

Financial Statements of

INTERIOR HEALTH AUTHORITY

And Independent Auditors Report thereon

Year ended March 31, 2025



Statement of Management Responsibility

The financial statements of Interior Health Authority (the "Authority") for the year ended March 31, 2025 have been prepared by management in accordance with Canadian Public Sector Accounting Standards ("PSAS") issued by the Public Sector Accounting Board ("PSAB"), as required by the financial reporting provisions of Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of British Columbia and in regard to the accounting for restricted contributions which is based on the Restricted Contributions Regulation 198/2011. The integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced.

The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control and exercises this responsibility through the Audit and Finance Committee of the Board. The Audit and Finance Committee meets with management and the internal auditor no fewer than four times a year and the external auditors a minimum of two times a year.

The Authority's internal auditor independently evaluates the effectiveness of internal controls on an ongoing basis and reports its findings to management and the Audit and Finance Committee.

The external auditors, KPMG LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the financial statements. Their examination considers internal control relevant to management's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purposes of expressing an opinion on the effectiveness of the Authority's internal control. The external auditors have full and free access to the Audit and Finance Committee of the Board and meet with it on a regular basis.

On behalf of Interior Health Authority

Susan Brown,
President & Chief Executive Officer

Sylvia Weir,
Vice President & Chief Financial Officer

June 17, 2025



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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Interior Health Authority and
To the Minister of Health, Province of British Columbia

We have audited the financial statements of Interior Health Authority, which comprise:

- the statement of financial position as at March 31, 2025
- the statement of operations and accumulated deficit for the year then ended
- the statement of changes in net 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 as at and for the year ended March 31, 2025, of Interior Health Authority are prepared, in all material respects, in accordance with the financial reporting provisions of Section 23.1 of the Budget Transparency and Accountability Act of the Province of British Columbia.

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 Interior Health Authority 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.



Emphasis of Matter – Financial Reporting Framework

We draw attention to note 1(a) in the financial statements, which describes the applicable financial reporting framework and the significant differences between the financial reporting framework and Canadian public sector accounting standards.

Our opinion is not modified in respect of this matter.

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

Management is responsible for the preparation of the financial statements in accordance with the financial reporting provisions of Section 23.1 of the Budget Transparency and Accountability Act of the Province of British Columbia, 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 Interior Health Authority'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 Interior Health Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing Interior Health Authority'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 Interior Health Authority'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 Interior Health Authority'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 Interior Health Authority to cease to continue as a going concern.
- 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' with a horizontal line underneath.

Chartered Professional Accountants

June 17, 2025
Kelowna, Canada

INTERIOR HEALTH AUTHORITY

Statement of Financial Position

(Tabular amounts expressed in thousands of dollars)

As at March 31, 2025, with comparative information for 2024

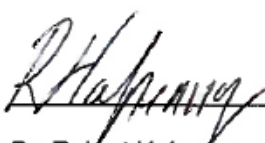
	2025	2024
Financial assets		
Cash and cash equivalents (note 2)	\$ 314,091	\$ 357,579
Accounts receivable (note 3)	260,183	250,972
Long-term disability and health and welfare benefits (note 7(b)(i))	123,396	75,468
	697,670	684,019
Liabilities		
Accounts payable and accrued liabilities (note 4)	476,118	439,263
Deferred operating contributions (note 5)	3,702	3,531
Debt (note 6)	450,293	462,596
Retirement allowance (note 7(a))	137,504	129,349
Deferred capital contributions (note 8)	1,685,252	1,558,974
Asset retirement obligations (note 9)	65,448	61,706
	2,818,317	2,655,419
Net debt	(2,120,647)	(1,971,400)
Non-financial assets		
Tangible capital assets (note 10)	2,072,923	1,945,267
Inventories held for use (note 11)	7,892	7,119
Prepaid expenses (note 12)	18,934	15,190
Restricted assets	235	235
	2,099,984	1,967,811
Accumulated deficit	\$ (20,663)	\$ (3,589)

Commitments and contingencies (note 13)

Contractual rights (note 19)

See accompanying notes to financial statements.

Approved on behalf of the Board:



Director
Dr. Robert Halpenny



Director
Mike Gerrand

INTERIOR HEALTH AUTHORITY

Statement of Operations and Accumulated Deficit
(Tabular amounts expressed in thousands of dollars)

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

	Budget	2025	2024
	(Notes 1(n), 18)		
Revenues:			
Ministry of Health contributions	\$ 3,461,744	\$ 3,503,998	\$ 3,188,298
Medical Services Plan	256,786	314,741	260,737
Patients, clients and residents (note 14(a))	134,767	136,149	131,579
Amortization of deferred capital contributions	107,680	112,114	104,970
Recoveries from other health authorities and BC government reporting entities	77,386	90,503	78,399
Other contributions (note 14(b))	48,340	52,353	48,092
Other (note 14(c))	39,695	53,736	57,034
Interest	12,000	12,739	16,376
	4,138,398	4,276,333	3,885,485
Expenses (note 14(d)):			
Acute	2,285,277	2,368,945	2,132,416
Long-term care	658,461	736,118	688,247
Community care	476,912	508,653	436,943
Corporate	295,417	279,044	264,085
Mental health and substance use	310,696	298,726	264,926
Population health and wellness	111,635	101,922	96,473
	4,138,398	4,293,408	3,883,090
Annual surplus (deficit)	-	(17,075)	2,395
Accumulated deficit, beginning of year	(3,588)	(3,588)	(5,983)
Accumulated deficit end of year	\$ (3,588)	(20,663)	(3,588)

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Statement of Changes in Net Debt
(Tabular amounts expressed in thousands of dollars)

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

	Budget	2025	2024
	(Note 1 (n), 18)		
Annual surplus (deficit)	\$ -	\$ (17,075)	\$ 2,395
Acquisition of tangible capital assets	(425,815)	(257,240)	(229,787)
Amortization of tangible capital assets	127,471	129,377	123,471
Net book value of tangible capital assets disposed	-	207	290
	(298,344)	(144,731)	(103,631)
Acquisition of inventories held for use	-	(115,242)	(104,107)
Acquisition of prepaid expenses	-	(34,594)	(34,705)
Consumption of inventories held for use	-	114,469	104,911
Use of prepaid expenses	-	30,850	34,892
	-	(4,517)	991
Increase in net debt	(298,344)	(149,248)	(102,640)
Net debt, beginning of year	(1,971,399)	(1,971,399)	(1,868,759)
Net debt, end of year	\$ (2,269,743)	\$ (2,120,647)	\$ (1,971,399)

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Statement of Cash Flows

(Tabular amounts expressed in thousands of dollars)

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

	2025	2024
Cash flows from (used in) operating activities:		
Annual surplus (deficit)	\$ (17,075)	\$ 2,395
Items not involving cash:		
Amortization of deferred capital contributions	(112,114)	(104,970)
Accretion of asset retirement obligations	148	496
Amortization of tangible capital assets	129,377	123,471
Loss on disposal of tangible capital assets	207	290
Retirement allowance expense	15,274	14,879
Long-term disability and health and welfare benefits expense	45,899	50,369
Interest income	(12,739)	(16,376)
Interest expense	25,985	26,696
	74,962	97,250
Net change in non-cash operating items (note 15(a))	23,298	158,536
Retirement allowance benefits paid	(7,119)	(7,780)
Long-term disability and health and welfare benefits contributions	(93,827)	(82,213)
Interest received	12,739	16,376
Interest paid	(25,985)	(26,696)
Net change in cash from operating activities	(15,932)	155,473
Capital activities:		
Acquisition of tangible capital assets (note 15(b))	(253,646)	(219,671)
Net change in cash from capital activities	(253,646)	(219,671)
Financing activities:		
Repayment of debt	(12,303)	(11,582)
Capital contributions	238,392	206,814
Net change in cash from financing activities	226,089	195,232
Increase (decrease) in cash and cash equivalents	(43,489)	131,034
Cash and cash equivalents, beginning of year	357,580	226,545
Cash and cash equivalents, end of year	\$ 314,091	\$ 357,579

See accompanying notes to financial statements.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Amounts expressed in thousands of dollars)

Year Ended March 31, 2025

Interior Health Authority (the "Authority") was created under the *Health Authorities Act of British Columbia* on December 12, 2001 with a Board of Directors appointed by the Ministry of Health (the "Ministry") and is one of six Health Authorities in British Columbia ("BC"). The Authority is dependent on the Ministry to provide sufficient funds to continue operations, replace essential equipment, and complete its capital projects. The Authority is a registered charity under the *Income Tax Act*, and as such, is exempt from income and capital taxes.

The role of the Authority is to promote and provide for the physical, mental and social well-being of people who live in the Interior region and those referred from outside the region.

1. Significant accounting policies:

(a) Basis of accounting:

The financial statements have been prepared in accordance with the financial reporting provisions of Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of BC supplemented by Regulations 257/2010 and 198/2011 issued by the Province of BC Treasury Board, referred to as the financial reporting framework (the "framework").

The *Budget Transparency and Accountability Act* requires that the financial statements be prepared in accordance with the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada, or if the Treasury Board makes a regulation, the set of standards and guidelines that comprise generally accepted accounting principles for senior governments in Canada as modified by the alternate standard or guideline or part thereof adopted in the regulation.

Regulation 257/2010 requires all taxpayer-supported organizations in the Schools, Universities, Colleges and Hospitals sectors to adopt Canadian public sector accounting standards ("PSAS") issued by the Canadian Public Sector Accounting Board ("PSAB") without any elections available to government not-for-profit organizations.

Regulation 198/2011 requires that restricted contributions received or receivable are to be reported as revenue depending on the nature of the restrictions on the use of the funds by the contributors as follows:

- (i) Contributions for the purpose of acquiring or developing a depreciable tangible capital asset or contributions in the form of a depreciable tangible capital asset, in each case for use in providing services, are recorded and referred to as deferred capital contributions and recognized in revenue at the same rate of amortization used for the related tangible capital asset. The reduction of the deferred capital contributions and the recognition of the revenue are accounted for in the fiscal periods during which the tangible capital asset is used to provide services. If the depreciable tangible capital asset funded by a deferred contribution is written down, a proportionate share of the deferred capital contribution is recognized as revenue during the same period.
- (ii) Contributions externally restricted for specific purposes other than those for the acquisition or development of a depreciable tangible capital asset are recorded as deferred operating contributions and recognized in revenue in the year in which the stipulation or restriction on the contributions has been met by the Authority.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(a) Basis of accounting (continued):

For BC taxpayer supported organizations, these contributions include government transfers and externally restricted contributions.

The accounting policy requirements under Regulation 198/2011 are significantly different from the requirements of PSAS which requires that:

- government transfers, which do not contain a stipulation that creates a liability, be recognized as revenue by the recipient when approved by the transferor and the eligibility criteria have been met;
- externally restricted contributions be recognized as revenue in the period in which the resources are used for the purpose or purposes specified; and
- deferred contributions meet the definition of a liability.

As a result, revenue recognized in the statement of operations and certain related deferred capital contributions would be recorded differently under PSAS.

(b) Basis of presentation:

The Authority has collaborative relationships with certain foundations and auxiliaries, which support the activities of the Authority and/or provide services under contracts. As the Authority does not control these organizations, the financial statements do not include the assets, liabilities and results of operations of these entities (see note 16(c)).

(c) Cash and cash equivalents:

Cash and cash equivalents include cash on-hand, demand deposits and short-term highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of change in value. These investments generally have a maturity of three months or less at acquisition and are held for the purpose of meeting short-term cash commitments rather than for investing.

(d) Accounts receivable:

Accounts receivable are recorded at amortized cost less an amount for an allowance for doubtful accounts. Valuation allowances are made to reflect accounts receivable at the lower of amortized cost and the net recoverable value when risk of loss exists. Changes in the valuation allowance are recognized in the statement of operations. Interest is accrued on any loans receivable to the extent it is deemed collectable.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(e) Asset retirement obligations:

An asset retirement obligation is recognized when, as at the financial reporting date, all the following are met:

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

Liabilities for closure of operational sites are recognized based on estimated future expenses. Additional liabilities for the removal of asbestos and underground fuel tanks have been recognized based on estimated future expenses. Under the modified retrospective method, the discount rate and 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.

The liability is adjusted annually to reflect current market conditions in the estimated costs. The recognition of a liability resulted in an accompanying increase to the respective tangible capital assets which are being amortized along with the underlying assets following the depreciation accounting policies outlined in note 1(g).

(f) Employee benefits:

(i) Defined benefit obligations, including multiple employer benefit plans:

Liabilities, net of plan assets, are recorded for employee retirement allowance benefits and multiple-employer defined long-term disability and health and welfare benefits plans as employees render services to earn the benefits.

The actuarial determination of the accrued benefit obligations uses the projected benefit method prorated on service which incorporates management's best estimate of future salary levels, other cost escalation, retirement ages of employees and other actuarial factors. Plan assets are measured at fair value.

The cumulative unrecognized actuarial gains and losses for retirement allowance benefits are amortized over the expected average remaining service period of active employees covered under the plan. The expected average remaining service period of the active covered employees entitled to retirement allowance benefit is 11 years (2024 – 12 years). Actuarial gains and losses from event-driven benefits such as long-term disability and health and welfare benefits that do not vest or accumulate are recognized immediately.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(f) Employee benefits (continued):

(i) Defined benefit obligations, including multiple employer benefit plans (continued):

The discount rate used to measure an obligation is based on the Province of BC's cost of borrowing if there are no plan assets. The expected rate of return on plan assets is the discount rate used if there are plan assets. The cost of a plan amendment or the crediting of past service is accounted for entirely in the year that the plan change is implemented.

(ii) Defined contribution plans and multi-employer benefit plans:

Defined contribution plan accounting is applied to multi-employer defined benefit plans and, accordingly, contributions are expensed when due and payable.

(iii) Accumulating, non-vesting benefit plans:

Benefits that accrue to employees, which do not vest, such as sick leave banks for certain employee groups, are accrued as the employees render services to earn the benefits, based on estimates of the expected future settlements.

(iv) Non-accumulating, non-vesting benefit plans:

For benefits that do not vest or accumulate, a liability is recognized when an event that obligates the Authority to pay benefits occurs.

(g) Non-financial assets:

(i) Tangible capital assets:

Tangible capital assets are recorded at cost, which includes amounts that are directly attributable to acquisition, construction, development, or betterment of the asset and overhead directly attributable to construction and development. Interest is capitalized over the development period whenever external debt is issued to finance the construction and development of tangible capital assets.

The cost, less residual value, of the tangible capital assets, excluding land, is amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	5 - 25 years
Buildings	10 - 50 years
Equipment	3 - 20 years
Information systems	3 - 10 years
Leasehold improvements	2 - 15 years
Vehicles	4 years

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(g) Non-financial assets (continued):

(i) Tangible capital assets (continued):

Assets under construction or development are not amortized until the asset is available for productive use.

Tangible capital assets are written down when conditions indicate that they no longer contribute to the Authority's ability to provide services, or when the value of future economic benefits associated with the tangible capital assets is less than their net book value. The write-downs of tangible capital assets are recorded in the statement of operations. Write-downs are not subsequently reversed.

Contributed tangible capital assets are recorded at their fair value on the date of contribution. Such fair value becomes the cost of the contributed asset. When fair value of a contributed asset cannot be reliably determined, the asset is recorded at nominal value.

(ii) Inventories held for use:

Inventories held for use are recorded at the lower of weighted average cost and replacement cost.

(iii) Prepaid expenses:

Prepaid expenses are recorded at cost and amortized over the period where the service benefits are received.

(h) Revenue recognition:

Under the *Hospital Insurance Act* and *Regulation* thereto, the Authority is funded primarily by the Province of BC in accordance with budget management plans and performance agreements established and approved by the Ministry.

Revenues are recognized on an accrual basis in the period in which the transactions or events occurred that gave rise to the revenues, the amounts are considered to be collectible and can be reasonably estimated.

Revenue related to fees or services received in advance of the fee being earned or the service being performed are deferred and recognized when the fees are earned, or services performed.

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

Externally restricted contributions are recognized as revenue depending on the nature of the restrictions on the use of the funds by the contributors as described in note 1(a).

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(h) Revenue recognition (continued):

Volunteers contribute a significant amount of their time each year to assist the Authority in carrying out its programs and services. Because of the difficulty of determining their fair value, contributed services are not recognized in these financial statements.

Contributions of assets, supplies and services that would otherwise have been purchased are recorded at fair value at the date of contribution, provided a fair value can be reasonably determined.

Contributions for the acquisition of land, or the contributions of land, are recorded as revenue in the period of acquisition or transfer of title.

(i) Measurement uncertainty:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period.

Areas requiring the use of estimates include the valuation of accounts receivable, the estimated useful lives of tangible capital assets, timing, duration, and amounts required to settle asset retirement obligations, contingent liabilities, and the future costs to settle employee benefit obligations.

Estimates are based on the best information available at the time of preparation of the financial statements and are reviewed annually to reflect new information as it becomes available. Actual results could differ from the estimates.

(j) Restricted assets:

Restricted assets are comprised of endowment contributions which are externally restricted in their use. Endowment contributions are recorded as revenue in the period of acquisition. Use of these funds is limited to the terms of reference.

(k) Foreign currency translation:

The Authority's functional currency is the Canadian dollar. Foreign currency transactions are translated at the exchange rates prevailing at the date of the transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate prevailing at the financial statement date. Any gain or loss resulting from a change in rates between the transaction date and the settlement date or statement of financial position date is recognized in the statement of operations.

(l) Financial instruments:

Financial instrument classification is determined upon inception and financial instruments are not reclassified into another measurement category for the duration of the period they are held.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(l) Financial instruments (continued):

Financial assets and financial liabilities, other than derivatives, equity instruments quoted in an active market and financial instruments designated at fair value, are measured at cost or amortized cost upon their inception and subsequent to initial recognition. Cash and cash equivalents are measured at cost. Accounts receivable are recorded at cost less any amount for an allowance for doubtful accounts. Portfolio investments, other than equity investments quoted in an active market, are measured at amortized cost less any write-downs associated with a loss in value that is other than a temporary decline. All debt and other financial liabilities are recorded using cost or amortized cost.

All financial assets recorded at amortized cost are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations. A write-down of a portfolio investment to reflect a loss in value is not reversed for a subsequent increase in value.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

Transaction costs for financial instruments measured using cost or amortized cost are added to the carrying value of the financial instrument. Transaction costs for financial instruments measured at fair value are expensed when incurred.

A financial liability or its part is derecognized when it is extinguished.

Management evaluates contractual obligations for the existence of embedded derivatives and elects to either designate the entire contract for fair value measurement or separately measure the value of the derivative component when characteristics of the derivative are not closely related to the economic characteristics and risks of the contract itself. Contracts to buy or sell non-financial items for the Authority's normal purchase, sale or usage requirements are not recognized as financial assets or financial liabilities.

(m) Capitalization of public-private partnership projects:

Public-private partnership ("P3") projects are delivered by private sector partners selected to design, build, finance, and maintain the assets. The cost of the assets under construction are estimated at fair value, based on construction progress billings verified by an independent certifier, and also includes other costs incurred directly by the Authority.

The asset cost includes development and financing fees estimated at fair value, which require the extraction of cost information from the financial model embedded in the project agreement. Interest during construction is also included in the asset cost and is calculated on the P3 asset value, less contributions received and amounts repaid, during the construction term. The interest rate used is the project's internal rate of return.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

1. Significant accounting policies (continued):

(m) Capitalization of public-private partnership projects (continued):

When available for operations, the project assets are amortized over their estimated useful lives. Correspondingly, an obligation for the cost of capital and financing received to date, net of the contributions received is recorded as a liability and included in debt. Upon substantial completion, the private sector partner receives monthly payments to cover the partner's operating costs, financing costs and a return of their capital over the term of their project agreement.

(n) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Authority's Fiscal 2024/2025 Budget approved by the Board of Directors on June 17, 2024. The budget is reflected in the statement of operations and accumulated operating deficit and the statement of changes in net debt. Note 18 reconciles the approved budget to the budget information reported in these financial statements.

(o) Future accounting standards:

In October 2023, the PSAB issued PS 1202, *Financial Statement Presentation*, effective for fiscal years beginning on or after April 1, 2026. PS 1202 replaces PS1201 and revises the definitions and classifications of financial statement elements, including assets, liabilities, revenues, and expenses. PS 1202 also introduces new presentation and disclosure requirements for the statement of financial position, statement of operations, statement of changes in net debt, and statement of cash flows. The Authority is currently evaluating the impact of this new standard. The financial impact, if any, will be reflected in the period the standard is adopted.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

2. Cash and cash equivalents:

	2025	2024
Cash and cash equivalents	\$ 314,091	\$ 357,579
Amounts restricted for capital purposes	(153,781)	(168,130)
Amounts restricted for future operating purposes	(3,702)	(3,531)
Amounts restricted for P3 projects	(22,537)	(20,680)
Amounts restricted for patient comfort funds	(176)	(267)
Unrestricted cash and cash equivalents	\$ 133,895	164,971

3. Accounts receivable:

	2025	2024
Patients, clients and residents	\$ 58,825	\$ 48,080
Other health authorities and BC government reporting entities	40,660	43,609
Medical Services Plan	55,362	41,314
Ministry of Health	24,283	41,907
Regional hospital districts	14,492	13,360
Foundations and auxiliaries	6,330	9,003
Federal government	4,446	3,321
WorkSafeBC	2,257	2,732
Other	89,191	72,752
	295,846	276,078
Allowance for doubtful accounts	(35,663)	(25,106)
	\$ 260,183	\$ 250,972

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

4. Accounts payable and accrued liabilities:

	2025	2024
Salaries and benefits	\$ 223,165	\$ 207,286
Accrued vacation	116,538	106,312
Trade accounts payable and accrued liabilities	136,415	125,664
	\$ 476,118	\$ 439,262

5. Deferred operating contributions:

Deferred operating contributions represent externally restricted operating funding received for specific purposes.

	2025	2024
Deferred operating contributions, beginning of year	\$ 3,531	\$ 3,937
Contributions received	2,356	2,152
Transfers to deferred capital contributions	-	(182)
Amount recognized as revenue	(2,185)	(2,376)
Deferred operating contributions, end of year	\$ 3,702	\$ 3,531

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

6. Debt:

	2025	2024
Public-private partnerships:		
Kelowna and Vernon Hospitals project, 30 year contract to August 2042 with Infusion Health KVH General Partnership, payable in monthly payments including annual interest of 7.62%, in accordance with the project agreement terms	\$ 105,405	\$ 110,452
Interior Heart & Surgical Centre project, 30 year contract to December 2044 with Plenary Health, payable in monthly payments including annual interest of 5.93%, in accordance with the project agreement terms	64,871	66,557
Penticton Hospital Tower project, 30 year contract to December 2048 with EllisDon, payable in monthly payments including annual interest of 4.83%, in accordance with the project agreement terms	123,979	126,754
Royal Inland Hospital Tower project, 30 year contract to February 2052 with EllisDon, payable in monthly payments including interest of 4.88%, in accordance with the terms of the project agreement.	156,038	158,833
	\$ 450,293	\$ 462,596

Scheduled principal repayments on debt for the years ending March 31 are as follows:

2026	\$ 12,632
2027	12,946
2028	13,764
2029	15,507
2030	16,465
Thereafter	378,979
	\$ 450,293

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

7. Employee benefits:

(a) Retirement allowance:

Certain employees with ten or twenty years of service and having reached a certain age are entitled to receive special payments upon retirement or as specified by collective or employee agreements. These payments are based upon accumulated sick leave credits and entitlements for each year of service.

The Authority's liabilities are based on an actuarial valuation as at the early measurement date of December 31, 2024 and extrapolated to March 31, 2025 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2025 are derived.

Information about retirement allowance benefits is as follows:

	2025	2024
Accrued benefit obligation:		
Severance benefits	\$ 93,139	\$ 82,795
Sick leave benefits	54,876	54,455
	148,015	137,250
Unamortized actuarial gain	(10,511)	(7,901)
Accrued benefit liability	\$ 137,504	\$ 129,349

The accrued benefit liability for retirement allowance reported on the statement of financial position is as follows:

	2025	2024
Accrued benefit liability, beginning of year	\$ 129,349	\$ 122,250
Net benefit expense:		
Current service cost	10,453	10,123
Interest expense	4,956	4,789
Amortization of actuarial gain	(135)	(33)
Net benefit expense	15,274	14,879
Benefits paid	(7,119)	(7,780)
Accrued benefit liability, end of year	\$ 137,504	\$ 129,349

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

7. Employee benefits (continued):

(a) Retirement allowance (continued):

The significant actuarial assumptions adopted in measuring the Authority's accrued retirement benefit obligation are as follows:

	2025	2024
Accrued benefit obligation as at March 31:		
Discount rate	3.60%	3.49%
Rate of compensation increase (2024)	3.00%	3.00%
Rate of compensation increase (2025)	2.50%	2.50%
Rate of compensation increase thereafter	2.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	3.49%	3.55%
Rate of compensation increase (2024)	3.00%	3.00%
Rate of compensation increase (2025)	2.50%	2.50%
Rate of compensation increase thereafter	2.50%	2.50%
Expected future inflationary increases	2.00%	2.00%

(b) Healthcare Benefit Trust benefits:

The Healthcare Benefit Trust (the "Trust") administers long-term disability, group life insurance, accidental death and dismemberment, extended health and dental claims for certain employee groups of the Authority and other provincially funded organizations.

The Authority and all other participating employers are jointly responsible for the liabilities of the Trust should any participating employers be unable to meet their obligation to contribute to the Trust.

(i) Long-term disability and employee life and health benefits:

The Trust is a multiple employer plan, with the Authority's assets and liabilities being segregated with respect to all benefits. Accordingly, the Authority's net trust assets are reflected in these financial statements.

The Authority's net asset as of March 31, 2025, is based on the actuarial valuation at December 31, 2024, extrapolated to March 31, 2025. The next expected valuation is as of December 31, 2025.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

(i) Long-term disability and employee life and health benefits (continued):

The long-term disability and employee life and health benefits net asset reported on the statement of financial position is as follows:

	2025	2024
Fair value of plan assets	\$ 319,228	\$ 266,655
Accrued benefit obligation	195,832	191,187
Net funded asset	\$ (123,396)	\$ (75,468)
	2025	2024
Long-term disability and employee life and health benefits asset, beginning of year:	\$ (75,468)	\$ (43,624)
Net benefit expense:		
Long-term disability expense	34,190	28,064
Health and welfare benefit expense	39,812	35,476
Interest expense	11,158	11,006
Actuarial gain	(22,095)	(8,958)
Employee payments	(1,325)	(1,274)
Expected return on assets	(15,841)	(13,945)
Net benefit expense	45,899	50,369
Contributions to the plan	(93,827)	(82,213)
Long-term disability and employee life and health benefits asset, end of year	\$ (123,396)	\$ (75,468)
Benefits paid to claimants (calendar year):	\$ 73,307	\$ 70,347

Plan assets consist of:

Calendar year ending December 31:	2024	2023
Debt securities	37.0%	36.4%
Foreign equities	35.3%	36.3%
Equity securities and other	27.7%	27.3%
Total	100.00%	100.0%

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

(i) Long-term disability benefits (continued):

The significant actuarial assumptions adopted in measuring the Authority's long-term disability benefits liabilities are as follows:

	2025	2024
Accrued benefit obligation as at March 31:		
Discount rate	5.70%	5.80%
Benefit indexing (2024)		3.00%
Benefit indexing (2025)	2.25%	2.25%
Benefit indexing thereafter	2.25%	2.25%
Benefit costs for years ended March 31:		
Discount rate	5.80%	5.90%
Benefit indexing (2024)	3.00%	3.00%
Benefit indexing (2025)	2.25%	2.25%
Benefit indexing thereafter	2.25%	2.25%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.70%	5.80%
Actual rate of return on plan assets	12.06%	9.61%

(ii) Other Trust benefits:

Effective April 1, 2017, management of the long-term disability and health and welfare benefits being provided to Health Science Professionals Bargaining Association, Community Bargaining Association, and Facilities Bargaining Association employees transitioned to joint benefit trusts. Employer contributions to the joint benefit trusts are based on a specified percentage of payroll costs. During the year ended March 31, 2025, the Authority made contributions to these joint benefits trusts totaling \$87.0 million (2024 - \$76.6 million).

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

7. Employee benefits (continued):

(c) Employee pension benefits:

The Authority and its employees contribute to the Municipal Pension Plan and the Public Service Pension Plan, multi-employer defined benefit pension plans governed by the *BC Public Sector Pension Plans Act*.

Employer contributions to the Municipal Pension Plan of \$140.0 million (2024 - \$125.8 million) were expensed during the year. Every three years an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at December 31, 2021 indicated a surplus of approximately \$3,761 million. The actuary does not attribute portions of the surplus to individual employers. The plan covers approximately 256,000 active members, of which approximately 23,295 are employees of the Authority (2024 – 22,877). The next expected actuarial valuation will be as of December 31, 2024, with results available later in 2025.

Employer contributions to the Public Service Pension Plan of \$0.4 million (2024 - \$0.5 million) were expensed during the year. Every three years an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at March 31, 2023 indicated a surplus of approximately \$4,491 million. The actuary does not attribute portions of the surplus to individual employers. The plan covers approximately 76,000 active members, of which approximately 50 are employees of the Authority (2024 – 64). The next expected actuarial valuation will be as of March 31, 2026.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

8. Deferred capital contributions:

Deferred capital contributions represent externally restricted contributions and other funding received for the purchase of tangible capital assets.

	2025	2024
Deferred capital contributions, beginning of year	\$ 1,558,974	\$ 1,457,130
Capital contributions received:		
Ministry of Health	152,407	110,581
Regional hospital districts	64,005	68,468
Foundations and auxiliaries	20,767	22,874
Health authorities and BC government reporting entities	50	225
Other	1,163	4,666
	238,392	206,814
Amortization of deferred capital contributions	(112,114)	(104,970)
Deferred capital contributions, end of year	\$ 1,685,252	\$ 1,558,974

Capital contributions received included transfers from deferred operating contributions (note 5) of \$nil (2024 - \$0.18 million).

Deferred capital contributions are comprised of the following:

	2025	2024
Contributions used to purchase tangible capital assets	\$ 1,531,471	\$ 1,390,844
Unspent contributions	153,781	168,130
	\$ 1,685,252	\$ 1,558,974

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

9. Asset retirement obligations:

The Authority owns and operates facilities that are known to have asbestos, which represents a health hazard upon demolition of the building and there is a legal obligation to remove it. The Authority also owns underground fuel storage tanks, and the removal of fuel storage tanks is regulated to reduce the risk of release of petroleum products.

The Authority has recognized an obligation relating to the removal and disposal of the asbestos and for the cost of safe disposal of underground fuel tanks. The transition and recognition of asset retirement obligations involved an accompanying increase to the buildings capital asset.

Changes to the asset retirement obligation in the year are as follows:

		2025		2024
Asset retirement obligations, beginning of year	\$	61,706	\$	51,443
Increase in asset retirement obligations		3,594		9,767
Accretion		148		496
Asset retirement obligations, end of the year	\$	65,448	\$	61,706

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

10. Tangible capital assets:

Cost	2024	Additions	Disposals	Transfers	2025
Land	\$ 56,810	\$ -	\$ -	\$ -	56,810
Land improvements	30,041	-	(39)	8,332	38,334
Buildings	2,505,994	3,839	(3,194)	24,482	2,531,121
Equipment	839,647	20,420	(12,333)	32,103	879,837
Information systems	170,733	53	(1,083)	10,141	179,844
Leasehold improvements	45,981	61	(175)	9,611	55,478
Vehicles	10,758	1,900	(783)	-	11,875
Construction in progress	172,266	168,628	-	(42,942)	297,952
Equipment and information systems in progress	31,734	62,339	-	(41,727)	52,346
Total	\$ 3,863,964	\$ 257,240	\$ (17,607)	\$ -	\$ 4,103,597

Accumulated amortization	2024	Amortization	Disposals	Transfers	2025
Land improvements	\$ 23,867	\$ 1,152	\$ (39)	\$ -	24,980
Buildings	1,087,044	61,307	(3,194)	-	1,145,157
Equipment	640,901	45,921	(12,126)	(2)	674,694
Information systems	133,335	15,974	(1,083)	1	148,227
Leasehold improvements	25,089	3,843	(175)	-	28,757
Vehicles	8,461	1,180	(783)	1	8,859
Total	\$ 1,918,697	\$ 129,377	\$ (17,400)	\$ -	\$ 2,030,674

Cost	2023	Additions	Disposals	Transfers	2024
Land	\$ 56,305	\$ -	\$ -	\$ 505	56,810
Land improvements	29,677	225	-	139	30,041
Buildings	2,463,759	10,259	(675)	32,651	2,505,994
Equipment	797,809	17,423	(20,691)	45,106	839,647
Information systems	154,581	239	(5,246)	21,159	170,733
Leasehold improvements	39,830	-	-	6,151	45,981
Vehicles	10,293	1,467	(1,002)	-	10,758
Construction in progress	65,510	136,377	-	(29,621)	172,266
Equipment and information systems in progress	44,027	63,797	-	(76,090)	31,734
Total	\$ 3,661,791	\$ 229,787	\$ (27,614)	\$ -	\$ 3,863,964

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

10. Tangible capital assets (continued):

Accumulated amortization	2023	Amortization	Disposals	Transfers	2024
Land improvements	\$ 23,063	\$ 805	\$ -	(1) \$	23,867
Buildings	1,026,543	61,170	(669)	-	1,087,044
Equipment	617,462	43,844	(20,407)	2	640,901
Information systems	124,782	13,799	(5,246)	-	133,335
Leasehold improvements	22,126	2,963	-	-	25,089
Vehicles	8,574	890	(1,002)	(1)	8,461
Total	\$ 1,822,550	\$ 123,471	\$ (27,324)	\$ -	\$ 1,918,697

Net book value	2025	2024
Land	\$ 56,810	\$ 56,810
Land improvements	13,354	6,174
Buildings	1,385,964	1,418,950
Equipment	205,143	198,746
Information systems	31,617	37,398
Leasehold improvements	26,721	20,892
Vehicles	3,016	2,297
Construction in progress	297,952	172,266
Equipment and information systems in progress	52,346	31,734
Total	\$ 2,072,923	\$ 1,945,267

Tangible capital assets are funded as follows:

	2025	2024
Deferred capital contributions	\$ 1,531,471	\$ 1,390,844
Debt	450,293	462,596
Internally funded	91,159	91,827
Tangible capital assets	\$ 2,072,923	\$ 1,945,267

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

11. Inventories held for use:

	2025	2024
Medical supplies	\$ 5,444	\$ 4,621
Pharmaceuticals	2,448	2,498
	\$ 7,892	\$ 7,119

12. Prepaid expenses:

	2025	2024
Contracted services	\$ 4,886	\$ 1,576
Maintenance contracts	10,937	11,626
Rent/leases	423	-
Other	2,688	1,988
	\$ 18,934	\$ 15,190

13. Commitments and contingencies:

(a) Construction, equipment and information systems projects in progress:

As at March 31, 2025, the Authority had outstanding commitments for construction, equipment and information systems projects in progress of \$218.0 million (2024 – \$298.8 million).

(b) Contractual obligations:

The Authority has entered into various contracts for services within the normal course of operations. The estimated contractual obligations under the contracts are as follows:

2026	\$ 442,415
2027	224,086
2028	83,895
2029	9,665
2030	7,393
Thereafter	20,200
	\$ 787,654

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Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

13. Commitments and contingencies (continued):

(c) Long-term care contracts:

The Authority has entered into contracts with 45 service providers to provide long-term care services. The aggregate annual commitments for these contracts for the years ending March 31 are as follows:

2026	\$	308,530
2027		41,551
2028		35,984
2029		12,236
2030		5,994
Thereafter		9,065
	\$	413,360

(d) Operating leases:

The aggregate minimum future annual rentals under operating leases for the years ending March 31 are as follows:

2026	\$	21,403
2027		20,251
2028		19,415
2029		13,736
2030		13,474
Thereafter		90,759
	\$	179,038

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

13. Commitments and contingencies (continued):

(e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance, and maintain the Kelowna and Vernon Hospitals' project, the Interior Heart and Surgical Centre project, the Penticton Regional Hospital Tower project, and the Royal Inland Hospital Tower project. The information presented below shows the anticipated cash outflow for future obligations under these contracts for the capital cost and financing of the asset, the facility maintenance ("FM") and the lifecycle costs. As construction progresses, the asset values are recorded as tangible capital assets and the corresponding liabilities are recorded as debt and disclosed in note 6. Facilities maintenance and life cycle payments to the private partner are contingent on specified performance criteria and include an estimation of inflation where applicable.

	Capital and financing	FM and lifecycle	Total payments
2026	\$ 37,947	\$ 37,005	\$ 74,952
2027	37,390	38,019	75,409
2028	37,422	41,280	78,702
2029	38,332	41,068	79,400
2030	38,327	44,821	83,148
Thereafter	600,670	883,388	1,484,058
	\$ 790,088	\$ 1,085,581	\$ 1,875,669

(f) Litigation and claims:

Risk management and insurance services for all health authorities in BC are provided by the Risk Management and Government Security Branch of the Ministry of Finance.

The nature of the Authority's activities is such that there is litigation pending or in progress at any time. With respect to unsettled claims at March 31, 2025, management is of the opinion that the Authority has valid defenses and appropriate insurance coverage in place, or if there is unfunded risk, such claims are not expected to have material effect on the Authority's financial position. Outstanding contingencies are reviewed on an ongoing basis and are provided for based on management's best estimate of the ultimate settlement.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

14. Statement of operations:

(a) Patients, clients and residents revenue:

	2025	2024
Long-term and extended care	\$ 57,017	\$ 53,748
Non-residents of BC	29,583	28,071
Non-residents of Canada	15,080	16,118
WorkSafe BC	10,733	12,591
Residents of BC self pay	20,939	18,143
Federal government	819	593
Preferred accommodation	201	235
Other	1,777	2,080
	\$ 136,149	\$ 131,579

(b) Other contributions:

	2025	2024
Provincial Health Services Authority	\$ 49,303	\$ 45,452
Other BC government reporting entities	2,214	2,158
Other	836	482
	\$ 52,353	\$ 48,092

(c) Other revenues:

	2025	2024
Compensation recoveries	\$ 20,597	\$ 25,252
Parking	5,795	5,576
Other	27,344	26,206
	\$ 53,736	\$ 57,034

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

14. Statement of operations (continued):

(d) The following is a summary of expenses by object:

	2025	2024
Compensation:		
Compensation	\$ 2,330,705	\$ 2,062,577
Employee Benefits	518,593	464,703
Gain on event-driven employee benefits	(22,095)	(8,958)
	2,827,203	2,518,322
Referred-out and contracted services:		
Health and support services providers	669,471	617,316
Other health authorities and BC government reporting entities	9,483	20,748
	678,954	638,064
Supplies:		
Medical and surgical	166,308	147,186
Drugs and medical gases	111,680	100,287
Diagnostic	43,123	37,807
Food and dietary	28,475	26,764
Printing, stationery and office	9,002	9,229
Laundry and linen	8,685	8,249
Environmental services	8,362	8,015
Other	21,429	19,681
	397,064	357,218
Amortization of tangible capital assets	129,377	123,471
Equipment and building services:		
Equipment	62,516	60,471
Plant operation (utilities)	23,878	23,558
Rent	18,747	17,293
Building and ground service contracts	19,121	18,634
Other	11,993	13,343
	136,255	133,299
Sundry:		
Patient transport	14,236	13,248
Travel	17,629	14,994
Communication and data processing	7,952	6,528
Professional fees	10,243	9,691
Other	48,510	41,559
	98,570	86,020
Interest on debt	25,985	26,696
	\$ 4,293,408	\$ 3,883,090

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

15. Supplementary cash flow information:

(a) Net change in non-cash operating items:

	2025	2024
Accounts receivable	\$ (9,211)	\$ 146,420
Accounts payable and accrued liabilities	36,855	11,531
Deferred operating contributions	171	(406)
Inventories held for use	(773)	804
Prepaid expenses	(3,744)	187
	\$ 23,298	\$ 158,536

(b) Acquisition of tangible capital assets:

Assets purchased or acquired through debt or other non-cash transactions are excluded from purchase of tangible capital assets on the statement of cash flows.

	2025	2024
Acquisition of tangible capital assets (note 10)	\$ 257,240	\$ 229,787
Increase in asset retirement obligations (note 9)	(3,594)	(9,767)
Construction financed with debt	-	(349)
	\$ 253,646	\$ 219,671

16. Related parties and other agencies:

The following are types of related parties. Disclosure of values for related party transactions is only required if the values are different from that which would have been arrived at if the parties were unrelated.

(a) BC Government reporting entities:

The Authority is related through common control to all Province of BC ministries, agencies, Crown corporations, school districts, health authorities, hospital societies, universities and colleges that are included in the provincial government reporting entity.

The Authority contracts certain services to Provincial Health Services Authority (PHSA), including accounts payable, tech services and supply chain. The expense recorded for contracted services with PHSA in 2025 was \$23.7 million (2024 - \$15.6 million).

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

16. Related parties and other agencies (continued):

(a) BC Government reporting entities (continued):

The Authority contracts clinical and other services from government reporting entities (GRE's) including cancer programs, renal services, and other programs. The revenue recorded for the recoveries from GRE's in 2025 was \$20.2 million (2024 - \$16.8 million). As at March 31, the Authority has accounts receivable of \$37.6 million (2024 - \$39.1 million) and accounts payable of \$21.0 million (2024 - \$18.3 million) to other GRE's for these services.

Transactions with these entities, unless disclosed otherwise, are considered to be in the normal course of operations and are recorded at the exchange amount, which is the amount of consideration established and agreed to by the related parties. Other transactions have been recorded at fair value and are not disclosed.

(b) Key management personnel:

The Authority has deemed the Board of Directors and Senior Executive Team and their close family members or entities controlled by them to be related parties. A declaration is completed by key management personnel annually to confirm whether there are any related party transactions between themselves, their close family members, or entities under their control and the Authority. No transactions were reported that required disclosure.

(c) Foundations and auxiliaries:

There are 73 separate health care foundations and auxiliaries, which were established to raise funds for their respective hospitals and/or community health services organizations within the Authority area. The foundations and auxiliaries are separate legal entities incorporated under the *Societies Act of British Columbia* with separate governance structures. The foundations and some of the auxiliaries are registered charities under the provisions of the *Income Tax Act* of Canada. The financial and non-financial assets and liabilities and results from operations of the foundations and auxiliaries are not included in the financial statements of the Authority. During the year, the foundations and auxiliaries granted \$24.2 million (2024 - \$25.2 million) to various facilities within the Authority.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

17. Risk management:

The Authority is exposed to credit risk, liquidity risk and foreign exchange risk from its financial instruments. Qualitative and quantitative analysis of the significant risks from the Authority's financial instruments is provided below by type of risk.

(a) Credit risk

Credit risk primarily arises from the Authority's cash and cash equivalents and accounts receivable. The risk exposure is limited to their varying amounts at the date of the statement of financial position. The Authority manages credit risk by holding balances of cash and cash equivalents with reputable top rated financial institutions.

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, foundations and auxiliaries, grantors etc. To reduce the risk, the Authority periodically reviews the collectability of its accounts receivable and establishes an allowance based on its best estimate of potentially uncollectible amounts. As at March 31, 2025, the amount of allowance for doubtful accounts was \$35.7 million (2024 - \$25.1 million).

The Authority is not exposed to significant credit risk with respect to the amounts receivable from the Ministry, other health authorities and BC government reporting entities.

(b) Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet its financial obligations as they become due. It is the Authority's intention to meet its financial obligations through the collection of current accounts receivable, cash on hand and future funding from the Ministry.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

17. Risk management (continued):

(b) Liquidity risk (continued):

The Authority's principal source of funding is from the Ministry. The Authority is not subject to debt covenants or any other capital requirements with respect to operating funding. Funding received for designated purposes must be used for the purpose outlined in the funding letter or grant documentation. The Authority has complied with the external restrictions on the funding provided.

The tables below show when various financial assets and liabilities mature:

2025	Up	1 to	Over	Total
Financial assets	to 1 year	5 years	5 years	
Cash and cash equivalents	\$ 314,091	\$ -	\$ -	\$ 314,091
Accounts receivable	260,183	-	-	260,183
Total financial assets	\$ 574,274	\$ -	\$ -	\$ 574,274

2025	Up	1 to	Over	Total
Financial liabilities	to 1 year	5 years	5 years	
Accounts payable and accrued liabilities	\$ 475,683	\$ 435	\$ -	\$ 476,118
Debt	12,632	58,682	378,979	450,293
Total financial liabilities	\$ 488,315	\$ 59,117	\$ 378,979	\$ 926,411

2024	Up	1 to	Over	Total
Financial assets	to 1 year	5 years	5 years	
Cash and cash equivalents	\$ 357,579	\$ -	\$ -	\$ 357,579
Accounts receivable	250,972	-	-	250,972
Total financial assets	\$ 608,551	\$ -	\$ -	\$ 608,551

2024	Up	1 to	Over	Total
Financial liabilities	to 1 year	5 years	5 years	
Accounts payable and accrued liabilities	\$ 438,937	\$ 325	\$ -	\$ 439,262
Debt	12,303	54,849	395,444	462,596
Total financial liabilities	\$ 451,240	\$ 55,174	\$ 395,444	\$ 901,858

Debt pertaining to P3 projects is funded through the ongoing annual operating grants received from the Ministry.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

17. Risk management (continued):

(c) Foreign exchange risk

The Authority's operating results and financial position are reported in Canadian dollars. As the Authority operates in an international environment, some of the Authority's financial instruments and transactions are denominated in currencies other than Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks.

The Authority makes payments denominated in USA dollars, Great Britain pounds and other currencies. Currencies most contributing to the foreign exchange risk is the US dollar.

Comparative foreign exchange rates as at March 31 are as follows:

	2025	2024
US dollar per Canadian dollar	\$ 0.696	\$ 0.737

The Authority has not entered into any agreements or purchased any foreign currency hedging arrangements to hedge possible currency risks, as management believes that the foreign exchange risk derived from currency conversions is not significant. The foreign currency financial instruments are short-term in nature and do not give rise to significant foreign currency risk.

INTERIOR HEALTH AUTHORITY

Notes to Financial Statements

(Tabular amounts expressed in thousands of dollars)

Year ended March 31, 2025

18. Budget:

The original budget, as approved by the Board on June 17, 2024, has been adjusted to reflect changes made to sector allocations for various programs and services and the refinement of allocation between accounts. The changes are as follows:

	Original Budget	Reallocations	Restated Budget
Revenues:			
Provincial government sources	\$ 3,903,891	\$ (3,903,891)	\$ -
Non-provincial government sources	234,507	(234,507)	-
Ministry of Health contributions	-	3,461,744	3,461,744
Medical Services Plan	-	256,786	256,786
Patients, clients and residents	-	134,767	134,767
Amortization	-	107,680	107,680
Recoveries from other Health Authorities and government reporting entities	-	77,386	77,386
Other contributions	-	48,340	48,340
Other	-	39,695	39,695
Investment Income	-	12,000	12,000
	4,138,398	-	4,138,398
Expenses:			
Acute	2,285,277	-	2,285,277
Long-term care	658,461	-	658,461
Community care	476,912	-	476,912
Corporate	295,417	-	295,417
Mental health and substance use	310,696	-	310,696
Population health and wellness	111,635	-	111,635
	4,138,398	-	4,138,398
Annual Surplus	\$ -	\$ -	\$ -

19. Contractual Rights:

Interior Health has entered into various contracts for rental revenue within the normal course of operations. The estimated contractual rights under these contracts for the years ending March 31 are as follows:

2026	\$ 774
2027	650
2028	176
	\$ 1,600