

Financial Statements of

**MICHAEL SMITH FOUNDATION FOR  
HEALTH RESEARCH**

Year ended March 31, 2015



**KPMG LLP**  
**Chartered Accountants**  
Metrotower II  
Suite 2400 - 4720 Kingsway  
Burnaby BC V5H 4N2  
Canada

Telephone (604) 527-3600  
Fax (604) 527-3636  
Internet www.kpmg.ca

## INDEPENDENT AUDITORS' REPORT

To the Members of the  
Michael Smith Foundation for Health Research

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Michael Smith Foundation for Health Research, which comprise the statement of financial position as at March 31, 2015, the statements of operations and cash flows for the year ended March 31, 2015, and notes, comprising a summary of significant accounting policies and other explanatory information.

#### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these 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.

#### *Auditors' Responsibility*

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation 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 Michael Smith Foundation for Health Research as at March 31, 2015 and its result of operations and its cash flows for the year ended March 31, 2015 in accordance with Canadian accounting standards for not-for-profit organizations.



### **Report on Other Legal and Regulatory Requirements**

As required by the Society Act (British Columbia), we report that, in our opinion, the accounting policies applied in preparing and presenting the financial statements in accordance with the Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.

*KPMG LLP*

Chartered Accountants

June 26, 2015

Burnaby, Canada

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

## Statement of Financial Position

March 31, 2015, with comparative information for 2014

	2015	2014
<b>Assets</b>		
Current assets:		
Cash	\$ 2,104,481	\$ 1,843,482
Contributions and other amounts receivable	3,322,379	15,111,775
Short-term investments (note 3)	111,068,558	62,123,927
Prepaid expenses and deposits	115,878	100,105
	<u>116,611,296</u>	<u>79,179,289</u>
Long-term investments (note 3)	3,231,169	3,013,992
Capital assets (note 4)	142,105	92,622
	<u>\$ 119,984,570</u>	<u>\$ 82,285,903</u>

## Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 516,807	\$ 479,265
Grants payable	17,574	-
	<u>534,381</u>	<u>479,265</u>
Deferred contributions (note 5):		
Contributions for expenses of future periods	102,594,193	64,193,758
Capital contributions	142,105	92,622
Sponsored projects	14,447,352	15,253,719
	<u>117,183,650</u>	<u>79,540,099</u>
Net assets:		
Restricted for endowment purposes	2,266,539	2,266,539
Commitments (note 6)		
	<u>\$ 119,984,570</u>	<u>\$ 82,285,903</u>

See accompanying notes to financial statements.

Approved on behalf of the Foundation:

  
\_\_\_\_\_

Director

  
\_\_\_\_\_

Director

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

## Statement of Operations

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Revenue:		
Contributions recognized in current year (note 6(a))	\$ 13,745,726	\$ 15,145,879
Contributions recognized in current year – sponsored projects (note 6(c))	3,406,367	4,316,557
Amortization of deferred capital contributions (note 6(b))	54,169	41,244
Other	533,357	525,051
	<u>17,739,619</u>	<u>20,028,731</u>
Expenses:		
Programs and projects		
Career	5,769,934	6,185,835
Trainee	1,923,103	1,638,696
Research networks	437,500	700,000
Monitoring, evaluation, and learning system	835,072	1,433,161
Knowledge translation	278,458	227,409
Ethics harmonization	(6,820)	166,750
BC Influenza Vaccine	-	33,334
Partnership	275,000	-
Other	122,818	378,458
Program and project delivery	1,037,713	1,610,053
Sponsored project expenses	<u>3,407,727</u>	<u>4,316,557</u>
	<u>14,080,505</u>	<u>16,690,253</u>
Administration:		
General operating	3,604,945	3,297,234
Amortization of capital assets	54,169	41,244
	<u>3,659,114</u>	<u>3,338,478</u>
	<u>17,739,619</u>	<u>20,028,731</u>
Excess of revenue over expenses	\$ -	\$ -

See accompanying notes to financial statements.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

## Statement of Cash Flows

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Cash flows from operating activities:		
Contributions from the Province of British Columbia		
Operations	\$ 61,000,000	\$ 20,000,000
Sponsored projects	3,503,330	2,700,000
Grants and awards	(9,547,026)	(10,620,210)
Program and project delivery and administration	(2,820,227)	(4,982,082)
Sponsored project expenses	(5,350,056)	(4,408,890)
Other revenue	533,357	525,051
Investment revenue	1,501,553	1,342,335
Net cash provided by (used in) operating activities	48,820,931	4,556,204
Cash flows from investing activities:		
Purchase of investments	(139,763,192)	(37,497,987)
Proceeds from sale of investments	91,306,912	33,923,479
Purchase of capital assets (note 5(a))	(103,652)	(77,534)
Net cash provided by (used in) investing activities	(48,559,932)	(3,652,042)
Net increase (decrease) in cash	260,999	904,162
Cash, beginning of year	1,843,482	939,320
Cash, end of year	\$ 2,104,481	\$ 1,843,482

The Foundation uses the direct method in preparation of its statement of cash flows.

See accompanying notes to financial statements.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements

Year ended March 31, 2015

---

## 1. Nature of operations:

The Michael Smith Foundation for Health Research (the "Foundation") is incorporated under the Society Act (British Columbia) and is a registered charity under the Income Tax Act. Accordingly the Foundation is exempt from income and capital taxes and is able to issue donation receipts for income tax purposes.

The Foundation was established to create a vibrant and sustainable British Columbian health research environment that is recognized for excellence and:

- has the human resources, infrastructure and research space to compete effectively for national and international funding across all sectors;
- anticipates and responds to B.C. health and health system needs;
- builds the B.C. economy; and
- networks for critical mass across Western Canada, nationally and internationally.

The Foundation receives funding from the Province of British Columbia to conduct a range of peer-reviewed grant programs and other projects. In addition, the Foundation receives funding from other sources to undertake various projects consistent with its purpose.

## 2. Significant accounting policies:

### (a) Basis of accounting:

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook.

### (b) Revenue recognition:

The Foundation follows the deferral method of accounting for contributions, including grants and donations from other sources.

Funding received from the Province of British Columbia, along with the future investment income, will be directed to the granting of funds to eligible recipients, the support of strategic initiatives and the payment of the Foundation's operating and capital expenditures. These restricted contributions, along with any additional related grants and the investment income thereon, are initially deferred and subsequently recognized as revenue in the year in which the related expenses are incurred by the Foundation. Restricted contributions used for the purchase of capital assets are deferred and amortized to revenue at a rate corresponding with the amortization rate for the related capital assets.

The Foundation also receives various other restricted contributions through sponsored project grants, contracts or matching contributions from other organizations that are deferred and recognized as revenue in the year in which the related expenses are incurred by the Foundation.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

---

## 2. Significant accounting policies (continued):

### (b) Revenue recognition (continued):

Endowment contributions are recorded as a direct increase in net assets. Realized and unrealized investment income earned on endowment investments and restricted for specific purposes is deferred and recognized as revenue in the year in which the related expenses are incurred by the Foundation.

Unrestricted contributions are recognized as revenue in the current period if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted investment income is recognized as revenue when earned.

### (c) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Repairs and maintenance costs are charged to expense. Leasehold improvements are amortized on a straight-line basis over the lesser of the term of the lease or their estimated useful lives. Other capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Period
Computer software	1 year
Computer hardware	3 years
Office furniture	5 years
Office equipment	5 years

### (d) Intangible assets:

Costs related to internally generated intangible assets during the development phase are recorded as an expense as they are incurred.

### (e) Financial instruments:

Financial instruments are initially measured at fair value. Subsequently, equity instruments quoted in an active market are measured at fair value. Other instruments are subsequently measured at amortized cost unless elected to be measured at fair value. The Foundation has elected to carry its investments at fair value.

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.



# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

---

## 2. Significant accounting policies (continued):

### (e) Financial instruments (continued):

Financial assets measured at amortized cost 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 Foundation 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 Foundation 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.

The Foundation's financial instruments consist of cash, contributions and other amounts receivable, short and long term investments, accounts payable and accrued liabilities and grants payable.

#### *Contributions and other amounts receivable*

- (i) Contributions and other amounts receivable are measured at amortized cost using the effective interest method and approximate their fair values due to the relatively short periods to maturity.

#### *Investments*

- (i) Short-term investments - include any term deposits, guaranteed investment certificates, treasury bills, bankers' acceptances, income funds, bonds or equities, with a term to maturity of less than one year. Short-term investments are measured at fair value with subsequent changes to fair value recorded as changes in deferred contributions and recognized as revenues when the related expenses are incurred.
- (ii) Long-term investments - include any term deposits, guaranteed investment certificates, treasury bills, bankers' acceptances, bonds, commercial paper and equities with a term to maturity of more than one year or that are related to permanent endowments. Long-term investments are measured at fair value with subsequent changes in fair value recorded as changes in deferred contributions and recognized as revenues when the related expenses are incurred.

#### *Financial Liabilities*

- (i) Accounts payable, grants payable and accrued liabilities are measured at amortized cost using the effective interest method.

### (f) Grants and awards:

Grants and awards approved by the Foundation are recorded as expenses in the fiscal year that the payment is to be made. Amounts are usually paid in quarterly installments in advance.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

## 2. Significant accounting policies (continued):

### (g) Volunteer services:

The Foundation gratefully acknowledges the significant contribution it receives in the form of services from a large number of volunteer peer reviewers, committee members and task force participants. Such services, while essential to the Foundation's operations, are not recorded in these financial statements because of the difficulty of determining their fair value.

### (h) 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 reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

## 3. Investments:

	2015	2014
Income funds	\$ 20,894,410	\$ 30,176,129
Term deposits	86,173,377	31,596,822
Equities	7,231,940	3,364,968
Total investments	114,299,727	65,137,919
Short-term	111,068,558	62,123,927
Long-term	\$ 3,231,169	\$ 3,013,992

Investments in term deposits mature in fiscal 2016. Investments related to endowments are classified as long-term.

## 4. Capital assets:

		2015	2014	
	Cost	Accumulated amortization	Net book value	Net book value
Computer software	\$ 641,903	\$ 640,945	\$ 958	\$ 7,682
Computer hardware	481,957	435,241	46,716	66,472
Office furniture and equipment	580,368	556,291	24,077	18,468
Leasehold improvements	707,544	637,190	70,354	-
	\$ 2,411,772	\$ 2,269,667	\$ 142,105	\$ 92,622

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

## 5. Deferred contributions:

Deferred contributions represent unspent grants or contract resources restricted for specific purposes and projects, and include expenses for operating as well as capital purposes.

(a) Deferred contributions relating to expenses of future periods:

	2015	2014
Balance, beginning of year	\$ 64,193,758	\$ 66,576,146
Contributions received during the year:		
Grant from the Province of BC	50,000,000	11,000,000
Investment income	2,249,813	1,841,025
	116,443,571	79,417,171
Amounts recognized as revenue during the period	(13,745,726)	(15,145,879)
Amounts applied toward capital assets purchased during the period	(103,652)	(77,534)
Balance, end of year	\$ 102,594,193	\$ 64,193,758

(b) Deferred contributions relating to capital assets:

	2015	2014
Balance, beginning of year	\$ 92,622	\$ 56,332
Allocation of deferred contributions	103,652	77,534
Amounts amortized to revenue	(54,169)	(41,244)
Balance, end of year	\$ 142,105	\$ 92,622

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

## 5. Deferred contributions (continued):

(c) Deferred contributions relating to sponsored projects with restricted funding:

	2015	2014
Balance, beginning of year	\$ 15,253,719	\$ 16,066,946
Amounts received for		
Sponsored projects - Province of British Columbia:		
- Academic Health Science Network	2,600,000	-
- Strategy for Patient-Oriented Research	-	2,000,000
Sponsored projects - Other Organizations:		
- BC Patient Safety & Quality Council	-	3,330
- Interior Health Capacity Building	-	1,500,000
	17,853,719	19,570,276
Amounts recognized as revenue	(3,406,367)	(4,316,557)
Balance, end of year	\$ 14,447,352	\$ 15,253,719

The balance of deferred contributions for sponsored projects is comprised of the following:

	2015	2014
BC Patient Safety & Quality Council	\$ 5,018	\$ 85,905
Cerebrospinal Venous Insufficiency	100,000	300,000
BC Influenza Vaccine Program	433,333	466,666
Health Services and Policy Research Support Network	515,089	738,312
BC Nursing Research Initiative	544,305	890,626
Healthy Minds, Healthy People	1,000,000	1,000,000
Children and Youth with Special Needs	1,339,168	1,339,168
Interior Health Capacity Building	1,048,929	1,500,000
Human Papillomavirus 2	1,777,173	1,777,173
Alzheimer's Disease Research	1,484,938	1,996,398
Strategy for Patient Oriented Research	1,965,937	2,000,000
Vancouver Island Research Capacity Building	1,633,462	3,159,471
Academic Health Science Network – Support Program	2,600,000	-
	\$ 14,447,352	\$ 15,253,719

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

## 6. Commitments:

### (a) Grant commitments:

Through a variety of targeted granting programs, the Foundation commits the majority of its funds to providing peer-reviewed research awards or strategic projects aimed at fulfilling the Foundation's mandate. Some of the commitments made through these granting programs and projects have terms that span more than one fiscal year. Such grants have on-going eligibility criteria and consequently, grant commitments are expensed in the period that the payment is to be made.

The following table summarizes grant commitments approved by the Foundation, by major grant program or project:

	Grant commitments for the years ending March 31		Total
	2016	2017 and thereafter	
Grant Program or Project:			
Career	\$ 1,724,583	\$ 67,500	\$ 1,792,083
Trainee	661,542	-	661,542
Technology methodology platforms	116,667	-	116,667
Monitoring, evaluation, learning system	88,621	-	88,621
Knowledge translation	12,500	-	12,500
Partnership	200,000	-	200,000
Other	50,000	-	50,000
	<u>\$ 2,853,913</u>	<u>\$ 67,500</u>	<u>\$ 2,921,413</u>

### (b) Grant commitments - Sponsored projects:

Through a variety of specialized granting programs, the Foundation also may commit significant amounts of project funding to providing peer-reviewed research awards aimed at fulfilling each project's specific mandate. Some of the commitments made through these granting programs have terms that span more than one fiscal year. Such grants have on-going eligibility criteria and consequently, grant commitments are expensed in the period that the payment is to be made.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

## 6. Commitments (continued):

### (b) Grant commitments – Sponsored projects (continued):

The following table summarizes grant commitments approved by the Foundation, by each sponsored project:

	Grant commitments for the years ending March 31		Total
	2016	2017 and thereafter	
Sponsored projects:			
Health Services & Policy Research Support Network:			
- CIHR partnerships	\$ 122,146	\$ 50,000	\$ 172,146
Human Papillomavirus 2			
- Long-term vaccine evaluation	549,167	206,250	755,417
BC Nursing Research Initiative			
- Investigative Team	52,730	-	52,730
Vancouver Island Capacity Building			
- Network Grant	120,914	-	120,914
Cerebrospinal Venous Insufficiency	50,000	50,000	100,000
Alzheimer's Disease Research	469,506	469,505	939,011
Consortium for Neurodegeneration in Aging	196,496	186,742	383,238
	\$ 1,560,959	\$ 962,497	\$ 2,523,456

### (c) Office space and equipment lease commitments:

The Foundation rents office space under a long-term lease that expires October 31, 2016 and provides for an additional five-year extension at the option of the Foundation.

The Foundation also leases various types of office equipment.

The Foundation has future minimum lease payments under these operating leases as follows:

Years ending March 31:		
2016		\$ 531,765
2017		287,750
		\$ 819,515

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

---

## 7. Financial risk management:

The Foundation is exposed to the following risks from its use of financial instruments:

- Credit risk
- Liquidity risk
- Market risk

### (a) Credit risk:

Credit risk is the risk of financial loss to the Foundation if a counterparty to a financial instrument fails to meet its contractual obligations. The Foundation's investments in any term deposits, bonds, income funds and equities are subject to credit risk. The maximum exposure to credit risk on these instruments is their carrying value. The Foundation manages the risk by retaining professional investment counselors who act in accordance with the Foundation's investment policies. These policies include asset mix guidelines and minimum investment grade levels for each asset class.

Other credit risks can arise from holding receivables. The Foundation has minimal accounts receivable, other than from government and as such the credit risk is minimal.

### (b) Liquidity risk:

Liquidity risk is the risk that the Foundation will not be able to meet its financial obligations as they fall due. The majority of the Foundation's assets are held as short term investments that can be readily liquidated and therefore the Foundation's liquidity risk is considered minimal. In addition, the Foundation aims to retain a sufficient cash position to manage liquidity.

### (c) Market risk:

Market risk is the risk that changes in market prices, as a result of changes in foreign exchange rates, interest rates and equity prices, will affect the Foundation's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while earning an acceptable return.

#### (i) Currency risk:

Investments in foreign securities are exposed to currency risk due to fluctuations in foreign exchange rates.

The Foundation holds minimal investments in foreign currencies as such the risk is minimal.

# MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH

Notes to Financial Statements (continued)

Year ended March 31, 2015

---

## **7. Financial risk management (continued):**

(c) Market risk (continued):

(ii) Interest rate risk:

Interest rate risk relates to the risk that changes in interest rates will affect the fair value or future cash flows of financial instruments held by the Foundation. The Foundation is invested in term deposits and income funds that may be impacted by changes in the market interest rate.

The Foundation manages interest rate risk on term deposits by choosing instruments that have fixed rates of return and terms that will match the projected cash flow requirements. Interest rate risk on income funds is managed through professional investment counselors, by holding instruments which have a high liquidity in the marketplace or by choosing instruments with fixed terms that align with projected cash flow requirements.

## **8. Comparative Information:**

Certain comparative information has been reclassified to conform to the financial statement presentation adopted for the current year.