	3,019
2018	2,371
2019	2,569
2020	2,779
2021	3,006
Thereafter	32,837
	46,581

10 Employee future benefits

The Hospital provides certain post-employment benefits to some of its employees. The most recent actuarial valuation for the Hospital was performed April 1, 2015.

Information about the Hospital's employee future benefits obligations, in aggregate, is as follows:

	2016 $	2015 $
Employee future benefit liability		
Balance - Beginning of year	13,898	13,059
Employer current service cost	1,004	887
Amortization of actuarial losses	137	71
Interest cost	491	582
Benefits paid	(780)	(701)
Balance - End of year	14,750	13,898
Short-term portion included in accrued liabilities	875	792
Long-term portion	13,875	13,106
	14,750	13,898
Reconciliation of accrued benefit obligation		
Accrued benefit obligation	15,944	16,795
Unamortized experience losses	(1,194)	(2,897)
	14,750	13,898

(in thousands of dollars)

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

	2016	2015
Discount rate to determine accrued benefit obligation	3.25%	3.00%
Dental cost increases	3.00%	4.00%
Extended health-care cost escalations, decreasing by 0.25% per annum to an ultimate rate of 4.50% in 2020 and thereafter	6.75%	7.00%
Expected average remaining service life of employees	15	15

11 Other long-term liabilities

	2016 $	2015 $
Fair value adjustment in respect of derivative liability	3,501	3,707
HIROC liability (note 17)	342	-
Other	920	1,227
	4,763	4,934

Derivative liability

The Hospital has a credit facility for the financing of construction of a central utilities plant at one of the Hospital's facilities in the amount of $17,500. The Hospital entered into an interest rate swap agreement to modify the floating rate of interest on the loan from bankers' acceptance rate of 1.20% to a fixed rate of 5.99%. The start date of this interest rate swap was October 1, 2004 with a maturity date of May 1, 2027. The notional value of the derivative financial instrument was initially $15,050 but was renegotiated to $17,500. The fair value of the interest rate swap at March 31, 2016 is $3,501 (2015 - $3,707). The change in fair value during the year of $206 is recorded in the statement of remeasurement gains.

12 Net assets invested in capital assets

	2016 $	2015 $
Capital assets (note 7)	460,398	444,016
Less: Amounts financed by		
Deferred capital contributions (note 8)	(343,629)	(340,371)
Long-term debt (note 9)	(46,581)	(49,629)
	70,188	54,015

(in thousands of dollars)

13 Internally restricted

The Hospital has restricted $170 (2015 - $170) for major capital refurbishment of the parking garage.

The Hospital has also restricted $68 (2015 - $68) for the replacement of specialized cancer related equipment at the McLaughlin Durham Regional Cancer Centre.

14 Net change in non-cash operating items

	2016 $	2015 $
Decrease (increase) in assets		
Accounts receivable	(3,554)	3,098
Inventories	432	(1,045)
Prepaid expenses	(902)	515
Other long-term assets	(348)	(1,227)
	(4,372)	1,341
Increase (decrease) in liabilities		
Accounts payable and accrued liabilities	(6,995)	(9,580)
Deferred research contributions	653	466
Deferred contributions - other	83	244
	(6,259)	(8,870)
	(10,631)	(7,529)

15 Lease commitments

The Hospital is committed under operating leases for various facilities until 2035. Minimum payments due in each of the next five remaining years of the leases are as follows:

	$
2017	1,375
2018	979
2019	898
2020	573
2021	203
	4,028

(in thousands of dollars)

16 Pension plan

Substantially all of the employees of the Hospital are members of the plan, which is a multi-employer final average pay contributory pension plan. Employer contributions made to the plan during the year by the Hospital amount to $18,590 (2015 - $18,125) and are recorded as compensation and benefits. The most recent actuarial valuation of the plan as at December 31, 2015 indicates the plan is fully funded.

17 Contingent liabilities and guarantees

- Due to the nature of its operations, the Hospital is periodically subject to lawsuits in which the Hospital is a defendant, as well as grievances filed by its various unions. In the opinion of management, the resolution of any current lawsuits and/or grievances would not have a material effect on the financial position or results of operations.

- In the normal course of business, the Hospital enters into agreements that meet the definition of a guarantee. The Hospital's primary guarantees are as follows:

  - Indemnity has been provided to all directors and officers of the Hospital for various items including, but not limited to, all costs to settle suits or actions due to association with the Hospital, subject to certain restrictions. The Hospital has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits or actions. The term of the indemnification is not explicitly defined, but is limited to the period over which the indemnified party served as a director or officer of the Hospital. The maximum amount of any potential future payment cannot be reasonably estimated.

  - In the normal course of business, the Hospital has entered into agreements that include indemnities in favour of third parties, such as purchase and sale agreements, confidentiality agreements, engagement letters with advisers and consultants, outsourcing agreements, leasing contracts, information technology agreements and service agreements. These indemnification agreements may require the Hospital to compensate counterparties for losses incurred by the counterparties as a result of breaches in representation and regulations or as a result of litigation claims or statutory sanctions that may be suffered by the counterparty as a consequence of the transaction. The terms of these indemnities are not explicitly defined and the maximum amount of any potential reimbursement cannot be reasonably estimated.

  The nature of these indemnification agreements prevents the Hospital from making a reasonable estimate of the maximum exposure due to the difficulties in assessing the amount of liability that stems from the unpredictability of future events and the coverage offered to counterparties. Historically, the Hospital has not made any significant payments under such or similar indemnification agreements and, therefore, no amount has been accrued in the statement of financial position with respect to these agreements.

- The Hospital is a member in HIROC and therefore has an economic interest in HIROC. HIROC is a pooling of the public liability insurance risks of its members, which are Canadian not-for-profit health-care organizations. All members of the HIROC pool pay annual premiums, which are actuarially determined. All members are subjects to assessment for losses, if any, experienced by the pool for the years in which they were members. No assessments have been made for the years ended March 31, 2016 and March 31, 2015.

(in thousands of dollars)

Since its inception in 1987, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income, less the obligations for claims reserves and expenses and operating expenses.

In 2015, the Hospital entered into an agreement with HIROC whereby HIROC continues to provide indemnity insurance to the Hospital; however, the cost of investing and defending any litigation claims, previously included in the insurance premium, will be borne by the Hospital.

Under this agreement, the Hospital provides deposits to HIROC Management Limited (HML), which acts as an agent to pay legal expenses on behalf of the Hospital. For the year ended March 31, 2016, the Hospital has recorded legal expenses of $713 (2015 - $nil) based on the assessment of the actuary engaged by HML, which have been included in the statement of operations. As at March 31, 2016, the deposit balance was $890 (2015 - $nil), of which $655 (2015 - $nil) is not expected to be used within one year and is therefore disclosed as a long-term asset (note 6), and the total liability was estimated to be $645 (2015 - $nil), of which $342 (2015 - $nil) is not expected to be paid within one year and is therefore disclosed as a long-term liability (note 11).

18 Risk management

Credit risk

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation, thus resulting in the other party incurring a financial loss. The Hospital is exposed to credit risk on its accounts receivable. Within the insurers and patients accounts receivable balance, 82% (2015 - 81%) represents receivables that have been outstanding for less than 60 days.

Interest rate risk

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

The long-term debt generally bears interest at fixed rates, except for the loan for the purpose of financing the construction of a central utilities plant. The Hospital mitigates interest rate risk on the loan through a derivative financial instrument that exchanges the variable rate inherent in the long-term debt for a fixed rate (note 11). Therefore, fluctuations in market interest rates would not impact future cash flows of the Hospital.

(in thousands of dollars)

Liquidity risk

Liquidity risk is the possible risk of not being able to meet financial obligations when due. The Hospital manages its liquidity risk by forecasting cash flows from operations and anticipating capital, investing and financing requirements.

					2016
	Up to 6 months $	More than 6 months - up to 1 year $	More than 1 year - up to 5 years $	More than 5 years $	Total $
Accounts payable and accrued liabilities	72,309	8,669	-	-	80,978
Long-term debt	1,621	1,398	10,725	32,837	46,581
Other long-term liabilities	-	-	4,763	-	4,763
	73,930	10,067	15,488	32,837	132,322

					2015
	Up to 6 months $	More than 6 months up to 1 year $	More than 1 year up to 5 years $	More than 5 years $	Total $
Accounts payable and accrued liabilities	80,647	7,243	-	-	87,890
Long-term debt	1,491	1,554	10,772	35,812	49,629
Other long-term liabilities	-	-	4,934	-	4,934
	82,138	8,797	15,706	35,812	142,453

19 Related party transactions

Foundations

The Hospital is related to the Lakeridge Health Foundation (formerly The Oshawa Hospital Foundation), The Memorial Hospital Foundation - Bowmanville, Port Perry Hospital Foundation and Lakeridge Health Whitby Foundation (the foundations). The foundations raise funds to support projects of the Hospital.

The Hospital does not exercise control or significant influence over the foundations; consequently, these financial statements do not include assets, liabilities and activities of the foundations.

(in thousands of dollars)

Amounts receivable from the foundations related to capital are as follows:

	2016 $	2015 $
Lakeridge Health Foundation	1,140	249
The Memorial Hospital Foundation - Bowmanville	1,460	20
Port Perry Hospital Foundation	44	37
Lakeridge Health Whitby Foundation	-	51
	2,644	357

Shared services

The Hospital is a member of Plexxus, a not-for-profit shared service organization with 11 hospital owner/members (of which the Hospital is one). Funded by the members, the objective of Plexxus is to work collaboratively with stakeholders to deliver cost efficient services.

20 Comparative figures

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