

Financial Statements of

**INSTITUTE OF HEALTH
ECONOMICS**

Year ended March 31, 2019

INSTITUTE OF HEALTH ECONOMICS

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Year ended March 31, 2019

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INDEPENDENT AUDITORS' REPORT

To the Members of Institute of Health Economics

Opinion

We have audited the financial statements of Institute of Health Economics (the Entity), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2019, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

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



Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.



- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity's to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants

Edmonton, Canada

July 22, 2019

INSTITUTE OF HEALTH ECONOMICS

Statement of Financial Position

March 31, 2019, with comparative information for 2018

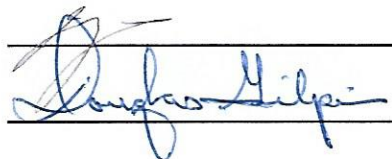
	2019	2018
Assets		
Current assets:		
Cash	\$ 857,806	\$ 688,582
Term deposits (note 2)	3,097,626	3,361,750
Accounts receivable	851,290	2,976,780
Prepaid expenses	109,102	53,406
Research advances (note 3)	-	291,342
	<u>4,915,824</u>	<u>7,371,860</u>
Capital assets (note 4)	252,886	197,111
	<u>\$ 5,168,710</u>	<u>\$ 7,568,971</u>

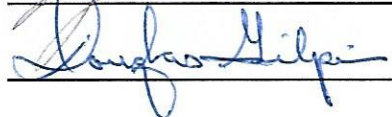
Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities (note 5)	\$ 518,576	\$ 718,558
Deferred contributions (note 6)	3,376,818	5,243,969
Deferred membership fees	41,667	341,667
	<u>3,937,061</u>	<u>6,304,194</u>
Unamortized deferred capital contributions (note 7)	43,416	14,842
Deferred lease inducement (note 4)	127,766	103,184
	<u>171,182</u>	<u>118,026</u>
Net assets:		
Invested in capital assets	81,703	79,085
Unrestricted	978,764	1,067,666
	<u>1,060,467</u>	<u>1,146,751</u>
Commitments (note 9)		
	<u>\$ 5,168,710</u>	<u>\$ 7,568,971</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Director

 Director

INSTITUTE OF HEALTH ECONOMICS

Statement of Operations

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Revenue:		
Grants and research (note 6)	\$ 4,688,383	\$ 4,372,508
Memberships	600,000	700,000
Grant administration fees	432,631	382,281
Rental and other income	185,250	42,000
Amortization of deferred capital contributions (note 7)	29,743	11,688
Investment income	20,151	5,665
	<u>5,956,158</u>	<u>5,514,142</u>
Expenses:		
Grant and research projects (note 8)	4,557,062	4,217,998
Salaries and benefits	531,813	302,919
Rent (note 4)	443,081	444,373
Consultants and temporary staff	180,470	199,899
Office	112,944	141,842
Amortization	69,499	53,143
Professional fees	69,308	40,386
Meetings	54,114	91,434
Marketing and branding	17,759	8,911
Loss on disposal of capital assets	-	431
	<u>6,036,050</u>	<u>5,501,336</u>
Secretariat Administration:		
Fees	215,071	259,622
Salaries	(173,120)	(169,756)
Office and general	(48,343)	(83,280)
	<u>(6,392)</u>	<u>6,586</u>
Excess (deficiency) of revenues over expenses	\$ (86,284)	\$ 19,392

See accompanying notes to financial statements.

INSTITUTE OF HEALTH ECONOMICS

Statement of Changes in Net Assets

Year ended March 31, 2019, with comparative information for 2018

	Invested in capital assets	Unrestricted	2019 Total	2018 Total
Balance, beginning of year	\$ 79,085	\$ 1,067,666	\$ 1,146,751	\$ 1,127,359
Excess (deficiency) of revenue over expenses	(23,024)	(63,260)	(86,284)	19,392
Investment in capital assets	25,642	(25,642)	-	-
Balance, end of year	\$ 81,703	\$ 978,764	\$ 1,060,467	\$ 1,146,751

See accompanying notes to financial statements.

INSTITUTE OF HEALTH ECONOMICS

Statement of Cash Flows

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues over expenses	\$ (86,284)	\$ 19,392
Items not involving cash:		
Amortization	69,499	53,143
Amortization of deferred capital contributions	(29,743)	(11,688)
Amortization of deferred lease inducement	(16,732)	(16,732)
Loss on disposal of capital assets	-	431
	(63,260)	44,546
Changes in non-cash operating working capital:		
Decrease (increase) in accounts receivable for operations	2,125,490	(2,766,859)
Decrease (increase) in prepaid expenses	(55,696)	3,394
Decrease (increase) in research advances	291,342	(6,668)
Increase (decrease) in accounts payable and accrued liabilities	(199,983)	5,034
Increase (decrease) in deferred contributions	(1,867,151)	2,954,802
Increase (decrease) in deferred membership fees	(300,000)	200,000
	(69,258)	434,249
Financing:		
Increase in unamortized deferred capital contributions	58,317	15,583
Increase in deferred lease inducement	41,315	-
	99,632	15,583
Investing:		
Purchase of capital assets	(125,274)	(73,031)
Purchase (redemption) of term deposits	264,124	(2,861,750)
	138,850	(2,934,781)
Increase (decrease) in cash	169,224	(2,484,949)
Cash, beginning of year	688,582	3,173,531
Cash, end of year	\$ 857,806	\$ 688,582
Supplemental cash flow information:		
Investment income received	\$ 56,374	\$ 18,325

See accompanying notes to financial statements.

INSTITUTE OF HEALTH ECONOMICS

Notes to Financial Statements

Year ended March 31, 2019

Nature of operations:

The Institute of Health Economics (the "Institute") is a unique partnership of government, academia and industry representatives committed to providing relevant research that will help policy makers formulate decisions regarding the best means of delivering health care while ensuring optimal use of resources. The Institute is a not-for-profit organization incorporated under the Companies Act of Alberta. As a not-for-profit organization, pursuant to Section 149(1)(l) of the Income Tax Act, the Institute is not subject to income taxes.

1. Significant accounting policies:

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook. The Institute's significant accounting policies are as follows:

(a) Revenue recognition:

The Institute follows the deferral method of accounting for contributions and related administrative fees. Restricted contributions, which include grants and sponsorships are recognized as revenue in the year in which related expenses are incurred.

Contributions of capital assets and contributions restricted for the purchase of capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related capital asset.

Unrestricted contributions, which include membership fees and administration fees and are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Investment income is recognized in the statement of operations when earned if unrestricted or deferred if external restrictions are imposed on the investment income. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Contributions in-kind are recorded at the fair value of the services provided.

(b) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. The Institute has not elected to carry any such financial instruments at fair value.

INSTITUTE OF HEALTH ECONOMICS

Notes to Financial Statements (continued)

Year ended March 31, 2019

1. Significant accounting policies (continued):

(b) Financial instruments (continued):

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Institute determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Institute expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

(c) Capital assets:

Capital assets are recorded at cost and are amortized using the straight-line method and the following annual rates:

Asset	Rate
Furniture and fixtures	5 - 10 years
Computer hardware	3 years
Computer software	2 years
Leasehold improvements	5 - 10 years

Amortization of leasehold improvements is recorded over the remaining term of the lease.

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Notes to Financial Statements (continued)

Year ended March 31, 2019

1. Significant accounting policies (continued):

(d) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. Significant estimates relate to the amortization of capital assets, the collectibility of accounts receivable and the completeness of accounts payable and accrued liabilities. Actual results could differ from those estimates.

2. Term deposits:

Term deposits carry interest rates ranging from 1.2% to 2.3% (2018 - 0.9% to 1.2%) and have maturity dates from April 10, 2019 to March 20, 2020 (2018 - July 19, 2018 to February 27, 2019).

3. Research advances:

Research advances represent restricted amounts advanced to certain research projects and educational institutions that were not spent by the end of the fiscal year.

4. Capital assets:

			2019	2018
	Cost	Accumulated amortization	Net book value	Net book value
Furniture and fixtures	\$ 168,412	\$ 117,078	\$ 51,334	\$ 41,404
Computer hardware	113,261	64,059	49,202	27,999
Computer software	13,861	6,349	7,512	4,433
Leasehold improvements	313,281	168,443	144,838	123,275
	<u>\$ 608,815</u>	<u>\$ 355,929</u>	<u>\$ 252,886</u>	<u>\$ 197,111</u>

Amortization of \$16,732 (2018 - \$16,732) of lease inducements are included as a reduction to rent.

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Notes to Financial Statements (continued)

Year ended March 31, 2019

5. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$49,948 (2018 - \$30,492) which includes amounts payable for GST and payroll related taxes.

6. Deferred contributions:

Deferred contributions represent unspent grant and research resources, externally restricted for research.

	2019	2018
Deferred contributions, beginning of year	\$ 5,243,969	\$ 2,289,167
Contributions received or receivable	2,957,766	7,540,202
Investment income earned on unexpended funds	36,223	12,660
Recognized as grant revenue in the year	(4,097,291)	(3,976,315)
Recognized as research revenue during the year	(169,573)	(223,881)
Repayment of contract funds	(129,148)	-
Transfer to unamortized deferred capital contributions (note 7)	(58,317)	(15,583)
Recognized as grant administration fees during the year	(387,830)	(382,281)
Transfer between accounts receivable	(18,981)	-
Deferred contributions, end of year	\$ 3,376,818	\$ 5,243,969

Grant and research revenue recognized during the year of \$4,488,299 (2018 - \$4,200,196) were received from federal and provincial government sources. The majority of grant and research funding is received from Alberta Health.

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Notes to Financial Statements (continued)

Year ended March 31, 2019

7. Unamortized deferred capital contributions:

Unamortized deferred capital contributions represent funds that have been expended on capital assets. The contributions are recognized as revenue as the related capital assets are amortized.

	2019	2018
Unamortized deferred capital contributions, beginning of year	\$ 14,842	\$ 10,947
Transfers from deferred grant funds (note 6)	58,317	15,583
Amounts recognized as revenue in the year	(29,743)	(11,688)
Unamortized deferred capital contributions, end of year	\$ 43,416	\$ 14,842

8. Grant and research projects:

During the year, the Institute incurred the following eligible expenditures for grant and research projects:

	2019	2018
Salaries and benefits	\$ 2,700,245	\$ 2,228,812
Consultants and temporary staff	1,288,674	1,422,459
Honoraria and sponsorships	210,682	215,696
Travel	164,084	157,089
Meetings	94,279	107,000
Office	47,646	59,660
Professional fees	34,571	13,564
Printing and advertising	16,881	13,718
	\$ 4,557,062	\$ 4,217,998

INSTITUTE OF HEALTH ECONOMICS

Notes to Financial Statements (continued)

Year ended March 31, 2019

9. Commitments:

The Institute is committed to payments under operating leases for office premises and office equipment, which extend up to May 2025. The minimum annual lease payments for office space do not include property taxes, insurance, utilities and other operating costs.

2020	\$	368,939
2021		367,635
2022		375,565
2023		375,565
2024 and thereafter		828,891
	\$	<u>2,316,595</u>

10. Pension plan:

The Institute maintains a defined contribution pension plan in the form of RRSP contributions for its employees. During the year, the expense incurred for this plan was \$135,657 (2018 - \$99,838) and is equal to the Institute's required contribution for the year.

11. Financial risks and concentration of credit risk:

The Institute has a risk-management framework to monitor, evaluate and manage the principal risks assumed with its financial instruments. The risks that arise from transacting financial instruments include credit risk, liquidity risk and price risk. Price risk arises from changes in interest rate, foreign currency exchange rates and market prices. The Institute does not use derivative financial instruments to mitigate these risks.

Except as noted below, it is management's opinion that the Institute is not exposed to significant interest, currency or credit risk arising from its financial instruments.

Changes in interest rates and credit ratings are the main cause of changes in the fair value of interest bearing instruments resulting in a favourable or unfavourable variance compared to book value. Interest rate risk is mitigated by managing maturity dates and payment frequency. Credit risk is managed by investing only with accredited chartered banks and providing trade terms to credit worthy entities.

12. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect prior year earnings.