

Financial Statements of

**BOARD OF HEALTH FOR THE
SADBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SADBURY
& DISTRICTS)**

And Independent Auditors' Report thereon

Year ended December 31, 2021



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INDEPENDENT AUDITORS' REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2021
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets 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 Entity as at December 31, 2021, and its results of operations, its changes in net financial assets 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 “*Auditors’ Responsibilities for the Audit of the Financial Statements*” section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibility 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 auditors' 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 the 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 Entity's internal control.



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- 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 Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' 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 auditors' report. However, future events or conditions may cause the Entity 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 represents the underlying transactions and events in a manner that achieves fair presentation.
- 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.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants
Sudbury, Canada
June 16, 2022

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2021, with comparative information for 2020

	2021	2020
Financial assets		
Cash and cash equivalents	\$ 21,223,794	\$ 17,922,732
Accounts receivable	1,961,943	340,921
Receivable from the Province of Ontario	24,116	1,318,218
	<u>23,209,853</u>	<u>19,581,871</u>
Financial liabilities		
Accounts payable and accrued liabilities	5,021,791	1,908,800
Deferred revenue	1,310,225	466,524
Payable to the Province of Ontario	4,205,709	1,099,437
Employee benefit obligations (note 2)	3,800,176	3,294,290
	<u>14,337,901</u>	<u>6,769,051</u>
Net financial assets	8,871,952	12,812,820
Non-financial assets:		
Tangible capital assets (note 3)	9,695,350	4,652,960
Prepaid expenses	272,266	351,206
	<u>9,967,616</u>	<u>5,004,166</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	<u>\$ 18,839,568</u>	<u>\$ 17,816,986</u>

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2021, with comparative information for 2020

	Budget 2021	Total 2021	Total 2020
(unaudited)			
Revenue (note 9):			
Provincial grants	\$ 21,596,090	\$ 37,756,934	\$ 22,849,930
Per capita revenue from municipalities (note 7)	8,484,189	8,484,189	8,080,191
Other:			
Plumbing inspections and licenses	317,000	513,912	368,509
Interest	140,000	84,159	146,802
Other	622,291	579,473	814,144
	31,159,570	47,418,667	32,259,576
Expenses (note 9):			
Salaries and wages	20,198,588	27,344,955	20,539,456
Benefits (note 6)	5,918,186	6,587,013	5,747,346
Administration (note 8)	2,396,863	9,434,890	2,568,680
Supplies and materials	1,273,575	1,162,571	1,321,246
Amortization of tangible capital assets (note 3)	-	766,464	588,011
Small operational equipment	1,015,820	776,998	621,401
Transportation	356,538	323,194	175,518
	31,159,570	46,396,085	31,561,658
Annual surplus	-	1,022,582	697,918
Accumulated surplus, beginning of year	17,816,986	17,816,986	17,119,068
Accumulated surplus, end of year	\$ 17,816,986	\$ 18,839,568	\$ 17,816,986

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Annual surplus	\$ 1,022,582	\$ 697,918
Purchase of tangible capital assets	(5,808,854)	(143,496)
Amortization of tangible capital assets	766,464	588,011
Change in prepaid expenses	78,940	(26,167)
Change in net financial assets	(3,940,868)	1,116,266
Net financial assets, beginning of year	12,812,820	11,696,554
Net financial assets, end of year	\$ 8,871,952	\$ 12,812,820

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2021, with comparative information for 2020

	2021	2020
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 1,022,582	\$ 697,918
Adjustments for:		
Amortization of tangible capital assets	766,464	588,011
Change in employee benefit obligations	505,886	337,827
	2,294,932	1,623,756
Changes in non-cash working capital:		
Decrease (increase) in accounts receivable	(1,621,022)	57,049
Decrease (increase) in receivable from the Province of Ontario	1,294,102	(1,071,344)
Increase in accounts payable and accrued liabilities	3,112,991	100,854
Increase in deferred revenue	843,701	104,403
Increase in payable to the Province of Ontario	3,106,272	567,372
Decrease (increase) in prepaid expenses	78,940	(26,167)
	9,109,916	1,355,923
Cash flows from investing activity:		
Purchase of tangible capital assets	(5,808,854)	(143,496)
Increase in cash	3,301,062	1,212,427
Cash and cash equivalents, beginning of year	17,922,732	16,710,305
Cash and cash equivalents, end of year	\$ 21,223,794	\$ 17,922,732

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,332,600 as at December 31, 2021 (2020 - \$2,323,093) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

Sick leave benefits are accrued where they are vested and subject to pay out when an employee leaves the Health Unit's employ.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method prorated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

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Notes to Financial Statements

Year ended December 31, 2021

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2017 and forms the basis for the estimated liability reported in these financial statements. The valuation of the plan is updated from a walk forward of the December 31, 2020 results. The next full valuation of the plan will be as of December 31, 2021.

	2021	2020
Accumulated sick leave benefits	\$ 625,120	\$ 667,497
Other post-employment benefits	1,613,775	1,475,123
	2,238,895	2,142,620
Vacation pay and other compensated absence	1,561,281	1,151,670
	\$ 3,800,176	\$ 3,294,290

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2021	2020
Discount	4.00%	4.00%
Health-care trend rate		
Initial	6.42%	6.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2020 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2021 are \$2,304,953 (2020 - \$2,202,391).

	2021	2020
Benefit plan expenses:		
Current service costs	\$ 185,111	\$ 177,271
Interest	88,379	84,610
Amortization of actuarial loss	(6,286)	(6,286)
	\$ 267,204	\$ 255,595

Benefits paid during the year were \$170,928 (2020 - \$172,209). The net unamortized actuarial loss of \$66,057 (2020 - \$59,771) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

3. Tangible capital assets:

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2021 Total
Balance, January 1, 2021	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454
Additions	-	2,790,957	1,794,285	699,985	-	-	523,627	-	5,808,854
Balance, December 31, 2021	\$ 26,938	9,944,791	2,191,024	3,507,830	415,207	69,845	3,121,327	252,346	19,529,308

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2021	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494
Amortization	-	213,733	89,715	331,757	-	-	106,024	25,235	766,464
Balance, December 31, 2021	\$ -	3,501,642	486,454	2,717,994	415,207	69,845	2,441,656	201,160	9,833,958

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2020	\$ 26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960
At December 31, 2021	26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2020 Total
Balance, January 1, 2020	\$ 26,938	7,153,834	396,739	2,686,438	410,602	69,845	2,580,217	252,346	13,576,959
Additions	-	-	-	121,407	4,605	-	17,483	-	143,495
Balance, December 31, 2020	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2020	\$ -	3,109,063	396,739	2,122,827	410,602	69,845	2,219,717	150,690	8,479,483
Amortization	-	178,846	-	263,410	4,605	-	115,915	25,235	588,011
Balance, December 31, 2020	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2019	\$ 26,938	4,044,771	-	563,611	-	-	360,500	101,656	5,097,476
At December 31, 2020	26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2020 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2020 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2021 are as follows:

No later than one year	\$	292,346
Later than one year and no later than 5 years		1,041,578
Later than five years		1,358,995
	\$	2,692,919

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Transfer To (From) Reserves	Balance, End of Year
Invested in tangible capital assets	\$ 4,652,961	(766,464)	5,808,854	-	\$ 9,695,351
Unfunded employee benefit obligation	(3,294,290)	(505,886)	-	-	(3,800,176)
Working capital reserve	7,226,008	2,294,932	(5,808,854)	3,542,225	7,254,311
Public health initiatives	2,500,000	-	-	-	2,500,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	5,500,000	-	-	(3,542,225)	1,957,775
Sick leave and vacation	675,447	-	-	-	675,447
Research and development	56,860	-	-	-	56,860
	\$ 17,816,986	1,022,582	-	-	\$ 18,839,568

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2021 was \$1,779,245 (2020 - \$1,822,937) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

7. Per capita revenue from municipalities:

	2021	2020
City of Greater Sudbury	\$ 7,297,256	\$ 6,949,771
Town of Espanola	225,260	214,534
Township of Sable and Spanish River	138,382	131,792
Municipality of French River	122,601	116,764
Municipality of Markstay-Warren	120,226	114,501
Township of Northeastern Manitoulin & The Islands	109,960	104,724
Township of Chapleau	98,930	94,220
Township of Central Manitoulin	88,410	84,201
Municipality of St. Charles	59,733	56,890
Township of Assiginack	38,947	37,093
Town of Gore Bay	38,184	36,366
Township of Baldwin	26,051	24,811
Township of Billings (and part of Allan)	25,881	24,650
Township of Gordon (and part of Allan)	23,167	22,064
Township of Nairn & Hyman	20,452	19,478
Township of Tehkummah	18,755	17,861
Municipality of Killarney	17,906	17,053
Township of Burpee	14,088	13,418
	\$ 8,484,189	\$ 8,080,191

8. Administration expenses:

	Budget 2021	2021	2020
Professional fees	\$ 561,717	\$ 7,464,693	\$ 720,798
Building maintenance	593,599	574,160	445,072
Advertising	150,800	195,070	404,592
Telephone	200,836	328,492	281,783
Rent	273,408	451,117	267,000
Utilities	225,827	151,204	183,264
Liability insurance	121,234	134,607	115,712
Staff education	165,150	38,192	57,771
Postage	64,972	59,865	57,113
Memberships and subscriptions	39,320	37,490	35,575
	\$ 2,396,863	\$ 9,434,890	\$ 2,568,680

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
Revenue:											
Provincial grants											
Operation	\$ 16,836,800	-	-	-	-	787,356	17,000	1,593,850	61,202	-	19,296,208
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,044,018	-	-	-	-	-	1,044,018
Municipalities	8,484,189	-	-	-	-	-	-	-	-	-	8,484,189
Plumbing and inspections	513,912	-	-	-	-	-	-	-	-	-	513,912
Interest	84,159	-	-	-	-	-	-	-	-	-	84,159
Other	294,346	7,440	6,299	12,113	-	2,575	-	-	-	256,700	579,473
	27,392,906	7,440	6,299	12,113	1,044,018	789,931	17,000	1,593,850	61,202	256,700	31,181,459
Expenses:											
Salaries and wages	18,922,451	6,695	5,668	10,912	675,898	68,322	15,455	1,276,214	48,993	156,390	21,186,998
Benefits	5,393,659	669	566	1,091	173,165	22,120	1,545	294,393	11,853	21,111	5,920,172
Transportation	28,026	-	-	-	118,082	496	-	17,673	-	-	164,277
Administration (note 8)	1,946,772	-	-	-	34,276	248,342	-	2,469	356	54,507	2,286,722
Supplies and materials	674,571	76	65	110	42,597	8,681	-	3,101	-	5,897	735,098
Small operational equipment	616,106	-	-	-	-	1,179	-	-	-	-	617,285
Amortization of tangible capital assets	766,464	-	-	-	-	-	-	-	-	-	766,464
	28,348,049	7,440	6,299	12,113	1,044,018	349,140	17,000	1,593,850	61,202	237,905	31,677,016
Annual surplus (deficit)	\$ (955,143)	-	-	-	-	440,791	-	-	-	18,795	(495,557)
Capital expenditures	307,699	-	-	-	-	440,791	-	-	-	-	748,490
Annual surplus (deficit) net of capital expenditures	\$ (1,262,842)	-	-	-	-	-	-	-	-	18,795	(1,244,047)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

9. Revenues and expenses by funding sources (continued):

	2020-21 One-time Funding		2021-22 One-time Funding					Total
	COVID-19 Case and Contact Management	Needle Exchange Program	COVID-19 Infection Prevention and Control Hub	COVID-19 General	COVID-19 Vaccine	COVID-19 School Focused Nurses	Ontario Senior Dental Care Program Capital	
Revenue:								
Provincial grants								
Operation	\$ -	-	-	-	-	-	-	19,296,208
Mitigation grant	-	-	-	-	-	-	-	1,179,500
One-time	16,989	49,400	580,344	3,161,467	10,267,281	1,059,702	1,102,025	16,237,208
Unorganized territories	-	-	-	-	-	-	-	1,044,018
Municipalities	-	-	-	-	-	-	-	8,484,189
Plumbing and inspections	-	-	-	-	-	-	-	513,912
Interest	-	-	-	-	-	-	-	84,159
Other	-	-	-	-	-	-	-	579,473
	16,989	49,400	580,344	3,161,467	10,267,281	1,059,702	1,102,025	47,418,667
Expenses:								
Salaries and wages	15,444	-	495,299	2,163,402	2,628,213	855,599	-	27,344,955
Benefits	1,545	-	64,055	176,730	220,408	204,103	-	6,587,013
Transportation	-	-	3,342	18,562	137,013	-	-	323,194
Administration (note 8)	-	7,190	499	406,391	6,734,088	-	-	9,434,890
Supplies and materials	-	41,582	4,387	141,775	239,729	-	-	1,162,571
Small operational equipment	-	628	-	84,585	74,500	-	-	776,998
Amortization of tangible capital assets	-	-	-	-	-	-	-	766,464
	16,989	49,400	567,582	2,991,445	10,033,951	1,059,702	-	46,396,085
Annual surplus (deficit)	\$ -	-	12,762	170,022	233,330	-	1,102,025	1,022,582
Capital expenditures	-	-	12,762	170,022	233,330	-	1,102,025	2,266,629
Annual surplus (deficit) net of capital expenditures	\$ -	-	-	-	-	-	-	(1,244,047)

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UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

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BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2021

10. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year surplus.

11. Financial risks:

Other risk:

The Health Unit's main sources of revenue are government operation grants, municipal levies and other service fees. In March 2020, the COVID-19 outbreak was declared a pandemic by the World Health Organization. This resulted in the Canadian, Provincial and Municipal governments enacting emergency measures to combat the spread of the virus. The Health Unit realigned its resources in support of the COVID-19 response. In doing so, programs and services were adapted. Some programs were temporarily suspended while others were adjusted and delivered ensuring COVID-19 safe measures were put in place.

Significant resources were required to respond to the pandemic. The provincial government has provided financial relief in the form of COVID-19 General Program funding of \$3,982,500 and COVID-19 Vaccine Program funding of \$12,371,500. Of the provincial funding received, \$2,920,146 is to be repaid after year end.

The impact of COVID-19 is expected to negatively impact normal operations for a duration that cannot be reasonably predicted. The further overall operational and financial impact is highly dependent on the duration of COVID-19, including the potential occurrence of additional waves of the pandemic, and could be affected by other factors that are currently not known at this time. The Provincial government has made a commitment to fund the extraordinary expenses required to respond to COVID-19. Management is actively monitoring the effect of the pandemic on its financial condition, liquidity, operations, suppliers, and workforce. Given the daily evolution of the pandemic and the global responses to curb its spread, the Agency is not able to fully estimate the effects of the pandemic on its results of operations, financial condition, or liquidity at this time.