

Financial statements of

Grand River Hospital Corporation

Year ended March 31, 2025
(Expressed in Thousands of Dollars)

Grand River Hospital Corporation

Index to Financial Statements
(Expressed in Thousands of Dollars)

Year ended March 31, 2025

Independent Auditor's Report.....

Financial statements

Statement of Financial Position.....	1
Statement of Operations.....	3
Statement of Changes in Net Assets.....	4
Statement of Remeasurement Gains and Losses.....	5
Statement of Cash Flows.....	6
Notes to Financial Statements.....	7



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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, 2025
- 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, 2025, 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.



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.



Page 3

- 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.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, stylized font and is underlined with a single horizontal stroke.

Chartered Professional Accountants, Licensed Public Accountants

Kitchener, Canada

June 6, 2025

Grand River Hospital Corporation

Statement of Financial Position
(Expressed in Thousands of Dollars)

As at March 31, 2025, with comparative information for 2024

	Notes	2025	2024
Assets			
Current Assets			
Cash		\$ 2,006	\$ 25,626
Accounts receivable	2	44,693	40,314
Inventories		15,081	14,989
Prepaid expenses		12,887	10,067
Total Current Assets		74,667	90,996
Long-Term Assets			
Capital assets	3	200,722	202,475
Accrued pension benefit assets	4	80,681	59,922
Fair value of interest-rate swap	8	388	2,591
Total Long-Term Assets		281,791	264,988
Total Assets		\$ 356,458	\$ 355,984

Grand River Hospital Corporation

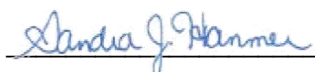
Statement of Financial Position (continued)
(Expressed in Thousands of Dollars)

As at March 31, 2025, with comparative information for 2024

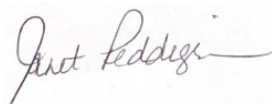
	Notes	2025	2024
Liabilities and Net Assets			
Current liabilities			
Accounts payable and accrued liabilities		65,252	53,478
Accrued salary, wages and benefit liabilities		31,633	37,474
Deferred contributions	6	3,167	4,340
Current portion of long-term debt	8	1,923	1,714
Current portion of obligation under capital lease	7	597	596
Total Current Liabilities		102,572	97,602
Long-Term Liabilities			
Accrued other benefits obligation	4	12,809	12,582
Deferred capital contributions	6	119,471	126,539
Obligation under capital lease	7	6,364	6,961
Long-term debt	8	32,774	34,382
Asset retirement obligations	9	8,378	8,191
Total Long-Term Liabilities		179,796	188,655
Total Liabilities		282,368	286,257
Net Assets			
Internally restricted - capital assets	10	34,496	24,607
Unrestricted surplus		39,206	42,529
Accumulated remeasurement gains		388	2,591
Total Net Assets		74,090	69,727
Commitments and contingencies	11		
Subsequent event	17		
Total Liabilities and Net Assets		\$ 356,458	\$ 355,984

See the accompanying notes to the financial statements.

On behalf of the Board:



Director



Director

Grand River Hospital Corporation

Statement of Operations
(Expressed in Thousands of Dollars)

Year ended March 31, 2025, with comparative information for 2024

	Notes	2025	2024
Revenue			
Ontario Ministry of Health ("MOH") Operating	\$	526,366	\$ 499,120
Billable patient services		36,182	35,939
Recoveries from external sources		65,901	52,025
Other		8,052	7,056
Amortization of deferred capital contributions related to equipment	6	9,650	8,372
Total revenue		646,151	602,512
Expenses			
Salaries, wages, benefits and purchased services		362,855	354,286
Medical staff remuneration		32,675	30,423
Non-salary		224,857	186,723
Amortization of equipment		16,964	16,276
Total expenses		637,351	587,708
Excess of revenue over expenses for MOH purposes			
		8,800	14,804
Amortization of buildings and building improvements		(10,018)	(9,683)
Remeasurement of asset retirement obligations	9	(187)	(1,248)
Amortization of deferred capital contributions related to buildings and building improvements	6	7,971	7,952
Excess of revenue over expenses	\$	6,566	\$ 11,825

See the accompanying notes to the financial statements.

Grand River Hospital Corporation

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

Year ended March 31, 2025, with comparative information for 2024

	Internally restricted- capital assets		Unrestricted	Total	
				2025	2024
Balance, beginning of year	\$	24,607	\$	42,529	\$ 67,136
Excess (deficiency) of revenue over expenses		(9,559)		16,125	6,566
Purchase of capital assets		25,132		(25,132)	—
Contributions received for capital purposes		(7,679)		7,679	—
Capital lease obligation repayment		596		(596)	—
Long-term debt funding capital assets		1,399		(1,399)	—
Balance, end of year	\$	34,496	\$	39,206	\$ 73,702

See the accompanying notes to the financial statements.

Grand River Hospital Corporation

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

Year ended March 31, 2025, with comparative information for 2024

	Note	2025	2024
Accumulated remeasurement gains, beginning of year		\$ 2,591	\$ 1,609
Unrealized gain (loss) attributable to derivative - interest rate swap	8	(2,203)	982
Accumulated remeasurement gains, end of year		\$ 388	\$ 2,591

See the accompanying notes to the financial statements.

Grand River Hospital Corporation

Statement of Cash Flows
(Expressed in Thousands of Dollars)

Year ended March 31, 2025, with comparative information for 2024

	Notes	2025	2024
Cash provided by (used in)			
Operations			
Excess of revenue over expenses		\$ 6,566	\$ 11,825
Employer cash contributions to the KWH pension plan	4 (e)	(20,267)	(13,129)
Employer cash contributions to other defined benefit plans	4 (f)	(641)	(711)
Items not involving cash:			
Amortization of equipment		16,964	16,276
Amortization of buildings and building improvements		10,018	9,683
Asset retirement obligations	9	187	1,248
Write-down of capital assets and deferred capital contributions		11	—
Amortization of deferred contributions related to equipment	6	(9,650)	(8,372)
Amortization of deferred contributions related to building and building improvements	6	(7,971)	(7,952)
Defined benefit expense	4 (f)	868	134
Defined pension plan benefit expense	4 (e)	(492)	(217)
Change in non-cash operating working capital	12	235	(16,579)
Cash provided by operating activities		(4,172)	(7,794)
Investing Activities			
Purchase and construction of capital assets, net of disposals		(25,132)	(34,711)
Sales of short-term investments, net of accrued interest		—	10,293
Cash used in investing activities		(25,132)	(24,418)
Financing Activities			
Contributions received for capital purposes		7,679	16,816
Repayment of accrued interest on long-term debt		(1,399)	(245)
Repayment of capital lease obligation		(596)	(596)
Cash provided by financing activities		5,684	15,975
Decrease in cash		(23,620)	(16,237)
Cash, beginning of year		25,626	41,863
Cash, end of year		\$ 2,006	\$ 25,626

See the accompanying notes to the financial statements.

Grand River Hospital Corporation

Notes to Financial Statements
(Expressed in Thousands of Dollars)

Year ended March 31, 2025

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 Not-For-Profit Corporations Act, 2010 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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

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

Grand River Hospital Corporation

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

Year ended March 31, 2025

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 of the Kitchener-Waterloo site employees without and existing HOOPP pension and a supplemental pension plan for a specific group of employees. Effective April 1, 2025, the Hospital's defined benefit pension plan and supplemental pension plan is closed to new members. The benefits are based on years of service and the employee's best 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 (2024 – 9.7 years). The average remaining service period of the active employees covered by the other retirement benefits plan is 12 years (2024 – 10.9 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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

1. Significant accounting policies (continued):

(j) 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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

2. Accounts receivable:

	Operating	Capital	2025	2024
MOH	\$ 9,972	\$ 3,418	\$ 13,390	\$ 10,908
Ontario Health	5,218	176	5,394	7,142
Grand River Hospital Foundation	310	1,186	1,496	961
Patient	12,424	—	12,424	11,388
St. Mary's General Hospital	6,825	1,590	8,415	4,595
Other	7,775	7	7,782	7,709
	42,524	6,377	48,901	42,703
Less allowance for doubtful accounts	4,208	—	4,208	2,389
Total	\$ 38,316	\$ 6,377	\$ 44,693	\$ 40,314

3. Capital assets:

	Cost	Accumulated amortization	2025 Net book Value	2024 Net book value
Land	\$ 809	\$ —	\$ 809	\$ 809
Buildings and related service equipment and improvements	335,650	248,366	87,284	87,931
Furniture and equipment	186,822	141,263	45,559	35,178
Hospital information system	56,256	22,837	33,419	37,652
Building under capital lease	8,950	—	8,950	8,950
Assets under construction	24,701	—	24,701	31,955
Total capital assets	\$ 613,188	\$ 412,466	\$ 200,722	\$ 202,475

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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

4. Pension and other defined benefit plans:

Substantially all the employees of the Kitchener-Waterloo site, without an existing HOOPP pension, 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 best 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, 2024, together with a projection of these results to March 31, 2025. The Hospital measures its accrued benefit obligations for the other benefit plans for accounting purposes based on the most recent actuarial valuation as at March 31, 2025.

On January 28, 2025, the Board of Directors of the Hospital approved the transfer of the KWH Plan's active members (except for active plan members that are on a long-term disability leave) future service costs and future employee contributions to the Healthcare of Ontario Pension Plan (HOOPP) commencing April 1, 2025.

The Hospital's union groups signed letters of understanding with dates ranging from February 25, 2025 to March 21, 2025, which approves the transfer of the KWH Plan's active union members (future service costs and future employee contributions) into HOOPP, effective April 1, 2025.

The amendment has no impact on the service cost of the accrued benefit obligation for KWH Plan and the supplemental pension plan.

The Hospital entered into a new participation agreement with HOOPP on February 19, 2025, with an effective date of April 1, 2025.

Substantially all the employees of the Freeport site are eligible to be members of HOOPP, which is a multi-employer, defined benefit, best average 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, 2024 indicated that the plan is 111% funded.

Grand River Hospital Corporation

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

Year ended March 31, 2025

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

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

	2025	2024
Accrued benefit obligation at end of year:		
Rate of compensation increase	3.00%	3.00%
Discount rate (pension benefits)	6.70%	6.90%
Expected long-term rate return on plan assets	6.70%	6.90%
Discount rate (other benefits)	3.90%	4.00%
Benefit costs for fiscal year:		
Expected long-term rate of return on plan assets	6.90%	6.60%
Discount rate (pension benefits)	6.90%	6.60%
Discount rate (other benefits)	4.00%	4.05%
Healthcare costs (other benefits)	5.00%	5.00%
Dental costs (other benefits)	4.50%	4.50%
Rate of compensation increase	3.00%	2.50%

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

	2025	2024
Cash and short-term investments	1%	2%
Pooled bonds	57%	36%
Pooled equities	33%	53%
Other	9%	9%
	100%	100%

- (c) Multi-employer defined benefit plan expense:

	2025	2024
Cash paid for employer contributions to HOOPP (included in salaries, wages, benefits and purchased services)	\$ 9,992	\$ 9,599

Grand River Hospital Corporation

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

Year ended March 31, 2025

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

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

	2025	2024	2025	2024
	Pension plan	Pension plan	Other benefit plans	Other benefit plans
Accrued benefit obligation, beginning of year	\$ (555,710)	\$ (539,382)	\$ (10,070)	\$ (6,644)
Current service costs, inclusive of employee contributions	(18,354)	(17,407)	(834)	(519)
Interest cost	(37,472)	(34,670)	(407)	(269)
Less – benefits paid	34,367	36,667	659	732
Actuarial loss	(13,810)	(918)	(155)	(3,370)
Accrued benefit obligation, balance, end of year	\$ (590,979)	\$ (555,710)	\$ (10,807)	\$ (10,070)
Plan assets fair value, beginning of year	\$ 627,119	613,421	–	\$ –
Expected return on plan assets	42,662	39,733	–	–
Employer contributions (included in salaries, wages and benefits)	14,113	12,372	659	732
Employee contributions	11,221	9,781	–	–
Less benefits paid	(34,367)	(36,667)	(659)	(732)
Experience loss	(3,765)	(11,521)	–	–
Plan assets fair value, end of year	\$ 656,983	\$ 627,119	\$ –	\$ –
Funded status plan surplus (deficit)	\$ 66,004	\$ 71,409	\$ (10,807)	\$ (10,070)
Unamortized net actuarial gain (loss)	4,853	(15,157)	(2,162)	(2,690)
Employer contributions after measurement date	9,824	3,670	160	178
Accrued defined benefit plan assets (obligation)	\$ 80,681	\$ 59,922	\$ (12,809)	\$ (12,582)

Grand River Hospital Corporation

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

Year ended March 31, 2025

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

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

	2025	2024
KWH Pension Plan		
Current service costs, net of employees' contributions	\$ 7,133	\$ 7,626
Interest cost	37,472	34,670
Less – expected return on plan assets	(42,662)	(39,733)
Amortization of net actuarial gain	(2,435)	(2,780)
KWH Pension Plan benefit expense (gain) (included in salaries, wages, benefits and purchased services)	(492)	(217)
Cash paid for employer contributions	\$ 20,267	\$ 13,129

During the year, the Hospital received \$6,700 (2024 - \$nil) MOH funding for the KWH Pension Plan and was remitted to the KWH Pension Plan as an employer contribution.

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

	2025	2024
Other Benefit Plans		
Current service costs, net of employees' contributions	\$ 834	\$ 519
Interest cost	407	269
Less – expected return on plan assets	–	–
Amortization of net actuarial gain	(373)	(654)
Benefit plan expense (included in salaries, wages, benefits and purchased services)	868	134
Cash paid for employer contributions	\$ 641	\$ 711

5. Operating line:

The Hospital has an unsecured operating line available up to a maximum of \$50,000 (2024 - \$50,000). The operating line is at bank's prime rate minus 0.35%. At year end \$nil (2024 - \$nil) was drawn on the operating line.

Grand River Hospital Corporation

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

Year ended March 31, 2025

6. Deferred contributions:

Deferred contributions include unspent restricted grants for education and research of \$2,262 (2024 - \$2,614) and unspent restricted grants for the Grand River Regional Cancer Centre in the amount of \$392 (2024 - \$784). The changes in the deferred contributions balance are as follows:

		2025		2024
Balance, beginning of year	\$	4,340	\$	3,804
Contributions received during the year		1,384		2,049
Less amounts recognized as revenue during the year		(2,557)		(1,513)
Balance, end of year	\$	3,167	\$	4,340

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

	Note	2025		2024
Balance, beginning of year		\$ 126,539	\$	129,381
Contributions from:				
Grand River Hospital Foundation	15	4,312		3,290
Ontario Ministry of Health		2,465		10,188
Ontario Health		2,966		323
Other capital contributions		823		–
Transfers to recoveries from external sources in the statement of operations		–		(319)
		10,566		13,482
Less:				
Amortization of deferred capital contributions related to equipment		(9,650)		(8,372)
Amortization of deferred capital contributions related to buildings and building improvements		(7,971)		(7,952)
Write off of deferred capital contributions (netted against write down of capital assets)		(13)		–
Balance, end of year		\$ 119,471	\$	126,539

Grand River Hospital Corporation

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

Year ended March 31, 2025

7. 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:

	2025	2024
2025	\$ —	\$ 778
2026	764	764
2027	749	749
2028	735	735
2029	720	720
2030	705	705
Thereafter	4,316	4,315
Total minimum lease payments	7,989	8,766
Less amount representing interest of 2.52%	1,028	1,209
Present value of net minimum capital lease payments	6,961	7,557
Current portion of obligation under capital lease	597	596
	\$ 6,364	\$ 6,961

Interest of \$181 (2024 - \$198) 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 (2024 - \$8,950) with related accumulated amortization of \$nil (2024 - \$nil).

Grand River Hospital Corporation

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

Year ended March 31, 2025

8. Long-term debt:

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 \$1,130 (2024 - \$1,229) relating to long-term has been included in non-salary expenses.

The fair value of the interest rate swap at March 31, 2025 is in a net favorable position of \$388 (2024 - \$2,591) 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 loss of \$2,203 (2024 - gain of \$982). 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.

	2025	2024
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. Transferred to a CORRA loan in the current year.	\$ —	\$ 36,096
CORRA loan, unsecured, with quarterly blended payments of principal and interest of \$772 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.	34,697	—
	34,697	36,096
Less current portion of long-term debt	1,923	1,714
	\$ 32,774	\$ 34,382

Grand River Hospital Corporation

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

Year ended March 31, 2025

8. Long-term debt (continued):

The future principal repayments required for long-term debt is as follows:

2026	\$	1,923
2027		1,990
2028		2,059
2029		2,130
2030		2,204
Thereafter		24,391
	\$	34,697

9. 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.

		2025		2024
Balance, beginning of year	\$	8,191	\$	6,943
Less: obligations settled during the year		—		—
Add: remeasurement		187		1,248
Balance, end of year	\$	8,378	\$	8,191

10. Internally restricted - capital assets:

Net assets invested in capital assets are calculated as follows:

		2025		2024
Capital assets	\$	200,722	\$	202,475
Amounts financed by:				
Deferred capital contributions		(119,471)		(126,539)
Accounts receivable		6,377		3,490
Accounts payable and accrued liabilities		(3,096)		(2,975)
Obligations under capital lease		(6,961)		(7,557)
Long-term debt		(34,697)		(36,096)
Asset retirement obligations		(8,378)		(8,191)
Total internally restricted – capital assets	\$	34,496	\$	24,607

The Board of Directors has internally restricted \$34,496 of net assets to fund capital assets (2024 - \$24,607).

Grand River Hospital Corporation

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

Year ended March 31, 2025

11. 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:

2026	\$	16,878
2027		14,920
2028		12,989
2029		7,334
2030		7,046
	\$	59,167

(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, 2025, 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, 2025.

(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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

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

	2025	2024
Accounts receivable not applicable to capital assets	\$ (1,492)	\$ (2,218)
Inventories	(92)	(4,343)
Prepaid expenses	(2,820)	1,669
Accounts payable and accrued liabilities not applicable to capital assets	11,653	(18,549)
Accrued salary, wages and benefit liabilities	(5,841)	6,326
Deferred contributions not applicable to capital assets	(1,173)	536
Total change in non-cash operating working capital	\$ 235	\$ (16,579)

13. 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.

	2025	2024
Revenue (included in Ontario Ministry of Health operating)	\$ 2,404	\$ 2,350
Expenses (included in salaries and benefits and purchased services and non-salary)	2,404	2,350
Excess of revenue over expenses	\$ –	\$ –

14. 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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

14. Financial risks (continued):

(a) Credit risk (continued):

The maximum exposure to credit risk of the Hospital at March 31, 2025 is the carrying value of these assets. As at March 31, 2025, \$3,620 (2024 - \$2,918) 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, 2025 is \$4,208 (2024 - \$2,389).

(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 7 and 8.

(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 8). 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.

Grand River Hospital Corporation

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

Year ended March 31, 2025

15. 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 \$4,312 (2024 - \$3,290) to the Hospital to fund capital projects which is recognized in deferred capital contributions. The Foundation has funded programs expenses of \$3,236 (2024 - \$3,931) which is included in recoveries from external sources on the statement of operations. At March 31, 2025, there is \$1,496 (2024 - \$961) due from the Foundation to the Hospital.

The Hospital is in a lease agreement with the Foundation as disclosed in note 7.

(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 \$79,481 restricted for cancer services, to cover the Hospital for ambulatory, hotel and corporate costs for the year ended March 31, 2025 (2024 - \$66,906). MOH funding for inpatient oncology services remains as part of the Hospital's global funding.

16. Comparative information:

Certain comparative information on the statement of financial position, notes 2 and 12 have been reclassified from those previously presented to conform to the presentation of the 2025 financial statements.

Grand River Hospital Corporation

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

Year ended March 31, 2025

17. Subsequent event:

Effective April 1, 2025, the Hospital and St. Mary's General Hospital (a division of St. Joseph's Health System) is integrating and transferring assets and liabilities into a single Hospital named Waterloo Regional Health Network ("WRHN").

WRHN is a Public Hospital (under the Public Hospitals Act of Ontario) and is incorporated under the Not-For-Profit Corporations Act, 2010. WRHN will operate existing hospital sites and services while continuing to move forward with their joint Building the Future of Care Together capital redevelopment project.

The Hospital incurred integration costs of \$3,188 (2024 - \$nil) included in non-salary expenses on the statement of operations.

The Hospital's carrying amount of the assets and liabilities of \$72,299 (net assets) will be transferred to WRHN for no consideration on April 1, 2025.

The Hospital effective April 1, 2025, will cease to be a public hospital and has been renamed Grand River Health, pursuant to a certificate of amendment on April 1, 2025. Grand River Health will remain incorporated to accept gifts in the name of Grand River Health, maintain contracts with counterparties which are not able to assign to WRHN on April 1, 2025, and other ancillary purposes until such time transfers can take place. The results if any of Grand River Health April 1, 2025 and onward will be consolidated with WRHN. Grand River Health will dissolve when the need of the standalone organization is no longer required.