Financial Statements of

# HAMILTON HEALTH SCIENCES CORPORATION

And Independent Auditor's Report thereon

Year ended March 31, 2024



#### **KPMG LLP**

Commerce Place 21 King Street West, Suite 700 Hamilton, ON L8P 4W7 Canada Telephone 905 523 8200 Fax 905 523 2222

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Hamilton Health Sciences Corporation

#### **Opinion**

We have audited the financial statements of Hamilton Health Sciences Corporation (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2024
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of remeasurement gains and losses 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, 2024, and its results of operations, changes in net assets, remeasurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

#### 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our auditor's 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 ethical 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.



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# 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 public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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.

#### Auditor's Responsibility 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 auditor's 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.



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- 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 auditor's 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 auditor's report. However, future events or conditions may cause the Entity 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.

Chartered Professional Accountants, Licensed Public Accountants

Hamilton, Canada

KPMG LLP

June 20, 2024

Statement of Financial Position (In \$000's)

March 31, 2024, with comparative information for 2023

		2024		2023
Assets				
Current assets:				
Cash and cash equivalents (note 2)	\$	_	\$	54,329
Restricted cash and cash equivalents (note 2)		86,699		73,573
Short-term investments (note 3)		9,969		7,726
Accounts receivable (note 4)		191,110		231,278
Inventories		29,524		27,008
Prepaid expenses and deposits		19,600		12,987
		336,902		406,901
Derivative assets (note 11)		5,317		2,961
Portfolio investments (note 5)		71,083		70,171
Other non-current assets		28,238		24,852
Capital assets, net (note 7)		1,071,415		1,095,770
	\$	1,512,955	\$	1,600,655
Liabilities and Net Assets				
Liabilities and Net Assets				
Current liabilities:	•	4 000	•	
Bank indebtedness (note 18)	\$	1,000	\$	400.050
Accounts payable and accrued liabilities (note 8) Deferred revenue		365,448		422,352
Current portion of obligations under capital leases (notes 9 and 10)		10,236 8,616		6,062 7,939
Current portion of long-term debt (note 11)		12,134		11,657
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Obligations under capital leases (notes 9 and 10)		24,877		26,922
Long-term debt (note 11) Post-retirement benefits (note 12 (b))		310,353		323,137
Other long-term liabilities		70,630 6,405		69,403 6,003
Deferred capital contributions (note 13)		627,725		638,434
Deferred research contributions (note 14)		70,337		70,463
Asset retirement obligations (note 15)		32,160		29,866
		1,539,921		1,612,238
Net assets (deficit):				
Unrestricted		(252,305)		(231,387)
Invested in capital assets (note 16 (a))		99,368		99,488
Board designated		111,581		112,679
		(41,356)		(19,220)
Accumulated remeasurement gains		14,390		7,637
Commitments and contingencies (notes 9, 10 and 19)				

See accompanying notes to financial statements.

On behalf of the Board:

Robert P Galaski
Robert P Galaski (Jun 27, 2024 14:57 EDT)

Director



Director

Statement of Operations (In \$000's)

Year ended March 31, 2024, with comparative information for 2023

		2024		2023
Revenue:				
Ontario Health (note 24)	\$	1,614,318	\$	1,424,243
Ontario Health Insurance Plan		43,994	•	38,120
Other ministries		40,923		49,070
Patient and third-party payers		30,063		27,649
Investment income (note 6)		3,334		4,139
Amortization of deferred capital contributions (note 13)		46,705		45,425
Ancillary and other recoveries		97,558		91,878
Research (note 14)		107,688		96,980
		1,984,583		1,777,504
Expenses:				
Salaries and employee benefits (note 24)		1,121,262		1,026,693
Medical staff remuneration		95,868		88,019
Medical and surgical supplies		103,862		92,847
Drugs		217,295		170,256
Facilities		36,761		32,717
Amortization of capital assets		91,932		78,333
Equipment and software maintenance		54,341		47,228
Professional fees and contracted out services		68,810		70,671
Other expenses		106,176		104,452
Research (note 14)		108,690		97,358
	_	2,004,997		1,808,574
Deficiency of revenue over expenses	\$	(20,414)	\$	(31,070)

Statement of Changes in Net Assets (In \$000's)

Year ended March 31, 2024, with comparative information for 2023

			Invested		Б	2224	0000
			in capital		Board	2024	2023
	U	nrestricted	assets	d	esignated	Total	Total
			(note 16)				
Net (deficit) assets, beginning of year	\$	(231,387)	\$ 99,488	\$	112,679	\$ (19,220)	\$ 11,850
Excess (deficiency) of revenue over expenses		26,413	(46,827)		-	(20,414)	(31,070)
Transfers to Board designated		(624)	-		624	-	_
Net change in invested in capital assets (note 16 (b))		(46,707)	46,707		-	-	-
Reclassification of restricted funds (note 14)		_	-		(1,722)	(1,722)	-
Net (deficit) assets, end of year	\$	(252,305)	\$ 99,368	\$	111,581	\$ (41,356)	\$ (19,220)

Statement of Remeasurement Gains and Losses (In \$000's)

Year ended March 31, 2024, with comparative information for 2023

	2024	2023
Accumulated remeasurement gains, beginning of year	\$ 7,637	\$ 7,076
Unrealized gains (losses) attributable to:		
Derivatives	2,356	3,840
Portfolio investments	6,230	(4,031)
Foreign exchange	(1,132)	2,221
	7,454	2,030
Unrealized (gains) losses reclassified to deferred contributions:		
Portfolio investments	246	(140)
Foreign exchange	(1)	(81)
	245	(221)
Realized (gains) losses reclassified to statement of operations:		
Portfolio investments	(1,546)	(1,463)
Foreign exchange	600	215
	(946)	(1,248)
Net remeasurement gains for the year	6,753	561
Accumulated remeasurement gains, end of year	\$ 14,390	\$ 7,637

Statement of Cash Flows (In \$000's)

Year ended March 31, 2024, with comparative information for 2023

		2024		2023
Cash provided by (used in):				
Operating activities:				
Deficiency of revenue over expenses	\$	(20,414)	\$	(31,070)
Items not involving cash:				
Amortization of capital assets		95,276		81,815
Amortization of deferred capital contributions		(48,449)		(47,125)
Non-pension post-retirement benefits expense		6,431		6,198
Gain on disposal of deferred capital		(3,787)		(2,517)
Loss on disposal of capital assets		5,957		5,436
Net (gain) loss on portfolio investments		(1,833)		752
		33,181		13,489
Net change in non-cash working capital balances related		(4.4.000)		40.050
to operations (note 17)		(14,363)		46,953
Increase (decrease) in other long-term liabilities and		0.606		(25)
asset retirement obligations		2,696		(35)
Non-pension post-retirement funding contributions  Net change in deferred research contributions		(5,204) (1,848)		(5,243) 8,650
Net change in deferred research contributions		, ,		
		14,462		63,814
Capital activities:				
Purchase of capital assets		(76,940)		(136,893)
r distribute of suprice access		(, 0,0 .0)		(100,000)
Investing activities:				
Increase in other non-current assets		(3,386)		(3,649)
Purchase of investments		(18,319)		(21,960)
Proceeds on sale of investments		21,394		20,369
Increase in restricted cash and cash equivalents (net)		(13,126)		(16,952)
		(13,437)		(22,192)
Financing activities:				
Contributions received for capital purposes		40,612		27,681
Proceeds received on long-term debt		2,421		27,660
Repayment of long-term debt (net)		(14,728)		(11,584)
Payment of obligations under capital leases		(7,719)		(8,691)
		20,586		35,066
Net decrease in cash and cash equivalents during the year		(55,329)		(60,205)
		54.000		444.504
Cash and cash equivalents, beginning of year		54,329		114,534
(Bank indebtedness) cash and cash equivalents, end of year	\$	(1,000)	\$	54,329
Supplemental information:				
Interest paid	\$	12,904	\$	10,629
Non-cash transactions:	Ψ	,00 1	Ψ	. 5,525
Purchase of capital assets included in accounts				
payable and accrued liabilities		9,602		16,930
Purchase of capital assets through lease obligations		6,351		9,013
		-,		-,

Notes to Financial Statements (In \$000's)

Year ended March 31, 2024

Hamilton Health Sciences Corporation (the "Hospital") is a family of five unique hospitals and five specialized facilities, serving more than 2.3 million residents of Hamilton, Central South and Central West Ontario. The Hospital is an academic health science organization incorporated without share capital under the Corporations Act (Ontario) and is a registered charity under the Income Tax Act (Canada) and as such is exempt from income taxes.

#### 1. Significant accounting policies:

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards ("PSAS"), including standards that apply to government not-for-profit organizations.

These financial statements include the assets, liabilities and operations of the Hospital. The financial statements do not include the assets, liabilities or operations of Hamilton Health Sciences Foundation (the "Foundation"), Hamilton Health Sciences Volunteer Association (the "Volunteer Association"), Hamilton Health Sciences Research Institute ("HHSRI"), West Lincoln Memorial Hospital Foundation (the "WLMH Foundation") and West Lincoln Memorial Auxiliary (the "Auxiliary"), which are non-controlled not-for-profit entities [notes 20 (a), (b), (c) and (d) respectively], or the activities of Bay Area Health Trust ("BAHT"), which is a non-controlled for-profit entity [note 20(e)].

A summary of the significant accounting policies is as follows:

#### (a) Revenue recognition:

The Hospital operates under a Hospital Service Accountability Agreement (the "H-SAA") with Ontario Health. The H-SAA sets out the funding provided to the Hospital together with performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance. Effective March 13, 2024, the Hospital entered into a further amending agreement extending the H-SAA to March 31, 2025.

If the Hospital does not meet certain performance standards or obligations, Ontario Health has the right to adjust certain funding streams received by the Hospital. Given that Ontario Health is not required to communicate funding adjustments until after the submission of year-end data, the amount of revenue recognized in these financial statements represents management's estimates of amounts earned during the year.

The Hospital follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 1. Significant accounting policies (continued):

(a) Revenue recognition (continued):

Capital contributions received for the purpose of acquiring amortizable capital assets are deferred and amortized on the same basis and over the same period as the related capital assets.

Grants for sponsored research and other externally restricted contributions are recorded as deferred contributions and recognized as revenue in the periods in which the related expenses are incurred. In circumstances where all contractual obligations are satisfied, excess funding may be retained by the Hospital at the completion of a research project.

Investment income is recognized as revenue when earned except where contractually obligated to accrue interest to a deferred capital project or research study.

Revenues from patient services, preferred accommodation, marketed services and recoveries and other operating are recognized when the goods are sold or the services are provided, performance obligations fulfilled, and future economic benefits are measurable and expected to be obtained.

#### (b) Inventories:

Inventories are valued at the lower of average cost and replacement value.

#### (c) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Donated capital assets are recorded at fair value at the date of donation. Amortization is provided on a straight-line basis over the estimated useful life of the related capital asset. The amortization periods are as follows:

	Estimated useful life
Building and building improvements Equipment	20 to 40 years 5 to 20 years

Building renovations and alterations that restore original operating conditions are expensed in the year incurred. Building improvements that reduce original operating costs or increase original capacity are capitalized as building improvements. Construction-in-progress is transferred to the appropriate asset category once the particular project is complete and amortization commences when the assets are ready for use.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 1. Significant accounting policies (continued):

#### (d) Impairment of long-lived assets:

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the asset's carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated undiscounted future cash flows, it is considered impaired. An impairment charge is recognized for the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the Hospital uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

#### (e) Equipment under capital leases:

Equipment leases that effectively transfer substantially all of the risks and rewards of ownership to the Hospital as lessee are capitalized at the present value of the minimum payments, excluding executor costs, under the lease with a corresponding liability for the related lease obligations. The discount rate used to determine the present value of the lease payment is the lower of the Hospital's rate of incremental borrowing or the interest rate implicit in the lease. Charges to expenses are made for amortization on the equipment and interest on the lease obligations.

#### (f) Employee future benefit plans:

#### Multi-employer plan:

Employees of the Hospital are eligible to be members of the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer, defined benefit pension plan. In accordance with PSAS, the plan is accounted for as a defined contribution plan as there is insufficient information to apply defined benefit plan accounting.

#### Post-retirement benefit obligations:

The Hospital accrues its obligations under non-pension employee benefit plans as employees render services.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 1. Significant accounting policies (continued):

- (f) Employee future benefit plans (continued):
  - Post-retirement benefit obligations (continued):

Certain employees of the Hospital are entitled to receive other post-employment benefits. The cost of these benefits is determined using the accrued benefit method pro-rated on service and management's best estimate of expected salary escalation, retirement ages of employees and health-care costs. The discount rate used to determine the accrued benefit obligation was determined using the Hospital's long-term cost of borrowing consistent with the specific rates of interest and periods committed to by the Hospital on amounts borrowed. The Hospital estimated its long-term cost of borrowing by referencing the rate of return on provincial government bonds with an additional risk premium specific to the Hospital for varying durations based on the cash flows expected from the post-retirement benefit obligations. Past service costs relating to plan amendments are expensed when incurred. Actuarial gains and losses are amortized over the remaining service periods of the employees. The average remaining service period of active employees is 16 years.

#### (g) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Derivative instruments and equity instruments that are quoted in an active market are reported 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. Management has elected to record all investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value of portfolio investments that are unrestricted or Board designated are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. Unrealized changes in fair value of portfolio investments related to externally restricted research are recorded in deferred research contributions.

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.

When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 1. Significant accounting policies (continued):

(g) Financial instruments (continued):

There are three levels of fair value measurement to classify and measure fair value:

- Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities:
- Level 2 Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

The fair value of interest rate swaps is based on broker quotes. Those quotes are tested for reasonableness by discounting estimated future cash flows based on the terms and maturity of each contract and using market interest rates for a similar instrument at the measurement date.

#### (h) Asset retirement obligations:

An asset retirement obligation ("ARO") is recognized when, as at the financial reporting date, all of the following criteria are met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefit will be given up; and
- · A reasonable estimate of the amount can be made

The liability for asbestos removal is recognized based on the estimated future expenses. The liability for the removal of underground fuel tanks and radiologically contaminated equipment is recognized based on estimated future expenses and post removal care. The increase to the tangible capital assets is being amortized in accordance with the depreciation accounting policies outlined in note 1(c).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 1. Significant accounting policies (continued):

#### (i) Public private partnership:

The Hospital recognizes infrastructure, or a betterment to infrastructure, as an asset at cost which represents fair value on the date of recognition where it controls:

- the purpose and use of the infrastructure;
- access to the future economic benefits and exposure to risks of the infrastructure asset;
   and
- significant residual interest in the infrastructure, if any, at the end of the public private partnership's term

Where the Hospital has an obligation to provide consideration to the private sector partner, it also recognizes a liability for amounts due under the terms of the agreement, and any performance obligations unfulfilled. The Hospital has public private partnerships for Managed Equipment Services ("MESA"), Hospital Information Systems ("HIS") and Managed Network Services ("MNS").

#### (j) Board designated net assets:

Board designated net assets include unrestricted donations, bequests and board designated funds as well as certain fund surpluses designated for specific purposes by the Board of Directors.

#### (k) Contributed services and materials:

Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and as such is not reflected in these financial statements. Contributed materials by volunteers are also not recognized in these financial statements.

#### (I) Use of estimates:

The preparation of the 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 revenue and expenses during the reporting period. Significant items subject to such estimates and assumptions include the measurement of accrued liabilities, recognition of program funding, carrying amount of capital assets and obligations related to post-retirement benefits. Additionally, with respect to asset retirement obligations, management is required to make estimates regarding the useful lives of affected tangible capital assets and the expected retirement costs, as well as the timing and duration of these retirement costs. The estimate is reconsidered annually at the financial reporting date for any significant changes in the estimated obligation. Actual results could differ from those estimates.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 2. Cash and cash equivalents:

Cash and cash equivalents consist of cash on hand, demand deposits and short-term investments. These items are highly liquid, subject to insignificant risk of changes in value and have a short-term maturity of three months or less, and include Canadian, US and Euro currencies.

A portion of the cash and cash equivalents are restricted for the following purposes:

	2024	2023
Internally and externally designated trusts and research operations Construction facilities Board Designated Funds Patient trust accounts	\$ 49,551 11,050 26,095 3	\$ 47,845 24,782 932 14
	\$ 86,699	\$ 73,573

Restricted cash and cash equivalents earn interest at an average rate of 5.50% (2023 - 4.94%).

#### 3. Short-term investments:

Short-term investments consist of fixed income and structured notes which at the time of purchase have maturities and/or redeemable dates of one year or less; and fixed income and structured notes with remaining maturities and/or redeemable dates of one year or less.

These investments are recorded at fair value of \$9,969 (2023 - \$7,726) as at March 31, 2024, with a cost of \$10,047 (2023 - \$7,770).

These investments are held for the following purposes:

	2024	2023
Internally and externally designated trusts and research operations Board Designated Funds	\$ 8,828 1,141	\$ 7,326 400
	\$ 9,969	\$ 7,726

The average rate of interest earned, excluding structured notes is 3.51% (2023 - 3.94%).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 4. Accounts receivable:

	2024	2023
Ministry of Health ("MOH") and Ontario Health	\$ 109,867	\$ 154,056
Ontario Health Insurance Plan	5,097	5,741
Patient	6,192	7,646
BAHT [note 20(e)]	1,477	1,171
Foundation, Volunteer Association, WLMH Foundation		
and Auxiliary [notes 20 (a), (b), and (d)]	6,623	4,165
Research [note 20(c)]	37,919	36,503
Other	23,935	21,996
	\$ 191,110	\$ 231,278

#### 5. Portfolio investments:

		2024			2023
	Cost	Fair value	Cost	F	air value
Fixed income:     Canadian     International Preferred shares:     Canadian Structured notes Equities:     Canadian International	\$ 15,596 9,051 275 500 19,347 18,041	\$ 14,865 8,143 301 482 24,350 22,942	\$ 15,664 11,504 - 2,707 17,934 18,807	\$	15,116 10,407 - 2,399 21,435 20,814
	\$ 62,810	\$ 71,083	\$ 66,616	\$	70,171

Directly held fixed income investments have a weighted average term of 5.53 years (2023 - 5.82 years) to maturity and have an average yield of 3.35% (2023 - 3.20%) as at March 31, 2024.

These investments are held for the following purposes:

	2024	2023
Internally and externally designated trusts and research operations Board Designated Funds	\$ 37,588 33,495	\$ 40,918 29,253
	\$ 71,083	\$ 70,171

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 6. Investment income:

Investment income is classified as follows on the statement of operations:

		2024		2023
Investment income from Research (note 14)	\$	4,200	\$	3,571
Investment income from operations:				
Commitments and internally and externally				
designated trusts		10		9
Operating Fund		909		2,404
Board Designated Funds		2,415		1,726
		3,334		4,139
	\$	7,534	\$	7,710
Investment income is comprised of the following:				
		2024		2023
Interest and dividend income	¢	G 10E	<b>Φ</b>	6 452
Interest and dividend income	\$	6,195	\$	6,453
Net realized gains		1,546		1,463
Investments fees		(207)		(206)
	\$	7,534	\$	7,710

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 7. Capital assets:

Capital assets consist of the following:

March 31, 2024	Cost	 ccumulated mortization	Net book value
Land Building and building improvements Equipment Construction-in-progress	\$ 4,603 1,238,104 676,650 56,934	\$ - 483,802 421,074 -	\$ 4,603 754,302 255,576 56,934
	\$ 1,976,291	\$ 904,876	\$ 1,071,415

March 31, 2023	Cost	 ccumulated mortization	Net book value
Land Building and building improvements Equipment Construction-in-progress	\$ 4,468 1,162,904 713,201 95,683	\$ 438,154 442,332 –	\$ 4,468 724,750 270,869 95,683
	\$ 1,976,256	\$ 880,486	\$ 1,095,770

Included in capital assets are assets under capital leases at a cost of \$61,464 (2023 - \$55,113) and accumulated amortization of \$14,333 (2023 - \$9,051). The assets under capital lease represent public private partnerships as follows: MESA - \$28,974, HIS - \$28,246 and MNS - \$4,244.

Included in equipment are assets not yet being amortized at a cost of \$2,108 (2023 - \$21,213).

Included in capital assets are asset retirement obligations recorded at \$32,160 (2023 - \$29,866) and accumulated amortization of \$31,590 (2023 - \$29,403).

Capital assets with a cost of \$76,844 (2023 - \$12,346) were disposed of in fiscal 2024 at a net loss of \$2,170 (2023 - \$2,919) which is included in salaries and employee benefits and other expenses in the statement of operations.

During the year \$915 (2023 - \$nil) of capital assets were donated to the Hospital.

Construction-in-progress consists primarily of Unified Data Architecture Strategic project and the West Lincoln Memorial Hospital Redevelopment project.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 8. Accounts payable and accrued liabilities:

	2024	2023
Accounts payable Due to MOH and Ontario Health Accrued liabilities:	\$ 51,363 132,337	\$ 33,395 173,129
Salaries, wages and employee benefits Other	135,066 46,682	161,301 54,527
	\$ 365,448	\$ 422,352

Amounts due to MOH and Ontario Health are subject to a settlement process and are either repayable to the funder or the funder may approve the funds for future use. A portion of salaries, wages and employee benefits is expected to be long-term, but is recorded as current due to the uncertainty of the timing of payments.

#### 9. Managed equipment service agreement:

The Hospital entered into a 15-year Managed Equipment Services Agreement ("MESA") on December 20, 2019 with Siemens Healthcare Limited ("Siemens") to provide the Hospital with comprehensive financing, maintenance, support, and procurement for a variety of diagnostic equipment in exchange for a blended annual service payment.

As equipment is acquired under the MESA it is accounted for as a capital lease at the time of delivery. Under the MESA, a non-revolving cash facility is made available to the Hospital for the purpose of financing turnkey work required prior to the installation of equipment acquired under the MESA. The total amount available under the facility is \$48,000 and is to be drawn through monthly installments based on the expected installation dates of the associated equipment. As of March 31, 2024, \$11,958 (2023 - \$9,537) was drawn. The facility bears fixed interest at a rate of 4.10%.

Services such as procurement, maintenance, and support provided under the MESA are expensed as incurred in the statement of operations. Due to differences in the timing of activities and payments under the MESA, the Hospital may record a deferred liability or prepaid deposit asset on the statement of financial position.

Future commitments under the MESA will change over time to reflect the changing requirements of the Hospital. Future payments are based on a detailed schedule of services and equipment which is subject to review and revision on an annual basis and include an annual adjustment to reflect inflationary indexes. The extent of future payments are also impacted by variable elements associated with performance targets.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 9. Managed equipment service agreement (continued):

Expected future payments under the MESA consist of the following:

	Capital lease	Turnkey financing	Operating mitments	Annual service payments
2025 2026 2027 2028 2029 Thereafter	\$ 5,061 5,499 6,146 6,364 6,604 72,220	\$ 3,023 3,023 3,023 3,023 3,023 18,140	\$ 7,678 8,096 8,394 8,666 8,435 50,493	\$ 16,321 16,576 16,836 17,101 17,372 142,705
Less: amounts representing interest	101,894 15,698	33,255 961	91,762 –	226,911 16,659
	\$ 86,196	\$ 32,294	\$ 91,762	\$ 210,252

The following activity related to the MESA has been recognized in the financial statements for the year ending March 31, 2024:

	2024	2023
Equipment reserve	\$ 3,155	\$ 3,479
Turnkey reserve payments	3,095	3,168
Capital lease principal payments	1,700	1,983
Capital lease interest payments	890	629
Maintenance expense	6,712	5,795

Included in capital assets are MESA equipment and turnkey assets at a cost of \$41,580 (2023 - \$32,836) and accumulated amortization of \$7,578 (2023 - \$3,901).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 9. Managed equipment service agreement (continued):

As at March 31, 2024, \$24,245 (2023 - \$19,594) the MESA capital lease obligation has been recognized in the financial statements, separate from the capital lease obligations disclosed in note 10 and is comprised of the following:

	2024	2023
Opening MESA capital lease obligation	\$ 19,594	\$ 12,564
MESA equipment additions	6,351	9,013
Less: capital lease principal payments	1,700	1,983
MESA capital lease obligation	24,245	19,594
Less: current portion	2,597	1,920
	\$ 21,648	\$ 17,674

As at March 31, 2024, \$870 (2023 - \$196) relating to the MESA turnkey reserve has been recognized in the financial statements as follows:

	2024	2023
Opening MESA turnkey reserve Turnkey reserve payments Less: drawdown	\$ 196 3,095 2,421	\$ 3,688 3,168 6,660
	\$ 870	\$ 196

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 10. Lease commitments:

The Hospital has entered into various arrangements (excluding MESA) for the leasing of administrative office space, cloud-based services, and computer and medical equipment. The weighted average effective interest rate of the capital leases is 0.00% (2023 - 0.00%).

The future minimum annual payments consist of the following:

		Capital		Operating
		leases		leases
0005	Φ.	0.040	ф	4.044
2025	\$	6,019	\$	1,644
2026		3,229		1,644
2027		_		1,543
2028		_		1,402
2029		_		1,402
Thereafter		_		3,621
Total minimum lease payments		9,248		11,256
Less: amounts representing interest		-		
Obligations under capital leases		9,248		
Less: current portion		6,019		
	\$	3,229		

Obligations under capital leases recognized in the financial statements includes the MESA capital lease obligation (note 9).

Obligations related to public private partnerships are as follows: MESA - \$24,245 (note 9), HIS - \$7,756 and MNS - \$1,486. All agreements have the following terms: termination options, obligations to provide access to the private sector partner and rights to receive assets at the end of the agreement. The MESA and MNS agreements contain renewal options, whereas the HIS contract term is undefined. In addition, all agreements require the private partners to maintain the assets and have been accounted for using the financial liability model.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 11. Long-term debt:

		2024		2023
Capital loan payable by August 1, 2025 in monthly				
principal and interest instalments of \$58 at 5.10%				
per annum (a)	\$	947	\$	1,579
Capital loan payable by April 15, 2029 in quarterly	Ψ	011	Ψ	1,010
principal and interest instalments of \$397 at 5.51%				
per annum (b)		7,327		8,497
Capital loan payable by September 17, 2029 in quarterly		,,		-,
principal and interest instalments of \$150 at 6.13%				
per annum (c)		2,792		3,205
Capital loan payable by April 15, 2029 in quarterly		, -		-,
principal and interest instalments of \$596 at 5.51%				
per annum (d)		10,817		12,549
Capital loan payable by October 4, 2023 in monthly		,		,
principal and interest instalments of \$31 at 3.00% (e)		_		184
Capital loan payable by March 14, 2033 in monthly				
principal and interest instalments of \$253 at 4.00%				
per annum (f)		22,925		25,000
Series A senior unsecured debentures due January 17,				
2059 with semi-annual interest payments of \$3,683				
at 3.68% (g)		200,000		200,000
Capital loan payable by August 1, 2042 in quarterly				
principal and interest instalments of \$546 at 3.27%				
per annum, interest-only until August 1, 2022 at BA				
rate of interest (h)		50,109		52,052
Capital loan payable by January 1, 2031 in monthly				
principal and interest instalments of \$292 at 6.07%				
per annum (i)		19,582		21,827
Capital loan payable by January 1, 2031 in monthly				
principal instalments of \$74 at 3.32% per annum (j)		6,148		6,963
Capital loan payable by July 16, 2031 in monthly				
principal and interest instalments of \$43 at 1.95%				
per annum (k)		3,577		4,025
		324,224		335,881
Less: current portion		12,134		11,657
Less: financing fees		867		891
Less: MESA turnkey reserve (note 9)		870		196
	\$	310,353	\$	323,137

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 11. Long-term debt (continued):

(a) On July 15, 2005, the Hospital entered into a \$9,000, 20-year financing arrangement for the purpose of financing the construction, acquisition, and development costs of parking equipment and improvements of the parking facilities at the Hamilton General Hospital ("General") and Juravinski Hospital ("Juravinski") sites. On a monthly basis, the Hospital is required to deposit the net profit, as defined, from the parking operations of the General and Juravinski sites into a net profit account held at the bank. At all times, the Hospital must maintain a minimum balance in the net profit account equal to the greater of \$400 or the total of the next scheduled payment of principal and interest. At March 31, 2024, the balance in the net profit account is greater than the minimum required balance and is included in Construction facilities (note 2) in restricted cash and cash equivalents on the statement of financial position.

As security, the bank has a first ranking specific assignment of all rights, title, and interest in and to all net profit and any other revenue and income arising from the General and Juravinski parking improvements from time to time but expressly excluding payments for monthly parking permits of employees of the Hospital; and a first ranking security agreement in respect of the net profit account. Under the terms of the financing agreement, the Hospital is required to comply with certain loan covenants and at year-end the Hospital was in compliance with these covenants.

The Hospital has in place an interest rate swap agreement ("Swap Agreement"), which will expire on August 1, 2025, that fixes the interest rate at 4.65%, plus stamping fees of 0.45%. The fair value of the Swap Agreement is based on amounts quoted by the Hospital's bank to realize favourable contracts or settle unfavourable contracts, taking into account interest rates at March 31, 2024. The fair value of the Swap Agreement at March 31, 2024 is \$3 (2023 - (\$5)).

- (b) On September 26, 2007, the Hospital entered into a \$19,500, 20-year financing arrangement for the purpose of financing construction costs related to energy retrofit contracts at the Chedoke, Juravinski, and General sites. The Hospital has a Swap Agreement in place that fixes the interest rate at 5.26%, plus stamping fees of 0.25%. The fair value of the Swap Agreement at March 31, 2024 is (\$204) (2023 (\$424)).
- (c) On January 22, 2009, the Hospital entered into a \$6,900, 20-year financing arrangement for the purpose of financing the related construction costs for the central utility plant upgrade at the Juravinski site. The Hospital has a Swap Agreement in place that fixes the interest rate at 4.33%, plus stamping fees of 1.80%. The fair value of the Swap Agreement at March 31, 2024 is (\$19) (2023 (\$81)).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 11. Long-term debt (continued):

- (d) On September 26, 2007, the Hospital entered into an amended \$25,000 financing agreement for the purpose of financing construction costs related to energy retrofit contracts at the McMaster site. In fiscal 2011, an additional \$3,000 was drawn on the facility and the energy enhancement interim construction loan was then converted into a 20-year term loan. The Hospital has a Swap Agreement in place that fixes the interest rate at 5.26%, plus stamping fees of 0.25%. The fair value of the Swap Agreement at March 31, 2024 is (\$300) (2023 (\$625)).
- (e) On September 25, 2017, the Hospital entered into a \$2,043, six-year financing agreement for the purpose of financing capital acquisitions at McMaster, General, Juravinski and West Lincoln Memorial Hospital ("WLMH") sites.
- (f) On March 23, 2018, the Hospital entered into an \$11,000, five-year interest only revolving capital loan for the purpose of financing capital acquisitions. On October 31, 2018 and again on January 22, 2019 an additional \$7,000 was drawn on the facility. As of March 31, 2024, the \$25,000 facility has been fully drawn, however \$nil (2023 \$245) has not yet been spent. The loan was interest only until March 27, 2023 through 30-day Banker's plus 0.53% stamping fee. On March 14, 2023, the Hospital refinanced the existing \$25,000 facility and entered into a 10-year long-term financial agreement. The Hospital has a Swap Agreement in place that fixes the interest rate at 3.45%, plus stamping fees of 0.55%. The fair value of the Swap Agreement at March 31, 2024 is \$289 (2023 \$nil).
- (g) On January 17, 2019, the Hospital issued a \$200,000 Series A senior unsecured debenture at par value for the purpose of financing capital investments. Total financing costs of \$995 were paid out of proceeds on issuance. The debenture bears interest at 3.68%, payable semi-annually on July 17 and January 17, with the principal to be repaid in full on January 17, 2059. As at March 31, 2024, debenture proceeds have been fully utilized: \$23,800 of proceeds have been invested with external investments managers as a Board designated Strategic Reserve Fund and \$175,205 (2023 \$175,205) spent on capital acquisitions.
- (h) On February 1, 2021, the Hospital entered into an agreement for a \$53,000 non-revolving capital loan facility available in multiple draws for the CoGeneration Revitalization Project. The loan was interest only until August 1, 2022 through 30-day banker's acceptances plus 0.58% stamping fee. As of March 31, 2024, the \$53,000 facility has been fully drawn. The Hospital has a 20-year Swap Agreement in place that fixes the interest rate at 3.27% starting August 1, 2022. The fair value of the Swap Agreement at March 31, 2024 is \$4,993 (2023 \$3,602).
- (i) On June 30, 2021, the Hospital assumed \$25,443 in existing debt from BAHT as part of the purchase of CoGeneration assets. The loan will be repaid over 115-months at a fixed rate of 6.07% and requires that the hospital maintain a credit rating equal to the Province of Ontario and that a Guarantor Letter of Credit remain in full force until the loan is fully repaid.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 11. Long-term debt (continued):

- (j) On June 30, 2021, the Hospital assumed \$8,519 in existing debt from BAHT as part of the purchase of CoGeneration assets. The loan will be repaid over 115-months and the Hospital has a Swap Agreement in place that fixes the interest rate at 2.67%, plus stamping fees of 0.65%. The fair value of the Swap Agreement at March 31, 2024 is \$262 (2023 \$197).
- (k) On July 16, 2021, the Hospital entered into a 10-year financing agreement for a \$4,750 committed non-revolving term facility to finance expenses related to the CoGeneration facilities, and for general corporate purposes. The Hospital has a Swap Agreement in place that fixes the interest rate at 1.56%, plus stamping fees of 0.39%. The fair value of the Swap Agreement at March 31, 2024 is \$293 (2023 \$297).

The future minimum annual debt principal repayments over the next five years and thereafter are as follows:

2025 2026 2027 2028 2029 Thereafter	\$ 12,134 12,200 12,453 13,019 13,542 260,876
- Indicated	\$ 324,224

#### 12. Employee future benefit plans:

#### (a) Multi-employer plan:

The Hospital's contributions to HOOPP during the year amounted to \$77,238 (2023 - \$63,580) and are included in salaries and employee benefits expense. The most recent actuarial valuation of HOOPP as at December 31, 2023 indicates the plan has a 15% surplus in disclosed actuarial assets and is fully funded on a solvency basis.

#### (b) Post-retirement benefits:

The Hospital's non-pension post-retirement benefit plans comprise medical, dental and life insurance coverage for certain groups of employees who have retired from the Hospital and are between the ages of 55 and 65. The post-retirement benefit obligations are calculated based on the latest actuarial valuation performed on March 31, 2022, extrapolated to March 31, 2024.

The sick leave benefit plan for employees was previously amended such that the future accumulation of sick leave credits was discontinued; however, employees are entitled to cash payments on a portion of their accumulated sick bank entitlements on termination of employment. As at March 31, 2024, the sick leave obligation amounted to \$1,177 (2023 - \$1,347).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 12. Employee future benefit plans (continued):

(b) Post-retirement benefits (continued):

The post-retirement benefits as at March 31, 2024 includes the following components:

	2024	2023
Accrued benefit obligation Unamortized actuarial gains	\$ 66,685 3,945	\$ 66,163 3,240
Post-retirement benefit liability	\$ 70,630	\$ 69,403
	2024	2023
Post-retirement benefit liability, beginning of year Current service cost Interest cost Amortization of actuarial losses	\$ 69,403 2,770 3,047 614	\$ 68,448 2,967 2,687 544
	75,834	74,646
Non-pension post-retirement funding contributions	(5,204)	(5,243)
Post-retirement benefit liability, end of year	\$ 70,630	\$ 69,403

The significant actuarial assumptions utilized in measuring the Hospital's accrued benefit obligations for the non-pension post-retirement benefit plans are as follows:

	2024	2023
Discount rate	4.70%	4.50%
Expected annual increase in dental care costs*	3.00%	3.00%
Expected annual increase in health care costs*	5.70%	5.70%

<sup>\*</sup>These rates are determined based on the McMaster Model of Long-Term Care Cost Trends in Canada, and are expected to converge to an ultimate rate of 3.57% in 2040.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 13. Deferred capital contributions:

Deferred capital contributions represent the unamortized amount of contributions received for the purchase of capital assets. The changes in the deferred capital contributions balance are as follows:

	2024	2023
Balance, beginning of year	\$ 638,434	\$ 660,395
Add contributions for capital purposes:		
MOH & Ontario Health	23,042	17,859
Foundations and Volunteer Association	13,835	6,108
Other	4,650	3,714
	679,961	688,076
Less:	·	,
Amortization	48,449	47,125
Disposals of related capital assets	3,787	2,517
Balance, end of year	\$ 627,725	\$ 638,434

Included in the above balance are contributions of \$19,889 (2023 - \$17,628) received but not yet utilized to purchase capital assets. Amortization is comprised of \$46,705 (2023 - \$45,425) from hospital operations and \$1,744 (2023 - \$1,700) from research operations. Included in the above additions are \$915 (2023 - \$nil) of capital assets that were donated to the Hospital.

#### 14. Deferred research contributions:

Deferred research contributions represent unspent externally restricted grants for research. The changes in the deferred research contributions balance are as follows:

		2024		2023
Balance, beginning of year	\$	70,463	\$	61,813
Externally restricted contributions received	Ψ	61,671	Ψ	63,741
Amount recognized as revenue during the year		(63,274)		(55,312)
Reclassification of restricted funds		1,722		
Net change in fair value on invested unspent				
deferred research balances		(245)		221
Balance, end of year	\$	70,337	\$	70,463

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 14. Deferred research contributions (continued):

Research revenues and expenses are calculated as follows:

	2024	2023
Research revenues:		
Investment income	\$ 4,200	\$ 3,571
Amortization of deferred capital contributions	1,744	1,700
Research and other revenues	101,744	91,709
	\$ 107,688	\$ 96,980
Research expenses:		
Salaries and employee benefits	\$ 55,631	\$ 49,743
Medical staff remuneration	2,532	3,002
Medical and surgical supplies	119	7
Drugs	1,880	1,482
Facilities	1,602	1,808
Amortization of capital assets	3,344	3,482
Patient fee expenses	20,175	16,428
Other research expenses	23,407	21,406
	\$ 108,690	\$ 97,358

Other research revenues of \$101,744 (2023 - \$91,709) consist of externally restricted research grants and donations recognized in income during the year of \$63,274 (2023 - \$55,312) and \$38,470 (2023 - \$36,397) from research administered accounts, internally restricted by the Hospital's Board of Directors. During the year \$1,722 of restricted funds was reclassified from net assets to deferred research contributions.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 15. Asset retirement obligations:

The Hospital's asset retirement obligations consist of the following:

#### (a) Asbestos abatement:

The Hospital owns and operates several hospital buildings that are known to have asbestos, which represents a health hazard upon demolition of the building and there is a legal obligation to remove it. The Hospital has recognized an obligation of \$31,301 (2023 - \$29,134) relating to the removal and post-removal care of the asbestos in these buildings. Estimates include the removal, transportation and disposal of asbestos-containing building materials. The change in estimate is due to inflationary factors and due to the change in estimated quantities of asbestos-containing materials. Asset retirement obligations related to asbestos abatement projects have historically been funded 90% to 100% from MOH funds related to major hospital redevelopment or Hospital Infrastructure Renewal Funding (HIRF). The Hospital expects this funding model to continue into the future.

#### (b) Fuel storage tanks:

The Hospital has multiple underground and above ground fuel storage tanks in use. Estimated cost for the removal and decommissioning of the fuel tanks is based on the MOH costing model. The Hospital has recognized an obligation of \$475 (2023 - \$406) relating to the removal and decommissioning of the fuel tanks. The change in estimate is due to inflationary factors and is based on the MOH provided rates.

#### (c) Radiologically contaminated equipment:

The Hospital has multiple linear accelerators in use. Estimated cost for the asset retirement obligation is based on the industry standards and is \$20 per accelerator. The Hospital has recognized an obligation of \$384 (2023 - \$326) relating to the linear accelerators. The change in estimate is due to inflation and is based on the Ministry provided rates.

The total change in the Hospital's asset retirement obligation estimate is \$2,294 with \$2,131 immediately included as an expense in the statement of operations, \$51 included as amortization of capital assets in the statement of operations for the year and \$107 included in capital assets to be amortized over the remaining useful life of the asset.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 16. Net assets invested in capital assets:

(a) Net assets invested in capital assets are calculated as follows:

	2024	2023
Capital assets - net Less amounts funded by:	\$ 1,071,415	\$ 1,095,770
Deferred capital contributions spent (note 13) Obligations under capital leases (notes 9 and 10) Long-term debt spent (note 11)	607,836 33,493 298,558	620,806 34,861 310,749
Asset retirement obligations (note 15)	32,160	29,866
	\$ 99,368	\$ 99,488

#### (b) Net change in invested in capital assets is calculated as follows:

	2024	2023
Amortization of capital assets Amortization of deferred capital contributions	\$ (95,276) 48,449	\$ (81,815) 47,125
	(46,827)	(34,690)
Purchase of capital assets - net Amounts funded by deferred capital contributions, net Decrease (increase) in obligations under capital leases Amounts funded by long-term debt Increase in asset retirement obligations	70,921 (35,479) 1,368 12,191 (2,294)	139,520 (31,863) (322) (71,564)
	46,707	35,771
	\$ (120)	\$ 1,081

#### 17. Statement of cash flows:

The net change in non-cash working capital balances related to operations consists of the following:

	2024	2023
Accounts receivable Inventories Prepaid expenses and deposits Accounts payable and accrued liabilities Deferred revenue	\$ 40,168 (2,516) (6,613) (49,576) 4,174	\$ (33,553) 3,625 85 81,811 (5,015)
	\$ (14,363)	\$ 46,953

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 18. Operating line of credit:

As at March 31, 2024, the Hospital has available a \$100,000 (2023 - \$100,000) unsecured demand operating line of credit, of which \$nil (2023 - \$nil) was drawn. This primary facility bears interest at the prime rate less 0.80%.

As at March 31, 2024, the Hospital has available a \$100,000 (2023 - \$40,000) unsecured demand operating line of credit, of which \$nil (2023 - \$nil) was drawn. This secondary facility bears interest at the prime rate less 0.80%.

As at March 31, 2024, the prime interest rate is 7.20% (2023 - 6.70%) and the Hospital is compliant with its lending covenants.

#### 19. Commitments and contingencies:

- (a) The nature of the Hospital's activities is such that there is usually litigation pending or in progress at any time. With respect to claims as at March 31, 2024, it is management's position that the Hospital has valid defenses and appropriate insurance coverage in place. In the unlikely event any claims are successful, such claims are not expected to have a material effect on the Hospital's financial position.
- (b) The Hospital participates in the Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its hospital members. All members of the pool pay premiums that are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No losses have been assessed as at March 31, 2024.
- (c) The Hospital is progressing through the multi-phased framework of the Our Healthy Future ("OHF") initiative. Ontario Health has endorsed the Hospital's vision for its programs and services over the next 20 years as outlined in the OHF initiative. This long-range vision is the first in a multi-step capital planning process to renew the hospital facilities and model of care.
  - During fiscal 2022, the MOH approved one-time capital planning grants of up to \$8,000 to support the planned redevelopment of the Juravinski Hospital and Cancer Centre (JHCC) site. Planning meetings to develop a Functional Program have commenced with a submission made to the MOH in late 2023.
  - Redevelopment of the WLMH site began in fiscal 2023. The new facility is scheduled for completion in 2025 with occupancy also planned for 2025. The MOH's current commitment to this project is \$240,547.
- (d) The total capital expenditure commitments for the projects described in (c) above and other minor projects outstanding as at March 31, 2024 are estimated to be \$39,337 (2023 \$37,306).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 19. Commitments and contingencies (continued):

- (e) As at March 31, 2024, the Hospital has outstanding letters of credit of \$2,380 (2023 \$2,405) related to various construction and renovation projects. The Hospital also has a Guarantor Letter of Credit of \$19,582 (2023 \$21,827) which will remain in full force until a loan related to the CoGeneration assets is fully repaid.
- (f) During the normal course of operations, the Hospital is involved in certain employment related negotiations and other matters and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable and deemed likely to occur.

#### 20. Related party transactions:

- (a) The Foundation is an independent organization that raises funds and holds resources solely for the benefit of the Hospital. The Foundation is incorporated without share capital under the laws of the Province of Ontario and is a charitable organization registered under the Income Tax Act. The Hospital is considered to be affiliated with the Foundation due to common directors on the boards. All amounts received from the Foundation are restricted in use by the Foundation and accordingly are accounted for by the Hospital as externally restricted contributions. The Foundation contributed \$11,903 (2023 \$3,190) during the year for capital and \$1,491 (2023 \$1,912) for research. Included in the Hospital's assets as at March 31, 2024 is \$4,742 (2023 \$1,876) in accounts receivable from the Foundation.
- (b) The Volunteer Association is an independent organization that raises funds and holds resources for the benefit of the Hospital. On November 1, 2022, the Hospital entered into a tenyear lease agreement with the Volunteer Association to manage the Hospital's parking operations. The Volunteer Association pays rent in-kind to the Hospital as an annual irrevocable gift, which is restricted for capital projects. All amounts received from the Volunteer Association are restricted and are accounted for as externally restricted contributions. The Volunteer Association contributed \$1,529 (2023 \$10,942) during the year for capital and non-capital expenses. Included in the Hospital's assets as at March 31, 2024 is \$1,307 (2023 \$2,218) in accounts receivable from the Volunteer Association.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 20. Related party transactions (continued):

- (c) HHSRI solicits, receives, manages, and distributes funds in respect of the advancement of health science research and education and the improvement of patient care in support of legislated and strategic priorities of the Hospital. HHSRI is a corporation without share capital under the laws of Canada and is a registered charity under the Income Tax Act. The Hospital is considered to be affiliated with and has significant influence over HHSRI as the Chief Executive Officer ("CEO") of the Hospital is a board member of HHSRI, and the Vice President, Research and Medical Director, Burns of the Hospital is the CEO of HHSRI. The Hospital provides executive management, finance, and administrative services to HHSRI under a Management Services Agreement. During fiscal 2024, HHSRI paid the Hospital \$493 (2023 \$433) for services under the Management Services Agreement and HHSRI contributed \$23,451 (2023 \$27,117) to the Hospital for research. Included in the Hospital's assets at March 31, 2024 is \$8,196 (2023 \$9,629) in accounts receivable from HHSRI.
- (d) The WLMH Foundation and the Auxiliary are both independent organizations. The WLMH Foundation receives and maintains funds for charitable purposes which it donates to the Hospital for the use of operations, renovations, maintenance, and equipment. The Auxiliary raises money to assist the Hospital in the acquisition of medical equipment and to assist the programs. The WLMH Foundation contributed \$1,181 (2023 \$1,017) during the year for capital and non-capital expenses. The Auxiliary contributed \$4 (2023 \$51) during the year for capital and non-capital expenses. Included in the Hospital's assets as at March 31, 2024 is \$548 (2023 \$71) in accounts receivable from the WLMH Foundation. Included in the Hospital's assets as at March 31, 2024 is \$26 (2023 \$nil) in accounts receivable from the WLMH Auxiliary.
- (e) BAHT is a commercial entity dedicated to developing business opportunities harnessing private sector experience, energy, and entrepreneurship to benefit the community by supporting profitable business development in the health-care sector. The beneficiaries of BAHT are the Hospital, the Foundation, and McMaster University. Transactions with BAHT are considered to be in the normal course of operations and are recorded at the exchange amount.
  - Included in the Hospital's assets as at March 31, 2024 is \$1,477 (2023 \$1,171) in accounts receivable from BAHT of which \$1,466 (2023 \$1,157) is interest bearing at a rate of prime less 0.20%. Included in the Hospital's accounts payable is \$29 (2023 \$19). In the current year, the Hospital earned investment income of \$99 (2023 \$28), received a beneficiary distribution of \$nil (2023 \$nil), and paid \$1,283 (2023 \$1,613) of non-salary expenses to BAHT. There is a planned distribution of property to the Hospital with an appraised value of \$3,250, expected to be completed in summer 2024.

In fiscal 2022 the Hospital entered into a 25-year promissory note receivable from BAHT in the amount of \$3,479 at a rate of 1.95% paid in quarterly installments. The balance of the promissory note receivable was \$3,158 as at March 31, 2024 (2023 - \$3,270).

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 21. Financial instruments and risk management:

#### (a) Financial instruments:

The Hospital's financial instruments consist of cash and cash equivalents, restricted cash and cash equivalents, short-term investments, portfolio investments, accounts receivable, accounts payable and accrued liabilities, long-term debt, and derivative liabilities.

#### (b) Fair value measurement:

Within the fair value hierarchy, as at March 31, 2024 and 2023 cash and cash equivalents, restricted cash and cash equivalents, short-term investments and portfolio investments are classified as Level 1, and derivative liabilities are classified as Level 2.

#### (c) Risk management:

The Hospital is exposed to a variety of financial risks, including market risk, credit risk, and liquidity risk. The Hospital's overall risk management focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the Hospital's financial performance. The Hospital is exposed to market risk with regards to its short-term investments, portfolio investments, and floating rate debt, which are regularly monitored.

#### (i) Market risk:

The Hospital is exposed to market risk through the fluctuation of financial instrument fair values due to changes in market prices. The significant market risks to which the Hospital is exposed are interest rate, currency, and other price risks.

#### a) Interest rate risk:

Interest rate risk is the risk that the fair value of the future cash flows of a financial instrument fluctuates because of changes in market interest rates. The Hospital is exposed to interest rate risk on its investments and long-term debt. Of these risks, the Hospital's principal exposure is that increases in the floating interest rates on its debt, if unmitigated, could lead to decreases in cash flow and excess interest cost. The Hospital has effectively fixed its interest rate on the majority of its floating rate long-term debt by entering into various interest rate swaps.

The Hospital currently employs interest rate swaps to convert its variable interest rate on \$104,642 (2023 - \$113,870) of its floating rate loan facilities to a fixed interest rate (note 11). Interest rate swaps are employed in order to reduce variability in future interest cash flows. The swaps are measured at fair value until the swap is settled and the change in fair value is recorded in the statement of remeasurement gains and losses.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 21. Financial instruments and risk management (continued):

- (c) Risk management (continued):
  - (i) Market risk (continued):
    - b) Currency risk:

Currency risk is the risk that changes in market prices, such as foreign currency exchange rates and interest rates will affect the Hospital's future cash flows or the fair value of its financial instruments. The Hospital's exposure to foreign currency exchange risk is on the cash and cash equivalents, restricted cash and cash equivalents, short-term investments, portfolio investments and other non-current assets which includes cash, securities and notes receivable denominated in US dollars and euros. As at March 31, 2024, the total amount of cash, securities and other non-current assets denominated in a foreign currency was \$32,336 (2023 - \$37,007).

The Hospital's estimate of the effect on net assets as at March 31, 2024 due to a 1.00% increase or decrease in the exchange rates, with all other variables held constant, would approximately amount to an increase or decrease of \$323 (2023 - \$370).

#### c) Other price risk:

Other price risk refers to the risk the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from risks noted above). The Hospital is exposed to other price risk through its portfolio investments.

As at March 31, 2024, the Hospital's total exposure to other price risk is \$71,083 (2023 - \$70,171). The Hospital's estimate on the effect of net assets as at March 31, 2024 due to a 1% increase or decrease in the fair value of long-term investments, with all other variables held constant, would approximately amount to an increase or decrease of \$711 (2023 - \$702). In practice, the actual trading results may differ from this sensitivity analysis and the difference could be material.

#### (ii) Credit risk:

The Hospital is exposed to credit risk in the event of non-payment by patients for uninsured services and services provided to non-resident patients. The risk is common to hospitals as they may be required to provide care for patients regardless of their ability to pay for services provided.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 21. Financial instruments and risk management (continued):

- (c) Risk management (continued):
  - (ii) Credit risk (continued):

As at March 31, 2024, the following accounts receivable were past due but not impaired:

	30 days	60 days	90 days	Over 120 days
Accounts receivable	\$ 10,431	\$ 1,723	\$ 3,856	\$ 11,274

The Hospital is also exposed to credit risk through its portfolio investments in high quality bonds and equity securities and loans receivable. Management considers the credit risk to be low as the Hospital only places its investments with reputable and financially stable organizations and the portfolio is monitored by the Investment Committee.

#### (iii) Liquidity risk:

Liquidity risk results from the Hospital's potential inability to meet its obligations associated with financial liabilities as they come due. The Hospital monitors its operations and cash flows to ensure the current and future obligations will be met. The Hospital believes its current sources of liquidity are sufficient to cover its known short and long-term cash obligations.

The Hospital's liquidity risk increased in fiscal 2023 due to the effect of operating losses and the impact of salary increases related to the repeal of Bill 124 (note 24), and the impact of salary increases has continued in the current year. It remains uncertain whether the MOH will directly fund this expense on a go forward basis. The Hospital will require sufficient and timely funding from the MOH to fulfil its obligations on a timely basis and at a reasonable cost.

The table below is a maturity analysis of the Hospital's obligations:

	Up to 6 months	 fore than months up to 1 year	•	More than 1 year up o 5 years	ľ	More than 5 years	Total
Accounts payable and accrued liabilities Obligations under capital leases Long-term debt Other long-term liabilities	\$ 365,448 4,308 6,040	\$ - 4,308 6,094 708	\$	- 13,614 51,214 1,965	\$	- 11,263 259,139 3,732	\$ 365,448 33,493 322,487 6,405
	\$ 375,796	\$ 11,110	\$	66,793	\$	274,134	\$ 727,833

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 22. Funding agreements:

The Hospital entered into funding agreements with various parties which require the disclosure of the revenues and expenditures for the respective program as follows:

#### (a) Clinical Education Program:

During the year, the Clinical Education Program incurred expenses of \$96,142 (2023 - \$82,981) and received \$98,233 (2023 - \$83,930) from the MOH. As applicable, the surplus in funding is owed to the MOH, and, as such, a payable of \$2,091 (2023 - \$949) has been included in accounts payable and accrued liabilities.

#### (b) Diabetes Education Program:

During the year, the Diabetes Education Program incurred expenses of \$892 (2023 - \$746) and received \$874 (2023 - \$874) from Ontario Health.

	2024	2023
Revenue	\$ 874	\$ 874
Expenses: Salaries and benefits General operating expenditures	\$ 870 22	\$ 733 13
Total expenses	\$ 892	\$ 746

#### (c) Emergency Department Physician Program:

During the year, the Emergency Department Physician Program at the WLMH site incurred expenses of \$3,370 (2023 - \$2,409) and received \$3,370 (2023 - \$2,409) in funding.

	2024	2023
Revenues:  MOH  APP premium payments  External recoveries	\$ 2,671 697 2	\$ 1,820 589 –
	\$ 3,370	\$ 2,409

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 22. Funding agreements (continued):

(c) Emergency Department Physician Program (continued):

	2024	2023
Expenses:		
Physician:		
Participating physicians' services	\$ 2,697	\$ 1,786
APP premium payments	613	589
	3,310	2,375
Administration:		
Medical director	9	8
Billing administration	51	26
	60	34
	\$ 3,370	\$ 2,409

#### 23. Coronavirus COVID-19 pandemic:

The majority of the COVID-19 funding programs have been discontinued and as a result, no funding has been received and no revenue has been recognized in fiscal 2024. Management continues to monitor and assess the operational and financial impacts associated with COVID-19, and believes there are no significant financial issues that compromise its ongoing operations.

Management's estimate of MOH revenue for COVID-19 is based on the most recent guidance provided by the MOH. Since COVID-19 funding was introduced by the MOH in fiscal 2020, eligibility guidelines and reconciliation processes have become more comprehensible. Any adjustments to management's estimate of MOH revenues will be reflected in the Hospital's financial statements in the year of settlement.

During fiscal 2024, the Hospital recognized \$nil (2023 - \$69,249) in MOH funding for COVID-19 related expenditures and \$nil (2023 - \$1,594) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

In addition, included in the Hospital's assets at March 31, 2024 is \$34,833 (2023 - \$71,004) in accounts receivable from the MOH and included in the Hospital's liabilities at March 31, 2024 is \$13,354 (2023 - \$28,238) in accounts payable to the MOH, related to COVID-19 funding.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

#### 24. Bill 124:

On November 29, 2022, the Ontario Superior Court rendered a decision to declare the *Protecting a Sustainable Public Sector for Future Generations Act, 2019*, known as Bill 124, to be void and of no effect. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The hospital has recorded material liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts. In addition, expected settlements have been accrued in accounts payable and accrued liabilities and recorded as an expense in salaries and employee benefits, for which the MOH has not confirmed related funding. On February 23, 2024, The Province of Ontario repealed the Act in its entirety.

Details of the revenue recognized and expenses incurred for the current year are summarized below:

	2024	2023
Revenue recognized for retroactive salaries and benefits Revenue recognized for in-year salaries and benefits Less: retroactive salaries and benefits Less: in-year salaries and benefits Less: expected settlement amounts	\$ 48,249 68,183 (8,675) (82,570) (6,060)	\$ - (42,628) - -
	\$ 19,127	\$ (42,628)

#### 25. Adoption of new accounting standards:

The Hospital has adopted the following new public sector accounting standards in the year.

#### (a) PS 3400 - Revenue:

On April 1, 2023, the Hospital adopted Public Sector Accounting Standard PS 3400 – *Revenue*. This standard was adopted prospectively from the date of adoption. This new standard provides requirements for the recognition, measurement, presentation, and disclosure of revenue transactions.

The implementation of this standard did not require the Hospital to reflect any adjustments in these financial statements.

#### (b) PS 3160 – Public private partnerships:

On April 1, 2023, the Hospital adopted Public Sector Accounting Standard PS 3160 – *Public private partnerships*. This standard was adopted retroactively without prior period restatement from the date of adoption. This new standard provides requirements for the recognition, measurement, presentation, and disclosure of public private partnerships.

The implementation of this standard did not require the Hospital to reflect any adjustments in these financial statements.

Notes to Financial Statements (continued) (In \$000's)

Year ended March 31, 2024

### 26. Comparative information:

Certain comparative information has been reclassified to conform to the current year's financial statement presentation.