FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2011

FINANCIAL STATEMENTS

MARCH 31, 2011

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STATEMENT OF MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL STATEMENTS

The accompanying financial statements of Nipigon District Memorial Hospital are the responsibility of management and have been approved by the Board of Directors.

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. The preparation of the financial statements necessarily involves management's judgment and estimates of the expected outcomes of current events and transactions with appropriate consideration to materiality.

Nipigon District Memorial Hospital maintains systems of internal accounting and financial controls. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable, accurate, and that assets are properly accounted for and safeguarded.

The Board is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Operations Committee. The Committee meets with management and the external auditors to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the financial statements and the external auditors' report. The Committee reports its findings to the Board for consideration when approving the financial statements.

The financial statements have been audited by Grant Thornton LLP, the external auditors, in accordance with Canadian generally accepted auditing standards.

Catherine Collinson

Chief Executive Office

Eila MacLean

Chief Financial Officer

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Independent Auditor's Report

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To the Members of Nipigon District Memorial Hospital

We have audited the accompanying financial statements of Nipigon District Memorial Hospital, which comprise the statement of financial position as at March 31, 2011, the statement of operations, changes in net assets and cash flows for the year then ended, and 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 generally accepted accounting principles, 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 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 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.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Nipigon District Memorial Hospital as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Grant Thornton LLP

Thunder Bay, Canada May 30, 2011

Chartered Accountants Licensed Public Accountants



STATEMENT OF FINANCIAL POSITION

Year	ended	Mar	ch	31
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Year ended March 31	2011 \$	2010
ASSETS		
Current		
Cash	781,726	918,740
Term deposit	109,358	105,785
Accounts receivable	260,020	160,600
Inventory [note 2]	89,916	112,304
Prepaid expenses	149,635	164,350
	1,390,655	1,461,779
Restricted cash	112,401	109,251
Restricted term deposit	338,754	326,197
Capital, net [note 3]	8,952,946	9,322,431
	10,794,756	11,219,658
LIABILITIES Current Accounts payable and accrued liabilities	854,290	810,624
Deferred operating contributions [note 4]	11,662	8,732
	865,952	819,356
Long term		
Deferred capital contributions [note 5]	7,248,712	7,578,675
Employee future benefits [note 6]	539,500	546,900
	7,788,212	8,125,575
NET ASSETS		
Investment in capital assets [note 7a]	1,704,234	1,743,756
Restricted	451,155	435,448
Unrestricted	(14,797)	95,523
	2,140,592	2,274,727
	10,794,756	11,219,658

Commitments [note 8], Contingent liabilities [note 9]

Approved on behalf of the Board of Directors:

Director

Director

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STATEMENT OF OPERATIONS

	2011 \$	2010 \$
REVENUE		
Ministry of Health and Long-Term Care and		
North West Local Health Integration Network [note 10]	5,993,765	5,869,625
Patient services	265,117	242,856
Preferred accommodation and co-payments	548,994	525,756
Other revenue [note 11]	490,577	451,915
Beardmore Regional Health Centre [schedule 1]	236,784	224,367
Diabetes Education Program [schedule 2]	46,187	40,677
Fundraising [schedule 3]	27,689	29,533
Handi-Transit Program [schedule 4]	40,039	1,661
Nurse Practitioner [schedule 5]	120,417	136,681
Municipal taxes	2,775	2,775
	7,772,344	7,525,846
TENZINGNYCZEG		
EXPENSES Salarias and was as	4 165 620	4.000.020
Salaries and wages Medical staff remuneration	4,165,630	4,000,830
Employee benefits	201,454 1,033,966	185,525
Supplies and expenses	1,466,308	1,029,024 1,388,892
Medical and surgical supplies	99,544	91,160
Drugs and medical gases	153,738	99,355
Provision of bad debts	8,158	1,782
Amortization of major equipment and information systems	257,244	250,369
Beardmore Regional Health Care [schedule 1]	236,784	224,367
Diabetes Education Program [schedule 2]	46,187	40,677
Fundraising [schedule 3]	16,883	16,503
Handi-Transit Program [schedule 4]	•	12,570
Nurse Practitioner [schedule 5]	120,417	136,681
Municipal taxes	2,775	2,775
<u> </u>	7,849,544	7,480,510
EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES		
BEFORE THE FOLLOWING	(77,200)	45,336
Amortization of land improvements, buildings		
and building service equipment	(380,944)	(377,131)
Amortization of deferred capital contributions	324,009	309,598
SHORTFALL OF REVENUE OVER EXPENSES	(134,135)	(22,197)

STATEMENT OF CHANGES IN NET ASSETS

				2011	2010
	\$	\$	\$	\$	\$
	Investment in capital assets	Restricted	Unrestricted	l Total	Total
Delegae at haginging of year	1 742 756	435,448	95,523	2,274,727	2,296,924
Balance at beginning of year	1,743,756	433,440	93,343	2,214,721	2,270,724
Excess (shortfall) of revenue over expenses	(256,407)	-	122,272	(134,135)	(22,197)
Net change in externally restricted funds	-	15,707	(15,707)	-	_
Net change in investment in capital assets [note 7 b]	216,885	_	(216,885)	*	64
BALANCE AT END OF YEAR	1,704,234	451,155	(14,797)	2,140,592	2,274,727

STATEMENT OF CASH FLOWS

Year ended M	Larch	31
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Year ended March 31	2011 \$	2010 \$
OPERATING ACTIVITIES		
Shortfall of revenue over expenses	(134,135)	(22,197)
Add charges (deduct credits) to excess of revenue over expenses not	` ' '	, , ,
involving a current payment (receipt) of cash		
Amortization of capital assets and deferred charges	644,071	633,543
Amortization of deferred capital contributions	(387,409)	(413,694)
Gain (loss) on disposal of capital assets	(255)	1,871
Employee future benefits	(7,400)	(15,000)
Changes in non-cash operational balances [note 12]	(15,721)	58,722
Cash provided by operating activities	99,151	243,245
INVESTING ACTIVITIES		
Purchase of capital assets	(274,586)	(452,456)
Proceeds from sale of capital assets	255	7,823
Increase in long-term deposit and accrued interest	(12,557)	(12,000)
Cash used in investing activities	(286,888)	(456,633)
FINANCING ACTIVITIES Deferred capital contributions received Ontario Ministry of Health and Long-Term Care Rotary Club of Nipigon Private and other donations	30,588 910 25,948	213,310 3,274 68,405
Cash provided by financing activities	57,446	284,989
INCREASE (DECREASE) IN CASH	(130,291)	71,601
Cash at beginning of year	1,133,776	1,062,175
CASH AT END OF YEAR	1,003,485	1,133,776
Cash consists of:		
Cash and term deposit	891,084	1,024,525
Restricted cash	112,401	109,251
	1,003,485	1,133,776

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

PURPOSE OF THE ORGANIZATION

Nipigon District Memorial Hospital (the "Hospital") was incorporated under the Corporations Act in January, 1956. The Hospital is principally involved in providing health care services to the Nipigon-Red Rock region of Northwestern Ontario. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Revenue recognition

The Hospital follows the deferral method of accounting for revenue received. Under this method, externally restricted contributions for operations are recognized as revenue in the year in which the related expenses are incurred. Funds externally restricted for the purchase of capital assets are recognized as revenue in an amount equal to the annual amortization of the related assets.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can reasonably be estimated and collection is reasonably assured. Revenue from the Provincial Insurance Plan, preferred accommodation, and marketed services is recognized when the goods are sold or the service is provided.

Contributed services

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

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value and are subsequently accounted for based on their classification as described below. The classification depends on the purpose for which the financial instruments were acquired and their characteristics. The Hospital uses the settlement date for valuing investment purchases and sales, as opposed to the trade date.

The Hospital has chosen to apply Handbook Section 3861, "Financial Instrument – Disclosure and Presentation" in place of Handbook Sections 3862, "Financial Instruments – Disclosure" and 3863, "Financial Instrument – Presentation" as permitted by the CICA Handbook.

Held for trading

Financial assets and financial liabilities that are acquired or incurred principally for the purpose of generating profits in the near term are classified as held for trading. These instruments are accounted for at fair value based on market prices, with the changes in fair value recognized in operations for the period. The Hospital has classified cash and term deposit as held for trading.

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

Loans, receivables and other liabilities

The carrying value of accounts receivable and accounts payable and accrued liabilities approximates its fair value due to the immediate or short-term maturity of these financial instruments.

Unless otherwise noted, it is management's opinion that the Hospital is not exposed to significant interest, currency or credit risks arising from its financial instruments.

Restricted cash and restricted term deposit

Restricted cash and restricted term deposit consist of externally restricted donations and interest earned for the certain stipulated periods. As these assets become unrestricted they may be used for such purposes that the Board approves including current operations and capital purchases.

Inventory

Inventory of general, medical and surgical supplies is valued at the lower of average cost and replacement value, whereas drugs and medical gases are carried at cost on a first-in, first-out basis.

Capital assets and amortization

Purchased capital assets are valued at cost and contributed assets are valued at their fair market value at the time of contribution. The cost of major replacements and improvements to capital assets are capitalized and the cost of maintenance and repairs are expensed when incurred.

The amortization of the capital assets is recorded annually with a corresponding reduction in investment in capital assets. All assets are amortized over their expected useful lives using the straight-line basis, at the following annual rates:

Buildings	2.5% to 5%
Building service equipment	5% to 10%
Computer software	33.3%
Major equipment	5% to 20%
Land improvements	5% to 10%

Asset impairment

The Hospital monitors events and changes in circumstances which may require an assessment of the recoverability of its long-lived assets. If required, the Hospital would assess recoverability using estimated undiscounted future operating cash flows. If the carrying amount of an asset is not recoverable, an impairment loss is recognized in operations, measured by comparing the carrying amount of the asset to its fair value.

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

Compensated absences

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the benefit plans of the Hospital.

Employee future benefits

The Hospital provides extended health care, dental and life insurance benefits to substantially all employees and accrues its obligations under employee benefit plans and the related costs. The cost of retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service from management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, revenues and expenses during the year and in the financial statements and note disclosures at the financial statement date. These estimates are made utilizing a consistent and conservative approach. Estimates are reviewed and as adjustments become necessary, they are reported in operations in the year in which they become known.

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

2. INVENTORY

	2011 \$	2010 \$
Pharmacy inventory	44,760	60,688
Supplies inventory	45,156	51,616
	89,916	112,304

3. CAPITAL ASSETS

	Cost \$	Accumulated Amortization \$	2011 Net \$	2010 Net \$
Land	141,832	-	141,832	141,832
Land improvements	790,282	623,841	166,441	185,974
Buildings and building service equipment	13,488,197	5,811,744	7,676,453	7,893,263
Major equipment and	, ,	, ,	, ,	
computer systems	3,862,779	2,894,559	968,220	1,101,362
	18,283,090	9,330,144	8,952,946	9,322,431

4. DEFERRED OPERATING CONTRIBUTIONS

Deferred operating contributions consist of the following:	2011 \$	2010 \$
Balance, beginning of year	8,732	10,766
Amount recognized as revenue during the year	•	(2,657)
Amount received related to future years	2,930	623
BALANCE, END OF YEAR	11,662	8,732

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

5. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent current and prior fiscal years' funding expended for the purchase of capital assets. These capital contributions are realized as the related capital assets are amortized.

	2011 \$	2010 \$
Balance, beginning of year	7,578,675	7,707,380
Receipts	57,446	284,989
Amortization	(387,409)	(413,694)
BALANCE, END OF YEAR	7,248,712	7,578,675
Represented by		
Unamortized portion	6,725,249	6,962,130
Unexpended portion	523,463	616,545
	7,248,712	7,578,675

Included in deferred capital contributions is a restricted deferred capital contribution in the amount of \$449,934 [2010 – \$409,251] plus accrued investment income of \$1,221 [2010 - \$26,197] deferred capital contribution will remain unamortized until the contribution becomes unrestricted which is expected to take place in 2012.

6. EMPLOYEE FUTURE BENEFITS

At March 31, 2011, the Hospital's total accrued benefit obligation related to post-retirement benefit plans (other than pension) is \$539,500 [2010 - \$546,900]. The most recent actuarial estimate was provided as at April 1, 2010. The significant actuarial assumptions adopted in estimating the Hospital's accrued benefit obligation are as follows:

Discount rate	7.5%
Dental benefits cost escalation	4.0%
Medical benefits cost escalation – extended health care	9.0%.

Included in employee benefits on the statement of operations is an amount of (\$7,400) [2010 – (\$15,000)] regarding employee future benefits. This amount is comprised of:

	2011 \$	2010 \$
Additional benefit expense	28,500	19,900
Estimated payments made by the Hospital during the year	(35,900)	(34,900)
	(7,400)	(15,000)

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

7. INVESTMENT IN CAPITAL ASSETS

(a) Investment in capital assets is calculated as follows:

a) mycomone in capital associa is calculated as follows.		
	2011	2010
	\$	\$
Capital assets at net book value	8,952,946	9,322,431
Amounts financed by		
Deferred capital contributions	(7,248,712)	(7,578,675)
	1,704,234	1,743,756
c) Change in net assets invested in capital assets is calculated as follows:		
	2011	2010
	\$	\$
Excess (deficiency) of revenue over expenses Amortization of deferred capital contributions	387,409	413,694
Amortization of capital assets and deferred charges	(644,071)	(633,543)
Gain (loss) on disposal of capital assets	255	(1,871)
	(256,407)	(221,720
Net change in capital assets		
Purchase of capital assets	274,586	452,456
Deferred capital contributions applied	(57,446)	(284,989
Proceeds from sale of capital assets	(255)	(7,823
	216,885	159,644
Change in investment in capital assets	(39,522)	(62,076)

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

8. COMMITMENTS

Under the terms of equipment and vehicle operating leases, the Hospital is committed to the following lease payments:

2012	\$ 14,628
2013	\$ 14,053
2014	\$ 8,595
2015	\$ 5,580
2016	\$ 4,185

The lease expiry dates range from October 2012 to December 2015.

9. CONTINGENT LIABILITIES

Insurance

A group of hospitals, including Nipigon District Memorial Hospital, have formed the Healthcare Insurance Reciprocal of Canada (HIROC). HIROC is a pooling of the public liability insurance risks of its members. All members of the pool pay annual premiums which are actuarially determined. All members are subject to reassessment for losses, if any, experienced by the pool for the years in which they were members, and these losses could be material. No reassessments have been made to March 31, 2011.

Employee fringe benefits

The Hospital, together with five other regional hospitals, has entered into a self insured employee benefit plan for semi-private, dental and extended health care benefits. Under the terms of the plan, the Hospital will pay for certain employee benefit claims not exceeding \$5,000 per employee per year. Any excess claims would be insured.

10. MINISTRY OF HEALTH AND LONG-TERM CARE AND NORTH WEST LOCAL INTEGRATION NETWORKING FUNDING

Under the Health Insurance Act, 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) and North West Local Health Integration Network (NW LHIN).

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

11. OTHER REVENUE

	2011 \$	2010 \$
Amortization of deferred capital contributions for major equipment	58,259	99,129
Donations	15,240	10,177
Gain (loss) on disposal of capital assets	255	(1,871)
Interest	8,878	4,272
Lifeline	11,045	10,010
Recoveries:	ŕ	,
Administrative and support services	159,574	86,867
Diagnostic and therapeutic services	5,067	19,060
Food services	29,047	39,675
Meals	37,515	32,308
Patient services	8,885	7,768
Residences	7,200	5,760
Telephone	2,295	1,924
Television	7,495	7,153
Union secondment	7,798	9,230
Rentals	132,024	120,453
	490,577	451,915

12. CHANGES IN NON-CASH OPERATIONAL BALANCES

	2011 \$	2010 \$
Accounts receivable	(99,420)	12,333
Inventory	22,388	(53)
Prepaid expenses	14,715	(31,560)
Accounts payable and accrued liabilities	43,666	80,036
Deferred operating contributions	2,930	(2,034)
	(15,721)	58,722

NOTES TO FINANCIAL STATEMENTS

March 31, 2011

13. PENSION PLAN

Most of the employees of the Hospital are members of the Hospitals of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Plan members will receive benefits based on the length of service and on the average of annualized earnings during the five consecutive years prior to retirement, termination of death, that provide the highest earnings.

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

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount require to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. On January 1, 2011 the contribution rates were 6.9% [2010 -6.9%] up to the year's maximum pensionable earnings (YMPE) and 9.2% [2010 -9.2%] above the YMPE. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2010 indicates the Plan is 101% funded. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$315,298 [2010 - \$323,778] and are included in the statement of operations.

14. CAPITAL MANAGEMENT

The Hospital considers its capital to be its net assets; invested in capital assets, and unrestricted. Its unrestricted net assets consist of amounts for future operations. The amounts invested in capital assets ensure the physical facility to provide services. The Hospital's objectives when managing its capital assets are to safeguard its ability to continue as a going concern so it can continue to provide services and to allow for future expansion. Annual budgets are developed and monitored to ensure the Hospital's capital is maintained to meet these objectives. Additionally, the Hospital, through its accountability agreement with the NW LHIN is subject to maintaining a minimum working capital ratio and is compliant.

Schedule 1

BEARDMORE REGIONAL HEALTH CENTRE

	2011 \$	2010
REVENUE		
Ministry of Health and Long-term Care	266,058	249,985
Repayable to Ministries and other agencies	(33,813)	(32,535)
Amortization of deferred capital contributions for major equipment	4,539	4,256
Other revenue and recoveries	· -	2,661
	236,784	224,367
EXPENSES		
Salaries and employee benefits	177,556	153,531
Supplies and expenses	44,966	56,450
Medical supplies and drugs	9,723	10,130
Amortization of major equipment and information systems	4,539	4,256
	236,784	224,367
EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES	<u>~</u>	i u

Schedule 2

DIABETES EDUCATION PROGRAM

	2011 \$	2010 \$
REVENUE		
Ministry of Health and Long-term Care paymaster	50,407	48,939
Repayable to Ministries and other agencies	(4,491)	(9,824)
Amortization of deferred capital contributions for major equipment	271	377
Other revenue and recoveries	-	1,185
	46,187	40,677
EXPENSES		
Salaries and employee benefits	39,240	33,940
Supplies and expenses	6,676	6,360
Amortization of major equipment and information systems	271	377
	46,187	40,677
EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES		

Schedule 3

FUNDRAISING

	2011	2010
	\$	\$
REVENUE		
Donations	27,669	29,513
Other revenue and recoveries	20	20
	27,689	29,533
EXPENSES		
Salaries and employee benefits	14,833	13,665
Supplies and expenses	1,308	2,091
Amortization of major equipment and information systems	742	747
	16,883	16,503
EXCESS OF REVENUE OVER EXPENSES	10,806	13,030

Schedule 4

HANDI-TRANSIT PROGRAM

	2011	2010
	\$	\$
REVENUE		
Donations	7,650	-
Other revenue and recoveries	32,389	1,661
	40,039	1,661
EXPENSES		
Salaries and employee benefits	16,065	-
Supplies and expenses	24,391	12,241
Amortization of major equipment and information systems	-	329
	40,456	12,570
SHORTFALL OF REVENUE OVER EXPENSES	(417)	(10,909)

Schedule 5

NIPIGON DISTRICT MEMORIAL HOSPITAL

NURSE PRACTITIONER PROGRAM

	2011 \$	2010 \$
REVENUE		
Ministry of Health and Long-term Care	123,000	122,853
Other one time or transfers from other agencies	**	9,600
Repayable to Ministries and other agencies	(2,914)	-
Amortization of deferred capital contributions for major equipment	331	334
Donations	-	1,050
Other revenue and recoveries	-	2,844
	120,417	136,681
EXPENSES		
Salaries, employee benefits and medical staff remuneration	105,426	118,624
Supplies and expenses	13,637	16,915
Medical supplies and drugs	1,023	808
Amortization of major equipment and information systems	331	334
	120,417	136,681
EXCESS (SHORTFALL) OF REVENUE OVER EXPENSES	_	-