Financial Statements of

GRAND RIVER HOSPITAL CORPORATION

Year ended March 31, 2010 (Expressed in Thousands of Dollars)



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AUDITORS' REPORT

To the Board of Directors of Grand River Hospital Corporation

We have audited the statement of financial position of Grand River Hospital Corporation (the "Hospital") as at March 31, 2010 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with the Canadian generally accepted accounting principles.

Chartered Accountants, Licensed Public Accountants

KPMG LLP

Waterloo, Canada May 7, 2010

Statement of Financial Position (Expressed in Thousands of Dollars)

March 31, 2010, with comparative figures for 2009

		2010	 2009
Assets			
Current assets:			
Cash and short-term investments (note 3)	\$	25,881	\$ 26,380
Accounts receivable (note 4)		17,313	19,665
Inventories		2,333	2,016
Prepaid expenses		2,334 47,861	 2,071 50,132
		47,001	30, 132
Capital assets (note 5)		178,852	158,333
Accrued pension benefit (note 6)		22,206	16,554
	\$	248,919	\$ 225,019
Liabilities and Net Assets Current liabilities: Accounts payable and accrued liabilities Deferred contributions (note 7) Current portion of capital lease obligation (note 8(a))	\$	35,279 15,676 158	\$ 31,453 15,286 152
		51,113	46,891
Other long-term liabilities (note 8(b))		2,751	1,220
Accrued other benefits obligation (note 6)		4,636	3,479
Deferred capital contributions (note 9)		155,603	137,288
Net assets:			
Internally restricted - capital assets (note 10)		16,143	17,506
Internally restricted - education and corporate development		1,200	1,200
Unrestricted		17,473	 17,435
Commitments and contingencies (note 11)		34,816	36,141
	\$	248,919	\$ 225,019

See accompanying notes to financial statements.

On behalf of the Board:

Directo

Statement of Operations (Expressed in Thousands of Dollars)

Year ended March 31, 2010, with comparative figures for 2009

	 2010	2009
Revenue:		
Ontario Ministry of Health and Long-Term Care	\$ 243,298	\$ 229,588
Billable patient services	21,474	21,477
Recoveries from external sources	25,990	22,931
Other	3,185	3,590
Amortization of deferred capital contributions		•
related to equipment (note 9)	2,913	3,450
	296,860	281,036
Expenses:		
Salaries, wages, benefits and purchased services	179,404	170,227
Medical staff remuneration	20,970	19,443
Non-salary	89,651	85,233
Amortization of equipment	 6,738	 6,636
	296,763	281,539
Excess (deficiency) of revenue over expenses for		
Ontario Ministry of Health and Long-Term Care purposes	97	(503)
Amortization of buildings and building improvements	(7,528)	(7,066)
Amortization of deferred capital contributions related to		
buildings and building improvements (note 9)	6,106	6,181
Deficiency of revenue over expenses	\$ (1,325)	\$ (1,388)

See accompanying notes to financial statements.

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

Year ended March 31, 2010, with comparative figures for 2009

Balance, beginning of yea	car	restricted - pital assets	C	tion and orporate lopment	Uni	restricted 17,435	\$ 2010 Total 36,141	\$ 2009 Total 37,529
Excess (deficiency) of revenue over expenses		(5,247)		-		3,922	(1,325)	(1,388)
Investment in capital assets (note 10)		3,884		-		(3,884)	-	-
Balance, end of year	\$	16,143	\$	1,200	\$	17,473	\$ 34,816	\$ 36,141

See accompanying notes to financial statements.

Statement of Cash Flows (Expressed in Thousands of Dollars)

Year ended March 31, 2010, with comparative figures for 2009

	2010	 2009
Cash provided by (applied to):		
Operations:		
Deficiency of revenue over expenses	\$ (1,325)	\$ (1,388
Employer cash contributions to the KWH pension plan	(8,031)	(7,467
Items not involving cash:		
Amortization of equipment	6,738	6,636
Amortization of buildings	7,528	7,066
Amortization of deferred contributions related to equipment	(2,913)	(3,450)
Amortization of deferred contributions related to buildings	(6,106)	(6,181)
Defined benefit expense	3,536	4,971
Change in non-cash operating working capital (note 12)	3,122	702
	 2,549	 889
Investing activities:		
Purchase and construction of capital assets, net of disposals	(32,755)	(19,950)
Financing activities:		
Contributions received for capital purposes	28,170	8,644
Increase in long-term liabilities	1,537	692
	29,707	 9,336
Decrease in cash	 (499)	 (9,725)
Cash and short-term investments, beginning of year	26,380	36,105
Cash and short-term investments, end of year	\$ 25,881	\$ 26,380

See accompanying notes to financial statements.

Notes to Financial Statements (Expressed in Thousands of Dollars)

Year ended March 31, 2010

The Grand River Hospital Corporation (the "Hospital") is a regional provider of community hospital services to the Cities of Kitchener and Waterloo and the Regional Municipality of Waterloo. The Hospital provides its services primarily through the Kitchener-Waterloo site and the Freeport site. The Hospital is assigned to the Waterloo Wellington Local Health Integration Network. 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:

(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 with the Ontario Ministry of Health and Long-Term Care (the "Ministry"). The funding is provided to the Hospital on a global basis as well as a cost reimbursement basis for specific programs. Except for certain programs, a surplus of revenue over expense incurred during a fiscal year is not required to be returned to the Ministry. As well, the Ministry's stated policy is that deficits incurred by the Hospital will not be funded.

(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 Ontario Ministry of Health and Long-Term Care. 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, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

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 Ministry, preferred accommodation, as well as income from parking and other ancillary operations, is recognized when the goods are sold or the service is provided.

(d) Measurement uncertainty:

The preparation of financial statements in conformity with Canadian generally accepted accounting principles 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, and valuation allowances for receivables. 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.

(f) Capital assets:

Capital assets are recorded at cost less accumulated amortization. The Hospital records amortization of its capital assets on a straight-line basis over the estimated useful life of the asset at the following annual rates:

Buildings and building improvements	2% to 20%
Furniture and equipment	5% to 20%
Equipment under capital lease	20%

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(g) 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.

For the purpose of calculating the expected return on plan assets, those assets are valued at fair value which represent a market-related value. The market-related value of assets has been used for determining the expected return on assets component of the annual expense and for determining the amount of experience gains (losses) to be amortized. The market values at the measurement date are developed from the market values at each of the four preceding fiscal year-ends by accumulating these amounts with contributions, benefit payments, expenses and assumed investment return for the period up to the measurement date. Assumed investment return is calculated assuming that each year assets earned interest at the expected rate of return on assets during the applicable period.

Past service costs from plan amendments or plan initiations are amortized on a straightline basis over the average remaining service period up to the full eligibility date of each of employees active at the date of amendment or plan initiation.

Actuarial gains (losses) arise from the difference between actual long-term rate of return on plan assets for a period and the expected long-term rate of return on plan assets for that period or from changes in actuarial assumptions used to determine the accrued benefit obligation.

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(g) Employee benefits plans (continued):

(i) Defined benefit plans:

The transitional asset (obligation) is being amortized at \$3,423 per year and will be fully amortized in the year ending March 31, 2013.

The excess of the net actuarial gain (loss) over 10% of the greater of the benefit obligation and the fair value of plan assets is 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 13 years.

When the restructuring of a benefit plan gives rise to both a curtailment and a settlement of obligations, the curtailment is accounted for prior to the settlement.

(ii) Multi-employer plan:

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

(h) 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.

(i) Financial instruments:

The Hospital has classified cash and short-term investments as held-for-trading which are measured at fair value. Held-for-trading financial instruments are carried at fair value with changes in the fair value reported in earnings.

Accounts and notes receivable are classified as loans and receivables, which are measured at amortized cost.

Accounts payable, accrued liabilities and other long-term liabilities are classified as other financial liabilities, which are measured at amortized cost.

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

2. Change in accounting policy:

Effective April 1, 2009, the Hospital adopted the following Canadian Institute of Chartered Accountants ("CICA") presentation and disclosure standards:

(i) Amendments to accounting standards that apply only to not-for-profit organizations:

Effective April 1, 2009, the Hospital adopted the CICA amendments to the 4400 Sections of the Handbook. These amendments eliminate the requirement to show net assets invested in capital assets as a separate component of net assets, clarify the requirement for revenue and expenses to be presented on a gross basis when the not-for-profit organization is acting as principal and require a statement of cash flow. The Hospital Board of Directors elected to internally restrict a portion of net assets to fund capital assets and present the balance separately on the statement of financial position. Adoption of these recommendations had no significant impact on the financial statements for the year ended March 31, 2010.

(ii) Amendments to CICA Handbook Section 1000 Financial Statement Concepts:

These amendments clarified the criteria for recognition of an asset or liability, removing the ability to recognize assets or liabilities solely on the basis of matching revenue and expense items. Adoption of these recommendations had no effect on the financial statements for the year ended March 31, 2010.

3. Cash and short-term investments:

The Hospital's investment policy restricts short-term investments to highly liquid, high grade Canadian federal and provincial government bonds, commercial paper of Canadian corporations, and bankers acceptances. At year end, \$nil (2009 - \$2,599) is held in short-term investment instruments bearing interest at nil% (2009 - 0.33%).

The remaining cash is in a current account bearing interest at a rate of prime minus 1.75%. At year end, the prime rate was 2.25% (2009 - 2.50%).

4. Accounts receivable:

	2010	 2009
Ontario Ministry of Health and Long-Term Care Cancer Care Ontario:	\$ 4,396	\$ 6,462
Operating	3,379	1,589
Capital	34	870
Grand River Hospital Foundation	442	145
Patient	4,282	4,757
Other	4,780	5,842
	\$ 17,313	\$ 19,665

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

5. Capital assets:

				2010	2009
	Cost	Accumulated amortization		Net book value	Net book value
Land Buildings and related service equipment and	\$ 809	\$	-	\$ 809	\$ 809
improvements	210,530		(99,154)	111,376	105,459
Furniture and equipment	81,936		(59,963)	21,973	20,450
Construction in progress	44,694		-	44,694	31,615
	\$ 337,969	\$	(159,117)	\$ 178,852	\$ 158,333

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.

6. Pension and other defined benefit plans:

Substantially all of the employees of the Kitchener-Waterloo site are members of a defined benefit registered pension plan ("KWH pension plan") and several individuals also participate in an unfunded supplemental pension plan, both of which are final average earnings programs. The Hospital measures its accrued benefit obligations for accounting purposes based on the most recent actuarial valuation as at December 31, 2007, together with a projection of these results to March 31, 2010 and 2009. The next required valuation will be no later than December 31, 2010.

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, 2008 indicated that the plan is fully funded on a solvency basis.

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

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

The expense for the Hospital's benefit plans are included in the statement of operations and are as follows:

(a) Multi-employer defined benefit plan:

	 2010	2009
Cash paid for contributions to HOOPP	\$ 4,108	\$ 3,588

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

	2010	2009		2010		2009
				Other		Other
	Pension	Pension		benefit	*	benefit
	 plan	 plan		plan		plan
Current service costs, net of						
employees' contributions	\$ 6,961	\$ 9,670	\$	343	\$	159
Expected non-investment expense	500	500		-	•	-
Interest cost	17,977	16,730		323		400
Less – expected return on						
plan assets	(20,323)	(20,565)		-		-
Amortization of transitional		• •				
obligation	(3,423)	(3,423)		271		271
Amortization of past service costs	681	681		220		506
Amortization of net actuarial loss	6	42		-		-
Benefit plan expense	 2,379	3,635	•	1,157		1,336
Cash paid for employer contributions	(8,031)	(7,467)		-		-
	\$ (5,652)	\$ (3,832)	\$	1,157	\$	1,336

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

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

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

		2010		2009		2010		2009
						Other		Other
		Pension		Pension		benefit		benefit
		plan		plan		plan		plan
Approach a position bligation								
Accrued benefit obligation:	ď	(270 667)	ø	(240 400)	ው	(E 424)	•	(7.470)
Balance, beginning of year Current service costs, inclusive	Ф	(279,667)	Ф	(310,190)	\$	(5,131)	\$	(7,476)
of employee contributions		(12 16E)		(45 602)		(242)		(450)
Interest cost		(13,165)		(15,603)		(343)		(159)
		(17,977)		(16,730)		(323)		(400)
Less - benefits paid		10,089		10,774		173		131
Actuarial gain (loss)		(30,944)		52,082		(331)		2,773
Balance, end of year	\$	(331,664)	\$	(279,667)	\$	(5,955)	\$	(5,131)
Diamonasta								
Plan assets: Fair value, beginning of year	\$	240.220	ø	204 006	•		•	
	Ф	249,230	\$,	\$	-	\$	-
Actual return on plan assets		49,427		(43,680)		-		-
Employer contributions (included		0.004		7.407		470		404
in salaries, wages and benefits)		8,031		7,467		173		131
Employees' contributions		6,204		5,933		119		98
Less benefits paid		(10,089)		(10,774)		(292)		(229)
Actual plan expenses		(889)		(812)		-		-
Fair value, end of year	\$	301,914	\$	249,230	\$	-	\$	<u>-</u>
								_
Funded status-plan deficit Unamortized net actuarial	\$	(29,750)	\$	(30,437)	\$	(5,955)	\$	(5,131)
loss (gain)		58,891		56,668		(2,962)		(3,539)
Unamortized transitional asset		00,001		00,000		(2,002)		(0,000)
(obligation)		(10,265)		(13,688)		1,085		1,356
Unamortized past service costs		3,330		4,011		3,196		3,835
Accrued defined benefit plan assets (obligation)	\$	22,206	\$	16,554	\$	(4,636)	\$	(2.470)
assets (obligation)	Ψ	22,200	Ψ	10,004	Ψ	(4,030)	Ψ	(3,479)

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

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

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

	2010	2009
Accrued benefit obligation at end of year:		
Rate of compensation increase	3.50%	3.50%
Discount rate (pension benefits)	5.70%	6.40%
Discount rate (other benefits)	5.20%	6.00%
Benefit costs for fiscal year:		
Expected long-term rate of return on plan assets	6.75%	6.75%
Discount rate (pension benefits)	6.40%	5.35%
Discount rate (other benefits)	6.00%	5.30%
Healthcare costs (other benefits) 10.00% in 2009,		
reducing to 5.00% in 2019 by 0.50% per annum	9.50%	10.00%
Dental costs (other benefits)	4.50%	4.50%
Rate of compensation increase	3.50%	3.50%

The KWH pension plan consists of the following assets as at December 31:

	2010	2009
Pooled bonds	38.7%	50.4%
Pooled investments	61.3%	49.6%
	100.0%	100.0%

7. Deferred contributions:

Deferred contributions represent unspent restricted grants for education and research of \$2,749 (2009 - \$2,614), and deferred funding from Ministry of Health and Long-Term Care of \$6,923 (2009 - \$6,891) and for the Grand River Regional Cancer Centre in the amount of \$6,004 (2009 - \$5,781). The changes in the deferred contributions balance are as follows:

	 2010	 2009
Balance, beginning of year Contributions received during the year Less amounts recognized as revenue during the year	\$ 15,286 6,211 (5,821)	\$ 7,971 10,512 (3,197)
Balance, end of year	\$ 15,676	\$ 15,286

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

8. Other long-term liabilities (continued):

(a) Obligation under capital lease:

	2010	2009
Year ending March 31:		
2010	\$ -	\$ 170
2011	170	170
2012	170	170
Total minimum lease payments	 340	 510
Less amount representing interest at 4.94%	18	36
Present value of net minimum capital lease payments	 322	 474
Current portion of obligation under capital lease	158	152
-	\$ 164	\$ 322

(b) Other long-term liabilities consist of:

	2010	 2009
Capital lease Construction holdback	\$ 164 2,587	\$ 322 898
	\$ 2,751	\$ 1,220

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

9. Deferred capital contributions:

The changes in deferred capital contributions are as follows:

	2010	 2009
Balance, beginning of year	\$ 137,288	\$ 137,605
Contributions from:		
Grand River Hospital Foundation (note 14)	7,724	2,599
Ontario Ministry of Health and Long-Term Care	14,606	5,682
The Regional Municipality of Waterloo	3,500	534
Cancer Care Ontario	726	(55)
Other capital contributions	778	554
	164,622	 146,919
Less:		
Amortization of deferred capital contributions		
related to equipment	(2,913)	(3,450)
Amortization of deferred capital contributions		
related to buildings and building improvements	(6,106)	(6,181)
Balance, end of year	\$ 155,603	\$ 137,288

10. Internally restricted - capital assets:

Net assets invested in capital assets is calculated as follows:

		2010	 2009
Capital assets	\$	178,852	\$ 158,333
Amounts financed by:			
Deferred capital contributions		(155,603)	(137,288)
Accounts payable and accrued liabilities		(4,198)	(2,168)
Long-term liabilities	(2,908)	(1,371)	
	\$	16,143	\$ 17,506

The Board of Directors has internally restricted \$16,143 of net assets to fund capital assets (2009-\$17,506).

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

11. Commitments and contingencies:

(a) Service commitments:

The Hospital has outsourced its information systems under an agreement that expires in 2012. Specific medical equipment and other support services are outsourced under agreements that expire 2010, 2011 and 2012, respectively. An outsourcing agreement was signed this fiscal year 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:

2011 2012	\$ 2,538 2,033
2013 2014	1,998
2015	525 540
Thereafter	 278

(b) Capital commitments:

The Hospital has entered into several contracts relating to major capital projects.

The commitments are as follows as at March 31, 2010:

Major capital projects:	
Long-Term Mental Health and Patient Care Development	\$ 53,458

These projects are being funded by the Ontario Ministry of Health and Long-Term Care, the Regional Municipality of Waterloo and the Grand River Hospital Foundation.

(c) Operating lease commitments:

The Hospital is committed to payments under various operating leases for office equipment. The annual payments are as follows:

2011	\$	546
2012	.	295
2013		38

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

11. Commitments and contingencies (continued):

(d) Contingencies:

The nature of the Hospital's activities is such that there may be litigation pending or in the prospect at any time. With respect to claims at March 31, 2010, 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.

The Hospital participates in Healthcare Insurance Reciprocal of Canada, a pooling of the public liability insurance risks of its hospital members. All members of the pool pay premiums which are actuarially determined. All members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2010.

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

	2010	 2009
Accounts receivable not applicable to capital assets	\$ 1,516	\$ (1,242)
Inventories	(317)	(74)
Prepaid expenses	(263)	473
Accounts payable and accrued liabilities not applicable		
to capital assets	1,796	(5,628)
Deferred contributions not applicable to capital assets	390	7.315
Long-term liabilities not applicable to capital assets	-	(142)
Net change in non-cash operating working capital balances	\$ 3,122	\$ 702

13. Net asset management:

The main objective of the Hospital when managing its net assets is to safeguard its ability to continue as a going concern, so that it can continue to provide full hospital services to the community.

The Hospital sets the sufficiency of net assets to maintain the service needs of the community. It makes adjustments to its net assets, through adjustments to its operating budget to respond to potential changes in economic or operating conditions.

In order to maintain a sufficient net asset structure, management looks forward to future needs and will make the necessary adjustments to its working capital to meet these needs.

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

14. Related party transactions:

(a) 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 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, some of the Foundation Board members are also members of the Hospital. The accounts of the Foundation are not included in these financial statements.

During the year, the Foundation donated \$7,724 (2009 - \$2,599) to the Hospital to fund capital projects. At March 31, 2010, there is \$442 (2009 - \$145) due from the Foundation to the Hospital. At December 31, 2009, the Foundation had net assets of \$27,937 (2009 - \$25,209).

(b) 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.

At March 31, 2010, there is \$9 (2009 - \$8) due from the Volunteer Association to the Hospital.

(c) Grand River Regional Cancer Centre:

Effective January 1, 2006, the former joint venture agreement with Cancer Care Ontario (CCO) ended and the Hospital entered into an integration cancer program agreement ("ICP") with CCO. Certain assets are to be transferred in the future from CCO to the Hospital, for \$nil consideration, pending Ministry approval. The net book value and related unamortized portion of capital grants of the assets yet to be transferred is \$662 (2009 - \$181). Under the ICP, equipment with a unit value greater than \$250 will remain the property of CCO and is not reflected in these financial statements.

Also under the ICP, CCO as paymaster for the Ministry, provides operating funding, restricted for cancer services, to the Hospital for ambulatory, hotel and corporate costs of \$20,838 for the year ending March 31, 2010 (2009 - \$17,773). Ministry funding for inpatient oncology services remains as part of the Hospital's global funding.

Notes to Financial Statements, continued (Expressed in Thousands of Dollars)

Year ended March 31, 2010

15. Supplemental cash flow information:

	2010	2009
Cash received for interest	\$ 77	\$ 445

16. Financial instruments:

(a) Fair value:

For certain of the Hospital's financial instruments, cash, accounts receivable, bank indebtedness, accounts payables and accrued liabilities, the carrying amounts approximate fair value due to the short-term maturity.

(b) Associated risks:

(i) Interest rate risk:

Interest rate risk refers to the adverse consequences of interest rate changes on the Hospital's cash flows, financial position and income.

(ii) Credit risk:

Credit risk is the risk that counterparties fail to perform as contracted. The Hospital is exposed to credit risk through its collection of patient receivables. The Hospital is not exposed to a concentration of credit risk from its accounts receivable due to the number and diversity of patient accounts.

17. Comparative figures:

Certain comparative figures have been reclassified to conform to the financial statement presentation adopted for 2010.