
SUNDRIDGE AND DISTRICT MEDICAL CENTRE

FINANCIAL STATEMENTS

DECEMBER 31, 2020

SUNDRIDGE AND DISTRICT MEDICAL CENTRE

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Independent auditor's report

To the Members of Council, Inhabitants and Ratepayers of the Contributing Municipalities of the Sundridge and District Medical Centre

Opinion

We have audited the financial statements of the Sundridge and District Medical Centre ("the Medical Centre"), which comprise the statement of financial position as at December 31, 2020, and the statements of operations and accumulated surplus, change in net financial assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Sundridge and District Medical Centre as at December 31, 2020, and its results of operations, its changes in its net financial assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

Those charged with governance are responsible for overseeing the Medical Centre'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 these 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 Medical Centre'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 Medical Centre'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 Medical Centre 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.

We 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.

Grant Thornton LLP

North Bay, Canada
October 13, 2021

Chartered Professional Accountants
Licensed Public Accountants

SUNDRIDGE AND DISTRICT MEDICAL CENTRE
STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2020

	2020	2019
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 152,380	\$ 103,691
Accounts receivable	1,587	1,957
	153,967	105,648
LIABILITIES		
Accounts payable and accrued liabilities	30,912	36,851
Deferred revenue (Note 2)	110,617	35,929
Long-term debt (Note 3)	3,296	12,896
Employee benefits payable (Note 4)	313	1,267
	145,138	86,943
NET FINANCIAL ASSETS	8,829	18,705
NON-FINANCIAL ASSETS		
Tangible capital assets - net (Note 5)	115,746	99,034
	115,746	99,034
ACCUMULATED SURPLUS (Note 6)	\$ 124,575	\$ 117,739

APPROVED ON BEHALF OF COUNCIL:

_____ Mayor

SUNDRIDGE AND DISTRICT MEDICAL CENTRE
STATEMENTS OF OPERATIONS AND ACCUMULATED SURPLUS
FOR THE YEAR ENDED DECEMBER 31, 2020

	Budget 2020 (see Note 7)	Actual 2020	Actual 2019
REVENUE			
Rural and Northern Physicians Group and Nurse Practitioner	\$ 313,686	\$ 260,964	\$ 311,194
Rental	107,475	99,663	105,373
Municipal contributions	20,817	20,817	4,153
Other	500	1,199	2,288
Loss on disposal of capital assets	-	(6,757)	-
TOTAL REVENUE	442,478	375,886	423,008
EXPENSES			
Rural and Northern Physicians Group and Nurse Practitioner	338,686	279,262	329,183
Materials and supplies	48,395	34,019	45,307
Contracted services	51,900	43,708	39,025
Rents and financial expenses	10	-	1
Amortization	12,100	12,061	13,258
TOTAL EXPENSES	451,091	369,050	426,774
ANNUAL SURPLUS (DEFICIT) (Note 6)	(8,613)	6,836	(3,766)
ACCUMULATED SURPLUS, BEGINNING OF YEAR	117,739	117,739	121,505
ACCUMULATED SURPLUS, END OF YEAR	\$ 109,126	\$ 124,575	\$ 117,739

The accompanying notes are an integral part of these financial statements

SUNDRIDGE AND DISTRICT MEDICAL CENTRE
STATEMENT OF CHANGE IN NET FINANCIAL ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2020

	Budget 2020 (see Note 7)	Actual 2020	Actual 2019
Annual surplus (deficit)	\$ (8,613) \$	6,836 \$	(3,766)
Acquisition of tangible capital assets	(26,755)	(35,530)	(4,499)
Amortization of tangible capital assets	12,100	12,061	13,258
Loss on disposal of tangible capital assets	-	6,757	-
Change in prepaid expenses	-	-	1,000
Increase (decrease) in net financial assets	(23,268)	(9,876)	5,993
Net financial assets, beginning of year	18,705	18,705	12,712
Net financial assets (net debt), end of year	\$ (4,563) \$	8,829 \$	18,705

The accompanying notes are an integral part of these financial statements

SUNDRIDGE AND DISTRICT MEDICAL CENTRE
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2020

	2020	2019
Operating transactions		
Annual surplus (deficit)	\$ 6,836	\$ (3,766)
Non-cash charges to operations:		
Amortization	12,061	13,258
Loss on disposal of tangible capital assets	6,757	-
Change in employee benefits payable	(954)	(164)
	24,700	9,328
Changes in non-cash items:		
Accounts receivable	370	(1,587)
Accounts payable and accrued liabilities	(5,939)	1,128
Deferred revenue	74,688	35,929
Prepaid expenses	-	1,000
	69,119	36,470
Cash provided by operating transactions	93,819	45,798
Capital transactions		
Acquisition of tangible capital assets	(35,530)	(4,499)
Cash applied to capital transactions	(35,530)	(4,499)
Financing transactions		
Debt principal repayments	(9,600)	(9,600)
Cash applied to financing transactions	(9,600)	(9,600)
Net change in cash and cash equivalents	48,689	31,699
Cash and cash equivalents, beginning of year	103,691	71,992
Cash and cash equivalents, end of year	\$ 152,380	\$ 103,691

The accompanying notes are an integral part of these financial statements

SUNDRIDGE AND DISTRICT MEDICAL CENTRE

NOTES TO THE FINANCIAL STATEMENTS Year Ended December 31, 2020

The Sundridge and District Medical Centre (the "organization") is a joint committee of the Corporation of the Village of Sundridge, the Corporation of the Township of Strong, and the Corporation of the Township of Joly, who contribute towards the organization in the following proportions: Sundridge - 40%; Strong - 50%; Joly - 10%.

MANAGEMENT RESPONSIBILITY

The financial statements of the organization are the responsibility of management and have been prepared in accordance with Canadian generally accepted accounting principles for local governments established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. A summary of significant accounting policies is provided in Note 1. 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.

Management maintains a system of internal controls to provide reasonable assurance that reliable financial information is produced. The internal controls are 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.

1. SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies adopted by the organization are as follows:

Basis of Accounting

- (i) Accrual basis of accounting
Revenue and expenses are reported on the accrual basis of accounting. Revenue is recognized in the year in which it is earned and measurable. 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.
- (ii) Cash and cash equivalents
Cash and cash equivalents include cash on hand, balances held at financial institutions and short-term deposits with original maturities of three months or less.
- (iii) Non-financial assets
Non-financial assets are not available to discharge existing liabilities but 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.

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 2020

(a) 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. Borrowing costs related to the acquisition of tangible capital assets are expensed in the year incurred. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements - 20 years
Buildings - 50 years
Equipment and furniture - 5 to 10 years

One half of the annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

Tangible capital assets received as donations are recorded at their fair value at the date of receipt.

(iv) Government transfers

Government transfers are recognized in the financial statements as revenue when the transfer is authorized and any eligibility criteria are met, except to the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the Statement of Operations as the stipulation liabilities are settled.

(v) Employee benefits

Obligations for sick leave under employee benefits payable are accrued as the employee renders the services necessary to earn the benefits.

(vi) 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 assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates and assumptions are based on management's historical experience, best knowledge of current events and actions that the organization may undertake in the future. Significant accounting estimates include estimated useful lives of tangible capital assets and employee benefits payable. Actual results could differ from these estimates.

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 20202. DEFERRED REVENUE

The organization defers that portion of its Nurse Practitioner and Rural and Northern Physicians Group Agreement grants that must be used to cover expenditures of the subsequent year.

Details of the deferred revenue reported on the Statement of Financial Position are as follows:

	2020	2019
Balance, beginning of year:		
Rural and Northern Physicians Group	\$ 9,977	\$ -
Nurse Practitioner	25,952	-
	35,929	-
Received during the year:		
Rural and Northern Physicians Group	172,297	192,143
Nurse Practitioner	163,356	154,980
	335,653	347,123
Recognized in revenue during the year		
Rural and Northern Physicians Group	(142,024)	(182,166)
Nurse Practitioner	(118,941)	(129,028)
	(260,965)	(311,194)
Balance, end of year	\$ 110,617	\$ 35,929
Rural and Northern Physicians Group	\$ 40,250	\$ 9,977
Nurse Practitioner	70,367	25,952
Balance, end of year	\$ 110,617	\$ 35,929

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 20203. LONG-TERM DEBT

(a) The balance of the long-term debt reported on the Statement of Financial Position is made up of the following:

	2020	2019
Village of Sundridge, 0% loan, repayable in monthly payments of \$320 commencing January 2016	\$ 1,318	\$ 5,158
Township of Strong, 0% loan, repayable in monthly payments of \$400 commencing January 2016	1,648	6,448
Township of Joly, 0% loan, repayable in monthly payments of \$80 commencing January 2016	330	1,290
	\$ 3,296	\$ 12,896

(b) Future estimated principal and interest payments on the long-term debt are as follows:

	Principal	Interest
2021	\$ 3,296	\$ -

(c) Total charges for the year for long-term debt which are reported in the financial statements are as follows:

	2020	2019
Principal payments	\$ 9,600	\$ 9,600

4. EMPLOYEE BENEFITS PAYABLE

Under the sick leave benefits plan, unused sick leave can accumulate to a prescribed maximum and qualifying employees may become entitled to a cash payment when they leave the organization's employment. The sick leave benefit liability estimates the use of accumulated sick leave prior to retirement, as well as any lump-sum payments upon retirement, and assumes that both the appropriate discount rate and future salary and wage levels will increase by 2% per annum. The liability for these accumulated days amounted to \$313 (2019 \$1,267) at the end of the year.

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 20205. TANGIBLE CAPITAL ASSETS

The tangible capital assets of the organization by major asset class are outlined below.

2020						
	Land and Land Improvements	Buildings	Equipment and Furniture	Construction in Progress	TOTAL	
COST						
Balance, beginning of year	\$ 15,028	\$ 252,518	\$ 63,629	\$ -	\$ 331,175	
Additions and betterments	-	16,688	12,357	6,485	35,530	
Disposals and writedowns	-	(10,293)	(7,467)	-	(17,760)	
BALANCE, END OF YEAR	15,028	258,913	68,519	6,485	348,945	
ACCUMULATED AMORTIZATION						
Balance, beginning of year	4,857	176,806	50,478	-	232,141	
Annual amortization	571	5,308	6,182	-	12,061	
Amortization disposals	-	(3,537)	(7,466)	-	(11,003)	
BALANCE, END OF YEAR	5,428	178,577	49,194	-	233,199	
TANGIBLE CAPITAL ASSETS-NET	\$ 9,600	\$ 80,336	\$ 19,325	\$ 6,485	\$ 115,746	

2019						
	Land and Land Improvements	Buildings	Equipment and Furniture	Construction in Progress	TOTAL	
COST						
Balance, beginning of year	\$ 15,028	\$ 252,518	\$ 59,130	\$ -	\$ 326,676	
Additions and betterments	-	-	4,499	-	4,499	
BALANCE, END OF YEAR	15,028	252,518	63,629	-	331,175	
ACCUMULATED AMORTIZATION						
Balance, beginning of year	4,286	171,756	42,841	-	218,883	
Annual amortization	571	5,050	7,637	-	13,258	
BALANCE, END OF YEAR	4,857	176,806	50,478	-	232,141	
TANGIBLE CAPITAL ASSETS-NET	\$ 10,171	\$ 75,712	\$ 13,151	\$ -	\$ 99,034	

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 20206. ACCUMULATED SURPLUS

The 2020 continuity of accumulated surplus reported on the Statement of Financial Position is as follows:

	Balance Beginning of Year	Annual Surplus (Deficit)	Balance End of Year
Tangible capital assets	\$ 99,034	\$ 16,712	\$ 115,746
General operating surplus	32,868	(20,430)	12,438
Unfunded long-term debt	(12,896)	9,600	(3,296)
Unfunded employee benefits	(1,267)	954	(313)
	\$ 117,739	\$ 6,836	\$ 124,575

7. BUDGET FIGURES

The budget adopted for the current year was prepared on a modified accrual basis, and has been restated to conform with the accounting and reporting standards applicable to the actual results. A reconciliation of the adopted and reported budgets is presented below.

	Budget
ADOPTED BUDGET:	
Decrease in general operating surplus	\$ (32,868)
ADJUSTMENTS:	
Acquisition of tangible capital assets	26,755
Amortization of tangible capital assets	(12,100)
Debt principal repayments	9,600
ANNUAL DEFICIT	\$ (8,613)

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 20208. RELATED PARTY TRANSACTIONS

The related party transactions below are in the normal course of operations and are measured at their exchange amount, which is the amount of consideration established and agreed to by the related parties.

The following table summarizes the organization's related party transactions with its contributing municipalities during the year:

	2020	2019
Municipal contributions		
Township of Strong	\$ 10,408	\$ 2,077
Village of Sundridge	8,327	1,661
Township of Joly	2,082	415
Expenses		
Village of Sundridge		
Administration - Rural and Northern Physicians Group and Nurse Practitioner	7,320	7,320
Administration and secretary - general operations	2,550	2,850
Janitorial services	31,672	17,809
Property taxes	11,095	10,886

At the end of the year, amounts due to contributing municipalities are as follows:

Township of Strong		
- 0% loan	1,648	5,158
Village of Sundridge		
- 0% loan	1,318	6,448
- Other	3,461	6,378
Township of Joly		
- 0% loan	1,290	1,290

The amounts due to contributing municipalities related to the 0% loan are reported in Note 3. Amounts due for other transactions are reported in accounts payable and accrued liabilities on the Statement of Financial Position.

9. SEGMENT DISCLOSURE

Since the organization's operations are not considered diverse and operations are managed as one department, no segment disclosure has been provided.

SUNDRIDGE AND DISTRICT MEDICAL CENTRENOTES TO THE FINANCIAL STATEMENTS
Year Ended December 31, 202010. EXPENSES BY OBJECT

The following is a summary of the expenses reported on the Statement of Operations by the object of the expense. Expenses incurred by the Nurse Practitioner are categorized by object. Expenses incurred under the Northern Physician Group agreement are categorized as contracted services.

	2020	2019
Salaries, wages and benefits	\$ 108,794	\$ 121,435
Materials and supplies	45,798	54,184
Contracted services	186,932	222,733
Rents and financial expenses	15,465	15,164
Amortization	12,061	13,258
	\$ 369,050	\$ 426,774

11. IMPACTS OF COVID-19

Since December 31, 2019, the spread of COVID-19 has severely impacted many local economies around the globe. In many countries, including Canada, businesses are being forced to cease or limit operations for long or indefinite periods of time. Measures taken to contain the spread of the virus, including travel bans, quarantines, social distancing, and closures of nonessential services have triggered significant disruptions to businesses worldwide, resulting in an economic slowdown. Global stock markets have also experienced great volatility and a significant weakening.

While governments and central banks have reacted with monetary and fiscal interventions designed to stabilize economic conditions, the duration and impact of the COVID-19 pandemic, as well as the effectiveness of government and central bank responses, remains unclear at this time. It is not possible to reliably estimate the duration and severity of these consequences, as well as their impact on the financial position and results of the organization for future periods.