

Consolidated Financial Statements of

FRASER HEALTH AUTHORITY

Year ended March 31, 2026

Statement of Management Responsibility

The consolidated financial statements of Fraser Health Authority (the "Authority") for the year ended March 31, 2026 have been prepared by management in accordance with Canadian public sector accounting standards ("PSAS") issued by the Public Sector Accounting Board ("PSAB"), as required by Section 23.1 of the *Budget Transparency and Accountability Act* of the Province of British Columbia which specifically requires that the accounting for restricted contributions is based on the *Restricted Contributions Regulation 198/2011*. The integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the consolidated financial statements.

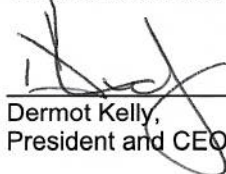
Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced.

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

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

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

On behalf of Fraser Health Authority:



Dermot Kelly,
President and CEO



Olga Kuznetsova,
Chief Financial Officer and Vice President,
Digital Enablement

June 24, 2026



Tel: (604) 688-5421
Fax: (604) 688-5132
www.bdo.ca

BDO Canada LLP
Royal Centre, 1055 West Georgia Street
Unit 1100, P.O. Box 11101
Vancouver, British Columbia
V6E 3P3

Independent Auditor's Report

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

Opinion

We have audited the consolidated financial statements of Fraser Health Authority (the "Authority"), which comprise the Consolidated Statement of Financial Position as at March 31, 2026, and the Consolidated Statements of Operations and Accumulated Deficit, Changes in Net Debt and Cash Flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying consolidated financial statements of the Authority as at and for the year ended March 31, 2026 are prepared, in all material respects, in accordance with the accounting requirements of Section 23.1 of the Budget Transparency and Accountability Act of the Province of British Columbia (the "Act").

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the consolidated financial statements which describes the basis of accounting. The consolidated financial statements are prepared in order for the Authority to meet the reporting requirements of the Act referred to above. Our opinion is not modified in respect of this matter.

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

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

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

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



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

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

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

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

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

BDO Canada LLP
Chartered Professional Accountants

Vancouver, British Columbia
June 29, 2026

FRASER HEALTH AUTHORITY

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

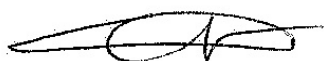
As at March 31, 2026

	2026	2025
Financial assets		
Cash and cash equivalents (note 2)	\$ 530,099	\$ 574,286
Accounts receivable (note 3)	638,299	418,301
Long-term disability and employee life and health benefits (note 7(b))	121,603	127,656
	1,290,001	1,120,243
Liabilities		
Accounts payable and accrued liabilities (note 4)	1,238,546	1,120,479
Deferred operating contributions (note 5)	59,632	66,702
Debt (note 6)	528,590	546,680
Lease inducements	488	1,468
Retirement allowance (note 7(a))	247,006	223,804
Deferred capital contributions (note 8)	4,414,818	3,533,940
Asset retirement obligation (note 9)	94,596	91,309
	6,583,676	5,584,382
Net debt	(5,293,675)	(4,464,139)
Non-financial assets		
Prepaid expenses	81,469	67,421
Inventories held for use (note 10)	9,776	9,487
Tangible capital assets (note 11)	5,054,515	4,234,609
	5,145,760	4,311,517
Accumulated deficit (note 1 (n))	\$ (147,915)	\$ (152,622)

Commitments and contingencies (note 12)

See accompanying notes to consolidated financial statements.

Approved on behalf of the Board:



Cindy Oliver, Board Chair



Harry Sadhra, Chair Finance & Audit
Committee

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

	Budget (note 1(n))	2026	2025
Revenues:			
Ministry of Health contributions	\$ 6,315,000	\$ 6,253,820	\$ 5,837,498
Medical Services Plan	440,000	471,979	351,557
Recoveries from other health authorities and BC government reporting entities	180,000	180,985	168,991
Patients, clients and residents (note 13(a))	139,481	161,939	153,465
Amortization of deferred capital contributions (note 8)	140,000	163,974	137,875
Other contributions (note 13(b))	100,000	111,278	109,131
Other (note 13(c))	144,735	113,304	104,618
Interest income	15,784	16,768	18,102
	7,475,000	7,474,047	6,881,237
Expenses (note 13(d)):			
Acute	4,155,000	4,192,458	3,806,118
Long term care	1,170,000	1,098,386	1,079,680
Community care	850,000	866,864	763,902
Corporate	600,000	626,634	549,346
Mental health and substance use	560,000	539,173	493,738
Population health and wellness	140,000	145,825	187,412
	7,475,000	7,469,340	6,880,196
Annual surplus	-	4,707	1,041
Accumulated deficit, beginning of year	(152,622)	(152,622)	(153,663)
Accumulated deficit, end of year	\$ (152,622)	\$ (147,915)	\$ (152,622)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

	Budget (note 1(n))	2026	2025
Annual surplus	\$ -	\$ 4,707	\$ 1,041
Acquisition of tangible capital assets	(1,503,246)	(985,158)	(1,030,324)
Loss on disposal of tangible capital assets	-	206	218
Amortization of tangible capital assets	170,000	165,046	158,584
	(1,333,246)	(819,906)	(871,522)
Acquisition of inventories held for use	-	(106,309)	(269,894)
Acquisition of prepaid expenses	-	(121,762)	(97,237)
Consumption of inventories held for use	-	106,020	269,193
Use of prepaid expenses	-	107,714	114,246
	-	(14,337)	16,308
Increase in net debt	(1,333,246)	(829,536)	(854,173)
Net debt, beginning of year	(4,464,139)	(4,464,139)	(3,609,966)
Net debt, end of year	\$ (5,797,385)	\$ (5,293,675)	\$ (4,464,139)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

	2026	2025
Cash flows from (used in) operating activities:		
Annual surplus	\$ 4,707	\$ 1,041
Items not involving cash:		
Long-term disability and employee life and health benefits expense	103,425	81,029
Amortization of lease inducements	(980)	(979)
Retirement allowance expense	33,188	24,761
Amortization of deferred capital contributions	(163,974)	(137,875)
Adjustment on measurement of asset retirement obligations	-	(262)
Accretion of asset retirement obligation	3,287	3,282
Amortization of tangible capital assets	165,046	158,584
Loss on disposal of tangible capital assets	206	218
Interest expense	41,469	42,652
Interest income	(16,768)	(18,102)
	169,606	154,349
Net change in non-cash operating items (note 14)	(123,338)	32,784
Net change in accrued acquisition of tangible capital assets	(115,315)	67,597
Retirement allowance benefits contributions	(9,986)	(9,779)
Long-term disability and employee life and health benefits contributions	(97,372)	(143,927)
Interest paid	(41,469)	(42,652)
Interest received	16,768	18,102
Net change in cash from operating activities	(201,106)	76,474
Capital activities:		
Proceeds on sale of tangible capital assets	64	24
Acquisition of tangible capital assets	(869,843)	(1,097,921)
Net change in cash used in capital activities	(869,779)	(1,097,897)
Financing activities:		
Capital contributions	1,044,788	954,791
Repayment of debt	(18,090)	(16,688)
Net change in cash from financing activities	1,026,698	938,103
Decrease in cash and cash equivalents	(44,187)	(83,320)
Cash and cash equivalents, beginning of year	574,286	657,606
Cash and cash equivalents, end of year	\$ 530,099	\$ 574,286

Supplementary cash flow information (note 14)

See accompanying notes to consolidated financial statements.

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

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

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

1. Significant accounting policies:

(a) Basis of accounting:

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

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

Regulation 257/2010 requires all tax-payer supported organizations adopt Canadian public sector accounting standards ("PSAS") issued by the Canadian Public Sector Accounting Board ("PSAB") without any PS 4200 series.

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

- (i) Contributions for the purpose of acquiring or developing a depreciable tangible capital asset or contributions in the form of a depreciable tangible capital asset, in each case for use in providing services, are recorded and referred to as deferred capital contributions and recognized in revenue at the same rate that amortization of the related tangible capital asset is recorded. The reduction of the deferred capital contributions and the recognition of the revenue are accounted for in the fiscal periods during which the tangible capital asset is used to provide services. If the depreciable tangible capital asset funded by a deferred contribution is written down, a proportionate share of the deferred capital contribution is recognized as revenue during the same period.

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

1. Significant accounting policies (continued):

(a) Basis of accounting (continued):

- (ii) Contributions externally restricted for specific purposes other than those for the acquisition or development of a depreciable tangible capital asset are recorded as deferred operating contributions and recognized in revenue in the year in which the stipulation or restriction on the contributions has been met by the Authority.

For BC tax-payer supported organizations, these contributions include government transfers and externally restricted contributions.

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

- government transfers, that do not contain a stipulation that creates a liability be recognized as revenue by the recipient when approved by the transferor and the eligibility criteria have been met in accordance with PS 3410, *Government Transfers*;
- externally restricted contributions be recognized as revenue in the period in which the resources are used for the purpose or purposes specified in accordance with PS 3100, *Restricted Assets and Revenues*; and
- deferred contributions meet liability criteria in accordance with PS 3200, *Liabilities*.

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

(b) Basis of consolidation:

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

Basis of presentation:

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

(c) Cash and cash equivalents:

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

(d) Lease inducements:

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

(e) Employee benefits:

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

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

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

The cumulative unrecognized actuarial gains and losses for retirement allowance benefits are amortized over the expected average remaining service period of active employees covered under the plan. The expected average remaining service period of the active covered employees entitled to retirement allowance benefits is 12 years (2025 - 11 years). Actuarial gains and losses from event-driven benefits such as long-term disability and employee life and health benefits that do not vest or accumulate are recognized immediately.

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

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

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

(iii) Accumulating, non-vesting benefit plans:

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

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

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

1. Significant accounting policies (continued):

(f) 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 had occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

Liabilities are recognized for statutory, contractual or legal obligations associated with the retirement of tangible capital assets when those obligations result from the acquisition, construction, development or normal operation of the assets. The liability is initially recorded at fair value, which is an amount that is the best estimate of the expenditure required to retire a tangible capital asset determined using present value calculation, and the resulting costs are capitalized as part of the carrying amount of the related tangible capital asset. This liability is subsequently reviewed at each financial reporting date and adjusted for the passage of time and for any revisions to the timing, amount required to settle the obligation or the discount rate. The changes in the liability for the passage of time are recorded as accretion expense in the consolidated statement of operations and accumulated deficit and all other changes are adjusted to the tangible capital asset. This cost is amortized over the useful life of the tangible capital asset. If the related tangible capital asset is unrecognized or no longer in productive use, the asset retirement costs are expensed.

(g) Non-financial assets:

(i) Tangible capital assets:

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

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

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

1. Significant accounting policies (continued):

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

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

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

(ii) Inventories held for use:

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

(iii) Prepaid expenses:

Prepaid expenses are recorded at cost and recognized in the period when the service benefits are received.

(h) Revenue recognition:

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

(i) Exchange transactions:

Revenue from transactions with performance obligations are recognized when (at a point in time) or as (over a period of time) the Authority satisfies the performance obligations, which occurs when control of the benefits associated with the promised goods or services has passed to the payor.

(ii) Non-exchange transactions:

Revenue from transactions without performance obligations is recognized at realizable value when the Authority has the right to claim or retain an inflow of economic resources received or receivable and there is a past transaction or event that gives rise to the economic resources.

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

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

1. Significant accounting policies (continued):

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

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

(j) Measurement uncertainty:

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

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

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

(k) Foreign currency translation:

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

1. Significant accounting policies (continued):

(l) Financial instruments:

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

Financial assets and financial liabilities are measured at cost or amortized cost upon their inception and subsequent to initial recognition. Cash and cash equivalents are measured at cost. Accounts receivable are recorded at cost less any amount for valuation allowance. All debt and other financial liabilities are recorded using cost or amortized cost.

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

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

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

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

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

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

(m) Capitalization of public-private partnership projects:

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

The asset cost includes development and financing fees estimated at fair value, which require the extraction of cost information from the financial model embedded in the project agreement. Interest during construction is also included in the asset cost and is calculated on the P3 asset value. The interest rate used is the project internal rate of return. When available for operations, the project assets are amortized over their estimated useful lives.

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

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

(n) Budget figures:

Budget figures have been provided for comparative purposes and are based on the Authority's budget approved by the Board of Directors on November 26, 2025, which reflected a deficit position. Subsequent to Board approval, the budget was revised to reflect finalized Ministry of Health funding decisions, including approved one-time funding in 2025/26 of \$275M. The comparative budget incorporates these revisions.

The Authority's current accumulated surplus is comprised of an net investment in tangible capital assets of \$162M, offset by an accumulated operating deficit of \$310M. The accumulated operating deficit is primarily related to liabilities for asset retirement obligations and retirement allowance obligations, that are typically funded by the Ministry of Health when they are settled, not when recognized under PSAS. Based on past history, the Authority expects funding to be available when required to settle liabilities.

In the past years, the Authority balanced its budget and annual surplus/deficit with help of one-time funding from Ministry of Health to help offset cost pressures. There is an ongoing funding gap, where growing costs outpace the funding levels. Costs have been growing under the pressure of inflation, rapidly growing population and evolving complex care needs. The Authority continues to work with the Ministry of Health to develop a funding model that will be sustainable in the long term.

(o) Future accounting standards:

In October 2023, PSAB issued PS 1202, Financial Statement Presentation. PS 1202 proposes to increase the accountability value of financial statement in an understandable way, including changes on presentations and inclusion of financial statements to be included in the financial statement package. PS 1202 applies to fiscal years beginning on or after April 1, 2026. Management is in the process of assessing the impact of adoption of PS 1202 on the financial statements of the Authority.

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

2. Cash and cash equivalents:

	2026	2025
Cash and cash equivalents	\$ 530,099	\$ 574,286
Amounts internally restricted for P3 projects	(148,277)	(150,960)
Amounts restricted for capital purposes	(36,142)	(143,358)
Amounts restricted for patient comfort funds	(1,356)	(1,289)
Unrestricted cash and cash equivalents	\$ 344,324	\$ 278,679

3. Accounts receivable:

	2026	2025
Ministry of Health	\$ 325,779	\$ 212,588
Medical Services Plan	126,902	68,550
Patients, clients and residents	65,165	60,519
Other health authorities and BC government reporting entities	66,815	60,226
Foundations and auxiliaries	61,365	10,397
Federal government	7,318	6,682
Other	5,779	18,831
	659,123	437,793
Allowance for doubtful accounts	(20,824)	(19,492)
	\$ 638,299	\$ 418,301

4. Accounts payable and accrued liabilities:

	2026	2025
Trade accounts payable and accrued liabilities	\$ 580,155	\$ 604,817
Salaries and benefits payable	444,120	319,127
Accrued vacation pay	214,271	196,535
	\$ 1,238,546	\$ 1,120,479

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

5. Deferred operating contributions:

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

	2026	2025
Deferred operating contributions, beginning of year	\$ 66,702	\$ 68,684
Contributions received during the year for specific purposes	9,053	7,688
Amounts recognized as revenue or transferred in the year	(16,123)	(9,670)
Deferred operating contributions, end of year	\$ 59,632	\$ 66,702

6. Debt:

	2026	2025
Abbotsford Regional Hospital and Cancer Centre Inc., 30-year contract to May 2038 with Access Health Abbotsford Ltd., payable in monthly payments including annual interest of 7.75%, payable in accordance with the project agreement terms	\$ 267,631	\$ 277,498
Surrey Memorial Hospital Redevelopment Project, 30-year contract to February 2044 with Integrated Team Solutions SMH Partnership, payable in monthly payments including annual interest of 7.76%, payable in accordance with the project agreement terms	149,099	152,835
Jim Pattison Outpatient Care and Surgery Centre, 30-year contract to March 2041 with BCHS Healthcare (Surrey) Limited Partnership, payable in monthly payments including annual interest of 6.21%, payable in accordance with the project agreement terms	111,860	116,347
	\$ 528,590	\$ 546,680

Required principal repayments on P3 debt are disclosed with P3 commitments in note 12(e).

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

7. Employee benefits:

(a) Retirement allowance:

Certain employees with 10 or 20 years of service and having reached a certain age are entitled to receive special payments upon retirement or as specified by collective or employee agreements. These payments are based upon accumulated sick leave credits and entitlements for each year of service.

The Authority's liabilities are based on an actuarial valuation as at the early measurement date of December 31, 2025 and extrapolated to March 31, 2026 from which the service cost and interest cost components of expense for the fiscal year ended March 31, 2026 are derived. The next required valuation will be as of March 31, 2028.

Information about retirement allowance benefits is as follows:

	2026	2025
Accrued benefit obligation:		
Severance benefits	\$ 157,579	\$ 149,215
Sick leave benefits	98,945	89,585
	256,524	238,800
Unamortized actuarial loss	(9,518)	(14,996)
Accrued benefit liability	\$ 247,006	\$ 223,804

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

	2026	2025
Accrued benefit liability, beginning of year	\$ 223,804	\$ 208,822
Net benefit expense:		
Current service cost	18,941	15,944
Prior service cost	4,160	283
Interest expense	8,858	8,049
Amortization of actuarial loss	1,229	485
Net benefit expense	33,188	24,761
Benefits paid	(9,986)	(9,779)
Accrued benefit liability, end of year	\$ 247,006	\$ 223,804

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

7. Employee benefits (continued):

(a) Retirement allowance (continued):

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

	2026	2025
Accrued benefit obligation as at March 31:		
Discount rate	3.73%	3.60%
Rate of compensation increase	2025-2028: 3.00% 2029+: 2.50%	2025+: 2.50%
Benefit costs for years ended March 31:		
Discount rate	3.60%	3.49%
Rate of compensation increase	2025+: 2.50%	2024: 3.00% 2025+: 2.50%

(b) Healthcare Benefit Trust benefits:

The Healthcare Benefit Trust (the "Trust") administers long-term disability benefits and group life insurance, accidental death and dismemberment, extended health and dental claims ("employee life and health benefits") for certain employee groups of the Authority and other provincially funded organizations. The Authority and all other participating employers are jointly responsible for the liabilities of the Trust should any participating employers be unable to meet their obligation to contribute to the Trust.

The Trust is a multiple employer plan, with the Authority's assets and liabilities being segregated with regards to long-term disability benefits after September 30, 1997 and employee life and health benefits after December 31, 2014. Accordingly, the Authority's net trust assets are reflected in these consolidated financial statements. The Trust funding policy allows the Authority to request contribution holidays/reductions.

The Authority's net asset as of March 31, 2026 is based on the actuarial valuation at December 31, 2025, extrapolated to March 31, 2026. The next expected valuation is as of December 31, 2026.

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

	2026	2025
Accrued benefit obligation	\$ 276,298	\$ 272,837
Fair value of plan assets	(397,901)	(400,493)
Long-term disability and employee life and health benefits asset	\$ (121,603)	\$ (127,656)

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

	2026	2025
Long-term disability and employee life and health benefits asset, beginning of year	\$ (127,656)	\$ (64,758)
Net benefit expense:		
Benefit expense	136,002	123,665
Interest expense	15,613	15,682
Expected return on assets	(22,470)	(19,877)
Actuarial (gain)/loss	(25,983)	(32,977)
Other	263	(5,464)
Net benefit expense	103,425	81,029
Contributions to the plan	(97,372)	(143,927)
Long-term disability and employee life and health benefits asset, end of year	\$ (121,603)	\$ (127,656)
Benefits paid to claimants	\$ 129,759	\$ 118,102
Plan assets consist of:		
	2026	2025
Debt securities	39%	37%
Foreign equities	36%	35%
Canadian equities and other	25%	28%
Total	100%	100%

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

7. Employee benefits (continued):

(b) Healthcare Benefit Trust benefits (continued):

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

	2026	2025
Accrued benefit obligation as at March 31:		
Discount rate	5.60%	5.70%
Rate of benefit increase	2026+: 2.25%	2025+: 2.25%
Benefit costs for years ended March 31:		
Discount rate	5.70%	5.80%
Rate of compensation increase	2025+: 2.25%	2024: 3.00%
		2025+: 2.25%
Expected future inflationary increases	2.00%	2.00%
Expected long-term rate of return on plan assets	5.60%	5.70%
Actual rate of return on plan assets	9.00%	12.06%

(c) Joint Benefit Trust benefits:

The Health Science Professionals Bargaining Association, Community Bargaining Association and Facilities Bargaining Association, jointly with employers, manage joint benefit trusts ("JBTs") to provide long term disability and health and welfare benefits to these groups of employees. Employer contributions to the JBTs are based on a specified percentage of payroll costs. During the year ended March 31, 2026, the Authority made contributions of \$114.0 million (2025 - \$106.4 million) which were expensed in the year.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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7. Employee benefits (continued):

(d) Employee pension benefits:

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

Employer contributions to the Municipal Pension Plan of \$235.7 million (2025 - \$215.5 million) were expensed during the year. Every three years, an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at December 31, 2024 indicated a funding surplus of approximately \$2,675 million. The actuary does not attribute portions of the unfunded surplus to individual employers. The plan covers approximately 273,000 active members, of which approximately 34,413 (2025 – 36,633) are employees of the Authority. The next expected actuarial valuation date would be as of December 31, 2027.

Employer contributions to the Public Service Pension Plan of \$1.1 million (2025 - \$1.3 million) were expensed during the year. Every three years, an actuarial valuation is performed to assess the financial position of the plan and the adequacy of plan funding. The most recent actuarial valuation for the plan at March 31, 2023 indicated a surplus of approximately \$4,491 million. The actuary does not attribute portions of the unfunded surplus to individual employers. The plan covers approximately 80,000 active members, of which approximately 148 (2025 - 157) are employees of the Authority. The Authority's next actuarial valuation date will be as of March 31, 2026, with results available in 2027.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

8. Deferred capital contributions:

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

	2026	2025
Deferred capital contributions, beginning of year	\$ 3,533,940	\$ 2,717,000
Capital contributions received:		
Ministry of Health	963,513	925,302
Foundations and auxiliaries	67,812	18,354
Regional hospital district	8,517	4,229
Other	5,216	7,148
	1,045,058	955,033
Amortization for the year	(163,974)	(137,875)
Adjustment on disposal of tangible capital assets	(206)	(218)
Deferred capital contributions, end of year	\$ 4,414,818	\$ 3,533,940

Deferred capital contributions comprise the following:

	2026	2025
Contributions used to purchase tangible capital assets	\$ 4,260,004	\$ 3,441,515
Unspent contributions	154,814	94,425
	\$ 4,414,818	\$ 3,533,940

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

9. Asset retirement obligation:

The Authority's asset retirement obligation consists of the following obligations:

a) Asbestos obligation

The Authority owns and operates several buildings that are known to have asbestos, which represents a health hazard upon and there is a legal obligation to remove it. The Authority has recognized an obligation relating to the removal and post-removal care of the asbestos in these buildings. The buildings all have an estimated useful life of 40 years from the date of completion of construction, of which various numbers of years remain. Estimated costs have been discounted to the present value using a discount rate of 3.60% per annum (2025 – 3.60%). Estimated future cash flows are adjusted for an inflation factor of 3.00% (2025 – 3.00%).

b) Leasehold improvement obligation

The Authority holds lease arrangements which contain clauses requiring decommissioning of any leasehold improvements at the end of the lease term which have been constructed by the Authority. The Authority has recognized an obligation relating to the decommissioning of leasehold improvements where lease agreements where the lease terms obligate the Authority. The lease arrangements have various terms ranging from 1 – 40 years, of which various numbers of years remain. Estimated costs have been discounted to the present value using a discount rate of 3.73% per annum (2025 – 3.60%). Estimated future cash flows are adjusted for an inflation factor of 3.00% (2025 – 3.00%).

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

	Asbestos removal	Leasehold decommissioning	2026
Opening balance	\$ 84,226	\$ 7,083	\$ 91,309
Accretion expense	3,032	255	3,287
Closing balance	\$ 87,258	\$ 7,338	\$ 94,596

	Asbestos removal	Leasehold decommissioning	2025
Opening balance	\$ 81,444	\$ 6,845	\$ 88,289
Accretion expense	3,044	238	3,282
Liabilities settled in the year	(262)	-	(262)
Closing balance	\$ 84,226	\$ 7,083	\$ 91,309

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Year ended March 31, 2026

10. Inventories held for use:

	2026	2025
Pharmaceuticals	\$ 9,542	\$ 9,373
Medical supplies	234	114
	<u>\$ 9,776</u>	<u>\$ 9,487</u>

11. Tangible capital assets:

Cost	2025	Additions	Disposals	Transfers	2026
Land	\$ 239,311	\$ 16,904	\$ -	\$ -	\$ 256,215
Land improvements	13,999	16	-	-	14,015
Buildings	2,726,287	142,729	-	271,012	3,140,028
Equipment	865,831	43,415	(3,260)	23,581	929,567
Information systems	202,536	7,409	-	8,656	218,601
Leasehold improvements	181,799	20,188	-	10,596	212,583
Construction in progress	2,188,936	617,352	-	(281,669)	2,524,619
Equipment and information systems in progress	125,193	137,145	-	(32,176)	230,162
Total	\$ 6,543,892	\$ 985,158	\$ (3,260)	\$ -	\$ 7,525,790

Accumulated amortization	2025	Amortization	Disposals	2026
Land improvements	\$ 9,069	\$ 518	\$ -	\$ 9,587
Buildings	1,384,226	80,147	-	1,464,373
Equipment	670,865	47,781	(3,054)	715,592
Information systems	169,452	13,830	-	183,282
Leasehold improvements	75,671	22,770	-	98,441
Total	\$ 2,309,283	\$ 165,046	\$ (3,054)	\$ 2,471,275

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

11. Tangible capital assets (continued):

Cost	2024	Additions	Disposals	Transfers	2025
Land	\$ 217,722	\$ 21,589	\$ -	\$ -	\$ 239,311
Land improvements	12,344	1,655	-	-	13,999
Buildings	2,666,784	24,121	(84)	35,466	2,726,287
Equipment	812,575	46,617	(4,929)	11,568	865,831
Information systems	183,309	2,150	-	17,077	202,536
Leasehold improvements	154,289	13,548	-	13,962	181,799
Construction in progress	1,369,325	868,873	-	(49,262)	2,188,936
Equipment and information systems in progress	102,233	51,771	-	(28,811)	125,193
Total	\$ 5,518,581	\$1,030,324	\$ (5,013)	\$ -	\$ 6,543,892

Accumulated amortization	2024	Amortization	Disposals	2025
Land improvements	\$ 8,584	\$ 485	\$ -	\$ 9,069
Buildings	1,304,198	80,072	(44)	1,384,226
Equipment	630,721	44,895	(4,751)	670,865
Information systems	156,226	13,226	-	169,452
Leasehold improvements	55,765	19,906	-	75,671
Total	\$ 2,155,494	\$ 158,584	\$ (4,795)	\$ 2,309,283

Net book value	2026	2025
Land	\$ 256,215	\$ 239,311
Land improvements	4,428	4,930
Buildings	1,675,655	1,342,061
Equipment	213,975	194,966
Information systems	35,319	33,084
Leasehold improvements	114,142	106,128
Construction in progress	2,524,619	2,188,936
Equipment and information systems in progress	230,162	125,193
Total	\$ 5,054,515	\$ 4,234,609

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

11. Tangible capital assets (continued):

Tangible capital assets are funded as follows:

	2026	2025
Deferred capital contributions	\$ 4,260,004	\$ 3,441,515
Debt	514,591	532,681
Internally funded	279,920	260,413
Tangible capital assets	\$ 5,054,515	\$ 4,234,609

12. Commitments and contingencies:

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

As at March 31, 2026, the Authority had outstanding commitments for construction, equipment and information systems in progress of \$1,386.3 million (2025 - \$1,980.0 million).

(b) Contractual obligations:

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

2027	\$ 243,834
2028	107,183
2029	19,992
2030	1,524
2031	416
	\$ 372,949

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

The Authority has entered into contracts with 1,077 (2025 – 1,068) service providers to provide long term and health care services. The aggregate annual commitments for these contracts as at March 31, 2026 are \$982.9 million (2025 - \$975.3 million).

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

Year ended March 31, 2026

12. Commitments and contingencies (continued):

(d) Operating leases:

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

2027	\$	71,092
2028		63,506
2029		54,318
2030		47,750
2031		40,116
Thereafter		154,917
	\$	431,699

(e) Public-private partnerships commitments:

The Authority has entered into multiple-year P3 contracts to design, build, finance and maintain the Abbotsford Regional Hospital and Cancer Centre, the Jim Pattison Outpatient Care and Surgery Centre and the Surrey Memorial Hospital Redevelopment Project. The information presented below shows the anticipated cash outflow for future obligations under these contracts for the capital cost and financing of the asset, the facility maintenance ("FM") and the lifecycle costs. As construction progressed, the asset values were recorded as tangible capital assets and the corresponding liabilities were recorded as debt and disclosed in note 6. FM and lifecycle payments to the private partner are contingent on specified performance criteria and include an estimation of inflation where applicable. Required principal repayments on P3 debt are disclosed below as capital commitments:

	Capital	Financing	FM and lifecycle	Total payments
2027	\$ 19,062	\$ 39,828	\$ 29,474	\$ 88,364
2028	21,158	38,396	29,729	89,283
2029	23,182	36,798	40,617	100,597
2030	25,624	34,020	30,631	90,275
2031	27,756	32,052	32,745	92,553
Thereafter	411,808	171,298	350,520	933,626
	\$ 528,590	\$ 352,392	\$ 513,716	\$ 1,394,698

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

12. Commitments and contingencies (continued):

(f) Litigation and claims:

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

The nature of the Authority's activities is such that there is litigation pending or in progress at any time. With respect to unsettled claims at March 31, 2026, management is of the opinion that the Authority has valid defenses and appropriate insurance coverage in place. If there is unfunded risk, the Authority records a provision based on management's best estimate of the ultimate settlement and reviews such provisions on an ongoing basis. The Authority believes any remaining risk is not expected to have material effect on the Authority's financial position.

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

13. Consolidated statement of operations:

(a) Patients, clients and residents revenue:

	2026	2025
Non-residents of Canada	\$ 51,063	\$ 49,064
Long-term and extended care	45,950	42,507
WorkSafe BC	19,930	17,890
Non-residents of BC	15,632	17,801
Residents of BC self-pay	18,988	16,292
Federal government	4,512	4,708
Preferred accommodation	2,100	2,332
Other	3,764	2,871
	\$ 161,939	\$ 153,465

(b) Other contributions:

	2026	2025
Other health authorities	\$ 102,348	\$ 99,452
Other ministries	3,666	3,988
Other	5,264	5,691
	\$ 111,278	\$ 109,131

(c) Other revenues:

	2026	2025
Compensation recoveries	\$ 38,657	\$ 33,615
Recoveries from sale of goods and services	33,472	30,994
Parking	13,828	13,363
Other	27,347	26,646
	\$ 113,304	\$ 104,618

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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13. Consolidated statement of operations (continued):

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

	2026	2025
Compensation:		
Compensation	\$ 4,049,687	\$ 3,700,605
Employee benefits	923,733	816,534
Gain on event-driven employee benefits	(26,080)	(33,045)
	4,947,340	4,484,094
Referred-out and contracted services:		
Health and support services providers	1,082,550	1,043,464
Other health authorities and BC government reporting entities	220,277	214,335
	1,302,827	1,257,799
Supplies:		
Medical and surgical	266,477	258,391
Drugs and medical gases	80,451	80,587
Diagnostic	49,722	45,699
Food and dietary	43,592	35,539
Laundry and linen	20,735	21,431
Housekeeping	15,603	15,016
Printing, stationery and office	10,007	9,635
Other	32,779	32,092
	519,366	498,390
Equipment and building services:		
Equipment	191,335	147,878
Rent	59,404	55,711
Plant operation (utilities)	25,537	23,800
Building and ground service contracts	23,371	22,096
Other	28,498	22,379
	328,145	271,864
Amortization of tangible capital assets	165,046	158,584
Sundry:		
Provision for doubtful accounts	36,753	30,932
Patient transport	23,776	23,515
Professional fees	15,880	18,880
Travel	20,413	18,742
Communication and data processing	16,976	18,325
Other	51,349	56,419
	165,147	166,813
Interest	41,469	42,652
	\$ 7,469,340	\$ 6,880,196

FRASER HEALTH AUTHORITY

Notes to Consolidated Financial Statements
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Year ended March 31, 2026

14. Supplementary cash flow information:

Net change in non-cash operating items:

	2026	2025
Accounts receivable	\$ (219,998)	\$ (45,958)
Accounts payable and accrued liabilities	118,067	64,416
Deferred operating contributions	(7,070)	(1,982)
Prepaid expenses	(14,048)	17,009
Inventories held for use	(289)	(701)
	\$ (123,338)	\$ 32,784

15. Related parties:

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

(a) BC government reporting entities:

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

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

(b) Key management personnel:

The Authority has deemed the Board of Directors and Senior Executive Team, and their close family members or entities controlled by them to be key management personnel. A declaration is completed by the key management personnel annually to confirm whether there are any related party transactions. There are no related party transactions to disclose.

FRASER HEALTH AUTHORITY

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16. Risk management:

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

(a) Credit risk:

Credit risk primarily arises from the Authority's cash and cash equivalents, accounts receivable long-term debt held with third parties. The risk exposure is limited to their varying amounts at the date of the consolidated statement of financial position.

Interest rate risk is the risk that the fair values or future cash flows associated with interest-bearing instruments may change as a result in changes in market rates of interest. Fixed-rate instruments give rise to fair value risk, while variable rate instruments give rise to cash flow risk. The Authority is subject to interest rate risk in relation to its interest-bearing financial instruments, including fixed-income portfolio investments, loan receivable and the debt, the nature of which is described in note 6.

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

Accounts receivable primarily consist of amounts receivable from the Ministry, other health authorities and BC government reporting entities, patients, clients and agencies, hospital foundations and auxiliaries, grantors, etc. To reduce the risk, the Authority periodically reviews the collectability of its accounts receivable and establishes an allowance based on its best estimate of potentially uncollectable amounts. As at March 31, 2026, the amount of allowance for doubtful accounts was \$20.8 million (2025 - \$19.5 million).

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

(b) Liquidity risk:

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

The Authority's principal source of funding is from the Ministry. The Authority is not subject to debt covenants or any other capital requirements with respect to operating funding. Funding received for designated purposes must be used for the purpose outlined in the funding letter or grant documentation. The Authority has complied with the external restrictions on the funding provided. As discussed in Note 1 (n) the Authority is continuing to work with the Ministry of Health to negotiate sufficient funding to address the operating deficits and associated operating cash flow pressures noted in the table below.

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Notes to Consolidated Financial Statements
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16. Risk management (continued):

(b) Liquidity risk (continued):

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

2026 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 530,099	\$ -	\$ -
Accounts receivable	638,299	-	-
Total financial assets	\$ 1,168,398	\$ -	\$ -

2026 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 1,238,546	\$ -	\$ -
Debt	19,062	97,720	411,808
Total liabilities	\$ 1,257,608	\$ 97,720	\$ 411,808

2025 Financial assets	Up to 1 year	1 to 5 years	Over 5 Years
Cash and cash equivalents	\$ 574,286	\$ -	\$ -
Accounts receivable	418,301	-	-
Total financial assets	\$ 992,587	\$ -	\$ -

2025 Liabilities	Up to 1 year	1 to 5 years	Over 5 Years
Accounts payable and accrued liabilities	\$ 1,120,479	\$ -	\$ -
Debt	18,090	89,026	439,564
Total liabilities	\$ 1,138,569	\$ 89,026	\$ 439,564

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

FRASER HEALTH AUTHORITY

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

Year ended March 31, 2026

16. Risk management (continued):

(c) Foreign exchange risk:

The Authority's operating results and financial position are reported in Canadian dollars. As the Authority operates in an international environment, some of the Authority's financial instruments and transactions are denominated in currencies other than the Canadian dollar. The results of the Authority's operations are subject to currency transaction and translation risks. The foreign currency financial instruments are short-term in nature and do not give rise to significant foreign currency risk.

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

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

	2026	2025
US dollar per Canadian dollar	\$ 0.717	\$ 0.696

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

17. Government partnership

As described in Note 1, the Authority has an 85% interest in ARHCC Inc., which is recorded on a proportional consolidation basis in the Authority's consolidated financial statements. The following is the condensed supplementary financial information of ARHCC Inc. for the year ended March 31, 2026.

	2026	2025
Financial assets	\$ 149,165	\$ 155,203
Liabilities	360,101	375,680
Net debt	210,936	220,477
Non-financial assets	213,515	223,056
Accumulated surplus	2,579	2,579
Revenues	53,441	56,779
Expenses	53,441	56,779