Simcoe Muskoka District Health Unit Financial Statements For the year ended December 31, 2012

	Contents
Management Report	2
Independent Auditor's Report	3
Financial Statements	
Statement of Financial Position	4
Statement of Operations	5
Statement of Change in Net Financial Debt	6
Statement of Cash Flows	7
Summary of Significant Accounting Policies	8 - 9
Notes to the Financial Statements	10 - 21
Schedule 1 - Public Health Cost Shared Mandatory Program	22
Schedule 2 - Other Public Health Programs	23 - 29

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

June 19, 2013

Sándra Horney

Director of Program Foundations and Finance



Tel: 705 726 6331 Fax: 705 722 6588 www.bdo.ca BDO Canada LLP 300 Lakeshore Drive, Suite 300 Barrie ON L4N 0B4 Canada

Independent Auditor's Report

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

We have audited the accompanying financial statements of the Simcoe Muskoka District Health Unit, which comprise the statements of financial position as at December 31, 2012, 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 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, 2012 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Chartered Accountants, Licensed Public Accountants

BDO Canada LLP

Barrie, Ontario June 19, 2013

Simcoe Muskoka District Health Unit Statement of Financial Position

December 31		2012		2011
			(Res	tated - note 1)
Financial Assets Cash (note 2) Accounts receivable (note 4) Term deposits (notes 10) Due from Province of Ontario - Other (note 6)	\$	4,642,014 961,533 54,076 2,751	\$	5,067,830 954,970 55,009 2,751
		5,660,374		6,080,560
Liabilities Accounts payable and accrued liabilities (note 5) Due to Ministry of Health and Long-Term	_	4,197,980		4,125,915
Care (note 12) Post-employment benefits and compensated absences (note 17) Deferred revenue		472,925 1,610,104 179,970		866,298 1,617,678 246,456
	_	6,460,979		6,856,347
Net Financial Debt	_	(800,605)		(775,787)
Non-Financial Assets Tangible capital assets (note 3) Prepaid expenses		2,443,560 263,756		2,462,579 216,343
		2,707,316		2,678,922
Accumulated Surplus (note 8)	\$	1,906,711	\$	1,903,135

Contingencies (note 12)

Commitments (notes 13)

On behalf of the Board:

Director

Director

Simcoe Muskoka District Health Unit Statement of Operations

For the year ended December 31	2012 Budget	2012	2011
	(note 21)		(Restated - note 1)
Revenues			,
Operating grants			
Ministry of Health and Long-Term Care			
	\$ 28,151,310	\$ 27,955,785	\$ 28,902,223
County of Simcoe (note 7)	3,968,203	5,263,149	4,891,255
City of Barrie City of Orillia	1,585,089	1,585,089	1,546,662
District of Muskoka	363,205	363,197	360,956
District of Maskoka District of Parry Sound	1,399,382	1,410,813 8,756	1,351,727
sistrict of Farry Sound			9,322
Interest and	35,467,189	36,586,789	37,062,145
Interest earned Other	20,000	47,196	47,895
other .	387,000	316,870	104,415
	35,874,189	36,950,855	37,214,455
Expenses (note 20)			
Public Health Program	28,024,209	28,119,484	26,518,598
Healthy Babies, Healthy Children Program	2,451,933	2,454,105	2,405,079
Healthy Smiles Ontario Program	886,011	855,335	1,367,651
Smoke Free Ontario Programs	1,482,886	1,459,951	1,404,836
One Time Infrastructure	-	51,172	108,187
Ontario Dental Works Program	-	1,191,754	1,005,003
Infectious Diseases Control Initiative	777,815	758,440	690,494
Small Drinking Water Systems	208,667	203,510	308,495
Children in Need of Dental Treatment Expansion Program	188,294	179,159	246,136
Enhanced Food Safety Haines Initiative Program Medical Officers of Health Compensation	90,225	90,225	157,894
Bed Bugs Program	160,828	157,342	151,026
Other	223,316	18,763 103,971	136,124 84,369
Vector Borne Diseases Program	156,755	138,807	113,234
Public Health Nurses Initiative	173,441	173,441	89,807
Infection Prevention and Control Nurses Initiative	86,569	86,569	84,872
Healthy Communities Partnership	121,200	5,000	71,487
Enhanced Safe Water Initiative	40,146	40,146	70,257
HPV Program	29,801	62,708	68,642
Universal Influenza Immunization Program	62,820	41,787	54,984
Anonymous HIV Testing Program	48,976	48,976	51,228
Needle Exchange Program Initiative	32,500	32,500	40,375
Meningococcal Program	68,366	33,321	39,383
Nursing Graduate Guarantee Infection Prevention and Control Week	9 000	0.000	11,383
Chief Nursing Officer Initiative	8,000 116,699	8,000 102,223	7,945
Sexually Transmitted Infections Week	7,000	7,000	7,000
World Tuberculosis Day	2,000	2,000	1,647
Panorama	50,191	28,927	1,047
			25 204 424
	35,498,648	36,454,616	35,296,136
Annual surplus before adjustments	375,541	496,239	1,918,319
Amortization expense	462,758	462,758	407,929
Change in accrued vacation pay	-	37,479	65,255
Change in post-employment benefits and compensated absences			
absences	- 440 750	(7,574)	(14,648)
	462,758	492,663	458,536
Annual surplus (deficit) for the year	(87,217)	3,576	1,459,783
Accumulated surplus, beginning of year, as previously reporte	ed 1,588,301	1,588,301	1,571,856
Restatement of prior period (note 1)	314,834	314,834	(1,128,504)
Accumulated surplus, beginning of year, as restated	1,903,135	1,903,135	443,352
Accumulated surplus, end of year (note 8)	\$ 1,815,918	\$ 1,906,711	
resultation surplies, one of your (note o)	7 1,013,710	7 1,700,711	\$ 1,903,135

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

For the year ended December 31	201	2 Budget	2012	2011
		(note 21)		(Restated - note 1)
Annual surplus	\$	(87,217) \$	3,576	\$ 1,459,783
Acquisition of tangible capital assets Amortization of tangible capital assets		(380,500) 462,758	(443,739) 462,758	(1,901,872) 407,929
		82,258	19,019	(1,493,943)
Acquisition of prepaid expenses Use of prepaids		-	(263,756) 216,343	(216,343) 477,508
		-	(47,413)	261,165
Change in net financial assets (debt)		(4,959)	(24,818)	227,005
Net financial debt, beginning of year		(775,787)	(775,787)	(1,002,792)
Net financial debt, end of year	\$	(780,746) \$	(800,605)	\$ (775,787)

Simcoe Muskoka District Health Unit Statement of Cash Flows

December 31	2012		2011
		(Res	tated - note 1)
Cash provided by (used in)		Ç	,
Operating transactions Annual surplus Items not involving cash Amortization	\$ 3,576 462,758	\$	1,459,783 407,929
Changes in non-cash working capital balances Accounts receivable Amount due to Ministry of Health and Long-Term Care Prepaid expenses Accounts payable and accrued liabilities Deferred revenue Post-employment benefits and compensated absences	(6,563) (393,373) (47,413) 72,065 (66,486) (7,574)		(384,921) 273,954 261,167 528,574 (1,035,915) (14,649)
	16,990		1,495,922
Capital transactions Acquisition of tangible capital assets	(443,739)		(1,901,872)
Decrease in cash and short-term deposits during the year	(426,749)		(405,950)
Cash and short-term deposits, beginning of year	5,122,839		5,528,789
Cash and short-term deposits, end of year	\$ 4,696,090	\$	5,122,839
Represented by: Unrestricted cash Term deposits	\$ 4,642,014 54,076	\$	5,067,830 55,009
	\$ 4,696,090	\$	5,122,839

Simcoe Muskoka District Health Unit Summary of Significant Accounting Policies

For the year ended December 31, 2012

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 Canadian Institute of the Chartered Accountants.

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 they are invoiced and collection is reasonably assured.

Deferred Revenue

Funds received for specific purposes which are for future services are accounted for as deferred revenue on 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

5 to 20 years straight-line 3 to 5 years straight-line 5 to 20 years straight-line 7 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, 2012

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 is the estimated useful life of capital assets, the amounts due to and from the Ministry of Health and Long-Term Care and post-employment 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 costs of multi-employer defined benefit pension are the employer'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.

For the year ended December 31, 2012

1. Restatement of Prior Period

During the year the Health Unit changed its accounting policies for tangible capital assets and postemployment benefits and compensated absences and vacation pay liability in order to comply with Canadian public sector accounting standards. This change has been applied retroactively and the prior years have been restated. Specifically, the 2011 figures have been adjusted as follows:

Statement of Financial Position	_	2011		2010
Tangible capital creased by Post-employment absences liability increased by Vacation pay payable and accrued liabilities increased by	\$	2,462,579 (1,617,678) (530,067)	\$	968,634 (1,632,326) (464,812)
Increase (decrease) in surplus at December 31	\$	314,834	\$	(1,128,504)
Statement of Operations			-	2011
Amortization expense on tangible capital assets increased by Decrease in expenses, acquisition of tangible capital assets capitalized statement of financial position Increase in accrued vacation pay expense Decrease in post-employment benefits and compensated absences expense Increase in annual surplus after adjustments for the year ended December 1.	en	se	\$	(407,929) 1,901,874 (65,255) 14,648 1,443,338
Statement of Change in Net Financial Debt				2011
Increase in annual surplus Increase in acquisition of tangible capital assets Increase in amortization expense of tangible capital assets Decrease in net financial assets, beginning of year Total decrease in net financial debt at December 31, 2011			\$	1,443,338 (1,901,872) 407,929 (2,097,139) (2,147,744)

2. Cash

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, 2012.

2012

For the year ended December 31, 2012

spts	
ital Ace	יייין
lo Can	727
Tangih	2 2 2
~	'n

	Equipment and Furniture	Computer Equipment	Leasehold Improvements	Dental Van	Total
Cost, beginning of year Additions	\$ 337,460	\$ 531,143 207,164	\$ 1,950,186 236,575	\$ 483,915	\$ 3,302,704 443,739
Cost, end of year	337,460	738,307	2,186,761	483,915	3,746,443
Accumulated amortization, beginning of year Amortization	130,198 30,456	333,024 165,234	328,512 218,676	48,391 48,392	840,125 462,758
Accumulated amortization, end of year	160,654	498,258	547,188	96,783	1,302,883
Net carrying amount, end of year	\$ 176,806	\$ 240,049	\$ 1,639,573	\$ 387,132	\$ 2,443,560

For the year ended December 31, 2012

3. Tangible Capital Assets (continued)

				27		2011
	Equ	Equipment and Furniture	Computer Equipment	Leasehold Improvements	Dental Van	Total
Cost, beginning of year Additions	· ν	\$ 260,270 77,190	\$ 384,158 146,985	\$ 756,404 1,193,782	\$ 483,915	\$ 1,400,832 1,901,872
Cost, end of year		337,460	531,143	1,950,186	483,915	3,302,704
Accumulated amortization, beginning of year Amortization	1	98,885 31,313	199,818 133,206	133,493	- 48,391	432,196 407,929
Accumulated, amortization, end of year	1	130,198	333,024	328,512	48,391	840,125
Net carrying amount, end of year	⋄	207,262	\$ 198,119	\$ 1,621,674	\$ 435,524	\$ 2,462,579

For the	year ended	December	31,	2012
---------	------------	----------	-----	------

4.	Accounts Receivable			,	
		-	2012		2011
	GST/HST recoverable City of Barrie County of Simcoe Other	\$	542,080 46,730 279,585 93,138	\$	746,039 49,817 124,588 34,527
		\$	961,533	\$	954,971
5.	Accounts Payable and Accrued Liabilities			·	
		-	2012		2011
				(Res	stated - note 1)
	Trade and other Salaries and benefits Accrued vacation pay liability	\$	1,454,702 2,061,796 681,482	\$	1,720,749 1,875,099 530,067
		\$	4,197,980	\$	4,125,915
6.	Due from Province of Ontario - Other		2012		2011
	Provincial share of sick leave benefits to be paid when certain non-union employees terminate employment with the Health Unit	\$	2,751	\$	2,751

For the	year e	nded Dec	ember	31,	2012
---------	--------	----------	-------	-----	------

7.	Operating Grants - County of Simcoe		2012		2011
	Cost Shared Program Public Health Program	\$	3,868,200	\$	3,756,565
	100% Funded Programs Ontario Works Dental Program - Administration Fee Ontario Works Dental Program - Expenses		202,015 1,192,934		129,687 1,005,003
			1,394,949		1,134,690
		\$	5,263,149	\$	4,891,255
8.	Accumulated Surplus				
			2012		2011
				(Res	tated - note 1)
	Surplus (note 9) Internally restricted reserves (note 10)	\$	524,669 1,382,042	\$	520,160 1,382,975
		\$	1,906,711	\$	1,903,135
9.	Surplus				
		_	2012		2011
				(Res	tated - note 1)
	Balance, beginning of year Annual surplus Transfer from Sick Leave Reserve	\$	520,160 3,576 933	\$	(939,966) 1,459,783 343
	Balance, end of year	\$	524,669	\$	520,160
	The allocation of the surplus balance at the end of the year is as fo	llov	vs•		
	The allocation of the surptus balance at the that of the year is as to	_	2012		2011
				(Re	stated - note 1)
	County of Simcoe City of Barrie City of Orillia District of Muskoka	\$	283,965 116,637 26,483 97,584	\$	281,548 115,646 26,256 96,710
		\$	524,669	\$	520,160
		_			

For the year ended December 31, 2012

10. 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 16.

	Sanipacoria	2012	 2011
Balance, beginning of the year Transfer to surplus	\$	55,009 (933)	\$ 55,352 (343)
Balance, end of the year	\$	54,076	\$ 55,009

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.

	2012			2011	
Balance, beginning and end of the year	\$	582,872	\$	582,872	

Capital Fund Reserve

The purpose of the capital reserve fund is to cover expenses related to the five year infrastructure plan. During 2010, the Board of the Health approved the transfer of the accumulated municipal surplus balance of \$653,562 as at December 31, 2009 to this capital reserve fund.

	_	2012	 2011
Balance, beginning and end of the year	\$	745,094	\$ 745,094
Total Internally Restricted Reserve Funds	\$	1,382,042	\$ 1,382,975

For the year ended December 31, 2012

11. Segmented Reporting

The Canadian Institute of Chartered Accountants Public Sector 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

- (a) 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 years ended December 31, 2011 and 2012 have 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.
- (b) The Health Unit is in dispute with a professional association regarding the creation of a number of supervisor positions. As at the date of these financial statements management has indicated that the outcome of this matter is not determinable. The amount of settlement, if any, will be recorded in the year of determination.

13. 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 2013 to the year 2021.

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

2013 - \$ 777,909 2014 - \$ 699,913 2015 - \$ 700,890 2016 - \$ 705,599 2017 - \$ 682,083

(b) Office equipment and vehicles

The Health Unit rents office equipment and leases vehicles under long-term operating leases which extend to the year 2016. The minimum annual payments over the next four years under the terms of these leases are as follows:

2013 - \$ 70,046 2014 - \$ 34,802 2016 - \$7,171

For the year ended December 31, 2012

14. Operating Grants - Ministry of Health and Long-Term Care		
	2012	2011
Cost Shared Programs		
Public Health Program	\$20,920,778	\$ 20,096,781
Vector Borne Diseases Program (formerly West Nile Virus)	114,105	84,926
Universal Influenza Immunization Program	44,815	62,820
Meningococcal Program	36,083	68,366
HPV Program	56,423	29,801
Children in Need of Treatment Expansion Program	134,369	184,602
One Time Infrastructure	256,496	780,861
	21,563,069	21,308,157
100% Funded Programs		
Healthy Babies, Healthy Children Program	2,454,105	2,405,079
Health Smiles Ontario Program	753,962	1,851,566
Smoke Free Ontario Programs -Enforcement and Protection	518,900	518,840
-Youth Tobacco Use Prevention	80,000	80,000
-Tobacco Control Area Network Prevention	282,312	240,571
-Tobacco Control Area Network Coordination	285,800	285,714
-Tobacco Control Area Network Communication	100,055	36,945
-Tobacco Control Coordination	100,000	100,000
-Prosecution	4,863	12,766
-Tobacco Control Area Network - One Time	.,	130,000
-Workplace Cessation Demonstration Project	88,021	-
Infectious Diseases Control Initiative	758,440	690,494
Small Drinking Water Systems	152,633	308,495
Enhanced Food Safety Program	90,225	157,894
Medical Officers of Health Compensation	157,342	151,026
Bed Bugs Program	18,763	136,124
Other miscellaneous one time programs	12,511	52,486
Public Health Nurses Initiative	173,441	89,807
Infection Prevention and Control Nurses Initiative Program	86,569	84,872
Health Communities Partnership	5,000	71,552
Enhanced Safe Water Initiative	40,147	70,257
Anonymous HIV Testing Program	48,976	51,228
Nursing Graduate Guarantee Program	*	11,383
Needle Exchange	32,500	40,375
Chief Nursing Officer Initiative	102,224	-
Panorama	28,927	-
Infection Protection and Control Week	8,000	7,945
Sexually Transmitted Infections Week	7,000	7,000
World Tuberculosis Day	2,000	1,647
	6,392,716	7,594,066
	\$27,955,785	\$ 28,902,223

15. 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 428,947 active and retired members and approximately 968 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, 2012. The results of this valuation disclosed total actuarial liabilities of \$69,122 million (2011 - \$64,548 million) in respect of benefits accrued for service with actuarial assets at that date of \$59,198 million (2011 - \$57,258 million) indicating an actuarial deficit of \$9,924 million (2011 - \$7,290 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 2012 was \$2,064,702 (2011 - \$1,673,989) and is included as an expense in the statement of operations.

16. 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, 2012, this unpaid balance amounted to \$12,519 (2011 - \$12,108) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$NIL (2011 - \$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.

As at the year end this unpaid balance amounted to \$58,977 (2011 - \$58,317) and no provision has been made for this liability in these financial statements. Payments made under this plan during the year amounted to \$6,016 (2011 - \$3,450).

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 10).

Anticipated payments over the next year approximate \$7,877.

17. 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-er	nployment Benefits	Non-vesting Sick Leave	Total 2012	Total 2011
Accrued benefit liability Expense for the year Benefits paid	\$	766,808 64,100 (57,307)	\$ 850,870 131,364 (145,731)	\$ 1,617,678 195,464 (203,038)	\$ 1,632,326 187,248 (201,896)
Total liability	\$	773,601	\$ 836,503	\$ 1,610,104	\$ 1,617,678
	Post-er	nployment Benefits	Non-vesting Sick Leave	 Total 2012	 Total 2011
Current year benefit cost Interest on accrued benefit obliga	\$ tion_	32,047 32,053	\$ 96,253 35,111	\$ 128,300 67,164	\$ 119,623 67,626
Total expense	\$	64,100	\$ 131,364	\$ 195,464	\$ 187,249

For the year ended December 31, 2012

17. 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 study.

Non-Vesting Sick Leave

Then 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 a the salary in effect at the time of usage. The related benefit liability was determined by an actuarial valuation.

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

	2012	2011
Future cost of long term debt Future inflation rates	4.25% 2.00%	4.25% 2.00%
Salaries escalation Dental costs escalation	3.00% 4.00%	3.00% 4.00%

18. 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.

19. Comparative Figures

Certain figures of the prior year have been restated to conform to the current year's presentation.

For the year ended December 31, 2012

	-			
20.	Expenses	bv	Obi	iect

Expenses by object	2012	2011
Salaries, wages Employee benefits Medical and dental services Occupancy Travel Purchased services Furniture, equipment, technology Program materials and supplies Amortization of tangible capital assets Office supplies Professional fees Telephone Professional development Postage and courier Advertising Equipment maintenance Insurance Board honouraria Bank charges	\$23,537,917 5,865,561 1,997,974 1,465,601 616,981 585,759 554,196 516,848 462,758 336,849 265,736 212,191 164,955 136,309 89,508 56,423 40,828 21,961 18,923	\$ 22,180,151 5,643,616 1,954,344 1,371,687 613,798 649,337 1,023,283 635,665 407,929 289,226 192,347 244,463 112,037 148,373 121,147 95,930 32,187 21,232 17,920
	\$36,947,278	\$ 35,754,672

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 Less amortization	\$ (4,959) 380,500 (462,758)
Budgeted deficit per statement of operations	\$ (87,217)

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

For the year ended December 31	Budget 2012	Actual 2012	Actual 2011
Salaries, wages and benefits			
Salaries	\$19,038,343	\$18,949,748	\$ 17,837,003
Benefits	4,569,201	4,847,876	4,600,724
Total salaries, wages and benefits	23,607,544	23,797,624	22,437,727
Occupancy	1,532,560	1,445,904	1,228,859
Operating			
Advertising	91,000	89,508	121,146
Equipment maintenance	64,500	56,423	95,930
Equipment and furnishings	476,000	446,405	434,724
Medical and dental services	630,736	595,072	673,368
Office supplies	209,869	214,898	161,393
Postage and courier	132,000	136,309	148,373
Professional development	120,000	148,312	88,081
Program materials and supplies	182,000	235,308	216,826
Telephone	315,000	211,646	245,714
Travel	405,000	399,627	407,772
	2,626,105	2,533,508	2,593,327
Administration			
Board honouraria	35,000	21,961	21,232
Bank charges	16,000	18,923	17,920
Insurance	38,000	40,828	32,187
Professional services	169,000	260,736	187,346
	258,000	342,448	258,685
Total mandatory program expenses	\$28,024,209	\$28,119,484	\$ 26,518,598

For the year ended December 31	Budget 201		Actual 2012	Actual 2011
Healthy Babies, Healthy Children Program Salaries, wages and benefits Program staff and support staff	\$ 1,879,025	i \$	1,877,003	\$ 1,846,890
Benefits	460,860)	460,375	 448,709
Total salaries, wages and benefits Computer leasing Equipment Professional development Professional services Program materials and supplies Travel	2,339,885 11,360 5,000 5,500 5,000 80,188))))	2,337,378 11,657 5,472 5,118 5,000 7,655 81,825	2,295,599 10,369 5,501 7,141 5,000 3,523 77,946
	\$ 2,451,933	\$	2,454,105	\$ 2,405,079
Enhanced Safe Water Initiative				
Salaries Benefits Equipment		\$	32,376 7,770 -	\$ 35,799 8,592 25,866
		\$	40,146	\$ 70,257

For the year ended December 31	2012	 2011
Health Communities Partnership Purchases services Program materials and supplies Travel	\$ 5,000	\$ 70,050 527 910
	\$ 5,000	\$ 71,487
Vector Borne Diseases Program (formerly West Nile Virus) Salaries, wages and benefits Program staff and support staff Benefits	\$ 31,147 7,475	\$ 27,219 6,532
Total salaries, wages and benefits Professional development Program materials and supplies Purchased services Travel	 38,622 534 48,440 317 10,894	33,751 500 24,187 286 4,552
	98,807	 63,276
Payments to municipalities for expenses incurred	40,000	49,958
	\$ 138,807	\$ 113,234
Universal Influenza Immunization Program		
Salaries Benefits Program materials and supplies Travel	\$ 10,379 2,281 28,936 191	\$ 10,859 2,737 41,388
	\$ 41,787	\$ 54,984
Enhanced Food Safety Program		
Salaries Benefits Program materials and supplies	\$ 72,762 17,463	\$ 118,430 28,423 11,041
	\$ 90,225	\$ 157,894

For the year ended December 31	 2012	y	2011
Meningococcal Program			
Salaries Benefits	\$ 26,872 6,449	\$	31,761 7,622
	\$ 33,321	\$	39,383
HPV Program Salaries Benefits	\$ 50,571 12,137	\$	55,356 13,286
	\$ 62,708	\$	68,642
Public Health Nurses Initiative			
Salaries Benefits	\$ 139,872 33,569	\$	72,485 17,322
	\$ 173,441	\$	89,807
Small Drinking Water Systems			
Salaries Benefits Equipment	\$ 146,097 34,560	\$	211,950 50,868 917
Professional development Program materials and supplies	2,277 472		2,188 100
Purchased services Travel Building occupancy	604 15,500 4,000		2,160 30,312 10,000
	\$ 203,510	\$	308,495
Infectious Diseases Control Initiative			
Salaries Benefits Professional development Program materials and supplies Purchased services Travel	\$ 553,267 130,888 967 47,268 1,880 24,170	\$	522,778 126,661 3,088 24,039 734 13,194
	\$ 758,440	\$	690,494
Children in Need of Dental Treatment Extension Program			
Dental services	\$ 179,159	\$	246,136
Ontario Dental Works			
Dental fees	\$ 1,191,754	\$	1,005,003

For the year ended December 31		2012	 2011
Anonymous HIV Testing Program Salaries, wages and benefits	\$	48,976	\$ 51,228
Medical Officers of Health Compensation			
Salaries, wages and benefits	\$	157,342	\$ 151,026
Healthy Smiles Ontario Program Salaries, wages and benefits Salaries Benefits	\$	468,676 110,845	\$ 404,885 96,184
Total salaries, wages and benefits Purchased service Equipment Professional development Program materials and supplies Occupancy Telephone Travel		579,521 173,772 12,925 3,808 37,375 26,021 544 21,369	501,069 197,474 535,956 - 79,380 28,764 163 24,845
	\$	855,335	\$ 1,367,651
Infection Prevention and Control Nurses Initiative Program	(1		
Salaries Benefits	\$	69,814 16,755	\$ 68,445 16,427
	\$	86,569	84,872
One Time Infrastructure Furniture and equipment	\$	51,172	\$ 108,187

For the year ended December 31	2012		2011
Bed Bugs Program	24.050	*	40.540
Salaries Benefits Purchases services	\$ 36,250 8,700 (26,187)	\$	18,542 4,450 113,132
	\$ 18,763	\$	136,124
Nursing Graduate Guarantee			
Salaries and wages Benefits	\$ -	\$	9,456 1,927
	\$ _	\$	11,383
Chief Nursing Officer			
Salaries and wages Benefits	\$ 82,607 19,616	\$	-
	\$ 102,223	\$	-
Library Hub			4
Salaries and wages Benefits Program materials and supplies	\$ 41,285 9,908 19,692	\$	-
	\$ 70,885	\$	-
Panorama			
Salaries and wages Benefits Travel	\$ 22,913 5,499 515	\$	
	\$ 28,927	\$	-

For the year ended December 31	 2012	2011
Smoke Free Ontario		
Enforcement and Protection		
Salaries Benefits Program materials and supplies Professional development Purchased services Travel	\$ 345,913 82,933 5,342 1,691 29,173 53,848	\$ 367,850 92,024 1,419 5,378 11,059 41,110
	\$ 518,900	\$ 518,840
Tobacco Control Area Network Coordination		
Salaries Benefits Equipment Communication Program materials and supplies Professional development Purchased services Travel	\$ 209,161 50,844 - 3,110 2,249 10,881 9,556	\$ 201,219 47,833 1,187 3,615 2,829 1,939 14,891 12,201
	\$ 285,801	\$ 285,714
Tobacco Control Coordination		
Salaries Benefits	\$ 80,645 19,355	\$ 81,263 18,737
	\$ 100,000	\$ 100,000
Youth Engagement Strategy Program		
Salaries Benefits Program materials and supplies Purchased services Professional development Travel	\$ 64,714 15,286 - - -	\$ 60,126 14,430 235 333 3,718 1,158
	\$ 80,000	\$ 80,000

For the year ended December 31	 2012		2011
Smoke Free Ontario (continued)			
Tobacco Control Area Network Prevention			
Program materials and supplies Purchased services	\$ 60,203 222,109	\$	133,626 106,945
	\$ 282,312	\$	240,571
Tobacco Control Area Network Communication			
Purchased services	\$ 100,055	\$	36,945
Prosecution			
Prosecution	\$ 4,863	\$	12,766
Workplace Cessation Demonstration Project Salaries Benefits Program materials and supplies Travel	\$ 22,440 5,386 58,230 1,965	\$	-
	\$ 88,021	\$	-