Non-Consolidated Financial Statements of

THE OTTAWA HOSPITAL

Year ended March 31, 2011



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INDEPENDENT AUDITORS' 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, which comprise the non-consolidated statement of financial position as at March 31, 2011, the non-consolidated statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information. These non-consolidated financial statements have been prepared for reporting purposes to the Ministry of Health and Long-Term Care of Ontario.

Management's Responsibility for the Non-Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these non-consolidated financial statements in accordance with Canadian generally accepted accounting principles, 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.

Auditors' 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 our 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, we consider internal control relevant to the entity's preparation and fair presentation of the non-consolidated financial statements 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 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.

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, these non-consolidated financial statements present fairly, in all material respects, the non-consolidated financial position of The Ottawa Hospital as at March 31, 2011 and its non-consolidated results of operations and its non-consolidated cash flows for the year then ended in accordance with the basis of accounting described in note 1(a).

These non-consolidated financial statements, which have not been, and were not intended to be, prepared in accordance with Canadian generally accepted accounting principles since they have been prepared on a non-consolidated basis, are intended for reporting by the Hospital with the Ministry of Health and Long-Term Care of Ontario and may not be appropriate for any other purposes. These non-consolidated financial statements have been prepared in accordance with the basis of accounting described in note 1(a).

Chartered Accountants, Licensed Public Accountants

June 22, 2011

Ottawa, Canada

KPMG LLP

Non-Consolidated Statement of Financial Position

March 31, 2011, with comparative figures for 2010 (In thousands of dollars)

		2011		2010
Assets				
Current assets:				
Short-term investments	\$	1,255	\$	1,308
Accounts receivable (note 2(a))	- 17	48,963	•	48,294
Inventories		10,945		10,696
Prepaid expenses		6,036		5,035
		67,199		65,333
Capital grants receivable (note 2(b))		28,129		17,754
Investments held for capital purchases (note 9(c))		71,425		74,966
Capital assets (note 3)		569,931		516,777
Receivable from Royal Ottawa Health Care Group – vested benefits (note 4)		<u>-</u> _,		325
Cash held in trust (note 7(a))		33,472		25,544
				100
Liabilities, Deferred Contributions and Net Asse	s ets	770,156	\$	700,699
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities		770,156 49,804 206,594	\$	50,347
Current liabilities: Bank indebtedness (note 5)	ets	49,804 206,594		50,347 194,365
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation	ets	49,804		50,347 194,365 3,656
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities:	ets	49,804 206,594 4,212		50,347
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d))	ets	49,804 206,594 4,212		50,347 194,365 3,656 248,368
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities:	ets	49,804 206,594 4,212 260,610		50,347 194,365 3,656 248,368 20,704
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities: Employee future benefits (note 6)	ets	49,804 206,594 4,212 260,610 24,081		50,347 194,365 3,656 248,368 20,704
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities: Employee future benefits (note 6) Deferred contributions related to capital assets (note 7(b)) Deferred contributions related to funds held in trust (note 7(a)) Net assets:	ets	49,804 206,594 4,212 260,610 24,081 399,157 33,472		50,347 194,365 3,656 248,368 20,704 364,295
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities: Employee future benefits (note 6) Deferred contributions related to capital assets (note 7(b)) Deferred contributions related to funds held in trust (note 7(a)) Net assets: Investment in capital assets (note 9(a))	ets	49,804 206,594 4,212 260,610 24,081 399,157		50,347 194,365 3,656 248,368 20,704 364,295
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities: Employee future benefits (note 6) Deferred contributions related to capital assets (note 7(b)) Deferred contributions related to funds held in trust (note 7(a)) Net assets:	ets	49,804 206,594 4,212 260,610 24,081 399,157 33,472		50,347 194,365 3,656 248,368 20,704 364,295 25,544
Current liabilities: Bank indebtedness (note 5) Accounts payable and accrued liabilities Payable to The Ottawa Hospital Residence Corporation (note 12(d)) Long-term liabilities: Employee future benefits (note 6) Deferred contributions related to capital assets (note 7(b)) Deferred contributions related to funds held in trust (note 7(a)) Net assets: Investment in capital assets (note 9(a))	ets	49,804 206,594 4,212 260,610 24,081 399,157 33,472 203,620		50,347 194,365 3,656 248,368 20,704 364,295 25,544 182,615

See accompanying notes to non-consolidated financial statements.

On behalf of the Board:

Chairman

President and CEO

Non-Consolidated Statement of Operations

Year ended March 31, 2011, with comparative figures for 2010 (In thousands of dollars)

		2011		2010
Revenue:				
Patient care:				
Ministry of Health and Long-Term Care	\$	809,240	\$	784,166
Other	Ψ	121,881	Ψ	117,045
Recoveries and other		48,391		40,145
Other funding		12,210		13,441
Marketed services		8,311		8,689
Investment		526		388
Amortization of deferred contributions related		020		300
to equipment (note 7(b))		5,071		5,116
		1,005,630		968,990
Expenses:		.,000,000		000,000
Salaries and wages		524,639		513,980
Employee benefits		130,905		130,703
Supplies and other		126,423		117,241
Medical staff remuneration		75,734		72,638
Drugs		56,112		56,723
Medical and surgical		54,943		51,578
Interest on bank indebtedness		54		41
Amortization of equipment		29,790		25,419
		998,600		968,323
Excess of revenue over expenses before undernoted items		7,030		667
Parking revenues		15,247		14,434
Parking expenses		(4,265)		(3,950)
Amortization of deferred contributions related to		(4,200)		(0,000)
buildings (note 7(b))		12,534		9,867
Amortization of buildings and land improvements		(19,498)		(16,799)
Excess of revenue over expenses	\$	11,048	\$	4,219

See accompanying notes to non-consolidated financial statements.

Non-Consolidated Statement of Changes in Net Assets

Year ended March 31, 2011, with comparative figures for 2010 (In thousands of dollars)

	estment in ital assets (note 9)	U	nrestricted	Total 2011	Total 2010
Balance, beginning of year	\$ 182,615	\$	(140,827)	\$ 41,788	\$ 37,569
Excess of revenue over expenses	-		11,048	11,048	4,219
Net change in investment in capital assets (note 9(b))	21,005		(21,005)		_
Balance, end of year	\$ 203,620	\$	(150,784)	\$ 52,836	\$ 41,788

See accompanying notes to non-consolidated financial statements.

Non-Consolidated Statement of Cash Flows

Year ended March 31, 2011, with comparative figures for 2010 (In thousands of dollars)

	2011	2010
Cash provided by (used for):		
Operating activities:		
Excess of revenue over expenses	\$ 11,048	\$ 4,219
Items not involving cash:		New #2007 - 0 20 000 C
Amortization of capital assets	49,288	42,218
Amortization of deferred contributions		
related to capital assets	(17,605)	(14,983)
Loss on disposal of assets	18	56
Decrease in Royal Ottawa Health Care Group –		
Vested benefits	325	168
Net increase in employee future benefits (note 6)	3,377	2,880
Net change in non-cash working capital (note 13)	2,435	(12,305)
	48,886	22,253
Financing activities:		
Deferred contributions related to capital assets received	52,467	84,935
Increase in deferred contributions related to funds held in trust Increase in payable to The Ottawa Hospital	7,928	2,722
Residence Corporation	556	1,727
Proceeds on disposal of equipment	10	96
	60,961	89,480
Investing activities:		
Purchase of capital assets	(102,470)	(107, 315)
Net increase in capital grants receivable	(10,375)	(2,347)
Net decrease (increase) in investments held for	, ,	(, ,
capital purchases	3,541	(13,574)
	(109,304)	(123,236)
Net decrease (increase) in bank indebtedness	543	(11,503)
Bank indebtedness, beginning of year	(50,347)	(38,844)
Bank indebtedness, end of year	\$ (49,804)	\$ (50,347)

See accompanying notes to non-consolidated financial statements.

Notes to Non-Consolidated Financial Statements

Year ended March 31, 2011 (In thousands of dollars)

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

1. Significant accounting policies:

The non-consolidated financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles.

(a) 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.

(b) Revenue recognition:

The Hospital follows the deferral method of accounting for contributions.

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. 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.

Notes to Non-Consolidated Financial Statements, page 2

Year ended March 31, 2011 (In thousands of dollars)

1. Significant accounting policies (continued):

(b) Revenue recognition (continued):

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.

(c) 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.

(d) Inventories:

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

(e) Short-term investments and investments:

Investments are designated as available-for-sale and are recorded at fair value. 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.

(f) Capital assets:

Purchased capital assets, other than minor equipment, are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of future minimum lease payments and amortized over the estimated life of the assets. 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 at rates varying from 2% to 30% per annum.

Notes to Non-Consolidated Financial Statements, page 3

Year ended March 31, 2011 (In thousands of dollars)

1. Significant accounting policies (continued):

(g) 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 not revenue and subsequent distributions are reported as decreases to the liability.

(h) Employee benefit plans:

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension 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.

(i) Use of estimates:

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the non-consolidated 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. Significant areas requiring management's estimate include the evaluation of accounts receivable and inventories, and management's estimates used to develop actuarial assumptions with respect to employee future benefits, and management's estimates used to determine certain payroll related accrued liabilities.

Notes to Non-Consolidated Financial Statements, page 4

Year ended March 31, 2011 (In thousands of dollars)

2. Accounts and capital grants receivable:

(a) Accounts receivable:

	2011	 2010
Accounts receivable from patients	\$ 28,152	\$ 27,894
University of Ottawa Heart Institute (note 12(e))	8,231	8,529
Ottawa Hospital Research Institute (note 12(b))	1,884	6,018
Other	13,996	9,066
	52,263	51,507
Less allowance for doubtful accounts	3,300	3,213
	\$ 48,963	\$ 48,294

(b) 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.

	2011	100000000	2010
The Ottawa Hospital Foundation (note 12(a)) Eastern Ontario Regional Laboratory	\$ 9,015	\$	8,028
Association Inc. (note 12(g))	7,834		7,834
University of Ottawa	2,112		1,496
Ministry of Health and Long-Term Care	8,035		427
Children's Hospital of Eastern Ontario	1,164		
Other	(31)		(31)
	\$ 28,129	\$	17,754

Notes to Non-Consolidated Financial Statements, page 5

Year ended March 31, 2011 (In thousands of dollars)

3. Capital assets:

		Cost		cumulated nortization		2011 Net book value		2010 Net book value
Land	\$	1,618	\$	_	\$	1,618	\$	1,618
Land improvements	175	5,336	- 50	5,153	-089	183	247	235
Buildings		584,654		200,019		384,635		302,122
Building service equipment		99,256		69,729		29,527		28,568
Major equipment		521,523		438,769		82,754		73,451
Construction-in-progress		71,214		-		71,214		110,783
	\$	1,283,601	\$	713,670	\$	569,931	\$	516,777

Cost and accumulated amortization of capital assets at March 31, 2010 amounted to \$1,181,772 and \$664,995 respectively.

4. Receivable from Royal Ottawa Health Care Group - vested benefits:

Under the agreement transferring The Rehabilitation Centre to the Hospital, the Royal Ottawa Health Care Group ("ROHCG") reimbursed the Hospital for the employee future benefits liability relating to transferred employees based on the actuarial valuation completed as at March 31, 2001. The amount receivable by the Hospital from ROHCG for vested benefits is \$Nil (2010 - \$325).

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, 2011 (2010 - \$Nil). This line of credit is unsecured and bears interest at prime. The Hospital also had an overdraft of \$49,804 (2010 - \$50,347) that was borrowed against investments held for capital purchases.

Notes to Non-Consolidated Financial Statements, page 6

Year ended March 31, 2011 (In thousands of dollars)

6. Employee future benefits:

The Hospital 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.

At March 31, the Hospital's employee future benefits accrued liability and accrued benefit obligation is as follows:

	2011	2010
Accrued benefit obligation	\$ 38,917	\$ 34,916
Unamortized past service costs	(1,453)	(1,707)
Unamortized experience losses	(13,383)	(12,505)
Accrued liability	\$ 24,081	\$ 20,704

Similar to most post-employment benefit plans (other than pension) in Canada, the Hospital's plan is not pre-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:

	2011	2010
Discount rate to determine accrued benefit obligation	5.00%	5.50%
Dental cost increases	6.00%	6.00%
Extended healthcare cost escalations, 7.5% in 2011 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

Included in the statement of operations is an amount of \$3,377 (2010 - \$2,880) regarding employee future benefits. This amount is comprised of:

Benefit payments made by the Hospital during the year	v	(603)	•	(579)
Benefit payments made by the Hospital during the year		(603)		(579)
Additional benefit expense	\$	3,980	\$	3,459

Notes to Non-Consolidated Financial Statements, page 7

Year ended March 31, 2011 (In thousands of dollars)

6. Employee future benefits (continued):

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 2011.

	Increase		Decrease		
Net benefit cost	\$	458	\$	382	
Accrued benefit obligation		4,148		3,574	

7. Deferred contributions:

(a) 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 period are as follows:

	2011	2010
Balance, beginning of year	\$ 25,544	\$ 22,822
Add contributions received during the year Interest earned during the year	14,414 257	13,998 30
Less disbursements made during the year	(6,743)	(11,306)
Balance, end of year	\$ 33,472	\$ 25,544

Notes to Non-Consolidated Financial Statements, page 8

Year ended March 31, 2011 (In thousands of dollars)

7. Deferred contributions (continued):

(b) 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:

	2011	 2010
Balance, beginning of year	\$ 364,295	\$ 294,343
Add contributions received during the year	52,467	84,935
Less amounts amortized for equipment	(5,071)	(5,116)
Less amounts amortized for buildings	(12,534)	(9,867)
	\$ 399,157	\$ 364,295

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

	2011	((4)	2010
Unamortized capital contributions Unspent capital contributions	\$ 366,311 32,846	\$	334,162 30,133
	\$ 399,157	\$	364,295

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 net assets due to past operations. As profitable operations are achieved, this deficiency of net assets will be reduced. Once the deficiency in 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, 2010.

Notes to Non-Consolidated Financial Statements, page 9

Year ended March 31, 2011 (In thousands of dollars)

9. Investment in capital assets:

(a) Investment in capital assets is calculated as follows:

	2011	2010
Capital assets Amounts financed by:	\$ 569,931	\$ 516,777
Deferred contributions related to capital assets (note 7(b))	366,311	334,162
	\$ 203,620	\$ 182,615

(b) Net change in investment in capital assets is calculated as follows:

	2011	2010
Purchase of capital assets	\$ 102,470	\$ 107,315
Amounts funded by deferred contributions	(49,754)	(79,845)
Proceeds on disposal of equipment	(10)	(96)
Loss on disposal of capital assets	(18)	(56)
Amortization of deferred contributions related to	N. 1000 P.	
capital assets	17,605	14,983
Amortization of capital assets	(49,288)	(42,218)
	\$ 21,005	\$ 83

(c) Investment held for capital purposes 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.

Notes to Non-Consolidated Financial Statements, page 10

Year ended March 31, 2011 (In thousands of dollars)

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 \$41,612 (2010 - \$39,789) and are included in the statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, 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, 2009 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 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.

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.

Notes to Non-Consolidated Financial Statements, page 11

Year ended March 31, 2011 (In thousands of dollars)

12. Related entities:

(a) The Ottawa Hospital Foundation (continued):

The Hospital has an economic interest in The Ottawa Hospital Foundation (the "Foundation"). 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 \$18,291 (2010 - \$13,831) from the Foundation. As at March 31, 2011, the Hospital had a capital grant receivable from the Foundation amounting to \$9,015 (2010 - \$8,028) and an endowment receivable of \$350 (2010 - \$297). 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.

(b) 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 tax-exempt entity incorporated under the laws of Ontario.

As at March 31, 2011, the Hospital had a receivable from the Institute amounting to \$1,884 (2010 - \$6,018). The Hospital provided \$4,793 (2010 - \$4,695) of base funding in support of resources to the Institute during fiscal 2011. The Hospital also provided \$150 (2010 - \$150) for specific operating expenditures to the Institute. These amounts are recorded in supplies and other expense on the statement of operations.

(c) 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.

(d) 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 \$4,212 (2010 - \$3,656), is subject to an interest rate of prime minus 1.85%, is due on demand and has no fixed terms of repayment.

Notes to Non-Consolidated Financial Statements, page 12

Year ended March 31, 2011 (In thousands of dollars)

12. Related entities (continued):

(d) The Ottawa Hospital Residence Corporation (continued):

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

	2010		2009
Financial position:			
Total assets	\$ 6,145	\$	5,671
Total liabilities	\$ 205	\$	149
Net assets	 5,940	0.50	5,522
	\$ 6,145	\$	5,671
Results of operations:			
Total revenue	\$ 3,349	\$	2,883
Total expenses	1,431		1,483
Excess of revenue over expenses	\$ 1,918	\$	1,400

(e) University of Ottawa Heart Institute:

The Hospital exercises control over the University of Ottawa Heart Institute, a tax-exempt 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 Heart Institute has an accumulated unrestricted net asset deficiency of \$8,822 at March 31, 2011 (2010 - \$10,474).

As at March 31, 2011, the Hospital had a receivable from the Heart Institute amounting to \$8,231 (2010 - \$8,529), bearing interest at prime. This receivable has no fixed terms of repayment.

Notes to Non-Consolidated Financial Statements, page 13

Year ended March 31, 2011 (In thousands of dollars)

12. Related entities (continued):

(e) University of Ottawa Heart Institute (continued):

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

		2011		2010
Financial position:				
Total assets	\$	68,868	\$	68,893
Total liabilities	\$	67,055	\$	67,141
Deficiency in net assets		1,813		1,752
	\$	68,868	\$	68,893
Results of operations:				
Total revenue	\$	153,502	\$	149,117
Total expenses	.78	153,441	83163	147,170
Excess of revenue over expenses	\$	61	\$	1,947

(f) 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, 2011, the Hospital had an economic interest of \$3,496 (2010 - \$3,604) of total net assets of \$5,639 (2010 - \$5,883) of HFS. The corresponding interest in ORHLS was \$6,518 (2010 - \$5,788) of total net assets of \$11,412 (2010 - \$10,229).

For the year ended March 31, 2011, the Hospital provided \$1,253 (2010 - \$1,235) to HFS for food services and \$8,914 (2010 - \$8,159) to ORHLS for linen services. These amounts have been included in Supplies and Other on the Statement of Operations.

Notes to Non-Consolidated Financial Statements, page 14

Year ended March 31, 2011 (In thousands of dollars)

12. Related entities (continued):

(g) 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, 2011, The Hospital had completed the project, at a total cost of \$25,376, of which \$7,834 (2010 - \$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.

As at March 31, 2011, the Hospital had a capital grant receivable from EORLA in the amount of \$7,834 (2010 - \$7,834) and an operational payable of \$817 (2010 - \$210).

(h) 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 December 31, 2011 through cash payments and contributions in-kind.

As at March 31, the Hospital had a receivable of \$503 (2010 - \$1,056) from CHSS relating to reimbursement of expenses paid by the Hospital on behalf of CHSS.

13. Net change in non-cash working capital:

	2011		2010
Short-term investments	\$ 53	\$	(448
Accounts receivable	(669)	10701	(9,941
Inventories	(249)		(1,073
Prepaid expenses	(1,001)		(526
Cash held in trust	(7,928)		(2,722
Accounts payable and accrued liabilities	12,229		2,405
Net change in non-cash working capital	\$ 2,435	\$	(12,305

Notes to Non-Consolidated Financial Statements, page 15

Year ended March 31, 2011 (In thousands of dollars)

14. Commitments, contingencies and guarantees:

- (a) 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, 2011, 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.
- (b) 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, 2011.
- (c) At March 31, 2011, HFS had \$8,715 (2010 \$10,019) outstanding on an available line of credit of \$10,300 (2010 \$11,243), 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, 2011, the Hospital's share of the potential debt repayment should HFS default on the line of credit is \$4,192 (2010 \$4,819). As at the date of the audit report, there has been no such request by the debtor.
- (d) The Hospital has construction in progress recorded in capital assets of \$71,214 at March 31, 2011 (2010 \$110,783). The cost to complete this construction is estimated at \$28,064 (2010 \$103,200).
- (e) 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.
- (f) At March 31, 2011, letters of credit totaling \$1,335 (2010 \$660) 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.

Notes to Non-Consolidated Financial Statements, page 16

Year ended March 31, 2011 (In thousands of dollars)

14. Commitments, contingencies and guarantees (continued):

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

15. Comparative figures:

Certain 2010 comparative figures have been reclassified to conform with the non-consolidated financial statement presentation adopted for 2011.