

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, 2020



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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, 2020
- 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, 2020, 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 17, 2021

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2020, with comparative information for 2019

	2020	2019
Financial assets		
Cash and cash equivalents	\$ 17,922,732	\$ 16,710,305
Accounts receivable	301,178	358,227
Receivable from the Province of Ontario	1,357,961	286,617
	<u>19,581,871</u>	<u>17,355,149</u>
Financial liabilities		
Accounts payable and accrued liabilities	1,908,800	1,807,946
Deferred revenue	466,524	362,121
Payable to the Province of Ontario	1,099,437	532,065
Employee benefit obligations (note 2)	3,294,290	2,956,463
	<u>6,769,051</u>	<u>5,658,595</u>
Net financial assets	12,812,820	11,696,554
Non-financial assets:		
Tangible capital assets (note 3)	4,652,960	5,097,476
Prepaid expenses	351,206	325,038
	<u>5,004,166</u>	<u>5,422,514</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	<u>\$ 17,816,986</u>	<u>\$ 17,119,068</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, 2020, with comparative information for 2019

	Budget 2020	Total 2020	Total 2019
(unaudited)			
Revenue (note 9):			
Provincial grants	\$ 20,829,315	\$ 22,849,930	\$ 20,934,817
Per capita revenue from municipalities (note 7)	8,080,180	8,080,191	7,345,618
Other:			
Plumbing inspections and licenses	317,000	368,509	290,514
Interest	140,000	146,802	300,985
Other	545,154	814,144	883,397
	29,911,649	32,259,576	29,755,331
Expenses (note 9):			
Salaries and wages	19,493,909	20,539,456	18,295,647
Benefits (note 6)	5,608,614	5,747,346	5,041,211
Administration (note 8)	2,353,235	2,568,680	2,287,486
Supplies and materials	1,419,232	1,321,246	1,532,008
Amortization of tangible capital assets (note 3)	-	588,011	691,091
Small operational equipment	672,322	621,401	464,669
Transportation	364,337	175,518	307,048
	29,911,649	31,561,658	28,619,160
Annual surplus	-	697,918	1,136,171
Accumulated surplus, beginning of year	17,119,068	17,119,068	15,982,897
Accumulated surplus, end of year	\$ 17,119,068	\$ 17,816,986	\$ 17,119,068

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, 2020, with comparative information for 2019

	2020	2019
Annual surplus	\$ 697,918	\$ 1,136,171
Purchase of tangible capital assets	(143,496)	(547,131)
Amortization of tangible capital assets	588,011	691,091
Change in prepaid expenses	(26,167)	(12,477)
Change in net financial assets	1,116,266	1,267,654
Net financial assets, beginning of year	11,696,554	10,428,900
Net financial assets, end of year	\$ 12,812,820	\$ 11,696,554

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, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 697,918	\$ 1,136,171
Adjustments for:		
Amortization of tangible capital assets	588,011	691,091
Change in employee benefit obligations	337,827	51,385
	<u>1,623,756</u>	<u>1,878,647</u>
Changes in non-cash working capital:		
Decrease in accounts receivable	57,049	174,150
Increase in receivable from the Province of Ontario	(1,071,344)	(110,558)
Increase in accounts payable and accrued liabilities	100,854	482,655
Increase in deferred revenue	104,403	47,385
Increase in payable to the Province of Ontario	567,372	35,604
Increase in prepaid expenses	(26,167)	(12,477)
	<u>1,355,923</u>	<u>2,495,406</u>
Cash flows from investing activity:		
Purchase of tangible capital assets	(143,496)	(547,131)
Increase in cash	1,212,427	1,948,275
Cash and cash equivalents, beginning of year	16,710,305	14,762,030
Cash and cash equivalents, end of year	<u>\$ 17,922,732</u>	<u>\$ 16,710,305</u>

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, 2020

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 \$2,323,093 as at December 31, 2020 (2019 - \$2,303,303) 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, 2020

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, 2020

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, 2020

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

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

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 next full valuation of the plan will be as of December 31, 2020.

	2020	2019
Accumulated sick leave benefits	\$ 667,497	\$ 710,365
Other post-employment benefits	1,475,123	1,348,868
	2,142,620	2,059,233
Vacation pay and other compensated absence	1,151,670	897,230
	\$ 3,294,290	\$ 2,956,463

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

	2020	2019
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 (2019 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2020 are \$2,202,391 (2019 - \$2,112,718).

	2020	2019
Benefit plan expenses:		
Current service costs	\$ 177,271	\$ 169,489
Interest	84,610	81,336
Amortization of actuarial loss	(6,286)	(6,282)
	\$ 255,595	\$ 244,543

Benefits paid during the year were \$172,209 (2019 - \$173,515). The net unamortized actuarial loss of \$59,771 (2019 - \$53,485) 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, 2020

3. Tangible capital assets:

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, 2020

3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2019 Total
Balance, January 1, 2019	\$ 26,938	7,068,781	396,739	2,363,853	374,825	69,845	2,486,251	242,596	13,029,828
Additions	-	85,053	-	322,585	35,777	-	93,966	9,750	547,131
Balance, December 31, 2019	\$ 26,938	7,153,834	396,739	2,686,438	410,602	69,845	2,580,217	252,346	13,576,959

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2019	\$ -	2,932,343	396,739	1,788,436	374,825	69,845	2,099,774	126,430	7,788,392
Amortization	-	176,720	-	334,391	35,777	-	119,943	24,260	691,091
Balance, December 31, 2019	\$ -	3,109,063	396,739	2,122,827	410,602	69,845	2,219,717	150,690	8,479,483

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2018	\$ 26,938	4,136,438	-	575,417	-	-	386,477	116,166	5,241,436
At December 31, 2019	26,938	4,044,771	-	563,611	-	-	360,500	101,656	5,097,476

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2019 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2019 - \$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, 2020 are as follows:

No later than one year	\$	250,042
Later than one year and no later than 5 years		1,007,868
Later than five years		1,194,143
	\$	2,452,053

(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, 2020

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	Balance, End of Year
Invested in tangible capital assets	\$ 5,097,476	(588,011)	143,496	\$ 4,652,961
Unfunded employee benefit obligation	(2,956,463)	(337,827)	-	(3,294,290)
Working capital reserve	5,745,748	1,623,756	(143,496)	7,226,008
Public health initiatives	2,500,000	-	-	2,500,000
Corporate contingencies	500,000	-	-	500,000
Facility and equipment repairs and maintenance	5,500,000	-	-	5,500,000
Sick leave and vacation	675,447	-	-	675,447
Research and development	56,860	-	-	56,860
	\$ 17,119,068	697,918	-	\$ 17,816,986

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 2020 was \$1,822,937 (2019 - \$1,766,045) 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, 2020

7. Per capita revenue from municipalities:

	2020	2019
City of Greater Sudbury	\$ 6,949,771	\$ 6,317,974
Town of Espanola	214,534	195,030
Township of Sable and Spanish River	131,792	119,811
Municipality of French River	116,764	106,148
Municipality of Markstay-Warren	114,501	104,091
Township of Northeastern Manitoulin & The Islands	104,724	95,203
Township of Chapleau	94,220	85,654
Township of Central Manitoulin	84,201	76,545
Municipality of St. Charles	56,890	51,717
Township of Assiginack	37,093	33,720
Town of Gore Bay	36,366	33,059
Township of Baldwin	24,811	22,555
Township of Billings (and part of Allan)	24,650	22,408
Township of Gordon (and part of Allan)	22,064	20,057
Township of Nairn & Hyman	19,478	17,707
Township of Tehkummah	17,861	16,238
Municipality of Killarney	17,053	15,503
Township of Burpee	13,418	12,198
	\$ 8,080,191	\$ 7,345,618

8. Administration expenses:

	Budget 2020 (unaudited)	2020	2019
Professional fees	\$ 624,803	\$ 720,798	\$ 527,202
Building maintenance	379,925	445,072	525,514
Advertising	135,950	404,592	231,679
Telephone	200,686	281,783	188,322
Rent	306,712	267,000	262,925
Utilities	225,249	183,264	181,854
Liability insurance	117,849	115,712	109,903
Staff education	258,118	57,771	167,605
Postage	64,972	57,113	59,469
Memberships and subscriptions	38,971	35,575	32,980
Strategic planning	-	-	33
	\$ 2,353,235	\$ 2,568,680	\$ 2,287,486

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2020

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	2019-20 One-time Funding		Sub-Total	
											Public Health Inspector Practicum	Needle Exchange Program		
Revenue:														
Provincial grants														
Operation	\$ 16,836,800	-	-	-	-	340,463	34,871	1,559,762	61,017	-	-	-	-	18,832,913
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	6,432	26,618	-	33,050
Unorganized territories	-	-	-	-	1,058,082	-	-	-	-	-	-	-	-	1,058,082
Municipalities	8,080,191	-	-	-	-	-	-	-	-	-	-	-	-	8,080,191
Plumbing and inspections	368,509	-	-	-	-	-	-	-	-	-	-	-	-	368,509
Interest	146,802	-	-	-	-	-	-	-	-	-	-	-	-	146,802
Other	359,098	13,170	6,248	10,515	-	-	-	-	-	425,113	-	-	-	814,144
	26,970,900	13,170	6,248	10,515	1,058,082	340,463	34,871	1,559,762	61,017	425,113	6,432	26,618	-	30,513,191
Expenses:														
Salaries and wages	17,322,979	11,328	5,680	9,134	644,927	60,183	34,871	1,229,450	49,646	278,331	5,683	-	-	19,652,212
Benefits	5,096,137	1,125	568	913	168,104	18,285	-	293,095	11,286	39,541	663	-	-	5,629,717
Transportation	23,527	-	-	-	118,052	652	-	27,639	-	58	86	-	-	170,014
Administration (note 8)	1,741,670	-	-	-	8,330	211,354	-	3,280	85	63,973	-	-	-	2,028,692
Supplies and materials	846,051	717	-	468	118,669	45,319	-	6,298	-	43,210	-	26,618	-	1,087,350
Small operational equipment	483,001	-	-	-	-	4,670	-	-	-	-	-	-	-	487,671
Amortization of tangible capital assets	588,011	-	-	-	-	-	-	-	-	-	-	-	-	588,011
	26,101,376	13,170	6,248	10,515	1,058,082	340,463	34,871	1,559,762	61,017	425,113	6,432	26,618	-	29,643,667
Annual surplus	\$ 869,524	-	-	-	-	-	-	-	-	-	-	-	-	869,524

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, 2020

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

	2020-21 One-time Funding									Total
	COVID-19 Infection Prevention and Control Hub	COVID-19 Extraordinary Cost	COVID-19 Case and Contact Management	COVID-19 School Focused Nurses	MOH/AMOH Compensation	Ontario Senior Dental Care Program Capital	Temprary Pandemic Pay	Capital Infrastructure		
Revenue:										
Provincial grants										
Operation	\$ -	-	-	-	-	-	-	-	-	18,832,913
Mitigation grant	-	-	-	-	-	-	-	-	-	1,179,500
One-time	99	1,217,723	9,911	418,117	10,900	70,464	19,171	-	-	1,779,435
Unorganized territories	-	-	-	-	-	-	-	-	-	1,058,082
Municipalities	-	-	-	-	-	-	-	-	-	8,080,191
Plumbing and inspections	-	-	-	-	-	-	-	-	-	368,509
Interest	-	-	-	-	-	-	-	-	-	146,802
Other	-	-	-	-	-	-	-	-	-	814,144
	99	1,217,723	9,911	418,117	10,900	70,464	19,171	-	-	32,259,576
Expenses:										
Salaries and wages	-	505,792	-	353,343	9,621	-	18,488	-	-	20,539,456
Benefits	-	50,893	-	64,774	1,279	-	683	-	-	5,747,346
Transportation	-	5,504	-	-	-	-	-	-	-	175,518
Administration (note 8)	99	364,262	-	-	-	70,464	-	105,163	-	2,568,680
Supplies and materials	-	233,896	-	-	-	-	-	-	-	1,321,246
Small operational equipment	-	57,376	9,911	-	-	-	-	66,443	-	621,401
Amortization of tangible capital assets	-	-	-	-	-	-	-	-	-	-
	99	1,217,723	9,911	418,117	10,900	70,464	19,171	171,606	-	31,561,658
Annual surplus	\$ -	-	-	-	-	-	-	(171,606)	-	697,918

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

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

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Notes to Financial Statements

Year ended December 31, 2020

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:

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 grants totaling \$1,757,901. Of the provincial funding received, \$92,880 has been deferred and \$1,212,615 of provincial funding is to be received 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.