Strathroy Middlesex General Hospital Financial Statements For the year ended March 31, 2025

For the year ended March 31, 2025

	Contents
Independent Auditor's Report	2
Financial Statements	
Statement of Financial Position	4
Statement of Changes in Accumulated Deficit	5
Statement of Operations	6
Statement of Cash Flows	7
Notes to Financial Statements	8 - 25



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# Independent Auditor's Report

To the Board of Directors Strathroy Middlesex General Hospital

## Opinion

We have audited the financial statements of Strathroy Middlesex General Hospital (the Hospital), which comprise the statements of financial position as at March 31, 2025, and the statement of changes in accumulated deficit, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

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 the results of its 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 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 these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the 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 these financial statements.

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



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the 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.

We 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

Windsor, Ontario June 25, 2025

# Strathroy Middlesex General Hospital Statement of Financial Position

March 31,	2025	2024
Assets Current Cash (Note 6) Accounts receivable (Note 3) Inventory Prepaid expenses	\$ - 6,460,684 171,179 571,228	\$ 2,439,388 4,963,494 139,750 330,764
Tangible capital assets (Note 4)	7,203,091 34,285,507	7,873,396
	\$ 41,488,598	\$ 37,141,786
Liabilities and Accumulated deficit Current Bank indebtedness (Note 6) Accounts payable and accrued liabilities (Note 5) Current portion of long-term debt (Note 8) Current portion of obligation under capital lease (Note 9)	\$ 4,719,964 8,840,700 238,032 66,122	\$ - 9,829,211 294,869 62,464
Deferred contributions relating to capital assets (Note 7) Post-employment benefits (Note 10) Long-term debt (Note 8) Obligation under capital lease (Note 9) Asset retirement obligations (Note 11)	13,864,818 29,003,729 1,410,900 351,049 137,130 14,815,677	10,186,544 23,682,260 1,198,400 589,081 203,252 15,061,662
	59,583,303	50,921,199
Contingencies and commitments (Note 15)		
Accumulated deficit Unrestricted	(18,094,705)	(13,779,413)
Post-employment benefits (Note 10) Long-term debt (Note 8) Obligation under capital lease (Note 9) Asset retirement obligations (Note 11)  Contingencies and commitments (Note 15) Accumulated deficit	1,410,900 351,049 137,130 14,815,677 59,583,303	1,198,400 589,081 203,252 15,061,662 50,921,199

On behalf of the Board of Directors:

MStanley Director

Juli L.M.B. Director

# Strathroy Middlesex General Hospital Statement of Changes in Accumulated Deficit

For the year ended March 31,	2025	2024
Balance, beginning of year	\$(13,779,413)	\$ (12,848,680)
Deficiency of revenues over expenses	(4,315,292)	(930,733)
Balance, end of year	\$(18,094,705)	\$ (13,779,413)

# Strathroy Middlesex General Hospital Statement of Operations

For the year ended March 31,	2025	2024
Revenues Ministry of Health and Ontario Health Patient revenues Differential and co-payment Recoveries and miscellaneous Amortization of deferred capital contributions, equipment (Note Other votes (Note 18)	11,550	\$ 46,127,790 4,257,987 173,591 4,142,510 762,555 11,550
	56,808,780	55,475,983
Expenses Salaries and wages Employee benefits Employee future benefits (Note 10) Medical staff payments Supplies and other expenses Medical and surgical supplies Drugs Amortization of equipment (Note 4) Accretion expense (Note 11) Other votes (Note 18)	25,954,401 7,395,177 266,200 8,778,882 9,648,387 5,427,843 930,484 1,781,631 613,010 11,550	24,576,714 6,743,172 136,400 8,154,781 9,062,544 4,605,967 843,256 1,383,007 591,452 11,550
Operating excess of expenses over revenues	(3,998,785)	(632,860)
Other revenues (expenses) Amortization of deferred capital contributions, building (Note 7) Amortization of buildings and land improvements (Note 4)	1,800,303 (2,116,810) (316,507)	1,387,454 (1,685,327) (297,873)
Deficiency of revenues over expenses	\$ (4,315,292)	\$ (930,733)

# Strathroy Middlesex General Hospital Statement of Cash Flows

For the year ended March 31,	2025	2024
Cash provided by (used in)		
Operating activities Deficiency of revenues over expenses	\$ (4,315,292)	\$ (930,733)
Items not involving cash Amortization of capital assets (Note 4) Amortization of deferred contributions relating to	3,898,441	3,068,334
capital assets (Note 7)  Accretion expense of asset retirement obligation (Note 11)	(3,030,056) 613,010	(2,150,009) 591,452
Increase in post-employment benefits liability (Note 10)	<u>212,500</u> (2,621,397)	66,300 645,344
Net changes in non-cash working capital balances:	(1.407.100)	(2.222.105)
Accounts receivable Inventory Prepaid expenses Accounts payable and accrued liabilities	(1,497,190) (31,429) (240,464) (988,511)	(2,322,195) (10,382) 33,805 2,288,728
Accounts payable and accided habilities	(5,378,991)	635,300
Capital activities Purchase of capital assets Contribution received for capital assets (Decrease) increase in asset retirement obligation	(8,915,558) 8,351,525 (858,995)	(7,349,193) 3,892,724 802,467
	(1,423,028)	(2,654,002)
Financing activities Proceeds from capital lease Payments on capital lease Repayment of long-term debt	- (62,464) (294,869)	221,096 (40,845) (362,642)
	(357,333)	(182,391)
Decrease in cash during the year	(7,159,352)	(2,201,093)
Cash, beginning of year	2,439,388	4,640,481
(Bank indebtedness) cash, end of year	\$ (4,719,964)	\$ 2,439,388
Supplemental Disclosure of Cash Flow Information:		
Interest paid in the year Interest received in the year	\$ 67,745 \$ 25,819	\$ 63,696 \$ 96,578

## March 31, 2025

# 1. Significant Accounting Policies

#### Nature of Organization

Strathroy Middlesex General Hospital (the "Hospital") provides health care services to the residents of Strathroy and surrounding areas. The Hospital, incorporated without share capital under the Corporations Act of Ontario, is a charitable organization within the meaning of the Income Tax Act (Canada).

The Hospital is a registered charity and, as such, is exempt from income taxes under the Income Tax Act (Canada).

#### Basis of Accounting

The financial statements of the Hospital have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAS for Government NPOs"). The Strathroy Middlesex General Hospital Foundation is a separate entity whose financial information is reported separately from the Hospital.

## Management Estimates

The preparation of financial statements in conformity with PSAS for Government NPOs requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the period. Actual results could differ from these estimates. Areas of key estimation include determination of the allowance for doubtful accounts, asset retirement obligation, actuarial estimation of post-employment benefits, amortization of capital assets and deferred revenue.

# Ministry of Health and Ontario Health Funding

Under the Health Insurance Act and the regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health ("MOH") and Ontario Health ("OH"). The financial statements reflect agreed funding arrangements approved by the MOH and OH with respect to the year ended March 31, 2025.

#### March 31, 2025

## 1. Significant Accounting Policies (continued)

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 MOH, and OH. The Hospital has entered into a Hospital Service Accountability Agreement (the "H-SAA") for fiscal 2024 with the MOH and OH that sets out the rights and obligations of the parties to the H-SAA in respect of funding provided to the Hospital by the MOH/OH. The H-SAA also sets out the performance standards and obligations of the Hospital that establish acceptable results for the Hospital's performance in a number of areas.

If the Hospital does not meet its performance standards or obligations, the MOH/OH has the right to adjust funding received by the Hospital. The MOH/OH is not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after completion of the financial statements, the amount of MOH/OH funding received by the Hospital during the year may be increased or decreased subsequent to year end.

Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to future period, it is deferred and recognized in that subsequent period.

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

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

Amortization of buildings is not funded by the MOH/OH and accordingly the amortization of buildings has been reflected as an undernoted item in the statement of operations with the corresponding realization of revenue for deferred contributions.

The revenues from government volume-based services and from chargeable-to-patient activities are recognized when the services are provided/performed.

## March 31, 2025

# 1. Significant Accounting Policies (continued)

#### **Financial Instruments**

The Hospital classifies its financial instruments as either fair value or amortized cost. The Hospital's accounting policy for each category is as follows:

Fair value

This category includes cash.

#### Amortized cost

This category includes accounts receivable, accounts payable and accrued liabilities and long-term debt. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the statement of operations.

Inventory

Inventory is valued at the lower of cost and net realizable value. Cost is determined on the first-in first-out basis. Inventory consists of pharmaceuticals that are used in the Hospital's operations and not for sale purposes.

March 31, 2025

### 1. Significant Accounting Policies (continued)

**Tangible Capital Assets** 

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments that extend the estimated useful life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value. Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are capitalized on acquisition and amortized on a straight-line basis over their useful lives, which has been estimated to be as follows:

Building and related service equipment 5 - 40 years Major equipment 3 - 20 years Buildings for future expansion 20 years

Leases

Leases meeting certain criteria are accounted for as capital leases. The imputed interest is charged against income and the capitalized value is amortized over its estimated useful life. Obligations under capital lease are reduced by lease payments net of imputed interest.

Leases not meeting certain criteria are accounted for as operating leases. These costs are expensed according to the period for which they relate.

**Contributed Services** 

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.

Pension Plan

The Hospital participates in a multi-employer defined benefit pension plan, however, sufficient information is not available to use defined benefit accounting. Therefore, the Hospital accounts for the plan as if it were a defined contribution plan, recognizing contributions as an expense in the year to which they relate.

## March 31, 2025

1. Significant Accounting Policies (continued)

Retirement and Post-Employment Benefits

The Hospital provides defined retirement and postemployment benefits to certain employee groups. These benefits include pension, health and dental. The Hospital has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs are recognized as an expense in the period of the plan amendment.
- (ii) The costs of the multi-employer defined benefit pension are the employer's contributions due to the plan in the period.
- (iii) The discount used in the determination of the abovementioned liabilities is equal to the Hospital's internal rate of borrowing.

Asset Retirement Obligations

A liability for an asset retirement obligation is recognized when 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. The liability is recorded at an amount that is the best estimate of the expenditure required to retire a tangible capital asset at the financial statement date. This liability is subsequently reviewed at each financial reporting date and adjusted for the passage of time and for any revisions to the timing, amount required to settle the obligation or the discount rate. Upon the initial measurement of an asset retirement obligation, a corresponding asset retirement cost is added to the carrying value of the related tangible capital asset if it is still in productive use. This cost is amortized over the useful life of the tangible capital asset. If the related tangible capital asset is unrecognized or no longer in productive use, the asset retirement costs are expensed.

March 31, 2025

## 2. Financial Instrument Classification

The following table provides cost and fair value information of financial instruments by category. The maximum exposure to credit risk would be the carrying value shown below.

	Fair Value	Cost	Total
March 31, 2025			
Bank indebtedness	\$ 4,719,964	\$ -	\$ 4,719,964
Accounts receivable	\$ -	\$ 6,460,684	\$ 6,460,684
Accounts payable and accrued liabilities	\$ -	8,840,700	8,840,700
Long-term debt	\$ -	\$ 589,081	\$ 589,081
March 31, 2024			
Cash	\$ 2,439,388	\$ -	\$ 2,439,388
Accounts receivable	\$ -	\$ 4,963,494	\$ 4,963,494
Accounts payable and accrued liabilities	\$ -	\$ 9,829,211	\$ 9,829,211
Long-term debt	\$ -	\$ 883,950	\$ 883,950

The cash is a level 1 fair value measurement which are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price.

March 31, 2025

# 3. Accounts Receivable

		_	Past Due			
	Tota	I Current	31-60 days	61-90 days	91-120 days > 120 days	
Inpatients Outpatients OHIP MOH/OH Miscellaneous	\$ 94,618 41,805 572,502 745,593 5,041,166	28,286 471,912 745,593	35,724 \$ 5,475 99,529 - 24,566	9,110 \$ 7,759 885 - 563	(45) \$ 1,680 50 235 148 28  55,008 1,607,135	
Gross receivables	6,495,684	4,647,834	165,294	18,317	55,161 1,609,078	
Less: Impairment allowances	(35,000)	) (35,000)	-	-		
Net receivables	\$6,460,684	\$4,612,834 \$	165,294 \$	18,317 \$	55,161 \$1,609,078	

The amounts aged greater than 90 days owing from patients that have not had corresponding impairment allowances setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on credit equitability of debtors and their past history of payment.

# March 31, 2025

4. Tangible Capital Assets			202	25		2024
		Cost	Accumulate Amortizatio		Cost	Accumulated Amortization
Land	\$	92,528	\$	- \$	92,528	\$ -
Building and related service equipment Major equipment Construction in progress	31	7,741,322 ,669,879 ,176,875	32,975,58 26,419,51		50,223,976 28,878,960 5,576,016	30,858,777 24,644,313
	\$93	3,680,604	\$59,395,09	7 \$	84,771,480	\$ 55,503,090
Net book value			\$34,285,50	7		\$ 29,268,390
The amortization charge for the	year	is as follow	s:		2025	2024
Building Equipment					16,810 81,631	\$ 1,685,327 1,383,007
				\$ 3,8	98,441	\$ 3,068,334

Included in major equipment is equipment under capital lease with a cost of \$413,905 (2024 - \$413,905) and accumulated amortization of \$258,350 (2024 - \$188,407). Amortization expense includes amortization on equipment under capital lease of \$69,943 (2024 - \$69,943).

5. Accounts Payable and Accrued Liabilities	2025	2024
MOH/OH Trade Wages and other accruals	\$ 2,665,672 119,064 6,055,964	\$ 2,408,485 756,673 6,664,053
	\$ 8,840,700	\$ 9,829,211

March 31, 2025

#### 6. Cash (Bank Indebtedness)

As at March 31, 2025, the Hospital had \$9,500,000 in available credit (2024 - \$9,500,000), consisting of a \$7,000,000 operating line (2024 - \$7,000,000), \$1,500,000 (2024 - \$1,500,000) demand instalment credit and \$1,000,000 (2024 - \$1,000,000) in available transfers from Four Counties Health Services, bearing interest at prime plus 0.50% (2024 - prime plus 0.50%). At year end, \$4,719,964 (2024 - \$nil) was drawn on the operating line, \$564,444 (2024 - \$770,494) was drawn on the demand instalment credit and \$24,638 (2024 - \$113,456) was drawn from Four Counties Health Services.

## 7. Deferred Contributions Relating to Capital Assets

Deferred capital contributions represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2025	2024
Balance, beginning of year Contributions received Amortized to revenue	\$23,682,260 8,351,525 (3,030,056)	\$ 21,939,545 3,892,724 (2,150,009)
Balance, end of year	\$29,003,729	\$ 23,682,260

As at March 31, 2025 there was \$3,951,720 (2024 - \$5,156,107) of deferred capital contributions received which were not being amortized into revenue as the related capital expenditure has not yet been made or put into use.

# March 31, 2025

# 8. Long-term Debt

	2025	2024
Various draws - 2.3% - 5.3% interest, due December 2027, repayable in monthly instalments of \$19,775, unsecured	\$ 564,443	\$ 770,494
Equipment loan - 3% interest, due September 2025, repayable in monthly instalments of \$7,584, unsecured	24,638	113,456
Less: current portion	589,081 238,032	883,950 294,869
	\$ 351,049	\$ 589,081

Principal repayments required on long-term debt over the next four years and thereafter are as follows:

Year		Amount
2026 2027 2028 2029	\$	238,032 211,470 106,147 33,432
	\$_	589,081

Amounts to be recovered from the Strathroy Middlesex General Hospital Foundation over the next year in relation to the equipment loan disclosed above are as follows:

Year	Amount
2026	\$ 24,638

# March 31, 2025

9. Obligations Under Capital Lease		
	2025	2024
Obligation under capital lease - 7.96% due December 2028, repayable in monthly instalments of \$4,479 principal and interest	\$ 170,429	\$ 208,927
Obligation under capital lease - 4.25%, due July 2026, repayable in monthly instalments of \$2,114 principal and interest	32,823	56,253
Obligation under capital lease - repaid during the year	-	536
Less current portion	203,252 66,122	265,716 62,464
	\$ 137,130	\$ 203,252

Obligations under capital lease are secured by specific digital imaging equipment.

Principal payments required on obligations under capital lease for the next four years are as follows:

Year	Amount
2026 2027 2028 2029	\$ 66,122 53,499 48,843 34,788
	\$ 203,252

March 31, 2025

# 10. Post-Employment Benefits

The Healthcare of Ontario Pension Plan ("HOOPP") has substantially all of the full-time employees enrolled in it. On October 1, 2015, all part-time and non-full-time employees became eligible to join the Plan immediately. Some of the part-time employees are enrolled into HOOPP. Contributions to the plan made during the year by the Hospital on behalf of these employees amounted to \$2,445,763 (2024 - \$2,240,827). Contributions to the plan made during the year by the employees amounted to \$1,941,072 (2024 - \$1,778,428). These are included in the "Employee Benefits" section of the Statement of Operations. For 2025, the Hospital had a liability of \$501,081 (2024 - \$440,908), associated with the Pension Plan.

As a result of restructuring and staff reductions, early retirement packages have been made available to eligible Hospital employees. Eligible full-time employees who opted for early retirement received a continuation of their current health care benefits, up to the age of 65.

The Hospital also pays 50% of the premiums for health and dental benefits of the Ontario Nurses' Association (ONA) members that retired after April 1, 2011, from the date of retirement until the individual reaches the age of 65.

The "Employee future benefit" liability is actuarially determined using the projected accrued benefit cost method, pro-rata on service, and reflects Management's best estimate of future cost trends associated with such benefits and interest rates. The Plan amendments are amortized over the expected average remaining service to full eligibility of the active employees. The cumulative gains and losses in excess of 10% of the beginning of the year accrued benefit obligation are amortized over the expected average remaining service to the expected retirement age of active employees (11.9 years).

Information about the Hospital's accrued benefit obligation relating to its post-retirement benefit plan at March 31, 2025, is as follows:

	2025	2024
Accrued benefit obligation - beginning of year Less: Unamortized net actuarial loss	\$1,198,400 212,500	\$1,132,100 66,300
Accrued Benefit Liability - End of Year	\$1,410,900	\$ 1,198,400

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

	2025	2024
Discount rate:		
Beginning of year	3.95%	4.04%
End of year	3.89%	3.95%
Weighted average health care trend rate		
Initial	4.45%	4.45%
Ultimate	4.10%	4.10%
Year "Ultimate" reached	2040	2040

2025

## March 31, 2025

# 10. Post-Employment Benefits (continued)

The actuarial valuation is for the period April 1, 2024 through March 31, 2025. Included in Employee Benefits on the Statement of Operations is an amount of \$266,200 (2024 - \$136,400) related to employee future benefits.

	 2025	2024
Current Year Benefit cost: Interest on accrued benefit obligation Amortized actuarial gain	\$ 114,800 80,100 71,300	\$ 78,300 47,700 10,400
Total Expense	\$ 266,200	\$ 136,400

Above amounts exclude pension contributions to the HOOPP, a multi-employer plan, described above.

## 11. Asset Retirement Obligations

The Hospital's financial statements include an asset retirement obligation for the asbestos that had been used in construction of the hospital buildings throughout its course of operations. The related asset retirement costs are being amortized on a on straight-line basis. The liability has been estimated using a net present value technique with a discount rate of 4.24% (2024 - 4.07%). The estimated total undiscounted future expenditures are \$14,815,677 (2024 - \$15,061,662), which are to be incurred over the remaining useful life of the buildings. The liability is expected to be settled as the building is renovated.

The carrying amount of the liability is as follows:

	2025	2024
Asset retirement obligation, beginning of year Decrease due to liability settled during the current year Increase due to accretion expense (Decrease) increase due to revisions in estimated cash flows	\$15,061,662 \$ (415,849) 613,010 (443,146)	13,667,743 - 591,452 802,467
Asset retirement obligation, end of year	\$14,815,677 \$	15,061,662

2024

#### March 31, 2025

## 12. Related Entities

#### a) Strathroy Middlesex General Hospital Foundation

The Strathroy Middlesex General Hospital Foundation is a separate legal entity. The Foundation raises funds for capital acquisition and other related purposes of the Hospital. The Foundation is incorporated under the Corporations Act of Ontario and is a registered charity under the Income Tax Act (Canada).

During the year, the Foundation transferred \$5,431,640 (2024 - \$439,764) to the Hospital to be used for the purchase of capital assets and \$134,967 (2024 - \$263,572) for operations (education and capital lease).

## b) Strathroy Middlesex General Hospital Auxiliary

The Auxiliary is an ancillary volunteer organization that is a registered charity under the Income Tax Act (Canada). Under its constitution and by-laws the stated purpose of the Auxiliary is to assist the Hospital and the community.

### c) Four Counties Health Services

Strathroy Middlesex General Hospital is related to Four Counties Health Services as they are controlled by an identical Board of Directors. Four Counties Health Services is a hospital in Newbury, Ontario and registered charity under the Income Tax Act (Canada). Four Counties Health Services has created a Local Advisory Committee whose purpose is to advocate for the local community. Staff and other resources are also shared between both Hospitals. During the year, Strathroy Middlesex General Hospital recovered remuneration of \$2,365,819 (2024 - \$1,958,867) from Four Counties Health Services, and reimbursed Four Counties Health Services \$406,023 (2024 - \$338,538) for remuneration paid by Four Counties Health Services. Joint purchases of supplies are expensed to each Hospital at point of purchase. At March 31, 2025, \$299,518 (2024 - \$249,435) was included in accounts receivable and \$58,016 (2024 - \$54,705) was included in accounts payable, relating to balances owing from Four Counties Health Services.

The Hospital has an agreement with Four Counties Health Services, in which they can receive up to \$1,000,000 at an interest rate of prime plus 0.50%, should the Hospital require the funds for the purchase of capital equipment. The loan is to be repaid over seven years, in equal monthly instalments. A new Radiology Suite was purchased in December 2018, \$646,567 was advanced from Four Counties Health Services. The loan is recorded at amortized cost and payments in the year amounted to \$91,008 (2024 - \$91,008) including \$2,189 (2024 - \$4,811) for interest (Note 8). New Scopes for Endoscopy were purchased in October 2019, \$322,038 has been advanced from Four Counties Health Services. The loan is recorded at amortized cost and payments in the year amounted to \$nil (2024 - \$64,513) including \$nil (2024 - \$970) for interest (Note 8).

## March 31, 2025

## 12. Related Entities (continued)

The following financial information was reported by Four Counties Health Services for the year ended March 31, 2025:

Waldi 31, 2023.	 2025	2024
Financial position Total assets Total liabilities	\$ 13,797,082 (9,903,555)	15,614,421 (10,296,501)
Net assets	\$ 3,893,527	\$ 5,317,920
Operations Revenues Expenses Other expenses	\$ 15,543,715 (17,037,757) (193,232)	15,201,444 (16,372,192) (208,845)
Deficiency of revenues over expenses	\$ (1,687,274)	\$ (1,379,593)

All transactions between Strathroy Middlesex General Hospital and its related parties are recorded at cost.

#### 13. Economic Dependence

The Hospital received 92% of its total revenue for the year ended March 31, 2025 (2024 - 93%) from the MOH/OH.

## 14. Capital Management

The Hospital's primary objective when managing capital is to safeguard the entity's ability to deliver comprehensive family-centred patient care in a rural and community-focused health service setting in collaboration and integration with our healthcare partners. The Hospital defines its capital as its cash and net assets, both restricted and unrestricted. The Hospital monitors its cash position on a weekly basis and reviews the current ratio and working capital position on a monthly basis.

The Hospital manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Strathroy Middlesex General Hospital Foundation provides the annual capital equipment support, which is paid on a predetermined basis during the fiscal year. In order to adjust the capital structure the Hospital may sell or purchase investments, utilize the approved operating line of credit, or any advances from the Ontario Health. Longer term borrowing arrangements with financial institutions are also in place. There have been no changes in what the Hospital defines as capital, or the objectives, policies and procedures for managing capital, in the year.

#### March 31, 2025

## 15. Contingencies and Commitments

The Hospital has been named defendant in certain legal actions. The final liability, if any, of these claims is indeterminable as the Hospital has established defense actions and further, in the opinion of legal counsel and the Hospital's insurance adjustors, should any claim be successful, it would be subject to material coverage by the Hospital's policies of insurance. See Note 17 regarding HIROC contingencies.

The Hospital is committed under building leases to rent certain property in Strathroy over the next four years. Expected payments related to these leases are as follows:

2026 \$121,944
2027 \$125,230 2028 \$128,511 2029 \$107,067

#### 16. Financial Instrument Risk Management

There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

### Credit risk

Credit risk is the risk of financial loss to the Hospital if a debtor fails to make payments of interest and principal when due. The Hospital is exposed to this risk relating to its cash and accounts receivable. The Hospital holds it cash accounts with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Hospital's cash accounts are insured up to \$100,000 (2024 - \$100,000).

Accounts receivable is primarily due from OHIP, the Ministry of Health and Long-Term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Hospital measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Hospital's historical experience regarding collection (Note 3). The amounts aged greater than 90 days owing from patients that have not had corresponding impairment allowance setup against them are collectible based on the Hospital's past experience. Management has reviewed the individual balances and based on credit quality of debtors and their past history of payment.

#### March 31, 2025

## 16. Financial Instrument Risk Management (continued)

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: Interest rate risk, currency risk and equity risk. The Hospital is not exposed to significant currency or equity risk as it does not transact materially in foreign currency or hold equity financial instruments.

#### Interest rate risk

Interest rate risk is the potential for financial loss caused by fluctuations in fair value or future cash flows of financial instruments because of changes in market interest rates. The Hospital is exposed to this risk through its capital lease obligation (Note 9).

## Liquidity rate risk

Liquidity risk is the risk that the Hospital will not be able to meet all cash outflow obligations as they come due. The Hospital mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting. The follow table sets out the contractual maturities (representing undiscounted contractual cash-flows of financial liabilities):

	6 months	6 1	months to 1 year	1	- 5 years
Accounts payable Long-term debt	\$ 8,840,700 119,016	\$	- 119,016	\$	- 351,049
	\$ 8,959,716	\$	119,016	\$	351,049

## 17. HIROC

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to current date.

Since its inception in 1987 HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and expenses and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time such distributions are declared by the Board of Directors of HIROC. No such disbursements have been made to current date.

# March 31, 2025

# 18. Other Votes

Other votes reflects a separate funding stream from the MOH/OH for programs not typically part of the base, Quality-Based Procedures, Wait Time, or Health-Based Allocation Model funding. Other votes consists of the funding and related expenses for municipal taxes.

# 19. Comparative Figures

Comparative figures have been modified to confirm with the current year presentation.