Simcoe Muskoka District Health Unit Financial Statements For the year ended December 31, 2015

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Management Report

Management's Responsibility for the Financial Statements

The accompanying financial statements of the Simcoe Muskoka District Health Unit are the responsibility of the Health Unit's management and have been prepared in accordance with Canadian public sector accounting standards. A summary of significant accounting policies is attached to the financial statements.

The preparation of financial statements necessarily involves the use of estimates based on management's judgment, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Health Unit's management maintains a system of internal control designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board of Directors meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The financial statements have been audited by BDO Canada LLP, independent external auditors appointed by the Board of Directors. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Health Unit's financial statements.

Chair, Board of Directors

May 18, 2016

Sandra Horney

Director of Program Foundations and Finance



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Independent Auditor's Report

To the Chair and Members of the Board of Directors Simcoe Muskoka District Health Unit

We have audited the accompanying financial statements of the Simcoe Muskoka District Health Unit, which comprise the statement of financial position as at December 31, 2015, and the statement of operations, statement of change in net financial debt and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Simcoe Muskoka District Health Unit as at December 31, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

BDO Canada LLP

Chartered Professional Accountants, Licensed Public Accountants

Barrie, Ontario May 18, 2016

Simcoe Muskoka District Health Unit Statement of Financial Position

December 31		2015		2014
Financial Assets				
Cash and short-term deposits (note 1)	\$	4,329,925	\$	4,016,078
Accounts receivable (note 2)		636,353		725,745
Due from Province of Ontario - Other (note 3)		2,751		2,751
Due from Ministry of Health and Long-Term Care (note 12)	_	146,102		223,560
	_	5,115,131		4,968,134
Liabilities				
Accounts payable and accrued liabilities (note 4)		3,204,557		3,146,004
Post-employment benefits and compensated absences (note 18)		1,623,642		1,617,388
Deferred revenue (note 6)	-	542,917		723,569
	_	5,371,116	_	5,486,961
Net Financial Debt		(255,985)		(518,827)
	_			
Non-Financial Assets				
Tangible capital assets (note 5)		1,830,661		2,023,349
Prepaid expenses	_	335,415		308,625
	_	2,166,076		2,331,974
Accumulated Surplus (note 7)	\$	1,910,091	\$	1,813,147
Contingencies (note 12)				
Commitments (note 14)				
On behalf of the Board:				
Director				
Director				

Simcoe Muskoka District Health Unit Statement of Operations

For the year ended December 31	2015 Budget	2015	2014
	(note 21)		
Revenues			
Operating grants			
Ministry of Health and Long-Term Care			
- Mandatory Programs (note 15)	\$ 29,447,336	\$ 29,561,690	\$ 29,118,921
County of Simcoe (note 10)	4,334,765	5,541,375	5,466,251
City of Barrie	1,632,370	1,632,370	1,610,748
City of Orillia	371,104	371,104	366,256
District of Muskoka (note 10)	1,406,817	1,419,423	1,408,427
District of Parry Sound		8,629	<u>7,137</u>
	37,192,392	38,534,591	37,977,740
Interest earned	40,000	40,847	47,842
Other	360,675	464,325	676,052
Other	 		
	37,593,067	39,039,763	38,701,634
Expenses (note 20)			
Public Health Program	29,512,843	29,018,083	28,900,417
Healthy Babies, Healthy Children Program	2,536,233	2,485,275	2,519,133
Healthy Smiles Ontario Program	1,351,600	1,447,043	1,256,680
Smoke Free Ontario Programs	1,404,800	1,344,456	1,323,751
One Time	280,000	20,478	22,730
Ontario Dental Works Program	•	1,427,963	1,330,340
Infectious Diseases Control Initiative	777,900	777,900	777,815
Small Drinking Water Systems	208,667	208,667	208,667
Children in Need of Dental Treatment Expansion Program	201,867	233,301	175,153
Enhanced Food Safety Haines Initiative Program	90,300	90,300	90,225
Medical Officers of Health Compensation	145,727	125,682	138,233
Other	42,000	73,704	48,755
Vector Borne Diseases Program	196,800	145,515	156,775
Public Health Nurses Initiative	180,500	180,500	180,448
Infection Prevention and Control Nurses Initiative	90,100	90,100	90,066
Healthy Communities Partnership		123,686	97,716
Enhanced Safe Water Initiative	40,200	40,200	40,147
Immunization of School Pupils Act	59,100	59,100	•
Anonymous HIV Testing Program	48,976	48,976	48,976
Needle Exchange Program Initiative	40,700	40,700	40,625
Public Health Ontario Secondment	•	20,277	126,590
Nursing Graduate Guarantee	•	-	15,286
Chief Nursing Officer Initiative	121,500	121,500	121,414
Panorama	155,300	210,681	82,245
Public Health Inspector Practicum Program	10,000	10,000	-
RNAO	-	16,341	103,428
Library Hub	128,675	123,916	196,875
	37,623,788	38,484,344	38,092,490
Annual surplus (deficit) before adjustments	(30,721)	555,419	609,144
, , , ,			
Amortization expense	542,338	543,381	536,473
Change in accrued vacation pay	•	(91,160)	40,271
Change in post-employment benefits and compensated			
absences	-	6,254	7,485
	542,338	458,475	584,229
Annual cumber (deficit) for the second	(E72 0E0)	04.044	24.045
Annual surplus (deficit) for the year	(573,059)	96,944	24,915
Accumulated surplus, beginning of year	1,813,147	1,813,147	1,788,232
Accumulated surplus, end of year (note 7)	\$ 1,240,088	\$ 1,910,091	\$ 1,813,147

Simcoe Muskoka District Health Unit Statement of Change in Net Financial Debt

For the year ended December 31	2015 Budget	2015	2014
	(note 21)		
Annual surplus (deficit)	\$ (573,059) \$	96,944 \$	24,915
Acquisition of tangible capital assets Amortization of tangible capital assets	- 543,381	(350,693) 543,381	(527,336) 536,473
	543,381	192,688	9,137
Acquisition of prepaid expenses Use of prepaids	-	(335,415) 308,625	(308,625) 230,170
	<u> </u>	(26,790)	(78,455)
Change in net financial debt	(29,678)	262,842	(44,403)
Net financial debt, beginning of year	(518,827)	(518,827)	(474,424)
Net financial debt, end of year	\$ (548,505) \$	(255,985) \$	(518,827)

Simcoe Muskoka District Health Unit Statement of Cash Flows

December 31		2015	 2014
Cash provided by (used in)			
, , , ,			
Operating transactions Annual surplus	\$	96,944	\$ 24,915
Items not involving cash Amortization	_	543,381	536,473
		640,325	561,388
Changes in non-cash working capital balances			
Accounts receivable		89,392	101,828
Amount due from Ministry of Health and Long-Term Care		77,458	(771,620)
Prepaid expenses		(26,791)	(78,455)
Accounts payable and accrued liabilities		58,554	131,035
Deferred revenue		(180,652)	312,348
Post-employment benefits and compensated absences	_	6,254	 7,485
	_	664,540	264,009
Capital transactions			
Acquisition of tangible capital assets	_	(350,693)	(527,336)
Increase (decrease) in cash and short-term deposits during the year		313,847	(263,327)
Cash and short-term deposits, beginning of year	_	4,016,078	 4,279,405
Cash and short-term deposits, end of year	\$	4,329,925	\$ 4,016,078
Represented by:			2 047 424
Unrestricted cash	\$	2,882,355	\$ 3,967,634
Term deposits (note 1)	_	1,447,570	 48,444
	\$	4,329,925	\$ 4,016,078

Simcoe Muskoka District Health Unit Summary of Significant Accounting Policies

For the year ended December 31, 2015

Management's Responsibility for the Financial Statements

The financial statements of the Simcoe Muskoka District Health Unit are the responsibility of management. They have been prepared in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

Nature and Purpose of Organization

The Health Unit is responsible for providing public health services to the residents of Muskoka and the County of Simcoe as set out under the provisions of the Health Protection and Promotion Act. The Health Unit is a non-profit organization and is a registered charity exempt from income taxes under the Income Tax Act.

Basis of Accounting

These financial statements have been prepared using Canadian public sector accounting standards.

Revenue Recognition

Provincial funding revenues are recognized in the year to which the program relates. Municipal revenues are recognized in the year they are levied to member municipalities. Other revenues are recognized when services are provided and collection is reasonably assured. Investment revenue is recognized in the period earned.

Deferred Revenue

Funds received for specific purposes which are for future services are accounted for as deferred revenue in the statement of financial position. The revenue is recognized in the statement of operations in the year which services are provided and grant conditions are met.

Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. Contributed tangible capital assets are recorded at their fair market value at the date of receipt. The cost of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Equipment and furniture Computer equipment Leasehold improvements Dental van Vehicles 5 to 20 years straight-line 3 to 5 years straight-line 5 to 20 years straight-line 7 years straight-line 5 years straight-line

Assets under construction are not amortized until the asset is available for productive use.

Simcoe Muskoka District Health Unit Summary of Significant Accounting Policies

For the year ended December 31, 2015

Use of Estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. The principal estimates used in the preparation of these financial statements are the estimated useful life of capital assets, the amounts due to and from the Ministry of Health and Long-Term Care and the postemployment and compensated absences liability. Actual results could differ from management's best estimates as additional information becomes available in the future.

Retirement and Post-Employment Benefits and Compensated Absences The

The Health Unit provides defined retirement and post-employment benefits and compensated absences to certain employee groups. These benefits include pension, health, dental and insurance and non-vesting sick leave. The Health Unit has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, expected salary escalation, retirement ages of employees and discount rates. Adjustments to these costs arising from changes in estimates and experience gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis;
- (ii) The cost of the multi-employer defined benefit pension plan is the Health Unit's contributions due to the plan in the period;
- (iii) The cost of non-vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates. Adjustments to these costs arising from changes in actuarial assumption and/or experience are recognized over the estimated average remaining service life of the employees;
- (iv) The discount rate used in the determination of the above mentioned liabilities is equal to the Health Unit's hypothetical cost of borrowing.

2015

For the year ended December 31, 2015

1. Cash and Short-Term Deposits

The Health Unit's bank account is held at a chartered bank. The bank account earns interest at a variable rate dependent on the monthly minimum balance.

In addition, the Health Unit has an operating line of credit facility available in the amount of \$200,000. Outstanding amounts bear interest at the bank's prime rate plus 0.25% and are secured by a general security agreement. There is no balance outstanding at December 31, 2015.

Cash and short-term deposits, consists of three guaranteed investment certificates with a total face value of \$1,447,570, interest rates ranging from 0.96% to 1.00% and maturity dates ranging from March 3, 2016 to June 27, 2016 (2014 - \$105,347, interest at 1.20% and maturity date of January 28, 2015).

2. Accounts Receivable

		2015	<u>.</u>	2014
HST recoverable County of Simcoe Other	\$	480,797 101,052 54,504	\$	521,394 124,881 79,470
	<u>\$</u>	636,353	\$_	725,745

3. Due from Province of Ontario - Other

Provincial share of sick leave benefits to be recovered when			
certain non-union employees terminate employment with			
the Health Unit	\$	2,751	\$ 2,751
	عاقت ا		

4. Accounts Payable and Accrued Liabilities

	2015	2014	
Trade and other Salaries and benefits Accrued vacation pay liability	\$ 593,076 \$, 2,056,511 554,970	687,774 1,812,100 646,130	
	\$ 3,204,557 \$	3,146,004	

2014

For the year ended December 31, 2015

5. Tangible Capital Assets

	_					_			2015
	Equ	ipment and Furniture	i	Computer Equipment	Leasehold Improvements		Dental Van	Vehicles	Total
Cost, beginning of year Additions	\$ _	391,820 33,014	\$ 1	1,026,937 178,180	\$ 2,392,798 110,685	\$	483,915	\$ 29,602 28,814	\$ 4,325,072 350,693
Cost, end of year	_	424,834	1	,205,117	2,503,483		483,915	58,416	4,675,765
Accumulated amortization, beginning of year Amortization	_	216,517 40,517		803,539 180,466	1,005,144 247,348		276,523 69,130	- 5,920	2,301,723 543,381
Accumulated amortization, end of year	_	257,034		984,005	1,252,492		345,653	5,920	2,845,104
Net carrying amount, end of year	\$	167,800	\$	221,112	\$ 1,250,991	\$	138,262	\$ 52,496	\$ 1,830,661

For the year ended December 31, 2015

5. Tangible Capital Assets (continued)

	_		 				 	2014
	Equ	ipment and Furniture	 Computer quipment	Leasehold Improvements		Dental Van	 Vehicles	Total
Cost, beginning of year Additions	\$	331,413 60,407	\$ 795,647 231,290	\$2,186,761 206,037	\$	483,915	\$ 29,602	\$3,797,736 527,336
Cost, end of year	_	391,820	 1,026,937	2,392,798		483,915	29,602	4,325,072
Accumulated amortization, beginning of year Amortization	_	178,193 38,324	 613,801 189,738	765,864 239,280	<u></u> .	207,392 69,131	 <u>.</u>	1,765,250 536,473
Accumulated amortization, end of year		216,517	 803,539	1,005,144		276,523	 <u> </u>	2,301,723
Net carrying amount, end of year	\$	175,303	\$ 223,398	\$1,387,654	\$	207,392	\$ 29,602	\$2,023,349

For the year ended December 31, 2015

6. Deferred Revenue

The Health Unit operates a number of programs in which funding is received for the period April 1 to March 31. Therefore any funding received for these programs where the expenses have not been incurred at December 31, 2015, is recorded as deferred revenue.

In addition, the Health Unit has received fiscal 2016 municipal operating grants which have also been included in deferred revenue.

7.	Accumulated Surplus			
			2015	2014
	Surplus (note 8) Internally restricted reserves (note 9)	\$	98,784 1,811,307	\$ 436,737 1,376,410
		\$	1,910,091	\$ 1,813,147
8.	Surplus			
		_	2015	2014
	Balance, beginning of year Annual surplus Transfer from Sick Leave Reserve Transfer to Contingency Reserve (note 9)	\$	436,737 96,944 1,840 (436,737)	\$ 407,161 24,915 4,661
	Balance, end of year	\$	98,784	\$ 436,737
	The allocation of the surplus balance at the end of the year is as fo	llov	vs: 2015	2014
	County of Simcoe City of Barrie City of Orillia District of Muskoka	\$	54,134 21,372 4,859 18,419	\$ 236,429 97,387 22,090 80,831
		\$	98,784	\$ 436,737

For the year ended December 31, 2015

9. Internally Restricted Reserve Funds

Sick Leave Reserve Fund

A reserve fund is maintained to cover the municipal share of sick leave benefits as described in note 17.

	 2015	2014	
Balance, beginning of the year Transfer to surplus	\$ 48,444 (1,840)	\$	53,105 (4,661)
Balance, end of the year	\$ 46,604	\$	48,444

Contingency Reserve

The purpose of the contingency reserve is to cover unforeseen public health emergencies including, but not limited to, communicable disease outbreaks and localized or mass immunization requirements as determined by the Board of Health. The total value of the contingency reserve fund at the end of any one year is to be no more than five percent of the Health Unit's annual approved public health budget.

During the year, the Board of the Health approved the transfer of the accumulated municipal surplus balance as at December 31, 2014 of \$436,737 to the contingency reserve fund.

		2015	 2014
Balance, beginning and end of the year Transfer from surplus Balance, end of the year	\$	582,872 436,737	\$ 582,872 -
Balance, end of the year	\$	1,019,609	\$ 582,872

Capital Fund Reserve

The purpose of the capital reserve fund is to cover expenses related to the five year infrastructure plan.

	2	015	2014	
Balance, beginning and end of the year	\$ 745,	094 \$	745,094	
Total Internally Restricted Reserve Funds	\$ 1,811,	307 \$	1,376,410	

For the year ended December 31, 2015

1	0.	Oper	ating	Grants
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County of Simcoe	2015	2014
Cost Shared Program		
Public Health Program	<u>\$_4,134,768</u>	\$ 4,051,752
100% Funded Programs		
Ontario Works Dental Program - Administration Fee	200,254	209,671
Ontario Works Dental Program - Dental Claims	1,206,353	1,204,828
· ·	<u></u>	
	1,406,607	1,414,499
	\$ 5,541,375	\$ 5,466,251
District of Muskoka	2015	2014
Cost Shared Program Public Health Program	\$ 1,406,820	\$ 1,398,984
Public Health Program 100% Funded Programs		
Public Health Program	\$ 1,406,820 12,603	\$ 1,398,984 9,443

For the year ended December 31, 2015

11. Segmented Reporting

The Chartered Professional Accountants of Canada Accounting Handbook Section PS 2700, Segment Disclosures, establishes standards on defining and disclosing segments in a government's financial statements. Government organizations that apply these standards are encouraged to provide disclosures established by this section when their operations are diverse enough to warrant such disclosures. The Health Unit has only one identifiable segment, considered to be public health, as presented in these financial statements.

12. Contingencies

The Health Unit receives annual funding from the Ministry of Health and Long-Term Care and the amount of funding provided is subject to final review and approval by the Ministry. As at the date of these financial statements, funding for the year ended December 31, 2015 has not been subject to this review process. Any future adjustments required as a result of this review will be accounted for at the time the adjustments are determined.

13. Pay Equity

The Health Unit has been notified that the Ontario Nurses Association (ONA) has served notice to bargain maintenance of pay equity. This matter is in the early stages, and the ultimate resolution, including the amount of award, if any, is undeterminable at this time.

14. Commitments

(a) Office space

The Health Unit leases office space at its main office in Barrie and for its branch offices in Collingwood, Barrie, Midland, Cookstown, Alliston, Huntsville, Gravenhurst and Orillia. These operating leases have varying expiry dates ranging from 2016 to the year 2023.

The minimum annual lease payments required over the next five years are as follows:

2016 - \$ 874,652 2017 - \$ 828,352 2018 - \$ 745,904 2018 - \$ 745,904

(b) Office equipment and vehicles

The Health Unit rents office equipment and leases vehicles under long-term operating leases which extend to the year 2019. The minimum annual payments over the next three years under the terms of these leases are as follows:

2016 - \$ 31,550 2017 - \$ 24,379

For the year ended December 31, 2015

15.	Operating Grants - Ministry of Health and Long-Term Care	2015	2014
	Cost Shound Dungarous		
	Cost Shared Programs	¢ 24 704 400	\$ 21,785,611
	Public Health Program Vester Royan Disease Program (formerly West Nile Virgin)	\$21,796,400	
	Vector Borne Diseases Program (formerly West Nile Virus)	121,376 3,055	136,493 18,965
	Universal Influenza Immunization Program		39,075
	Meningococcal Program	35,573	
	HPV Program	48,314	51,400
	Children in Need of Treatment Expansion Program	203,871	131,365
	Small Drinking Water Systems	156,500	156,500
	One Time	94,337	92,048
		22,459,426	22,411,457
	100% Funded Programs		
	Healthy Babies, Healthy Children Program	2,502,375	2,538,974
	Healthy Smiles Ontario Program	1,202,904	1,068,936
	Smoke Free Ontario Programs	•	• •
	-Enforcement and Protection	518,900	518,900
	-Youth Tobacco Use Prevention	80,000	77,268
	-Tobacco Control Area Network Prevention	300,800	299,294
	-Tobacco Control Area Network Coordination	285,800	285,800
	-Tobacco Control Coordination	100,000	100,000
	-Prosecution	4,978	12,372
	-Electronic Cigarettes Act	36,085	•
	-Expanded Smoking Cessation Programming	7,165	-
	-Workplace Cessation Demonstration Project	· -	22,827
	One Time SFO: Not to Kids Coalition	10,570	7,295
	Infectious Diseases Control Initiative	777,900	777,815
	Enhanced Food Safety Haines Initiative Program	90,300	90,225
	Medical Officers of Health Compensation	125,682	138,228
	Other miscellaneous programs	133,362	15,245
	Public Health Nurses Initiative	180,500	180,448
	Infection Prevention and Control Nurses Initiative Program	90,100	90,066
	Healthy Communities Partnership	123,686	97,716
	Enhanced Safe Water Initiative	40,200	40,147
	Anonymous HIV Testing Program	48,976	48,976
	Nursing Graduate Guarantee Program	•	15,286
	Needle Exchange Program Initiative	40,700	40,625
	Immunization of School Pupils Act	59,100	· -
	Chief Nursing Officer Initiative	121,500	121,414
	Panorama	210,681	82,245
	Pharmacists Integration into the UIIP	•	37,362
	Public Health Inspector Practicum Program	10,000	<u> </u>
		7,102,264	6,707,464
		\$29,561,690	\$ 29,118,921

For the year ended December 31, 2015

16. Pension Agreement

The Health Unit makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer pension plan, on behalf of full-time members of staff. The plan is a defined benefit 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 Board of Trustees, representing plan members and employers, is responsible for overseeing the management of the pension plan, including investment of the assets and administration of the benefits. The Health Unit has adopted defined contribution plan accounting principles for this plan because insufficient information is available to apply defined benefit plan accounting principles. OMERS provides pension services to more than 461,000 active and retired members and approximately 1,000 employers.

Each year an independent actuary determines the funding status of OMERS Primary Pension Plan (the Plan) by comparing the actuarial value of invested assets to the estimated present value of all pension benefits that members have earned to date. The most recent actuarial valuation of the Plan was conducted at December 31, 2015. The results of this valuation disclosed total actuarial liabilities of \$82,369 million (2014 - \$76,924 million) in respect of benefits accrued for service with actuarial assets at that date of \$75,392 million (2014 - \$69,846 million) indicating an actuarial deficit of \$6,977 million (2014 - \$7,078 million). Because OMERS is a multi-employer plan, any pension plan surpluses or deficits are a joint responsibility of Ontario municipal organizations and their employees. As a result, the Health Unit does not recognize any share of the OMERS pension surplus or deficit.

The amount contributed to OMERS for 2015 was \$2,360,163 (2014 - \$2,277,886) and is included as an expense in the statement of operations.

17. Liability for Vested Sick Leave Benefits

(a) Union employees

In 1988, the sick leave benefit plan covered by a union agreement was amended, removing the employees' entitlement to a cash payment for unused sick leave credits upon termination of employment. The amount accumulated up to the date of this amendment will be paid to those employees upon termination of employment with the Health Unit.

As at December 31, 2015, this unpaid balance amounted to \$1,222 (2014 - \$1,198) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$NIL (2014 - \$11,572).

(b) Non-union employees

In 1981, the Health Unit discontinued its sick leave benefit plan under which non-union employees were entitled to a cash payment for unused sick leave credits upon termination of employment. Upon discontinuation of the plan, these employees were entitled to 50% of their unused sick leave credit, one-half of which was paid in 1981. The balance is due when the employee terminates employment with the Health Unit.

For the year ended December 31, 2015

17. Liability for Vested Sick Leave Benefits (continued)

As at December 31, 2015, this unpaid balance amounted to \$11,942 (2014 - \$23,847) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$12,133 (2014 - \$11,158).

No provision has been made in these financial statements to cover these unpaid balances. The provincial share of the unpaid balances are recoverable only after the actual disbursement of funds. A reserve fund has been established to provide for the municipal share of these unpaid balances and is reported on the statement of financial position (see note 9).

Anticipated payments over the next year approximate \$8,000.

18. Post-Employment Benefits and Compensated Absences Liability

The following tables outline the components of the Health Unit's post-employment benefits and compensated absences liabilities and related expenses.

	Post-e	mployment Benefits	Non-vesting Sick Leave	Total 2015	Total 2014
Accrued benefit liability, beginning of year Expense for the year (below) Actuarial loss Benefits paid	\$	798,164 72,079 257,127 (63,604)	\$ 819,224 150,242 309,536 (152,463)	\$ 1,617,388 222,321 566,663 (216,067)	\$ 1,609,903 212,808 - (205,323)
Accrued benefit obligation, end of year Unamortized actuarial loss		1,063,766 (257,127)	1,126,539 (309,536)	2,190,305 (566,663)	1,617,388
Accrued benefit liability, end of year	\$	806,639	\$ 817,003	\$ 1,623,642	\$ 1,617,388
	Post-e	mployment Benefits	Non-vesting Sick Leave	Total 2015	 Total 2014
Current year benefit cost Interest on accrued benefit obliga	\$ itio <u>n</u>	38,687 33,392	\$ 116,196 34,046	\$ 154,883 67,438	\$ 145,655 67,153
Total expense	\$	72,079	\$ 150,242	\$ 222,321	\$ 212,808

For the year ended December 31, 2015

18. Post-Employment Benefits and Compensated Absences Liability (continued)

Post-Employment Benefits

The Health Units offers post-employment life insurance, health and dental benefits to eligible employee groups subsequent to their retirement. The Health Unit contributes 50% towards the premiums for these benefits. The Health Unit recognizes these benefits as they are earned during the employees' tenure of service. The related benefit liability was determined by an actuarial valuation completed as at December 31, 2015. The actuarial loss of \$257,127 will be amortized over 13 years beginning in fiscal 2016, which is the estimated average remaining service life.

Non-Vesting Sick Leave

The Health Unit allocates to certain employee groups a specified number of days each year for use as paid absences in the event of illness or injury. These days do not vest and are available immediately. Employees are permitted to accumulate their unused allocation each year, up to the allowable maximum provided in their employment agreements. Accumulated days may be used in future years to the extent that the employees' illness or injury exceeds the current year's allocation of days. Sick days are paid out at the salary in effect at the time of usage. The related benefit liability was determined by an actuarial valuation completed as at December 31, 2015. The actuarial loss of \$309,536 will be amortized over 12 years beginning in fiscal 2016, which is the estimated average remaining service life.

The assumptions used in the valuation of post-employment benefits and compensated absences are the Health Unit's best estimates of expected rates of:

2015	2014
.50%	4.25%
.00%	2.00%
.00%	3.00%
.00%	4.00%
	.50% .00% .00%

19. Economic Dependence

Substantially all of the Health Unit's revenue is received from the Ministry of Health and Long-Term Care and municipalities in its district. The continuation of the Health Unit is dependent on this funding.

For the year ended December 31, 2015

20.	Expenses by Object	2015	2014
	Salaries, wages	\$24,628,141	\$ 24,702,211
	Employee benefits	6,746,715	6,464,429
	Medical and dental services	2,310,295	2,075,371
	Occupancy	1,619,791	1,570,781
	Information technology	600,328	633,657
	Travel	569,501	568,428
	Amortization	543,382	536,472
	Program materials and supplies	458,048	544,557
	Purchased services	389,033	432,596
	Telecommunications	267,559	215,460
	Professional fees	191,317	142,746
	Professional development	145,743	192,132
	Office supplies	123,698	150,677
	Postage and courier	116,424	125,646
	Equipment and maintenance	71,892	157,240
	Advertising	62,462	82,210
	Insurance	41,333	40,848
	Board	36,645	21,049
	Payroll and bank charges	20,512	20,208
		\$38,942,819	\$ 38,676,718

21. Budget

The budget adopted by the Health Unit was not prepared on a basis consistent with that used to report actual results (Canadian Public Sector Accounting Standards). The budget was prepared on a modified accrual basis while Canadian Public Sector Accounting Standards require a full accrual basis. The budget expensed all tangible capital expenditures rather than including amortization expense. As a result, the budget figures presented in the statement of operations and change in net financial debt represent the budget adopted by the Health Unit with adjustments as follows:

Budgeted deficit for the year, as approved Add budgeted capital expenditures	\$	(29,678)
Less amortization	_	(543,381)
Budgeted deficit per statement of operations	<u>\$</u>	(573,059)

Simcoe Muskoka District Health Unit Schedule 1 Public Health Cost Shared Mandatory Program

For the year ended December 31	Budget 2015	Actual 2015	Actual 2014
Salaries, wages and benefits			
Salaries	\$19,160,588	\$19,459,718	\$ 19,423,179
Benefits	5,547,871	5,235,876	5,145,474
Total salaries, wages and benefits	24,708,459	24,695,594	24,568,653
Occupancy	1,580,379	1,589,009	1,541,375
Operating			
Advertising	91,000	52,377	82,210
Equipment and maintenance	64,500	66,515	157,240
Information technology	631,000	557,122	611,381
Medical and dental services	800,736	641,050	532,172
Office supplies	184,869	86,290	110,609
Postage and courier	140,000	116,423	125,646
Professional development	147,400	117,974	151,788
Program materials and supplies Telecommunications	184,000	160,959	239,469
Travel	315,000	266,232	213,357
Travet	409,500	387,448	363,558
	2,968,005	2,452,390	2,587,430
Administration			
Board	30,000	36,645	21,049
Insurance	40,000	41,333	40,848
Payroll and bank charges	17,000	20,512	20,208
Professional services	169,000	182,600	120,854
	256,000	281,090	202,959
Total mandatory program expenses	\$29,512,843	\$29,018,083	\$ 28,900,417

For the year ended December 31	2015	 2014
Healthy Babies, Healthy Children Program		
Salaries, wages and benefits		
Program staff and support staff	\$ 1,832,652	\$ 1,901,339
Benefits	531,614	503,274
Total salaries, wages and benefits	2,364,266	2,404,613
Computer leasing	10,400	10,400
Equipment	8,623	4,803
Professional development	6,697	9,150
Professional services	8,716	5,000
Program materials and supplies	5,567	4,530
Travel	81,006	80,637
	\$ 2,485,275	\$ 2,519,133
Enhanced Safe Water Initiative		
Salaries	\$ 31,174	\$ 31,612
Benefits	9,026	 8,535
	\$ 40,200	\$ 40,147

For the year ended December 31		2015		2014
Healthy Communities Partnership				
Purchases services	\$	92,442	\$	84,278
Program materials and supplies	•	19,497	•	5,587
Professional development		•		4,049
Travel		11,747		3,802
	\$	123,686	\$	97,716
Vector Borne Diseases Program (formerly West Nile Virus)				
Salaries, wages and benefits				
Program staff and support staff	\$	58,673	\$	45,764
Benefits	•	12,999	4	9,274
- ••	_			
Total salaries, wages and benefits		71,672		55,038
Equipment and furnishings		1,243		-
Professional development		478		-
Program materials and supplies		2,687		3,484
Purchased services		22,030		15,313
Travel	_	7,405		7,294
		105,515		81,129
Payments to municipalities for expenses incurred		40,000		75,646
	\$	145,515	\$	156,775
Enhanced Food Safety Haines Initiative Program				•
Salaries	\$	70,000	\$	71,043
Benefits	4	20,300	Ą	19,182
		20,300		17,102
	\$	90,300	\$	90,225
	<u> </u>	,0,000		70,223

For the year ended December 31	 2015	 2014
Public Health Nurses Initiative Salaries Benefits	\$ 139,922 40,578	\$ 142,085 38,363
	\$ 180,500	\$ 180,448
Needle Exchange Program Initiative		
Program materials and supplies	\$ 40,700	\$ 40,625
Small Drinking Water Systems		
Salaries Benefits Professional development	\$ 153,966 44,650	\$ 151,865 41,004 1,325
Purchased services	604	604
Travel Building occupancy	 9,447	 11,869 2,000
	\$ 208,667	\$ 208,667
Infectious Diseases Control Initiative		
Salaries Benefits Equipment	\$ 569,916 165,276 3,200	\$ 563,379 152,027 3,200
Professional development Program materials and supplies	75 31,087	4,962 32,837
Purchased services Travel	 2,804 5,542	6,884 14,526
	\$ 777,900	\$ 777,815
Children in Need of Dental Treatment Expansion Program		
Dental services	\$ 233,301	\$ 175,153
Ontario Dental Works Program		
Salaries Benefits Dental fees Other	\$ 168,863 50,264 1,206,476 2,360	\$ 98,828 26,684 1,204,828
	\$ 1,427,963	\$ 1,330,340

For the year ended December 31		2015		2014
Anonymous HIV Testing Program Salaries, wages and benefits	\$	48,976	\$	48,976
Medical Officers of Health Compensation				
Salaries, wages and benefits	\$	125,682	\$	138,233
Healthy Smiles Ontario Program				
Salaries, wages and benefits				
Salaries	\$	878,542	\$	794,856
Benefits	_	252,598		214,611
Total salaries, wages and benefits		1,131,140		1,009,467
Purchased services		184,332		132,431
Equipment		4,641		11,366
Professional development		5,899		2,541
Program materials and supplies		62,299		52,828
Occupancy		30,782		27,407
Telephone		1,083		1,858
Travel		26,867		18,782
	\$	1,447,043	\$	1,256,680
Infection Prevention and Control Nurses Initiative Program		-		_
_		60.945	_	70.040
Salaries Benefits	\$	69,845	\$	70,918
beliefits	-	20,255		19,148
	\$	90,100	-	90,066
One Time				
Salaries, wages and benefits	\$	_	\$	22,730
Equipment	•	20,478	~	-
• •	- \$			22 720
	÷	20,478	\$	22,730
Registered Nurses Association of Ontario Provincial Coordinator (R	(OAM			
Salaries and wages	\$	12,817	\$	78,681
Benefits		3,324		18,783
Program materials and supplies	_	200		5,964
	\$	16,341	\$	103,428

For the year ended December 31	 2015	 2014
Immunization of School Pupils Act Salaries and wages Benefits Program materials and supplies Purchased services	\$ 12,225 3,545 33,246 10,084	\$
	\$ 59,100	\$
Nursing Graduate Guarantee Salaries and wages Benefits	\$ <u>.</u>	\$ 13,807 1,479
	\$ -	\$ 15,286
Chief Nursing Officer Initiative Salaries and wages Benefits	\$ 94,186 27,314	\$ 95,602 25,812
	\$ 121,500	\$ 121,414
Library Hub Salaries and wages Benefits Professional development Program materials and supplies Travel	\$ 73,267 21,247 - 28,908 494	\$ 84,791 22,661 531 88,266 626
	\$ 123,916	\$ 196,875
Panorama Salaries and wages Benefits Program materials and supplies Travel	\$ 168,597 42,084 - -	\$ 30,105 6,811 42,424 2,905
	\$ 210,681	\$ 82,245
Public Health Inspector Practicum Program Salaries, wages and benefits	\$ 10,000	\$
Public Health Ontario Secondment Salaries, wages and benefits	\$ 20,277	\$ 126,590

For the year ended December 31		2015_	2014
Smoke Free Ontario			
Enforcement and Protection Salaries Benefits Program materials and supplies Purchased services Travel	\$	377,202 109,394 1,021 5,084 26,199	\$ 356,674 96,302 1,209 14,824 49,891
·	<u> </u>	518,900	\$ 518,900
Tobacco Control Area Network Coordination Salaries Benefits Program materials and supplies Purchased services Travel	\$	221,550 64,250 - - -	\$ 216,363 58,418 731 2,137 8,151
	\$	285,800	\$ 285,800
Tobacco Control Coordination Salaries Benefits	\$	77,519 22,481	\$ 79,208 20,792
	\$	100,000	\$ 100,000
Youth Tobacco Use Prevention Program Salaries Benefits Program materials and supplies Purchased services Professional development Travel	\$	55,966 15,676 1,541 3,525 891 2,401	\$ 55,382 14,899 2,171 2,582 1,245 989
	\$	80,000	\$ 77,268

For the year ended December 31	<u>.</u>	2015		2014
Smoke Free Ontario (continued)				
Tobacco Control Area Network Prevention				
Salaries	\$	28,112	\$	24,556
Benefits	•	4,494	~	3,428
Program materials and supplies		33,426		26,965
Professional development		13,789		16,541
Purchased services		210,393		219,496
Travel		10,586		8,303
	\$	300,800	\$	299,289
One Time SFO: Not To Kids Coalition				
Purchased Services	\$	10,728	\$	7,295
Prosecution				
Prosecution	\$	4,978	\$	12,372
	······································	1,11		,
Electronic Cigarettes Act				
Salaries and wages	\$	27,670	\$	•
Benefits	•	8,024	•	-
Services		31		-
Travel		360		•
	\$	36,085	\$	•
Expanded Smoking Cessation Programming				
Program materials and supplies	\$	7,165	\$	
Workplace Cessation Demonstration Project				
Salaries	.		ċ	0 171
Benefits	\$	•	\$	8,171 2,206
Purchased services		-		12,450
i di cilasca sci vices	_			12,730
	\$	•	\$	22,827