

The background of the cover is a photograph of a modern building with a colorful, multi-colored glass facade. The building is composed of several interconnected volumes. On the left, a tall, thin tower rises. In the foreground, a lower section of the building features a glass wall with vertical panels in shades of blue, green, yellow, and orange. A person is visible walking through a glass-enclosed area at the bottom center. To the right, another building with a dark grid-like facade and a brick section is visible. The sky is a clear, pale blue.

THE HOSPITAL FOR SICK CHILDREN

FINANCIAL STATEMENTS

MARCH 31, 2020

SickKids[®]

Management's report

The accompanying financial statements of **The Hospital for Sick Children** [the "Hospital"] are the responsibility of management and have been approved by the members of the Board of Trustees [the "Board"].

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. The preparation of the financial statements necessarily involves management's judgment and estimates of the expected outcomes of current events and transactions with appropriate consideration to materiality.

The Hospital maintains systems of internal accounting and financial controls. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate, and that assets are properly accounted for and safeguarded. The system of internal controls includes formal written accounting and administrative policies and procedures and an organizational structure that provides an appropriate division of responsibilities and authority. Management recognizes the inherent risk in any system and believes the overall systems and controls provide reasonable assurance as to the integrity of the financial statements.

The Board is responsible for ensuring that management fulfils its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance and Audit Committee [the "Committee"]. The Committee meets with management and the internal and external auditor to review any significant accounting and auditing matters, to discuss the results of audit examinations, and to review the financial statements and the external auditor's report. The Committee reports its findings to the Board for consideration when approving the financial statements.

The financial statements have been audited by Ernst & Young LLP, the external auditor, in accordance with Canadian generally accepted auditing standards.



Dr. Ronald Cohn
President & Chief Executive Officer



Laurie A. Harrison
Vice President Finance & Chief Financial Officer

June 1, 2020

Independent auditor's report

To the Members of the Board of Trustees of
The Hospital for Sick Children

Opinion

We have audited the financial statements of **The Hospital for Sick Children** [the "Hospital"], which comprise the balance sheet as at March 31, 2020, and the statement of operations, statement of changes in net assets (deficit), statement of remeasurement gains (losses) and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2020, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.



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

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

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Toronto, Canada
June 1, 2020

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants



The Hospital for Sick Children

Balance sheet

[in thousands of dollars]

As at March 31

	2020	2019
	\$	\$
Assets		
Current		
Cash and cash equivalents <i>[notes 4 and 8]</i>	397,502	380,675
Accounts receivable <i>[notes 3 and 13[g]]</i>	105,336	104,372
Inventories	8,143	7,201
Prepaid expenses	16,430	13,153
Total current assets	527,411	505,401
Long-term investments <i>[notes 4 and 5]</i>	255,680	314,950
Capital assets, net <i>[note 6]</i>	764,961	781,310
Accrued pension benefits <i>[note 7]</i>	324,584	323,414
Other non-current assets <i>[note 13[h]]</i>	11,346	6,888
	1,883,982	1,931,963
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities <i>[notes 9[c], 13[g] and 16]</i>	150,536	137,929
Amounts held for other organizations	34,665	32,605
Deferred contributions <i>[note 10]</i>	205,478	213,678
Total current liabilities	390,679	384,212
Deferred capital contributions <i>[note 11]</i>	426,243	409,766
Long-term debt <i>[note 9]</i>	498,332	498,286
Pension and other employee benefit obligations <i>[note 7]</i>	201,042	195,169
Long-term deferred contributions <i>[note 10]</i>	22,117	26,795
Other non-current liabilities	27,234	28,177
Total liabilities	1,565,647	1,542,405
Commitments and contingencies <i>[notes 13[d] and 17]</i>		
Net assets		
Deficit	(151,801)	(162,748)
Internally restricted <i>[note 12]</i>	490,846	534,559
Accumulated remeasurement gains (losses)	(20,710)	17,747
Total net assets	318,335	389,558
	1,883,982	1,931,963

See accompanying notes

On behalf of the Board of the Trustees:



J. Robert S. Prichard
Chair, Board of Trustees



Elizabeth Wilson
Chair, Finance and Audit Committee

The Hospital for Sick Children

Statement of operations

[in thousands of dollars]

Year ended March 31

	2020	2019
	\$	\$
Revenue		
Patient care		
Ministry of Health/Toronto Central Local Health		
Integration Network	618,366	595,036
Other [note 15]	77,557	75,323
Research [note 13[f]]	237,910	225,691
Commercial [note 13[e]]	72,955	66,156
Amortization of deferred capital contributions [note 11]	43,572	39,516
	1,050,360	1,001,722
Expenses		
Compensation [note 7]	680,150	626,844
Clinical supplies and drugs	104,426	96,481
Cost of goods sold	41,269	33,712
Other operating	110,835	100,422
Administrative and general	34,860	38,811
Interest [note 9[c]]	20,759	20,729
Depreciation of capital assets [note 6]	89,295	95,669
	1,081,594	1,012,668
Deficiency of revenue over expenses before investment income	(31,234)	(10,946)
Investment income (loss) [note 5]	(1,532)	13,191
Excess (deficiency) of revenue over expenses for the year	(32,766)	2,245

See accompanying notes

The Hospital for Sick Children

Statement of changes in net assets (deficit)

[in thousands of dollars]

Year ended March 31

	2020		2019	
	Deficit	Internally restricted	Total	Total
	\$	\$	\$	\$
Net assets (deficit), beginning of year	(162,748)	534,559	371,811	369,566
Excess (deficiency) of revenue over expenses for the year	(32,766)	—	(32,766)	2,245
Interfund transfers <i>[note 12]</i>	43,713	(43,713)	—	—
Net assets (deficit), end of year	(151,801)	490,846	339,045	371,811

See accompanying notes

The Hospital for Sick Children

Statement of remeasurement gains (losses)

[in thousands of dollars]

Year ended March 31

	2020	2019
	\$	\$
Accumulated remeasurement gains, beginning of year	17,747	20,185
Net unrealized (losses) attributable to		
Portfolio investments	(51,042)	(2,947)
Derivatives <i>[note 5]</i>	(4,372)	(398)
	(55,414)	(3,345)
Net realized losses reclassified to statement of operations		
Portfolio investments	11,978	663
Derivatives <i>[note 5]</i>	4,979	244
	16,957	907
Accumulated remeasurement gains (losses), end of year	(20,710)	17,747

See accompanying notes

The Hospital for Sick Children

Statement of cash flows

[in thousands of dollars]

Year ended March 31

	2020 \$	2019 \$
Operating activities		
Excess (deficiency) of revenue over expenses for the year	(32,766)	2,245
Add (deduct) items not affecting cash		
Depreciation of capital assets	89,295	95,669
Amortization of deferred capital contributions	(43,572)	(39,516)
Amortization of debenture transaction fees	46	31
Pension and other post-employment benefit expense (recovery)	17,271	(13,476)
	30,274	44,953
Net change in other non-cash working capital balances related to operations	362	(2,541)
Employer benefit contributions	(12,566)	(11,614)
Cash provided by operating activities	18,070	30,798
Investing activities		
Decrease (increase) in long-term investments, net	20,813	(4,831)
Net decrease (increase) in other non-current assets	(4,458)	950
Cash provided by (used in) investing activities	16,355	(3,881)
Capital activities		
Acquisition of capital assets	(72,026)	(115,211)
Cash used in capital activities	(72,026)	(115,211)
Financing activities		
Contributions received for capital purposes	60,049	41,349
Investment income (loss) on Debenture Retirement Fund	(4,678)	295
Net increase (decrease) in other non-current liabilities	(943)	8,509
Cash provided by financing activities	54,428	50,153
Net increase (decrease) in cash and cash equivalents during the year	16,827	(38,141)
Cash and cash equivalents, beginning of year	380,675	418,816
Cash and cash equivalents, end of year	397,502	380,675
Cash and cash equivalents represented by		
Cash	110,825	79,665
Cash equivalents	286,677	301,010
	397,502	380,675
Supplemental cash flow information		
Decrease in accounts payable, accrued liabilities and other long-term liabilities, related to capital asset transactions, net	922	91
Increase in accounts receivable related to capital asset transactions, net	—	6,128

See accompanying notes

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

1. Purpose of the organization

The Hospital for Sick Children [the "Hospital"] is a Canadian public hospital dedicated to advancing children's health through the integration of patient care, research and education. Its mission is to provide the best in complex and specialized family-centred care; pioneer scientific and clinical advancements; share expertise; foster an academic environment that nurtures healthcare professionals; and champion an accessible, comprehensive and sustainable child health system.

The Hospital is incorporated under the *Act to Incorporate the Hospital for Sick Children, 1892*. The Hospital is a registered charity under the *Income Tax Act* (Canada) and, as such, is exempt from income taxes.

The Hospital's operations are funded primarily by the Province of Ontario in accordance with funding arrangements established by the Ontario Ministry of Health ["MOH"] and the Toronto Central Local Health Integration Network ["TC-LHIN"]. During 2019, elements of TC-LHIN were transferred to a new agency under the MOH, Ontario Health.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Public Sector* ["PS"] *Handbook*, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Hospital has chosen to use the standards for not-for-profit organizations that include Sections PS 4200 to PS 4270. The significant accounting policies are summarized below.

Basis of presentation

These financial statements include the assets, liabilities and activities of the Hospital. They do not include the activities of the The Women's Auxiliary of the Hospital for Sick Children, which is not controlled by the Hospital. Entities that the Hospital does not control or have significant influence over, but does have an economic interest in, are not consolidated:

- The Hospital for Sick Children Foundation [the "Foundation"] [note 13]

For the following controlled not-for-profit entities, the Hospital has chosen the accounting policy option to note disclose the required information:

- The SickKids Centre for Community Mental Health [the "Centre"] and the SickKids Centre for Community Mental Health Learning Institute [the "Institute"] [note 15]

The following entities are jointly controlled by the Hospital and others. The Hospital has chosen the accounting policy option to account for these entities by the modified equity method. The modified equity method is a basis of accounting for the Hospital's partnerships, whereby the accounting principles of the partnerships are not modified to conform with that of the Hospital and inter-organizational transactions and balances are not eliminated, except for gains and losses on assets remaining within the Hospital at the reporting date.

- Kids Health Alliance [note 14]
- The Centre for Phenogenomics [note 16]

Other for-profit entities that the Hospital controls, or where there is significant influence, are accounted for by the modified equity method and included within the Hospital's investments.

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

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 disclosure of contingent assets and liabilities as at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Accounts requiring significant estimates include accounts receivable and the collectability thereof, the useful lives of capital assets, accounts payable and accrued liabilities, deferred contributions, and employee future benefits. Actual results could differ from those estimates.

The amount of revenue recognized from the MOH and the TC-LHIN requires a number of estimates. The Hospital has entered into a number of accountability agreements with the TC-LHIN that set out the rights and obligations of the two parties in respect of funding provided to the Hospital by the TC-LHIN for fiscal year 2020.

These accountability agreements set out certain performance standards and obligations that establish acceptable results for the Hospital's performance in a number of areas, such as total margin, liquidity and operating volumes.

If the Hospital does not meet its performance standards or obligations, the MOH and TC-LHIN have the right to adjust funding received by the Hospital. The MOH and TC-LHIN are not required to communicate certain funding adjustments until after the submission of year-end data. Since this data is not submitted until after the completion of the financial statements, the amount of MOH and TC-LHIN funding received during the year may be increased or decreased subsequent to year-end. The amount of revenue recognized in these financial statements represents management's best estimate of amounts that have been earned during the year.

Revenue recognition

The Hospital follows the deferral method of accounting for contributions, which include grants. Unrestricted contributions are recorded 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 initially deferred when recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized. Contributions externally restricted for capital assets are recorded as deferred capital contributions and are amortized to operations on the same basis as the related asset is depreciated.

Revenue from patient care, consulting and other activities is recognized when the service is provided. Revenue from the sale of goods is recognized at the time of sale. Revenue from consulting and related services under a fixed price contract is recognized on a percentage-of-completion basis.

Investment income (loss) recorded in the statement of operations consists of interest, dividends, income distributions from pooled funds, and realized gains and losses, net of related fees. Unrealized gains and losses are recorded in the statement of remeasurement gains, except to the extent they relate to deferred contributions and amounts held for others, in which case they are added to the balances.

Inventories

Inventories held for commercial sale are valued at the lower of cost and net realizable value. All other inventories are valued at the lower of cost and current replacement cost. Cost is determined on a first-in, first-out basis.

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

Cash and cash equivalents

Cash and cash equivalents include cash on deposit and held in money market funds. Cash and cash equivalents held for investing rather than liquidity purposes are classified as investments.

Financial instruments

Financial instruments are classified in one of the following categories: [i] fair value or [ii] cost or amortized cost. The Hospital determines the classification of its financial instruments at initial recognition.

Portfolio investments reported at fair value consist of equity instruments that are quoted in an active market as well as investments in pooled funds, derivative contracts and any other investments where the investments are managed on a fair value basis and the fair value option is elected. Transaction costs are recognized in the statement of operations in the period during which they are incurred. Investments at fair value are remeasured at their fair value at the end of each reporting period. Any revaluation gains and losses are recognized in the statement of remeasurement gains and are reclassified to the statement of operations upon disposal or settlement.

Portfolio investments in for-profit entities not quoted in an active market and securities not designated to be measured at fair value are initially recorded at fair value plus transaction costs. These investments are subsequently measured at cost or amortized cost using the effective interest rate method, less any provision for impairment.

All investment transactions are recorded on a trade date basis.

A write-down is recognized in the statement of operations for a portfolio investment in either category when there has been a loss in the value of the investment considered as an "other than temporary" loss. Subsequent changes to remeasurement of portfolio investments in the fair value category are reported in the statement of remeasurement gains. If the loss in value of a portfolio investment subsequently reverses, the write-down to the statement of operations is not reversed until the investment is sold.

Senior unsecured debentures and other long-term debt are initially recorded at fair value and subsequently measured at amortized cost using the effective interest rate method. Transaction costs related to the issuance of long-term debt are capitalized and amortized over the term of the debt.

Other financial instruments, including cash and cash equivalents, accounts receivable and accounts payable and accrued liabilities, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Foreign currency translation

Monetary assets and liabilities denominated in foreign currencies are translated into Canadian dollars at the exchange rate in effect at year-end. Revenue and expenses are translated at exchange rates prevailing on the transaction dates. Realized gains or losses arising from these foreign currency transactions are included in the statement of operations. Unrealized gains or losses are included in the statement of remeasurement gains, except to the extent they relate to deferred contributions and amounts held for other organizations, in which case they are added to the balances.

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

Capital assets

Purchased capital assets are recorded at original cost. Donated capital assets are recorded at fair value at the date of contribution. Depreciation of cost and any corresponding deferred capital contributions is calculated on a straight-line basis over their estimated useful lives:

Buildings and building service equipment	10–50 years
Other equipment and systems	3–15 years

Capital assets in development comprises of construction and development costs. The Hospital allocates salary and benefit costs related to certain personnel who work directly on managing capital projects to capital assets. No depreciation is recorded until construction is substantially complete and the assets are ready for productive use.

When a capital asset no longer has any long-term service potential to the Hospital, the excess of the carrying value amount over any residual value is recognized as an expense in the statement of operations.

Contributed services and materials

Volunteers contribute numerous hours to assist the Hospital in carrying out certain charitable aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, they are not reflected in the financial statements. Contributed materials are also not recognized in the financial statements.

Employee benefit plans

The Hospital accrues its obligations under employee benefit plans and the related costs, net of plan assets. The following policies for defined benefit plans have been adopted:

- The cost of pensions and other post-employment benefits earned by employees is actuarially determined using the projected unit credit actuarial cost method prorated on service and management's best estimate assumptions.
- For the purpose of measuring plan assets, a market-related value of assets is used, whereby all investment gains and losses are recognized over five years.
- For the registered pension plan and the supplemental plan, liabilities are measured using a discount rate determined by reference to the expected long-term earnings on the plan assets. For the other post-employment benefit plans, liabilities are measured using a discount rate determined by reference to the 10-year Ontario provincial bond yield, which represents the Hospital's cost of borrowing. The cost of non-vesting sick leave benefits is actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates referenced to the 10-year Ontario provincial bond yield. Adjustments to these costs arising from changes in actuarial assumptions and/or experience are recognized over the estimated average remaining service period of the active employees on a straight-line basis.

In conjunction with the defined benefit plan, the Hospital maintains a defined contribution pension plan in which the Hospital pays fixed contributions for eligible employees into a registered plan and has no further significant obligation to pay any further amounts. The amount of the pension benefit is based on accumulated Hospital contributions, employee contributions and investment gains and losses. The cost of benefits for the defined contribution plans are expensed as contributions are due.

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

3. Accounts receivable

Accounts receivable consist of the following:

	2020 \$	2019 \$
MOH/TC-LHIN	12,607	13,576
Patient care	10,292	10,623
Research	46,308	47,771
Other [note 13[g]]	36,129	32,402
	105,336	104,372

There are no significant amounts that are past due or impaired.

4. Investments

Investments are measured at fair value and consist of the following:

	2020 \$	2019 \$
Cash and cash equivalents	36,427	45,476
Fixed income	42,252	41,416
Canadian equities	12,286	15,156
Foreign equities [note 5]	164,715	212,902
	255,680	314,950

Investments held in pooled funds have been allocated among the asset classes based on the underlying investments in the pooled funds.

Fixed income investments have an average term to maturity of 4.54 years and an average yield of 3.06% as at March 31, 2020 based on market values.

Investments include \$30.0 million [2019 – \$36.3 million] for the Peter Gilgan Centre for Research and Learning Debenture Retirement Fund [note 9[a]], \$21.9 million [2019 – \$26.5 million] for the Patient Support Centre Debenture Retirement Fund [note 9[b]], non-funded pension obligations [note 7], and restricted trust funds.

5. Financial instruments and risk management

Fair value hierarchy

Financial instruments measured at fair value are classified according to a fair value hierarchy that reflects the importance of the data used to perform each valuation. The fair value hierarchy is made up of the following levels:

- Level 1 – valuation based on quoted prices [unadjusted] in active markets for identical assets or liabilities;
- Level 2 – valuation techniques based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly; and

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

- Level 3 – valuation techniques using inputs for the asset or liability that are not based on observable market data [unobservable inputs].

The fair value hierarchy requires the use of observable data in the market each time such data exists. A financial instrument is classified at the lowest level of the hierarchy for which significant input has been considered in measuring fair value.

The following table presents the investments measured at fair value [note 4] classified according to the fair value hierarchy described above:

Fair value as at March 31, 2020 according to the following levels				
	Level 1	Level 2	Level 3	Total assets at fair value
	\$	\$	\$	\$
Investments				
Cash equivalents	—	26,613	—	26,613
Fixed income	—	42,252	—	42,252
Canadian equities	12,286	—	—	12,286
Foreign equities [note 4]	83,036	81,679	—	164,715
	95,322	150,544	—	245,866
Cash				9,814
Total investments				255,680
Fair value as at March 31, 2019 according to the following levels				
	Level 1	Level 2	Level 3	Total assets at fair value
	\$	\$	\$	\$
Investments				
Cash equivalents	—	36,267	—	36,267
Fixed income	—	41,416	—	41,416
Canadian equities	15,156	—	—	15,156
Foreign equities [note 4]	109,688	103,214	—	212,902
	124,844	180,897	—	305,741
Cash				9,209
Total investments				314,950

During the years ended March 31, 2020 and 2019, there were no transfers of assets between Level 1, Level 2 and Level 3.

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

Financial risks

The Hospital's activities expose it to a range of financial risks. These risks include market risk [including foreign currency risk, interest rate risk, and other price risk], credit risk and liquidity risk.

[a] Market risk

Market risk is the risk that the fair value or future cash flows of an investment will fluctuate as a result of changes in market conditions, whether those changes are caused by factors specific to the individual investment, or factors affecting all securities traded in the market. Market risk encompasses a variety of financial risks, such as foreign currency risk, interest rate risk and other price risk. Significant volatility in interest rates, equity values and the fair value of the Canadian dollar against the foreign currencies in which the Hospital's investments are held can significantly impact the value of the investments.

The Hospital manages market risk by using various strategies such as diversification and hedging to mitigate the various forms of market risk as set out in its Statement of Investment Policies and Procedures. In addition, investment exposure in various assets and markets is monitored regularly.

[i] Foreign currency risk

Foreign currency exposure arises from holdings of foreign currency denominated investments. Fluctuations in the relative value of foreign currencies against the Canadian dollar can result in a positive or negative effect on the fair value of investments. The Hospital has a foreign currency hedging program as set out in the Statement of Investment Policies and Procedures whereby it hedges its foreign currency exposure to the US dollar, the Japanese yen and the euro through the use of foreign exchange forward contracts. The maximum hedging policy is 90% for US dollar, Japanese yen and euro contracts. Foreign currency hedges cannot be projected into the future due to the uncertainty of future asset mix.

The following tables illustrate the financial instruments that are exposed to foreign currency risk. The table demonstrates the impact on the accumulated remeasurement gains and losses of a 1% absolute change in foreign exchange rates.

2020 Foreign currency denominated assets	Fair value CAD\$	Hedging CAD\$	Net exposure CAD\$	Impact of 1% absolute change in foreign exchange rates on net assets CAD\$
Cash and cash equivalents and short-term notes	9,561	4,154	5,407	54
Equities	164,047	71,267	92,780	928
Total	173,608	75,421	98,187	982

The Hospital for Sick Children

Notes to financial statements

[in thousands of dollars, except where otherwise noted]

2019 Foreign currency denominated assets	Fair value CAD\$	Hedging CAD\$	Net exposure CAD\$	Impact of 1% absolute change in foreign exchange rates on net assets CAD\$
Cash and cash equivalents and short-term notes	9,187	3,817	5,370	53
Equities	212,929	88,477	124,452	1,245
Total	222,116	92,294	129,822	1,298

Since all other variables are held constant in assessing foreign currency risk sensitivity, it is possible to extrapolate a 1% absolute change in foreign exchange rates to any absolute percentage change in foreign exchange rates.

The Hospital has entered into foreign exchange forward contracts as set out below to manage the risks associated with changes in currency values:

2020	Total exposure CAD\$	Hedging CAD\$	Net exposure CAD\$	Foreign currency contract	notional amount	Fair value of contracts CAD\$	Foreign currency contract expiry date
United States	77,210	39,747	37,463	USD\$	28,000	376	June 19, 2020
Japan	14,772	10,623	4,149	JPY¥	800,000	128	June 19, 2020
Europe	30,640	25,050	5,590	EUR€	16,000	164	June 19, 2020
Other	50,986	—	50,986		—	—	
Total	173,608	75,420	98,188			668	

2019	Total exposure CAD\$	Hedging CAD\$	Net exposure CAD\$	Foreign currency contract	notional amount	Fair value of contracts CAD\$	Foreign currency contract expiry date
United States	111,088	50,490	60,598	USD\$	38,000	(190)	June 21, 2019
Japan	20,033	14,451	5,582	JPY¥	1,200,000	(79)	June 21, 2019
Europe	30,032	27,353	2,679	EUR€	18,000	242	June 21, 2019
Other	60,963	—	60,963		—	—	
Total	222,116	92,294	129,822			(27)	

The fair value of these contracts as at March 31, 2020 is a gain of \$0.7 million [2019 – loss of less than \$0.1 million], which is included in the balance of foreign equity investments [note 4].

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[ii] Interest rate risk

Interest rate risk refers to the effect on the fair value or future cash flows of a financial instrument due to fluctuations in interest rates. The Hospital's interest-bearing investments are exposed to interest rate risk. The most significant exposure to interest rate risk is the Hospital's investment in bonds. The fixed income portfolio has guidelines on duration and concentration, which are designed to mitigate the risk of interest rate volatility. Duration measures the sensitivity of the price of financial instruments for every 1% change in interest rates. As at March 31, 2020, the impact on the accumulated remeasurement gains of a 1% absolute change in bond yields on investments is \$1.5 million [2019 – \$1.4 million].

In addition, the Hospital is exposed to interest rate risk with respect to its long-term debt because the fair value of the debt will fluctuate due to changes in market interest rates. A change in the interest rate on the long-term debt would have no impact on the financial statements since the debt has a fixed rate of interest and is measured at amortized cost.

[iii] Other price risk

Other price risk is the risk that the fair value of equity or pooled fund investments will fluctuate because of changes in market prices [other than those arising from foreign currency risk or interest rate risk], whether those changes are caused by factors specific to the individual investment or factors affecting all securities traded in the market.

Since all other variables are held constant in assessing other price risk sensitivity, it is possible to extrapolate a 1% absolute change in the fair value to any absolute percentage change in fair value. As at March 31, 2020, the impact on accumulated remeasurement gains of a 1% absolute change in the fair value of the investments that are exposed to other price risk would be \$1.8 million [2019 – \$2.3 million].

[b] Credit risk

Credit risk on financial instruments is the risk of financial loss occurring as a result of default or insolvency of a counterparty on its obligations to the Hospital. The Hospital's investments in debt securities are exposed to credit risk. The cost of these investments represents the maximum credit risk exposure at the date of the financial statements. Credit risk is managed by the Hospital's investment managers whose responsibility is regular monitoring of credit exposures. The credit quality of financial assets is generally assessed by reference to external credit ratings where available, or to historical information about counterparty default rates. As at March 31, 2020, 95% [2019 – 96%] of fixed income securities held were of investment grade.

The Hospital is also subject to credit risk with respect to its accounts receivable. The Hospital manages and controls credit risk with respect to accounts receivable by dealing primarily with recognized, creditworthy third parties [note 3].

[c] Liquidity risk

Liquidity risk is the risk that the Hospital will encounter difficulty in meeting obligations associated with its financial liabilities. The Hospital derives a significant portion of its operating revenue from the Ontario government and other funders with no firm commitment of funding in future years. To manage liquidity risk, the Hospital keeps sufficient resources readily available to meet its obligations. The Hospital invests in publicly traded liquid assets that are easily sold and converted to cash.

Accounts payable mature within six months. The maturities of other financial liabilities are provided in the notes to the financial statements related to these liabilities.

The Hospital for Sick Children

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[in thousands of dollars, except where otherwise noted]

6. Capital assets

Capital assets consist of the following:

	2020 \$	2019 \$
Cost		
Land	5,709	5,673
Buildings and building service equipment	799,781	819,152
Other equipment and systems	585,045	576,371
Construction-in-progress	88,343	54,487
	1,478,878	1,455,683
Accumulated depreciation		
Buildings and building service equipment	324,137	329,401
Other equipment and systems	389,780	344,972
	713,917	674,373
Net book value	764,961	781,310

During 2020, the Hospital has written off \$50.0 million [2019 – \$31.4 million] of fully depreciated assets that are no longer in use. Included in this write-off is \$27.4 million related to the demolition of the Elizabeth McMaster Building in conjunction with the Hospital's redevelopment plan.

Project Horizon is a campus-wide redevelopment plan which includes the building of two new facilities. Construction on the first facility, the Patient Support Centre ["PSC"], began in 2018 and is anticipated to be operational in 2023. Planning for the second facility, the Peter Gilgan Family Patient Care Tower ["PCT"], began following the MOH announcement in March 2019 of support and commitment of up to \$2.4 billion.

Spending on these projects is recorded under construction-in-progress and as of March 31, 2020 totals \$40.2 million [2019 – \$17.6 million]. PSC construction has been funded through Series B Senior Unsecured Debentures issued on December 2017 [note 9[b]], which are supported by the Foundation [note 13[c]]. PCT planning has been funded by a combination of MOH funding and Foundation grants [note 13[f]].

7. Pension and employee benefit obligations

The components of the pension and other post-employment benefit plans are as follows:

- *Registered pension plan:* Substantially all of the employees of the Hospital are members of the registered pension plan, the vast majority of whom participate in the plan's defined benefit, final average earnings element. The defined benefit element provides contractual indexing to pensions in pay for certain portions of employees' accrued pensions. Certain employees participate in the defined contribution element within the registered pension plan.
- *Supplemental pension plan:* Some employees are also entitled to benefits under a supplemental defined benefit pension plan. The Board of Trustees [the "Board"] has internally designated a certain amount of investments to fund these benefits.

The Hospital for Sick Children

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- *Non-vesting sick leave benefit plan:* The Hospital allocates to certain employee groups a specified number of days each year for use as paid absences in the event of illness or injury. Employees are permitted to accumulate their unused allocation each year up to the allowable maximum provided in their employment agreements. Accumulated days may be used in future years to the extent that employees' illness or injury exceeds the current year's allocation of sick days. Sick days are paid out according to the salary in effect at the time of usage. No payment is due to employees for unused days.
- *Other post-employment benefit plans:* These defined benefit plans, which are vested, comprise medical, dental and life insurance coverage for certain groups of retired employees.

All retirement benefit computations and disclosures are determined using a measurement date for accounting purposes three months prior to the fiscal year-end. The most recent actuarial valuation of the registered pension plan for funding purposes was as at December 31, 2017, and the next required valuation is as at December 31, 2020. The most recent actuarial valuation of the supplemental pension plan for accounting purposes was as at December 31, 2017, and as at December 31, 2018 for the other post-employment benefit plans and non-vesting sick leave benefit plan.

Information about the Hospital's defined benefit plans as at and for the year ended March 31, 2020 is as follows:

	2020				
	Registered pension plan \$	Supplemental pension plan \$	Other post- employment benefit plans \$	Non-vesting sick leave benefit plan \$	Total \$
Accrued benefit obligation*	(1,326,409)	(213,739)	(2,218)	(14,016)	(1,556,382)
Plan assets*	1,675,411	—	—	—	1,675,411
Funded status – plan surplus (deficit)*	349,002	(213,739)	(2,218)	(14,016)	119,029
Unamortized net actuarial loss (gain)*	(24,418)	26,654	250	(1,109)	1,377
Adjustment for off-fiscal measurement date	—	2,728	64	344	3,136
Accrued pension benefit asset (liability)	324,584	(184,357)	(1,904)	(14,781)	123,542
Employer contributions	—	10,821	268	1,477	12,566
Employee contributions	14,833	—	80	—	14,913
Benefits paid	55,913	10,821	348	1,477	68,559

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The expense for the year ended March 31, 2020 related to pension and other post-employment benefit plans is calculated as follows:

	2020				
	Registered pension plan	Supplemental pension plan	Other post-employment benefit plans	Non-vesting sick leave benefit plan	Total
	\$	\$	\$	\$	\$
Current year benefit cost	28,345	2,710	—	1,289	32,344
Interest on accrued benefit obligation	67,655	10,971	65	398	79,089
Amortization of actuarial loss (gain)	(11,537)	3,140	78	(210)	(8,529)
Expected return on plan assets	(85,633)	—	—	—	(85,633)
Expense (recovery) for the year**	(1,170)	16,821	143	1,477	17,271

Information about the Hospital's defined benefit plans as at and for the year ended March 31, 2019 is as follows:

	2019				
	Registered pension plan	Supplemental pension plan	Other post-employment benefit plans	Non-vesting sick leave benefit plan	Total
	\$	\$	\$	\$	\$
Accrued benefit obligation*	(1,267,394)	(210,784)	(2,432)	(13,440)	(1,494,050)
Plan assets*	1,645,660	—	—	—	1,645,660
Funded status – plan surplus (deficit)*	378,266	(210,784)	(2,432)	(13,440)	151,610
Unamortized net actuarial loss (gain)*	(54,852)	29,794	329	(1,753)	(26,482)
Adjustment for off-fiscal measurement date	—	2,633	74	410	3,117
Accrued pension benefit asset (liability)	323,414	(178,357)	(2,029)	(14,783)	128,245
Employer contributions	—	9,687	292	1,635	11,614
Employee contributions	18,429	—	87	—	18,516
Benefits paid	51,691	9,687	379	1,635	63,392

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The expense for the year ended March 31, 2019 related to pension and other post-employment benefit plans is calculated as follows:

	2019				
	Registered pension plan	Supplemental pension plan	Other post-employment benefit plans	Non-vesting sick leave benefit plan	Total
	\$	\$	\$	\$	\$
Current year benefit cost	27,838	2,736	—	1,283	31,857
Interest on accrued benefit obligation	59,033	9,875	68	347	69,323
Amortization of actuarial loss (gain)	(27,552)	701	95	(266)	(27,022)
Expected return on plan assets	(87,634)	—	—	—	(87,634)
Expense (recovery) for the year**	(28,315)	13,312	163	1,364	(13,476)

Included in long-term investments and in cash and cash equivalents is \$182.1 million [2019 – \$225.2 million] that the Board has designated to fund the supplemental pension plan liability [note 4].

* By its nature, the defined contribution element is exactly fully funded. Accordingly, information shown for the value at the year-end of the plan obligations, assets, funded status and unamortized amounts all relate to the defined benefit element only and exclude the defined contribution assets and liabilities of \$100.4 million [2019 – \$85.4 million]. Otherwise, results shown relate to the defined benefit and defined contribution elements combined.

** Includes an expense of \$3.8 million [2019 – \$3.4 million] relating to the registered pension plan's defined contribution element.

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligations for the registered pension plan and supplemental pension plan are as follows:

	2020 %	2019 %
Discount rate	5.25	5.25
Increase in pension payments	1.50	1.50
Inflation increases	2.00	2.00
Salary escalation	2.50	2.50

The expected annual increase in healthcare costs applicable to the other post-employment benefit plans is at the ultimate rate of 5.0% at the end of 2020 [2019 – 5.0%].

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The significant actuarial assumptions adopted in measuring the Hospital's expense for the defined benefit plans are as follows:

	2020	2019
	%	%
Discount rate	5.25	5.50
Expected long-term rate of return on plan assets	5.25	5.50
Increase in pension payments	1.50	1.50
Inflation increases	2.00	2.00
Salary escalation	2.50	3.00

The expected annual increase in healthcare costs applicable to the other post-employment benefit plans is at the ultimate rate of 5.0% at the beginning of 2020 [2019 – 5.0%].

The estimated average remaining service periods of the active employees for which actuarial gains (losses) are amortized over are as follows: 11.0 years for the registered and supplemental pension plans; 5.5 years for other post-employment benefit plans and 12 years for the non-vesting sick leave benefit plan.

The breakdown of assets held for the Hospital's registered pension plan at the measurement date was as follows:

	2020	2019
	%	%
Cash and cash equivalents	16	19
Equity securities	70	66
Debt securities	14	15
	100	100

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligation for the other post-employment benefit plans and non-vesting sick leave benefit plan are as follows:

	2020	2019
	%	%
Discount rate	2.32	2.86
Salary escalation	2.50	2.50

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The significant actuarial assumptions adopted in measuring the Hospital's expense for the other post-employment benefit plans and non-vesting sick leave benefit plan are as follows:

	2020 %	2019 %
Discount rate	2.86	2.86
Salary escalation	2.50	2.50

8. Lines of credit

The Hospital has a concentration account arrangement with its bankers. In addition, there are two operating lines of credit totalling \$125.0 million that can be utilized through a net overdraft paying interest at prime or through bankers' acceptances. When the Hospital has a net cash balance, interest is earned at prime less 1.75%. The Hospital did not draw from the operating lines of credit for the years ended March 31, 2020 and 2019.

9. Long-term debt

Long-term debt consists of the following:

	2020 \$	2019 \$
Series A Senior Unsecured Debentures – principal [note 9[a]]	200,000	200,000
Series B Senior Unsecured Debentures – principal [note 9[b]]	300,000	300,000
Transaction fees	(1,668)	(1,714)
	498,332	498,286

[a] On December 16, 2009, the Hospital issued \$200.0 million of Series A Senior Unsecured Debentures associated with the construction of the Peter Gilgan Centre for Research and Learning. The debentures bear interest at 5.217%, which is payable semi-annually on June 16 and December 16, with the principal to be repaid on December 16, 2049.

As at March 31, 2020, unspent proceeds from the Series A Senior Unsecured Debentures of \$30.0 million [2019 – \$36.3 million] have been invested with external investment managers. These funds are designated as the Peter Gilgan Centre for Research and Learning Debenture Retirement Fund [note 4].

[b] On December 7, 2017, the Hospital issued \$300.0 million of Series B Senior Unsecured Debentures associated with the construction of the Patient Support Centre. The debentures bear interest at 3.416%, which is payable semi-annually on June 7 and December 7, with the principal to be repaid on December 7, 2057.

On December 20, 2017, the Foundation granted \$26.5 million for the establishment of the Patient Support Centre Debenture Retirement Fund [note 13[c]]. As at March 31, 2020, \$21.9 million [2019 – \$26.5 million] has been invested with external investment managers [note 4].

[c] For the year ended March 31, 2020, interest payable to bondholders of \$20.7 million [2019 – \$20.7 million] was expensed in the statement of operations. Of the amount payable to bondholders, \$6.3 million [2019 – \$6.2 million] had not been paid as at March 31, 2020 and is included in accounts payable and accrued liabilities.

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10. Deferred contributions

Deferred contributions represent unspent resources externally restricted, primarily for research, that are related to subsequent years. Changes in the deferred contributions balance are as follows:

	2020 \$	2019 \$
Balance, beginning of year	240,473	212,840
Amounts received during the year, including investment income allocated [notes 13[b] and 13[f]]	233,502	259,747
Amounts recognized as revenue during the year	(246,380)	(232,114)
Balance, end of year	227,595	240,473

The presentation on the balance sheet is as follows:

	2020 \$	2019 \$
Short-term	205,478	213,678
Long-term related to the Series B Senior Unsecured Debenture [note 13[c]]	22,117	26,795
	227,595	240,473

11. Deferred capital contributions

Deferred capital contributions represent the unamortized amount of externally restricted contributions received for the purchase of capital assets. Changes in the deferred capital contributions balance are as follows:

	2020 \$	2019 \$
Balance, beginning of year	409,766	414,061
Amounts received during the year [note 13[f]]	60,049	35,221
Amortization recognized as revenue during the year	(43,572)	(39,516)
Balance, end of year	426,243	409,766

As at March 31, 2020, the deferred capital contributions include funds received but not yet spent of \$6.3 million [2019 – \$3.1 million].

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12. Internally restricted net assets

Internally restricted net assets consist of the following:

	2020 \$	2019 \$
Capital assets internally funded	136,503	174,595
Series A Senior Unsecured Debenture Retirement Fund	29,759	36,550
Accrued pension benefits	324,584	323,414
	<u>490,846</u>	<u>534,559</u>

Internally restricted net assets include funds committed for the following purposes:

- Capital assets internally funded represent capital assets funded using internal resources;
- Debenture Retirement Fund represents funds set aside to retire the Series A Senior Unsecured Debenture [note 9[a]]; and
- Accrued pension benefits represent the asset recorded on the balance sheet related to the registered pension plan [note 7].

13. The Hospital for Sick Children Foundation

- [a] The Hospital for Sick Children Foundation [the "Foundation"] is an independent corporation without share capital which has its own Board of Directors. As at March 31, 2020, the Foundation holds \$1.02 billion [2019 – \$1.18 billion] in unrestricted, restricted and endowment funds to be used primarily to support research, educational activities and capital investments at the Hospital. The Foundation is responsible for fundraising activities carried out on behalf of the Hospital and donations or bequests made to the Hospital are recorded as Foundation revenue.
- [b] The Hospital entered into three funding agreements with the Foundation: the Research Tower Funding Agreement, the Patient Support Centre Funding Agreement and the Core Funding Agreement. The Research Tower Funding Agreement provided for the capital fundraising campaign in respect of the Peter Gilgan Centre for Research and Learning and provided, on a best efforts basis, certain grants to the Hospital in respect of the Peter Gilgan Centre for Research and Learning. The Hospital used a portion of the grants toward the design and construction costs of the Peter Gilgan Centre for Research and Learning and a portion to support the Hospital's interest and principal obligations related to the debentures. Subject to certain provisions for termination, the Research Tower Funding Agreement will remain in effect for as long as any of the Series A Senior Unsecured Debentures [note 9[a]] are outstanding.
- [c] The Patient Support Centre Funding Agreement provides the terms and condition under which the Foundation will, on a best efforts basis, make grants to the Hospital in respect to the Patient Support Centre. On December 20, 2017, the Foundation granted \$26.5 million, for the purposes of establishing a Debenture Retirement Fund, whereby the Hospital will invest such funds for the retirement of the debentures upon maturity. Other grants under this agreement will be used to support the Hospital's interest obligations related to the Series B Senior Unsecured Debentures [note 9 [b]].

In general, the Foundation's grants under the Research Tower Funding Agreement and the Patient Support Centre Funding Agreement take precedence over any other commitments of the Foundation to the Hospital.

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The Core Funding Agreement provides for the terms and conditions under which the Foundation will make grants to the Hospital in respect of core funding support for the SickKids Research Institute, a division of the Hospital, and certain other matters, including grants intended to be equivalent to the operating and maintenance costs of the Peter Gilgan Centre for Research and Learning.

Each of the Research Tower Funding Agreement, the Patient Support Centre Funding Agreement and the Core Funding Agreement contains a provision that provides for mandatory renegotiation if the Board Unrestricted Endowment Fund of the Foundation is reduced to \$150.0 million or less. The Board Unrestricted Endowment Fund of the Foundation represents unrestricted resources transferred by the Board of Directors of the Foundation to the Foundation's Endowment Fund. As at March 31, 2020, the Foundation holds \$132.0 million [2019 – \$163.5 million] in the Board Unrestricted Endowment Fund.

- [d] The Hospital has agreed to indemnify the Foundation and its directors, officers, employees, members and agents against losses arising out of or resulting from the offering of the debentures.
- [e] On April 1, 2011, the Hospital entered into a 10-year agreement to lease its parking facilities to the Foundation. For the first five years, the lease payments are \$0.3 million per month, increasing to \$0.4 million per month in the last five years of the term. The Hospital has also entered into an agreement with the Foundation to manage the facilities for a fee equivalent to costs incurred by the Hospital to operate the facilities and a portion of the parking fees. During the year, the Hospital earned \$4.4 million [2019 – \$4.4 million] in leasing revenue and \$1.2 million [2019 – \$1.3 million] in management fees, which are recorded in commercial services revenue in the statement of operations.
- [f] During the year, the Foundation granted \$134.8 million [2019 – \$115.7 million] to the Hospital for research, education, capital and debenture operating interest expense. These grants are recorded as revenue, deferred contributions or deferred capital contributions in the Hospital's financial statements.
- [g] As at March 31, 2020, accounts receivable include a receivable from the Foundation of \$8.6 million [2019 – \$7.5 million]. Accounts payable and accrued liabilities include an amount payable to the Foundation of \$2.8 million [2019 – \$1.3 million] related to parking revenue [note 13[e]] and other. These current amounts due to/from the Foundation are non-interest bearing and due on demand.
- [h] Some former Foundation staff participate in the Hospital's benefit plans. The Foundation reimburses the Hospital for any contributions related to the Foundation employees' participation in these benefit plans. Other non-current assets include \$2.4 million [2019 – \$2.4 million] related to an amount receivable from the Foundation for those staff participating in the Hospital's benefit plan.
- [i] These transactions occur in the normal course of business and are recorded at their exchange amounts, which is the amount agreed upon by both parties.

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14. Kids Health Alliance

In June 2017, the Hospital, Holland Bloorview Kids Rehabilitation Hospital and the Children's Hospital of Eastern Ontario – Ottawa Children's Treatment Centre partnered to form Kids Health Alliance ["KHA"]. KHA is a network of paediatric healthcare institutions working together to improve the health of children and youth in our regions to create a more coordinated, consistent, high-quality system of care for children, youth and their families.

KHA is an independent corporation without share capital and prepares its financial statements in accordance with Part III of the *CPA Canada Handbook – Accounting*, which sets out generally accepted accounting principles for not-for-profit organizations in Canada. There are no significant differences in the presentation of KHA's and the Hospital's financial results arising from their different accounting policies.

These transactions occur in the normal course of business and are recorded at their exchange amounts, which is the amount agreed upon by both parties. As at March 31, 2020, net assets amounted to \$0.4 million [2019 – \$0.3 million].

15. The SickKids Centre for Community Mental Health and the SickKids Centre for Community Mental Health Learning Institute

The SickKids Centre for Community Mental Health [the "Centre"] is an organization dedicated to serving infants, children and youth with complex mental health needs and their families. The Centre provides prevention, early intervention and treatment services as well as training to students in all major mental health disciplines as a community affiliate of the University of Toronto.

The SickKids Centre for Community Mental Health Learning Institute [the "Institute"] is an organization that provides training, research and community consultation in a wide range of disciplines connected to children's mental health.

The Centre and the Institute are registered charities and, as such, are exempt from income taxes under the *Income Tax Act* (Canada). Control is exercised over the Centre and the Institute through a governance structure managed by the Hospital.

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[in thousands of dollars, except where otherwise noted]

As at and for the years ended March 31, 2020 and 2019, the summarized assets, liabilities and results of operations for the Centre are as follows:

	2020 \$	2019 \$
	<i>[unaudited]</i>	
Financial position		
Total assets	10,037	9,811
Total liabilities	4,747	4,509
Internally restricted funds	4,739	3,884
Unrestricted funds	551	1,418
Total net assets	5,290	5,302
Total liabilities and net assets	10,037	9,811
	2020 \$	
	2019 \$	
	<i>[unaudited]</i>	
Results of operations		
Total revenue	14,277	13,868
Total expenses	14,289	13,622
Excess (deficiency) of revenue over expenses for the year	(12)	246
	2020 \$	
	2019 \$	
	<i>[unaudited]</i>	
Cash flows		
Operating activities	243	378
Capital activities	(493)	—
Financing activities	75	—
Net increase (decrease) in cash flows for the year	(175)	378

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As at and for the years ended March 31, 2020 and 2019, the summarized assets, liabilities and results of operations for the Institute are as follows:

	2020 \$	2019 \$
	<i>[unaudited]</i>	
Financial position		
Total assets	2,076	1,855
Total liabilities	743	892
Internally restricted funds	807	883
Unrestricted funds	526	80
Total net assets	1,333	963
Total liabilities and net assets	2,076	1,855
	2020 \$	
	2019 \$	
	<i>[unaudited]</i>	
Results of operations		
Total revenue	1,548	1,520
Total expenses	1,177	1,294
Excess of revenue over expenses for the year	371	226
	2020 \$	
	2019 \$	
	<i>[unaudited]</i>	
Cash flows		
Operating activities	545	192
Capital activities	(5)	—
Net increase in cash flows for the year	540	192

The Hospital maintains a service agreement with the Centre and the Institute, whereby the Hospital provides senior management and administrative support on a cost recovery basis. These transactions occur in the normal course of business and are recorded at their exchange amounts, which is the amount agreed upon by all parties. During the year, the Hospital earned \$0.6 million [2019 – \$0.5 million] in management and administrative fees from the Centre and the Institute, which are recorded in other revenue in the statement of operations. As at March 31, 2020, the Centre and the Institute owed the Hospital \$0.8 million [2019 – \$0.8 million] relating to managed service fees and other expenses paid for on behalf of the Centre and Institute.

16. The Centre for Phenogenomics

The Centre for Phenogenomics ["TCP"] is a contractual joint venture between the Hospital and Sinai Health System, comprising a 120,000 square foot centralized, state-of-the-art research-enabling mouse facility. The Hospital accounts for its interest in TCP using the modified equity method and recognizes 50% of the joint venture's operations of nil [2019 – nil] in the statement of operations.

TCP is an unincorporated entity and prepares its financial statements in accordance with Part III of the *CPA Canada Handbook – Accounting*, which sets out generally accepted accounting principles for not-for-profit organizations in

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Canada. There are no significant differences in the presentation of TCP's and the Hospital's financial results arising from their different accounting policies.

The summarized assets, liabilities and results of operations for TCP as at and for the years ended March 31, 2020 and 2019 are as follows:

	2020 \$	2019 \$
	<i>[unaudited]</i>	
Financial position		
Total assets	3,413	3,486
Total liabilities	3,413	3,486
	2020	
	\$	
	<i>[unaudited]</i>	
Results of operations		
Total revenue	9,601	9,540
Total expenses	9,601	9,540
Excess of revenue over expenses for the year	—	—
	2020	
	\$	
	<i>[unaudited]</i>	
Cash flows		
Operating activities	—	(1,845)
Capital activities	38	(268)
Net increase (decrease) in cash flows for the year	38	(2,113)

As at March 31, 2020, accounts payable and accrued liabilities include an amount payable to TCP of \$0.3 million [2019 – \$0.4 million]. This current amount due to TCP is non-interest bearing and due on demand.

Transactions occurred in the normal course of business and have been recorded at their exchange amounts, which is the amount agreed upon by both parties.

17. Commitments and contingencies

- [a] The nature of the Hospital's activities is such that there is often litigation pending or in progress. Where the potential liability is likely and able to be estimated, management records its best estimate of the potential liability. With respect to claims as at March 31, 2020, it is management's position that the Hospital has valid defenses and appropriate insurance coverage to offset the cost of unfavourable settlements, if any, which may result from such claims. In other cases, the ultimate outcome of the claims cannot be determined at this time. Any additional losses related to claims will be recorded in the year during which the liability is able to be estimated or adjustments to any amount recorded are determined to be required.
- [b] The Hospital participates in the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the public liability insurance risks of its hospital members. All members of the HIROC pool pay annual premiums which are actuarially determined. All members are subject to assessment for losses, if any,

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experienced by the pool for the years in which they were members. No assessments have been made for the year ended March 31, 2020.

[c] The future minimum annual payments under various operating leases are as follows:

	\$
2021	3,284
2022	3,335
2023	3,381
2024	3,030
2025	2,669
Thereafter	5,485

In addition to minimum rentals, property leases generally provide for payment by the Hospital of various operating costs.

[d] The Hospital has committed to building a new Patient Support Centre which will be funded by the Series B Senior Unsecured Debenture [note 9[b]]. A construction management group has been retained, but the price has not been finalized as at March 31, 2020.

18. COVID-19 – Global Pandemic

On March 11, 2020, the World Health Organization characterized the outbreak of a strain of the novel coronavirus ["COVID-19"] as a pandemic which has resulted in a series of public health and emergency measures that have been put into place to combat the spread of the virus. As a result of the Hospital's COVID-19 response, the Hospital is experiencing a change in demand for its services and is working diligently to mitigate the financial impacts while carrying out its response to the impacts of COVID-19.

The impact of COVID-19 has led to significant volatility and declines in the global equity and fixed income markets during the first quarter of 2020, and it is uncertain how long this volatility will continue, and could potentially lead to further decreases in the value and income of the investment portfolio. As COVID-19 continues to spread, the potential impacts, including a global, regional or other economic recession, are increasingly uncertain and difficult to assess.

Management considered the impact of COVID-19 in its assessment of the Hospital's assets and liabilities and its ability to continue as a going concern. Although COVID-19 has had an impact on funding and operations, measures will be implemented to ensure that the Hospital is still able to maintain its core operations. Furthermore, the Hospital is tracking and reporting expenses related to the COVID-19 response and is applying for government reimbursement of hospital-incurred expenses in order to mitigate the financial impacts.

19. Comparative financial statements

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2020 financial statements.



About SickKids

Healthier Children. A Better World.™ is a vision everyone at SickKids shares.

And it will continue to guide us as we look to the future of SickKids. By working together and with our partners in the community, we can lead transformational change that will improve the lives of children everywhere and create a better world for all of us.

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