Simcoe Muskoka District Health Unit Financial Statements

For the year ended December 31, 2016

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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.

April 19, 2017

Sandra Hornev

Director of Program Foundations and Finance







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, 2016, and the statement of operations, statement of change in net financial assets (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, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

BDO Carada LLP

Chartered Professional Accountants, Licensed Public Accountants

Barrie, Ontario April 19, 2017

Simcoe Muskoka District Health Unit Statement of Financial Position

December 31		2016		2015
Financial Assets				
Cash and short-term deposits (note 1)	Ś	6,030,093	\$	4,329,925
Accounts receivable (note 2)	•	668,184	Ψ.	636,353
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
		6,701,028		5,115,131
	-	0,701,020		3,113,131
Liabilities				
Accounts payable and accrued liabilities (note 4)		3,756,208		3,204,557
Due to Ministry of Health and Long-Term Care (note 12)		227,939		-
Post-employment benefits and compensated absences (note 18)		1,641,847		1,623,642
Deferred revenue (note 6)	_	645,090		542,917
		6,271,084		5,371,116
	_			
Net Financial Assets (Debt)		429,944		(255,985)
Non-Financial Assets				
Tangible capital assets (note 5)		1,689,556		1,830,661
Prepaid expenses		370,959		335,415
	_	2,060,515	-	2,166,076
Accumulated Surplus (note 7)	\$	2,490,459	\$	1,910,091

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	2016 Budget	2016	2015
	(note 21)		
Revenues			
Operating grants			
Ministry of Health and Long-Term Care	A 00 -01 1		
- Mandatory Programs (note 15)	\$ 28,596,554	\$ 26,424,861	\$ 27,059,315
Ministry of Children and Youth Services County of Simcoe (note 10)	2,573,133	2,573,133	2,502,375
City of Barrie	4,396,126 1,652,221	5,059,539	5,541,375
City of Orillia	373,218	1,652,220	1,632,370
District of Muskoka (note 10)	1,424,393	373,218 1,431,879	371,104 1,419,423
District of Parry Sound	- 1, 12 1,373	5,639	8,629
,	20.045.745		
Interest earned	39,015,645	37,520,489	38,534,591
Other	40,000 363,126	35,658 357,158	40,847
			464,325
	39,418,771	37,913,305	39,039,763
Expenses (note 20)			
Public Health Program	30,115,951	27,501,647	29,018,083
Healthy Babies, Healthy Children Program	2,573,133	2,573,133	2,485,275
Healthy Smiles Ontario Program	2,184,000	2,180,588	1,447,043
Smoke Free Ontario Programs	1,406,300	1,414,233	1,344,456
One Time	796,000	13,142	20,478
Ontario Dental Works Program Infectious Diseases Control Initiative	777 000	826,568	1,427,963
Small Drinking Water Systems	777,900	777,900	777,900
Children in Need of Dental Treatment Expansion Program	208,667	208,667	208,667
Enhanced Food Safety Haines Initiative Program	90,300	90,300	233,301
Medical Officers of Health Compensation	142,000	128,430	90,300 125,682
Other	2,500	8,733	73,704
Vector Borne Diseases Program	156,800	154,440	145,515
Public Health Nurses Initiative	180,500	180,500	180,500
Infection Prevention and Control Nurses Initiative	90,100	90,100	90,100
Healthy Communities Partnership		(=	123,686
Enhanced Safe Water Initiative	40,200	40,200	40,200
Immunization of School Pupils Act	41,500	41,500	59,100
Anonymous HIV Testing Program	48,976	48,976	48,976
Needle Exchange Program Initiative Public Health Ontario Secondment	40,700	40,700	40,700
Chief Nursing Officer Initiative	124 F00	424 500	20,277
Panorama	121,500 134,900	121,500	121,500
Public Health Inspector Practicum Program	10,000	155,300 10,000	210,681 10,000
Pharmacists Integration into the UIIP Program	68,000	68,000	10,000
RNAO	-	-	16,341
Library Hub	131,126	133,465	123,916
	39,361,053	36,808,022	38,484,344
Annual surplus before adjustments	57,718	1,105,283	555,419
A			
Amortization expense	531,119	531,119	543,381
Change in accrued vacation pay Change in post-employment benefits and compensated	-	(24,409)	(91,160)
absences		19 205	(254
absences		18,205	6,254
	531,119	524,915	458,475
Annual surplus (deficit) for the year	(473,401)	580,368	96,944
Accumulated surplus, beginning of year	1,910,091	1,910,091	1,813,147
Accumulated surplus, end of year (note 7)	\$ 1,436,690	\$ 2,490,459	\$ 1,910,091
	+ 1,100,070	÷ 2,170,437	7 1,710,071

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

For the year ended December 31	2	016 Budget	2016	2015
		(note 21)		
Annual surplus (deficit)	\$	(473,401) \$	580,368	\$ 96,944
Acquisition of tangible capital assets Amortization of tangible capital assets		- 531,119	(390,014) 531,119	(350,693) 543,381
		531,119	141,105	192,688
Acquisition of prepaid expenses Use of prepaids		-	(370,959) 335,415	(335,415) 308,625
		-	(35,544)	(26,790)
Change in net financial assets		57,718	685,929	262,842
Net financial debt, beginning of year		(255,985)	(255,985)	(518,827)
Net financial assets (debt), end of year	\$	(198,267) \$	429,944	\$ (255,985)

Simcoe Muskoka District Health Unit Statement of Cash Flows

December 31		2016		2015
Cash provided by (used in)				
Operating transactions				
Annual surplus	\$	580,368	\$	96,944
Items not involving cash				,
Amortization		531,119		543,381
		1,111,487		640,325
Changes in non-cash working capital balances				31 8000 • 00 0000 000
Accounts receivable		(31,831)		89,392
Amount due from Ministry of Health and Long-Term Care		374,041		77,458
Prepaid expenses		(35,544)		(26,791)
Accounts payable and accrued liabilities		551,651		58,554
Deferred revenue		102,173		(180,652)
Post-employment benefits and compensated absences		18,205		6,254
		2,090,182		664,540
Capital transactions				
Capital transactions Acquisition of tangible capital assets		(200 044)		(250 (02)
Acquisition of tangible capital assets		(390,014)		(350,693)
Increase in cash and short-term deposits during the year		1,700,168		313,847
Cash and short-term deposits, beginning of year		4,329,925		4,016,078
Cash and short-term deposits, end of year	Ġ	6,030,093	\$	4,329,925
and on year	7	0,030,073	٦	4,327,723
Represented by:				
Unrestricted cash	ċ	4 5 4 7 9 9 9	ċ	2 002 255
Term deposits (note 1)		4,567,882	\$	2,882,355
remi deposits (note 1)		1,462,211		1,447,570
	\$	6,030,093	\$	4,329,925

Simcoe Muskoka District Health Unit Summary of Significant Accounting Policies

For the year ended December 31, 2016

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, 2016

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 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.

2016

For the year ended December 31, 2016

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, 2016.

Cash and short-term deposits, consists of three guaranteed investment certificates with a total face value of \$1,462,211, interest at 1.00% and maturity dates ranging from March 29, 2017 to April 4, 2017 (2015 - \$1,447,570, interest rates ranging from 0.96% to 1.00% and maturity dates ranging from March 3, 2016 to June 27, 2016).

2. Accounts Receivable

	-	2016	2015
HST recoverable County of Simcoe Other	\$	477,653 130,856 59,675	\$ 480,797 101,052 54,504
	\$	668,184	\$ 636,353

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

4. Accounts Payable and Accrued Liabilities

	2016	 2015
Trade and other Salaries and benefits Accrued vacation pay liability	\$ 694,686 2,530,961 530,561	\$ 593,076 2,056,511 554,970
	\$ 3,756,208	\$ 3,204,557

2015

2016 Simcoe Muskoka District Health Unit Notes to the Financial Statements Total \$ 4,675,765 2,845,104 531,119 5,065,779 3,376,223 \$ 1,689,556 Vehicles 58,416 55,871 5,920 17,603 96,684 114,287 S Dental Van 345,653 69,131 483,915 69,131 483,915 414,784 Ş Computer Leasehold Equipment Improvements \$ 2,503,483 164,993 2,668,476 1,252,492 255,265 \$ 1,160,719 1,507,757 \$ 1,205,117 169,150 223,430 1,374,267 984,005 166,832 1,150,837 Ş Equipment and Furniture 424,834 424,834 257,034 28,208 285,242 139,592 For the year ended December 31, 2016 Accumulated amortization, end of year Net carrying amount, end of year Tangible Capital Assets Accumulated amortization, Cost, beginning of year beginning of year Amortization Cost, end of year Additions

5

			Si	mcoe Musko Notes to the	Simcoe Muskoka District Health Unit Notes to the Financial Statements	ealth Unit tatements
For the year ended December 31, 2016						
5. Tangible Capital Assets (continued)						
						2015
	Equipment and Furniture	Computer Equipment	Leasehold Improvements	Dental Van	Vehicles	Total
Cost, beginning of year Additions	\$ 391,820 33,014	\$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, 2016

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, 2016, is recorded as deferred revenue.

In addition, the Health Unit has received fiscal 2017 municipal operating grants which have also been included in deferred revenue.

7. Accumulated Surplus

	9	2016	 2015
Surplus (note 8) Internally restricted reserves (note 9)	\$	678,456 1,812,003	\$ 98,784 1,811,307
	\$	2,490,459	\$ 1,910,091

8. Surplus

	2016		2015
Balance, beginning of year Annual surplus Transfer from (to) Sick Leave Reserve Transfer to Contingency Reserve (note 9)	\$ 98,784 580,368 (696)	\$	436,737 96,944 1,840 (436,737)
Balance, end of year	\$ 678,456	\$.	98,784

The allocation of the surplus balance at the end of the year is as follows:

	-	2016	2015
County of Simcoe City of Barrie City of Orillia District of Muskoka	\$	373,960 145,820 32,970 125,706	\$ 54,134 21,372 4,859 18,419
	\$	678,456	\$ 98,784

For the year ended December 31, 2016

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.

	-	2016	 2015
Balance, beginning of the year Transfer from (to) surplus	\$	46,604 696	\$ 48,444 (1,840)
Balance, end of the year	\$	47,300	\$ 46,604

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 2015, 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.

	2016	2015
Balance, beginning of the year Transfer from surplus	\$ 1,019,609	\$ 582,872 436,737
Balance, end of the year	\$ 1,019,609	\$ 1,019,609

Capital Fund Reserve

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

	 2016	 2015
Balance, beginning and end of the year	\$ 745,094	\$ 745,094
Total Internally Restricted Reserve Funds	\$ 1,812,003	\$ 1,811,307

For the year ended December 31, 2016

10.	Opera	ating	Grants

County of Simcoe	2016	2015
Cost Shared Program Public Health Program	\$ 4,246,128	\$ 4,134,768
100% Funded Programs Ontario Works Dental Program - Administration Fee Ontario Works Dental Program - Dental Claims	161,369 652,042	200,254 1,206,353
	813,411	1,406,607
	\$ 5,059,539	\$ 5,541,375
District of Muskoka	2016	2015
Cost Shared Program		
Public Health Program	\$ 1,424,388	\$ 1,406,820
100% Funded Programs Ontario Works Dental Program - Administration Fee	7,491 \$ 1,431,879	12,603 \$ 1,419,423

For the year ended December 31, 2016

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, 2016 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. 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, Huntsville, Gravenhurst and Orillia. These operating leases have varying expiry dates ranging from 2017 to the year 2027.

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

2017 - \$ 897,879 2018 - \$ 891,128 2019 - \$ 829,629 2020 - \$ 771,882 2021 - \$ 566,549

(b) Office equipment and vehicles

The Health Unit rents office equipment and leases vehicles under long-term operating leases which extend to the year 2020. The minimum annual payments over the next four years under the terms of these leases are as follows:

2017 - \$ 39,283 2018 - \$ 37,251 2019 - \$ 14,904

For the year ended December 31, 2016

15. Operating Grants - Ministry of Health and Long-Term Care		
	2016	2015
Cost Shared Programs		5
Public Health Program	\$20,701,000	\$ 21,796,400
Vector Borne Diseases Program (formerly West Nile Virus)	129,325	121,376
Universal Influenza Immunization Program	1,355	3,055
Meningococcal Program	46,691	35,573
HPV Program	70,839	48,314
Children in Need of Treatment Expansion Program	=	203,871
Small Drinking Water Systems	156,500	156,500
One Time	12,453	94,337
	21,118,163	22,459,426
100% Funded Programs		
Healthy Smiles Ontario Program	2,097,606	1 202 004
Smoke Free Ontario Programs	2,097,000	1,202,904
-Enforcement and Protection	518,900	519 000
-Youth Tobacco Use Prevention	80,000	518,900
-Tobacco Control Area Network Prevention	300,800	80,000 300,800
-Tobacco Control Area Network Coordination	285,800	285,800
-Tobacco Control Coordination	100,000	100,000
-Prosecution	4,876	4,978
-Electronic Cigarettes Act	108,800	36,085
-Expanded Smoking Cessation Programming	11,457	7,165
-One Time Enforcement Tablet Upgrade	3,600	7,105
-One Time SFO: Not to Kids Coalition	-	10,570
Infectious Diseases Control Initiative	777,900	777,900
Enhanced Food Safety Haines Initiative Program	90,300	90,300
Medical Officers of Health Compensation	128,430	125,682
Other miscellaneous programs	1,453	133,362
Public Health Nurses Initiative	180,500	180,500
Infection Prevention and Control Nurses Initiative Program	90,100	90,100
Healthy Communities Partnership	-	123,686
Enhanced Safe Water Initiative	40,200	40,200
Anonymous HIV Testing Program	48,976	48,976
Needle Exchange Program Initiative	40,700	40,700
Immunization of School Pupils Act	41,500	59,100
Chief Nursing Officer Initiative	121,500	121,500
Panorama	155,300	210,681
Pharmacists Integration into the UIIP	68,000	210,001
Public Health Inspector Practicum Program	10,000	10,000
	5,306,698	4,599,889
	\$26,424,861	\$ 27,059,315

For the year ended December 31, 2016

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 470,000 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, 2016. The results of this valuation disclosed total actuarial liabilities of \$87,554 million (2015 - \$82,369 million) in respect of benefits accrued for service with actuarial assets at that date of \$81,834 million (2015 - \$75,392 million) indicating an actuarial deficit of \$5,720 million (2015 - \$6,977 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 2016 was \$2,382,352 (2015 - \$2,360,163) 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, 2016, this unpaid balance amounted to \$1,246 (2015 - \$1,222) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$NIL (2015 - \$NIL).

(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, 2016

17. Liability for Vested Sick Leave Benefits (continued)

As at December 31, 2016, this unpaid balance amounted to \$11,781 (2015 - \$11,942) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$NIL (2015 - \$12,133).

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 \$9,000.

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-employment Benefits	Non-vesting Sick Leave	Total 2016	Total 2015
Accrued benefit liability, beginning of year Expense for the year (below) Actuarial loss Benefits paid	\$ 806,639 107,400 237,348 (110,044)	\$ 817,003 212,460 283,741 (191,611)	\$ 1,623,642 319,860 521,089 (301,655)	\$ 1,617,388 222,321 566,663 (216,067)
Accrued benefit obligation, end of year Unamortized actuarial loss	1,041,343 (237,348)	1,121,593 (283,741)	2,162,936 (521,089)	2,190,305 (566,663)
Accrued benefit liability, end of year	\$ 803,995	\$ 837,852	\$ 1,641,847	\$ 1,623,642
	Post-employment Benefits	Non-vesting Sick Leave	Total 2016	 Total 2015
Current year benefit cost Interest on accrued benefit obliga Amortized actuarial losses	\$ 41,299 ation 46,322 19,779	\$ 137,195 49,470 25,795	\$ 178,494 95,792 45,574	\$ 154,883 67,438
Total expense	\$ 107,400	\$ 212,460	\$ 319,860	\$ 222,321

For the year ended December 31, 2016

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:

	2016	2015
Future cost of long term debt Future inflation rates Salaries escalation Dental costs escalation	4.50% 2.00% 3.00% 4.00%	4.50% 2.00% 3.00% 4.00%

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, 2016

20.	Expenses	by	Object	
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Expenses by object	2016	2015
Salaries, wages	\$24,612,386	\$ 24,628,141
Employee benefits	7,114,643	6,746,715
Occupancy	1,632,237	1,619,791
Medical and dental services	669,613	2,310,295
Information technology	541,797	600,328
Amortization	531,119	543,382
Program materials and supplies	513,897	458,048
Travel	477,318	569,501
Purchased services	272,556	389,033
Professional fees	232,616	191,317
Telecommunications	217,966	267,559
Postage and courier	136,769	116,424
Professional development	129,760	145,743
Office supplies	76,394	123,698
Advertising	43,128	62,462
Insurance	42,327	41,333
Equipment and maintenance	40,706	71,892
Board	28,779	36,645
Payroll and bank charges	18,926	20,512
	¢ 27 222 027	
	\$37,332,937	\$ 38,942,819

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 surplus for the year, as approved Add budgeted capital expenditures	\$ 57,718
Less amortization	 (531,119)
Budgeted deficit per statement of operations	\$ (473,401)

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

For the year ended December 31	Budget 2016	Actual 2016	Actual 2015
Salaries, wages and benefits			
Salaries	\$19,736,681	\$18,690,816	¢ 40 450 740
Benefits	5,714,937	5,415,156	\$ 19,459,718
	3,714,737	3,413,130	5,235,876
Total salaries, wages and benefits	25,451,618	24,105,972	24,695,594
Occupancy	1,580,379	1,574,321	1,589,009
Operating		.,	1,507,007
Advertising	91,000	42,665	52,377
Equipment and maintenance	64,500	40,706	66,515
Information technology	616,000	468,508	557,122
Medical and dental services	750,736	₽	641,050
Office supplies	159,818	54,458	86,290
Postage and courier	135,000	136,769	116,423
Professional development	147,400	110,288	117,974
Program materials and supplies Telecommunications	174,000	173,380	160,959
Travel	300,000	211,762	266,232
Travet	409,500	266,382	387,448
	2,847,954	1,504,918	2,452,390
Administration	1000 0 10 10 10 10 10 10 10 10 10 10 10		
Board	20.000		
Insurance	30,000	28,779	36,645
Payroll and bank charges	40,000	42,327	41,333
Professional services	17,000	18,925	20,512
Troressional services	149,000	226,405	182,600
	236,000	316,436	281,090
Total mandatory program expenses	\$30,115,951	\$27,501,647	\$ 29,018,083

For the year ended December 31		2016	2015
Healthy Babies, Healthy Children Program Salaries, wages and benefits			
Program staff and support staff Benefits	\$	1,913,880 554,958	\$ 1,832,652 531,614
Total salaries, wages and benefits Computer leasing Equipment Professional development Professional services Program materials and supplies Travel	_	2,468,838 10,400 4,534 5,498 1,336 7,400 75,127	2,364,266 10,400 8,623 6,697 8,716 5,567 81,006
	\$	2,573,133	\$ 2,485,275
Enhanced Safe Water Initiative			
Salaries Benefits	\$	31,163 9,037	\$ 31,174 9,026
	\$	40,200	\$ 40,200

For the year ended December 31		2016		2015
Healthy Communities Partnership				
Purchases services	\$		\$	92,442
Program materials and supplies Travel		=3		19,497
Hayet				11,747
	\$	-	\$	123,686
Vector Borne Diseases Program (formerly West Nile Virus)				
Salaries, wages and benefits				
Program staff and support staff	\$	64,020	\$	58,673
Benefits		14,087		12,999
Total salaries, wages and benefits		70 407		74 470
Equipment and furnishings		78,107		71,672
Professional development		225		1,243 478
Program materials and supplies		4,691		2,687
Purchased services		11,050		22,030
Travel	2000	6,384		7,405
		100,457		105,515
Payments to municipalities for expenses incurred		53,983		40,000
	\$	154,440	\$	145,515
	10141/347		(Constitution	
Enhanced Food Safety Haines Initiative Program				
Salaries	\$	70,000	\$	70,000
Benefits		20,300		20,300
	\$	90,300	\$	90,300

For the year ended December 31		2016	2015
Public Health Nurses Initiative Salaries Benefits	\$	139,922 40,578	\$ 139,922 40,578
	\$	180,500	\$ 180,500
Needle Exchange Program Initiative Program materials and supplies	\$	40,700	\$ 40,700
Small Drinking Water Systems Salaries Benefits Purchased services Travel	\$ 	154,062 44,678 604 9,323	\$ 153,966 44,650 604 9,447
Infectious Diseases Control Initiative Salaries Benefits Equipment Professional development Program materials and supplies	\$	570,056 165,316 - 699	\$ 569,916 165,276 3,200 75
Purchased services Travel	·	30,529 2,314 8,986	31,087 2,804 5,542
	\$	777,900	\$ 777,900
Children in Need of Dental Treatment Expansion Program Dental services	\$	-	\$ 233,301
Ontario Dental Works Program Salaries Benefits Dental fees Other	\$	132,785 39,969 652,042 1,772	\$ 168,863 50,264 1,206,476 2,360
	\$	826,568	\$ 1,427,963

For the year ended December 31		2016		2015
Anonymous HIV Testing Program Salaries, wages and benefits	\$	48,976	\$	48,976
Medical Officers of Health Compensation Salaries, wages and benefits	\$	128,430	\$	125,682
Healthy Smiles Ontario Program Salaries, wages and benefits Salaries Benefits	\$	1,429,683	\$	878,542
Total salaries, wages and benefits Purchased services Equipment Professional development Program materials and supplies Occupancy	_	412,318 1,842,001 42,744 43,066 4,600 110,175 57,917		252,598 1,131,140 184,332 4,641 5,899 62,299 30,782
Telephone Travel	_ \$	6,074 74,011 2,180,588	\$	1,083 26,867 1,447,043
Infection Prevention and Control Nurses Initiative Program				
Salaries Benefits	\$	69,842 20,258	\$	69,845 20,255
	\$	90,100		90,100
One Time Equipment	\$	13,142	\$	20,478
Registered Nurses Association of Ontario Provincial Coordinator (RNAC		PROPERTY OF STREET	St. collis.	
Salaries and wages Benefits Program materials and supplies	\$ 		\$	12,817 3,324 200
	\$	-	\$	16,341

For the year ended December 31	2016	2015
Immunization of School Pupils Act Salaries and wages Benefits Program materials and supplies Purchased services	\$ 31,462 4,097 5,478 463	\$ 12,225 3,545 33,246 10,084
	\$ 41,500	\$ 59,100
Chief Nursing Officer Initiative Salaries and wages Benefits	\$ 94,186 27,314	\$ 94,186 27,314
	\$ 121,500	\$ 121,500
Library Hub Salaries and wages Benefits Professional development Program materials and supplies Travel	\$ 81,180 23,542 938 27,153 652	\$ 73,267 21,247 - 28,908 494
	\$ 133,465	\$ 123,916
Panorama Salaries and wages Benefits	\$ 120,388 34,912	\$ 168,597 42,084
	\$ 155,300	\$ 210,681
Public Health Inspector Practicum Program Salaries, wages and benefits	\$ 10,000	\$ 10,000
Public Health Ontario Secondment Salaries, wages and benefits	\$ -	\$ 20,277
Pharmacists Integration into the UIIP Program Salaries and wages Benefits Travel	\$ 51,163 14,837 2,000	\$ -
	\$ 68,000	\$ -

For the year ended December 31	2016	 2015
Smoke Free Ontario		
Enforcement and Protection		
Salaries Benefits Program materials and supplies Professional development Purchased services	\$ 372,286 107,494 1,678 2,569	\$ 377,202 109,394 1,021
Travel	6,858 28,015	5,084 26,199
	\$ 518,900	\$ 518,900
Tobacco Control Area Network Coordination		
Salaries Benefits	\$ 221,187 64,613	\$ 221,550 64,250
	\$ 285,800	\$ 285,800
Tobacco Control Coordination		
Salaries Benefits	\$ 77,519 22,481	\$ 77,519 22,481
	\$ 100,000	\$ 100,000
Youth Tobacco Use Prevention Program		
Salaries Benefits Program materials and supplies Purchased services Professional development Travel	\$ 57,941 16,803 2,496 2,081 - 679	\$ 55,966 15,676 1,541 3,525 891 2,401
	\$ 80,000	\$ 80,000

For the year ended December 31		2016		2015
Smoke Free Ontario (continued)				
Tobacco Control Area Network Prevention				
Salaries	\$	51,412	\$	28,112
Benefits Program materials and supplies		10,607		4,494
Professional development		119,326 4,944		33,426 13,789
Purchased services		109,888		210,393
Travel		4,623		10,586
	\$	300,800	\$	300,800
One Time SFO: Not To Kids Coalition				
Purchased Services	\$	-	\$	10,728
Prosecution			- A-744-961 -	
Prosecution	\$	4,876	\$	4,978
Electronic Cigarettes Act	RESERVATION OF THE PERSON OF T			
Salaries and wages	\$	58,208	\$	27,670
Benefits	•	16,880	*	8,024
Services Travel		32,577		31
Travet		1,135		360
	\$	108,800	\$	36,085
Expanded Smoking Cessation Programming for Priority Populations				
Program materials and supplies	\$	11,457	\$	7,165
Enforcement Tablet Upgrade				
Program materials and supplies	\$	3,600	\$	-