Board of Health Finance Standing Committee Meeting

Wednesday, June 10, 2026

1 to 3 p.m.

Virtual

APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOTION:

THAT the Board of Health Finance Standing Committee appoint _____ as the Board of Health Finance Standing Committee Chair for 2026.

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA
BOARD OF HEALTH FINANCE STANDING COMMITTEE

WEDNESDAY, JUNE 10, 2026
1 TO 3 P.M.
Virtual

MEMBERS:	Michel Parent	Renée Carrier	Natalie Tessier
	Mark Signoretti		
EX-OFFICIO STAFF:	Rachel Quesnel	Renée Higgins	M. Mustafa Hirji
INVITED STAFF:	Keeley O'Neill		
GUESTS:	Derek D'Angelo, Lead Audit Engagement Partner, KPMG Jennifer Bronicheski, Lead Audit Engagement Manager, KPMG		

1. CALL TO ORDER

2. ROLL CALL

3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2026

APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOTION:

THAT the Board of Health Finance Standing Committee appoint _____ as the Board of Health Finance Standing Committee Chair for 2026.

4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MEETING NOTES

5.1 Board of Health Finance Standing Committee Notes dated November 3, 2025 *

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 3, 2025, be approved as distributed.

6. NEW BUSINESS

6.1 2025 Audited Financial Statements

a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 25, 2026*

b) Review of the 2025 Audit Findings Report and Audited Financial Statements *
– Renée Higgins, Director, Corporate Services
– Keeley O'Neill, Manager, Accounting Services
– Derek D'Angelo and Jennifer Bronicheski, KPMG

2025 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2025 audited financial statements.

6.2 Year to Date Financial Statements
a) April 2026 Financial Statements *

6.3 Benefits and Insurance Update
- Presentation by Renée Higgins, Director, Corporate Services and Keeley O'Neill, Manager, Accounting Services

7. ADJOURNMENT

ADJOURNMENT

MOTION:

That we do now adjourn. Time: _____

* Attachment

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UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 3, 2025 – 1 P.M.
BOARDROOM/VIRTUAL MEETING

MEMBERS:	Renée Carrier	Michel Parent
	Mark Signoretti	Natalie Tessier
EX-OFFICIO STAFF:	Renée Higgins/Sandra Laclé	Rachel Quesnel, Recorder
	M. Mustafa Hirji	
INVITED STAFF:	Stacey Laforest	Keeley O'Neill
	Renée St Onge	

M. PARENT PRESIDING

1. CALL TO ORDER

The meeting was called to order 1 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 2, 2025

05-25 APPROVAL OF MEETING NOTES

MOVED BY CARRIER – TESSIER: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 2, 2025, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2025 Financial Statements

The financial statements to September 30, 2025, show a positive variance of $1,979,930 and there continues to be significant recruitment challenges resulting in vacancies. The summary by expenditures outlines categories of expenditures trending to be in surplus. The summary of revenues and expenditures for 100% Ministry-funded programs show that we are on track to be fully expensed within their respective fiscal years with the exception with of the Indigenous communities expenditure line which is planned to be subsidized with the cost-shared budget.

5.2 Financial Management Policy Review

a) Schedule of Policy Review *

The Policy review cycle for Board of Health by-laws and Public Health Sudbury & Districts operational policies concerning financial matters were reviewed. The color categories outline Policy reviews not started, in progress, delayed or completed. Discussion was held regarding prioritization and staggering of the review cycles.

5.3 Proposed 2026 Operating Budget

a) Briefing Note: Budget Context and Assumptions
b) 2026 Draft Budget Schedule

M.M. Hirji provided highlights from the briefing note outlining context and assumptions for the proposed 2026 cost-shared operating budget.

Key considerations include worsening community health outcomes and that provincial funding for public health is not keeping up with inflation. A variety of strategies to manage the budget pressure were considered during the development of the proposed budget, including reductions in services, innovation with processes and technology, and increases to the municipal levy to offset the provincial funding gap.

The proposed 2026 budget reflects a commitment to leveraging technology and focuses on innovation to deliver services more efficiently and includes targeted investments to preserve services, while containing budget growth. This builds on last year's priorities, focusing on technology as well as culture and engagement. The proposed budget includes an increase to the municipal levy to help manage budget pressures and leverages reserves to make targeted investments that improve the organization's long-term sustainability. These elements serve as the foundation for the proposed budget and inform matters addressed in closed session.

Questions and comments were entertained and it was recapped that, per the Ministry's commitment in 2023, that provincial funding for 2024, 2025 and 2026 would be 1%. There are no updates from the Ministry regarding the funding review or mergers. In response to an inquiry regarding budget surpluses and before going to the closed session, M.M. Hirji noted that the proposed 2026 budget includes a proposed increase to gapping.

06-25 IN CAMERA

MOVED BY PARENT– SIGNORETTI: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:15 p.m.

CARRIED

07-25 RISE AND REPORT

MOVED BY CARRIER – TESSIER: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:46 p.m.

CARRIED

M. Parent reported that one personal matter involving one or more identifiable individuals, including employees or prospective employees, was discussed and the following motion emanated:

08-25 APPROVAL OF BOH FINANCE INCAMERA

MOVED BY TESSIER – SIGNORETTI: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 4, 2024, in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

The following motion relating to the proposed 2026 Operating Budget (item 5.3) was tabled:

09-25 2026 OPERATING BUDGET

MOVED BY SIGNORETTI – TESSIER: THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2026 cost-shared operating budget at its November 3, 2025, meeting, direct the Acting Medical Officer of Health to finalize the budget totaling $32,029,390; and

THAT the Finance Standing Committee recommend this budget to the Board of Health for approval at its November 20, 2025, meeting.

CARRIED

7. ADJOURNMENT

10-25 ADJOURNMENT

MOVED BY PARENT– SIGNORETTI: THAT we do now adjourn. Time: 2:48 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

APPROVAL OF MEETING NOTES

MOTION:

THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 3, 2025, be approved as distributed.

Public Health
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Briefing Note

To: Chair, Board of Health Finance Standing Committee

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

Date: June 1, 2026

Re: 2025 Audited Financial Statement presented in draft

☐ For Information ☒ For Discussion ☐ For a Decision

Issue:
KPMG completed the audit of the 2025 Financial Statements of the Board of Health for the Sudbury and District Health Unit operating as Public Health Sudbury & Districts which include the Independent Auditor's Report.

Recommended Action:
That the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2025 audited financial statements.

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

The 2025 audit was completed by KPMG. This is KPMG's third term and fifth year of the three-year service agreement which allowed for an extension of two additional years.

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

The auditor's responsibility is to express an opinion on these financial statements based on their audit. The audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures include the assessment of the risks of material misstatements of the financial statements. The auditors consider internal controls relevant to the organization's preparation and fair presentation of the financial statements. The audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2025 and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

There were no recommendations received as a result of the 2025 annual audit completed by KPMG.

Financial Implications:
Audit charges as per the Audit service agreement.

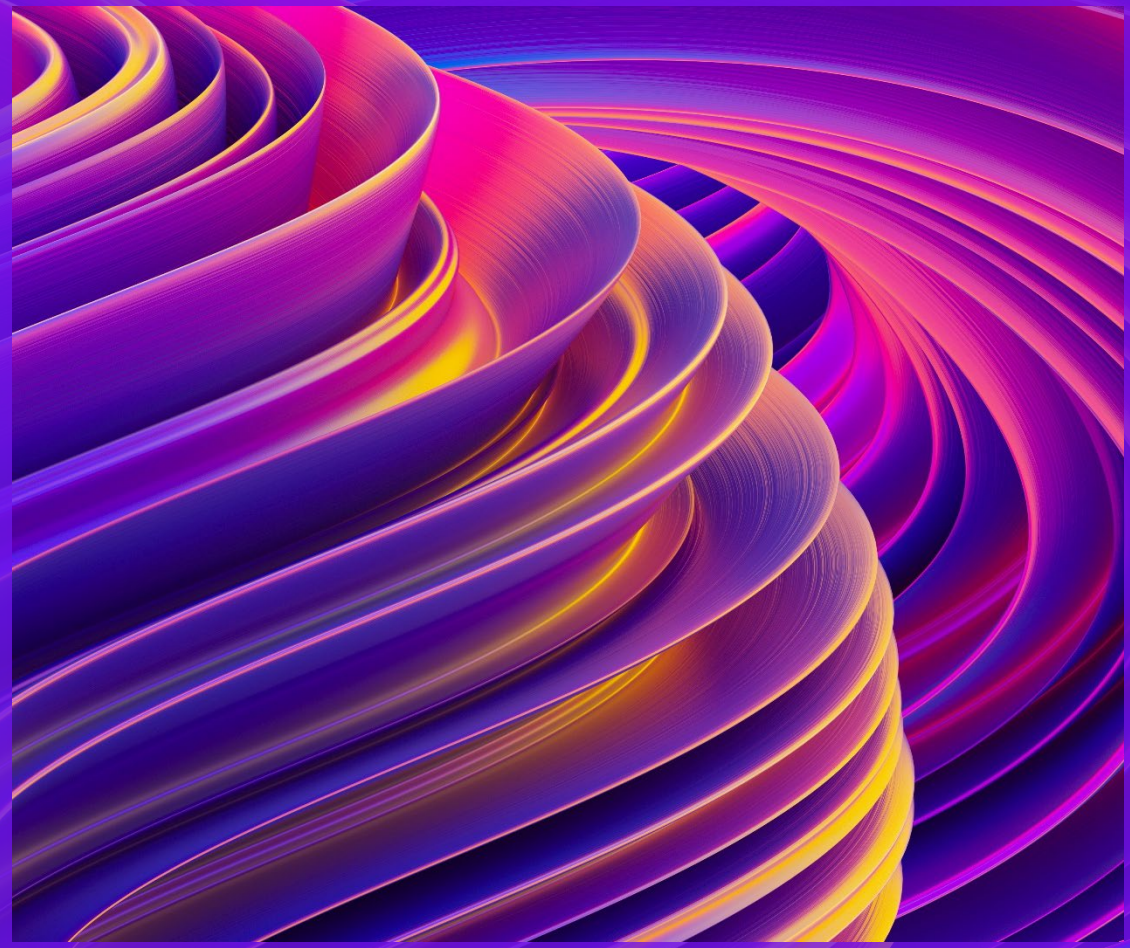
Ontario Public Health Standard:
Effective Public Health Practice – Good governance

Strategic Priority:
Organizational Commitment

Contact:
Renée Higgins, Director, Corporate Services

KPMG

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



Audit Findings Report for the year ended December 31, 2025

KPMG LLP

Prepared as of May 15, 2026 for presentation to the Finance Committee on June 1, 2026

kpmg.ca/audit

KPMG contacts

Key contacts in connection with this engagement

Derek D'Angelo, CPA, CA, LPA
Lead Audit Engagement Partner
705-669-2556
ddangelo@kpmg.ca

Jennifer Bronicheski, CPA
Lead Audit Engagement Senior Manager
705-669-4804
jbronicheski@kpmg.ca

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Digital use information

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

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

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

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Audit highlights

No matters to report

Matters to report – see link for details

Status

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

Significant changes

- Significant changes since our audit plan

Materiality - $1.03M

Risks and results & Significant unusual transactions

- Significant risks
- Other risks of material misstatement
- Going concern matters
- Significant unusual transactions

Policies and practices & Specific topics

- Accounting policies and practices
- Other financial reporting matters
- Specific topics

Misstatements - uncorrected

- Uncorrected misstatements

Misstatements - Corrected

- Corrected misstatements

Control deficiencies

- Significant deficiencies

Audit Quality

- Learn more about how we deliver audit quality.

Independence

- Annual Statement of Compliance

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

Status

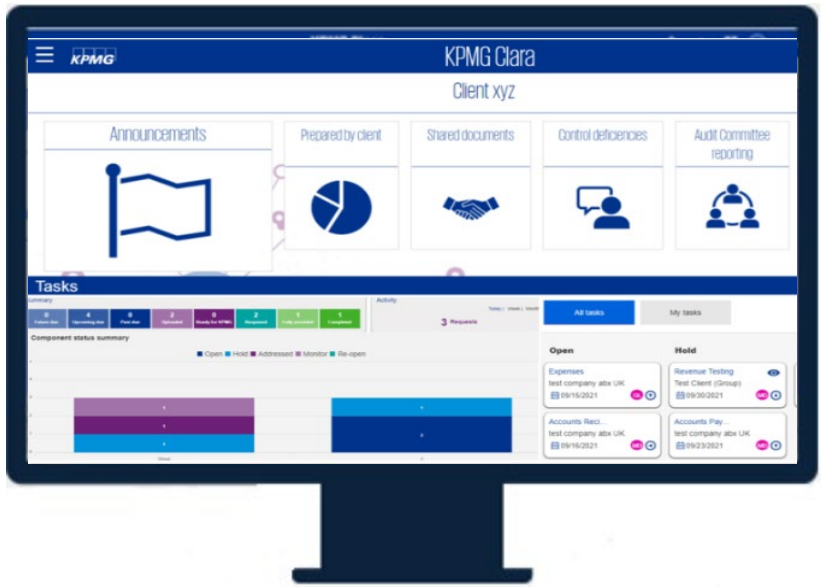
As of June 1, 2026, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

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

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

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

KPMG Clara for Clients (KCc)



Real-time collaboration and transparency

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

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

Learn more

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Significant accounting policies and practices

Initial selection of significant accounting policies and practices

No new material or significant accounting policies and practices were selected and applied during the period.

Description of new or revised significant accounting policies and practices

No new or revised material or significant accounting policies and practices were selected and applied during the period.

Significant qualitative aspects

There are no significant qualitative aspects to note with respect to the accounting policies and practices. The engagement team reviewed the accounting policies and practices as part of the audit work performed and agreed with management's assertion that the accounting policies and practices were appropriate and applied correctly throughout the period.

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Other financial reporting matters

We also highlight the following:

Financial statement presentation - form, arrangement, and content	No matters to report.
Concerns regarding application of new accounting pronouncements	No matters to report.
Significant qualitative aspects of financial statement presentation and disclosure	No matters to report.

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Specific topics

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

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

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Specific topics

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

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

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Control deficiencies

Consideration of internal control over financial reporting (ICFR)

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

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

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

A deficiency in internal control over financial reporting

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

Significant deficiencies in internal control over financial reporting

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

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Our commitment to delivering audit quality

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

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

KPMG is committed to fulfilling our public interest role in providing robust assurance that can benefit investors and other stakeholders.

Businesses are integrating technology in ways once unimaginable. Geopolitical changes and inflationary pressures continue to drive uncertainty, and businesses need to take action to respond to societal threats like climate change.

The pace and scale of change only strengthens our resolve to ensure the quality, consistency and adaptability of our services are fit for this new future. Audit and assurance quality remains the highest priority at KPMG.

Through sustained innovation, we aim to consistently deliver superior audit quality. Across the global organization:

- KPMG firms have implemented a consistent risk-based approach to our system of quality management to drive audit and assurance quality, enabling us to meet the requirements of the International Standard on Quality Management 1 (ISQM 1).
- We are utilising powerful technologies on audit and assurance engagements, including artificial intelligence, and leveraging our alliances with technology leaders such as Microsoft to further enhance quality and provide even more value through deeper analysis of businesses, no matter their size.
- We believe the same level of rigour, quality, consistency and trust that is applied to financial statement information by companies should also apply to ESG reporting. Therefore, across the global organization we have deployed an assurance methodology, KPMG Clara workflow and learning tools to upskill and build teams to provide assurance on ESG reporting that helps our clients build a more sustainable future.

We encourage you to read our Transparency Report to learn more about our system of quality management and our firm's statement on the effectiveness of our SoQM:

KPMG Canada Transparency Report

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How do we deliver audit quality?

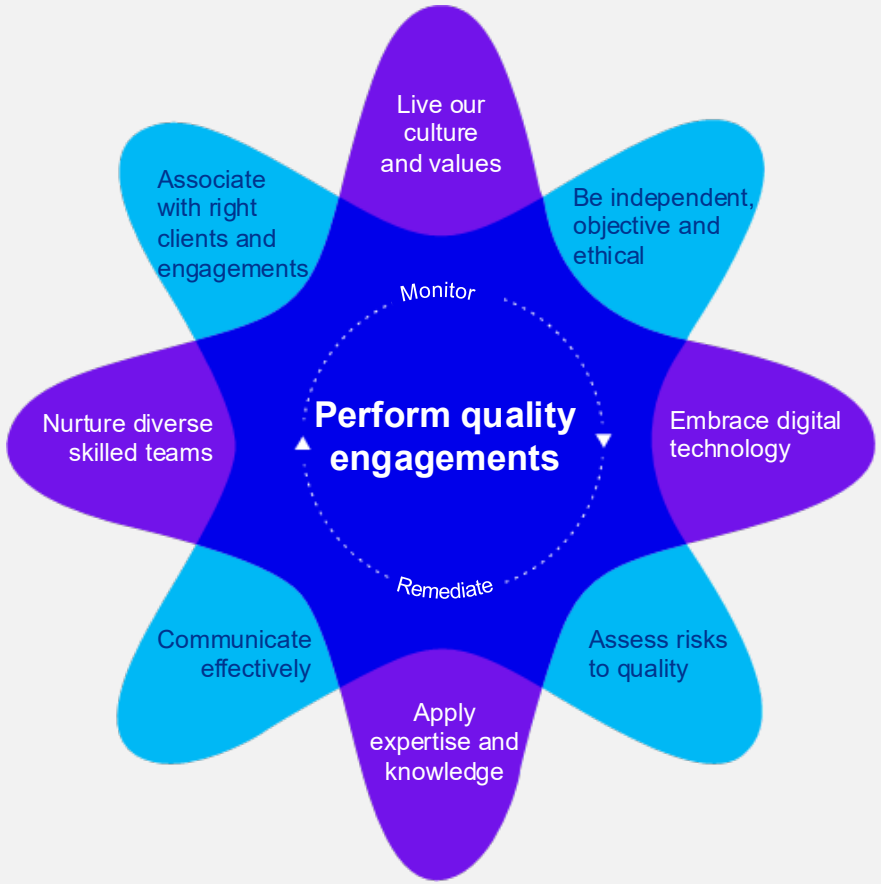
Quality essentially means doing the right thing and remains our highest priority. We have strengthened the consistency and robustness of our system of quality management to meet the requirements of ISQM 1 (CSQM 1), issued by the International Audit and Assurance Standards Board. Foundational for quality management, KPMG's globally consistent approach to ISQM 1 drives compliance with the standard and our efforts to strengthen trust and transparency with clients, the capital markets and the public we serve.

Aligned with ISQM 1 (CSQM 1), our SoQM meets the requirements of the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants (IESBA) and the relevant rules of professional conduct / code of ethics applicable to the practice of public accounting in Canada, which apply to professional services firms that perform audits of financial statements.

Our **Global Quality Framework** outlines how we deliver quality and how every KPMG professional contributes to its delivery.

- **'Perform quality engagements'** sits at the core, along with our commitment to continually monitor and remediate to fulfil our quality drivers.

- Our **quality value drivers** are the cornerstones to our approach underpinned by the **supporting drivers** and give clear direction to encourage the right behaviours in delivering audit quality.



Doing the right thing. Always.

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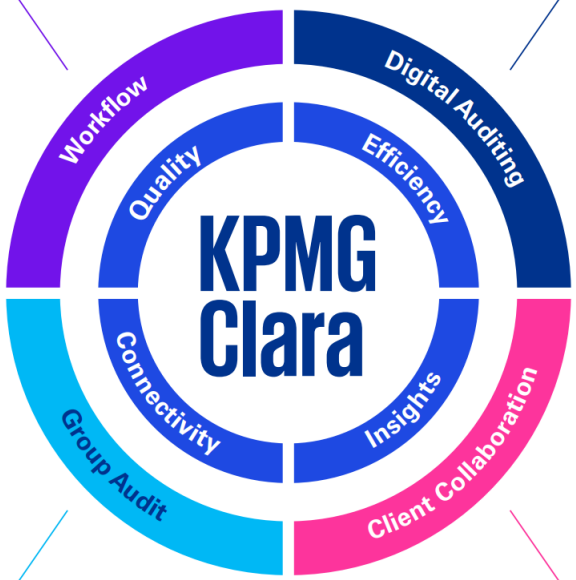
The KPMG Audit

Globally consistent audit and assurance methodology and tools

As a scalable, intuitive cloud-based platform, KPMG Clara is driving globally consistent execution across all KPMG member firms. It enables delivery of KPMG audit and assurance methodologies through data-enabled workflows, which align with the applicable audit and assurance standards and provide an improved experience to audit and assurance professionals.

- Data and AI-driven
- Audit & Assurance including ESG
- Global, risk-based methodology

- "Risk-to-response" analytics
- Gen AI integration
- Search knowledge base



- Enhanced two-way communication
- Tailored scoping
- Group audit connectivity

- Real-time alerts and task tracking
- Interaction with audit team
- Access to insights

- Methodology aligned with professional standards, laws and regulations
- Standardised methodology and guidance
- Deep technical expertise and knowledge
- Quality and risk management policies

- Meeting the applicable standards, including International Standards on Auditing (ISA), standards issued by the Public Company Accounting Oversight Board (PCAOB) and the American Institute of CPAs (AICPA) – supplemented by KPMG firms to comply with additional local auditing standards and regulatory or statutory requirements.
- Identifying risks of material misstatements and the necessary audit response.

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Independence

As a firm, we are committed to being and being seen to be independent. We apply the following ethical requirements, including independence requirements, in:

- the rules of professional conduct / code of ethics applicable to the practice of public accounting issued by various professional accounting bodies in Canada("CPA code") that are relevant to audits of financial statements of reporting issuers or listed entities; and
- the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants ("IESBA independence rules") that are relevant to audits of financial statements of public interest entities.

The following processes and procedures have been established by the firm to ensure independence is maintained:

- Dedicated ethics & independence partners
- Process for reporting breaches of professional standards and policy, and documented disciplinary policy
- Ethics, independence and integrity training for all staff
- International proprietary system used to evaluate and document threats to independence and those arising from conflicts of interest
- Operating polices, procedures and guidance contained in our quality & risk management manual
- Mandated procedures for evaluating independence of prospective audit clients
- Restricted investments and relationships
- Annual ethics and independence confirmation for staff

Statement of Compliance

We confirm that, as of the date of this communication, **we are in compliance** with relevant ethical requirements regarding independence in Canada.

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Appendices

A Required communications

B Draft Audit Report

C Engagement Letter

D Management Rep Letter

E New auditing standards

F Insights

Appendix A: Other required communications

Engagement terms

A copy of the engagement letter and any subsequent amendments has been provided to the Finance Committee.

CPAB communication protocol

CPAB Communications Protocol

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

- CPAB Audit Quality Insights Report: 2024 Interim Inspections Results
- CPAB Regulatory Oversight Report: 2024 Annual Inspections Results
- CPAB Audit Quality Insights Report: 2025 Interim Inspections Results
- CPAB Regulatory Oversight Report: 2025 Annual Inspections Results

CPAB Public Inspection Report

The report available through the following link was published by CPAB and includes firm specific inspection results:

- 2025 Public Inspection Report - KPMG LLP

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Appendix B: Draft auditor's report

INDEPENDENT AUDITOR'S REPORT

To the Board Members of The Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2025
- the statement of operations and accumulated surplus for the year then ended
- the statements of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2025, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditor's Responsibilities for the Audit of the Financial Statements"*** section of our auditor's report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

  The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

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Appendix C: Engagement letter

PRIVATE & CONFIDENTIAL

Ms. Renée Higgins
Director of Corporate Services
Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts)
1300 Paris Street
Sudbury, ON P3E 3A3

Mr. Mark Signoretti
Board Chair
Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts)
1300 Paris Street
Sudbury, ON P3E 3A3

May 14, 2026

The purpose of this letter is to outline the terms of our engagement for the Board of Health for the Sudbury and District Health Unit (the "Entity"). We will issue reports on the financial statements of the Entity commencing for periods ending as follows:

	Entity	Period end	Report
1	Board of Health for the Sudbury and District Health Unit	December 31, 2025	Audit
2	Annual Reconciliation Report	December 31, 2025	Other Historical Financial information (Special Purpose Audit)
3	Healthy Babies Healthy Children Program	March 31, 2026	Other Historical Financial information (Special Purpose Audit)

This letter supersedes our previous letter to the Entity dated February 21, 2025.

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

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Appendix D: Management representation letter

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT
1300 PARIS STREET
SUDBURY, ON P3E 3A3

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

June 18, 2026

We are writing at your request to confirm our understanding that your audit was for the purpose of expressing an opinion on the financial statements (hereinafter referred to as "financial statements") of **Board of Health for the Sudbury & District Health Unit** ("the Entity") as at and for the periods ended December 31, 2025.

GENERAL:

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

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

RESPONSIBILITIES:

1) We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated May 14, 2026, including for:

   a) the preparation and fair presentation of the financial statements and believe that these financial statements have been prepared and present fairly in accordance with the relevant financial reporting framework.

   b) providing you with all information of which we are aware that is relevant to the preparation of the financial statements ("relevant information"), such as financial records, documentation and other matters, including:

      – the names of all related parties and information regarding all relationships and transactions with related parties;

      – the complete minutes of meetings, or summaries of actions of recent meetings for which minutes have not yet been prepared, of shareholders, board of directors and committees of the board of directors that may affect the financial statements. All significant actions are included in such summaries.

   c) providing you with unrestricted access to such relevant information.

   d) providing you with complete responses to all enquiries made by you during the engagement.

   e) providing you with additional information that you may request from us for the purpose of the engagement.

   f) providing you with unrestricted access to persons within the Entity from whom you determined it necessary to obtain audit evidence.

   g) such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We also acknowledge and understand that we are responsible for the design, implementation and maintenance of internal control to prevent and detect fraud.

   h) ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements.

   i) ensuring that internal auditors providing direct assistance to you, if any, were instructed to follow your instructions and that we, and others within the entity, did not intervene in the work the internal auditors performed for you.

INTERNAL CONTROL OVER FINANCIAL REPORTING:

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

FRAUD & NON-COMPLIANCE WITH LAWS AND REGULATIONS:

3) We have disclosed to you:

   a) the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

   b) all information in relation to fraud or suspected fraud that we are aware of that involves:

      – management;

      – employees who have significant roles in internal control over financial reporting; or

      – others

      where such fraud or suspected fraud could have a material effect on the financial statements.

   c) all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators, or others.

   d) all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements or illegal acts, whose effects should be considered when preparing financial statements.

   e) all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

SUBSEQUENT EVENTS:

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

RELATED PARTIES:

5) We have disclosed to you the identity of the Entity's related parties.

6) We have disclosed to you all the related party relationships and transactions/balances of which we are aware.

7) All related party relationships and transactions/balances have been appropriately accounted for, and disclosed, in accordance with the relevant financial reporting framework.

ESTIMATES:

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

GOING CONCERN:

9) We have provided you with all information relevant to the use of the going concern assumption in the financial statements.

10) We confirm that we are not aware of material uncertainties related to events or conditions that may cast significant doubt upon the Entity's ability to continue as a going concern.

NON-SEC REGISTRANTS OR NON-REPORTING ISSUERS:

11) We confirm that the Entity is not a Canadian reporting issuer (as defined under any applicable Canadian securities act) and is not a United States Securities and Exchange Commission ("SEC") Issuer (as defined by the Sarbanes-Oxley Act of 2002).

12) We also confirm that the financial statements of the Entity will not be included in the group financial statements of a Canadian reporting issuer audited by KPMG or an SEC Issuer audited by any member of the KPMG organization.

OTHER

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

Yours very truly,

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Appendix E: Newly effective and upcoming changes to auditing standards

Effective for periods beginning on or after December 15, 2024

ISA 260/CAS 260

Communications with those charged with governance

Summary of Changes:

New requirements for the auditor to communicate:

- about the relevant ethical requirements, including those related to independence, that the auditor applied to the audit of the financial statements; and
- any enhanced independence requirement that the auditor applied specific to the audit of financial statements of certain entities.

ISA 700/CAS 700

Forming an opinion and reporting on the financial statements

Summary of Changes:

New requirements for the auditor to publicly disclose when the auditor applied independence requirements specific to audits of financial statements of certain entities WHEN the ethical requirements require public disclosure.

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Appendix F: Audit and assurance insights

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

KPMG Audit & Assurance Insights

Curated research and insights for audit committees and boards.

Sustainability Reporting

Resource centre on implementing the new Canadian reporting standards

Board Leadership Centre

Leading insights to help board members maximize boardroom opportunities

IFRS Breaking News

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

Current Developments

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

Audit Committee Guide – Canadian Edition

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

Accelerate - The key issues driving the audit committee agenda

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

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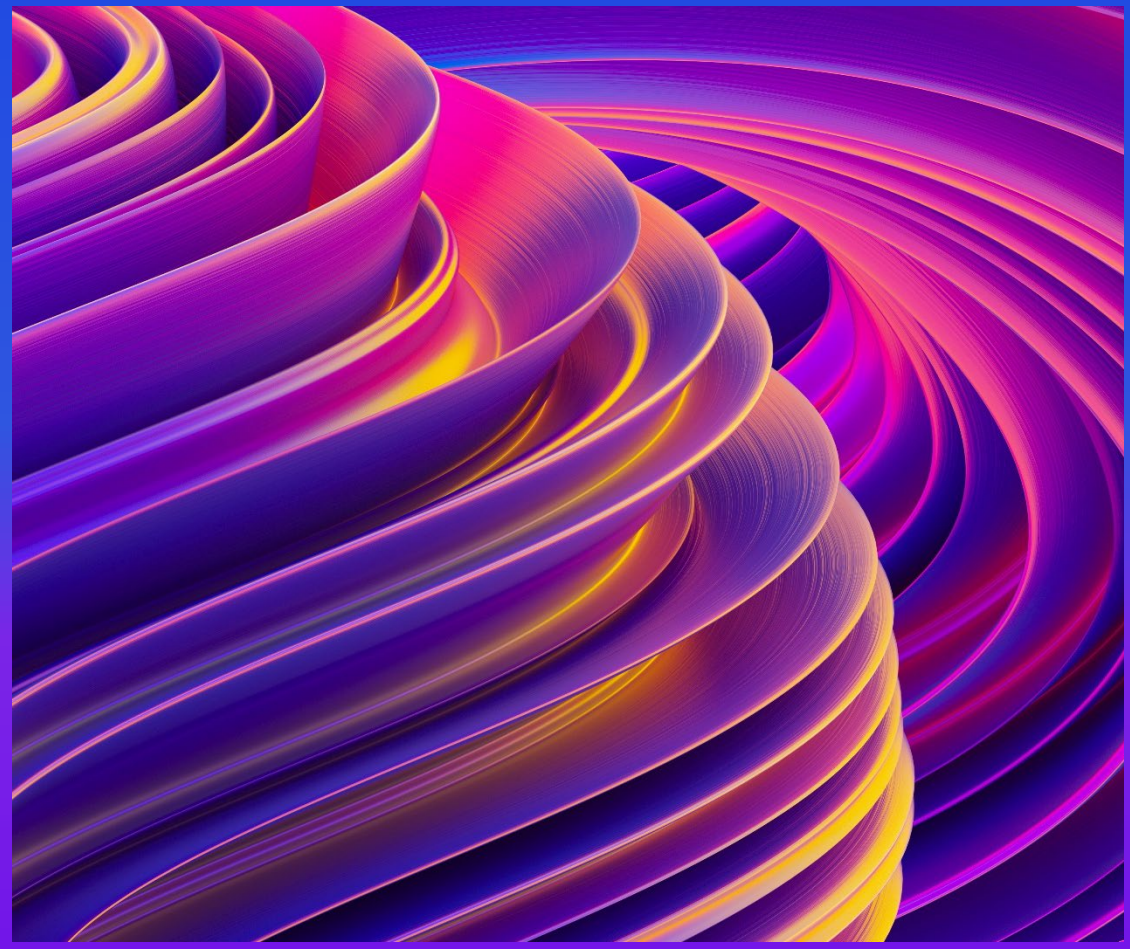

Financial Statements of

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

And Independent Auditor's Report thereon

Year ended December 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Board Members of The Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2025
- the statement of operations and accumulated surplus for the year then ended
- the statements of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2025, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditor's Responsibilities for the Audit of the Financial Statements"*** section of our auditor's report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

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Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

  The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

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Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

May 13, 2026

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BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2025, with comparative information for 2024

	2025	2024
Financial assets		
Cash and cash equivalents	$ 11,361,264	$ 14,806,939
Accounts receivable	576,051	315,050
Receivable from the Province of Ontario	132,428	51,765
	12,069,743	15,173,754
Financial liabilities		
Accounts payable and accrued liabilities	2,641,246	2,602,045
Deferred revenue	290,337	168,876
Payable to the Province of Ontario	-	4,112,197
Employee benefit obligations (note 2)	3,791,906	3,668,805
	6,723,489	10,551,923
Net financial assets	5,346,254	4,621,831
Non-financial assets:		
Tangible capital assets (note 3)	14,967,141	14,671,650
Prepaid expenses	648,277	458,156
	15,615,418	15,129,806
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	$ 20,961,672	$ 19,751,637

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See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2025, with comparative information for 2024

	2025 Budget (note 10)	2025 Actual	2024 Actual
Revenue (note 9):			
Provincial grants	$ 22,924,068	$ 24,853,964	$ 24,077,037
Per capita revenue from municipalities (note 7)	11,186,768	11,186,768	10,548,731
Other:			
Plumbing inspections and licenses	317,000	417,782	251,127
Interest	300,000	443,683	568,649
Other	440,147	351,179	377,251
	35,167,983	37,253,376	35,822,795
Expenses (note 9):			
Salaries and wages	21,389,577	22,244,780	21,712,110
Benefits (note 6)	7,580,665	7,344,107	6,636,188
Administration (note 8)	3,357,436	2,777,445	2,941,588
Supplies and materials	1,014,282	816,840	935,158
Amortization of tangible capital assets (note 3)	1,111,478	1,072,422	1,111,478
Small operational equipment	1,539,430	1,527,319	838,150
Transportation	286,593	260,428	235,930
	36,279,461	36,043,341	34,410,602
Annual surplus (deficit)	(1,111,478)	1,210,035	1,412,193
Accumulated surplus, beginning of year	19,751,637	19,751,637	18,339,444
Accumulated surplus, end of year	$ 18,640,159	$ 20,961,672	$ 19,751,637

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See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2025, with comparative information for 2024

	2025	2024
Annual surplus	$ 1,210,035	$ 1,412,193
Purchase of tangible capital assets	(1,367,913)	(574,614)
Amortization of tangible capital assets	1,072,422	1,111,478
Change in prepaid expenses	(190,121)	1,336
Change in net financial assets	724,423	1,950,393
Net financial assets, beginning of year	4,621,831	2,671,438
Net financial assets, end of year	$ 5,346,254	$ 4,621,831

See accompanying notes to financial statements.

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BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2025, with comparative information for 2024

	2025	2024
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	$ 1,210,035	$ 1,412,193
Adjustments for:		
Amortization of tangible capital assets	1,072,422	1,111,478
Change in employee benefit obligations	123,101	(101,365)
	2,405,558	2,422,306
Changes in non-cash working capital:		
Decrease (increase) in accounts receivable	(261,001)	214,501
Increase in receivable from the Province of Ontario	(80,663)	(17,545)
Increase (decrease) in accounts payable and accrued liabilities	39,201	(167,211)
Increase (decrease) in deferred revenue	121,461	(187,776)
Increase (decrease) in payable to the Province of Ontario	(4,112,197)	3,088,070
Decrease (increase) in prepaid expenses	(190,121)	1,336
	(2,077,762)	5,353,681
Cash flows from investing activity:		
Purchase of tangible capital assets	(1,367,913)	(574,614)
Increase (decrease) in cash and cash equivalents	(3,445,675)	4,779,067
Cash and cash equivalents, beginning of year	14,806,939	10,027,872
Cash and cash equivalents, end of year	$ 11,361,264	$ 14,806,939

See accompanying notes to financial statements.

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The Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts) (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to $2,680,155 as at December 31, 2025 (2024 - $2,594,788) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund ("OMERS"), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

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1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Leasehold improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Computer software	Straight-line	100%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%

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1. Summary of significant accounting policies (continued):

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

  This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

  This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

  This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

  This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

  This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

  This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

  This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

  This reserve is restricted and can only be used for research and development activities.

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1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

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

(i) Budget information:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

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1. Summary of significant accounting policies (continued):

(k) Financial instruments:

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

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

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Amortized cost

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

Cost

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

Fair value

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

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

1. Summary of significant accounting policies (continued):

(k) Financial instruments (continued):

Establishing fair value

The fair value of guarantees and letters of credit are based on fees currently charged for similar agreements or on the estimated cost to terminate them or otherwise settle the obligations with the counterparties at the reported borrowing date. In situations in which there is no market for these guarantees, and they were issued without explicit costs, it is not practicable to determine their fair value with sufficient reliability (if applicable).

Fair value hierarchy

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

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

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

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

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

(l) Asset retirement obligation:

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

(i) There is a legal obligation to incur retirement costs in relation to a tangible capital asset;

(ii) The past transaction or event giving rise to the liability has occurred;

(iii) It is expected that the future economic benefits will be given up; and

(iv) A reasonable estimate of the amount can be made.

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1. Summary of significant accounting policies (continued):

(l) Asset retirement obligation (continued):

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

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2024 and forms the basis for the estimated liability reported in these financial statements. The valuation of the plan is updated from a walk forward of the December 31, 2024 results. The next full valuation of the plan will be as of December 31, 2027.

	2025	2024
Accumulated sick leave benefits	$ 514,897	$ 533,958
Other post-employment benefits	2,139,708	1,978,109
	2,654,605	2,512,067
Vacation pay and other compensated absence	1,137,301	1,156,738
	$ 3,791,906	$ 3,668,805

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

	2025	2024
Discount	4.25%	4.00%
Health-care trend rate:		
Initial	5.67%	5.08%
Ultimate	4.00%	3.75%
Salary escalation factor	3.00%	2.75%

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2. Employee benefit obligations (continued):

The Health Unit has established reserves in the amount of $2,639,119 (2024 - $2,639,119) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2025 are $3,840,723 (2024 - $2,976,939).

	2025	2024
Benefit plan expenses:		
Current service costs	$ 285,589	$ 211,182
Interest	158,988	115,061
Amortization of actuarial loss	101,864	35,912
	$ 546,441	$ 362,155

Benefits paid during the year were $403,904 (2024 - $240,432). The net unamortized actuarial loss of $1,186,118 (2024 - $1,287,982) will be amortized over the expected average remaining service period.

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3. Tangible capital assets:

Cost:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2025 Total
Balance, January 1, 2025	$ 26,938	$ 15,067,088	$ 3,617,531	$ 3,768,130	$ 423,933	$ 69,845	$ 4,603,675	$ 252,346	$ 27,829,486
Additions	-	-	943,028	77,731	43,494	48,677	254,983	-	1,367,913
Balance, December 31, 2025	$ 26,938	$ 15,067,088	$ 4,560,559	$ 3,845,861	$ 467,427	$ 118,522	$ 4,858,658	$ 252,346	$ 29,197,399

Accumulated amortization:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2025 Total
Balance, January 1, 2025	$ -	$ 4,564,171	$ 1,181,517	$ 3,672,571	$ 423,933	$ 69,845	$ 3,000,078	$ 245,721	$ 13,157,836
Amortization	-	376,679	355,257	81,270	21,747	-	234,744	2,725	1,072,422
Balance, December 31, 2025	$ -	$ 4,940,850	$ 1,536,774	$ 3,753,841	$ 445,680	$ 69,845	$ 3,234,822	$ 248,446	$ 14,230,258

Net book value:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2025 Total
At December 31, 2024	$ 26,938	$ 10,502,917	$ 2,436,014	$ 95,559	$ -	$ -	$ 1,603,597	$ 6,625	$ 14,671,650
At December 31, 2025	$ 26,938	$ 10,126,238	$ 3,023,785	$ 92,020	$ 21,747	$ 48,677	$ 1,623,836	$ 3,900	$ 14,967,141

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3. Tangible capital assets:

Cost:

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

Accumulated amortization:

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

Net book value:

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

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4. Commitments and contingencies:

(a) Line of credit:

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

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2025 are as follows:

No later than one year	$ 298,660
Later than one year and no later than 5 years	1,125,996
Later than five years	725,599
	$ 2,150,255

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

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5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, beginning of year	Annual surplus (deficit)	Purchase of tangible capital assets	Capital Infrastructure Project	Balance, end of year
Invested in tangible capital assets	$ 14,671,650	$ (1,072,422)	$ 1,367,913	$ –	$ 14,967,141
Unfunded employee benefit obligation	(3,668,805)	(123,101)			(3,791,906)
Working capital reserve	4,096,541	2,405,558	(1,367,913)	–	5,134,186
Public health initiatives	500,000	–	–	–	500,000
Corporate contingencies	500,000	–	–	–	500,000
Facility and equipment repairs and maintenance	956,272	–	–	–	956,272
Sick leave and vacation	2,639,119	–	–	–	2,639,119
Research and development	56,860	–	–	–	56,860
	$ 19,751,637	$ 1,210,035	$ –	$ –	$ 20,961,672

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2025 was $2,068,863 (2024 - $2,036,224) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

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7. Per capita revenue from municipalities:

	2025	2024
City of Greater Sudbury	$ 9,568,315	$ 9,022,585
Town of Espanola	297,943	280,950
Township of Sable and Spanish River	194,534	183,439
Municipality of French River	166,565	157,065
Municipality of Markstay-Warren	168,855	159,224
Township of Northeastern Manitoulin & The Islands	145,536	137,235
Township of Chapleau	135,611	127,877
Township of Central Manitoulin	116,595	109,945
Municipality of St. Charles	85,711	80,823
Township of Assiginack	54,411	51,308
Town of Gore Bay	52,468	49,475
Township of Baldwin	34,562	32,591
Township of Billings (and part of Allan)	36,436	34,358
Township of Gordon (and part of Allan)	31,994	30,170
Township of Nairn & Hyman	28,316	26,701
Township of Tehkummah	26,234	24,738
Municipality of Killarney	25,332	23,886
Township of Burpee	17,003	16,034
Township of Cockburn Island	347	327
	$ 11,186,768	$ 10,548,731

8. Administration expenses:

	2025 Budget	2025 Actual	2024 Actual
Professional fees	$ 1,279,840	$ 934,977	$ 983,441
Building maintenance	756,768	606,981	628,249
Advertising	112,500	45,382	76,077
Telephone	74,878	75,510	202,777
Rent	482,881	482,514	421,000
Utilities	198,705	206,918	176,320
Liability insurance	147,768	108,926	200,694
Staff education	155,201	192,532	113,453
Postage	90,100	69,313	86,022
Memberships and subscriptions	58,795	52,899	52,992
Strategic Planning	–	1,493	563
	$ 3,357,436	$ 2,777,445	$ 2,941,588

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9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
Revenue:											
Provincial grants											
Operation	$ 18,723,802	-	-	-	-	1,098,134	270,282	1,762,537	66,255	-	$ 21,921,010
Unorganized territories	-	-	-	-	1,092,500	-	-	-	-	-	1,092,500
Municipalities	11,186,768	-	-	-	-	-	-	-	-	-	11,186,768
Plumbing and inspections	417,782	-	-	-	-	-	-	-	-	-	417,782
Interest	358,315	-	-	-	-	-	-	-	-	85,368	443,683
Other	193,444	2,415	17,620	24,922	-	4,294	-	-	-	108,484	351,179
	30,880,111	2,415	17,620	24,922	1,092,500	1,102,428	270,282	1,762,537	66,255	193,852	35,412,922
Expenses:											
Salaries and wages	18,371,475	1,980	14,443	20,428	698,524	371,681	270,282	1,309,224	53,565	65,673	21,177,275
Benefits	6,309,797	435	3,177	4,494	222,421	97,587	-	418,861	12,690	13,467	7,082,929
Transportation	145,444	-	-	-	87,425	778	-	23,218	-	-	256,865
Administration (note 9)	2,285,585	-	-	-	704	447,523	-	7,531	-	147	2,741,490
Supplies and materials	567,546	-	-	-	83,426	123,395	-	3,703	-	29,197	807,267
Small operational equipment	1,504,563	-	-	-	-	3,678	-	-	-	-	1,508,241
Amortization of tangible capital assets	1,072,422	-	-	-	-	-	-	-	-	-	1,072,422
	30,256,832	2,415	17,620	24,922	1,092,500	1,044,642	270,282	1,762,537	66,255	108,484	34,646,489
Annual surplus	623,279	-	-	-	-	57,786	-	-	-	85,368	766,433
Capital expenditures	866,525	-	-	-	-	57,786	-	-	-	-	924,311
Annual surplus, net of capital expenditures	$ (243,246)	-	-	-	-	-	-	-	-	85,368	$ (157,878)

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

		2024-25 One-time Funding							2025-2026 One-time Funding						
	Sub-Total	Infection Prevention and Control Hub	COVID-19 Extraordinary Vaccine	PHI Practicuum	MOH - ISPA Vaccination Clinic Catch-up	Merger Planning	RSV	Vaccine Refrigerator	Infection Prevention and Control Hub	RSV	COVID-19 Extraordinary Vaccine	Vaccine Refrigerator	PHI Practicuum	Capital	Total
Revenue:															
Provincial grants															
Operation	$ 21,921,010	287,125	150,986	5,744	-	-	40,728	-	644,487	55,861	243,698	23,400	13,650	374,775	$ 23,761,464
Unorganized territories	1,092,500	-	-	-	-	-	-	-	-			-	-	-	1,092,500
Municipalities	11,186,768	-	-	-	-	-	-	-	-			-	-	-	11,186,768
Plumbing and inspections	417,782	-	-	-	-	-	-	-	-			-	-	-	417,782
Interest	443,683	-	-	-	-	-	-	-	-			-	-	-	443,683
Other	351,179	-	-	-	-	-	-	-	-			-	-	-	351,179
	35,412,922	287,125	150,986	5,744	-	-	40,728	-	644,487	55,861	243,698	23,400	13,650	374,775	37,253,376
Expenses:															
Salaries and wages	21,177,275	199,194	113,203	4,960	-	-	30,456	-	517,445	19,159	171,147	-	11,941	-	22,244,780
Benefits	7,082,929	44,931	36,583	537	-	-	10,272	-	105,452	7,194	54,927	-	1,282	-	7,344,107
Transportation	256,865	1,150	-	247	-	-	-	-	1,739			-	427	-	260,428
Administration (note 9)	2,741,490	22,772	600	-	-	-	-	-	12,558		25	-	-	-	2,777,445
Supplies and materials	807,267	-	600	-	-	-	-	-	7,293	1,680		-	-	-	816,840
Small operational equipment	1,508,241	19,078	-	-	-	-	-	-	-			-	-	-	1,527,319
Amortization of tangible capital assets	1,072,422	-	-	-	-	-	-	-	-			-	-	-	1,072,422
	34,646,489	287,125	150,986	5,744	-	-	40,728	-	644,487	28,033	226,099	-	13,650	-	36,043,341
															-
Annual surplus	766,433	-	-	-	-	-	-	-	-	27,828	17,599	23,400	-	374,775	1,210,035
Capital expenditures	924,311	-	-	-	-	-	-	-	-	27,828	17,599	23,400	-	374,775	1,367,913
Annual surplus, net of capital expeditures	$ (157,878)	-	-	-	-	-	-	-	-	-	-	-	-	-	$ (157,878)

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10. Budget information:

The Budget adopted by the Board of Directors on November 21, 2024, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 21, 2024 including subsequent budget amendments, with adjustments as follows:

Budget surplus for the year	$	–
Less: amortization		1,111,478
Budget deficit per statement of operations and accumulated surplus	$	(1,111,478)

11. Comparative information:

Certain comparative information have been reclassified to conform with the presentation adopted in the current year.

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2025 AUDITED FINANCIAL STATEMENTS

MOTION:

THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2025 audited financial statements.

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 4 Periods Ending April 30, 2026

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,910,969	6,303,656	6,241,272	62,384	12,669,697
MOH - Unorganized Territory	1,092,500	364,167	364,180	(13)	728,320
Municipal Levies	11,800,921	3,933,640	3,933,518	122	7,867,403
Interest Earned	225,000	75,000	71,154	3,846	153,846
Total Revenues:	$32,029,390	$10,676,463	$10,610,124	$66,339	$21,419,266
Expenditures:					
Corporate Services:					
Corporate Services	5,711,223	1,972,372	3,067,614	(1,095,242)	2,643,609
Office Admin.	104,350	34,783	20,173	14,611	84,178
Espanola	131,896	43,965	40,249	3,716	91,647
Manitoulin	136,962	45,654	39,647	6,007	97,316
Chapleau	139,335	46,445	42,533	3,912	96,802
Sudbury East	17,880	5,960	6,887	(927)	10,993
Intake	385,472	128,491	128,488	3	256,984
Facilities Management	792,033	264,011	182,141	81,870	609,892
Electronic Medical Records	149,907	49,969	298,015	(248,046)	(148,108)
Total Corporate Services:	$7,569,059	$2,591,650	$3,825,746	$(1,234,096)	$3,743,313
Health Protection:					
Environmental Health - General	1,341,750	435,405	401,483	33,923	940,267
Enviromental	2,915,324	971,429	926,252	45,177	1,989,071
Vector Borne Disease (VBD)	43,708	11,071	3,112	7,959	40,597
CID	1,688,503	562,834	590,157	(27,323)	1,098,346
Districts - Clinical	250,711	83,570	2,413	81,157	248,298
Risk Reduction	53,756	17,127	4,918	12,209	48,838
Sexual Health	1,580,939	526,889	584,361	(57,472)	996,578
SFO- Local Capacity Building: Prevention and Protec	274,327	89,943	80,328	9,615	193,999
Total Health Protection:	$8,149,017	$2,698,268	$2,593,025	$105,244	$5,555,993
Health Promotion and Vaccine Preventable Diseases:					
Health Promotion and VPD- General	2,575,752	857,382	840,491	16,891	1,735,261
Comprehensive Health Promotion	3,950,589	1,331,427	1,239,415	92,012	2,711,174
Infant Feeding Clinic	645,413	215,138	215,765	(627)	429,649
Oral Health	540,421	180,407	171,313	9,094	369,109
Healthy Smiles Ontario - HSO	620,744	205,965	226,999	(21,035)	393,745
SFO- Tobacco Control Area Network	280,705	76,717	46,146	30,571	234,560
MOH - Harm Reduction Program Enhancement	191,822	63,941	13,275	50,666	178,547
VPD	2,725,683	887,820	815,549	72,271	1,910,135
MOH - Influenza	0	(0)	(25)	25	25
MOH - Meningittis	0	(0)	859	(859)	(858)
MOH - HPV	0	0	(1,318)	1,318	1,318
MOH - Northern Fruit & Vegetable Program	176,100	85,466	67,767	17,699	108,333
Total Health Promotion:	$11,707,231	$3,904,261	$3,636,235	$268,026	$8,070,997
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,457,368	1,144,954	1,175,502	(30,548)	2,281,866
Workplace Capacity Development	44,457	0	10,034	(10,034)	34,423
Health Equity Office	11,720	3,907	2,905	1,002	8,815
MOH - Special Nursing Initiative	557,232	185,744	188,903	(3,159)	368,329
Indigenous Public Health	407,705	134,701	134,615	86	273,090
MOH Local Model for Indigenous Public Health	125,601	41,867	42,482	(615)	83,119
Total Knowledge and Strategic Services:	$4,604,083	$1,511,173	$1,554,441	$(43,268)	$3,049,642
Total Expenditures:	$32,029,390	$10,705,352	$11,609,447	$(904,095)	$20,419,943
Net Surplus/(Deficit)	$(0)	$(28,889)	$(999,323)	$(970,434)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 4 Periods Ending April 30, 2026

		Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
	MOH Funding	32,029,390	10,676,463	10,568,329	108,134	21,461,061
	Other Revenue/Transfers	493,475	164,492	296,603	(132,112)	196,872
	Total Revenues & Expenditure Recoveries:	32,522,865	10,840,955	10,864,932	(23,977)	21,657,932
Expenditures:						
	Salaries	19,814,870	6,607,726	7,203,432	(595,706)	12,611,438
	Benefits	7,675,019	2,558,338	2,485,586	72,752	5,189,432
	Travel	228,818	56,726	42,603	14,124	186,216
	Program Expenses	570,624	203,070	158,260	44,811	412,364
	Office Supplies	87,200	27,442	21,679	5,763	65,521
	Postage & Courier Services	90,100	30,033	23,182	6,851	66,918
	Photocopy Expenses	4,909	1,547	1,177	370	3,732
	Telephone Expenses	61,530	20,510	24,456	(3,946)	37,074
	Building Maintenance	562,416	187,472	130,436	57,036	431,980
	Utilities	190,447	63,482	61,023	2,460	129,424
	Rent	329,521	109,840	106,767	3,073	222,754
	Insurance	125,000	89,667	99,901	(10,235)	25,099
	Employee Assistance Program (EAP)	50,000	25,000	9,516	15,484	40,484
	Memberships	51,900	25,767	33,202	(7,436)	18,698
	Staff Development	158,203	29,554	23,844	5,711	134,359
	Books & Subscriptions	10,395	4,475	3,271	1,204	7,124
	Media & Advertising	55,214	10,071	4,127	5,945	51,088
	Professional Fees	697,194	232,398	253,105	(20,708)	444,088
	Translation	79,325	26,942	24,342	2,599	54,983
	Furniture & Equipment	19,267	6,145	7,977	(1,832)	11,290
	Information Technology	1,660,914	553,638	1,146,369	(592,731)	514,544
	Total Expenditures	32,522,865	10,869,844	11,864,255	(994,411)	20,658,610
	Net Surplus (Deficit)	(0)	(28,889)	(999,323)	(970,434)	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended April 30, 2026

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	6,534	93,466	6.5%	*Mar 31/2027*	8.3%
Healthy Babies Healthy Children	778	1,725,944	108,199	1,617,745	6.3%	*Mar 31/2027*	8.3%
IPAC Congregate CCM	780	932,250	41,876	890,374	4.5%	*Mar 31/2027*	8.3%
Ontario Senior Dental Care Program	786	1,315,000	299,477	1,015,523	22.8%	*Dec 31*	33.3%
Anonymous Testing	788	64,293	-	64,293	0.0%	*Mar 31/2027*	8.3%
Total		4,289,837	456,086	3,833,751			

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time:_____