Financial Statements of

Mount St. Mary Hospital
(Owned and Operated by the Marie Esther Society)

Year Ended March 31, 2017

DICKSON DUSANJ & WIRK

CHARTERED PROFESSIONAL ACCOUNTANTS

DICKSON
DUSANJ
& WIRK

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ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To: The Members of the Marie Esther Society

Report on Financial Statements
We have audited the statement of financial position of Mount St. Mary Hospital (the "Hospital") as at March 31, 2017 and the statements of operations, changes in net financial debt, remeasurement gains and losses and cash flows for the year then ended.

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 controls as management determines is necessary to enable the preparation of financial statement 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 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, these financial statements present fairly, in all material respects, the financial position of the Mount St. Mary Hospital as at March 31, 2017 and the results of its operations, changes in net financial debt, remeasurement gains and losses and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Dickson Dusanj & Wirk

Victoria, B.C.
June 29, 2017

Chartered Professional Accountants

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MOUNT ST. MARY HOSPITAL

(Owned and Operated by the Marie Esther Society)

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

March 31, 2017, with comparative figures for March 31, 2016

	March 31, 2017 $	March 31, 2016 $
Financial assets		
Cash and cash equivalents (note 3)	2,180	1,890
Investments (note 4)	826	1,062
Accounts receivable	102	64
	3,108	3,016
Financial liabilities		
Accounts payable and accrued liabilities	927	852
Vacation Payable	549	480
Employee future benefits (note 5)	1,373	1,322
Deferred operating contributions (note 6)	112	121
Deferred endowment revenue	42	68
Deferred capital contributions (note 7)	20,835	21,717
	23,838	24,560
Net financial debt	(20,730)	(21,544)
Non-financial assets		
Tangible capital assets (note 8)	23,843	24,680
Inventories held for use	2	7
Prepaid expenses	116	76
Restricted endowment investments (note 9)	4,771	4,552
	28,732	29,315
Accumulated surplus	8,002	7,771
Accumulated surplus is comprised of:		
Accumulated operating surplus	8,077	8,076
Accumulated remeasurement gains	(75)	(305)
	8,002	7,771

Contingent liability (note 12)

Approved by the Board of Directors:

_______________ Chair

_______________ Board Member

The accompanying notes are an integral part of these financial statements

MOUNT ST. MARY HOSPITAL

(Owned and Operated by the Marie Esther Society)

Statement of Operations and Accumulated Operating Surplus
(Amounts expressed in thousands of dollars)

Year ended March 31, 2017, with comparative figures for 2016

	Budget $ (note 2(g))	2017 $	2016 $
Revenues:			
Health Authority contributions	11,787	11,887	11,328
Patients, clients and residents	4,060	3,955	3,998
Amortization of deferred capital contributions (note 7)	1,119	1,101	1,112
Other revenue (note 10)	546	611	531
Other contributions	70	86	328
Investment income	132	140	135
	17,714	17,780	17,432
Expenses:			
Residential care (note 10)	17,714	17,780	17,439
Annual operating surplus (deficit) before endowment contribution	-	-	(7)
Endowment contributions	-	-	7
Annual operating surplus	-	-	-
Accumulated operating surplus at beginning of year	8,076	8,076	3,470
Endowment principal contribution	-	1	4,606
Accumulated operating surplus at end of year	8,076	8,077	8,076

The accompanying notes are an integral part of these financial statements

MOUNT ST. MARY HOSPITAL

(Owned and Operated by the Marie Esther Society)

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

Year ended March 31, 2017, with comparative figures for 2016

	Budget $ (note 2(g))	2017 $	2016 $
Annual operating surplus	-	-	-
Acquisition of tangible capital assets	(353)	(264)	(117)
Amortization of tangible capital assets	1,119	1,101	1,112
	766	837	995
Acquisition of inventories held for use	(20)	(17)	(12)
Acquisition of prepaid expenses	(90)	(136)	(80)
Consumption of inventories held for use	20	22	14
Use of prepaid expenses	90	96	64
Restricted endowment assets invested	(218)	(219)	(4,552)
Restricted endowment contributions and earnings	-	1	4,606
	(218)	(253)	40
Effect of net remeasurement gains (losses) for the year	25	230	(351)
Decrease in net financial debt	573	814	684
Net financial debt, beginning of year	(21,544)	(21,544)	(22,228)
Net financial debt, end of year	(20,971)	(20,730)	(21,544)

The accompanying notes are an integral part of these financial statements

MOUNT ST. MARY HOSPITAL

(Owned and Operated by the Marie Esther Society)

Statement of Remeasurement Gains and Losses
(Amounts expressed in thousands of dollars)

Year ended March 31, 2017, with comparative figures for 2016

	2017 $	2016 $
Accumulated remeasurement gains (losses), beginning of year	(305)	46
Unrealized gains (losses) attributable to:		
Portfolio investments	(60)	(199)
Endowment investments	80	(289)
Amounts reclassified to the statement of operations:		
Portfolio investments	97	87
Endowment investments	113	50
Net remeasurement gains (losses) for the year	230	(351)
Accumulated remeasurement (losses), end of year	(75)	(305)

The accompanying notes are an integral part of these financial statements

MOUNT ST. MARY HOSPITAL
(Owned and Operated by the Marie Esther Society)

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

Year ended March 31, 2017, with comparative figures for 2016

	2017 $	2016 $
Cash flows from (used in) operating activities:		
Annual operating surplus	-	-
Items not involving cash:		
Amortization of deferred capital contributions	(1,101)	(1,112)
Amortization of tangible capital assets	1,101	1,112
Retirement allowance expense	143	104
	143	104
Net change in non-cash operating items	36	(24)
Net change in cash from operating activities	179	80
Capital activities:		
Acquisition of tangible capital assets	(264)	(117)
Net change in cash from capital activities	(264)	(117)
Investing activities:		
(Purchase) proceeds from disposals and redemptions of investments	466	(545)
Proceeds from loans and advances	-	190
Restricted endowment assets invested	(219)	(4,552)
Net change in cash from investing activities	247	(4,907)
Financing activities:		
Retirement allowance benefits paid	(92)	(170)
Capital contributions	219	206
Restricted endowment contributions	1	4,606
Net change in cash from financing activities	128	4,642
Increase (decrease) in cash and cash equivalents	290	(302)
Cash and cash equivalents, beginning of year	1,890	2,192
Cash and cash equivalents, end of year	2,180	1,890

The accompanying notes are an integral part of these financial statements

1. Purpose

Mount St. Mary Hospital (the "Hospital") is a residential care facility providing complex care. Founded by the Sisters of St. Ann, the Hospital is owned and operated by the Marie Esther Society, and is directed by a Board of Directors appointed by the Marie Esther Society. The Hospital was incorporated under the Society Act of British Columbia on October 19, 1990 as a not-for-profit organization and is a registered charity exempt from tax under the Income Tax Act.

2. Significant Accounting Policies

(a) Basis of accounting:

The financial statements are 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, except in regard to the accounting for restricted contributions which is based on the Restricted Contributions Regulation 198/2011 and as advised by the Office of the Comptroller General of British Columbia ("OCG").

(b) 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 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 discount rate used to measure obligation is based on the cost of borrowing. 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.

2. Significant Accounting Policies (continued)

(b) Employee benefits (continued):

(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 Hospital to pay benefits occurs.

(a) 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. Costs include overhead directly attributable to construction and development.

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:

Buildings	20 - 35 years
Furniture and equipment	5 – 10 years

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Hospital's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets are 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. When fair value of a contributed asset cannot be reliably determined, the asset is recorded at nominal value.

(b) Revenue recognition:

Under the *Hospital Insurance Act* and *Regulation* thereto, the Hospital is funded by the Island Health Authority in accordance with the service provider agreement established and approved by the Health Authority.

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 is deferred and recognized when the fee is earned or service performed.

2. Significant Accounting Policies (continued)

(d) Revenue recognition (continued):

Under the framework described in note 2(a), externally restricted contributions are recognized 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 in the form of a depreciable tangible capital asset, in each case for use in providing services, are considered to be deferred capital contributions and are amortized to revenue at the same rate as the amortization of the associated tangible capital asset. The amortization of the deferred capital contributions is recognized over the period in which the tangible capital asset is providing 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 for the acquisition or development of a depreciable tangible capital asset are recorded as deferred operating contributions, or deferred research and designated contributions, and recognized in revenue in the year in which the stipulation or restriction on the contribution have been met by the Hospital.

(iii) Contributions restricted to be retained in perpetuity, allowing only the investment income earned thereon to be spent are recorded as restricted endowment contributions in the statement of operations for the portion to be held in perpetuity and as deferred contributions for any restricted investment income earned thereon.

Investment income includes interest recorded on an accrual basis and dividends recorded as declared, realized gains and losses on the sale of investments, and writedowns on investments where the loss in value is determined to be other-than-temporary.

Volunteers contribute a significant amount of their time each year to assist the Hospital 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 contribution of land, are recorded as revenue in the period of acquisition or transfer of title.

(e) 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.

2. Significant Accounting Policies (continued)

(e) Measurement uncertainty (continued):

Significant areas requiring the use of estimates include the estimated useful lives of tangible capital assets, contingent liabilities, fair value of designated financial instruments, 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.

(f) Financial instruments:

Upon inception and subsequent to initial recognition equity instruments quoted in an active market and any designated financial instruments are measured at fair value. All other financial assets and financial liabilities are measured at cost or amortized cost upon their inception and subsequent to initial recognition. Financial instrument classification is determined upon inception and financial instruments are not reclassified into another measurement category for the duration of the period they are held.

Financial instruments measured at fair value are classified as level 1, 2 or 3 for the purposes of describing the basis of the inputs used to measure the fair values of financial instruments in the fair value measurement category, as described below:

Level 1	Quoted prices (unadjusted) in active markets for identical assets or liabilities
Level 2	Market-based inputs other than quoted prices that are observable for the asset or liability either directly or indirectly
Level 3	Inputs for the asset or liability that are not based on observable market data; assumptions are based on the best internal and external information available and are most suitable and appropriate based on the type of financial instrument being valued in order to establish what the transaction price would have been on the measurement date in an arm's length transaction

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses. Upon settlement, the cumulative gain or loss is reclassified from the statement of re-measurement gains and losses and recognized in the statement of operations.

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 consolidated statement of operations. A write-down to reflect a loss in value is not reversed for a subsequent increase in value.

(Tabular amounts are expressed in thousands of dollars)

2. Significant Accounting Policies (continued)

(f) Financial instruments (continued):

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

i. 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 short-term 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.

ii. Portfolio investments

Portfolio investments include banker's acceptances, treasury bills, equities and bonds and are recorded at fair value. Transaction costs are recorded using the effective interest rate method.

iii. Other financial liabilities

The estimated fair market value of accrued vacation pay approximates its carrying value. The estimated fair value of accrued sick and severance pay approximates its carrying value as determined by actuarial valuation.

(g) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Hospital's Fiscal 2016/2017 Budget approved by the Board of Directors on September 19, 2016 and published in the Hospital's Service Plan. The budget is reflected in the statement of operations and accumulated operating surplus and the statement of changes in net financial assets (net debt).

3. Cash and Cash Equivalents

Cash and cash equivalents are comprised of the following:

	2017 $	2016 $
Cash	1,243	1,258
Short-term investments	937	632
	2,180	1,890

(Tabular amounts are expressed in thousands of dollars)

4. Investments

Investments are comprised of the following:

	2017 $	2016 $
Equities	826	1,062

5. Employee Future Benefits

(a) Accrued sick and severance pay

Under the terms of the employer's union contracts, employees with ten years of service and having reached a certain age are entitled to receive special payments upon retirement (or other circumstances specified in the collective agreement). These payments are based upon accumulated sick leave credits and entitlements for each year of service. The liability for amounts which may become payable to retiring employees has been estimated by independent actuarial valuation as at March 31, 2017, using an early measurement date of December 31, 2016.

The accumulated benefit obligation for sick leave and severance benefits as at March 31, 2017 are as follows:

	2017 $	2016 $
Accrued benefit obligation:		
Sick leave benefits	552	641
Severance benefits	663	709
Total unfunded obligation	1,215	1,350

(Tabular amounts are expressed in thousands of dollars)

5. Employee Future Benefits (continued)

(a) Accrued sick and severance pay (continued):

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

	2017 $	2016 $
Balance, beginning of year	1,322	1,388
Current service cost	98	93
Amortization	(7)	(33)
Interest expense	52	44
Net benefit expense	143	104
Benefits paid	(92)	(170)
Balance, end of year	1,373	1,322

The significant actuarial assumptions adopted in measuring the Hospital's accrued sick and severance liabilities 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 the years ended March 31		
Discount rate	3.93%	3.98%
Rate of compensation increase	2.50%	2.50%
Expected future inflationary increase	2.00%	2.00%

(b) Employee pension benefits

The Hospital and its employees contribute to the Municipal Pension Plan, a multi-employer defined benefit pension plan governed by the BC Public Sector Pension Plans Act. Employer contributions to the Municipal Pension Plan of $918,699 (2016 - $922,684) were expensed during the year.

(c) Employee healthcare benefits

The Hospital contributes to the Healthcare Benefit Trust and BC Health Services multi-employer plans for group life insurance, accidental death and dismemberment, extended health and dental, and long-term disability benefits for employees. Employer contributions to the Healthcare Benefit Trust of $956,693 (2016 - $989,390) and to BC Health Services of $72,563 (2016 - $64,118) were expensed during the year.

(Tabular amounts are expressed in thousands of dollars)

6. Deferred Operating Contributions

Deferred contributions represent unspent resources externally restricted for special programs. These programs include additional staff training to enhance resident care, pet therapy, gardens, pastoral care, resident activities, and one-time operating funding from the Health Authority deferred from the prior fiscal year. Changes in deferred contributions balance are as follows:

	2017 $	2016 $
Balance, beginning of year	121	244
Donations received	77	205
Amounts recognized as revenue in the year	(86)	(328)
Balance, end of year	112	121

7. Deferred Capital Contributions

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

	2017 $	2016 $
Balance, beginning of year	21,717	22,623
Capital funding	219	206
Amounts recognized as revenue in the year	(1,101)	(1,112)
Balance, end of year	20,835	21,717

The balance of unamortized capital contributions related to property and equipment consists of the following:

	2017 $	2016 $
Unamortized capital contribution used to purchase property and equipment	20,103	20,940
Unspent contributions	732	777
Balance, end of year	20,835	21,717

(Tabular amounts are expressed in thousands of dollars)

8. Tangible Capital Assets

Cost

	March 31, 2016 $	Additions $	Disposals $	March 31, 2017 $
Land	3,740	-	-	3,740
Building	32,786	124	-	32,910
Equipment	5,017	140	-	5,157
	41,543	264	-	41,807

Accumulated Amortization

	March 31, 2016 $	Amortization $	Adjustment $	March 31, 2017 $
Building	12,297	962	-	13,259
Equipment	4,566	139	-	4,705
	16,863	1,101	-	17,964

Net Book Value

	2017 $	2016 $
Land	3,740	3,740
Building	19,651	20,489
Equipment	452	451
	23,843	24,680

9. Restricted Endowment Investments

Restricted endowment investments are comprised of the following:

	2017 $	2016 $
Cash	377	30
Short-term investments	1,484	1,432
Fixed income	82	65
Equities	2,828	3,025
	4,771	4,552

(Tabular amounts are expressed in thousands of dollars)

10. Statement of Operations

Other revenue is comprised of the following:

	2017 $	2016 $
Cafeteria	93	70
Resident services	65	63
Parking fees	53	52
Community bathing	4	4
Wage recovery	96	140
Endowment revenue	218	155
Other	82	47
	611	531

Residential care is comprised of the following:

	2017 $	2016 $
Salaries, wages and benefits	13,982	13,729
Amortization of property and equipment	1,101	1,112
Supplies	1,170	1,093
Laundry and other purchased services	439	433
Pharmacy costs	396	344
Utilities	286	256
Premises	259	250
Sundry	125	133
Special Programs	22	89
	17,780	17,439

11. Risk Management

The Hospital has a comprehensive risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The risks that arise from transacting financial instruments include credit risk, currency risk, interest rate risk, liquidity risk and other price risk. There have been no significant changes in the Hospital's risk exposure from the prior year.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause financial loss for the other party by failing to discharge an obligation. Financial instruments that potentially subject the Hospital to credit risk consist primarily of accounts receivable. Accounts receivable are not concentrated with any single party, and therefore the Hospital is not subject to any significant concentration of credit risk.

11. Risk Management (continued)

Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Hospital is not exposed to significant currency risks arising from its financial instruments.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Hospital is not exposed to significant interest rate risks arising from its financial instruments.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. Cash flow from operations provides a substantial portion of the Hospital's cash requirements. The Hospital is not exposed to significant liquidity risks arising from its financial instruments.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate or foreign currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Hospital is not exposed to significant other price risk.

12. Contingent Liability

The nature of the Hospital's activities is such that there may be litigation pending or in progress at any time. Any outstanding claims at March 31, 2017 are not expected to have a material effect on the Hospital's financial position. Outstanding contingencies are reviewed on an ongoing basis and are provided for in the financial statements based on management's best estimate of the ultimate settlement. No contingencies have been recorded in the year (2016: $0).

13. Impact of Accounting for Restricted Contributions in Accordance with Section 23.1 of the Budget Transparency and Accountability Act:

As disclosed in the significant accounting policies note 2, Restricted Contributions Regulation 198/2011 requires the Hospital to recognize revenue from restricted contributions for the purpose of acquiring or developing a depreciable tangible capital asset on the same basis as the related amortization expense of the tangible capital asset. As these transfers do not contain stipulations or restrictions creating a liability over the term of the expected useful life of a related capital tangible assets, PSAS would require these contributions to be recognized in revenue as a tangible capital asset is acquired or developed and construction of a tangible capital asset is complete.

(Tabular amounts are expressed in thousands of dollars)

13. Impact of Accounting for Restricted Contributions in Accordance with Section 23.1 of the Budget Transparency and Accountability Act (continued):

The impact of the departure from PSAS on the financial statements of the Hospital is as follows:

For the year ended March 31, 2016	
Decrease in operating surplus	$995
As at March 31, 2016	
Increase in accumulated operating surplus	$20,940
Decrease in deferred capital contribution	$20,940
For the year ended March 31, 2017	
Decrease in operating surplus	$837
As at March 31, 2017	
Increase in accumulated operating surplus	$20,103
Decrease in deferred capital contribution	$20,103

14. Residents' Trust Funds

	2017 $	2016 $
Residents' funds held in trust	57	51

The residents' funds held in trust are not included in the accompanying financial statements.

15. Comparative Figures

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