## Financial Statements of



And Independent Auditor's Report thereon

Year ended March 31, 2023



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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Health Sciences North

## **Opinion**

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

- the statement of financial position as at March 31, 2023
- the statement of operations for the year then ended
- the statement of changes in net assets (debt) 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, 2023, and its results of operations 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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# Emphasis of Matter - Comparative Information

We draw attention to Note 2 to the financial statements ("Note 2"), which explains that certain comparative information presented for the year ended March 31, 2022 has been restated as a result of the modified retroactive adoption of the asset retirement obligation standard. Note 2 explains the reason for the restatement and also explains the adjustments that were applied to restate certain comparative information.

Our opinion is not modified in respect of this matter.

# Other Matter - Comparative Information

As part of our audit of the financial statements for the year ended March 31, 2023, we also audited the adjustments that were applied to restate certain comparative information presented for the year ended March 31, 2022. In our opinion, such adjustments are appropriate and have been properly applied.

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

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal 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 Responsibilities for the Audit of the Financial Statements

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



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#### We also:

 Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of
  expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our 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

Sudbury, Canada June 9. 2023

KPMG LLP

Statement of Operations

Year ended March 31, 2023, with comparative information for 2022 (in thousands of dollars)

		2023	2022
_			
Revenue:	ф	007.040 <b>f</b>	204 540
Ontario Health North and Ministry of Health	\$	337,248 \$	321,542
Cancer Care Ontario		83,397	81,059
Specifically funded programs		54,108	54,877
Patient services Other		36,667	34,279
		57,056	58,801
Amortization - deferred capital contributions for equipment		3,759	4,782
		572,235	555,340
Expenses:			
Salaries and wages		249,390	242,684
Employee benefits		81,374	74,425
Medical staff remuneration		36,726	35,274
Supplies and other		83,801	81,693
Interest on long-term debt		1,017	843
Medical and surgical		42,151	39,666
Drugs		55,651	55,276
Specifically funded programs		54,137	54,960
Amortization - equipment		12,362	13,242
		616,609	598,063
Deficiency of revenue over expenses before undernoted item		(44,374)	(42,723)
Ministry of Health pandemic funding (note 20)		48,899	44,659
Excess of revenue over expenses from Hospital operations		4,525	1,936
Amortization - buildings		(12,243)	(11,792)
Amortization - deferred capital contributions for buildings		10,416	10,039
Excess of revenue over expenses before undernoted item		2,698	183
Bill 124 liabilities (note 8)		(16,783)	-
Excess (deficiency) of revenue over expenses	\$	(14,085) \$	183

Statement of Financial Position

March 31, 2023, with comparative information for 2022 (in thousands of dollars)

	2023	2022
		(restated -
Α		note 2)
Assets		
Current assets:		
Cash	\$ 29,777	\$ 43,399
Accounts receivable (note 3)	68,228	57,913
Inventories	11,170	10,626
Prepayments	9,274	12,205
	118,449	124,143
Long-term receivables (note 4)	200	768
Capital assets (note 5)	390,841	369,420
	\$ 509,490	\$ 494,331
Liabilities and Net Assets (Debt)		
Current liabilities:		
Accounts payable and accrued liabilities (note 7)	\$ 157,945	\$ 148,247
Bill 124 liabilities (note 8)	16,783	- 1 210
Current portion of long-term obligations (note 13)	2,196 176,924	1,218 149,465
A A A	0.500	0.500
Asset retirement obligations (note 9)	6,529	6,529
Deferred contributions (note 10) Deferred capital contributions (note 11)	381 266,810	396 273,494
Employee post-retirement benefits (note 12)	33,409	32,553
Long-term obligations (note 13)	31,866	24,238
Long term estigatione (note 10)	515,919	486,675
Net assets (debt)	(6,429)	7,656
Contingencies (note 17)		
	\$ 509,490	\$ 494,331

On behalf of the Board:	
	Chai
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Statement of Changes in Net Assets (Debt)

Year ended March 31, 2023, with comparative information for 2022 (in thousands of dollars)

	2023	2022	
			(restated - note 2)
Net assets, beginning of year			
As previously stated	\$ 7,656	\$	14,002
Adjustment for change in accounting policy (note 2)	-		(6,529)
As restated	7,656		7,473
Excess (deficiency) of revenue over expenses	(14,085)		183
Net assets (debt), end of year	\$ (6,429)	\$	7,656

Statement of Cash Flows

Year ended March 31, 2023, with comparative information for 2022 (in thousands of dollars)

		2023	2022
Cash flows from operating activities:			
Excess (deficiency) of revenue over expenses	\$	(14,085) \$	183
Adjustments for:	Ψ	(14,000) ψ	100
Amortization of capital assets		24,605	25,034
Amortization of deferred capital contributions		(14,175)	(14,821)
Increase in accrued benefits obligation		856	1,914
		(2,799)	12,310
Change in non-cash working capital (note 14)		18,553	46,667
		15,754	58,977
Cash flows from capital activities:			
Additions to capital assets:			
<ul> <li>medical learners project</li> </ul>		(127)	(2,951)
- equipment		(42,581)	(33,255)
- building		(3,318)	(4,499)
Increase in deferred capital contributions		7,491	16,602
		(38,535)	(24,103)
Cash flows from financing activities:			
Decrease in long-term receivables		568	961
Decrease in deferred contributions		(15)	(2)
increase (decrease) in long-term obligations		8,606	(1,209)
		9,159	(250)
Increase (decrease) in cash		(13,622)	34,624
Cash, beginning of year		43,399	8,775
Cash, end of year	\$	29,777 \$	43,399

Notes to Financial Statements

Year ended March 31, 2023 (In thousands of dollars)

Health Sciences North (the "Hospital") was incorporated under the laws of Ontario on June 30, 1997 and is exempt from income taxes under Section 149 of the Income Tax Act.

#### 1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations.

### (a) Revenue recognition:

The Hospital accounts for contributions, which include donations and government grants, under the deferral method of accounting.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health (the "MOH") and Ontario Health North ("OHN"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in the subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the period in which the related expenses are recognized.

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on the straight-line basis, at rates corresponding to those of the related capital assets.

Revenue from patient and other services is recognized when the service is provided.

## (b) Inventories:

Inventories are stated at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs in bringing the inventories to their present location and condition.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

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

#### (c) Capital assets:

Purchased capital assets are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of the future minimum lease payments and amortized over the useful life of the assets. Minor equipment replacements are expensed in the year of replacement.

Construction in progress is not amortized until construction is complete and the facilities come into use.

Amortization is provided on the straight-line basis at the following range of annual rates:

Buildings and site services	2% - 10%
Furniture and equipment	5% - 20%
Information technology	7% - 33%

In the year of acquisition, amortization is provided at one-half of the rates otherwise charged.

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the 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 future cash flows, an impairment charge is recognized by 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.

Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer amortized. The asset and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

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

## (d) Related entities:

The notes to financial statements include information of the following entities (note 15):

Health Sciences North Foundation
Northern Cancer Foundation
Health Sciences North Volunteer Association
Sudbury Vascular Laboratory Ltd.
Health Sciences North Research Institute ("HSNRI")
NEO Kids Foundation
ONE Health Information Technology Services

The investment in the controlled for-profit entity, Sudbury Vascular Laboratory Ltd., is accounted for by the equity method. The other entities are not consolidated.

#### (e) Employee post-retirement benefits:

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from changes in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the employee benefit plan is 10.9 years.

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

The Hospital is an employer member of the Health Care of Ontario Pension Plan (the "Plan"), which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. The Hospital records as pension expense the current service cost, amortization of past service costs and interest costs related to the future employer contributions to the Plan for past employee service.

#### (f) 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 periods specified. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation allowances for receivables, and inventories; valuation of financial instruments; and assets and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

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

#### (f) Use of estimates (continued):

In addition, the Hospital's implementation of *PS3280 Asset Retirement Obligations* has resulted in the requirement for management to make estimates regarding the useful lives of affected tangible capital assets and the expected retirement costs.

Actual results could differ from those estimates.

#### (g) Funding adjustments:

The Hospital receives grants from the OHN, MOH and Cancer Care Ontario ("CCO") for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the OHN, MOH or CCO are entitled to seek refunds. Should any amounts become refundable, the refunds would be charged to operations in the period in which the refund is determined to be payable. Should programs and activities incur a deficit, the Hospital records any recoveries thereon in the period in which collection is received.

#### (h) Contributed services:

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

#### (i) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments, if any, held in equity instruments that trade in an active market are recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis. Freestanding derivative instruments that are not equity instruments that are quoted in an active market are subsequently measured at fair value.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

All financial assets are assessed for impairment on an annual basis. Where a decline in fair value is determined to be other than temporary, the amount of the loss is recognized in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses. On sale, the statement of remeasurement gains and losses associated with that instrument are reversed and recognized in the statement of operations.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

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

#### (j) Asset retirement obligations:

The Hospital recognizes the fair value of an asset retirement obligation ("ARO") when all of the following criteria have been 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 benefits will be given up; and
- A reasonable estimate of the amount can be made.

A liability for the removal of asbestos-containing materials in certain Hospital facilities has been recognized based on estimated future expenses. Actual remediation costs incurred are charged against the ARO to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability recorded within the consolidated financial statements are recognized in the Statement of Operations at the time of remediation occurs.

#### 2. Change in accounting policies:

On April 1, 2022, the Hospital adopted Public Accounting Standard PS 3280 – *Asset Retirement Obligations*. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain tangible capital assets, such as asbestos removal in certain Hospital facilities owned by the Hospital. The standard was adopted on the modified retrospective basis at the date of adoption. Under the modified retrospective method, the assumptions used on initial recognition are those as of the date of adoption of the standard.

On April 1, 2021, the Hospital recognized an asset retirement obligation relating to facilities owned by the Hospital that contain asbestos:

- The Ramsey Lake Health Centre (RLHC), which was originally acquired in 1975; and
- The Sudbury Outpatient Centre (SOC), which was original acquired in 1955.

Subsequent to the dates of initial acquisition, the Hospital had undertaken a number of additions and expansions to the facilities.

The ARO liability is measured as of the date of acquisition of the buildings, when the liability was created and is calculated based on current costs without discounting to the date of the initial building acquisition. The buildings have estimated useful lives of 40 years and the estimate has not been changed since acquisition.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

#### 2. Change in accounting policies (continued):

In accordance with the provisions of this new standard, the Hospital reflected the following adjustments at April 1, 2021:

- An increase of \$6,529 to the buildings capital asset account, representing the original estimate
  of the obligation and an accompanying increase of \$6,529 to accumulated amortization,
  representing increased amortization up to April 1, 2021 had the liability originally been
  recognized.
- An asset retirement obligation in the amount of \$6,529, representing an estimate of the current obligations.
- A decrease to opening net assets of \$6,529, as a result of the recognition of the liability and accompanying increase in depreciation expense.

#### 3. Accounts receivable:

	2023	2022
OHN and MOH	\$ 24,689	\$ 26,575
Patients	10,547	10,352
Hospitals and agencies	3,677	5,623
Canada Revenue Agency (HST)	3,829	5,711
CCO	7,786	6,786
Current portion of long-term receivables	879	960
Other	19,557	4,642
	70,964	60,649
Less: allowance for doubtful accounts	(2,736)	(2,736)
	\$ 68,228	\$ 57,913

#### 4. Long-term receivables:

	2023	2022
City of Greater Sudbury	\$ 868	\$ 1,517
Northern Cancer Foundation	211	211
	1,079	1,728
Less: current portion	(879)	(960)
	\$ 200	\$ 768

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

# 5. Capital assets:

					2023
	Cost		cumulated nortization	N	let book Value
Property	\$ 3,767	\$	_	\$	3,767
Buildings and site services	188,228		100,667		87,561
Furniture and equipment	183,357		142,630		40,727
Information technology	103,982		79,186		24,796
Assets under capital leases	5,133		5,133		_
Capital project - building	296,987		107,545		189,442
Capital project - equipment	53,446		53,383		63
Projects in progress	44,485		_		44,485
	\$ 879,385	\$	488,544	\$	390,841

					2022
			cumulated nortization	٨	let book Value
Property	\$ 3,767	\$	_	\$	3,767
Buildings and site services	184,097		95,749		88,348
Furniture and equipment	176,063		134,427		41,636
Information technology	90,844		75,617		15,227
Assets under capital leases	5,133		5,110		23
Capital project - building	296,987		100,168		196,819
Capital project - equipment	53,446		53,355		91
Projects in progress	23,509		_		23,509
	\$ 833,846	\$	464,426	\$	369,420

## 6. Bank indebtedness:

The Hospital has arranged for credit facilities which include a demand operating line to \$40 million. The facilities bear interest at banker's prime rate less 0.85% (2022 - prime rate less 0.85%).

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

## 7. Accounts payable and accrued liabilities:

	2023	2022
Accounts payable and accrued liabilities:		
- operating	\$ 47,114	\$ 56,907
- capital	2,217	2,675
- OHN and MOH	33,820	24,955
- CCO	3,472	1,470
Payroll accruals:		
- salaries and wages	18,687	16,246
- vacation pay	22,611	21,484
- sick leave	85	85
Deferred revenue	29,939	24,425
	\$ 157,945	\$ 148,247

#### 8. Bill 124 liabilities:

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. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but the Government has not sought a stay of decision. 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 liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

## 9. Asset retirement obligations:

The Hospital has accrued for asset retirement obligations related to the legal requirement for the removal or remediation of asbestos-containing materials in certain facilities owned by the Hospital. The obligation is determined based on the estimated undiscounted cash flows that will be required in the future to remove or remediate the asbestos containing material in accordance with current legislation.

The change in the estimated obligation during the year consists of the following:

	2023	2022
Balance, beginning of year Adjustment on adoption of PS 3280 asset	\$ 6,529	\$ -
retirement obligation standard	-	6,529
Opening balance, as restated	6,529	6,529
Less: obligations settled during the year	-	-
Total obligation at March 31	6,529	6,529
Less: current portion reported in accounts payable		
and accrued liabilities	-	-
Balance, end of year	\$ 6,529	\$ 6,529

#### 10. Deferred contributions:

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

	2023			2022		
Balance, beginning of year	\$	396	\$	398		
Contributions received	•	13	Ψ	15		
Amounts transferred or taken to revenue		(28)		(17)		
Balance, end of year	\$	381	\$	396		

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

# 11. Deferred capital contributions:

Deferred capital contributions represent the unamortized and unspent balances of donations and grants restricted for capital asset acquisitions. Details of the continuity of these funds are as follows:

		2023		2022
Balance, beginning of year	\$	273,494	\$	271,713
Additional contributions				
Equipment and buildings:				
OHN and MOH		3,113		10,305
CCO		2,632		782
Northern Cancer Foundation		655		967
Health Sciences North Foundation		775		3,676
NEO Kids Foundation		268		494
Other		(22)		318
		7,421		16,542
Capital expansion project:				
City of Greater Sudbury		31		60
		7,452		16,602
Less: amounts amortized to revenue		(14,136)		(14,821)
Balance, end of year	\$	266,810	\$	273,494
The balance of unamortized and unspent funds consis	ts of the followi	ng:		
		2023		2022
Unamortized	\$	263,855	\$	270,432
Unspent:				
Building		2,773		2,859
Equipment		182		203
_ • •		2,955		3,062
	\$	266,810	\$	273,494
	Ψ	_00,010	Ψ	<u> </u>

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

## 12. Employee post-retirement benefits:

The Hospital sponsors a post-retirement defined benefit plan for medical, life insurance and dental benefits for substantially all unionized full time employees with various cost-sharing arrangements as determined by their collective agreements. The most recent valuation of the employee future benefits was completed as at March 31, 2022. The next full valuation of the plan will be as of March 31, 2025.

The accrued benefit obligation is recorded in the financial statements as follows:

	2023	2022
Accrued benefit obligation, beginning of year	\$ 32,553	\$ 30,639
Add: benefit costs	2,530	3,637
	35,083	34,276
Less: benefit contributions	(1,674)	(1,723)
Accrued benefit obligation, end of year	\$ 33,409	\$ 32,553

Similar to most post-employment benefit plans (other than pension) in Canada, the Hospital's plan is not pre-funded, resulting in a plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligations are as follows:

	2023	2022
Discount rate	4.50%	3.65%
Dental care cost trend rate	4.00%	4.00%
Initial health care cost trend rate	6.00%	6.00%
Health care cost trend rate declining to	4.00%	4.00%

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

### 13. Long-term obligations:

	2023	2022
Long-term debt	\$ 34,062	\$ 25,456
Less: current portion	(2,196)	(1,218)
	\$ 31,866	\$ 24,238

#### Long-term debt consists of:

- (i) Demand non-revolving loan to \$22,000 to finance capital expenditures. The loan bears interest at 4.42% and is being repaid in blended monthly payments over 20 years. This facility is a consolidation of various facilities drawn on in prior years. As at March 31, 2023, \$12,029 (2022 \$12,801) is drawn on this facility.
- (ii) Demand revolving loan to \$10,400 to finance parking lot improvements. The loan bears interest at a rate of 2.19% and is being repaid in blended monthly payments over 20 years. As at March 31, 2023, a total of \$8,051 (2022 \$8,460) is drawn on the facility.
- (iii) Demand revolving loan to \$11,700 to finance the Human Capital Management Solution project. The loan bears interest at a rate 4.05% and is being repaid in blended monthly payments over 10 years. As at March 31, 2023, a total of \$11,700 (2022 \$1,913) is drawn on the facility.
- (iv) Demand revolving loan to \$35,000 to finance the Electronic Medical Records project. The loan bears interest at a rate of prime less 0.85% and will be repaid in unblended monthly payments over 10 years. As at March 31, 2023, a total of \$2,282 (2022 - \$2,282) is drawn on the facility.

Principal repayments of long-term debt are as follows:

2024	\$ 2,196
2025	2,415
2026	2,478
2027	2,544
2028	2,612
Thereafter	21,817
	\$ 34,062

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

## 14. Change in non-cash working capital:

	2023	2022
Accounts receivable Inventories Prepayments Accounts payable and accrued liabilities Bill 124 liabilities	\$ (10,315) (544) 2,931 9,698 16,783	\$ 10,851 2,060 (1,145) 34,901
	\$ 18,553	\$ 46,667

# 15. Pension plan:

Substantially all of the employees of the Hospital are members of the Plan which is a multi-employer defined benefit plan. Contributions to the Plan made during the year on behalf of employees amounted to \$21,744 (2022 - \$22,595) and are included in employee benefits in the statement of operations.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

#### 16. Other entities:

This section addresses disclosure requirements regarding the Hospital's relationships with related entities. The relationship can be one of economic interest, significant influence, joint control or control.

## (a) Foundations and Volunteer Association:

The Hospital has an economic interest in the Health Sciences North Foundation. The Health Sciences North Foundation was created for the purpose of promoting and participating in fundraising programs in order to raise money for capital projects and to assist in undertaking all phases of medical research. At March 31, 2023, the amount owing to the Hospital from the Foundation was \$322 (2022 - \$30). During the year, the Hospital received donations amounting to \$1,620 (2022 - \$3,895) from the Health Sciences North Foundation.

The Hospital has an economic interest in the Northern Cancer Foundation. The Northern Cancer Foundation was created for the purpose of promoting and participating in fundraising activities throughout the northeastern Ontario region to support cancer research and cancer care programs of the Northeast Cancer Program. At March 31, 2023, the amount owing to the Hospital from the Foundation was \$1,264 (2022 - \$778). During the year, the Hospital received donations amounting to \$1,040 (2022 - \$1,326) from the Northern Cancer Foundation.

The Hospital has an economic interest in the Health Sciences North Volunteer Association. The Health Sciences North Volunteer Association was created for the purpose of promoting and participating in fundraising activities in order to raise money for capital equipment, health related community projects and volunteer activities. At March 31, 2023, the amount owing to the Hospital from the Association was \$Nil (2022 - \$Nil).

The Hospital has an economic interest in the NEO Kids Foundation. The NEO Kids Foundation was created for the purpose of promoting and participating in fundraising activities to raise money to support services, equipment, and research for young patients. At March 31, 2023, the amount owing to the Hospital from the Foundation was \$186 (2022 - \$283). During the year, the Hospital received donations amounting to \$433 (2022 - \$661) from the NEO Kids Foundation.

#### (b) Sudbury Vascular Laboratory Ltd.:

Sudbury Vascular Laboratory Ltd. was created to operate a vascular laboratory. The Hospital controls Sudbury Vascular Laboratory Ltd.

As at March 31, 2023, Sudbury Vascular Laboratory Ltd. had total amounts owing to the Hospital of \$133 (2022 - \$62).

Financial information for 2023 was not available at the time of the audit report date.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

#### 16. Other entities (continued):

## (b) Sudbury Vascular Laboratory Ltd. (continued):

A summary of the most recently available pertinent financial information of Sudbury Vascular Laboratory Ltd. is as follows:

	2022	2021
Financial position:		
Total assets	\$ 1,115	\$ 1,482
Total liabilities Net assets	\$ 534 581	\$ 967 515
	\$ 1,115	\$ 1,482
Results of operations: Total revenue Total expenses	\$ 1,983 1,917	\$ 2,134 1,864
Excess of revenue over expenses	\$ 66	\$ 270
	2022	2021
Cash flows:		
Cash from operations Cash from financing and investing activities	\$ 231 (538)	\$ 412 171
Increase (decrease) in cash	\$ (307)	\$ 583

### (c) Health Sciences North Research Institute:

HSNRI was created on April 1, 2012 to establish a center of excellence in research, education, and training related to health and healthcare delivery. The Hospital has significant influence over HSNRI, a tax-exempt entity without share capital. As at March 31, 2023, the Hospital had total amounts owing to HSNRI of \$172 (2022 - \$NiI).

### (d) ONE Health Information Technology Services:

ONE Health Information Technology Services (ONE HITS) is a shared service organization established for the purposes of providing technology, information systems and related capital implementation and support services to participating hospitals in Northeastern Ontario on a full cost recovery basis. HSN has significant influence over ONE HITS, with a 33.59% proportionate share of voting rights and financing requirements. Included in the Hospital's reported balance of accounts receivable and accounts payable at March 31, 2023 are amounts owing from/to ONE HITS of \$6,144 and \$255, respectively.

Financial information for ONE HITS for 2023 was not available at the time of the audit report date.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

#### 17. Contingencies:

#### (a) Legal matters and litigation:

The Hospital is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

## (b) Employment matters:

During the normal course of operation, the Hospital is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable.

#### 18. Financial risks and concentration of credit risk:

#### (a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to accounts receivable and other investments.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2023 is the carrying value of these assets.

Management considers credit risk to be minimal as most of the accounts receivable balance is collected in a timely fashion.

The Hospital follows an investment policy approved by the Board of Directors. The maximum exposure to credit risk of the Hospital at March 31, 2023 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2022.

### (b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 60 days of the date of an invoice.

There have been no significant changes to the liquidity risk exposure from 2022.

## 19. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year excess of revenues over expenses.

Notes to Financial Statements (continued)

Year ended March 31, 2023 (In thousands of dollars)

## 20. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19"), the MOH has established a number of funding programs intended to assist hospitals with incremental operating and capital costs resulting from COVID-19. As part of these funding programs, the MOH is permitting hospitals to redirect unused funding from certain programs towards budgetary pressures through a broadbased funding reconciliation.

Management has developed an estimate of MOH revenue for COVID-19 based on the most recent guidance provided by MOH and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. As a result of Management's estimation process, the Hospital has determined a range of reasonably possible amounts that are considered by Management to be realistic, supportable and consistent with the guidance provided by the MOH. However, given the potential for future adjustments by the MOH based on their determination of eligible expenses and funding, the Hospital has recognized revenue related to COVID-19 based on the lower end of the range. Any adjustments to Management's estimate of MOH revenues will be reflected in the Hospital's financial statements in the year of settlement.

Details of the MOH funding for COVID-19 recognized as revenue are summarized below:

	2023	2022
Funding for incremental COVID-19 operating expenses	\$ 2,272	\$ 10,293
COVID-19 Prevention & Containment funding	1,910	_
COVID-19 laboratory funding	4,467	8,979
COVID-19 assessment centre funding	1,848	4,074
Pandemic pay funding	3,124	2,202
Additional capacity bed funding	25,063	18,655
Other pandemic funding	4,418	5,684
Broad-based funding reconciliation for other eligible		
costs and revenue losses	9,078	6,504
	52,180	56,391
Less: provision for Ministry adjustments	(3,281)	(11,732)
	\$ 48,899	\$ 44,659

In addition to the above, the Hospital has also recognized \$38 (2022 - \$322) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.