Financial statements of

Grand River Hospital Corporation

Year ended March 31, 2024 (Expressed in Thousands of Dollars)

Financial statements (Expressed in Thousands of Dollars)

Year ended March 31, 2024

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KPMG LLP

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Grand River Hospital Corporation

Opinion

We have audited the financial statements of Grand River Hospital Corporation (the Hospital), which comprise:

- the statement of financial position as at March 31, 2024
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of remeasurement gains and losses for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies (Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2024, and its results of operations, its statement of changes in net assets, its remeasurement gains and losses 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 applicable independence standards, and we have fulfilled our other ethical responsibilities in accordance with these standards.

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



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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.



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- 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.

Chartered Professional Accountants, Licensed Public Accountants

Kitchener, Canada

LPMG LLP

June 11, 2024

Statement of Financial Position (Expressed in Thousands of Dollars)

As at March 31, 2024, with comparative information for 2023

	Notes	2024	2023
Assets			
Current Assets			
Cash		\$ 25,626	\$ 41,863
Short-term investments	3	_	10,293
Accounts receivable	4	40,488	41,430
Inventories		14,989	10,646
Prepaid expenses		10,067	11,736
Total Current Assets		91,170	115,968
Long-Term Assets			
Capital assets	5	202,475	195,953
Accrued pension benefit assets	6	59,922	46,576
Fair value of interest-rate swap	10	2,591	1,609
Total Long-Term Assets		264,988	244,138
Total Assets		\$ 356,158	\$ 360,106

Grand River Hospital Corporation Statement of Financial Position (continued)

(Expressed in Thousands of Dollars)

As at March 31, 2024, with comparative information for 2023

	Notes		2024	2023
Liabilities and Net Assets				
Current liabilities				
Accounts payable and accrued liabilities		\$	53,652	\$ 74,257
Accrued salary, wages and benefit liabilities			37,474	31,148
Deferred contributions	8		4,340	3,804
Current portion of long-term debt	10		1,714	_
Current portion of obligation under			.,	
capital lease	9		596	596
Total Current Liabilities			97,776	109,805
Long-Term Liabilities				
Accrued other benefits obligation	6		12,582	13,159
Deferred capital contributions	8		126,539	129,381
Obligation under capital lease	9		6,961	7,557
Long-term debt	10		34,382	36,341
Asset retirement obligations	11		8,191	6,943
Total Long-Term Liabilities			188,655	193,381
Total Liabilities			286,431	303,186
Net Assets				
Internally restricted - capital assets	12		24,607	16,755
Unrestricted surplus			42,529	38,556
Accumulated remeasurement				
gains			2,591	1,609
Total Net Assets			69,727	56,920
Commitments and contingencies	13			
Subsequent events	7 and 1	8		
Total Liabilities and Net Assets		\$	356,158	\$ 360,106

See the accompanying notes to the financial statements. On behalf of the Board:

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Statement of Operations (Expressed in Thousands of Dollars)

Year ended March 31, 2024, with comparative information for 2023

	Notes	2024	2023
Revenue			
Ontario Ministry of Health			
("MOH") Operating		\$ 499,120	\$ 452,702
Billable patient services		35,939	31,300
Recoveries from external sources		52,025	43,722
Other		7,056	6,809
Amortization of deferred capital		•	•
contributions related to			
equipment	8	8,372	8,541
Total revenue		602,512	543,074
Expenses			
Salaries, wages, benefits and			
purchased services		354,286	324,890
Medical staff remuneration		30,423	31,008
Non-salary		186,723	169,071
Amortization of equipment		16,276	16,367
Total expenses		587,708	541,336
Excess of revenue over expenses for MOH purposes		14,804	1,738
Amortization of buildings and			
building improvements		(9,683)	(9,460)
Remeasurement of asset			
retirement obligations	11	(1,248)	_
Amortization of deferred capital contributions related to buildings and building			
improvements	8	7,952	7,867
Excess of revenue over expenses		\$ 11,825	\$ 145

Statement of Changes in Net Assets (Expressed in Thousands of Dollars)

Year ended March 31, 2024, with comparative information for 2023

	ı	Internally restricted-			
		capital assets	Unrestricted	Total 2024	Total 2023
		assets	Omesmoteu	2024	2023
Balance, beginning of year	\$	16,755	\$ 38,556	\$ 55,311	\$ 55,166
Excess (deficiency) of revenue over expenses		(10,883)	22,708	11,825	145
Purchase of capital assets		34,711	(34,711)	-	_
Contributions received for capital purposes		(16,816)	16,816	-	_
Capital lease obligation repayment		595	(595)	-	_
Long-term debt funding capital assets		245	(245)	_	_
Balance, end of year	\$	24,607	\$ 42,529	\$ 67,136	\$ 55,311

Statement of Remeasurement Gains and Losses (Expressed in Thousands of Dollars)

Year ended March 31, 2024, with comparative information for 2023

	Note	202	4	2023
Accumulated remeasurement gains (losses), beginning of year		\$ 1,609	\$	(9)
Unrealized gain attributable to derivative - interest rate swap	10	982		1,618
Accumulated remeasurement gains, end of year		\$ 2,591	\$	1,609

Statement of Cash Flows (Expressed in Thousands of Dollars)

Year ended March 31, 2024, with comparative information for 2023

	Notes		2024		2023
Cash provided by (used in)					
Operations					
Excess of revenue over expenses		\$	11,825	\$	145
Employer cash contributions to the KWH					
pension plan	6 (c)		(13,129)		(10,990)
Employer cash contributions to other					
defined benefit plans	6 (e)		(711)		(797)
Items not involving cash:					
Amortization of equipment			16,276		16,367
Amortization of buildings and building					
improvements			9,683		9,460
Asset retirement obligations	11		1,248		-
Write-down of capital assets			_		2,205
Amortization of deferred contributions	•		(0.070)		(0.544)
related to equipment	8		(8,372)		(8,541)
Amortization of deferred contributions					
related to building and building	0		(7.050)		(7.007)
improvements	8 6 (a)		(7,952)		(7,867)
Defined benefit expense Defined pension plan benefit expense	6 (e)		134 (217)		567 9,523
	6 (c)		(217)		9,523
Change in non-cash operating working capital	14		(16,579)		11,902
Cash provided by operating activities	14		(7,794)		21,974
cash provided by operating activities			(1,194)		21,974
Investing Activities					
Purchase and construction of capital assets,					
net of disposals			(34,711)		(25,908)
Purchase of short-term investments, net of					(12.22)
accrued interest			_		(10,293)
Sales of short-term investments, net of			40.000		
accrued interest			10,293		 _
Cash used in investing activities			(24,418)		(36,201)
Financing Activities					
Contributions received for capital purposes			16,816		12,921
Advance of long-term debt, including					
accrued interest			_		245
Repayment of accrued interest on long-term					
debt			(245)		_
Repayment of capital lease obligation			(596)		(747)
Cash provided by financing activities			15,975		12,419
Decrease in cash			(16,237)		(1,808)
Cash beginning of year			A1 962		12 671
Cash, beginning of year		<u>¢</u>	41,863	<u>*</u>	43,671
Cash, end of year		\$	25,626	\$	41,863

Notes to Financial Statements (Expressed in Thousands of Dollars)

Year ended March 31, 2024

Grand River Hospital Corporation (the "Hospital") is a regional provider of community hospital services. The Hospital provides its services primarily through the Kitchener-Waterloo campus and the Freeport campus. The Hospital is assigned to Ontario Health West. The Hospital is incorporated under the Corporations Act (Ontario) without share capital and is a registered charity under the Income Tax Act (Canada) and is exempt from income taxes.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with the Chartered Professional Accountants of Canada Handbook - Public Sector Accounting Standards (the "standards") including the 4200 standards for government not-for-profit organizations.

(a) Basis of presentation:

These financial statements present only the accounts of the Hospital as a separately managed entity. They do not include the accounts of the following related, but separate entities:

- Grand River Hospital Volunteer Association
- Grand River Hospital Foundation

The financial information of these entities is reported separately from the Hospital.

(b) Basis of funding:

The Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by both the Ministry of Health (the "MOH") and Ontario Health (OH). The Hospital has entered into a Hospital Service Accountability Agreement ("H-SAA") with OH that sets out the obligations as well as the minimum performance standards that must be met by the Hospital. Any excess of revenue over expenses with respect to base funding during a fiscal year is not required to be returned. However, if the Hospital does not meet its performance standards or obligations under the H-SAA, OH has the right to adjust funding received by the Hospital. The Hospital accrues for known amounts to be recovered.

(c) Revenue recognition:

The Hospital follows the deferral method of accounting for contributions, which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the MOH. Operating grants are recorded as revenue in the period to which they relate. Grants approved, but not received at the end of an accounting period, are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

1. Significant accounting policies (continued):

(c) Revenue recognition (continued):

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions, other than endowment contributions, are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate of the related capital assets.

Revenue from the MOH, preferred accommodation, as well as income from parking and other ancillary operations, are recognized as the performance obligations are provided and when the service is provided.

(d) Measurement uncertainty:

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 at the dates of the financial statements and the reported amounts of revenue and expenses during the years. Significant items subject to such estimates and assumptions include the carrying amount of accrued pension benefit, capital assets, accounts payable and accrued liabilities, accrued other benefit obligation, asset retirement obligations, interest rate swap, valuation allowances for receivables and revenues.

Pension and other employee future benefits liabilities are subject to measurement uncertainty because actual results may differ significantly from the Hospital's best long-term estimate of expected results – for example, the difference between actual results and actuarial assumptions regarding return on investment of pension fund assets and health care cost trend rates for retiree benefits may be significant.

Actual results could differ from those estimates.

(e) Inventories:

Inventories are valued at lower of cost and net realizable value.

Provision has been made for any obsolete or unusable inventory on hand.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

1. Significant accounting policies (continued):

(f) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Amortization is not taken on assets under construction and building under capital lease until they are placed in use.

The Hospital records amortization of its capital assets on a straight-line basis over the estimated useful lives of the assets at the following annual rates:

Buildings and building improvements Furniture and equipment Hospital information system Building under capital lease 2% to 20% 5% to 20% 15 years 15 years

(g) Contributed services:

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 is not reflected in these financial statements.

(h) Asset retirement obligations:

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 capital asset and other contract obligations under capital lease agreements;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

The asset retirement obligation is based on management's best estimate of the expenditures to settle the obligation.

A liability has been recognized based on estimated future expenses to retirement capital and leased assets. Differences between the actual remediation costs incurred and the associated liability are recognized in the Statement of Operations at the time of remediation occurs.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

1. Significant accounting policies (continued):

(i) Employee benefits plans:

The Hospital accrues its obligations under employee benefit plans as the employees render the services necessary to earn the pension and post-retirement benefits. The Hospital has the following accounting policies:

(i) Defined benefit plans:

The Hospital has defined benefit pension plans covering substantially all employees and a supplemental pension plan for a specific group of employees. The benefits are based on years of service and the employee's final average earnings. The cost of this program is being funded currently.

The Hospital provides a defined benefit plan covering health and dental care benefits upon early retirement. Early retirees, who are in receipt of pension benefits, may also elect to receive health and dental benefits under the plan until the age of 65. The cost of health and dental benefits related to employees' current service is charged to income annually.

The cost of pensions and post-retirement benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of expected plan investment performance, salary escalation, expected health and dental costs and retirement ages of employees.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees.

The average remaining service period of the active employees covered by the pension plan is 9.7 years (2023 - 11.5 years). The average remaining service period of the active employees covered by the other retirement benefits plan is 10.9 years (2023 - 13.4 years).

Past service costs from plan amendments or plan initiations are recognized immediately in the period the plan amendments occur.

(ii) Multi-employer plan:

Defined contribution plan accounting (where contributions are expensed as incurred) is applied to the multi-employer defined benefit Healthcare of Ontario Pension Plan ("HOOPP") for which the Hospital does not have the necessary information to apply defined benefit plan accounting.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

1. Significant accounting policies (continued):

(i) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Derivative instruments and equity instruments that are quoted in an active market are reported at fair value. All other financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has elected to record all investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

When the asset is sold, the unrealized gains and losses previously recognized in the statement of remeasurement gains and losses are reversed and recognized in the statement of operations.

The related interest rate swaps are recorded at fair value. The fair value of the interest rate swap has been determined using Level 3 of the fair value hierarchy. The fair value of interest rate swaps is based on broker quotes. Those quotes are tested for reasonableness by discounting estimated future cash flows based on the terms and maturity of each contract and using market interest rates for a similar instrument at the measurement date.

Long-term debt is recorded at cost.

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 Observable or corroborated inputs, other than level 1, such as quoted prices
 for similar assets or liabilities in inactive markets or market data for substantially the full
 term of the assets or liabilities; and
- Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

2. Change in accounting standards:

- (a) The Hospital adopted the following accounting standards applicable for fiscal years beginning April 1, 2023:
 - I. PS 3400 Revenue establishes standards on how to account for and report on revenue, specifically differentiating between transactions that include performance obligations (i.e. the payor expects a good or service from the public sector entity), referred to as exchange transactions, and transactions that do not have performance obligations, referred to as non-exchange transactions.
 - II. PSG-8 Purchased Intangibles provides guidance on the accounting and reporting for purchased intangible assets that are acquired through arm's length exchange transactions between knowledgeable, willing parties that are under no compulsion to act.
 - III. PS 3160 *Public Private Partnerships (P3s)* provides specific guidance on the accounting and reporting for public private partnerships between public and private sector entities where the public sector entity procures infrastructure using a private sector partner.

There was no impact on financial statements of the Hospital as a result of the adoption of these standards.

3. Short-term investment:

	2024	2023
Guaranteed investment certificate with interest at 4.4%, matured July 28, 2023	\$ -	\$ 10,293

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

4. Accounts receivable:

	Operating	Capital	2024	2023
МОН	\$ 7,926	\$ 2,982	\$ 10,908	\$ 11,709
Ontario Health	7,142	· <u>-</u>	7,142	8,790
Grand River Hospital				
Foundation	795	166	961	4,475
Patient	11,388	_	11,388	8,436
Other	12,136	342	12,478	9,490
	39,387	3,490	42,877	42,900
Less allowance for				
doubtful accounts	2,389	_	2,389	1,470
Total	\$ 36,998	\$ 3,490	\$ 40,488	\$ 41,430

5. Capital assets:

						2024		2023
		Cost		Accumulated amortization		Net book Value		Net book value
Land Buildings and related service equipment and	\$	809	\$	-	\$	809	\$	809
improvements Furniture and		326,279		238,348		87,931		84,068
equipment Hospital information		163,958		128,780		35,178		36,213
system		56,256		18,604		37,652		41,885
Building under capital lease Assets under		8,950		-		8,950		8,950
construction		31,955		-		31,955		24,028
Total capital	•	500 007	•	205 722	•	202.475	•	405.052
assets	\$	588,207	\$	385,732	\$	202,475	\$	195,953

Certain land and buildings designated for Hospital purposes are leased to the Hospital, at a nominal charge, by The Corporation of The City of Kitchener and The Corporation of The City of Waterloo.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

6. Pension and other defined benefit plans:

Substantially all of the employees of the Kitchener-Waterloo site are members of the KWH pension plan, a defined benefit registered pension plan, and a small group also participate in an unfunded supplemental pension plan, both of which are final average earnings programs. The Hospital measures its accrued benefit obligations for the KWH pension plan for accounting purposes based on the most recent actuarial valuation as at March 1, 2023, with a measurement date of December 31, 2023, together with a projection of these results to March 31, 2024. The Hospital measures its accrued benefit obligations for the other benefit plans for accounting purposes based on the most recent actuarial valuation as at April 1, 2024.

Substantially all of the employees of the Freeport site are eligible to be members of HOOPP, which is a multi-employer, defined benefit, final pay, contributory plan. As HOOPP's assets and liabilities are not segmented by participating employer, the Hospital accounts for its HOOPP obligation on a cash basis (as a defined contribution plan). The most recent actuarial valuation of the plan at December 31, 2023 indicated that the plan is 115% funded.

(a) The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligation and benefit costs are as follows:

	2024	2023
Accrued benefit obligation at end of year:		
Rate of compensation increase	3.00%	2.50%
Discount rate (pension benefits)	6.90%	6.60%
Expected long-term rate return on plan assets	6.90%	6.60%
Discount rate (other benefits)	4.00%	4.05%
Benefit costs for fiscal year:		
Expected long-term rate of return on plan assets	6.60%	5.75%
Discount rate (pension benefits)	6.60%	5.75%
Discount rate (other benefits)	4.05%	2.90%
Healthcare costs (other benefits)	5.00%	5.00%
Dental costs (other benefits)	4.50%	4.50%
Rate of compensation increase	2.50%	2.50%

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

6. Pension and other defined benefit plans (continued):

(b) The information, relating to the Hospital's defined benefit plans (continued):

	2024		2023		2024		2023
					Other		Other
	Pension		Pension		benefit		benefit
-	plan		plan		plans		plans
Accrued benefit							
obligation,	,	_		_	,	_	
beginning of year	\$ (539,382)	\$	(583,101)	\$	(6,644)	\$	(8,425)
Current service costs,							
inclusive of employee							
contributions	(17,407)		(19,685)		(519)		(775)
Interest cost	(34,670)		(33,255)		(269)		(260)
Less – benefits paid	36,667		40,993		732		787
Actuarial gain (loss)	(918)		55,666		(3,370)		2,029
Accrued benefit							
obligation, balance,							
end of year	\$ (555,710)	\$	(539,382)	\$	(10,070)	\$	(6,644)
Plan assets fair							
value, beginning of							
year	\$ 613,421		621,569		_	\$	_
Expected return on							
plan assets	39,733		35,531		_		_
Employer contributions							
(included in salaries,							
wages and benefits)	12,372		10,817		732		787
Employee							
contributions	9,781		8,575		_		_
Less benefits paid	(36,667)		(40,993)		(732)		(787)
Actual plan expenses	-		_		_		_
Experience gain (loss)	(11,521)		(22,078)		_		_
Plan assets fair			, ,				
value, end of year	\$ 627,119	\$	613,421	\$	-	\$	-
Funded status plan		_		_		_	
surplus (deficit)	\$ 71,409	\$	74,039	\$	(10,070)	\$	(6,644)
Unamortized net							
actuarial gain (loss)	(15,157)		(30,376)		(2,690)		(6,714)
Employer contributions							
after measurement							
date	3,670		2,913		178		199
Accrued defined							
benefit plan assets							
(obligation)	\$ 59,922	\$	46,576	\$	(12,582)	\$	(13,159)

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

6. Pension and other defined benefit plans (continued):

(c) The information, relating to the Hospital's defined benefit pension plans:

KWH Pension Plan	2024	2023
Current service costs, net of employees' contributions Interest cost Less – expected return on plan assets Amortization of net actuarial (gain) loss	\$ 7,626 34,670 (39,733) (2,780)	\$ 11,110 33,255 (35,531) 689
KWH Pension Plan benefit expense (gain) (included in salaries, wages, benefits and purchased services)	(217)	9,523
Cash paid for employer contributions	\$ 13,129	\$ 10,990

(d) Multi-employer defined benefit plan expense:

	2024	2023
Cash paid for employer contributions to HOOPP (included in salaries, wages, benefits and purchased services)	\$ 9,599	\$ 8,173

(e) The information, relating to the Hospital's defined other benefit plans:

	2024	2023
Other Benefit Plans		
Current service costs, net of employees'		
contributions	\$ 519	\$ 775
Interest cost	269	260
Less – expected return on plan assets	_	_
Amortization of net actuarial (gain) loss	(654)	(468)
Benefit plan expense (included in salaries, wages,		
benefits and purchased services)	134	567
Cash paid for employer		
contributions	\$ 711	\$ 797

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

6. Pension and other defined benefit plans (continued):

(f) The KWH pension plan consists of the following assets:

	2024	2023
Cash and short-term investments	2%	3%
Pooled bonds	36%	36%
Pooled equities	53%	53%
Other	9%	8%
	100%	100%

7. Operating line:

The Hospital has an unsecured operating line available up to a temporary maximum of \$50,000 until March 31, 2024 (2023 - \$25,000). Subsequent to year end, the Hospital secured an increase in the operating line up to \$35,000. The operating line is at bank's prime rate minus 0.85% until March 31, 2024, and thereafter minus 0.35%. At year end \$nil (2023 - \$nil) was drawn on the operating line.

8. Deferred contributions:

Deferred contributions include unspent restricted grants for education and research of \$2,614 (2023 - \$2,100) and unspent restricted grants for the Grand River Regional Cancer Centre in the amount of \$784 (2023 - \$1,175). The changes in the deferred contributions balance are as follows:

	2024	2023
Balance, beginning of year	\$ 3,804	\$ 3,760
Contributions received during the year	2,049	1,754
Less amounts recognized as revenue during the year	(1,513)	(1,710)
Balance, end of year	\$ 4,340	\$ 3,804

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

8. Deferred contributions (continued):

The changes for the year in the deferred capital contributions balance are as follows:

	Note	2024	2023
Balance, beginning of year	\$	129,381	\$ 133,535
Contributions from:			
Grand River Hospital Foundation	16	3,290	3,597
Ontario Ministry of Health		10,188	7,933
Ontario Ministry of Health COVID-19		_	395
Ontario Health		323	355
Other capital contributions (transfers to recoveries from external sources in the			
statement of operations)		(319)	(26)
. ,		13,482	12,254
Less:			
Amortization of deferred capital contributions related to equipment		(8,372)	(8,541)
Amortization of deferred capital contributions related to buildings and building improvements		(7,952)	(7,867)
Balance, end of year	\$	126,539	\$ 129,381

In the prior year, the Hospital received a \$5,000 Funding Grant from the Ontario Ministry of Health on behalf of the Hospital and St. Mary's General Hospital ("SMGH") to complete planning for the development of shared facilities. The grant is allocated to shared costs with 60% granted to the Hospital and 40% granted to SMGH costs.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

9. Obligation under capital lease:

In 2022, the Hospital entered into a capital lease arrangement with the Grand River Hospital Foundation to assist in the financing of buildings and lands. Under the agreement the Hospital is responsible for all costs associated with the property, such as redevelopment, insurance, property taxes, and all operating costs. The Hospital has an option to purchase the property at the earlier of, the end of the lease term in October 2036 or when the Hospital provides written notice to purchase the assets. At the time the option to purchase is exercised or at the end of the lease term, the land will transfer to the Hospital for consideration of \$1, unless agreed otherwise in writing. At the time the option to purchase is exercised or at the end of the lease term, the building will transfer to the Hospital at the outstanding balance of the capital lease obligation.

Capital lease repayments are due as follows:

	2024	2023
Year ended March 31:		
2024	\$ _	\$ 795
2025	778	778
2026	764	764
2027	749	749
2028	735	735
2029	720	720
Thereafter	5,020	5,019
Total minimum lease payments	8,766	9,560
Less amount representing interest of 2.52%	1,209	1,407
Present value of net minimum capital lease payments	7,557	8,153
Current portion of obligation under capital lease	596	596
	\$ 6,961	\$ 7,557

Interest of \$198 (2023 - \$212) relating to capital lease obligation has been included in non-salary expenses on the statement of operations. The total amount of building under capital lease is \$8,950 (2023 - \$8,950) with related accumulated amortization of \$nil (2023 - \$nil).

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

10. Long-term debt:

		2024	2023
Bankers' acceptance, unsecured, interest only payments commencing May 3, 2021 through to May 1, 2024 with quarterly blended payments of principal and interest of \$772 thereafter, and the final payment due May 1, 2039. Interest has been fixed at 3.43% (including stamping fee of 0.56%) using an interest rate swap. Includes accrued			
interest of \$nil (2023 - \$245)	\$	36,096	\$ 36,341
Less current portion of long-term debt		1,714	_
	\$	34,382	\$ 36,341
The future principal repayments required for long-term debt i	s as fo	llows:	\$ 1 714
2025	s as fo	llows:	\$
2025 2026	s as fo	llows:	\$ 1,934
2025	s as fo	llows:	\$ 1,934 2,001
2025 2026 2027	s as fo	llows:	\$ 1,934 2,001 2,070
2025 2026 2027 2028	s as fo	llows:	\$ 1,714 1,934 2,001 2,070 2,143 26,234

The Hospital has an interest rate swap agreement to manage the volatility of interest rates. The maturity date of the interest rate swap is the same as the maturity date of the associated long-term debt.

Interest of \$1,229 (2023 - \$1,598) relating to long-term has been included in non-salary expenses.

The fair value of the interest rate swap at March 31, 2024 is in a net favorable position of \$2,591 (2023 - \$1,609) which is recorded on the statement of financial position. The current year impact of the change in fair value of the interest rate swap is an increase in the accumulated measurement gains of \$982 (2023 – \$1,618).

The fair value of the interest rate swap has been determined using Level 3 of the fair value hierarchy. The fair value of interest rate swaps is based on broker quotes. Those quotes are tested for reasonableness by discounting estimated future cash flows based on the terms and maturity of each contract and using market interest rates for a similar instrument at the measurement date.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

11. Asset retirement obligations:

The Hospital owns, leases and operates several buildings that are known to have asbestos, which represents a health hazard upon demolition of the building and there is a legal obligation to remove it.

	2024	2023
Balance, beginning of year Less: obligations settled during the year Add: remeasurement	\$ 6,943 - 1,248	\$ 6,943 - -
Balance, end of year	\$ 8,191	\$ 6,943

12. Internally restricted - capital assets:

Net assets invested in capital assets are calculated as follows:

	2024	2023
Capital assets	\$ 202,475	\$ 195,953
Amounts financed by:		
Deferred capital contributions	(126,539)	(129,381)
Accounts receivable	3,490	6,824
Accounts payable and accrued liabilities	(2,974)	(5,204)
Capital lease obligation	(7,558)	(8,153)
Long-term debt	(36,096)	(36,341)
Asset retirement obligations	(8,191)	(6,943)
Total internally restricted – capital assets	\$ 24,607	\$ 16,755

The Board of Directors has internally restricted \$24,607 of net assets to fund capital assets (2023 - \$16,755).

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

13. Commitments and contingencies:

(a) Service commitments:

Specific medical equipment and other support services are outsourced under agreements that expire in future years. An outsourcing agreement is in place for ongoing supply chain services covering contract management, and procurement of medical, surgical and other supplies. The payments that cover the operating components under the terms of these agreements are as follows:

2029	6,530
2028	10,646
2027	12,797
2026	12,678
2025	\$ 14,987

(b) Contingencies:

The nature of the Hospital's activities is such that there may be litigation pending or in process at any time. With respect to claims at March 31, 2024, management believes that the Hospital has valid defenses and appropriate insurance coverage in place. In the event claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.

On July 1, 1987, a group of health care organizations ("subscribers"), which the Hospital was party of, formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts which permit persons to exchange with other persons reciprocal contracts of indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces and territories where it is licensed. Subscribers pay annual premiums which are actuarially determined, and are subject to assessment for losses in excess of such premiums, if any, experienced by the group of subscribers for the years in which they were a subscriber. No assessments have been made to March 31, 2024.

(c) Employment matters:

During the normal course of business, the Hospital is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

14. Net change in non-cash operating working capital balances:

	2024	2023
Accounts receivable not applicable to capital		
assets	\$ (2,392)	\$ 8,098
Inventories	(4,343)	(1,321)
Prepaid expenses	1,669	(2,121)
Accounts payable and accrued liabilities not		,
applicable to capital assets	(18,375)	(382)
Accrued salary, wages and benefit liabilities	6,326	7,584
Deferred contributions not applicable to capital		
assets	536	44
Total change in non-cash operating		
working capital	\$ (16,579)	\$ 11,902

15. Financial risks:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to the accounts receivable and cash.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2024 is the carrying value of these assets.

As at March 31, 2024, \$2,918 (2023 - \$921) of patient accounts receivable were past due.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the income statement. Subsequent recoveries of impairment losses related to accounts receivable are credited to the statement of operations. The balance of the allowance for doubtful accounts at March 31, 2024 is \$2,389 (2023 - \$1,470).

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements and having financing available. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations. The ability of the Hospital to meet their cash flow requirements in the short term has been impacted by several factors including delays in cash collections on receivables, and the loss of revenue associated with elective surgeries, parking revenue and other forms of patient revenue. The Hospital is continuously monitoring their cash flow in order to maintain its liquidity moving forward.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

15. Financial risks (continued):

(b) Liquidity risk (continued):

Accounts payable and accrued liabilities are generally due within 60 days of receipt of an invoice.

The contractual maturities of capital lease obligations, long-term debt and interest rate swaps are disclosed in notes 9 and 10.

(c) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Hospital to cash flow interest rate risk. The Hospital is exposed to this risk through its interest-bearing operating line, long-term debt, capital lease obligations interest rate swap and the valuation of pension and other defined benefit plans.

The Hospital mitigates interest rate risk on its future financing through a derivative financial instrument (interest rate swaps) that exchanges the variable rate inherent in the debt for a fixed rate (see note 10). Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to the debt. The capital lease obligation is a fixed interest rate lease, therefore fluctuation in market interest rates would not impact future cashflows and operations relating to obligation.

16. Related party transactions:

(a) Grand River Hospital Volunteer Association:

The Grand River Hospital Volunteer Association (the "Volunteer Association") is an independent organization, which raises funds and contributes these funds to the Foundation, which in turn contributes the funds to the Hospital for the purpose mentioned above. The accounts of the Volunteer Association are not included in these financial statements.

(b) Grand River Hospital Foundation:

The Grand River Hospital Foundation (the "Foundation") is an independent organization which raises funds to finance the purchase of capital assets, as well as research and education, as directed by the Foundation's donors, for the Hospital. Although the Foundation is a separate entity and disburses funds at the discretion of its own Board of Governors, one of the Foundation Board members is a member of the Hospital. The accounts of the Foundation are not included in these financial statements.

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

16. Related party transactions (continued):

(b) Grand River Hospital Foundation (continued):

During the year, the Foundation donated \$3,290 (2023 - \$3,597) to the Hospital to fund capital projects which is recognized in deferred capital contributions. The Foundation has funded programs expenses of \$3,931 (2023 - \$3,003) which is included in recoveries from external sources on the statement of operations. At March 31, 2024, there is \$961 (2023 - \$4,475) due from the Foundation to the Hospital.

The Hospital is in a lease agreement with the Foundation as disclosed in note 9.

(c) Grand River Regional Cancer Centre:

The Hospital operates an Integrated Cancer Program ("ICP") with Ontario Health ("OH"). Under the ICP, OH as paymaster for the MOH, provided operating funding of \$66,906 restricted for cancer services, to cover the Hospital for ambulatory, hotel and corporate costs for the year ended March 31, 2024 (2023 - \$56,994). MOH funding for inpatient oncology services remains as part of the Hospital's global funding.

17. KW4 Ontario Health Team statement of operations:

The KW4 Ontario Health Team (OHT) is a designated program that was formed and approved by the MOH on October 23, 2020 and represents the cities of Kitchener, Waterloo, and the Townships of Wellesley, Wilmot and Woolwich. The mission of the KW4 OHT, includes better outcomes for individuals, improved population health overall and better value for the province's health care dollars. The Hospital provides the fund holder role for KW4 OHT, and as such the activity of the KW4 OHT have been included in the financial statements.

	2024	2023
Revenue (included in Ontario Ministry of Health operating) Expenses (included in salaries and benefits and purchased services and non-salary)	\$ 2,350 2,350	\$ 1,940 1,940
Excess of revenue over expenses	\$ _	\$ _

Notes to Financial Statements (cont'd) (Expressed in Thousands of Dollars)

Year ended March 31, 2024

18. Subsequent event:

On April 24, 2024, St. Mary's General Hospital and Grand River Hospital Corporation announced that they had agreed to explore a voluntary merger into a single new hospital corporation. The proposed new organization would operate existing hospital sites and services while continuing to move forward with their joint Building the Future of Care Together capital redevelopment project. There are no expenses related to the potential merger included in the statement of operations.

19. Change in comparative information:

The comparative information in the statement of operations and note 9 have been reclassified from those previously presented to conform to the presentation of the 2023 financial statements.