

Consolidated Financial Statements of

FRASER HEALTH AUTHORITY

Year ended March 31, 2022

Statement of Management Responsibility

The consolidated financial statements of Fraser Health Authority (the “Authority”) for the year ended March 31, 2022 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 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 consolidated 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 fulfils its responsibilities for financial reporting and internal control and exercises this responsibility through the Finance and Audit Committee of the Board. The Finance and Audit 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 Finance and Audit Committee.

The external auditors, PricewaterhouseCoopers LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the consolidated financial statements. Their examination considers internal control relevant to management’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the consolidated 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 Finance and Audit Committee of the Board and meet with it on a regular basis.

On behalf of Fraser Health Authority



Dr. Victoria Lee,
President and CEO



Brenda Liggett,
Vice President, Integrated Commercial Services
and Chief Financial Officer

June 21, 2022



Independent auditor's report

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

Our opinion

In our opinion, the accompanying consolidated financial statements of Fraser Health Authority and its subsidiaries (together, the Authority) as at March 31, 2022 and for the year then ended are prepared, in all material respects, in accordance with the accounting requirements of Section 23.1 of the Budget Transparency and Accountability Act of the Province of British Columbia.

What we have audited

The Authority's consolidated financial statements comprise:

- the consolidated statement of financial position as at March 31, 2022;
- the consolidated statement of operations and accumulated deficit for the year then ended;
- the consolidated statement of changes in net debt for the year then ended;
- the consolidated statement of cash flows for the year then ended; and
- the notes to the consolidated financial statements, which include significant accounting policies and other explanatory information.

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 consolidated financial statements* section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the consolidated financial statements in Canada. We have fulfilled our other ethical responsibilities in accordance with these requirements.

Emphasis of matter – basis of accounting

We draw attention to note 1 (a) to the consolidated financial statements, which describes the basis of accounting and the significant differences between such basis of accounting and Canadian public sector

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accounting standards. Note 1 (a) to the consolidated financial statements provides a description of the nature of these differences. Our opinion is not modified in respect of this matter.

Responsibilities of management and those charged with governance for the consolidated financial statements

Management is responsible for the preparation of the consolidated financial statements in accordance with the accounting requirements 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is responsible for assessing the 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 the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

Auditor's responsibilities for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 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 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 consolidated 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 Authority to cease to continue as a going concern.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Authority to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

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.

/s/PricewaterhouseCoopers LLP

Chartered Professional Accountants

Surrey, British Columbia
June 21, 2022

FRASER HEALTH AUTHORITY

Consolidated Statement of Financial Position
(Amounts expressed in thousands of dollars)

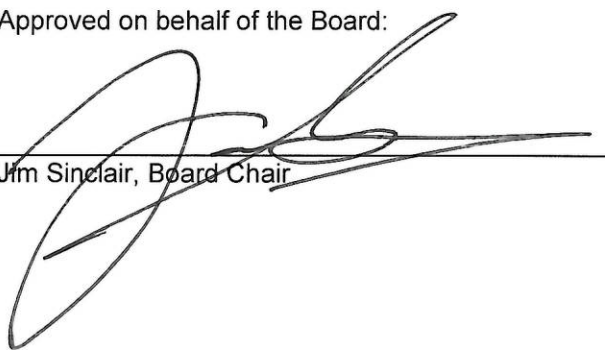
As at March 31, 2022

	2022	2021
Financial assets		
Cash and cash equivalents (note 2)	\$ 736,589	\$ 535,965
Accounts receivable (note 3)	209,046	175,032
Long-term disability and employee life and health benefits (note 7(b))	62,854	38,665
	<u>1,008,489</u>	<u>749,662</u>
Liabilities		
Accounts payable and accrued liabilities (note 4)	635,919	536,865
Deferred operating contributions (note 5)	104,650	34,672
Debt (note 6)	592,084	604,780
Lease inducements	4,407	5,377
Retirement allowance (note 7(a))	172,507	168,516
Deferred capital contributions (note 8)	1,731,964	1,428,326
	<u>3,241,531</u>	<u>2,778,536</u>
Net debt	<u>(2,233,042)</u>	<u>(2,028,874)</u>
Non-financial assets		
Prepaid expenses	56,987	55,043
Inventories held for use (note 9)	9,934	10,081
Tangible capital assets (note 10)	2,081,701	1,860,353
	<u>2,148,622</u>	<u>1,925,477</u>
Accumulated deficit	<u>\$ (84,420)</u>	<u>\$ (103,397)</u>

Commitments and contingencies (note 11)

See accompanying notes to consolidated financial statements.

Approved on behalf of the Board:


Jim Sinclair, Board Chair


Nicole Asselin, Director

FRASER HEALTH AUTHORITY

Consolidated Statement of Operations and Accumulated Deficit
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

	Budget (note 1(l))	2022	2021
Revenues:			
Ministry of Health contributions	\$ 3,820,400	\$ 4,357,893	\$ 4,012,776
Medical Services Plan	188,600	255,674	221,412
Recoveries from other health authorities and BC government reporting entities	135,000	125,189	120,267
Patients, clients and residents (note 12(a))	98,591	109,112	86,612
Amortization of deferred capital contributions (note 8)	92,700	101,840	91,131
Other contributions (note 12(b))	91,300	93,660	92,316
Other (note 12(c))	39,527	89,693	64,983
Interest income	2,782	2,886	2,481
	4,468,900	5,135,947	4,691,978
Expenses (note 12(d)):			
Acute	2,484,200	2,678,702	2,491,033
Long term care	698,000	870,898	786,430
Community care	478,400	551,111	488,254
Corporate	314,200	370,735	339,836
Mental health and substance use	360,500	344,234	321,694
Population health and wellness	133,600	301,290	237,092
	4,468,900	5,116,970	4,664,339
Annual surplus	-	18,977	27,639
Accumulated deficit, beginning of year	(103,397)	(103,397)	(131,036)
Accumulated deficit, end of year	\$ (103,397)	\$ (84,420)	\$ (103,397)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

Consolidated Statement of Changes in Net Debt
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

	Budget (note 1(l))	2022	2021
Annual surplus	\$ -	\$ 18,977	\$ 27,639
Acquisition of tangible capital assets	(695,927)	(348,053)	(269,360)
Donated tangible capital asset	-	-	(5,918)
Adjustment on disposal of tangible capital assets	-	57	290
Amortization of tangible capital assets	125,300	126,648	117,057
	(570,627)	(202,371)	(130,292)
Acquisition of inventories held for use	-	(94,521)	(91,031)
Acquisition of prepaid expenses	-	(68,303)	(55,226)
Consumption of inventories held for use	-	94,668	90,485
Use of prepaid expenses	-	66,359	48,895
	-	(1,797)	(6,877)
Increase in net debt	(570,627)	(204,168)	(137,169)
Net debt, beginning of year	(2,028,874)	(2,028,874)	(1,891,705)
Net debt, end of year	\$ (2,599,501)	\$ (2,233,042)	\$ (2,028,874)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

Consolidated Statement of Cash Flows
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

	2022	2021
Cash flows from (used in) operating activities:		
Annual surplus	\$ 18,977	\$ 27,639
Items not involving cash:		
Amortization of deferred capital contributions	(101,840)	(91,131)
Amortization of tangible capital assets	126,648	117,057
Amortization of lease inducements	(970)	(1,098)
Donated tangible capital asset	-	(5,918)
Retirement allowance expense	17,382	14,754
Long-term disability and employee life and health benefits expense	74,245	77,082
Interest expense	45,103	45,893
Interest income	(2,886)	(2,481)
	176,659	181,797
Net change in non-cash operating items (note 13)	133,221	128,919
Net change in accrued acquisition of tangible capital assets	10,151	7,777
Retirement allowance benefits paid	(13,391)	(10,010)
Long-term disability and employee life and health benefits contributions	(98,434)	(93,431)
Interest paid	(45,103)	(45,893)
Interest received	2,886	2,481
Net change in cash from operating activities	165,989	171,640
Capital activities:		
Proceeds on sale of tangible capital assets	68	24,107
Adjustment on disposal of tangible capital assets	57	290
Acquisition of tangible capital assets	(358,204)	(277,137)
Net change in cash used in capital activities	(358,079)	(252,740)
Financing activities:		
Capital contributions	405,410	275,895
Repayment of debt	(12,696)	(11,922)
Net change in cash from financing activities	392,714	263,973
Increase in cash and cash equivalents	200,624	182,873
Cash and cash equivalents, beginning of year	535,965	353,092
Cash and cash equivalents, end of year	\$ 736,589	\$ 535,965

Supplementary cash flow information (note 13)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

Fraser 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 Authority provides services including inpatient hospital care, outpatient diagnostics and treatments, rehabilitation care, long term care, specialized children’s services and programs, community, home care and home support services, and environmental and public health services.

1. Significant accounting policies:

(a) Basis of accounting:

The consolidated financial statements have been prepared in accordance with 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 consolidated 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 tax-payer 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 PS 4200 series.

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 that amortization of the related tangible capital asset is recorded. 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.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(a) Basis of accounting (continued):

- (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.

For BC tax-payer 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 require 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 in accordance with PS 3410, *Government Transfers*;
- externally restricted contributions be recognized as revenue in the period in which the resources are used for the purpose or purposes specified in accordance with PS 3100, *Restricted Assets and Revenues*; and
- deferred contributions meet liability criteria in accordance with PS 3200, *Liabilities*.

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

(b) Basis of consolidation:

The Authority and the Provincial Health Services Authority (“PHSA”) own Abbotsford Regional Hospital and Cancer Centre Inc. (“ARHCC Inc.”) in accordance with the Share Transfer Agreement whereby 102 (85%) common shares of ARHCC Inc. are held by the Authority and 18 (15%) common shares are held by the PHSA. The Authority’s interest in ARHCC Inc. is recorded on a proportional consolidation basis in these consolidated financial statements.

(c) Cash and cash equivalents:

Cash and cash equivalents include cash on hand, demand deposits and 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) Lease inducements:

Lease inducements are monies advanced on an operating lease by the property owner to finance tenant improvements. Inducements are amortized on a straight-line basis over the lease term.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(e) 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 employee life and health benefit plans as employees render services to earn the benefits.

The actuarial determination of the accrued benefit obligations uses the projected benefit method pro-rated 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 benefits is 12 years (2021 - 11 years). Actuarial gains and losses from event-driven benefits such as long-term disability and employee life and health benefits that do not vest or accumulate are recognized immediately.

The discount rate used to measure obligations 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 they become 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.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(f) 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:

Asset	Basis
Land improvements	20 years
Buildings	10 - 50 years
Equipment	3 - 20 years
Information systems	3 - 10 years
Leasehold improvements	Lease term

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 consolidated statement of operations and accumulated deficit. 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 when the service benefits are received.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(g) 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.

Revenues related to fees or services received in advance of the fees being earned or the services 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).

Contributions of assets that would otherwise have been purchased are recorded at fair value at the date of contribution, provided 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.

(h) Measurement uncertainty:

The preparation of consolidated 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 consolidated financial statements and the reported amounts of revenue and expenses during the reporting period.

Significant areas requiring the use of estimates include the valuation of accounts receivable, the estimated useful lives of tangible capital assets, amounts 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 consolidated financial statements and are reviewed annually to reflect new information as it becomes available. Actual results could differ from the estimates.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(i) 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 consolidated financial statement date. Any gain or loss resulting from a change in rates between the transaction date and the settlement date or consolidated statement of financial position date is recognized in the consolidated statement of operations and accumulated deficit.

(j) 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.

Financial assets and financial liabilities 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 valuation allowance. All debt and other financial liabilities are recorded using cost or amortized cost.

Interest and dividends attributable to financial instruments are reported in the consolidated statement of operations and accumulated deficit.

All financial assets recorded at amortized cost are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the consolidated statement of operations and accumulated deficit.

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.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(k) 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 is 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 internal rate of return. When available for operations, the project assets are amortized over their estimated useful lives.

Correspondingly, an obligation net of the contributions received is recorded as a liability and included in debt.

Upon substantial completion, the private sector partner receives monthly payments over the term of the project agreement to cover the partner’s operating costs, financing costs and a return of the capital.

(l) Budget figures:

Budget figures have been provided for comparative purposes and have been derived from the Authority’s initial budget approved by the Board of Directors on October 27, 2021.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

1. Significant accounting policies (continued):

(m) Future accounting standards:

(i) In March 2018, PSAB issued PS 3280, *Asset Retirement Obligations*. PS 3280 defines and establishes standards for recognition, measurement, presentation and disclosure of legal obligations associated with the retirement of tangible capital assets. The main features of PS 3280 are as follows:

- An asset retirement obligation is a legal obligation associated with the retirement of a tangible capital asset.
- Asset retirement costs associated with a tangible capital asset controlled by the entity increase the carrying amount of the related tangible capital asset (or a component thereof) and are expensed in a rational and systematic manner.
- Asset retirement costs associated with an asset no longer in productive use are expensed.
- Subsequent measurement of the liability can result in either a change in the carrying amount of the related tangible capital asset (or a component thereof), or an expense, depending on the nature of the re-measurement and whether the asset remains in productive use.
- Asset retirement obligations include post-retirement operation, maintenance and monitoring.
- A present value technique is often the best method with which to estimate the liability.

PS 3280 applies to fiscal years beginning on or after April 1, 2022. Management is in the process of assessing the impact of adoption of PS 3280 on the consolidated financial statements of the Authority.

(ii) In June 2018, PSAB issued PS 3400, *Revenue*. PS 3400 proposes a framework describing two categories of revenue – transactions with performance obligations and transactions with no performance obligations. PS 3400 applies to fiscal years beginning on or after April 1, 2023. Management is in the process of assessing the impact of adoption of PS 3400 on the consolidated financial statements of the Authority.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

2. Cash and cash equivalents:

	2022	2021
Cash and cash equivalents	\$ 736,589	\$ 535,965
Amounts restricted for capital purposes	(220,600)	(139,037)
Amounts restricted for P3 projects	(149,979)	(147,185)
Amounts restricted for patient comfort funds	(1,075)	(1,222)
Unrestricted cash and cash equivalents	\$ 364,935	\$ 248,521

3. Accounts receivable:

	2022	2021
Ministry of Health	\$ 73,659	\$ 34,430
Other health authorities and BC government reporting entities	58,977	58,317
Patients, clients and residents	38,291	33,912
Medical Services Plan	18,637	27,078
Other	16,458	10,424
Foundations and auxiliaries	15,422	20,421
Federal government	4,993	6,949
	226,437	191,531
Allowance for doubtful accounts	(17,391)	(16,499)
	\$ 209,046	\$ 175,032

4. Accounts payable and accrued liabilities:

	2022	2021
Trade accounts payable and accrued liabilities	\$ 329,190	\$ 259,688
Salaries and benefits payable	187,297	163,421
Accrued vacation pay	119,432	113,756
	\$ 635,919	\$ 536,865

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

5. Deferred operating contributions:

Deferred operating contributions represent externally restricted operating funding received for specific purposes, such as multi-year projects and research.

	2022	2021
Deferred operating contributions, beginning of year	\$ 34,672	\$ 12,552
Contributions received during the year for specific purposes	76,250	33,528
Amounts recognized as revenue or transferred in the year	(6,272)	(11,408)
Deferred operating contributions, end of year	\$ 104,650	\$ 34,672

6. Debt:

	2022	2021
Abbotsford Regional Hospital and Cancer Centre Inc., 30-year contract to May 2038 with Access Health Abbotsford Ltd., payable in monthly payments including annual interest of 7.75%, payable in accordance with the project agreement terms	\$ 299,823	\$ 305,157
Surrey Memorial Hospital Redevelopment Project, 30-year contract to February 2044 with Integrated Team Solutions SMH Partnership, payable in monthly payments including annual interest of 7.76%, payable in accordance with the project agreement terms	162,465	165,214
Jim Pattison Outpatient Care and Surgery Centre, 30-year contract to March 2041 with BCHS Healthcare (Surrey) Limited Partnership, payable in monthly payments including annual interest of 6.21%, payable in accordance with the project agreement terms	129,796	134,409
	\$ 592,084	\$ 604,780

Required principal repayments on P3 debt for the years ending March 31 are disclosed with P3 commitments in note 11(e).

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

7. Employee benefits:

(a) Retirement allowance:

Certain employees with 10 or 20 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, 2021 and extrapolated to March 31, 2022 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2022 are derived. The next required valuation will be as of December 31, 2024.

Information about retirement allowance benefits is as follows:

	2022	2021
Accrued benefit obligation:		
Severance benefits	\$ 112,237	\$ 102,645
Sick leave benefits	72,983	67,338
	185,220	169,983
Unamortized actuarial loss	(12,713)	(1,467)
Accrued benefit liability	\$ 172,507	\$ 168,516

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

	2022	2021
Accrued benefit liability, beginning of year	\$ 168,516	\$ 163,772
Net benefit expense:		
Current service cost	13,117	10,836
Interest expense	5,516	5,987
Amortization of actuarial gain	(1,251)	(2,069)
Net benefit expense	17,382	14,754
Benefits paid	(13,391)	(10,010)
Accrued benefit liability, end of year	\$ 172,507	\$ 168,516

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

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:

	2022	2021
Accrued benefit obligation as at March 31:		
Discount rate	3.16%	3.14%
Rate of compensation increase	2.50%	2.50%
Benefit costs for years ended March 31:		
Discount rate	3.14%	3.79%
Rate of compensation increase	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 benefits and group life insurance, accidental death and dismemberment, extended health and dental claims ("employee life and health benefits") 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.

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 regards to long-term disability benefits after September 30, 1997 and employee life and health benefits after December 31, 2014. Accordingly, the Authority's net trust assets are reflected in these consolidated financial statements.

The Authority's net asset as of March 31, 2022 is based on the actuarial valuation at December 31, 2021, extrapolated to March 31, 2022. The next expected valuation is as of December 31, 2022.

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

	2022	2021
Accrued benefit obligation	\$ 254,485	\$ 247,816
Fair value of plan assets	(317,339)	(286,481)
Long-term disability and employee life and health benefits asset	\$ (62,854)	\$ (38,665)

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Year ended March 31, 2022

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

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

	2022	2021
Long-term disability and employee life and health benefits asset, beginning of year	\$ (38,665)	\$ (22,316)
Net benefit expense:		
Benefit expense	78,801	76,348
Interest expense	12,737	12,508
Actuarial loss	1,385	3,604
Expected return on assets	(15,169)	(14,212)
Other	(3,509)	(1,166)
Net benefit expense	74,245	77,082
Contributions to the plan	(98,434)	(93,431)
Long-term disability and employee life and health benefits asset, end of year	\$ (62,854)	\$ (38,665)
Benefits paid to claimants	\$ 92,113	\$ 75,553
Plan assets consist of:		
	2022	2021
Debt securities	42%	39%
Foreign equities	36%	35%
Canadian equities and other	22%	26%
Total	100%	100%

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Notes to Consolidated Financial Statements
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Year ended March 31, 2022

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

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

The significant actuarial assumptions adopted in measuring the Authority's long-term disability and employee life and health benefits assets are as follows:

	2022	2021
Accrued benefit obligation as at March 31:		
Discount rate	5.10%	5.30%
Rate of benefit increase	2.00%	2.00%
Benefit costs for years ended March 31:		
Discount rate	5.10%	5.30%
Rate of compensation increase	2.00%	2.00%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.10%	5.30%

The actual rate of return on plan assets was 8.8% for the year ended December 31, 2021 (December 31, 2020 – 9.2%).

(c) Joint Benefit Trust benefits:

The Health Science Professionals Bargaining Association, Community Bargaining Association and Facilities Bargaining Association, jointly with employers, manage joint benefit trusts ("JBTs") to provide long term disability and health and welfare benefits to these groups of employees. Employer contributions to the JBTs are based on a specified percentage of payroll costs. During the year ended March 31, 2022, the Authority made contributions of \$61.9 million (2021 - \$56.5 million) which were expensed in the year.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

7. Employee benefits (continued):

(d) Employee pension benefits:

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

Employer contributions to the Municipal Pension Plan of \$147.9 million (2021 - \$142.6 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, 2018 indicated a funding surplus of approximately \$2,866 million. The actuary does not attribute portions of the unfunded surplus to individual employers. The plan covers approximately 220,000 active members, of which approximately 38,406 (2021 – 26,946) are employees of the Authority. The next expected actuarial valuation date would be as of December 31, 2021 with results available in 2022.

Employer contributions to the Public Service Pension Plan of \$1.5 million (2021 - \$1.7 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, 2020 indicated a surplus of approximately \$2,667 million. The actuary does not attribute portions of the unfunded surplus to individual employers. The plan covers approximately 68,000 active members, of which approximately 223 (2021 - 243) are employees of the Authority. The Authority's next actuarial valuation date will be as of March 31, 2023.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

8. Deferred capital contributions:

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

	2022	2021
Deferred capital contributions, beginning of year	\$ 1,428,326	\$ 1,219,455
Capital contributions received:		
Ministry of Health	362,680	222,010
Foundations and auxiliaries	28,074	36,261
Regional hospital district	5,556	1,789
Other	9,225	40,232
	405,535	300,292
Amortization for the year	(101,840)	(91,131)
Adjustment on disposal of tangible capital assets	(57)	(290)
Deferred capital contributions, end of year	\$ 1,731,964	\$ 1,428,326

Deferred capital contributions comprise the following:

	2022	2021
Contribution used to purchase tangible capital assets	\$ 1,488,910	\$ 1,276,901
Unspent contributions	243,054	151,425
	\$ 1,731,964	\$ 1,428,326

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

9. Inventories held for use:

	2022	2021
Pharmaceuticals	\$ 8,367	\$ 8,718
Medical supplies	1,567	1,363
	\$ 9,934	\$ 10,081

10. Tangible capital assets:

Cost	2021	Additions	Disposals	Transfers	2022
Land	\$ 25,437	\$ 14,019	\$ -	\$ -	\$ 39,456
Land improvements	13,330	-	(950)	-	12,380
Buildings	2,346,344	26,842	-	152,561	2,525,747
Equipment	665,454	36,108	(8,124)	18,496	711,934
Information systems	151,270	6,224	-	3,481	160,975
Leasehold improvements	70,506	487	-	63	71,056
Construction in progress	289,554	238,721	-	(152,293)	375,982
Equipment and information systems in progress	46,770	25,652	-	(22,308)	50,114
Total	\$ 3,608,665	\$ 348,053	\$ (9,074)	\$ -	\$ 3,947,644

Accumulated amortization	2021	Amortization	Disposals	2022
Land improvements	\$ 8,366	\$ 524	\$ (950)	\$ 7,940
Buildings	1,054,409	71,812	-	1,126,221
Equipment	533,408	37,985	(8,067)	563,326
Information systems	125,462	10,463	-	135,925
Leasehold improvements	26,667	5,864	-	32,531
Total	\$ 1,748,312	\$ 126,648	\$ (9,017)	\$ 1,865,943

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Notes to Consolidated Financial Statements
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Year ended March 31, 2022

10. Tangible capital assets (continued):

Cost	2020	Additions	Disposals	Transfers	2021
Land	\$ 25,665	\$ -	\$ (228)	\$ -	\$ 25,437
Land improvements	13,330	-	-	-	13,330
Buildings	2,061,111	42,594	(80)	242,719	2,346,344
Equipment	627,930	31,968	(5,940)	11,496	665,454
Information systems	134,591	3,891	-	12,788	151,270
Leasehold improvements	52,268	6,906	-	11,332	70,506
Construction in progress	392,297	151,289	-	(254,032)	289,554
Equipment and information systems in progress	32,443	38,630	-	(24,303)	46,770
Total	\$ 3,339,635	\$ 275,278	\$ (6,248)	\$ -	\$ 3,608,665

Accumulated amortization	2020	Amortization	Disposals	2021
Land improvements	\$ 7,751	\$ 615	\$ -	\$ 8,366
Buildings	991,373	63,116	(80)	1,054,409
Equipment	502,864	36,425	(5,881)	533,408
Information systems	113,632	11,830	-	125,462
Leasehold improvements	21,596	5,071	-	26,667
Total	\$ 1,637,216	\$ 117,057	\$ (5,961)	\$ 1,748,312

Net book value	2022	2021
Land	\$ 39,456	\$ 25,437
Land improvements	4,440	4,964
Buildings	1,399,526	1,291,935
Equipment	148,608	132,046
Information systems	25,050	25,808
Leasehold improvements	38,525	43,839
Construction in progress	375,982	289,554
Equipment and information systems in progress	50,114	46,770
Total	\$ 2,081,701	\$ 1,860,353

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

10. Tangible capital assets (continued):

Tangible capital assets are funded as follows:

	2022	2021
Deferred capital contributions	\$ 1,488,910	\$ 1,276,901
Debt	578,085	590,781
Internally funded	14,706	(7,329)
Tangible capital assets	\$ 2,081,701	\$ 1,860,353

11. Commitments and contingencies:

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

As at March 31, 2022, the Authority had outstanding commitments for construction, equipment and information systems in progress of \$1,007.8 million (2021 - \$827.9 million).

(b) Contractual obligations:

The Authority has entered into various contracts for services within the normal course of operations. The estimated contractual obligations under these contracts for the years ending March 31 are as follows:

2023	\$ 49,842
2024	21,472
2025	21,947
2026	21,538
2027	20,496
Thereafter	-
	\$ 135,295

(c) Long term care and health care service provider contracts:

The Authority has entered into contracts with 963 service providers to provide long term and health care services. The aggregate annual commitments for these contracts as at March 31, 2022 are \$789.3 million (2021 - \$704.0 million).

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

11. Commitments and contingencies (continued):

(d) Operating leases:

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

2023	\$	49,263
2024		43,046
2025		39,665
2026		36,606
2027		24,718
Thereafter		93,987
	\$	287,285

(e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance and maintain the Abbotsford Regional Hospital and Cancer Centre, the Jim Pattison Outpatient Care and Surgery Centre and the Surrey Memorial Hospital Redevelopment 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 progressed, the asset values were recorded as tangible capital assets and the corresponding liabilities were recorded as debt and disclosed in note 6. FM and lifecycle 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
2023	\$ 57,642	\$ 39,719	\$ 97,361
2024	58,409	44,610	103,019
2025	58,888	42,451	101,339
2026	58,311	43,674	101,985
2027	57,958	44,744	102,702
Thereafter	819,621	712,047	1,531,668
	\$ 1,110,829	\$ 927,245	\$ 2,038,074

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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11. Commitments and contingencies (continued):

(e) Public-private partnerships commitments (continued):

Required principal repayments on P3 debt for the years ending March 31 included in capital and financing commitments above are as follows:

2023	\$	13,526
2024		15,190
2025		16,688
2026		18,090
2027		19,062
Thereafter		509,528
	\$	592,084

(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, 2022, 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.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

12. Consolidated statement of operations:

(a) Patients, clients and residents revenue:

	2022	2021
Long-term and extended care	\$ 34,054	\$ 33,569
Non-residents of Canada	23,857	15,575
WorkSafe BC	15,160	10,643
Residents of BC self-pay	14,608	10,115
Non-residents of BC	13,099	9,230
Federal government	2,736	2,441
Preferred accommodation	2,431	2,544
Other	3,167	2,495
	\$ 109,112	\$ 86,612

(b) Other contributions:

	2022	2021
Other health authorities	\$ 85,077	\$ 84,569
Other ministries	3,653	3,603
Other	4,930	4,144
	\$ 93,660	\$ 92,316

(c) Other revenues:

	2022	2021
Compensation recoveries	\$ 46,844	\$ 37,107
Recoveries from sale of goods and services	14,391	10,363
Parking	1,136	-
Other	27,322	17,513
	\$ 89,693	\$ 64,983

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
(Amounts expressed in thousands of dollars)

Year ended March 31, 2022

12. Consolidated statement of operations (continued):

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

	2022	2021
Compensation:		
Compensation	\$ 2,430,220	\$ 2,206,581
Employee benefits	503,033	457,899
Loss on event-driven employee benefits	1,429	4,177
	2,934,682	2,668,657
Referred-out and contracted services:		
Health and support services providers	985,714	893,452
Other health authorities and BC government reporting entities	285,346	261,751
	1,271,060	1,155,203
Supplies:		
Medical and surgical	210,848	182,947
Drug and medical gases	65,590	65,993
Diagnostic	52,460	39,397
Laundry and linen	27,320	41,721
Food and dietary	15,802	13,838
Printing, stationery and office	8,618	7,406
Housekeeping	7,260	9,690
Other	25,444	23,383
	413,342	384,375
Equipment and building services:		
Equipment	103,314	87,263
Rent	43,739	39,606
Plant operation (utilities)	21,909	18,753
Building and ground service contracts	14,474	13,404
Other	23,354	14,476
	206,790	173,502
Amortization of tangible capital assets	126,648	117,057
Sundry:		
Patient transport	17,024	18,607
Communication and data processing	13,088	12,016
Professional fees	10,755	12,302
Travel	10,751	9,492
Other	67,727	67,235
	119,345	119,652
Interest	45,103	45,893
	\$ 5,116,970	\$ 4,664,339

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

13. Supplementary cash flow information:

Net change in non-cash operating items:

	2022	2021
Accounts receivable	\$ (34,014)	\$ 110
Accounts payable and accrued liabilities	99,054	113,563
Deferred operating contributions	69,978	22,120
Prepaid expenses	(1,944)	(6,328)
Inventories held for use	147	(546)
	<u>\$ 133,221</u>	<u>\$ 128,919</u>

14. 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. The following are identified related parties:

(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 health authorities and hospital societies provide various services to each other relating to the provision of healthcare and other support services. The related revenues and expenses are reflected in the consolidated statement of operations and accumulated deficit and are recorded on a cost recovery basis, as the entities would have otherwise delivered the services themselves. As a result, the values recorded in the consolidated financial statements approximate fair value.

(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 key management personnel.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

15. 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 consolidated statement of financial position.

The Authority manages credit risk by holding balances of cash and cash equivalents with a reputable top rated financial institution.

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, hospital 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 uncollectable amounts. As at March 31, 2022, the amount of allowance for doubtful accounts was \$17.4 million (2021 - \$16.5 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.

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.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2022

15. Risk management (continued):

(b) Liquidity risk (continued):

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

2022 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 736,589	\$ -	\$ -
Accounts receivable	209,046	-	-
Total financial assets	\$ 945,635	\$ -	\$ -

2022 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 635,919	\$ -	\$ -
Debt	13,526	69,030	509,528
Total liabilities	\$ 649,445	\$ 69,030	\$ 509,528

2021 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 535,965	\$ -	\$ -
Accounts receivable	175,032	-	-
Total financial assets	\$ 710,997	\$ -	\$ -

2021 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 536,865	\$ -	\$ -
Debt	12,696	63,494	528,590
Total liabilities	\$ 549,561	\$ 63,494	\$ 528,590

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

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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15. 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 the Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks.

The Authority makes payments denominated in US dollars and other currencies. The currency most contributing to the foreign exchange risk is the US dollar.

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

	2022	2021
US dollar per Canadian dollar	\$ 0.800	\$ 0.795

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.

16. Government partnership

As described in Note 1, the Authority has an 85% interest in ARHCC Inc., which is recorded on a proportional consolidation basis in the Authority's consolidated financial statements. The following is the condensed supplementary financial information of ARHCC Inc. for the year ended March 31, 2022.

	2022	2021
Financial assets	\$ 165,511	\$ 161,729
Liabilities	405,183	414,023
Net debt	242,672	252,294
Non-financial assets	245,251	254,873
Accumulated surplus	2,579	2,579
Revenues	61,285	62,142
Expenses	61,285	62,142

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17. Significant event

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, followed by BC's Provincial Health Officer declaration of a public health emergency on March 17, 2020.

The financial statements of the Authority reflect its response to the pandemic. Events that affect the Authority's operations continued to be addressed through collaboration with and direction from the Ministry. The Authority will continue to respond appropriately to ongoing COVID-19 related issues as necessary and as directed by provincial authorities.

18. Housekeeping and food services repatriation

On August 30, 2021 the Ministry of Health announced that under Bill 47 (Health Sector Repeal Act), it will start a phased approach to repatriate commercial housekeeping and food service contracts in acute and long term care facilities across the province. This includes workers who currently provide housekeeping and food services to the Authority through contracts with Aramark, Sodexo, and Compass respectively. The transition to in-house services is scheduled to start April 2022 for housekeeping and September 2022 for food services. The transfer of all related contracted services will be completed by October 2022.