

Financial Statements of

**ST. MARY'S  
GENERAL HOSPITAL**

And Independent Auditor's Report thereon

Year ended March 31, 2025



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## **INDEPENDENT AUDITOR'S REPORT**

To the St. Joseph's Health System and The Board of Trustees, St. Mary's General Hospital

### ***Opinion***

We have audited the financial statements of St. Mary's General Hospital (the Hospital), which comprise:

- the statement of financial position as at March 31, 2025
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- the statement of remeasurement gains (losses) 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 Hospital as at March 31, 2025, and its results of operations, its changes in net assets, its cash flows and its remeasurement gain (losses) 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 Hospital 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.



## ***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 Hospital'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 Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital'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.

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 Hospital'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 Hospital'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 Hospital 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.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a single, horizontal, slightly wavy line that underlines the text.

Chartered Professional Accountants, Licensed Public Accountants

Kitchener, Canada

June 30, 2025

# ST. MARY'S GENERAL HOSPITAL

## Statement of Financial Position

March 31, 2025, with comparative information for 2024

	2025	2024
<b>Assets</b>		
Current assets:		
Cash (note 2)	\$ 23,116,640	\$ 29,368,656
Short-term investments (note 4)	2,656,211	2,625,523
Accounts receivable (note 3)	21,477,538	20,271,459
Inventories	2,566,601	2,122,975
Prepaid expenses	5,128,124	2,186,054
	<u>54,945,114</u>	<u>56,574,667</u>
Investments (note 4)	135,415	666,716
Interest rate swaps market valuation (note 8)	—	738,257
Capital assets (note 5)	126,626,074	126,034,066
	<u>\$ 181,706,603</u>	<u>\$ 184,013,706</u>

## Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities (note 6)	\$ 57,915,698	\$ 59,783,389
Deferred revenue	1,648,295	1,987,526
Current portion of long-term debt (note 8)	1,808,495	1,747,130
	<u>61,372,488</u>	<u>63,518,045</u>
Employee future benefits (note 7)	7,250,900	6,003,200
Long-term debt (note 8)	15,086,577	16,895,072
Interest rate swaps market valuation (note 8)	69,858	—
Deferred capital contributions (note 9)	100,727,844	96,534,074
Asset retirement obligation (note 10)	4,436,761	4,323,907
	<u>188,944,428</u>	<u>187,274,298</u>
Net assets (deficit):		
Invested in capital assets (note 11)	5,122,559	6,977,357
Unrestricted net assets	(12,290,526)	(10,976,206)
Accumulated remeasurement gain (loss)	(69,858)	738,257
	<u>(7,237,825)</u>	<u>(3,260,592)</u>

Commitments and contingencies (note 12)

Subsequent event (note 15)

	<u>\$ 181,706,603</u>	<u>\$ 184,013,706</u>
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See accompanying notes to financial statements.

On behalf of the Board:



Director

On behalf of Management:



Chief Financial Officer

# ST. MARY'S GENERAL HOSPITAL

## Statement of Operations

Year ended March 31, 2025, with comparative information for 2024

	2025	2024
Revenue:		
Ontario Ministry of Health and other funding agencies	\$ 232,929,047	\$ 219,049,706
Preferred accommodation	434,344	465,985
Other patient revenue	20,404,872	17,696,252
Parking revenue	1,930,053	1,946,978
Donations and other revenue	7,889,167	5,362,882
Amortization of deferred capital contributions relating to equipment	4,388,670	3,574,228
	<u>267,976,153</u>	<u>248,096,031</u>
Operating expenses:		
Salaries, wages and employee benefits	182,661,497	174,679,433
Medical and surgical supplies	37,693,640	34,250,792
Drugs and medicines	5,265,427	4,814,388
Other supplies and expenses	38,628,887	30,559,100
Amortization of major equipment	6,221,274	5,585,852
	<u>270,470,725</u>	<u>249,889,565</u>
Deficiency of operating revenues over expenses prior to the undernoted items	(2,494,572)	(1,793,534)
Amortization of deferred contributions relating to buildings and building equipment	4,239,981	3,967,135
Amortization of buildings and building equipment	(5,030,818)	(4,647,090)
Loss on disposal of equipment	(5,076)	(3,296)
Donations from Foundation toward debt (note 13)	757,967	638,010
Interest related to long-term liabilities	(636,600)	(752,925)
Deficiency of revenues over expenses	<u>\$ (3,169,118)</u>	<u>\$ (2,591,700)</u>

See accompanying notes to financial statements.

# ST. MARY'S GENERAL HOSPITAL

## Statement of Changes in Net Assets

Year ended March 31, 2025, with comparative information for 2024

March 31, 2025	Invested in capital assets	Unrestricted	Total
Balance, beginning of year	\$ 6,977,357	\$ (10,976,206)	\$ (3,998,849)
Deficiency of revenues over expenses	(2,628,517)	(540,601)	(3,169,118)
Net change in investment in capital assets	773,719	(773,719)	–
Balance, end of year	\$ 5,122,559	\$ (12,290,526)	\$ (7,167,967)

March 31, 2024	Invested in capital assets	Unrestricted	Total
Balance, beginning of year	\$ 8,711,372	\$ (10,118,521)	\$ (1,407,149)
Excess (deficiency) of revenues over expenses	(2,694,875)	103,175	(2,591,700)
Net change in investment in capital assets	960,860	(960,860)	–
Balance, end of year	\$ 6,977,357	\$ (10,976,206)	\$ (3,998,849)

See accompanying notes to financial statements.

# ST. MARY'S GENERAL HOSPITAL

## Statement of Cash Flows

Year ended March 31, 2025, with comparative information for 2024

	2025	2024
Cash provided by (applied to):		
Operations:		
Deficiency of revenue over expenses	\$ (3,169,118)	\$ (2,591,700)
Items not involving cash:		
Amortization of capital assets	11,252,092	10,232,942
Amortization of deferred contributions related to capital assets	(8,628,651)	(7,541,363)
Asset retirement obligation remeasurement	112,854	666,529
Loss on disposal of equipment	5,076	3,296
Change in employee future benefits obligation	1,247,700	422,800
	819,953	1,192,504
Changes in non-cash operating working capital:		
Accounts receivable	(1,206,079)	(3,172,122)
Inventories	(443,626)	98,288
Prepaid expenses	(2,942,070)	439,757
Accounts payable and accrued liabilities	(1,867,691)	6,679,111
Deferred revenue	(339,231)	(1,064,738)
	(5,978,744)	4,172,800
Capital:		
Purchase of capital assets	(11,849,176)	(14,127,106)
Contributions received related to capital assets	12,822,421	15,552,725
	973,245	1,425,619
Investing:		
Change in short-term investments	(30,688)	(36,795)
Change in long-term investments	531,301	(1,337)
	500,613	(38,132)
Financing:		
Repayment of long-term debt	(1,747,130)	(3,018,923)
	(1,747,130)	(3,018,923)
Increase (decrease) in cash	(6,252,016)	2,541,364
Cash, beginning of year	29,368,656	26,827,292
Cash, end of year	\$ 23,116,640	\$ 29,368,656

See accompanying notes to financial statements.

# ST. MARY'S GENERAL HOSPITAL

## Statement of Remeasurement Gains (Losses)

Year ended March 31, 2025, with comparative information for 2024

	2025	2024
Accumulated remeasurement gains, beginning of the year	\$ 738,257	\$ 407,915
Unrealized gain (loss) attributable to:		
Derivative – interest rate swaps	(808,115)	330,342
Accumulated remeasurement gains (loss), end of the year	\$ (69,858)	\$ 738,257

See accompanying notes to financial statements.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements

Year ended March 31, 2025

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St. Mary's General Hospital, Kitchener, Ontario (the "Hospital") is an adult medical surgical hospital with a priority focus on cardiac, thoracic and senior friendly care. Founded by the Sisters of St. Joseph of Hamilton in 1924, we are guided by our Judeo-Christian values and Catholic traditions in the provision of health services within the Region of Waterloo.

The Hospital is a division of St. Joseph's Health System (the "System"). The System is incorporated under the laws of the Province of Ontario. Both the Hospital and the System are registered charitable organizations under the Income Tax Act (Canada).

These financial statements do not include the accounts of the other health care facilities which are part of the St. Joseph's Health System.

## 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) Basis of presentation:

The financial statements present only the accounts of the Hospital as a separately managed entity and exclude any accounts of the System that are considered to be unrelated to the Hospital's operations. For those reasons, some users of these financial statements may require additional information from the System.

These financial statements do not include the accounts of the following related, but separate entities:

St. Mary's General Hospital Foundation

St. Mary's General Hospital Volunteer Association

### (b) Inventories:

Inventories of supplies consist of drugs, medical, surgical and laboratory supplies. Medical, surgical and laboratory supplies are valued at the lower of cost on a first-in, first-out basis, and replacement cost. Drug inventory is valued on a weighted average basis.

### (c) Investments:

Investments are primarily comprised of marketable securities and fixed income deposits. Marketable securities are carried at fair value while fixed income deposits are carried at cost. Unrestricted investment income is recognized as revenue during the period in which it is earned.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 1. Significant accounting policies (continued):

### (d) 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 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 are 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.

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to 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.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 1. Significant accounting policies (continued):

### (e) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution.

Incremental interest incurred during the acquisition, construction or production of capital assets is included in the cost of the capital asset. The interest capitalized is determined by applying the Hospital's average interest rate to the average amount of accumulated expenditures for the asset during the year.

Capital assets are amortized on a straight-line basis using the following annual rates:

Assets	Rate
Buildings	2.5% - 5%
Building equipment	4%
Major equipment	5% - 20%
Software	6.7% - 33.3%

### (f) Revenue recognition:

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

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 ("MOH"). 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 that subsequent period.

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. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate of the related capital assets.

Revenue from the MOH, preferred accommodation, as well as income from parking and other ancillary operations, is recognized as the performance obligations are provided, if the amount to be received can be reasonably estimated and collection is reasonably assured.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 1. Significant accounting policies (continued):

### (g) Employee future benefits obligation:

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

Substantially all of the employees of the Hospital are eligible to be members of Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer high five average pay contributory pension plan. As HOOPP's assets and liabilities are not segmented by participating employer, the Hospital accounts for its HOOPP obligation on a cash basis (as a defined contribution plan).

#### (ii) Defined benefit plan:

The Hospital accrues its obligations under employee defined benefit dental, life insurance and health care plans, and the related costs as the employees render the services necessary to earn the future benefits. The Hospital offers the plan to certain of its employees as described in note 7.

- The cost of the accrued benefit obligations for retirement benefits earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of retirement ages and expected health care costs.
- Past service costs from plan amendments are recognized immediately in the period the plan amendments occur.
- Actuarial gains/losses on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the 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 post-retirement benefits plan is 13.5 years (2024 – 13.5 years).
- For those self-insured benefit obligations that arise from specific events that occur from time to time, such as obligations for workers' compensation and life insurance and health care benefits for those on disability leave, the cost is recognized immediately in the period the events occur. Any actuarial gains and losses that are related to these benefits are recognized immediately in the period they arise.

### (h) Asset retirement obligations:

An asset retirement obligation 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 capital asset and other contract obligations under lease agreements;
- 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.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 1. Significant accounting policies (continued):

### (h) Asset retirement obligations (continued):

The asset retirement obligation is based on management's best estimate of the expenditures to settle the obligation.

A liability has been recognized based on estimated future expenses on retirement of the capital assets and leased assets. Under the modified retroactive method, the assumptions used on initial recognition are those as of the date of adoption of the standard. Assumptions used in the subsequent calculations are revised yearly.

### (i) Contributed goods and services:

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

### (j) 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 year. Significant items subject to such estimates and assumptions include the carrying amount of capital assets, allowance for doubtful accounts, asset retirement obligations and obligations related to employee future benefits. Actual results could differ from those estimates.

## 2. Cash:

The Hospital has an operating line which is available for use to the Hospital through the St. Joseph's Health System. The Hospital did not utilize this credit facility during the year.

## 3. Accounts receivable:

	2025	2024
Grand River Hospital Corporation	\$ 668,830	\$ 173,245
Ontario Ministry of Health	7,190,112	4,614,563
OHIP, Patients and others	8,571,109	8,025,430
St. Mary's General Hospital Foundation	5,303,435	7,882,950
	21,733,486	20,696,188
Less allowance for doubtful accounts	(255,948)	(424,729)
	\$ 21,477,538	\$ 20,271,459

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 4. Investments:

Short-term:

	Level	2025	2024
Fixed income investments measured at fair value	1	\$ 2,656,211	\$ 2,625,523
		\$ 2,656,211	\$ 2,625,523

Long-term:

	Level	2025	2024
Cash held for purchase of long-term assets, measured at fair value	1	\$ –	\$ 613,304
Fixed income investments held for purchase of long-term assets, measured at fair value	2	135,415	53,412
		\$ 135,415	\$ 666,716

The fixed income investments mature from April 8, 2025 to March 23, 2026 and hold fixed interest rates from 3.50% to 4.98%. The investment income of \$58,106 (2024 - \$38,913) is comprised of interest income earned on bank balances and fixed income investment securities.

Investment income is included in deferred capital contributions on the statement of financial position.

## 5. Capital assets:

March 31, 2025

	Cost	Accumulated amortization	Net book value
Land	\$ 2,084,724	\$ –	\$ 2,084,724
Buildings and building equipment	177,217,447	87,254,745	89,962,702
Major equipment	110,999,730	93,954,932	17,044,798
Software	29,921,520	17,647,126	12,274,394
Deposit on equipment	66,999	–	66,999
Construction in progress	5,192,457	–	5,192,457
	\$ 325,482,877	\$ 198,856,803	\$ 126,626,074

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 5. Capital assets (continued):

March 31, 2024			
	Cost	Accumulated amortization	Net book value
Land	\$ 2,084,724	\$ –	\$ 2,084,724
Buildings and building equipment	168,083,438	82,223,927	85,859,511
Major equipment	102,006,252	89,830,268	12,175,984
Software	29,904,440	15,983,335	13,921,105
Deposit on equipment	406,791	–	406,791
Construction in progress	11,585,951	–	11,585,951
	<b>\$ 314,071,596</b>	<b>\$ 188,037,530</b>	<b>\$ 126,034,066</b>

## 6. Accounts payable and accrued liabilities:

	2025	2024
Accounts payable and other accrued liabilities	\$ 19,716,175	\$ 24,440,591
Accrued salaries, wages and employee deductions	14,550,231	9,782,443
Accrued vacation pay	7,705,270	8,062,267
Accounts payable MOH and other funding agencies	7,067,517	13,542,407
Accounts payable – Grand River Corporation	8,876,505	3,955,681
	<b>\$ 57,915,698</b>	<b>\$ 59,783,389</b>

## 7. Employee future benefits:

### (a) Pension plan:

Substantially all full-time employees of the Hospital are members of the Healthcare of Ontario Pension Plan (“HOOPP”). This Plan is a multi-employer, defined benefit pension plan. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. As this is a multi-employer plan, no liability has been recorded on the Hospital's books.

Employer contributions to the Plan on behalf of employees amounted to \$10,316,604 (2024 - \$10,242,973). The most recent actuarial valuation for accounting purposes was completed by HOOPP as at December 31, 2024. Their December 31, 2024 audited financial statements disclosed an actuarial value of net assets available for benefits in the amount of \$123 billion, with accrued benefits of \$112.6 billion, resulting in a going concern surplus of \$10.4 billion.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 7. Employee future benefits (continued):

### (b) Other employee future benefits:

The Hospital has an unfunded defined benefit dental, life insurance and health care plan. This covers substantially all of its employees and provides a segment of its retirees with post-retirement benefits.

Information about the accrued non-pension obligation and liability as at March 31, 2025, is as follows:

	2025	2024
Accrued benefit obligation, beginning of year	\$ 9,315,400	\$ 4,587,400
Current service cost	817,700	736,800
Plan amendments	—	52,400
Interest cost	497,300	250,900
Benefits paid	(294,600)	(532,000)
Actuarial loss	528,800	4,219,900
Accrued benefit obligation, end of year	10,864,600	9,315,400
Unamortized actuarial gains	(3,613,700)	(3,312,200)
Total accrued benefit liability, end of year	\$ 7,250,900	\$ 6,003,200

The significant actuarial assumptions adopted in the measuring of the accrued non-pension benefit obligation are as follows:

	2025	2024
Accrued benefit obligation (at end of year):		
Discount rate	4.97%	4.98%
Extended health care	6.15%	5.60%
Dental care cost rate	1.70%	3.45%
Benefit costs (for fiscal year):		
Discount rate	4.98%	4.96%

The benefit obligation for accounting purposes is based on the most recent actuarial valuation as at March 31, 2024, extrapolated to March 31, 2025.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 8. Long-term debt:

The balance of long-term debt reported on the statement of financial position is made up of the following:

	2025	2024
Construction loan, with interest at 3.10% per annum fixed through a swap transaction, monthly payments of interest and principal, maturing on November 15, 2028 (note 8(a))	2,073,297	2,605,470
Health Information System project loan, with interest due monthly at 3.61% per annum fixed through a swap transaction, maturing on March 15, 2035 (note 8(b))	14,821,775	16,036,732
	16,895,072	18,642,202
Less: current portion of long-term debt	(1,808,495)	(1,747,130)
	<u>\$ 15,086,577</u>	<u>\$ 16,895,072</u>

(a) The Hospital has a 10 year term construction loan bearing a variable interest rate and payable monthly. The loan matures on November 15, 2028, the Hospital entered into an interest rate swap to pay a fixed interest rate of 3.10% (note 8(d)).

(b) The Hospital financed the Health Information System project loan through a term loan agreement with the bank. The loan matures on March 15, 2035. The Hospital entered into an interest rate swap transaction to pay a fixed interest rate of 3.61% (note 8(e)).

In April 2020, due to the COVID-19 pandemic, the principal repayment for the project loan was suspended for 6 months starting on May 15, 2020. Any interest accrued on the loan balance was paid on the existing due dates. The interest rate, contractual term, rate term and amortization period of the loan remained the same and principal repayments resumed on November 15, 2020 until maturity on March 15, 2035. As a result of the principal payment suspension, the amounts of the remaining monthly payments have changed in order to be repaid within the current amortization period.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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

### (c) Debt maturity:

The following are the future minimum annual debt principal repayment due over the next five fiscal years and thereafter:

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2026	\$ 1,808,495
2027	1,872,025
2028	1,937,798
2029	1,777,813
2030	1,455,119
Thereafter	8,043,822
	<hr/> \$ 16,895,072

### (d) Construction loan Interest rate swap:

The Hospital has entered into an interest rate swap agreement to manage the volatility of interest rates for the construction loan. The Hospital is a party to a 10-year interest rate swap agreement with a notional principal amount of up to \$5.2 million, whereby the Hospital is obligated to pay fixed interest of 3.10% while receiving variable rate interest which offsets the variable rate interest paid on its construction loan (note 8(a)). The agreement matures on October 15, 2028. The fair value of the interest rate swap agreement will continue to fluctuate until the maturity of the agreement, or its settlement. The fair value of the interest swap at March 31, 2025 is in a net favorable position of \$17,866 (2024 favorable - \$104,839). The current year impact of the fair value of the interest rate swap is an increase to the statement of remeasurement gains and loss of \$86,973 (2024 – increase of \$4,420). The fair value of the interest rate swap is determined using Level 3 of the fair value hierarchy.

### (e) Project loan interest rate swap:

The Hospital has entered into an interest rate swap agreement to manage the volatility of interest rates for the project loan. The Hospital is a party to a 17-year interest rate swap agreement with a notional principal amount of up to \$20 million, whereby the Hospital is obligated to pay fixed interest of 3.61% while receiving variable rate interest which offsets the variable rate interest paid on its project loan (note 8(b)). The agreement matures on February 15, 2035. The fair value of the interest rate swap agreement will continue to fluctuate until the maturity of the agreement, or its settlement. The fair value of the interest swap at March 31, 2025 is in a net unfavorable position of \$(87,724) (2024 – favorable \$633,418). The current year impact of the fair value of the interest rate swap is an increase to the statement of remeasurement gains and loss of \$721,141 (2024 - decrease of \$342,023). The fair value of the interest rate swap is determined using Level 3 of the fair value hierarchy.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 9. Deferred contributions:

Deferred contributions related to capital assets represent the unamortized portion of contributed capital assets and the unamortized portion of restricted contributions with which capital assets were originally purchased, plus any unspent donations and grants received during the year for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations. The changes in the deferred contributions balance for the year are as follows:

	2025	2024
Balance, beginning of year	\$ 96,534,074	\$ 88,522,712
Additional contributions	12,822,421	15,552,725
Less amounts amortized to revenue	(8,628,651)	(7,541,363)
Balance, end of year	\$ 100,727,844	\$ 96,534,074

The balance of the capital contributions related to capital assets consists of the following:

	2025	2024
Unamortized capital contributions used to purchase capital assets	\$ 100,171,682	\$ 96,090,600
Unspent capital contributions	556,162	443,474
	\$ 100,727,844	\$ 96,534,074

## 10. Asset retirement obligation:

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

### (a) Asbestos obligation:

The Hospital owns and operates several 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.

### (b) Fuel tank obligation:

The Hospital has several fuel tanks that will require future remediation and there is a legal obligation to remove the tank and remediate the site.

	2025	2024
Balance, beginning of the year	\$ 4,323,907	\$ 3,657,378
Plus: remeasurement adjustment	112,854	666,529
Balance, end of year	\$ 4,436,761	\$ 4,323,907

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

## 11. Net assets invested in capital assets:

Investment in capital assets is calculated as follows:

	2025	2024
Capital assets	\$ 126,626,074	\$ 126,034,066
Amounts financed by deferred contributions	(100,171,682)	(96,090,600)
Amounts financed by long-term debt	(16,895,072)	(18,642,202)
Asset retirement obligations	(4,436,761)	(4,323,907)
	<u>\$ 5,122,559</u>	<u>\$ 6,977,357</u>

## 12. Commitments and contingencies:

- (a) The nature of the Hospital activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2025, management believes that the Hospital has valid defenses and appropriate insurance coverage in place. In the event claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.
- (b) In the normal course of operations, 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.
- (c) The Hospital is committed to payments under operating leases for various premises. Minimum payments under these leases are as follows:

2026	\$ 431,871
2027	462,051
2028	474,279
2029	474,279
2030	474,279
Thereafter	592,849
	<u>\$ 2,909,608</u>

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 13. Related party transactions:

### (a) St. Joseph's Health System:

The Hospital, as a division of St. Joseph's Health System (the "System"), was involved in inter-divisional activities throughout the year. These activities consist of the sharing of the System's corporate administrative charges and other services and resulted in charges of \$526,970 (2024 - \$396,351). Included in accounts payable and accrued liabilities is \$33,019 (2024 - \$33,019) related to transactions with the System. These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

### (b) St. Joseph's Healthcare Hamilton:

The Hospital receives services from St. Joseph's Healthcare throughout the year. These activities consist of the sharing of staff charges and other services and resulted in charges of \$176,905 (2024 - \$188,853). At March 31, 2025, the Hospital had a net accounts receivable balance of \$nil (2024 - \$7,083). These transactions are in the normal course of operations and are measured at the exchange amount of consideration established and agreed to by the related parties.

### (c) St. Mary's General Hospital Foundation:

The Hospital has an economic interest in the St. Mary's General Hospital Foundation (the "Foundation") as the Foundation was established to raise funds for the use of the Hospital. The Foundation's by-laws indicate that it will operate and fundraise to support the Hospital. The Foundation is separately incorporated under laws of Ontario and is a registered charity under the Income Tax Act. The Board of Directors of the Foundation is separate from the Hospital, and thus the Foundation is separately managed. The Hospital may request donations from the Foundation, but the ultimate decisions on funding are completed by the Foundation management and Board of Directors.

Audited financial statements have not been finalized for the Foundation as at the preparation date of the St. Mary's General Hospital audit and have therefore been conservatively estimated.

Net resources are estimated at \$47,111,885 (2024 - \$50,708,674), of which it is estimated that \$11,907,282 (2024 - \$17,387,467) represents contributions externally restricted.

The net assets and results from operations of the Foundation are not included in the statements of the Hospital. Separate financial statements of the Foundation are available upon request.

Related party transactions during the year include the following:

- (i) an amount of \$11,346,020 (2024 - \$8,827,958) has been received from the Foundation and recorded as deferred contributions related to capital assets; and
- (ii) an amount of \$757,967 (2024 - \$638,010) representing debt repayments paid on the Hospital's behalf have been completed by the Foundation and recorded donations from Foundation toward debt on the statement of operations.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 13. Related party transactions (continued):

(d) St. Mary's General Hospital Volunteer Association:

The Hospital has an economic interest in the St. Mary's General Hospital Volunteer Association (the "Volunteer Association") as the Volunteer Association was established to support the Hospital's initiatives and raise funds for the use of the Hospital. The Volunteer Association is incorporated under laws of Ontario and is exempt from income tax under the Income Tax Act. The Board of Directors of the Volunteers Association is separate from the Hospital, and thus the Volunteers Association is separately managed. The Hospital may request donations from the Volunteers Association, but the ultimate decisions on funding are completed by the Volunteers Association management and Board of Directors.

Net resources of the Volunteer Association amount to \$164,431 (2024 - \$204,658), with no contributions externally restricted. An amount of \$60,000 (2024 - \$60,000) is internally restricted for capital improvements.

The net assets and results from operations of the Volunteer Association are not included in the statements of the Hospital. Separate financial statements of the Volunteer Association are available upon request.

Related party transactions during the year not separately disclosed in the financial statements:

(i) Intercompany transactions related to supply purchases made by the Volunteer Association and payroll costs for the Tim Horton's operated by the Volunteer Association.

## 14. Financial risks:

(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 the accounts receivable, cash and 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, 2025 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the income statement. Subsequent recoveries of impairment losses related to accounts receivable are credited to the income statement. The balance of the allowance for doubtful accounts at March 31, 2025 is included in note 3.

As at March 31, 2025, no patient accounts receivable are impaired.

The maximum exposure to investment credit risk is outlined in note 4.

There have been no significant changes to the credit risk exposure from 2024.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 14. Financial risks (continued):

### (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 receipt of an invoice.

The contractual maturities of long-term debt and interest rate swaps are disclosed in note 8.

There have been no significant changes to the liquidity risk exposure from 2024.

### (c) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the Hospital's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

### (d) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to this risk through to its interest bearing loan payable and its interest rate swap.

As at March 31, 2025, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the estimated impact on the market value the interest rate swap would increase by \$770,292 or decrease by \$770,292, respectively.

The Hospital mitigates interest rate risk on its term debt through derivative financial instrument (interest rate swaps) that exchanges the variable rate inherent in the term debt for a fixed rate (see note 8). Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to the term debt.

The Hospital's investments are disclosed in note 4.

There has been no change to the interest rate risk exposure from 2024.

# ST. MARY'S GENERAL HOSPITAL

Notes to Financial Statements (continued)

Year ended March 31, 2025

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## 15. Subsequent event:

Effective April 1, 2025, the Hospital and Grand River Hospital Corporation are integrating and transferring assets into a single hospital named Waterloo Regional Health Network ("WRHN").

WRHN is a Public Hospital (under the Public Hospitals Act of Ontario) and is incorporated under the Not-For-Profit Corporations Act, 2010. WRHN will operate existing hospital sites and services while continuing to move forward with their joint Building the Future of Care Together capital redevelopment project.

The Hospital incurred integration costs of \$213,481 (2024 - \$nil) included in salaries, wages and benefits and \$2,326,209 (2024 - \$nil) in other supplies and expenses on the statement of operations.

The carrying amount of the assets and liabilities of the Hospital will be transferred to WRHN on April 1, 2025 with the exception of certain items that will remain with the St. Joseph's Health System as set out in the transfer agreement. The St. Joseph's Health System will retain ownership of letters patent of St. Joseph's Health System, St. Mary's General Hospital owned real property, the right, title, and interest in the names of "St. Mary's General Hospital", any Catholic religious artifacts which are removable and not affixed to the real property and, any assets that are not exclusively used by St. Mary's General Hospital. The Hospital is working on finalizing the financial effect of this transfer agreement and an estimate is not reasonably determinable at this time.

Effective April 1, 2025, the Hospital will cease to be a division of St. Joseph's Health System. In addition, effective April 1, 2025, WRHN has entered into a lease agreement with St. Joseph's Health System for continued use of the land and buildings excluded from the transfer to WRHN.

## 16. Comparative information:

Certain comparative information has been reclassified in order to conform with current period presentation.