Financial statements of

Grand River Hospital Corporation

Year ended March 31, 2023 (Expressed in Thousands of Dollars)

Financial statements (Expressed in Thousands of Dollars)

Year ended March 31, 2023

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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, 2023
- 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, 2023, 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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Emphasis of Matter – Change in Accounting Policy

We draw attention to Note 2 to the financial statements which indicates that the Hospital has changed its accounting policy for Asset Retirement Obligations, as a result of the adoption of PS 3280, Asset Retirement Obligations, and has applied the change using the modified retrospective method.

Our opinion is not modified in respect of this matter.

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.



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We also:

 Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design
 audit procedures that are appropriate in the circumstances, but not for the purpose of
 expressing an opinion on the effectiveness of the Hospital's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other
 matters, the planned scope and timing of the audit and significant audit findings,
 including any significant deficiencies in internal control that we identify during our
 audit.

Chartered Professional Accountants, Licensed Public Accountants

Kitchener, Canada June 19, 2023

KPMG LLP

Statement of Financial Position (Expressed in Thousands of Dollars)

As at March 31, 2023, with comparative information for 2022

	Notes		2023		2022
Assets					
Current Assets					
Cash		\$	41,863	\$	43,671
Short-term investments	3		10,293		_
Accounts receivable	4		41,430		50,195
Inventories			10,646		9,325
Prepaid expenses			11,736		9,615
Total Current Assets			115,968		112,806
Long-Term Assets					
Capital assets	5		195,953		195,975
Accrued pension benefit assets	6		46,576		45,109
Fair value of interest-rate swap	10		1,609		_
Total Long-Term Assets			244,138		241,084
Total Assets		\$	360,106	\$	353,890
Liabilities and Net Assets					
Current liabilities					
Accounts payable and accrued liabilities		\$	74,257	\$	72,537
Accrued salary, wages and benefit		•	, -	•	,
liabilities			31,148		23,564
Deferred contributions	8		3,804		3,760
Current portion of obligation under capita	I				
lease	9		596		596
Total Current Liabilities			109,805		100,457
Long-Term Liabilities					
Accrued other benefits obligation	6		13,159		13,389
Deferred capital contributions	8		129,381		133,535
Obligation under capital lease	9		7,557		8,304
Long-term debt	10		36,341		36,096
Fair value of interest-rate swap	10		_		9
Asset retirement obligations	2 and 11		6,943		_
Total Long-Term Liabilities			193,381		191,333
Total Liabilities			303,186		291,790
Net Assets					
Internally restricted - capital assets	12		16,755		14,342
Unrestricted surplus			38,556		47,767
Accumulated remeasurement gain (loss)			1,609		(9)
Total Net Assets			56,920		62,100
Commitments and contingencies	13				•
Total Liabilities and Net Assets		\$	360,106	\$	353,890

See the accompanying notes to the financial statements.

On behalf of the Board:			
Sandia J. Planmer		Dalelle	
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Statement of Operations (Expressed in Thousands of Dollars)

Year ended March 31, 2023, with comparative information for 2022

	Notes	2023	2022
Revenue			
Ontario Ministry of Health ("MOH")			
Operating	17	\$ 452,702	\$ 436,786
Billable patient services		31,300	27,623
Recoveries from external sources		43,722	39,186
Other		6,809	4,569
Amortization of deferred capital			
contributions related to equipment	8	8,541	8,040
Total revenue		543,074	516,204
Expenses			
Salaries, wages, benefits and			
purchased services		324,890	303,664
Medical staff remuneration		31,008	33,808
Non-salary		169,071	154,762
Amortization of equipment		16,367	15,274
Total expenses		541,336	507,508
Excess of revenue over expenses			
for MOH purposes		1,738	8,696
Amortization of buildings and building			
improvements		(9,460)	(10,361)
Amortization of deferred capital			
contributions related to buildings	_		
and building improvements	8	7,867	7,766
Excess of revenue over expenses		\$ 145	\$ 6,101

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

Year ended March 31, 2023, with comparative information for 2022

	Internally restricted - capital assets	Unrestricted	Total 2023	Total 2022
Balance, as previously reported, beginning of year	\$ 14,342	\$ 47,767	\$ 62,109	\$ 56,008
Change in accounting policy (note 2)	(6,943)	_	(6,943)	-
Balance, as restated, beginning of year	7,399	47,767	55,166	56,008
Excess (deficiency) of revenue over expenses	(9,419)	9,564	145	6,101
Purchase of capital assets, net of write-down	23,703	(23,703)	-	_
Contributions received for capital purposes	(12,921)	12,921	_	_
Capital lease obligation repayment	747	(747)	_	-
Long-term debt funding capital assets	(245)	245	_	_
Interfund transfer	7,491	(7,491)	-	-
Balance, end of year	\$ 16,755	\$ 38,556	\$ 55,311	\$ 62,109

Grand River Hospital Corporation Statement of Remeasurement Gains and Losses

(Expressed in Thousands of Dollars)

Year ended March 31, 2023, with comparative information for 2022

	Note	2023	2022
Accumulated remeasurement losses, beginning of year		\$ (9)	\$ (2,614)
Unrealized gain attributable to derivative (interest rate swap)	10	1,618	2,605
Accumulated remeasurement gains (losses), end of year		\$ 1,609	\$ (9)

Statement of Cash Flows (Expressed in Thousands of Dollars)

Year ended March 31, 2023, with comparative information for 2022

	Notes	2023	2022
Cash provided by (used in)			
Operations			
Excess of revenue over expenses		\$ 145	\$ 6,101
Employer cash contributions to the KWH pension plan	6(c)	(10,990)	(10,789)
Employer cash contributions to other defined benefit plans	6(c)	(797)	(666)
Items not involving cash			
Amortization of equipment Amortization of buildings and building		16,367	15,274
improvements		9,460	10,361
Write-down of capital assets		2,205	_
Amortization of deferred contributions related to equipment	8	(8,541)	(8,040)
Amortization of deferred contributions related to building and building	8		, ,
improvements		(7,867)	(7,766)
Defined benefit expense	6(c)	10,090	10,625
Change in non-cash operating working capital	14	11,902	26,592
Cash provided by operating activities		21,974	41,692
Investing Activities			
Purchase and construction of capital assets,			
net of disposals		(25,908)	(12,351)
Purchase of short- term investments, net of		(20,000)	(12,001)
accrued interest		(10,293)	_
Cash used in investing activities		(36,201)	(12,351)
Financing Activities			
Contributions received for capital purposes		12,921	13,318
Advance of long-term debt, including	10	,	,
accrued interest		245	40
Repayment of capital lease obligation		(747)	(50)
Cash provided by financing activities		12,419	13,308
Increase (decrease) in cash		(1,808)	42,649
Cash, beginning of year		43,671	1,022
Cash, end of year		\$ 41,863	\$ 43,671

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

Year ended March 31, 2023

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.

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

Year ended March 31, 2023

1. Significant accounting policies (continued):

(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.

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 when the goods are sold or 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.

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

Year ended March 31, 2023

1. Significant accounting policies (continued):

(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. 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. Under the modified retroactive method, the assumptions used on initial recognition are those as of the date of adoption of the standard. Assumptions used in the subsequent calculations are revised yearly. 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, 2023

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 11.5 years (2022 – 11.7 years). The average remaining service period of the active employees covered by the other retirement benefits plan is 13.4 years (2022 - 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, 2023

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 is 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, 2023

2. Change in accounting standard:

On April 1, 2022, the Hospital adopted Canadian public sector accounting standard PS 3280 Asset Retirement Obligations. The new accounting standard addresses the reporting of legal obligations associated with the retirement of certain capital assets, such as asbestos removal in retired buildings by public sector entities. The standard was adopted on the modified retroactive basis at the date of adoption, without restatement of comparative information.

The Hospital recognized an asset retirement obligation relating to buildings owned and leased by the Hospital that contain asbestos. The liability is measured as of the date of original purchase/constructed and leased buildings, when the liability was assumed. The buildings expected useful life estimate has not changed since purchase/constructed or leased. The change resulted in a decrease in the opening net assets (invested in capital assets) balance by \$6,943 as a result of the recognition of the liability.

	April 1, 2022 As previously reported	Change	April 1, 2022 As Restated
Net assets – internally restricted- capital assets	\$ 14,342	\$ (6,943)	\$ 7,399
Asset retirement obligations	_	6,943	6,943

3. Short-term investment:

	2023	2022
Guaranteed investment certificate with interest at 4.4%, matures July 28, 2023	\$ 10,293	\$ _

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

Year ended March 31, 2023

4. Accounts receivable:

		Operating		Capital	2023	2022
	_		_			
MOH	\$	7,754	\$	3,955	\$ 11,709	\$ 28,464
Ontario Health		8,790		_	8,790	5,628
Grand River Hospital						
Foundation		2,050		2,425	4,475	784
Patient		8,436		_	8,436	5,664
Other		9,046		444	9,490	11,180
		36,076		6,824	42,900	51,720
Less allowance for						
doubtful accounts		1,470		_	1,470	1,525
Total	\$	34,606	\$	6,824	\$ 41,430	\$ 50,195

5. Capital assets:

	Cont	Accumulated	2023 Net book	2022 Net book
-	Cost	Amortization	Value	value
Land	\$ 809	\$ _	\$ 809	\$ 809
Buildings and related				
service equipment and improvements	312,733	228,665	84,068	91,556
Furniture and	012,700	220,000	04,000	31,000
equipment	153,972	117,759	36,213	41,119
Hospital information				
system	56,256	14,371	41,885	46,118
Building under capital lease	8,950		8,950	8,950
Assets under	0,930	_	0,930	0,930
construction	24,028	_	24,028	7,423
Total capital assets	\$ 556,748	\$ 360,795	\$ 195,953	\$ 195,975

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, 2023

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 July 1, 2022, with a measurement date of December 31, 2022, together with a projection of these results to March 31, 2023. 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, 2021, together with a projection of these results to March 31, 2023.

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, 2022 indicated that the plan is fully funded.

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

	2023	2022
Accrued benefit obligation at end of year:		
Rate of compensation increase	2.50%	2.50%
Discount rate (pension benefits)	6.60%	5.75%
Discount rate (other benefits)	4.05%	2.90%
Benefit costs for fiscal year:		
Expected long-term rate of return on plan assets	6.60%	5.75%
Discount rate (pension benefits)	5.75%	5.75%
Discount rate (other benefits)	2.90%	2.44%
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, 2023

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

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

	2023	2022
Cash and short-term investments	3%	3%
Pooled bonds	36%	34%
Pooled equities	53%	60%
Other	8%	3%
	100%	100%

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

	2023	2022	2023	2022
			Other	Other
	Pension	Pension	benefit	benefit
	plan	plan	Plans	plans
Current service costs, net				
of employees'				
contributions	\$ 11,110	\$ 10,946	\$ 775	\$ 792
Interest cost	33,255	31,790	260	215
Less – expected return on				
plan assets	(35,531)	(33,731)	_	_
Amortization of net	, ,	, ,		
actuarial (gain) loss	689	1,072	(468)	(459)
Benefit plan expense	9,523	10,077	567	548
Cash paid for employer				
contributions	(10,990)	(10,789)	(797)	(666)
	\$ (1,467)	\$ (712)	\$ (230)	\$ (118)

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

Year ended March 31, 2023

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

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

	2023	2022	2023	2022
			Other	Other
	Pension	Pension	benefit	benefit
	plan	plan	plans	plans
Accrued benefit obligation,				
beginning of year Current service costs, inclusive of employee	\$ (583,101)	\$ (557,889)	\$ (8,425)	\$ (8,206)
contributions	(19,685)	(18,853)	(775)	(792)
Interest cost	(33,255)	(31,790)	(260)	(215)
Less – benefits paid	40,993	25,705	787	666
Actuarial gain (loss)	55,666	(274)	2,029	122
Accrued benefit	00,000	(27.1)	2,020	122
obligation, balance,				
end of year	\$ (539,382)	\$ (583,101)	\$ (6,644)	\$ (8,425)
Plan assets fair				
value,				
beginning of year	621,569	590,219	_	_
Expected return on				
plan assets	35,531	33,731	_	_
Employer contributions				
(included in salaries,				
wages and benefits) Employee	10,817	10,789	787	666
contributions	8,575	8,548	_	_
Less benefits paid	(40,993)	(25,705)	(787)	(666)
Actual plan expenses	_	(1,197)	_	_
Experience gain (loss)	(22,078)	5,184	_	_
Plan assets fair				
value, end of year	\$ 613,421	\$ 621,569	\$ 	\$ _
Funded status plan				
surplus (deficit)	\$ 74,039	\$ 38,468	\$ (6,644)	\$ (8,425)
Unamortized net				
actuarial gain (loss)	(30,376)	3,901	(6,714)	(5,153)
Employer contributions	•		, ,	. ,
after measurement				
date	2,913	2,740	199	189
Accrued defined				
benefit plan assets				
(obligation)	\$ 46,576	\$ 45,109	\$ (13,159)	\$ (13,389)

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

Year ended March 31, 2023

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

(d) Multi-employer defined benefit plan expense:

	2023	2022
Cash paid for contributions to HOOPP	\$ 8,173	\$ 7,849

7. Operating line:

The Hospital has an unsecured operating line available up to a maximum of \$25,000 (2022 - \$25,000). The operating line is at bank's prime rate minus 0.85%. At year end \$nil (2022 - \$nil) was drawn on the operating line.

8. Deferred contributions:

Deferred contributions include unspent restricted grants for education and research of \$2,100 (2022 - \$1,555) and unspent restricted grants for the Grand River Regional Cancer Centre in the amount of \$1,175 (2022 - \$1,567). The changes in the deferred contributions balance are as follows:

	2023	2022
Balance, beginning of year	\$ 3,760	\$ 2,096
Contributions received during the year Less amounts recognized as revenue during the year	1,754 (1,710)	3,270 (1,606)
Less amounts recognized as revenue during the year	(1,710)	(1,000)
Balance, end of year	\$ 3,804	\$ 3,760

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

Year ended March 31, 2023

8. Deferred contributions (continued):

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

	Note	2023	2022
Balance, beginning of year	\$	133,535	\$ 135,799
Contributions from:			
Grand River Hospital Foundation	16	3,597	6,947
Ontario Ministry of Health		7,933	4,667
Ontario Ministry of Health COVID-19	17	395	863
Ontario Health (formerly "Cancer Care Ontario")		355	1,440
Other capital contributions (transfers to recoveries from external sources in the statement of			
operations)		(26)	(375)
		12,254	13,542
Less:			
Amortization of deferred capital contributions related to equipment		(8,541)	(8,040)
Amortization of deferred capital contributions related to buildings and building improvements		(7,867)	(7,766)
Balance, end of year	\$	129,381	\$ 133,535

During the 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, 2023

9. Obligation under capital lease:

In the prior year, 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:

	2023	2022
Year ended March 31:		
2023	\$ _	\$ 754
2024	744	744
2025	732	732
2026	721	721
2027	652	713
2028	643	713
Thereafter	5,434	5,900
Total minimum lease payments	8,926	10,277
Less amount representing interest of 2.52%	773	1,377
Present value of net minimum capital lease payments	8,153	8,900
Current portion of obligation under capital lease	596	596
	\$ 7,557	\$ 8,304

Interest of \$7 (2022 - \$13) 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 (2022 - \$8,950) with related accumulated amortization of \$nil (2022 - \$nil).

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

Year ended March 31, 2023

10. Long-term debt:

	2023	2022
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 \$245 (2022 - \$40)	\$ 36,341	\$ 36,096

In the prior year, the Hospital cancelled a portion of the interest rate swap that was in excess of the associated long-term debt. The cost of the settlement of the portion of the interest rate swap was a payment of \$383. The future principal repayments required for long-term debt is as follows:

2025 2026 2027 2028 2029 Thereafter	\$ 1,874 1,939 2,007 2,076 2,149 26,296
	\$ 36,341

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 \$1,598 (2022 - \$41) relating to long-term has been included in non-salary expenses.

The fair value of the interest rate swap at March 31, 2023 is in a net favorable position of \$1,609 (2022 - unfavourable \$9) 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 \$1,618 (2022 – decrease in accumulated losses \$2,605).

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, 2023

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.

	2023	2022
Balance, beginning of year, as restated Less: obligations settled during the year	\$ 6,943 -	\$ -
Less: current portion reported in accounts payable and accrued liabilities	-	-
Balance, end of the year	\$ 6,943	\$

12. Internally restricted - capital assets:

Net assets invested in capital assets are calculated as follows:

	2023	2022
Capital assets	\$ 195,953	\$ 195,975
Amounts financed by:		
Deferred capital contributions	(129,381)	(133,535)
Accounts receivable	6,824	_
Accounts payable and accrued liabilities	(5,204)	(3,102)
Capital lease obligation	(8,153)	(8,900)
Long-term debt	(36,341)	(36,096)
Asset retirement obligations	(6,943)	_
Total internally restricted – capital assets	\$ 16,755	\$ 14,342

The Board of Directors has internally restricted \$16,755 of net assets to fund capital assets (2022 - \$14,342).

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

Year ended March 31, 2023

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:

8,288
10,392
10,324
10,988
\$ 17,251
\$

(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, 2023, 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, 2023.

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

Year ended March 31, 2023

13. Commitments and contingencies (continued):

(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.

(d) Bill 124:

On November 29, 2022, the Ontario Superior Court rendered a decision to declare the *Protecting a Sustainable Public Sector for Future Generations Act*, 2019, known as Bill 124, to be void and of no effect. On December 29, 2022, The Province of Ontario appealed the Superior Court's decision, but the Government has not sought a stay of decision. This ruling has triggered reopener provisions that required renewed negotiations with certain labour groups on compensation for the years that were previously capped by the legislation. The Hospital has recorded liabilities based on subsequent settlement amounts and management's estimate of potential settlement amounts.

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

	2023	2022
Accounts receivable not applicable to capital		
assets	\$ 8,098	\$ 13,543
Inventories	(1,321)	(1,034)
Prepaid expenses	(2,121)	(3,058)
Accounts payable and accrued liabilities not		, ,
applicable to capital assets	(382)	18,519
Accrued salary, wages and benefit liabilities	7,584	(3,042)
Deferred contributions not applicable to capital		
assets	44	1,664
Total change in non-cash operating working		
capital	\$ 11,902	\$ 26,592
	2023	2022
Buildings under capital lease additions funded by		
capital lease obligation	\$ _	\$ 8,950

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

Year ended March 31, 2023

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, 2023 is the carrying value of these assets.

As at March 31, 2023, \$921 (2022 - \$501) 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, 2023 is \$1,470 (2022 - \$1,525).

(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.

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.

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

Year ended March 31, 2023

15. Financial risks (continued):

(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.

During the year, the Foundation donated \$3,597 (2022 - \$6,947) to the Hospital to fund capital projects which is recognized in deferred capital contributions. The Foundation has funded programs expenses of \$3,003 (2022 - \$1,414) which is included in recoveries from external sources on the statement of operations. At March 31, 2023, there is \$4,475 (2022 - \$784) due from the Foundation to the Hospital.

In the prior year, the Foundation entered into a lease agreement with the Hospital as disclosed in note 9.

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

Year ended March 31, 2023

16. Related party transactions (continued):

(c) Grand River Regional Cancer Centre:

The Hospital operates an Integrated Cancer Program ("ICP") with Ontario Health ("OH") (formerly "Cancer Care Ontario"). Under the ICP, OH as paymaster for the MOH, provided operating funding of \$56,994 restricted for cancer services, to cover the Hospital for ambulatory, hotel and corporate costs for the year ended March 31, 2023 (2022 - \$48,851). MOH funding for inpatient oncology services remains as part of the Hospital's global funding.

17. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19), the MOH has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs resulting from COVID-19. In addition to these funding programs, the MOH is also permitting hospitals to redirect unused funding from certain programs towards budgetary pressures through a broad-based funding reconciliation.

The Hospital has recognized \$62,834 (2022 - \$77,394) in COVID-19 related MOH revenues. Any adjustments to Management's estimate of MOH revenues will be reflected in the Hospital's financial statements in the year of settlement.

In addition to the above, the Hospital has also recognized \$395 (2022- \$863) in MOH funding for COVID-19 related capital expenditures, which has been recorded as an additional to deferred capital contributions during the year.

18. 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.

	2023	2022
Revenue (included in Ontario Ministry of Health operating)	\$ 1,940	\$ 1,011
Expenses (included in salaries and benefits and purchased services and non-salary)	1,940	1,011
Excess of revenue over expenses	\$ _	\$ -
Surplus	_	107