Non-Consolidated Financial Statements of

THE OTTAWA HOSPITAL

March 31, 2012

Deloitte.

Deloitte & Touche LLP 800 - 100 Queen Street Ottawa ON K1P 5T8 Canada

Tel: (613) 236–2442 Fax: (613) 236–2195 www.deloitte.ca

Independent Auditor's Report

To the Board of Governors of The Ottawa Hospital and the Ministry of Health and Long-Term Care of Ontario

We have audited the accompanying non-consolidated financial statements of The Ottawa Hospital (the "Hospital"), which comprise the non-consolidated statement of financial position as at March 31, 2012 and the non-consolidated statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Non-Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these nonconsolidated financial statements in accordance with the basis of accounting described in Note 2 to the non-consolidated financial statements, and for such internal control as management determines is necessary to enable the preparation of non-consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these non-consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the non-consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the non-consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the non-consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the non-consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the non-consolidated financial statements.

Independent Auditor's Report (Continued)

Auditor's Responsibility (Continued)

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

Opinion

In our opinion, the non-consolidated financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with the basis of accounting described in Note 2 to the non-consolidated financial statements.

Other Matter

The non-consolidated financial statements as at March 31, 2011 and for the year then ended were audited by other auditors whose report dated June 22 2011, expressed an unmodified opinion on those non-consolidated statements.

Basis of Accounting and Restriction on Distribution and Use

Without modifying our opinion, we draw attention to Note 2 to the non-consolidated financial statements, which describes the basis of accounting. We also draw attention to the fact that the non-consolidated financial statements are prepared to assist the Hospital to comply with the reporting requirements of the Ministry of Health and Long-Term Care of Ontario. As a result, the non-consolidated financial statements may not be suitable for another purpose. Our report is intended solely for the Hospital and the Ministry of Health and Long-Term Care of Ontario Care of Ontario and should not be distributed to parties other than the Hospital and the Ministry of Health and Long-Term Care of Ontario.

Deloitte stouche LLP

Chartered Accountants Licensed Public Accountants

June 6, 2012

THE OTTAWA HOSPITAL Non-Consolidated Financial Statements March 31, 2012 (in thousands of dollars)

	PAGE
Non-Consolidated Statement of Financial Position	1
Non-Consolidated Statement of Operations	2
Non-Consolidated Statement of Changes in Net Assets	3
Non-Consolidated Statement of Cash Flows	4
Notes to the Non-Consolidated Financial Statements	5 - 22

THE OTTAWA HOSPITAL Non-Consolidated Statement of Financial Position

as at March 31, 2012

(in thousands of dollars)

	2012	 2011
CURRENT ASSETS		
Short-term investments Accounts receivable (Note 3) Inventories Prepaid expenses	\$ 1,010 56,801 11,800 5,438	\$ 1,255 60,010 10,945 6,036
	75,049	78,246
CAPITAL GRANTS RECEIVABLE (Note 3) INVESTMENTS HELD FOR CAPITAL PURCHASES (Note 9) CAPITAL ASSETS (Note 4) FUNDS HELD IN TRUST (Note 7)	24,765 74,335 592,143 32,749	28,129 71,425 569,931 33,472
	\$ 799,041	\$ 781,203
CURRENT LIABILITIES		
Bank indebtedness (Note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence	\$ 22,867 237,664	\$ 49,804 217,641
Corporation (Note 12)	4,565	4,212
	265,096	271,657
EMPLOYEE FUTURE BENEFITS (Note 6)	31,237	24,081
DEFERRED CONTRIBUTIONS RELATED TO FUNDS HELD IN TRUST (Note 7) DEFERRED CONTRIBUTIONS RELATED TO	32,749	33,472
CAPITAL ASSETS (Note 7)	412,101	399,157
	741,183	728,367
COMMITMENTS, CONTINGENCIES AND GUARANTEES (Note 14)		
NET ASSETS (DEFICIENCY)		
Invested in capital assets (Note 9) Unrestricted deficiency	218,668 (160,810)	203,620 (150,784)
	57,858	52,836
	\$ 799,041	\$ 781,203

APPROVED BY THE BOARD

Broke Wiskm

Chairman

President and CEO

THE OTTAWA HOSPITAL

Non-Consolidated Statement of Operations

year ended March 31, 2012

(in thousands of dollars)

	2012	2011
Revenue		
Patient care:		
Ministry of Health and Long-Term Care	\$ 852,106	\$ 809,240
Other	115,538	121,881
Recoveries and other	46,712	48,391
Other funding	10,940	12,210
Marketed services	8,300	8,311
Investment	598	526
Amortization of deferred contributions		
related to equipment (Note 7)	5,377	5,071
	1,039,571	1,005,630
Expenses		
Salaries and wages	544,223	524,639
Employee benefits	141,736	130,905
Supplies and other	123,835	126,423
Medical staff remuneration	82,219	75,734
Drugs	54,112	56,112
Medical and surgical	59,473	54,943
Interest on bank indebtedness	37	54
Amortization of equipment	33,021	29,790
	1,038,656	998,600
Excess of revenue over expenses before		
the undernoted items	915	7,030
Parking revenues	16,650	15,247
Parking expenses	(4,330)	(4,265)
Amortization of deferred contributions		
related to buildings (Note 7)	13,814	12,534
Amortization of buildings and land improvements	(22,027)	(19,498)
EXCESS OF REVENUE OVER EXPENSES	\$ 5,022	\$ 11,048

THE OTTAWA HOSPITAL

Non-Consolidated Statement of Changes in Net Assets

year ended March 31, 2012 (in thousands of dollars)

	Invested in Capital <u>Assets</u> (Note 9)	<u>Unrestricted</u>	2012	2011
BALANCE, BEGINNING				
OF YEAR	\$ 203,620	\$ (150,784)	\$ 52,836	\$ 41,788
Excess of revenue over expenses	-	5,022	5,022	11,048
Net change in invested in				
capital assets (Note 9)	15,048	(15,048)	-	-
BALANCE, END OF YEAR	\$ 218,668	\$ (160,810)	\$ 57,858	\$ 52,836

THE OTTAWA HOSPITAL Non-Consolidated Statement of Cash Flows

year ended March 31, 2012 (in thousands of dollars)

	2012	2011
OPERATING ACTIVITIES Excess of revenue over expenses	\$ 5,022	\$ 11,048
Items not affecting cash	φ 3,022	φ 11,040
Amortization of capital assets	55,048	49,288
Amortization of deferred contributions		10,200
related to capital assets	(19,191)	(17,605)
Loss on disposal of capital assets	-	18
Decrease in Royal Ottawa Health Care Group -		
vested benefits	-	325
Net increase in employee future benefits (Note 6)	7,156	3,377
	48,035	46,451
Changes in non-cash operating		
working capital items (Note 13)	23,220	10,363
¥ ; , , , , ,		
	71,255	56,814
FINANCING ACTIVITIES		
Deferred contributions related to capital assets received	32,135	52,467
Increase (decrease) in deferred contributions		
related to funds held in trust	(723)	7,928
Increase in payable to The Ottawa Hospital		
Residence Corporation	353	556
	31,765	60,951
INVESTING ACTIVITIES		
Purchase of capital assets	(77,260)	(102,470)
Net decrease (increase) in capital grants receivable	3,364	(10,375)
Net decrease (increase) in funds held in trust	723	(7,928)
Net decrease (increase) in investments held for		
capital purchases	(2,910)	3,541
Proceeds on disposal of capital assets	-	10
	(76,083)	(117,222)
NET CASH INFLOW	26,937	543
BANK INDEBTEDNESS, BEGINNING OF YEAR	(49,804)	(50,347)
BANK INDEBTEDNESS, END OF YEAR	\$ (22,867)	\$ (49,804)

1. DESCRIPTION OF THE ORGANIZATION

The Ottawa Hospital (the "Hospital") is an academic health sciences centre and is principally involved in providing health care services to the Champlain Local Health Integration Network. The Hospital is a registered charity under the Income Tax Act and accordingly is exempt from income taxes.

2. SIGNIFICANT ACCOUNTING POLICIES

The non-consolidated financial statements have been prepared by management in accordance with the accounting policies described below:

Future changes in accounting policies

In December 2010, the Public Sector Accounting Board changed the accounting framework required to be followed by Government Not-For-Profit Organizations. Effective for fiscal years beginning on or after January 1, 2012, Government not-for-profit Organizations will be required to select from either (a) the CICA Public Sector Accounting Handbook, including Sections PS 4200 to PS 4270 or, alternatively, (b) the CICA Public Sector Accounting Handbook without Sections PS 4200 to PS 4270. Early adoption of these new standards is permitted. The Hospital plans to adopt the new accounting standards for Government Not-For-Profit Organizations, including Sections PS 4200 to 4270, for its fiscal year beginning on April 1, 2012. The Hospital is currently assessing the impact of these changes on its financial statements.

Basis of presentation

These financial statements do not include the assets, liabilities or operations of the University of Ottawa Heart Institute, a controlled entity, and The Ottawa Hospital Residence Corporation, a controlled entity, nor the following entities where the Hospital has an economic interest including: The Ottawa Hospital Foundation, Ottawa Hospital Research Institute, its auxiliaries, Hospital Food Services - Ontario Inc., Ottawa Regional Hospital Linen Services Incorporated and Eastern Ontario Regional Laboratory Association Inc. The summarized financial information of the University of Ottawa Heart Institute and The Ottawa Hospital Residence Corporation is disclosed in Note 12.

Revenue recognition

The Hospital follows the deferral method of accounting for contributions.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue recognition (Continued)

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 Ministry of Health and Long-Term Care of Ontario. 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.

The Hospital receives funding for operations for certain programs from the Ministry of Health and Long-Term Care of Ontario. The final amount of operating revenue recorded cannot be determined until the Ministry of Health and Long-Term Care of Ontario has reviewed the Hospital's financial and statistical returns for the year. Any adjustments arising from the Ministry of Health and Long-Term Care of Ontario review is recorded in the period in which the adjustment is made.

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 are recognized as revenue in the year when the conditions for the restriction have been met. 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 for the related capital assets.

Revenue from the Provincial Insurance Plan and marketed services is recognized when the goods are sold or the service is provided.

Contributed services

A substantial number of volunteers contribute a significant amount of their time each year. Because of the difficulty of determining the fair value, contributed services are not recognized in the non-consolidated financial statements.

Inventories

Inventories are recorded on a first in first out basis and are valued at lower of cost and net realizable value.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Classification of financial instruments

All financial instruments reported on the Statement of Financial Position of the Hospital are classified as follows:

Short-term investments	Held-for-trading
Accounts receivable	Loans and receivables
Investments held for capital purchases	Held-for-trading
Cash held in trust	Held-for-trading
Bank indebtedness	Held-for-trading
Accounts payable and accrued liabilities	Other liabilities
Payable to The Ottawa Hospital Residence Corporation	Other liabilities

Held for trading

Held-for-trading financial assets are financial assets typically acquired for resale prior to maturity or that are designated as held-for-trading. They are measured at fair value at the statement of financial position date.

Loans and receivables and other liabilities

Loans and receivables and other liabilities are financial assets and liabilities which have been designated as loans and receivables and other liabilities. Loans and receivables and other liabilities are measured at amortized cost using the effective interest rate method.

Short-term investments and investments

Transaction costs related to the acquisition of investments are recorded against investment income. Sales and purchases of investments are recorded on the settlement date.

Fair value is determined at quoted market prices. The calculation of fair value is based upon market conditions at a specific point in time and may not be reflective of future fair value.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Capital assets

Purchased capital assets, other than minor equipment, are recorded at cost. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Minor equipment replacements are expensed in the year of replacement. Construction in progress is not amortized until the project is complete and the facilities come into use. Capital assets are amortized on a straight-line basis over their expected useful lives as follows:

Land improvements	3 to 25 years
Buildings	10 to 50 years
Building service equipment	5 to 25 years
Major equipment	3 to 20 years

Deferred contributions related to funds held in trust

The Hospital holds resources and makes disbursements on behalf of various unrelated individuals or groups. The Hospital has no discretion over such transactions. Resources received in connection with such trust fund transactions are reported as liabilities and subsequent distributions are reported as decreases to the liability not expenses.

Employee benefit plans

The Hospital accrues its obligations for employee benefit plans. The cost of nonpension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected heath care costs.

Adjustments arising from plan amendments, including past service costs, are amortized on a straight-line basis over the average remaining service period of employees active at the date of the amendment. The excess of the net actuarial gain or loss over 10% of the benefit obligation is amortized over the average remaining service period of the active employees.

The Hospital is an employer member of the Healthcare of Ontario Pension Plan, which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of estimates

The preparation of these 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 date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from these estimates. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in the periods in which they become known. The most significant estimates used in preparing these financial statements include the estimated useful lives of capital assets, the assumptions underlying the employee future benefit liability calculation, the amount of accrued liabilities and the allowance for doubtful accounts.

3. ACCOUNTS AND CAPITAL GRANTS RECEIVABLE

Accounts receivable:

	2012	 2011
Accounts receivable from patients Ministry of Health and Long-Term Care	\$ 28,013 10,266	\$ 28,152 11,047
University of Ottawa Heart Institute (Note 12)	9,275	8,231
Ottawa Hospital Research Institute (Note 12) Eastern Ontario Regional Laboratory	1,851	1,884
Association Inc (Note 12)	1,119	13
Other	 9,904	13,983
	60,428	63,310
Less allowance for doubtful accounts	 3,627	3,300
	\$ 56,801	\$ 60,010

3. ACCOUNTS AND CAPITAL GRANTS RECEIVABLE (Continued)

Capital grants receivable

Capital grants receivable relate to grants restricted in use for capital asset acquisitions or projects, which have been approved by the funder and are receivable by the Hospital at year-end. These amounts have also been included in deferred contributions related to capital assets.

	 2012	 2011
The Ottawa Hospital Foundation (Note 11) Eastern Ontario Regional Laboratory	\$ 6,261	\$ 9,015
Association Inc. (Note 11)	7,834	7,834
University of Ottawa	477	2,112
Ministry of Health and Long-Term Care	-	8,035
Ottawa Hospital Research Institute (Note 11)	9,873	-
Children's Hospital of Eastern Ontario	143	1,164
Other	 177	(31)
	\$ 24,765	\$ 28,129

4. CAPITAL ASSETS

	2012						2011	
		Cost		cumulated nortization		Net Book Value	N	let Book Value
Land Land improvements Buildings Building service	\$	1,618 5,336 652,658	\$	- 5,206 217,073	\$	1,618 130 435,585	\$	1,618 183 384,635
equipment Major equipment Construction in progress		116,405 566,037 18,068		74,650 471,050 -		41,755 94,987 18,068		29,527 82,754 71,214
	\$1	,360,122	\$	767,979	\$	592,143	\$	569,931

Cost and accumulated amortization of capital assets at March 31, 2011 amounted to \$1,283,601 and \$713,670 respectively.

5. BANK INDEBTEDNESS

The Hospital has an available line of credit of \$24,000 with its corporate bankers, of which no amount was drawn against at March 31, 2012 (2011 - \$NIL). This line of credit is unsecured and bears interest at prime. The Hospital also had an overdraft of \$22,867 (2011 - \$49,804) that was borrowed against investments held for capital purchases.

6. EMPLOYEE FUTURE BENEFITS

The Hospital offers a defined benefit plan which provides extended health care and dental insurance benefits to certain of its employees and extends this coverage to the post-retirement period. The most recent actuarial valuation of employee future benefits was completed as at April 1, 2009 and has been extrapolated to March 31, 2012.

At March 31, the Hospital's liability associated with the benefit plan is as follows:

	2012	 2011
Accrued benefit obligation	\$ 75,448	\$ 38,917
Unamortized past service costs	(21,873)	(1,453)
Unamortized experience losses	 (22,338)	(13,383)
Employee future benefit liability	\$ 31,237	\$ 24,081

The Hospital's defined benefit plan is not funded, resulting in a plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in estimating the Hospital's accrued benefit obligations are as follows:

	2012	2011
Discount rate to determine accrued benefit obligation Dental cost increases	5.00% 6.00%	5.00% 6.00%
Extended healthcare cost escalations,		0.0070
decreasing by 0.5% per annum to an ultimate rate of 5.0% thereafter	7.50%	7.50%
Expected average remaining service life of employees	15 years	15 years

(in thousands of dollars)

6. EMPLOYEE FUTURE BENEFITS (Continued)

Included in the statement of operations is an amount of \$7,156 (2011 - \$3,377) regarding employee future benefits. This amount is comprised of:

	 2012	 2011
Additional benefit expense	\$ 7,757	\$ 3,980
Benefit payments made by the Hospital during the year	 (601)	(603)
	\$ 7,156	\$ 3,377

Health care sensitivity analysis

Assumed health care cost trend rates have a significant effect on the amounts reported for the health and dental care plans. A 1% change in assumed health and dental care cost trend rates would have the following effects for 2012.

	Increase		Decrease
Net benefit cost Accrued benefit obligation	\$ 922 9,009	\$	758 7,702

7. DEFERRED CONTRIBUTIONS

Related to funds held in trust

Deferred contributions related to funds held in trust represent the aggregate balance of funds held in trust for third parties.

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

	 2012	 2011
Balance, beginning of year	\$ 33,472	\$ 25,544
Add contributions received during the year	10,987	14,414
Interest earned during the year	35	257
Less disbursements made during the year	 (11,745)	(6,743)
	\$ 32,749	\$ 33,472

7. DEFERRED CONTRIBUTIONS (Continued)

Related to capital assets

Deferred contributions related to capital assets represent the unamortized amount and unspent amount of donations and grants received for the purchase of capital assets. The amortization of capital contributions is recorded as revenue in the statement of operations.

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

	 2012	 2011
Balance, beginning of year	\$ 399,157	\$ 364,295
Add contributions received during the year	32,135	52,467
Less amounts amortized for equipment	(5,377)	(5,071)
Less amounts amortized for buildings	 (13,814)	(12,534)
	\$ 412,101	\$ 399,157

The balance of unamortized and unspent capital contributions consists of the following:

	 2012	 2011
Unamortized capital contributions (Note 9) Unspent capital contributions	\$ 373,475 38,626	\$ 366,311 32,846
	\$ 412,101	\$ 399,157

8. CAPITAL DISCLOSURES

The Hospital defines capital as its unrestricted net assets and its net assets invested in capital assets. The Hospital currently has an accumulated deficiency of unrestricted net assets due to past operations. As profitable operations are achieved, this deficiency of unrestricted net assets will be reduced. Once the deficiency in unrestricted net assets is eliminated, the object of the Hospital with respect to its unrestricted net assets is to fund future operations. The purpose of the net assets invested in capital assets is to fund the past acquisition of capital assets required for operational purposes.

The Hospital is not subject to externally imposed capital requirements and its overall strategy with respect to capital remains unchanged from the year ended March 31, 2011.

9. INVESTED IN CAPITAL ASSETS

Invested in capital assets is calculated as follows:

	 2012	 2011
Capital assets Amounts financed by: Deferred contributions related to	\$ 592,143	\$ 569,931
capital assets (Note 7)	 373,475	366,311
	\$ 218,668	\$ 203,620

Net change in invested in capital assets is calculated as follows:

	 2012	 2011
Purchase of capital assets Amounts funded by deferred contributions Proceeds on disposal of equipment Loss on disposal of capital assets Amortization of deferred contributions	\$ 77,260 (26,355) - -	\$ 102,470 (49,754) (10) (18)
related to capital assets Amortization of capital assets	 19,191 (55,048)	17,605 (49,288)
	\$ 15,048	\$ 21,005

9. INVESTED IN CAPITAL ASSETS (Continued)

Investments held for capital purchases relates to funding received and restricted for the purpose of capital expenditures. The funds are held with the Hospital's bank and are classified as long term as the associated cash outflow is not expected to occur within one year.

10. PENSION PLAN

Substantially all of the employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the plan made during the year by the Hospital on behalf of its employees amounted to \$46,216 (2011 - \$41,612) and are included in the statement of operations.

In consultation with its actuaries, the pension expense is based on Plan management's best estimates, of the amount required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent triennial actuarial valuation of the Plan as at December 31, 2010 indicates the plan is fully funded.

11. FINANCIAL INSTRUMENTS

The carrying value of cash held in trust, accounts receivable, bank indebtedness, accounts payable and accrued liabilities and payable to The Ottawa Hospital Residence Corporation approximates their fair value because of the relatively short period to maturity of the instruments.

The fair value of capital grants receivable is not determinable as there are no fixed repayment terms.

11. FINANCIAL INSTRUMENTS (Continued)

The fair value of guarantees and letters of credit are based on fees currently charged for similar agreements or on the estimated cost to terminate them or otherwise settle the obligations with the counterparties at the reported borrowing date. In situations in which there is no market for these guarantees and they were issued without explicit costs, it is not practicable to determine their fair value with sufficient reliability. Unless otherwise noted, it is management's opinion that the Hospital is not subject to significant interest or currency risk arising from these instruments.

Credit risk

Credit risk relates to the potential that one party to a financial instrument will fail to discharge an obligation and incur a financial loss. The Hospital is exposed to credit risk on its accounts receivable.

12. RELATED ENTITIES

The Ottawa Hospital Foundation:

The Hospital has an economic interest in The Ottawa Hospital Foundation (the "Foundation"), a tax-exempt entity without share capital incorporated under the laws of Ontario. The Foundation was established to raise, receive, maintain and manage funds to be distributed towards various programs and capital projects of the Hospital. During the year, the Hospital received \$11,608 (2011 - \$18,291) from the Foundation. As at March 31, 2012, the Hospital had a capital grant receivable from the Foundation amounting to \$6,261 (2011 - \$9,015) and an endowment receivable of \$531 (2011 - \$350). In addition, the Foundation donated gifts-in-kind to the Hospital, which were recorded by the Hospital at no value. The Hospital provides the Foundation with office premises without charge.

Ottawa Hospital Research Institute:

The Hospital has an economic interest in the Ottawa Hospital Research Institute (the "Institute"). The Institute carries on and exclusively promotes scientific research and experimental development for the benefit of the general public. The Institute is a taxexempt entity incorporated under the laws of Ontario.

As at March 31, 2012, the Hospital had a capital grant receivable from the Institute in the amount of \$9,873 (2011 - \$NIL) and an operational receivable from the Institute amounting to \$1,851 (2011 - \$1,884). The Hospital provided \$4,352 (2011 - \$4,793) of base funding in support of resources to the Institute during fiscal 2012. The Hospital also provided \$150 (2011 - \$150) for specific operating expenditures to the Institute. These amounts are recorded in supplies and other on the Statement of Operations.

12. RELATED ENTITIES (Continued)

Auxiliaries:

The Hospital has an economic interest in the Ottawa Civic Hospital Auxiliary, the Riverside Hospital Auxiliary and the Friends of the Ottawa General Hospital (the "Auxiliaries") and the Rehabilitation Centre Volunteer Association. The object of the Auxiliaries is to raise and receive funds to be distributed towards various programs and capital projects of the Hospital and its related Foundations. The Auxiliaries are tax-exempt entities created under the laws of Ontario.

The Ottawa Hospital Residence Corporation:

The Hospital exercises control over The Ottawa Hospital Residence Corporation (the "Corporation"), a tax-exempt entity without share capital incorporated under the laws of Ontario providing residences to the interns and residents of the Hospital. The amount payable to the Corporation, amounting to \$4,565 (2011 - \$4,212), is subject to an interest rate of prime minus 1.85%, is due on demand and has no fixed terms of repayment.

The summarized assets, liabilities and results of operations for the Corporation for the year ended December 31 is as follows:

	 2011	 2010
Financial position: Total assets	\$ 7,486	\$ 6,145
Total liabilities Net assets	\$ 106 7,380	\$ 205 5,940
	\$ 7,486	\$ 6,145
Results of operations: Total revenue Total expenses	\$ 2,724 1,284	\$ 3,349 2,931
Excess of revenue over expenses	\$ 1,440	\$ 418
Cash flows: Operating Investing	\$ 2,037 (81)	\$ 417 (106)
Cash flows for the year	\$ 1,956	\$ 311

12. RELATED ENTITIES (Continued)

University of Ottawa Heart Institute:

The Hospital exercises control over the University of Ottawa Heart Institute, a taxexempt charity, incorporated under the laws of Ontario.

The University of Ottawa Heart Institute provides cardiac services to the patients of the Hospital. Pursuant to the Public Hospitals Act, the Hospital is ultimately responsible for the health care of patients and, all patients at the University of Ottawa Heart Institute are acknowledged to be patients of the Hospital.

The business relationship between the Hospital and the University of Ottawa Heart Institute is governed by a service agreement pursuant to which clinical and administrative support is provided at fair market value, and premises provided at no charge by the Hospital.

The intent of the service agreement is that any deficit incurred by either party shall be managed by the party incurring the deficit. The University of Ottawa Heart Institute has an accumulated unrestricted net asset deficiency of \$9,583 at March 31, 2012 (2011 - \$8,822).

As at March 31, 2012, the Hospital had a receivable from the University of Ottawa Heart Institute amounting to \$9,275 (2011 - \$8,231), bearing interest at prime. This receivable has no fixed terms of repayment.

The summarized assets, liabilities and results of operations for the University of Ottawa Heart Institute for the year ended March 31 is as follows:

	 2012	 2011
Financial position: Total assets	\$ 70,681	\$ 68,868
Total liabilities Net assets	\$ 68,803 1,878	\$ 67,054 1,814
	\$ 70,681	\$ 68,868
Results of operations: Total revenue Total expenses	\$ 156,974 156,910	\$ 153,502 153,440
Excess of revenue over expenses	\$ 64	\$ 62

12. RELATED ENTITIES (Continued)

University of Ottawa Heart Institute: (Continued)

	 2012	 2011
Cash flows: Operating Investing Financing	\$ 6,924 (4,324) 1,746	\$ 4,615 (4,248) 3,043
Cash flows for the year	\$ 4,346	\$ 3,410

Hospital Food Services - Ontario Inc. and Ottawa Regional Hospital Linen Services Incorporated:

The Hospital is a founding member of Hospital Food Services - Ontario Inc. ("HFS") and of the Ottawa Regional Hospital Linen Services Incorporated ("ORHLS"). HFS and ORHLS were established to provide food and laundry services, respectively to member hospitals on a cost of service basis.

At March 31, 2012, the Hospital had an economic interest of 3,557 (2011 - 3,496) of total net assets of 5,774 (2011 - 5,639) of HFS. The corresponding interest in ORHLS was 7,143 (2011 - 6,518) of total net assets of 12,428 (2011 - 1,412).

For the year ended March 31, 2012, the Hospital provided \$1,463 (2011 - \$1,253) to HFS for food services and \$9,400 (2011 - \$8,914) to ORHLS for linen services. These amounts have been included in Supplies and other on the Statement of Operations.

Eastern Ontario Regional Laboratory Association Inc.:

The Hospital is a founding member of Eastern Ontario Regional Laboratory Association Inc. ("EORLA"). EORLA was established to provide specialized laboratory services to the 16-member hospitals on a cost of service basis.

The Hospital entered into a contract with the Ministry of Health and Long-term Care of Ontario to construct a regional laboratory, including investment in capital equipment. As at March 31, 2012, the Hospital had completed the project, at a total cost of \$25,376, of which \$7,834 (2011 - \$7,834) is to be funded by EORLA. In return for this capital investment, EORLA will be permitted to occupy the premises, under the provisions set out in the member Site Use Agreements.

12. **RELATED ENTITIES (Continued)**

Eastern Ontario Regional Laboratory Association Inc.: (Continued)

As at March 31, 2012, the Hospital had a capital grant receivable from EORLA in the amount of \$7,834 (2011 - \$7,834) and an operational receivable of \$1,119 (2011 - \$13).

Champlain Health Supply Services:

The Hospital is a founding member of Champlain Health Supply Services ("CHSS"). CHSS was established to implement shared service collaboration for the hospitals in the Champlain Region that will integrate the operations of sourcing, procurement and logistics across the region. As part of the Transfer Payment Agreement between the Ministry of Finance and CHSS, each of the member hospitals is required to fund a portion of the development and start-up activities of CHSS through to December 31, 2011 through cash payments and contributions in-kind.

Champlain Health Supply Services:

As at March 31, the Hospital had a payable of \$560 (2011 - receivable of \$503) from CHSS relating to expenses paid by CHSS on behalf of the Hospital.

13. CHANGES IN NON-CASH OPERATING WORKING CAPITAL ITEMS

	 2012	 2011
Short-term investments Accounts receivable Inventories Prepaid expenses Accounts payable and accrued liabilities	\$ 245 3,209 (855) 598 20,023	\$ 53 (669) (249) (1,001) 12,229
	\$ 23,220	\$ 10,363

14. COMMITMENTS, CONTINGENCIES AND GUARANTEES

The nature of the Hospital's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2012, management believes the Hospital has valid defenses and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.

A group of hospitals, including the Hospital, have formed the 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 year in which they were a subscriber. No such assessments have been made to March 31, 2012.

At March 31, 2012, HFS had \$6,796 (2011 - \$8,715) outstanding on an available line of credit of \$9,806 (2011 - \$10,300), with the Hospital guaranteeing 48.1%. The guarantee continues until the loan, including accrued interest and fees, has been paid in full. In the event of any breach of covenants associated with this line of credit, the Hospital may be required to advance capital to HFS in accordance with its guarantee of the debt. At March 31, 2012, the Hospital's share of the potential debt repayment should HFS default on the line of credit is \$3,269 (2011 - \$4,192). As at the date of the audit report, there has been no such request by the debtor.

The Hospital has construction in progress recorded in capital assets of \$18,068 at March 31, 2012 (2011 - \$71,214). The cost to complete this construction is estimated at \$36,354 (2011 - \$28,064).

To the extent permitted by law the Hospital indemnifies present and former directors and officers against certain claims that may be made against them as a result of their service as directors or officers. The Hospital purchases directors' and officers' liability insurance that may be available in certain instances. The nature and likelihood of these arrangements preclude the Hospital from making a reasonable estimate of the maximum potential amount the Hospital could be required to pay to counterparties. The Hospital believes the likelihood that it will incur significant liability under these arrangements is remote and accordingly, no amount has been recorded in the non-consolidated financial statements for these guarantees.

14. COMMITMENTS, CONTINGENCIES AND GUARANTEES (Continued)

At March 31, 2012, letters of credit totaling \$1,335 (2011 - \$1,335) were issued primarily to governmental authorities to guarantee fulfillment of the Hospital's obligations with respect to the installation of road, water, sewer and drainage improvements on Hospital-owned land.

The Hospital has entered into an agreement to upgrade their laboratory systems and recorded in capital assets an amount of \$4,382 as of March 31, 2011 (2011 - \$2,727). The cost to complete the upgrade is estimated at \$1,281 (2011 - \$2,937).

15. SUBSEQUENT EVENTS

Subsequent to March 31, 2012, the Hospital entered into a formal arrangement with EORLA to transfer all laboratory operations to EORLA. Effective April 1, 2012, a number of Hospital non-medical laboratory employees became employees of EORLA. As a result of this transfer, the Hospital will be purchasing its laboratory services from EORLA in 2013. All existing laboratory equipment remains the property of the Hospital and will be leased to EORLA at no charge. New equipment will be acquired directly by EORLA as the need arises.

16. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform to the current year's presentation.