

FINANCIAL STATEMENTS

MARCH 31, 2025



#### **KPMG LLP**

150 Elgin Street, Suite 1800 Ottawa, ON K2P 2P8 Canada Telephone 613 212 5764 Fax 613 212 2896

### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the University of Ottawa Heart Institute

We have audited the financial statements of the University of Ottawa Heart Institute (the Entity), which comprise:

- the statement of financial position as at March 31, 2025
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- · the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements, present fairly, in all material respects, the financial position of the Entity as at March 31, 2025, and its results of operations, its changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

## **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our auditor's report.

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

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

#### Other Information

Management is responsible for the other information. The other information comprises:

• Information, other than the financial statements and the auditor's report thereon, included in the University of Ottawa Heart Institute Annual Report.

Our opinion on the financial statements does not cover the other information and we do not and will not express any form of assurance conclusion thereon.



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In connection with our audit of the financial statements, our responsibility is to read the other information and, identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the information, other than the financial statements and the auditor's report thereon, included in the University of Ottawa Heart Institute Annual Report as at the date of this auditor's report.

If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in the auditor's report.

We have nothing to report in this regard.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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



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#### We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due
  to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit
  evidence that is sufficient and appropriate to provide a basis for our opinion.
  - The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing an
  opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the
  disclosures, and whether the financial statements represent the underlying transactions and
  events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

LPMG LLP

June 12, 2025

## STATEMENT OF FINANCIAL POSITION

MARCH 31, 2025

(in thousands of dollars)

		2025		2024	
ASSETS					
CURRENT ASSETS					
Cash	\$	67,574	\$	60,218	
Accounts receivable	*	,	•	,	
Ministry of Health of Ontario		4,061		4,654	
Patient services		11,735		13,894	
Sundry		1,015		7,900	
Inventories		1,526		1,213	
Prepaid expenses		2,938		2,872	
Tropala expenses		88,849		90,751	
Comital accepts and accepts under comital larger (Nets 2)		450.005		407.550	
Capital assets and assets under capital lease (Note 3)		152,005		167,552	
Intangible assets and assets under capital lease (Note 4)		7,026		7,326	
		159,031		174,878	
	\$	247,880	\$	265,629	
Accounts payable and accrued liabilities (Notes 13 and 14) Accounts payable - Ministry of Health of Ontario Current portion of long-term debt (Note 8) Current portion of obligation under capital lease (Note 9)	\$	30,830 12,228 1,500 843 45,401	\$	63,988 19,915 1,500 975 86,378	
Long-term debt (Note 8)		5,375		6,875	
Obligation under capital lease (Note 9)		1,921		2,764	
Employee future benefits (Note 6)		7,613		7,283	
Asset retirement obligation (Note 10)		1,214		1,183	
Deferred contributions related to capital assets (Note 7)		137,473		149,087	
Bolotton contributions rotated to suprial accord (Note 1)		153,596		167,192	
		198,997		253,570	
NET ASSETS					
Unrestricted surplus (deficiency)		38,178		(435	
Invested in capital assets and assets under capital lease (Note 11)		10,705		12,494	
		48,883		12,059	
	\$	247,880	\$	265,629	

Contractual Obligations (Note 15) Contingencies and guarantees (Note 16)

APPROVED BY THE BOARD OF DIRECTORS

Director

## STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 2025

(in thousands of dollars)

	2025	2024
REVENUE		
Ministry of Health of Ontario		
Global allocation and Priority Program Services	\$ 155,224	\$ 135,364
Quality-based procedures (QBP)	4,349	4,229
Growth and Efficiency Model (GEM)	69,726	64,877
Priority Program Services clawback	(5,102)	(6,953)
One-time cardiac & other	6,819	11,641
Other recoveries (clawbacks)	7,431	8,980
Cardiac Hospital On Call Coverage (HOCC)	811	768
Other Votes	2,748	337
	242,006	219,243
Patient services	_ :=,	,
In-patient	25,098	24,877
Out-patient	24,975	24,071
Preferred accommodation	754	688
Other operating revenues and recoveries	9,735	10,234
Amortization of deferred contributions related to capital assets	3,852	4,206
	306,420	283,319
	000,120	200,010
EXPENSES		
Salaries and benefits and purchased services	129,544	120,426
Medical staff remuneration	10,571	9,907
Medical surgical supplies	56,000	52,732
Drugs and medical gases	4,972	3,975
Supplies and other expenses	30,120	60,442
Service agreements (Note 14)	27,367	22,992
Interest charges	625	631
Amortization of equipment and equipment under capital lease	6,944	7,401
Amortization of intangible assets and assets under capital lease	938	1,536
Bad debts	1,221	1,090
	268,302	281,132
Excess of revenue over expenses before the		
undernoted items and non-recurring items	38,118	2,187
Amortization of deferred contributions for buildings	10,732	10,829
Amortization of buildings	(12,026)	(12,379)
Excess of revenue over expenses before the	, ,	, , ,
non-recurring items	36,824	637
Reimbursement of prior year Bill 124 costs (Note 16)	-	4,552
EXCESS OF REVENUE OVER EXPENSES	\$ 36,824	\$ 5,189

STATEMENT OF CHANGES IN NET ASSETS FOR THE YEAR ENDED MARCH 31, 2025

(in thousands of dollars)

		Unrestricted surplus (deficiency)		Invested in Capital Assets and Assets Under Capital Lease (Note 11)		2025 Total	2024 Total
BALANCE, BEGINNING OF YEAR	\$	(435)	\$	12,494	\$	12,059	\$ 6,870
Excess of revenue over expenses		36,824		-		36,824	5,189
Net change in investment in capital assets and assets under capital lease (Note 11)		1,789		(1,789)		-	
BALANCE, END OF YEAR	\$	38,178	\$	10,705	\$	48,883	\$ 12,059

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2025

(in thousands of dollars)

	2025	2024
CASH FLOWS FROM (USED IN)		
OPERATING ACTIVITIES		
Excess of revenue over expenses	\$ 36,824	\$ 5,189
Items not affecting cash :		
Amortization of deferred contributions related to capital assets	(14,584)	(15,035)
Amortization of capital assets and assets under capital lease	18,970	19,780
Amortization of intangible assets and assets under capital lease	938	1,536
Net increase in employee future benefits	330	263
Net change in non-cash working capital items (Note 12)	(31,587)	(4,438)
	10,891	7,295
INVESTING ACTIVITIES		
Net acquisition of capital assets	(3,392)	(10,405)
Net acquisition of intangible assets	(638)	(277)
	(4,030)	(10,682)
FINANCING ACTIVITIES		
Deferred contributions for capital assets received (Note 8)	2,970	6,584
Repayment of obligation under capital lease	(975)	(1,173)
Repayment of long-term debt	(1,500)	(1,500)
	495	3,911
NET CHANGE IN CASH		
DURING THE YEAR	7,356	524
CASH, BEGINNING OF YEAR	 60,218	59,694
CASH, END OF YEAR	\$ 67,574	\$ 60,218

Notes to the Financial Statements

March 31, 2025 (in thousands of dollars)

#### 1. Nature of operations:

The University of Ottawa Heart Institute (the "Institute") is incorporated without share capital under the *Ontario Corporations Act*. It provides a full range of cardiac services including primary and secondary prevention, diagnosis and treatment, rehabilitation, research and education. It is the sole provider of interventional cardiology and cardiac surgery for Eastern Ontario and Western Quebec. The Institute focuses its clinical activity in three major areas: open heart surgery, interventional cardiology and arrhythmia procedures. As a registered charity, the Institute is exempt from income taxes under subsection 149(1)(f) of the *Income Tax Act*.

Under the *Health Insurance Act* and regulations thereto, the Institute is funded primarily by the Province of Ontario, in accordance with the funding arrangements established by the Ministry of Health (MOH) and Ontario Health. Any excess of revenues over expenses incurred during a fiscal year is not required to be returned and can be used in the reinvestment for capital needs of the Institute. To the extent that deficits are incurred and not funded, future operations may be impacted.

#### 2. Significant accounting policies:

The financial statements are prepared in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations and reflect the following significant accounting policies:

#### (a) Revenue recognition:

Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued when the amount to be received can be reasonably estimated and ultimate collection is reasonably assured. Where a portion of a grant received relates to a future period, it is deferred and recognized in that subsequent period.

The Institute receives funding for operations for certain programs from the Ministry of Health of Ontario. The final amount of operating revenue recorded cannot be determined until the Ministry of Health of Ontario has reviewed the Institute's financial and statistical returns for the year. Any adjustments arising from the Ministry of Health of Ontario review are recorded in the period in which the adjustments are made.

The Institute follows the deferral method of accounting for contributions which include government grants and donations. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Where a portion of a restricted contribution relates to a future period, it is deferred and recognized in the subsequent period. Contributions restricted for the purchase of capital assets are deferred and amortized as revenue in the statement of operations at a rate corresponding with the amortization rate for the related capital assets.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

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

### (a) Revenue recognition (continued):

Revenues related to the sale of goods or provision of services are recognized in the year in which the underlying transaction or event occurred, performance obligations fulfilled, and future economic benefits are measurable and expected to be obtained. These revenues include patient services, preferred accommodation, marketed services and recoveries and other operating revenues.

#### (b) Contribution and capital grants receivable:

A contribution receivable is recognized as an asset when the amount to be received can be reasonably estimated and ultimate collection is reasonably assured.

Capital grants receivable are related to grants obtained for capital assets acquisitions or projects, which have been approved by the funder and are receivable by the Institute at year-end. Capital grants receivable are also being added to the deferred contributions related to capital assets and amortized in future years at the same rate as the rate of amortization of the related assets.

#### (c) Contributed services

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

#### (d) Inventories:

Inventories are valued at lower of cost and replacement cost, with cost being determined using the average cost basis. Replacement cost is the estimated cost to replenish the inventory at current market prices.

#### (e) Financial instruments:

#### (i) Measurement of financial instruments:

The Institute initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

The Institute subsequently measures all of its financial assets and financial liabilities at amortized cost.

Financial assets measured at amortized cost include cash, and accounts receivables.

Financial liabilities measured at amortized cost include the accounts payable and accrued liabilities, accounts payable – Ministry of Health, and long-term debt.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

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

#### (e) Financial instruments:

### (ii) Impairment:

Financial assets measured at amortized cost are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of possible impairment. The Institute determines whether a significant adverse change has occurred in the expected timing or amount of future cash flows from the financial asset. If this is the case, the carrying amount of the asset is reduced to the highest of the present value of the cash flows expected to be generated by holding the asset, and the amount that could be realized by selling the asset at the balance sheet date. The amount of the write-down is recognized in operations. The previously recognized impairment loss may be reversed to the extent of the improvement, provided it is no greater than the initial carrying value. The amount of the reversal is recognized in operations.

#### (iii) Transaction costs:

The Institute recognizes its transaction costs in operations in the period incurred. Transaction costs related to financial instruments subsequently measured at amortized cost adjust the carrying amount of the financial asset or liability and are accounted for in the statement of operations using the straight-line method.

#### (f) Capital assets and assets under capital lease:

Purchased capital assets and assets under capital lease are recorded at cost. Construction in progress is not amortized until the project is complete and the facilities come into use. Equipment is not amortized until it is ready to be used. Assets acquired under capital leases are initially recorded at the present value of the future minimum lease payments and amortized over the estimated life of the assets.

Capital assets are amortized on a straight-line basis over the following periods:

Asset	Rate
Buildings and building improvements	20 years
Diagnostic and operating equipment	5 to 15 years
Network Infrastructure	5 to 20 years

When a capital asset no longer contributes to the Institute's ability to provide services, its carrying amount is written down to residual value, if any. The excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

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

(g) Intangible assets and assets under capital lease:

Purchased intangible assets are recorded at cost and are amortized on a straight-line basis as follows:

Asset	Rate
Software	5 years
Health Information System	15 years

#### (h) Employee future benefits:

#### (i) Pension plan:

Substantially all Institute employees are eligible to be members of the Hospitals of Ontario Pension Plan ("the Plan"), which is a multi-employer defined benefit plan. The Institute considers the Plan as a defined contributions plan for accounting purposes since there is not sufficient information available to apply defined benefit pension plan accounting standards. Accordingly, the Institute's contributions to the Plan are recognized as expenses based on accounting standards for defined contributions plans.

#### (ii) Extended health, dental and life benefits:

The Institute provides defined retirement and other future benefits for substantially all retirees and employees. These future benefits include life insurance and health care benefits.

The Institute accrues its obligations for employee benefit plans as the employees render the services necessary to earn the benefits. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs. The most recent actuarial valuation was performed as at March 31, 2025. The next scheduled valuation will be as at March 31, 2028.

Adjustments arising from plan amendments, including past service costs, are recognized in the year that the plan amendments occur. Actuarial gains or losses are amortized over the expected average remaining service life of active employees.

#### (iii) Compensated absences:

Compensation expense is accrued for all employees as entitlement to these payments is earned, in accordance with the Institute's benefit plans for vacation and sick leave.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

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

#### (i) Cash:

The Institute's policy is to present bank balances under cash, including bank overdrafts with balances that can fluctuate from being positive to overdrawn.

#### (j) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the reported amounts of revenues and expenses for the period covered. Actual amounts could differ from these estimates. These estimates are reviewed annually and as adjustments become necessary, they are recorded in the financial statements in the period they become known. The main estimates relate to the assumptions underlying the employee future benefit liability calculation, impairment of financial assets such as the allowance for doubtful accounts, and the useful life of capital assets.

#### (k) Asset retirement obligation:

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

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

The liability for the removal of asbestos in several of the buildings owned by the Institute has been recognized based on estimated future expenses. The recognition of the liability resulted in an accompanying increase to the opening net assets.

The building capital assets affected by the asbestos liability are fully amortized.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

## 3. Capital assets and assets under capital lease:

				2025	2024
		Ac	cumulated	Net book	Net book
	Cost	ar	nortization	value	value
Capital assets: Buildings and buildings					
improvements	\$ 247,623	\$	113,821	\$ 133,802	\$ 145,762
Diagnostic and operating equipment	93,153		78,188	14,965	18,540
Network infrastructure	1,100		691	409	236
Construction in progress	590		_	590	29
	342,466		192,700	149,766	164,567
Assets under capital lease:					
Operating equipment	7,461		5,222	2,239	2,985
	\$ 349,927	\$	197,922	\$ 152,005	\$ 167,552

At March 31, 2024, cost and accumulated amortization amounted to \$346,535 and \$178,983, respectively.

### 4. Intangible assets and assets under capital lease:

				2025	2024
	Cost	-	ccumulated amortization	Net book value	Net book value
Intangible assets:					
Software	\$ 1,233	\$	1,039	\$ 194	\$ 51
Health information system	11,093		5,444	5,649	5,960
<u> </u>	12,326		6,483	5,843	6,011
Assets under capital lease: Health information system	1,972		789	1,183	1,315
	\$ 14,298	\$	7,272	\$ 7,026	\$ 7,326

At March 31, 2024, cost and accumulated amortization amounted to \$13,660 and \$6,334, respectively.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 5. Bank loan:

The Institute also has an overdraft lending agreement with the Toronto Dominion Bank for an amount of \$400 for the purpose of financing a Letter of Credit for the City of Ottawa in connection with the construction of a new building which reached substantial completion in January 2020. This operating loan is repayable on demand, bears interest at prime rate minus 0.75% and is secured by a general security agreement. This operating loan was not used by the Institute as of March 31, 2025.

#### 6. Employee future benefits and pension plan:

#### (a) Extended health, dental and life benefits:

The Institute offers a defined benefit plan which provides extended health care and dental insurance benefits to certain of its employees. This coverage is extended to the post-retirement period. The most recent complete actuarial valuation of employee future benefits was completed as at March 31, 2025. The next scheduled valuation will be as at March 31, 2028.

As The Ottawa Hospital (TOH) manages all human resources functions for the Institute, the Institute's employees are offered the same future benefits as are offered to the employees of TOH and are included in the overall calculation of estimated future benefits. The Institute's share of the employee future benefits is calculated using the Institute's management best estimate.

As at March 31, 2025, the Institute's estimated extrapolated liability associated with the employee future benefits plan is as follows:

	2025	2024
Accrued benefit obligation Unamortized experience gains	\$ 5,939 1,674	\$ 6,973 310
Employee future benefits liability	\$ 7,613	\$ 7,283

The Institute's defined benefit plan for employee future benefits is not funded, resulting in a plan deficit equal to the accrued benefit obligation.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 6. Employee future benefits and pension plan (continued):

#### (a) Extended health, dental and life benefits (continued):

The significant actuarial assumptions used in measuring the Institute's accrued benefit obligation are as follows:

	2025	2024
Discount rate – accrued benefit obligation	3.90%	3.89%
Dental cost increases	4.00%	3.75%
Extended health care cost increases	5.67%	5.42%
Expected average remaining service life of employees	13 years	12 years

The employee future benefits liability increased by \$330 for the year ended March 31, 2025 (2024 - increased by \$263). This amount is included in the salaries and benefits expense in the statement of operations and is comprised of the following:

	2025	2024
Balance, beginning of year Current service cost Interest on accrued benefit obligation during the year Benefit payments made by the Institute during the year Amortization of net experience gains (losses)	\$ 7,283 334 269 (364) 91	\$ 7,020 407 260 (328) (76)
	\$ 7,613	\$ 7,283

#### (b) Hospital of Ontario Pension Plan:

Substantially all of the employees of the Institute are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the Plan made during the year by the Institute for the benefit of its employees amounted to \$8,254 (2024 - \$7,748) and are included in the salaries and benefits expense in the statement of operations.

Variances between actuarial funding estimates and actual experience may be material and differences are generally funded by the participating members. The most recent actuarial valuation of the Plan as at December 31, 2024 indicates that the Plan is fully funded.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 7. Deferred contributions related to capital assets:

Deferred contributions related to capital assets represent unamortized amount of donations and grants restricted for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations at a rate corresponding to the amortization rate of the related capital assets.

	2025	2024
Balance, beginning of year Plus: Contributions received or recognized during the year Less: Amortization of deferred contributions related to	\$ 149,087 2,970	\$ 157,538 6,584
capital assets	(14,584)	(15,035)
Balance, end of year	\$ 137,473	\$ 149,087

## 8. Long-term debt

On March 18, 2024 the Institute renewed their term loan of \$15,000, with an interest rate through a SWAP contract, which now matures on October 31, 2029. As at March 31, 2025 the SWAP contract showed an accumulated unrealized gain of \$14 (2024 - gain of \$331).

	2025	2024
Term loan – interest rate through a SWAP contract at a fixed rate of 2.275% (2024 - 2.275%) plus a spread, maturing on October 31, 2029, payable in monthly installments of \$125 principal Current portion of long-term debt	\$ 6,875 (1,500)	\$ 8,375 (1,500)
	\$ 5,375	\$ 6,875

Long-term debt estimated principal repayments over the next 5 years and thereafter are as follows:

	Total
2026	\$ 1,500
2027	1,500 1,500
2028	1,500
2029	1,500
2030	1,500 1,500 875
	\$ 6,875

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

### 9. Obligation under capital lease:

	2025	2024
Imaging equipment lease contract with a net book value of \$2,238 - 5.77%, maturing in April 2028, payable in monthly instalments of \$82, with a purchase option at maturity of		
one dollar.  Software license contract for the Health Information System with a net book value of \$1,183 - 3.14%, matured in	\$ 2,764	\$ 3,560
August 2024.	_	179
	2,764	3,739
Current portion of obligation under capital lease	(843)	(975)
	\$ 1,921	\$ 2,764
2026		\$ 981
2027		981
2028		981
2029		82
		3,025
Interest included in instalments		261
		\$ 2,764

#### 10. Asset retirement obligation:

The Institute owns and operates buildings that are presumed to have asbestos, which represents a health hazard upon demolition of the building and there is a legal obligation to remove it. Following the adoption of PS3280 *Asset Retirement Obligations*, the Entity recognized an obligation of \$912 relating to the removal and post-removal care of the asbestos in these building as estimated at April 1, 2022. The buildings had an estimated useful life of 20 years when they were purchased between the years 1976 and 1989. The timing of post-closure care cannot yet be reasonably estimated, so no discounting has been applied to the liability.

During the year ended March 31, 2025, the Institute increased the asset retirement obligation costs by \$31, to reflect a 2.61% escalation rate for building price indexes for asbestos removal in the current year. The asset retirement obligations at year end are \$1,214 (2024 - \$1,183).

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

## 11. Investment in capital assets and assets under capital lease:

Investment in capital assets and assets under capital lease is calculated as follows:

	2025	2024
Capital assets and assets under capital lease	\$ 152,005	\$ 167,552
Intangible assets and assets under capital lease	7,026	7,326
	159,031	174,878
Financed by:		
Deferred contributions related to capital assets (Note 7)	137,473	149,087
Long-term debt (Note 8)	6,875	8,375
Obligations under capital lease (Note 9)	2,764	3,739
Asset retirement obligation (Note 10)	1,214	1,183
Net investment in capital assets and assets under		
capital lease, end of year	\$ 10,705	\$ 12,494

Net change in investment in capital assets and assets under capital lease is calculated as follows:

	2025	2024
Acquisition of capital assets and assets under capital lease	\$ 3,392	\$ 10,405
Acquisition of intangible assets and assets under capital lease	638	277
Amount funded by deferred contributions related to capital assets received or receivable	(2,970)	(6,584)
Amounts funded by capital lease:  Repayment	975	1.173
Amounts funded by long-term debt and bank loan:		, -
Repayment	1,500	1,500
Amortization of deferred contributions related to capital assets	14,584	15,035
Amortization of capital assets and assets under capital lease	(18,970)	(19,780)
Amortization of intangible assets	(938)	(1,536)
	\$ (1,789)	\$ 490

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 12. Net change in non-cash working capital items:

	2025	2024
Accounts receivable	\$ 9,637	\$ (7,603)
Inventories	(313)	(61)
Prepaid expenses	(66)	(502)
Accounts payable and accrued liabilities	(33,158)	9,325
Accounts payable – Ministry of Health	(7,687)	(5,597)
Net change in non-cash working capital	\$ (31,587)	\$ (4,438)

#### 13. Financial risks and concentration of risk:

The Institute is exposed to a variety of financial risks including credit, market and liquidity risks. The Institute's overall risk management program focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the Institute's financial performance.

## (a) Credit risk:

Credit risk is the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Institute's main credit risks relate to its accounts receivable. The Institute provides credit to its patients in the normal course of its operations.

The Institute is exposed to credit risk in the event of non-payment by patients for non-insured services and services provided to non-resident patients. This risk is common to hospitals as they are required to provide care for patients regardless of their ability to pay for services.

The Institute establishes allowances for doubtful accounts while keeping in mind the specific credit risk of patients and their historic tendencies and economic situation. Approximately 55% of the total accounts receivable is to be received from insurers and patients, 39% from the Ministry of Health of Ontario, 4% related to harmonized sales tax receivable and 2% from other organizations. The Institute considers that no significant risk arises from that situation.

At March 31, 2025, the following patients accounts receivable were outstanding:

	30 days	60 days	90 days	Over 90 days	2025 Total	2024 Total
Patients accounts Receivable balances Less: allowances	\$ 4,423 (811)	\$ 3,124 (573)	\$ 1,094 (201)	\$ 5,730 (1,051)	\$ 14,371 (2,636)	\$ 15,930 (2,036)
Net	\$ 3,612	\$ 2,551	\$ 893	\$ 4,679	\$ 11,735	\$ 13,894

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 13. Financial risks and concentration of risk (continued):

#### (b) Market risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market risk comprises of three types of risks: currency risk, interest rate risk, and other price risks.

#### (i) Interest rate risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Institute is exposed to interest risk on its fixed and floating interest rate financial instruments. Fixed-rate instruments subject the Institute to a fair value risk while the floating-rate instruments subject it to a cash flow risk.

To manage its interest rate risk, the Institute has entered into an interest rate swap agreement as described in Note 8. Consequently, the Institute's long-term debt bears a fixed interest rate and, as a result, the risk exposure is minimal.

For the Institute's balance due to TOH bearing a variable interest rate, the Institute's interest risk exposure is function of the changes of the underlying variable. However, a variation of 1% of the variable would not have a significant effect on the net earnings and financial position of the Institute.

#### (ii) Currency risk:

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Institute is not exposed to currency risk from its financial instruments.

#### (ii) Other price risk:

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk and currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Institute is not exposed to other price risk from its financial instruments.

#### (c) Liquidity risk:

Liquidity risk is the risk the Institute will be unable to fulfill its financial obligations on a timely basis or at a reasonable cost. The Institute manages its liquidity risk by forecasting cash flows from operations and anticipating investing and financing activities and maintaining credit facilities to ensure it has sufficient available funds to meet current and foreseeable financial requirements.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 13. Financial risks and concentration of risk (continued):

#### (c) Liquidity risk (continued):

As at March 31, 2025, the Institute had the following financial liabilities with the following due dates:

		More than	More than			
		6 months	1 year and			
	Up to	and up to	up	More than	2025	2024
	6 months	1 year	to 5 years	5 years	Total	Total
Accounts payable and						
accrued liabilities	\$ 20,976	\$ 2,059	\$ 7,018	\$ 777	\$ 30,830	\$ 63,988
Accounts payable –						
MOH	4,427	5,306	2,495	_	12,228	19,915
Long-term debt	750	750	5,375	_	6,875	8,375
Obligation under capital						
lease	490	491	1,783	_	2,764	3,739
Asset retirement						
obligation	_	_	1,214	_	1,214	1,183
	\$ 26,643	\$ 8,606	\$ 17,885	\$ 777	\$ 53,911	\$ 97,200

The Institute's financial risks have increased during the year due to rising interest rates, inflation and market fluctuations. Management believes that these financial risks are appropriately mitigated and do not pose significant risk to the Institute's operations. There have been no significant changes in the policies, procedures, and methods used to manage these risks in the year.

#### 14. Related party transactions:

The following transactions are considered to be in the normal course of operations and are measured at the exchange amount.

#### (a) The Ottawa Hospital:

The Institute has an economic interest in TOH due to the relationship between the Institute and TOH. The Institute has entered into service agreements with TOH where several services such as laboratory services, facilities and administrative support are provided by TOH. Therefore, the services rendered by TOH are currently essential to the Institute's operational activities. The service agreement is in effect until March 31, 2025 and each service level agreement is negotiated annually at fair market value per service rendered and based on the volume of activities. During the year, the Institute made total payments to TOH under the service agreements in the amount of \$27,367 (2024 - \$22,992).

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 14. Related party transactions (continued):

#### (a) The Ottawa Hospital (continued):

Furthermore, the land used by the Institute for its premises is leased by TOH from the Government of Canada. The land in turn is leased by the Institute for an annual nominal payment of \$1 under a long-term agreement expiring March 31, 2035 subject to the rights of renegotiation and extension set out in the lease.

As at March 31, 2025, the Institute has an unsecured account payable to TOH of \$9,683 (2024 - \$6,880) bearing interest at prime rate. Included in accounts receivable is \$1,037 (2024 - \$2,542) owing from TOH.

#### (b) University of Ottawa Heart Institute Foundation:

The Institute has an economic interest in the Ottawa Heart Institute Foundation (the "Foundation) since the Foundation raises funds and holds resources that are used to benefit the Institute. The Foundation coordinates and promotes fundraising and endowment activities to support and fund capital projects of the Institute and various other programs and activities such as research, patient care, education and other activities concerning cardiovascular health at the Institute and the Ottawa Heart Institute Research Corporation ("the Corporation"). The Foundation is incorporated without share capital under the Canada Not-for-Profit Corporations Act. The Foundation is a registered charity and, as such, is exempt from income taxes under subsection 149(1)(I) of the Income Tax Act.

Included in accounts receivable is \$137 (2024 - \$135) owing from the Foundation mainly for capital funding. Included in accrued liabilities is \$Nil (2024 - \$32,700) owing to the Foundation.

During the year ended March 31, 2025, the Institute approved transfers of \$Nil (2024 - \$32,700) to the Foundation, under a terms of reference agreement restricting the use of funds.

During the year, the Institute received funding of \$2,148 (2024 - \$1,015) from the Foundation to support clinical programs, equipment purchases and capital programs.

#### (c) Ottawa Heart Institute Research Corporation:

The Institute has an economic interest in the Ottawa Heart Institute Research Corporation ("the Corporation"). The purpose of the Corporation is to conduct, acquire, solicit or receive research contributions to operate and maintain laboratories and a research facility for the benefit of the Institute. The Corporation is a registered charity and, as such, is exempt from income taxes under subsection 149(1)(I) of the *Income Tax Act*. In addition, the Corporation is classified as a non-profit corporation for scientific research and experimental development as defined in subsection 149(1)(I) of the *Income Tax Act*. The Corporation is incorporated without share capital under the *Canada Not-for-Profit Corporations Act*.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 14. Related party transactions (continued):

#### (c) Ottawa Heart Institute Research Corporation (continued):

As at March 31, 2025, the Institute has accounts receivable amounting to \$180 (2024 - \$7,193) relating to construction projects and other costs incurred on behalf of the Corporation and has accrued liabilities amounting to \$3,205 (2024 - \$2,267) which consists of funding received on behalf of the Corporation and payroll and other support costs incurred by the Corporation on behalf of the Institute. These amounts are non-interest bearing and have no specified terms of repayment.

During the year, the Institute provided \$6,929 (2024 - \$8,318) of base funding in support of research to the Corporation. These amounts are included under supplies and other expenses in the statement of operations.

The Corporation provides payroll management services to the Institute for a limited group of employees at no cost. All salaries and benefits' costs are reimbursed on a monthly basis by the Institute. During the year, a total of \$12,756 (2024 - \$9,952) in salaries and benefits were reimbursed to the Corporation by the Institute.

### (d) Alumni and Auxiliary:

The Institute has an economic interest in the Ottawa Heart Institute Alumni Association ("the Alumni") and the Heart Institute Auxiliary ("the Auxiliary"). The objective of the Auxiliary and the Alumni is to raise and receive funds to be distributed towards various programs and capital projects of the Institute, the Corporation and the Foundation. The Auxiliary and Alumni are taxexempt entities created under the laws of Ontario.

#### 15. Contractual obligations:

The Institute is committed under long-term leases and supplier contracts for various services and equipment to make payments over the following years is estimated as follow:

As described in Note 14, the Institute has entered into a long-term service agreement with TOH for several services provided by TOH. The agreement is in effect until March 31, 2026. Each service level agreement is negotiated annually at fair market value per service rendered and based on the volume of activities.

Notes to the Financial Statements (continued)

March 31, 2025 (in thousands of dollars)

#### 16. Contingencies and guarantees:

- (a) The Institute is a party to various claims related to its operations. It is not possible to determine the outcome or to estimate the possible financial liability, if any, to the Institute. No provision has been made for loss in these financial statements, but in management's opinion, these claims will not have a material adverse effect on its financial position or results of operations.
- (b) A group of hospitals, including the Institute, have formed the Healthcare Insurance Reciprocal of Canada (HIROC). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the year in which they were a subscriber. No such assessments have been made to March 31, 2025.
- (c) The Institute has guaranteed, in the form of a second ranking security in all of its personal property, a credit facility the University of Ottawa Heart Institute Foundation has entered into with the Royal Bank of Canada composed of a fixed rate facility \$10,000. The fixed rate facility balance at March 31, 2025 was \$3,257, maturing January 31, 2028, which is fixed at a rate of 2.10% plus a spread, through a forward SWAP contract.
- (d) On November 29, 2022, the Ontario Superior Court rendered a decision to declare the Protecting a Sustainable Public Sector for Future Generations Act, 2019, known as Bill 124, to be void and of no effect. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but the Government has not sought a stay of decision. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The Institute has made payments as required for settled contracts, and recorded liabilities based on management's estimate of potential settlement amounts.

During the year-ended March 31, 2024, the Ministry of Health of Ontario provided one-time funding to the Institute to partially offset the cost of both retroactive adjustments and the current year impact on salaries and wages. The funding received with respect to the retroactive adjustments is presented separately in the statement of operations. During the year-ended March 31, 2025, the Ministry of Health of Ontario provided global base funding to offset the additional costs related to the impact of Bill 124.