



# Board of Health Finance Standing Committee Meeting

Monday, June 2, 2025

1 p.m.

Boardroom/Hybrid

**APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR**

**MOTION:**

**THAT the Board of Health Finance Standing Committee appoint \_\_\_\_\_  
as the Board of Health Finance Standing Committee Chair for 2025.**

**AGENDA**  
**BOARD OF HEALTH FINANCE STANDING COMMITTEE**  
**MONDAY, JUNE 2, 2025**  
**1 TO 3 P.M.**  
**Boardroom**

**MEMBERS:** Michel Parent Renée Carrier Natalie Tessier  
Mark Signoretti

**EX-OFFICIO STAFF:** Rachel Quesnel Sandra Laclé M. Mustafa Hirji

**INVITED STAFF:** Keeley O'Neill

**GUESTS:** Derek D'Angelo, Lead Audit Engagement Partner, KPMG  
Jennifer Bronicheski, Lead Audit Engagement Manager, KPMG

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2025**

**APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR**

**MOTION:**

**THAT the Board of Health Finance Standing Committee appoint \_\_\_\_\_ as the Board of Health Finance Standing Committee Chair for 2025.**

4. **REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**
5. **APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES**
  - 5.1 Board of Health Finance Standing Committee Notes dated November 4, 2024 \*

**APPROVAL OF MEETING NOTES**

**MOTION:**

**THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 4, 2024, be approved as distributed.**

6. **NEW BUSINESS**
  - 6.1 2024 Audited Financial Statements
    - a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 26, 2025\*

- b) Review of the 2024 Audit Findings Report and Audited Financial Statements \*
  - Sandra Laclé, Interim Director, Corporate Services
  - Keeley O’Neill, Manager, Accounting Services
  - Derek D’Angelo and Jennifer Bronicheski, KPMG

## **2024 AUDITED FINANCIAL STATEMENTS**

### **MOTION:**

**THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2024 audited financial statements.**

#### **6.2 Year to Date Financial Statements**

- a) April 2025 Financial Statements \*

#### **6.3 Benefits and Insurance Update**

- Sandra Laclé, Interim Director, Corporate Services
- Keeley O’Neill, Manager, Accounting Services

## **7. ADJOURNMENT**

### **ADJOURNMENT**

#### **MOTION:**

**That we do now adjourn. Time: \_\_\_\_\_**

\* Attachment

**MINUTES**  
**BOARD OF HEALTH FINANCE STANDING COMMITTEE**  
**MONDAY, NOVEMBER 4, 2024 – 1 P.M. – BOARDROOM**

**BOARD MEMBERS PRESENT**

Mark Signoretti, Chair  
Mike Parent

René Lapierre

Ken Noland

**STAFF MEMBERS PRESENT**

Dr. M. Mustafa Hirji  
Rachel Quesnel, Recorder

Stacey Laforest  
Renée St Onge

Keeley O'Neill

**1. CALL TO ORDER**

The meeting was called to order 1:05 p.m.

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

**4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES**

**4.1 Board of Health Finance Standing Committee Notes dated June 4, 2024**

**05-24 APPROVAL OF MEETING NOTES**

***MOVED BY PARENT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 4, 2024, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

**5.1 Year-to-Date Financial Statements**

**a) September 2024 Financial Statements**

In the absence of F. Quirion, K. O'Neil, Accounting Manager, was invited to present the financial statements ending September 30, 2024.

The September statements show a positive variance of \$2,171,733 in the cost-shared programs largely due to staffing vacancies and leaves, with \$1.25M or 57.43% of gapping in salaries and \$690,000 or 32% of gapping in operations. As of the end of September

there continues to be significant leaves and vacancies in various programs. As being experienced by the overall health sector, recruitment challenges are ongoing in that it is challenging to find qualified candidates and to recruit staff for temporary short-term positions. Also of note, 10.42% of the gapping is attributable to a higher than budgeted interest rate.

The detailed expenditures for 100% programs show that we are on track to be fully expensed within their respective fiscal years.

In response to an inquiry regarding the impact of vacancies on current staff, M.M. Hirji indicated that discussions are underway to explore hiring a Human Resources consulting firm to assist with staffing recruitment and improve our retention of staff. It was also clarified that Summary of Revenue & Expenditures lists the 100% funded programs separately as they are funded 100% by the province. If the 100% program funds are not all expensed at year-end, the unspent balance is recouped by the Ministry.

## **5.2 Financial Management Policy Review**

### **a) Schedule of Policy Review**

M.M. Hirji noted that one of the primary responsibilities of the Board is stewardship of policies relating to the financial management of the organization addressed via Board of Health Manual policies and by-laws. There are also a host of operational policies that are approved by the MOH and Senior Management.

K. O'Neill reviewed the Board Policy Review Schedule which are reviewed every two years as well as the Operational Policy Review Schedule relating to the management of operations reviewed on a 5-year cycle or as needed.

It was noted that the schedule provides an overview of all financial operating policies and their review cycle. Progress has been made with the review of operational policies and backlog due to the pandemic. Policies addressing procurement and authorization have been identified as a priority for the 2025 review, followed by those noted on the schedule as delayed.

M.M. Hirji added that the recent provincial government's audit helped inform priority areas for policy review. The final report from the recent provincial government's audit is expected to be received soon.

## **5.3 Proposed 2025 Operating Budget**

### **a) Briefing Note: Budget Context and Assumptions**

M.M. Hirji provided highlights from the briefing note sharing background context and key assumptions for the 2025 budget that form the foundation for the proposed 2025 budget. Additional considerations will be discussed in-camera.

2024 included many changes and uncertainties as the agency explored a potential merger with the Algoma Public Health and welcomed new leadership with the new Acting Medical Officer of Health starting in March. 2024 activities focused on catch up work from the backlog of services deferred due to the pandemic response, existing resources stretched to address an increase in local communicable infectious diseases/changing patterns of illness as well as a Community Drug Strategy launched to address the worsened crisis of toxic drug use. The provincial Strengthening Public Health initiative that included a review of Ontario Public Health Standards and review of the public health funding approach remain areas of uncertainty for local public health agencies.

Although 2024 has seen consumer inflation trend towards a return to historical levels of 2% and lower for 2025, it has not yet returned to 2%, and costs for the Agency, similar to municipalities, continue to adjust in lagging response to consumer inflation. This includes salaries and wages, with collective bargaining agreements guaranteeing an increase in salaries well above the 2% inflation target for 2025. Growth in employee benefits costs also remains well above inflation.

The Senior Management Executive Committee began its 2025 budget deliberations in June and established considerations and subsequently medium-term operational priorities:

- Sustainability of services
- Leveraging technology
- Orienting towards impact and outcomes
- Fostering culture & engagement
- Implementing the Indigenous Engagement Strategy

Going into 2025, considerations are different from when the 2024 budget was approved. The Ministry of Health has committed to providing 1% increases to mandatory program grants in both the 2025 and 2026 calendar years while they continue to work on the Strengthening Public Health initiative. Budget assumptions for 2025 were highlighted.

#### b) 2025 Summary of Budget Pressures

K. O'Neill reviewed the budget schedules, including the summary of budget pressures detailing the 2025 budget. It reflects mandatory increases to salaries and benefits, including employer mandatory benefits and does not include any changes to operating expenditures, resulting in a deficit of \$891,061 as the starting budget position.

It was shared that the Senior Management Executive Committee worked diligently to map out 3 scenarios for the 2025 budget with adjustments to programs and services based on the starting position and reflective of the established organizational priorities. An overview

for each of the three scenarios was provided and will be further discussed during the closed session.

Questions and comments were entertained and related to per capita rates as well as impact of Option 3 on municipalities.

c) 2025 Draft Budget Schedule

This 2025 Draft Budget Schedule shows the total salary and benefit expenses which will be discussed in the in-camera portion. It also provides estimated fixed and operating expenditures by category. It reflects the recommended 2025 Scenario 1 budget and breaks down full details of spending by category.

**IN CAMERA**

**06-24 IN CAMERA**

***MOVED BY LAPIERRE – NOLAND: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:30 pm***

**CARRIED**

**RISE AND REPORT**

**07-24 RISE AND REPORT**

***MOVED BY NOLAND – PARENT: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:56 pm***

**CARRIED**

It was reported that a personal matter involving one or more identifiable individuals, including employees or prospective employees was discussed for which the following motions emanated:

**08-24 APPROVAL OF IN CAMERA MEETING NOTES**

***MOVED BY PARENT - NOLAND: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 6, 2023, in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.***

**CARRIED**



**09-24 PROPOSED 2025 COST-SHARED OPERATING BUDGET**

***MOVED BY LAPIERRE - PARENT: THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2025 cost-shared operating budget at its November 4, 2024, meeting, direct the Acting Medical Officer of Health to finalize the budget totaling \$31,036,499; and***

***THAT the Finance Standing Committee so recommend this budget to the Board of Health for approval at its November 21, 2024, meeting.***

**CARRIED**

**6. ADJOURNMENT**

**10-24 ADJOURNMENT**

***MOVED BY LAPIERRE – PARENT: THAT we do now adjourn. Time: 2:57 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**APPROVAL OF MEETING NOTES**

**MOTION:**

**THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 4, 2024, be approved as distributed.**

# Briefing Note

**To:** Chair, Board of Health Finance Standing Committee

**From:** M. Mustafa Hirji, Acting Medical Officer of Health & Chief Executive Officer

**Date:** May 26, 2025

**Re:** 2024 Audited Financial Statement presented in draft

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☐ For Information

☒ For Discussion

☐ For a Decision

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**Issue:**

KPMG completed the audit of the 2024 Financial Statements of the Board of Health for the Sudbury and District Health Unit operating as Public Health Sudbury & Districts which include the Independent Auditor's Report.

**Recommended Action:**

That the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2024 audited financial statements.

**Background:**

The Ministry of Health requires each health unit to have their financial records audited by an external auditing firm annually.

The 2024 audit was completed by KPMG. This is KPMG's third term and fourth year of the three-year service agreement which allowed for an extension of two additional years.

Public Health Sudbury & Districts is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards.

The auditor's responsibility is to express an opinion on these financial statements based on their audit. The audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures include the assessment of the risks of material misstatements of the financial statements. The auditors consider internal controls relevant to the organization's preparation and fair presentation of the financial statements. The 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 financial statements.

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001  
R: January 2017

Based on the auditor’s report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2024 and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

There were no recommendations received as a result of the 2024 annual audit completed by KPMG.

**Financial Implications:**

Audit charges as per the Audit service agreement.

**Ontario Public Health Standard:**

Effective Public Health Practice – Good governance

**Strategic Priority:**

Organizational Commitment

**Contact:**

Sandra Laclé, Interim Director, Corporate Services

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2018–2022 Strategic Priorities:

- 1. Equitable Opportunities
- 2. Meaningful Relationships
- 3. Practice Excellence
- 4. Organizational Commitment

O: October 19, 2001  
R: January 2017





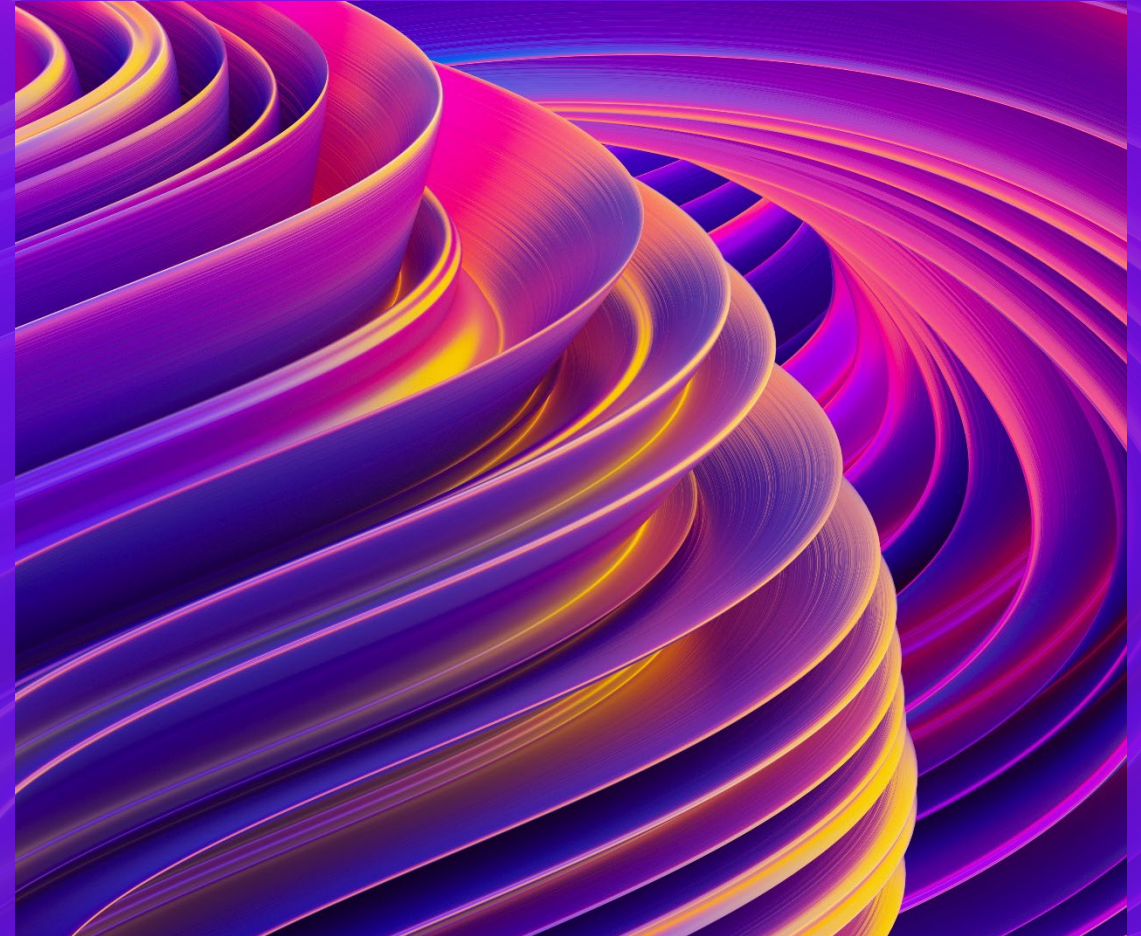
# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

**Audit Findings Report  
for the year ended December 31, 2024**

*KPMG LLP*

Prepared as of May 16, 2025 for presentation to the Finance  
Committee on June 2, 2025

[kpmg.ca/audit](https://kpmg.ca/audit)



# KPMG contacts

## Key contacts in connection with this engagement

### **Derek D'Angelo, CPA, CA, LPA**

Lead Audit Engagement Partner

705-669-2556

[ddangelo@kpmg.ca](mailto:ddangelo@kpmg.ca)

### **Jennifer Bronicheski, CPA**

Lead Audit Engagement Manager

705-669-4804

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## Digital use information

This Report is also available as a “hyper-linked” PDF document.

If you are reading in electronic form (e.g. In “Adobe Reader” or “Board Books”), clicking on the home symbol on the top right corner will bring you back to this slide.



Click on any item in the table of contents to navigate to that section.

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# Audit Findings highlights

☐ No matters to report

☒ Matters to report – see link for details

Status

We have completed the audit of the Public Health Sudbury & Districts financial statements (“financial statements”), with the exception of certain remaining outstanding procedures, which are highlighted on the ‘Status’ slide of this report.

Significant changes

☐ Significant changes since our audit plan

Risks and results & Significant unusual transactions

☐ Significant risks

☐ Other risks of material misstatement

☐ Going concern matters

☐ Significant unusual transactions

Policies and practices & Specific topics

☒ Accounting policies and practices

☐ Other financial reporting matters

Misstatements

☐ Corrected misstatements

☐ Uncorrected misstatements

Control deficiencies

☐ Significant deficiencies

Audit Quality

☒ Learn more about how we deliver audit quality.

Independence

☐ Annual Statement of Compliance

The purpose of this report is to assist you, as a member of the Finance Committee, in your review of the results of our audit of the financial statements. This report is intended solely for the information and use of Management, and the Finance Committee and should not be used for any other purpose or any other party. KPMG shall have no responsibility or liability for loss or damages or claims, if any, to or by any third party as this report has not been prepared for, and is not intended for, and should not be used by, any third party or for any other purpose.



# Status

As of May 16, 2025 we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

- Finalization of the review and sign offs of all working papers in the audit file
- Receipt of legal letters, and, or subsequent event verification to date of audit report, as necessary
- Receipt of the signed management representation letter
- Completing our discussions with the Finance Committee
- Obtaining evidence of the Board of Director's approval of the financial statements

We will update the Finance Committee, and not solely the Chair, on significant matters, if any, arising from the completion of the audit, including the completion of the above procedures.

A draft of our auditor's report is provided in Appendix: Draft Auditor's Report.

## KPMG Clara for Clients (KCc)



### Real-time collaboration and transparency

We leveraged **KCc** to facilitate real-time collaboration with management and provide visual insights into the status of the audit!

On our audit we used KCc to coordinate requests with management.

 [Learn more](#)

# Accounting policies and practices



## Initial selection of significant accounting policies and practices

PSAS 3400 Revenue was effective for fiscal years beginning on or after April 1, 2023. The adoption of this standard was reflected in the December 31, 2024 on a prospective basis.

Note disclosure has been included in the financial statements for the transition to the new accounting standard. Please see note 2 for additional information relating to the standard changes noted in the year.



## Description of new or revised significant accounting policies and practices

The Entity adopted the new revenue standard (PSAS 3400) as disclosed in note 2 to the financial statements. PS 3400 *Revenue* establishes standards on how to account for and report on revenue, specifically differentiating between transactions that include performance obligations (i.e. the payor expects a good or service from the public sector entity), referred to as exchange transactions, and transactions that do not have performance obligations, referred to as nonexchange transactions. For exchange transactions, revenue is recognized when a performance obligation is satisfied. For non-exchange transactions, revenue is recognized when there is authority to retain an inflow of economic resources and a past event that gave rise to an asset has occurred.



## Significant qualitative aspects

No significant qualitative aspect to note with the adoption of the revised revenue standard.

# Specific topics

We have highlighted the following that we would like to bring to your attention:

Topic title	Finding
Significant matters subject to correspondence with management	No matters to report
Issues with sending external confirmation requests	No matters to report

# Specific topics

We have highlighted the following that we would like to bring to your attention:

Matter	Finding
Illegal acts, including noncompliance with laws and regulations, or fraud (identified or suspected)	No matters to report
Other information in documents containing the audited financial statements	No matters to report
Significant difficulties encountered during the audit	No matters to report
Difficult or contentious matters for which the auditor consulted	No matters to report
Management’s consultation with other accountants	No matters to report
Disagreements with management	No matters to report
Related parties	No matters to report
Significant issues in connection with our appointment or retention	No matters to report
Other matters that are relevant matters of governance interest	No matters to report

# Control deficiencies

## Consideration of internal control over financial reporting (ICFR)

In planning and performing our audit, we considered ICFR relevant to the Entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on ICFR.

Our understanding of internal control over financial reporting was for the limited purpose described above and was not designed to identify all control deficiencies that might be significant deficiencies. The matters being reported are limited to those deficiencies that we have identified during the audit that we have concluded are of sufficient importance to merit being reported to those charged with governance.

Our awareness of control deficiencies varies with each audit and is influenced by the nature, timing, and extent of audit procedures performed, as well as other factors. Had we performed more extensive procedures on internal control over financial reporting, we might have identified more significant deficiencies to be reported or concluded that some of the reported significant deficiencies need not, in fact, have been reported.

## A deficiency in internal control over financial reporting

A deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed, or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

## Significant deficiencies in internal control over financial reporting

A deficiency, or a combination of deficiencies, in internal control over financial reporting that, in our judgment, is important enough to merit the attention of those charged with governance.

**No matters to report**

# Audit quality - How do we deliver audit quality?

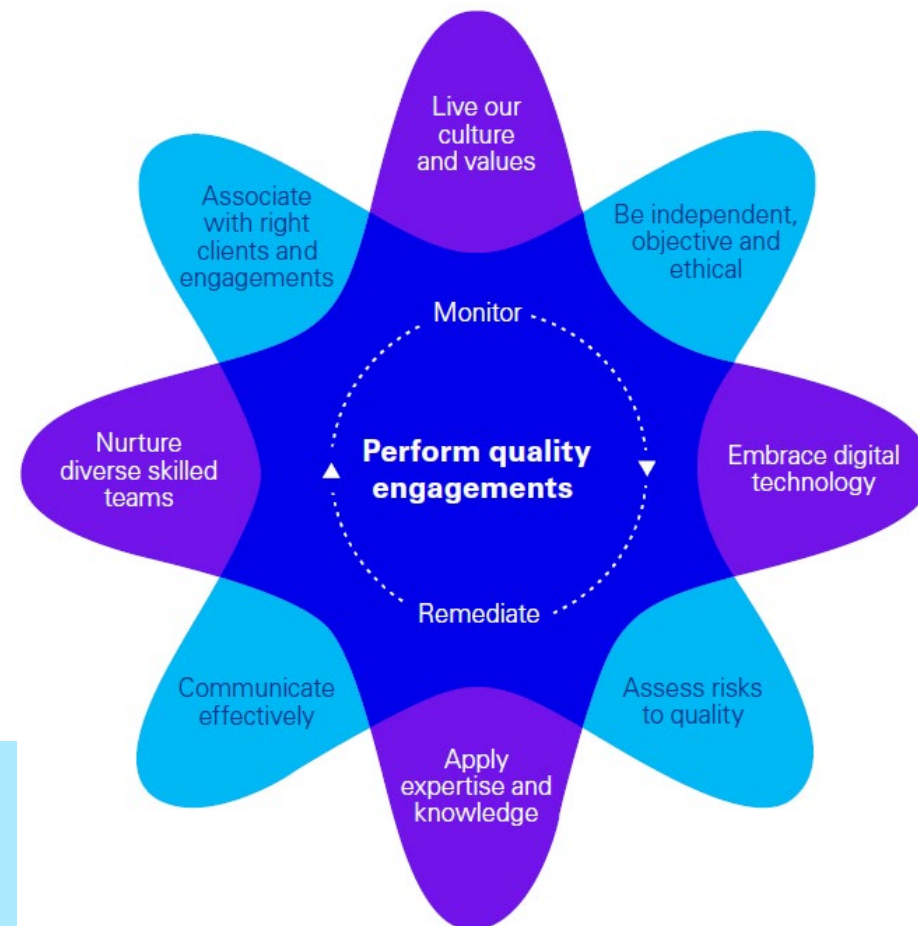
Quality essentially means doing the right thing and remains our highest priority. Our Global Quality Framework outlines how we deliver quality and how every partner and staff member contributes to its delivery.

The drivers outlined in the framework are the ten components of the KPMG System of Quality Management (SoQM). Aligned with ISQM 1/CSQM 1, our SoQM components also meet the requirements of the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants (IESBA) and the relevant rules of professional conduct / code of ethics applicable to the practice of public accounting in Canada, which apply to professional services firms that perform audits of financial statements. Learn more about our system of quality management and our firm's statement on the effectiveness of our SoQM:

[KPMG Canada Transparency Report](#)

## We define 'audit quality' as being the outcome when:

- audits are **executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality management**; and
- all of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics and integrity**.



**Doing the right thing. Always.**

# Independence

As a firm, we are committed to being and being seen to be independent. We have strict rules and protocols to maintain our independence that meet or exceed those of the IESBA Code<sup>1</sup> and CPA Code. The following are the actions or safeguards applied to reduce or eliminate threats to an acceptable level:

Dedicated ethics & independence partners

Process for reporting breaches of professional standards and policy, and documented disciplinary policy

Ethics, independence and integrity training for all staff

International proprietary system used to evaluate and document threats to independence and those arising from conflicts of interest

Operating policies, procedures and guidance contained in our quality & risk management manual

Mandated procedures for evaluating independence of prospective audit clients

Restricted investments and relationships

Annual ethics and independence confirmation for staff

Statement of compliance

We confirm that, as of the date of this communication, **we are independent** of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada.

<sup>1</sup>International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards)

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# Appendices

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Insights



# Appendix A: Engagement letter

**PRIVATE & CONFIDENTIAL**

Dr. Mustafa Hirji  
Medical Officer of Health & CEO  
Board of Health for the Sudbury & District  
Health Unit (operating as Public Health  
Sudbury & Districts)  
1300 Paris Street  
Sudbury, Ontario P3E 3A3

February 21, 2025

The purpose of this letter is to outline the terms of our engagement to audit the annual financial statements ("financial statements") of Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts) (the "Entity"), commencing for the period ending December 31, 2024.

This letter supersedes our previous letter to the Entity dated January 17, 2022.

The terms of the engagement outlined in this letter will continue in effect from period to period, unless amended or terminated in writing. The attached Assurance Terms and Conditions and any exhibits, attachments and appendices hereto and subsequent amendments form an integral part of the terms of this engagement and are incorporated herein by reference (collectively the "Engagement Letter").

**FINANCIAL REPORTING FRAMEWORK FOR THE FINANCIAL STATEMENTS**

The financial statements will be prepared and presented in accordance with Canadian public sector accounting standards (hereinafter referred to as the "financial reporting framework").

The financial statements will include an adequate description of the financial reporting framework.

- A full copy of the engagement letter dated February 21, 2025 is available upon request.



# Appendix B: Draft auditor's report

## INDEPENDENT AUDITOR'S 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, 2024
- 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 policy information

(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, 2024, 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 "*Auditor's 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 ethical 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.

### Auditor's 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 auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of 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.
- 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 auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the 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.

# Appendix B: Draft auditor’s report

- 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.

Chartered Professional Accountants, Licensed Public Accountants  
Sudbury, Canada  
June 12, 2025

# Appendix C: Regulatory communications



## CPAB communication protocol

The reports available through the following links were published by the Canadian Public Accountability Board to inform Audit Committees and other stakeholders about the results of quality inspections conducted over the past year:

- [CPAB Regulatory Oversight Report: 2023 Annual Inspections Results](#)
- [CPAB Audit Quality Insights Report: 2024 Interim Inspections Results](#)
- [CPAB Regulatory Oversight Report: 2024 Annual Inspections Results](#)

# Appendix D: Management representation letter

KPMG LLP  
Times Square  
1760 Regent Street, Unit 4  
Sudbury, ON P3E 3Z8  
Canada

June 12, 2025

We are writing at your request to confirm our understanding that your audit was for the purpose of expressing an opinion on the financial statements (hereinafter referred to as "financial statements") of Board of Health for the Sudbury & District Health Unit ("the Entity") as at and for the periods ended December 31, 2024.

## GENERAL:

We confirm that the representations we make in this letter are in accordance with the definitions as set out in **Attachment I** to this letter.

We also confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

## RESPONSIBILITIES:

- 1) We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated February 21, 2025, including for:
  - a) the preparation and fair presentation of the financial statements and believe that these financial statements have been prepared and present fairly in accordance with the relevant financial reporting framework.
  - b) providing you with all information of which we are aware that is relevant to the preparation of the financial statements ("relevant information"), such as financial records, documentation and other matters, including:
    - the names of all related parties and information regarding all relationships and transactions with related parties;
    - the complete minutes of meetings, or summaries of actions of recent meetings for which minutes have not yet been prepared, of shareholders, board of directors and committees of the board of directors that may affect the financial statements. All significant actions are included in such summaries.
  - c) providing you with unrestricted access to such relevant information.
  - d) providing you with complete responses to all enquiries made by you during the engagement.

- e) providing you with additional information that you may request from us for the purpose of the engagement.
- f) providing you with unrestricted access to persons within the Entity from whom you determined it necessary to obtain audit evidence.
- g) such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We also acknowledge and understand that we are responsible for the design, implementation and maintenance of internal control to prevent and detect fraud.
- h) ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements.
- i) ensuring that internal auditors providing direct assistance to you, if any, were instructed to follow your instructions and that we, and others within the entity, did not intervene in the work the internal auditors performed for you.

## INTERNAL CONTROL OVER FINANCIAL REPORTING:

- 2) We have communicated to you all deficiencies in the design and implementation or maintenance of internal control over financial reporting of which we are aware.

## FRAUD & NON-COMPLIANCE WITH LAWS AND REGULATIONS:

- 3) We have disclosed to you:
  - a) the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
  - b) all information in relation to fraud or suspected fraud that we are aware of that involves:
    - management;
    - employees who have significant roles in internal control over financial reporting; or
    - others
 where such fraud or suspected fraud could have a material effect on the financial statements.
  - c) all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators, or others.
  - d) all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements or illegal acts, whose effects should be considered when preparing financial statements.
  - e) all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.





# Appendix D: Management representation letter

**SUBSEQUENT EVENTS:**

- 4) All events subsequent to the date of the financial statements and for which the relevant financial reporting framework requires adjustment, or disclosure, in the financial statements have been adjusted or disclosed.

Yours very truly,

**RELATED PARTIES:**

- 5) We have disclosed to you the identity of the Entity's related parties.
- 6) We have disclosed to you all the related party relationships and transactions/balances of which we are aware.
- 7) All related party relationships and transactions/balances have been appropriately accounted for, and disclosed, in accordance with the relevant financial reporting framework.

By: Dr. Mustafa Hirji, Acting Medical Officer of Health & CEO

By: Ms. Sandra Laclé, Interim Director, Corporate Services

cc: Finance Committee

**ESTIMATES:**

- 8) The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

**GOING CONCERN:**

- 9) We have provided you with all information relevant to the use of the going concern assumption in the financial statements.
- 10) We confirm that we are not aware of material uncertainties related to events or conditions that may cast significant doubt upon the Entity's ability to continue as a going concern.

**NON-SEC REGISTRANTS OR NON-REPORTING ISSUERS:**

- 11) We confirm that the Entity is not a Canadian reporting issuer (as defined under any applicable Canadian securities act) and is not a United States Securities and Exchange Commission ("SEC") Issuer (as defined by the Sarbanes-Oxley Act of 2002).
- 12) We also confirm that the financial statements of the Entity will not be included in the group financial statements of a Canadian reporting issuer audited by KPMG or an SEC Issuer audited by any member of the KPMG organization.

**OTHER**

- 13) We confirm that we have provided you with a complete list of service organizations (SO) and sub-service organizations (SSO) and that the relevant complementary user entity controls (CUECs) related to each SO/SSO have been designed and implemented.





# Appendix D: Management representation letter

## Attachment I – Definitions

### MATERIALITY

Certain representations in this letter are described as being limited to matters that are material.

Information is material if omitting, misstating or obscuring it could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgments about materiality are made in light of surrounding circumstances, and are affected by perception of the needs of, or the characteristics of, the users of the financial statements and, the size or nature of a misstatement, or a combination of both while also considering the entity's own circumstances.

### FRAUD & ERROR

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity's assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorization.

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

# Appendix E: Newly effective and upcoming changes to auditing standards

For more information on newly effective and upcoming changes to auditing standards - see Current Developments



Effective for periods beginning on or after December 15, 2023

## ISA 600/CAS 600

.....

Revised special considerations – Audits of group financial statements

Effective for periods beginning on or after December 15, 2024

## ISA 260/CAS 260

.....

Communications with those charged with governance

## ISA 700/CAS 700

.....

Forming an opinion and reporting on the financial statements



# Appendix F: Audit and assurance insights

Our latest thinking on the issues that matter most to Audit Committees, board of directors and management.

## KPMG Audit & Assurance Insights

Curated research and insights for audit committees and boards.

## Board Leadership Centre

Leading insights to help board members maximize boardroom opportunities

## Current Developments

Series of quarterly publications for Canadian businesses including Spotlight on IFRS, Canadian Assurance & Related Services, Canadian Securities Matters, and US Outlook reports.

## Accelerate - The key issues driving the audit committee agenda

Discover the most pressing risks and opportunities that face audit committees, boards and management teams.

## Sustainability Reporting

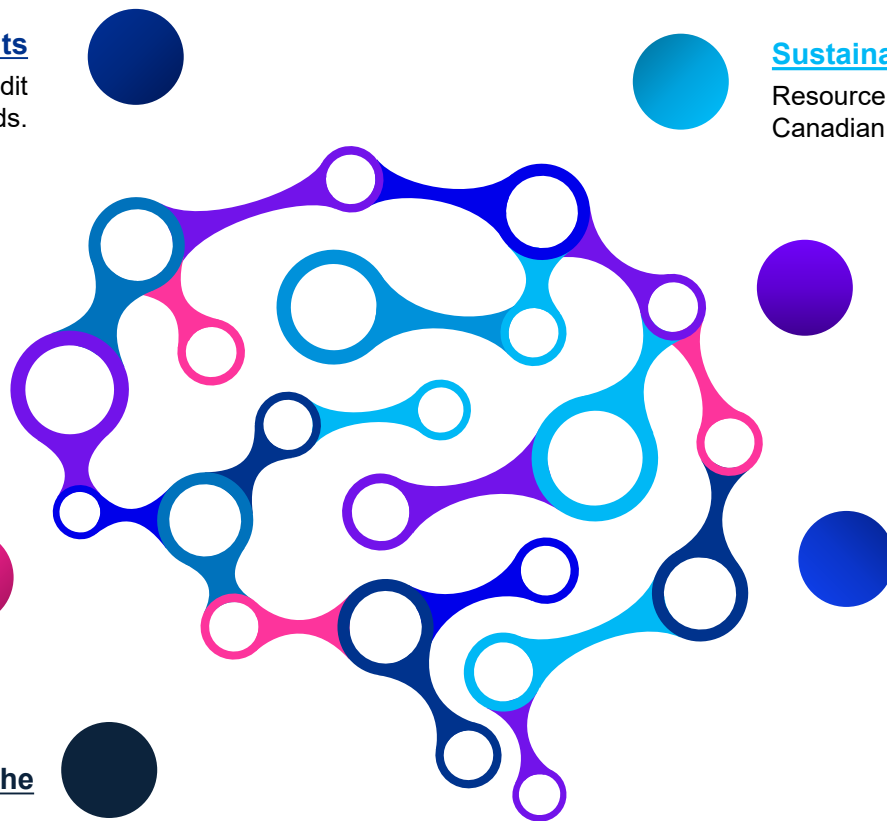
Resource centre on implementing the new Canadian reporting standards

## IFRS Breaking News

A monthly Canadian newsletter that provides the latest insights on accounting, financial reporting and sustainability reporting.

## Audit Committee Guide – Canadian Edition

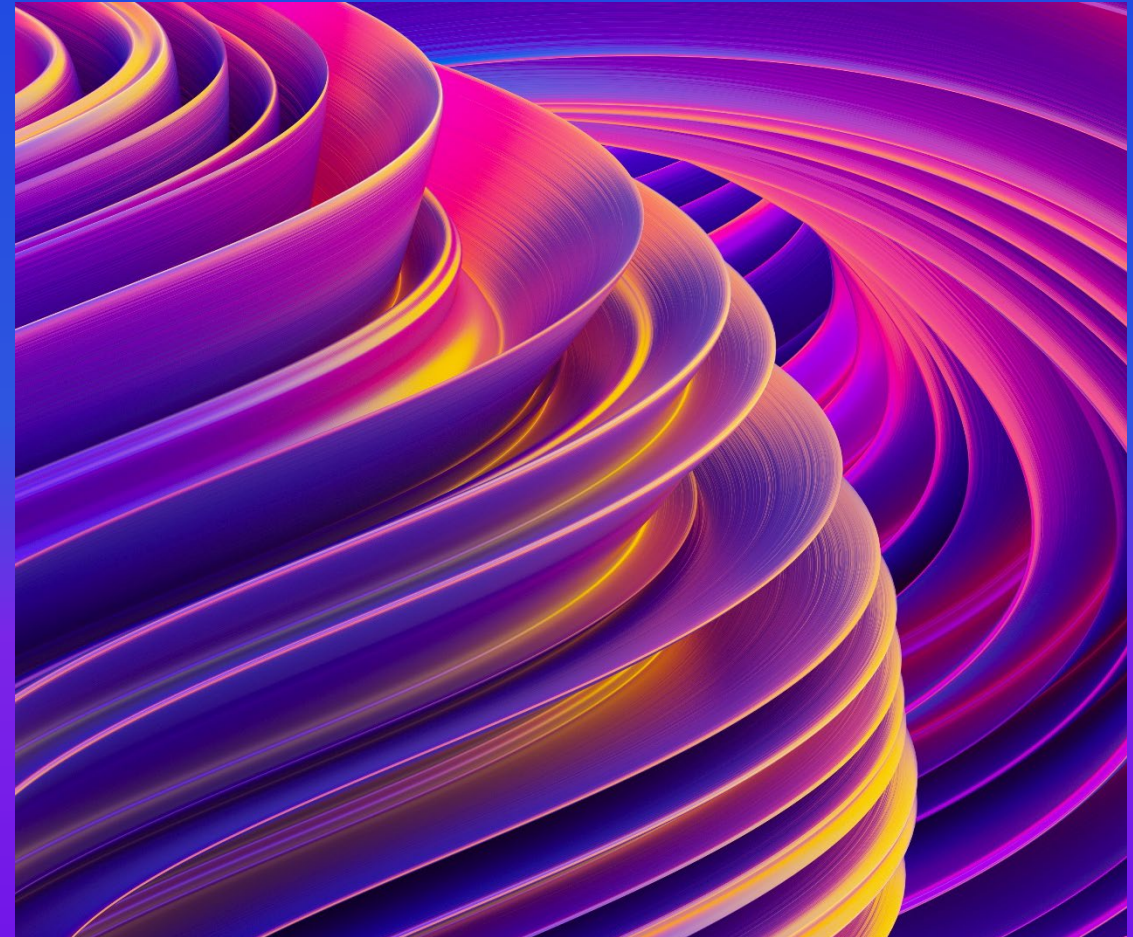
A practical guide providing insight into current challenges and leading practices shaping audit committee effectiveness in Canada.





<https://kpmg.com/ca/en/home.html>

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Financial Statements of

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

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

And Independent Auditor's Report thereon

Year ended December 31, 2024

## INDEPENDENT AUDITOR'S 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, 2024
- 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 policy information

(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, 2024, 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 “***Auditor's 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 ethical 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.

### ***Auditor's 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 auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of 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.
- 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 auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the 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.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

June 12, 2025

DRAFT

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

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

Statement of Financial Position

December 31, 2024, with comparative information for 2023

	2024	2023
<b>Financial assets</b>		
Cash and cash equivalents	\$ 14,806,939	\$ 10,027,872
Accounts receivable	315,050	529,551
Receivable from the Province of Ontario	51,765	34,220
	15,173,754	10,591,643
<b>Financial liabilities</b>		
Accounts payable and accrued liabilities	2,602,045	2,769,256
Deferred revenue	168,876	356,652
Payable to the Province of Ontario	4,112,197	1,024,127
Employee benefit obligations (note 3)	3,668,805	3,770,170
	10,551,923	7,920,205
<b>Net financial assets</b>	<b>4,621,831</b>	<b>2,671,438</b>
<b>Non-financial assets:</b>		
Tangible capital assets (note 4)	14,671,650	15,208,514
Prepaid expenses	458,156	459,492
	15,129,806	15,668,006
<b>Commitments and contingencies (note 5)</b>		
<b>Accumulated surplus (note 6)</b>	<b>\$ 19,751,637</b>	<b>\$ 18,339,444</b>

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, 2024, with comparative information for 2023

	2024 Budget (note 11)	2024 Actual	2023 Actual
Revenue (note 10):			
Provincial grants	\$ 22,736,085	\$ 24,077,037	\$ 27,390,098
Per capita revenue from municipalities (note 8)	10,548,731	10,548,731	9,418,510
Other:			
Plumbing inspections and licenses	317,000	251,127	357,806
Interest	160,000	568,649	546,275
Other	489,252	377,251	442,571
	34,251,068	35,822,795	38,155,260
Expenses (note 10):			
Salaries and wages	21,386,319	21,712,110	24,816,191
Benefits (note 7)	7,249,268	6,636,188	6,771,029
Administration (note 9)	2,850,412	2,941,588	2,920,027
Supplies and materials	1,089,181	935,158	1,141,367
Amortization of tangible capital assets (note 4)	1,144,542	1,111,478	1,144,542
Small operational equipment	1,370,781	838,150	930,947
Transportation	305,107	235,930	291,271
	35,395,610	34,410,602	38,015,374
Annual surplus (deficit)	(1,144,542)	1,412,193	139,886
Accumulated surplus, beginning of year	18,339,444	18,339,444	18,199,558
Accumulated surplus, end of year	\$ 17,194,902	\$ 19,751,637	\$ 18,339,444

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, 2024, with comparative information for 2023

	2024	2023
Annual surplus	\$ 1,412,193	\$ 139,886
Purchase of tangible capital assets	(574,614)	(1,199,108)
Amortization of tangible capital assets	1,111,478	1,144,542
Change in prepaid expenses	1,336	(39,332)
Change in net financial assets	1,950,393	45,988
Net financial assets, beginning of year	2,671,438	2,625,450
Net financial assets, end of year	\$ 4,621,831	\$ 2,671,438

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, 2024, with comparative information for 2023

	2024	2023
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	\$ 1,412,193	\$ 139,886
Adjustments for:		
Amortization of tangible capital assets	1,111,478	1,144,542
Change in employee benefit obligations	(101,365)	(164,712)
	2,422,306	1,119,716
Changes in non-cash working capital:		
Decrease in accounts receivable	214,501	1,276,254
Decrease (increase) in receivable from the Province of Ontario	(17,545)	953,553
Decrease in accounts payable and accrued liabilities	(167,211)	(1,064,087)
Decrease in deferred revenue	(187,776)	(1,115,634)
Increase (decrease) in payable to the Province of Ontario	3,088,070	(4,619,755)
Decrease (increase) in prepaid expenses	1,336	(39,332)
	5,353,681	(3,489,285)
Cash flows from investing activity:		
Purchase of tangible capital assets	(574,614)	(1,199,108)
Increase (decrease) in cash and cash equivalents	4,779,067	(4,688,393)
Cash and cash equivalents, beginning of year	10,027,872	14,716,265
Cash and cash equivalents, end of year	\$ 14,806,939	\$ 10,027,872

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, 2024

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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 \$2,594,788 as at December 31, 2024 (2023 - \$2,495,545) 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.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

## 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 pro-rated 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%
Leasehold improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Computer software	Straight-line	100%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%

### (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, 2024

---

### 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.

#### (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.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

## (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

### 1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Fees and other revenue from transactions with performance obligations, are recognized as the Health Unit satisfies a performance obligation by providing the promised goods or services to the payor. Fees and other revenue from transactions with no performance obligations, are recognized as the Health Unit has the authority to claim or retain an inflow of economic resources and when a past transaction or event is an asset. Amounts received prior to the end of the year that will be recognized in subsequent fiscal year are deferred and reported as a liability.

(i) Budget information:

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. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

(k) Financial instruments:

Financial instruments are classified into three categories: fair value, amortized cost or cost. The following chart shows the measurement method for each type of financial instrument:

Financial instrument	Measurement method
Cash and cash equivalents	Cost
Accounts receivable	Amortized cost
Receivable from the Province of Ontario	Amortized cost
Accounts payable and accrued liabilities	Amortized cost
Payable to the Province of Ontario	Amortized cost

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

## (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

---

### 1. Summary of significant accounting policies (continued):

#### (k) Financial instruments (continued):

##### Amortized cost

Amounts are measured using the effective interest rate method. The effective interest method is a method of calculating the amortized cost of a financial asset or financial liability (or a group of financial assets or financial liabilities) and of allocating the interest income or interest expense over the relevant period, based on the effective interest rate. It is applied to financial assets or financial liabilities that are not in the fair value category and is now the method that must be used to calculate amortized cost.

##### Cost

Amounts are measured at cost less any amount for valuation allowance. Valuation allowances are made when collection is in doubt.

##### Fair value

The Health Unit manages and reports performance for groups of financial assets on a fair-value basis. Investments traded in an active market are reflected at fair value as at the reporting date. Sales and purchases of investments are recorded on the trade date. Transaction costs related to the acquisition of investments are recorded as an expense. Unrealized gains and losses on financial assets are recognized in the Statement of Remeasurement Gains and Losses until such time that the financial asset is derecognized due to disposal or impairment.

At the time of derecognition, the related realized gains and losses are recognized in the Statement of Operations and Accumulated Surplus and related balances reversed from the Statement of Remeasurement Gains and Losses. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

##### Establishing fair value

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 (if applicable).

##### Fair value hierarchy

The following provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which fair value is observable:

Level 1 – fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

## (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

---

### 1. Summary of significant accounting policies (continued):

#### (k) Financial instruments (continued):

Level 2 – fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and

Level 3 – fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

#### (l) Asset retirement obligation:

An asset retirement obligation is recognized when, as at the financial reporting date, all of the following criteria are met:

- (i) There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- (ii) The past transaction or event giving rise to the liability has occurred;
- (iii) It is expected that the future economic benefits will be given up; and
- (iv) A reasonable estimate of the amount can be made.

A liability for asset retirement obligations has not been recorded in these financial statements. Given the nature of the assets, the age of the facilities and the remediation work completed to date it was determined there is no further legal obligation on the part of the Health Unit to complete remediation efforts.

### 2. Change in accounting policies:

The Health Unit adopted the following standards concurrently beginning January 1, 2024 retroactively: PS 3160 Public Private Partnerships and adopted PS 3400 Revenue and PSG-8 Purchased Intangibles prospectively.

PS 3400 Revenue establishes standards on how to account for and report on revenue, specifically differentiating between transactions that include performance obligations (i.e. the payor expects a good or service from the public sector entity), referred to as exchange transactions, and transactions that do not have performance obligations, referred to as non-exchange transactions. For exchange transactions, revenue is recognized when a performance obligation is satisfied. For non-exchange transactions, revenue is recognized when there is authority to retain an inflow of economic resources and a past event that gave rise to an asset has occurred.

PSG-8 Purchased Intangibles provides guidance on the accounting and reporting for purchased intangible assets that are acquired through arm's length exchange transactions between knowledgeable, willing parties that are under no compulsion to act.

PS 3160 Public Private Partnerships (P3s) provides specific guidance on the accounting and reporting for P3s between public and private sector entities where the public sector entity procures infrastructure using a private sector partner.



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

## 3. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2021 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, 2021 results. The next full valuation of the plan will be as of December 31, 2024.

	2024	2023
Accumulated sick leave benefits	\$ 533,958	\$ 563,488
Other post-employment benefits	1,978,109	1,826,848
	2,512,067	2,390,336
Vacation pay and other compensated absence	1,156,738	1,379,834
	\$ 3,668,805	\$ 3,770,170

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

	2024	2023
Discount	4.00%	4.00%
Health-care trend rate		
Initial	5.08%	5.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$2,639,119 (2023 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2024 are \$2,976,939 (2023 - \$2,891,129).

	2024	2023
Benefit plan expenses:		
Current service costs	\$ 211,182	\$ 201,023
Interest	115,061	112,252
Amortization of actuarial loss	35,912	35,912
	\$ 362,155	\$ 349,187

Benefits paid during the year were \$240,432 (2023 - \$255,904). The net unamortized actuarial loss of \$464,872 (2023 - \$500,793) 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, 2024

## 4. Tangible capital assets:

Cost:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2023 Total
Balance, January 1, 2024	\$	26,938	15,029,052	3,490,251	3,757,242	423,933	69,845	4,205,265	252,346	27,254,872
Additions		-	38,036	127,280	10,888	-	-	398,410	-	574,614
Balance, December 31, 2024	\$	26,938	15,067,088	3,617,531	3,768,130	423,933	69,845	4,603,675	252,346	27,829,486

Accumulated amortization:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2024	\$	-	4,187,968	906,876	3,422,077	423,933	69,845	2,794,413	241,246	12,046,358
Amortization		-	376,203	274,641	250,494	-	-	205,665	4,475	1,111,478
Balance, December 31, 2024	\$	-	4,564,171	1,181,517	3,672,571	423,933	69,845	3,000,078	245,721	13,157,836

Net book value:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2023	\$	26,938	10,841,084	2,583,375	335,165	-	-	1,410,852	11,100	15,208,514
At December 31, 2024		26,938	10,502,917	2,436,014	95,559	-	-	1,603,597	6,625	14,671,650

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

## 4. Tangible capital assets (continued):

Cost:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2023 Total
Balance, January 1, 2023	\$	26,938	14,966,096	2,699,586	3,677,404	423,933	69,845	3,939,616	252,346	26,055,764
Additions		-	62,956	790,665	79,838	-	-	265,649	-	1,199,108
Balance, December 31, 2023	\$	26,938	15,029,052	3,490,251	3,757,242	423,933	69,845	4,205,265	252,346	27,254,872

Accumulated amortization:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2023	\$	-	3,813,029	679,729	3,086,623	423,933	69,845	2,602,262	226,395	10,901,816
Amortization		-	374,939	227,147	335,454	-	-	192,151	14,851	1,144,542
Balance, December 31, 2023	\$	-	4,187,968	906,876	3,422,077	423,933	69,845	2,794,413	241,246	12,046,358

Net book value:

		Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2022	\$	26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948
At December 31, 2023		26,938	10,841,084	2,583,375	335,165	-	-	1,410,852	11,100	15,208,514

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

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

Notes to Financial Statements

Year ended December 31, 2024

**5. Commitments and contingencies:**

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2023 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2023 - \$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, 2024 are as follows:

No later than one year	\$ 263,728
Later than one year and no later than 5 years	760,844
Later than five years	880,183
	<u>\$ 1,904,755</u>

(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, 2024

## 6. 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	Capital Infrastructure Project	Balance, end of year
Invested in tangible capital assets	\$ 15,208,514	(1,111,478)	574,614	-	\$ 14,671,650
Unfunded employee benefit obligation	(3,770,170)	101,365	-	-	(3,668,805)
Working capital reserve	2,210,810	2,422,306	(574,614)	38,039	4,096,541
Public health initiatives	500,000	-	-	-	500,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	994,311	-	-	(38,039)	956,272
Sick leave and vacation	2,639,119	-	-	-	2,639,119
Research and development	56,860	-	-	-	56,860
	\$ 18,339,444	1,412,193	-	-	\$ 19,751,637

## 7. 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 2024 was \$2,036,224 (2023 - \$2,157,752) 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, 2024

## 8. Per capita revenue from municipalities:

	2024	2023
City of Greater Sudbury	\$ 9,022,585	\$ 8,055,880
Town of Espanola	280,950	250,848
Township of Sable and Spanish River	183,439	163,784
Municipality of French River	157,065	140,236
Municipality of Markstay-Warren	159,224	142,165
Township of Northeastern Manitoulin & The Islands	137,235	122,532
Township of Chapleau	127,877	114,176
Township of Central Manitoulin	109,945	98,165
Municipality of St. Charles	80,823	72,163
Township of Assiginack	51,308	45,811
Town of Gore Bay	49,475	44,174
Township of Baldwin	32,591	29,099
Township of Billings (and part of Allan)	34,358	30,677
Township of Gordon (and part of Allan)	30,170	26,937
Township of Nairn & Hyman	26,701	23,840
Township of Tehkummah	24,738	22,087
Municipality of Killarney	23,886	21,328
Township of Burpee	16,034	14,316
Township of Cockburn Island	327	292
	<b>\$ 10,548,731</b>	<b>\$ 9,418,510</b>

## 9. Administration expenses:

	2024 Budget	2024 Actual	2023 Actual
Professional fees	\$ 742,678	\$ 983,441	\$ 1,102,188
Building maintenance	696,966	628,249	471,170
Advertising	131,265	76,077	93,713
Telephone	69,821	202,777	161,173
Rent	481,377	421,000	548,513
Utilities	245,020	176,320	181,087
Liability insurance	208,850	200,694	185,311
Staff education	136,701	113,453	47,255
Postage	90,100	86,022	84,509
Memberships and subscriptions	47,634	52,992	45,108
Strategic Planning	-	563	-
	<b>\$ 2,850,412</b>	<b>\$ 2,941,588</b>	<b>\$ 2,920,027</b>

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2024

## 10. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
Revenue:											
Provincial grants											
Operation	\$ 18,538,386	-	-	-	-	1,060,713	3,948	1,726,780	64,272	-	21,394,099
Mitigation grant	-	-	-	-	-	-	-	-	-	-	-
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,092,500	-	-	-	-	-	1,092,500
Municipalities	10,548,731	-	-	-	-	-	-	-	-	-	10,548,731
Plumbing and inspections	251,127	-	-	-	-	-	-	-	-	-	251,127
Interest	469,406	-	-	-	-	-	-	-	-	99,243	568,649
Other	238,303	7,225	16,278	28,263	-	5,865	-	-	-	81,317	377,251
	30,045,953	7,225	16,278	28,263	1,092,500	1,066,578	3,948	1,726,780	64,272	180,560	34,232,357
Expenses:											
Salaries and wages	18,122,897	5,953	13,435	23,505	697,581	343,648	3,948	1,306,446	51,282	57,905	20,626,600
Benefits	5,724,631	1,272	2,843	4,758	219,349	85,406	-	380,232	12,990	10,150	6,441,631
Transportation	119,918	-	-	-	90,306	33	-	20,531	-	-	230,788
Administration (note 9)	2,188,994	-	-	-	26,076	516,847	-	6,873	-	189	2,738,979
Supplies and materials	710,153	-	-	-	59,188	108,043	-	5,872	-	13,072	896,328
Small operational equipment	837,440	-	-	-	-	710	-	-	-	-	838,150
Amortization of tangible capital assets	1,111,478	-	-	-	-	-	-	-	-	-	-
	28,815,511	7,225	16,278	28,263	1,092,500	1,054,687	3,948	1,719,954	64,272	81,316	32,883,954
Annual surplus	1,230,442	-	-	-	-	11,891	-	6,826	-	99,244	1,348,403
Capital expenditures	454,068	-	-	-	-	11,891	-	6,826	-	38,039	510,824
Annual surplus net of capital expenditures	\$ 776,374	-	-	-	-	-	-	-	-	61,205	837,579

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, 2024

## 10. Revenues and expenses by funding sources (continued):

		2023-24 One-time Funding										
	Sub-Total	COVID-19 Infection Prevention and Control Hub	COVID-19 Extraordinary Vaccine	PHI Practicum	MOH - ISPA Vaccination Clinic Catch up	Merger Planning	RSV	Vaccine Refridgerator	Capital	COVID-19 Infection Prevention and Control Hub	PHI Practicum	Total
Revenue:												
Provincial grants												
Operation	\$ 21,394,099	-	-	-	-	-	-	-	-	-	-	21,394,099
Mitigation grant	-	-	-	-	-	-	-	-	-	-	-	-
One-time	-	274,895	225,000	10,804	19,871	268,611	71,500	38,830	24,960	642,975	12,992	1,590,438
Unorganized territories	1,092,500	-	-	-	-	-	-	-	-	-	-	1,092,500
Municipalities	10,548,731	-	-	-	-	-	-	-	-	-	-	10,548,731
Plumbing and inspections	251,127	-	-	-	-	-	-	-	-	-	-	251,127
Interest	568,649	-	-	-	-	-	-	-	-	-	-	568,649
Other	377,251	-	-	-	-	-	-	-	-	-	-	377,251
	34,232,357	274,895	225,000	10,804	19,871	268,611	71,500	38,830	24,960	642,975	12,992	35,822,795
Expenses:												
Salaries and wages	20,626,600	205,683	186,742	9,110	15,211	61,288	61,561	-	-	534,176	11,739	21,712,110
Benefits	6,441,631	39,052	37,827	1,694	4,660	7,956	9,939	-	-	92,176	1,253	6,636,188
Transportation	230,788	375	-	-	-	1,907	-	-	-	2,860	-	235,930
Administration (note 9)	2,738,979	1,688	401	-	-	197,082	-	-	-	3,438	-	2,941,588
Supplies and materials	896,328	28,097	30	-	-	378	-	-	-	10,325	-	935,158
Small operational equipment	838,150	-	-	-	-	-	-	-	-	-	-	838,150
Amortization of tangible capital assets	1,111,478	-	-	-	-	-	-	-	-	-	-	1,111,478
	32,883,954	274,895	225,000	10,804	19,871	268,611	71,500	-	-	642,975	12,992	34,410,602
Annual surplus	1,348,403	-	-	-	-	-	-	38,830	24,960	-	-	1,412,193
Capital expenditures	510,824	-	-	-	-	-	-	38,830	24,960	-	-	574,614
Annual surplus net of capital expenditures	\$ 837,579	-	-	-	-	-	-	-	-	-	-	837,579

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**

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

Notes to Financial Statements

Year ended December 31, 2024

**11. Budget information:**

The Budget adopted by the Board of Directors on November 16, 2023, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 16, 2023 including subsequent budget amendments, with adjustments as follows:

Budget surplus for the year	\$	--
Less: amortization		1,144,542
Budget deficit per the statement of operations and accumulated surplus	\$	(1,144,542)

**12. 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.

## **2024 AUDITED FINANCIAL STATEMENTS**

### **MOTION:**

**THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2024 audited financial statements.**

# Public Health Sudbury & Districts

## STATEMENT OF REVENUE & EXPENDITURES

For The 4 Periods Ending April 30, 2025

### Cost Shared Programs

	Adjusted BOH	Budget	Current	Variance	Balance
	Approved Budget	YTD	Expenditures YTD	YTD (over)/under	Available
<b>Revenue:</b>					
MOH - General Program	18,723,731	6,241,244	6,194,924	46,320	12,528,807
MOH - Unorganized Territory	826,000	275,333	275,351	(18)	550,649
Municipal Levies	11,186,768	3,728,923	3,730,817	(1,894)	7,455,951
Interest Earned	300,000	100,000	128,825	(28,825)	171,175
<b>Total Revenues:</b>	<b>\$31,036,499</b>	<b>\$10,345,500</b>	<b>\$10,329,917</b>	<b>\$15,583</b>	<b>\$20,706,582</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	6,320,175	2,236,360	2,315,482	(79,122)	4,004,693
Office Admin.	104,350	34,783	16,374	18,409	87,976
Espanola	131,102	44,752	41,541	3,211	89,561
Manitoulin	141,746	48,405	42,736	5,670	99,010
Chapleau	140,300	47,847	40,896	6,951	99,404
Sudbury East	19,530	6,510	6,649	(139)	12,881
Intake	372,587	128,972	112,946	16,026	259,641
Facilities Management	744,668	267,890	436,090	(168,200)	308,578
Volunteer Resources	3,850	1,283	0	1,283	3,850
<b>Total Corporate Services:</b>	<b>\$7,978,309</b>	<b>\$2,816,804</b>	<b>\$3,012,715</b>	<b>\$(195,911)</b>	<b>\$4,965,594</b>
<b>Health Protection:</b>					
Environmental Health - General	1,272,898	426,868	405,712	21,155	867,185
Enviromental	2,824,889	981,674	935,062	46,611	1,889,827
Vector Borne Disease (VBD)	42,914	11,174	8,090	3,083	34,824
CID	1,528,164	528,864	487,606	41,258	1,040,558
Districts - Clinical	236,444	81,833	80,734	1,099	155,710
Risk Reduction	53,756	17,127	3,729	13,398	50,027
Sexual Health	1,508,238	519,022	557,832	(38,810)	950,406
SFO: E-Cigarettes, Protection and Enforcement	257,027	86,106	74,409	11,698	182,618
<b>Total Health Protection:</b>	<b>\$7,724,330</b>	<b>\$2,652,668</b>	<b>\$2,553,175</b>	<b>\$99,493</b>	<b>\$5,171,155</b>
<b>Health Promotion and Vaccine Preventable</b>					
Health Promotion and VPD- General	1,865,620	648,549	487,972	160,577	1,377,648
Districts - Espanola / Manitoulin	376,553	130,345	128,386	1,960	248,168
Nutrition & Physical Activity	1,558,704	539,092	433,106	105,987	1,125,598
Districts - Chapleau / Sudbury East	432,484	149,706	147,534	2,172	284,950
Comprehensive Substance Use (Tobacco, Vaping, Car	970,307	334,906	219,388	115,519	750,920
Family Health	1,491,508	513,089	406,335	106,754	1,085,173
Community Drug Safety & Toxic Drug Crisis & Ment	941,457	325,683	305,423	20,261	636,035
Oral Health	524,052	185,100	193,522	(8,423)	330,529
Healthy Smiles Ontario	667,047	229,587	230,342	(755)	436,705
SFO: TCAN Coordination and Prevention	505,286	173,424	118,806	54,618	386,480
Harm Reduction Program Enhancement	198,465	68,626	44,014	24,612	154,451
COVID Vaccines	111,689	38,661	11,835	26,826	99,854
VPD	1,656,646	561,473	420,152	141,321	1,236,494
MOHLTC - Influenza	(0)	626	(245)	871	245
MOHLTC - Meningittis	0	173	(4,191)	4,363	4,191
MOHLTC - HPV	0	240	(4,896)	5,136	4,896
<b>Total Health Promotion:</b>	<b>\$11,299,817</b>	<b>\$3,899,279</b>	<b>\$3,137,482</b>	<b>\$761,797</b>	<b>\$8,162,336</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,048,643	1,047,949	1,062,701	(14,752)	1,985,942
Workplace Capacity Development	43,507	0	7,404	(7,404)	36,103
Health Equity Office	10,970	3,590	5,901	(2,311)	5,069
Nursing Initiatives: CNO, ICPHN, SDoH PHN	516,126	178,659	167,727	10,932	348,399
Indigenous Engagement	414,797	143,459	122,473	20,986	292,324
<b>Total Knowledge and Strategic Services:</b>	<b>\$4,034,043</b>	<b>\$1,373,658</b>	<b>\$1,366,205</b>	<b>\$7,452</b>	<b>\$2,667,838</b>
<b>Total Expenditures:</b>	<b>\$31,036,499</b>	<b>\$10,742,408</b>	<b>\$10,069,576</b>	<b>\$672,832</b>	<b>\$20,966,923</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$(396,908)</b>	<b>\$260,340</b>	<b>\$657,249</b>	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES  
Summary By Expenditure Category  
For The 4 Periods Ending April 30, 2025

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
MOH Funding	31,036,499	10,345,500	10,359,925	(14,426)	20,676,574
Other Revenue/Transfers	657,147	204,209	227,588	(23,379)	429,558
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>31,693,646</b>	<b>10,549,709</b>	<b>10,587,514</b>	<b>(37,805)</b>	<b>21,106,132</b>
<b>Expenditures:</b>					
Salaries	19,341,764	6,695,221	6,477,992	217,229	12,863,773
Benefits	6,978,499	2,415,535	2,048,705	366,830	4,929,794
Travel	266,343	77,213	36,326	40,887	230,018
Program Expenses	728,366	225,659	112,710	112,949	615,656
Office Supplies	72,150	23,137	5,925	17,212	66,225
Postage & Courier Services	90,100	30,033	17,588	12,445	72,512
Photocopy Expenses	5,030	1,677	201	1,476	4,829
Telephone Expenses	72,960	24,320	24,008	312	48,953
Building Maintenance	528,488	195,830	351,812	(155,982)	176,676
Utilities	190,605	63,535	66,978	(3,443)	123,627
Rent	329,758	109,919	107,515	2,405	222,243
Insurance	147,768	133,810	98,508	35,302	49,260
Employee Assistance Program ( EAP)	37,000	9,250	28,743	(19,493)	8,257
Memberships	51,750	17,217	33,172	(15,956)	18,577
Staff Development	151,201	26,615	29,357	(2,743)	121,844
Books & Subscriptions	7,045	3,013	4,248	(1,235)	2,797
Media & Advertising	112,850	36,150	3,836	32,314	109,014
Professional Fees	992,511	330,837	192,666	138,171	799,845
Translation	65,976	20,097	23,871	(3,774)	42,105
Furniture & Equipment	18,870	6,012	23,826	(17,814)	(4,956)
Information Technology	1,504,612	501,537	639,187	(137,649)	865,425
<b>Total Expenditures</b>	<b>31,693,646</b>	<b>10,946,617</b>	<b>10,327,173</b>	<b>619,444</b>	<b>21,366,472</b>
<b>Net Surplus ( Deficit )</b>	<b>(0)</b>	<b>(396,908)</b>	<b>260,340</b>	<b>657,249</b>	

**Sudbury & District Health Unit o/a Public Health Sudbury & Districts**  
**SUMMARY OF REVENUE & EXPENDITURES**  
 For the Period Ended April 30, 2025

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
<b>100% Funded Programs</b>							
Indigenous Communities	703	90,400	39,988	50,412	44.2%	<i>Dec 31</i>	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	889	99,111	0.9%	<i>Mar 31/2026</i>	8.3%
Northern Fruit and Vegetable Program	743	176,100	90,664	85,436	51.5%	<i>Dec 31</i>	33.3%
Healthy Babies Healthy Children	778	1,725,944	104,863	1,621,081	6.1%	<i>Mar 31/2026</i>	8.3%
IPAC Congregate CCM	780	930,100	34,839	895,261	3.7%	<i>Mar 31/2026</i>	8.3%
Ontario Senior Dental Care Program	786	1,315,000	318,293	996,707	24.2%	<i>Dec 31</i>	33.3%
Anonymous Testing	788	64,293	-	64,293	0.0%	<i>Mar 31/2026</i>	8.3%
<b>Total</b>		4,401,837	589,536	3,812,301			

**ADJOURNMENT**

**MOTION:**

**THAT we do now adjourn. Time:\_\_\_\_\_**