Financial Statements of



And Independent Auditors' Report thereon

Year ended March 31, 2021



KPMG LLP Claridge Executive Centre 144 Pine Street Sudbury Ontario P3C 1X3 Canada Telephone (705) 675-8500 Fax (705) 675-7586

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Health Sciences North

Opinion

We have audited the financial statements of Health Sciences North (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2021
- the statement of operations for the year then ended
- the statement of changes in net assets (debt) 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 March 31, 2021, and its results of operations 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 "Auditors' Responsibilities for the Audit of the Financial Statements" section of our auditors' 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.



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Responsibilities of Management 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 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.

Auditors' 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 auditors' 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.



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- 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 auditors' 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 auditors' 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.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada May 25, 2021

KPMG LLP

Statement of Operations

Year ended March 31, 2021, with comparative information for 2020 (in thousands of dollars)

		2021	2020
Revenue:			
Ontario Health North and Ministry of Health	\$	310,498 \$	311,949
Cancer Care Ontario	•	75,076	70,031
Specifically funded programs		46,326	46,890
Patient services		29,284	37,139
Other		53,085	44,588
Amortization - deferred capital contributions for equipment		5,449	6,892
		519,718	517,489
Expenses:			
Salaries and wages		233,049	218,003
Employee benefits		74,799	62,767
Medical staff remuneration		30,555	29,493
Supplies and other		82,095	66,770
Interest on long-term debt		847	1,015
Medical and surgical		33,719	34,139
Drugs		53,450	41,909
Specifically funded programs		46,430	46,882
Amortization - equipment		14,126	16,673
		569,070	517,651
Deficiency of revenue over expenses before undernoted item		(49,352)	(162)
Ministry of Health pandemic funding (note 17)		52,308	500
Excess of revenue over expenses from Hospital operations		2,956	338
Amortization - buildings		(11,026)	(11,465)
Amortization - deferred capital contributions for buildings		9,444	9,380
Excess (deficiency) of revenue over expenses before undernoted item		1,374	(1,747)
Ministry of Health working capital funding (note 18)		17,665	-
Liabilities assumed from Sudbury Hospital Services (note 14(c))		1,781	-
Excess (deficiency) of revenue over expenses	\$	20,820 \$	(1,747)

Statement of Financial Position

March 31, 2021, with comparative information for 2020 (in thousands of dollars)

	2021	2020
Assets		
Current assets:		
Cash	\$ 8,775	\$ 13,376
Accounts receivable (note 2)	68,764	31,117
Inventories	12,686	6,269
Prepayments	11,060	7,170
	101,285	57,932
Long-term receivables (note 3)	1,729	2,221
Capital assets (note 4)	353,749	342,663
	\$ 456,763	\$ 402,816
Liabilities and Net Assets (Debt) Current liabilities: Accounts payable and accrued liabilities (note 6) Current portion of long-term obligations (note 10)	\$ 113,346 1,209 114,555	\$ 91,707 1,554 93,261
	114,555	93,201
Deferred contributions (note 7)	398	655
Deferred capital contributions (note 8)	271,713	264,606
Employee post-retirement benefits (note 9)	30,639	28,783
Long-term obligations (note 10)	25,456 442,761	22,329 409,634
	442,701	409,034
Net assets (debt)	14,002	(6,818
Contingencies (note 14)		
Contingencies (note 14) COVID-19 impacts (note 19)		

On behalf of the Board:	
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Statement of Changes in Net Assets (Debt)

Year ended March 31, 2021, with comparative information for 2020 (in thousands of dollars)

	2021		
Net debt, beginning of year	\$ (6,818) \$	(5,071)	
Excess (deficiency) of revenue over expenses	20,820	(1,747)	
Net assets (debt), end of year	\$ 14,002 \$	(6,818)	

Statement of Cash Flows

Year ended March 31, 2021, with comparative information for 2020 (in thousands of dollars)

		2021	2020
Cash flows from operating activities:			
Excess (deficiency) of revenue over expenses	\$	20,820	\$ (1,747)
Adjustments for:			
Amortization of capital assets		25,152	28,138
Amortization of deferred capital contributions		(14,893)	(16,272)
Increase in accrued benefits obligation		1,856	2,215
		32,935	12,334
Change in non-cash working capital (note 11)	hange in non-cash working capital (note 11) (26,66		7,522
		6,275	19,856
Cash flows from capital activities:			
Additions to capital assets:			
- medical learners project		(7,756)	(7,454)
- equipment		(22,787)	(14,838)
- building		(5,695)	(6,794)
Increase in deferred capital contributions		22,000	13,650
		(14,238)	(15,436)
Cash flows from financing activities:			
Decrease in long-term receivables		492	851
Increase (decrease) in deferred contributions		(257)	85
Increase (decrease) in long-term obligations		3,127	(1,554)
		3,362	(618)
Net increase (decrease) in cash		(4,601)	3,802
Cash, beginning of year		13,376	9,574
Cash, end of year	\$	8,775	\$ 13,376

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

Health Sciences North (the "Hospital") was incorporated under the laws of Ontario on June 30, 1997 and is exempt from income taxes under Section 149 of the Income Tax Act.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations.

(a) Revenue recognition:

The Hospital accounts for contributions, which include donations and government grants, under the deferral method of accounting.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health (the "MOH") and Ontario Health North ("OHN"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in the subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the period in which the related expenses are recognized.

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on the straight-line basis, at rates corresponding to those of the related capital assets.

Revenue from patient and other services is recognized when the service is provided.

(b) Inventories:

Inventories are stated at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs in bringing the inventories to their present location and condition.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

1. Significant accounting policies (continued):

(c) Capital assets:

Purchased capital assets are recorded at cost. Assets acquired under capital leases are initially recorded at the present value of the future minimum lease payments and amortized over the useful life of the assets. Minor equipment replacements are expensed in the year of replacement.

Construction in progress is not amortized until construction is complete and the facilities come into use.

Amortization is provided on the straight-line basis at the following range of annual rates:

Buildings and site services	2% - 10%
Furniture and equipment	5% - 20%
Information technology	10% - 33%

In the year of acquisition, amortization is provided at one-half of the rates otherwise charged.

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the Hospital uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer amortized. The asset and liabilities of a disposed group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

1. Significant accounting policies (continued):

(d) Related entities:

The notes to financial statements include information of the following entities (note 13):

Health Sciences North Foundation
Northern Cancer Foundation
Health Sciences North Volunteer Association
Sudbury Hospital Services
Sudbury Vascular Laboratory Ltd.
Health Sciences North Research Institute ("HSNRI")
NEO Kids Foundation

The investment in the controlled for-profit entity, Sudbury Vascular Laboratory Ltd., is accounted for by the equity method. The other entities are not consolidated.

(e) Employee post-retirement benefits:

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from changes in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the employee benefit plan is 11.8 years.

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

The Hospital is an employer member of the Health Care of Ontario Pension Plan (the "Plan"), which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles. The Hospital records as pension expense the current service cost, amortization of past service costs and interest costs related to the future employer contributions to the Plan for past employee service.

(f) Use of estimates:

The preparation of the financial statements 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 periods specified. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; valuation allowances for receivables, and inventories; valuation of financial instruments; and assets and obligations related to employee future benefits. 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.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

1. Significant accounting policies (continued):

(g) Funding adjustments:

The Hospital receives grants from the OHN, MOH and Cancer Care Ontario ("CCO") for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the OHN, MOH or CCO are entitled to seek refunds. Should any amounts become refundable, the refunds would be charged to operations in the period in which the refund is determined to be payable. Should programs and activities incur a deficit, the Hospital records any recoveries thereon in the period in which collection is received.

(h) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Given the difficulty of determining the fair market value, contributed services are not recognized in the financial statements.

(i) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments, if any, held in equity instruments that trade in an active market are recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis. Freestanding derivative instruments that are not equity instruments that are quoted in an active market are subsequently measured at fair value.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.

All financial assets are assessed for impairment on an annual basis. Where a decline in fair value is determined to be other than temporary, the amount of the loss is recognized in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses. On sale, the statement of remeasurement gains and losses associated with that instrument are reversed and recognized in the statement of operations.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

2. Accounts receivable:

	2021	2020
OHN and MOH	\$ 41,428	\$ 6,621
Patients	9,328	9,280
Hospitals and agencies	5,133	5,369
Canada Revenue Agency (HST)	3,152	2,502
CCO	1,897	3,078
Current portion of long-term receivables	993	1,171
Other	9,405	5,668
	71,336	33,689
Less: allowance for doubtful accounts	(2,572)	(2,572)
	\$ 68,764	\$ 31,117

3. Long-term receivables:

	2021	2020
City of Greater Sudbury	\$ 2,238	\$ 2,332
Northern Cancer Foundation	483	1,040
Sudbury Hospital Services	_	20
	2,721	3,392
Less: current portion	(992)	(1,171)
	\$ 1,729	\$ 2,221

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

4. Capital assets:

					2021
	Cost		cumulated nortization	N	let book Value
Property	\$ 3,767	\$	_	\$	3,767
Buildings and site services	152,789		91,292		61,497
Furniture and equipment	157,213		125,487		31,726
Information technology	89,490		71,549		17,941
Assets under capital leases	5,133		5,004		129
Capital project - building	296,987		92,790		204,197
Capital project - equipment	53,446		53,318		128
Projects in progress	34,364		_		34,364
	\$ 793,189	\$	439,440	\$	353,749

					2020
	Cost		cumulated nortization	N	let book Value
Property	\$ 3,767	\$	_	\$	3,767
Buildings and site services	144,806		87,344		57,462
Furniture and equipment	145,567		117,369		28,198
Information technology	84,484		66,687		17,797
Assets under capital leases	5,133		4,678		455
Capital project - building	296,987		85,408		211,579
Capital project - equipment	53,446		53,189		257
Projects in progress	23,148		_		23,148
	\$ 757,338	\$	414,675	\$	342,663

5. Bank indebtedness:

The Hospital has arranged for credit facilities which include a demand operating line to \$40 million. The facilities bear interest at banker's prime rate less 0.25% (2020 – prime rate less 0.25%).

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

6. Accounts payable and accrued liabilities:

	2021	2020
Accounts payable and accrued liabilities:		
- operating	\$ 44,845	\$ 43,461
- capital	6,172	4,164
- OHN and MOH	13,607	7,922
- CCO	768	2,094
Payroll accruals:		
- salaries and wages	13,936	10,589
- vacation pay	21,161	17,374
- sick leave	102	116
Deferred revenue	12,755	5,987
	\$ 113,346	\$ 91,707

7. Deferred contributions:

Deferred contributions represent unspent externally restricted grants for research and other purposes. The changes in the deferred contributions balance are as follows:

		2021		2020
Balance, beginning of year	\$	655	\$	570
Contributions received Amounts transferred or taken to revenue	·	4 (261)	·	150 (65)
Balance, end of year	\$	398	\$	655

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

8. Deferred capital contributions:

Deferred capital contributions represent the unamortized and unspent balances of donations and grants restricted for capital asset acquisitions. Details of the continuity of these funds are as follows:

		2021		2020
Delegation to visualizate of the con-	Φ.	004.000	Φ.	007.000
Balance, beginning of year	\$	264,606	\$	267,228
Additional contributions				
Equipment and buildings:				
OHN and MOH		17,426		9,026
CCO		152		263
Northern Cancer Foundation		352		2,673
Health Sciences North Foundation		2,233		(106)
City of Greater Sudbury		_		700
Other		1,750		981
		21,913		13,537
Capital expansion project:				
MOH – Phase 2 capital expansion project		_		_
City of Greater Sudbury		87		113
		22,000		13,650
Less: amounts amortized to revenue		(14,893)		(16,272)
2000. amounto amortizoa to rovoltao		(11,000)		(10,212)
Balance, end of year	\$	271,713	\$	264,606
The balance of unamortized and unspent funds consists of the	followin	ng:		
		2021		2020
Unamortized	\$	270,576	\$	263,655
Unamortized Unspent:	\$	270,576	\$	263,655
	\$	270,576 947	\$	263,655 928
Unspent:	\$		\$	
Unspent: Building	\$	947	\$	928

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

9. Employee post-retirement benefits:

The Hospital sponsors a post-retirement defined benefit plan for medical, life insurance and dental benefits for substantially all unionized full time employees with various cost-sharing arrangements as determined by their collective agreements. The most recent valuation of the employee future benefits was completed as at March 31, 2019. The next full valuation of the plan will be as of March 31, 2022.

The accrued benefit obligation is recorded in the financial statements as follows:

		2021		2020
Accrued benefit obligation, beginning of year	\$	28,783	\$	26,568
Add: benefit costs	Ψ	3,429	Ψ	3,502
		32,212		30,070
Less: benefit contributions		(1,573)		(1,287)
Balance, end of year	\$	30,639	\$	28,783

Similar to most post-employment benefit plans (other than pension) in Canada, the Hospital's plan is not pre-funded, resulting in a plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligations are as follows:

	2021	2020
Discount rate	3.00%	3.25%
Dental care cost trend rate	4.00%	4.00%
Initial health care cost trend rate	6.00%	6.00%
Health care cost trend rate declining to	4.00%	4.00%

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

10. Long-term obligations:

	2021	2020
Long-term debt (a) Other (b)	\$ 26,665	\$ 23,666 217
	26,665	23,883
Less: current portion	(1,209)	(1,554)
	\$ 25,456	\$ 22,329

(a) Long-term debt:

Long-term debt consists of:

- (i) Demand non-revolving loan to \$22,000 to finance capital expenditures. The loan bears interest at 4.42% and is being repaid in unblended monthly payments over 20 years. This facility is a consolidation of various facilities drawn on in prior years. As at March 31, 2021, \$13,573 (2020 \$14,345) is drawn on this facility.
- (ii) Demand revolving loan to \$10,400 to finance parking lot improvements. The loan bears interest at a rate of prime less 0.25% and is being repaid in unblended monthly payments over 20 years. As at March 31, 2021, a total of \$8,897 (2020 \$9,321) is drawn on the facility.
- (iii) Demand revolving loan to \$11,700 to finance the Health Capital Management Solution project. The loan bears interest at a rate of prime less 0.85% and will be repaid in unblended monthly payments over 10 years. As at March 31, 2021, a total of \$1,913 (2020 \$Nil) is drawn on the facility.
- (iv) Demand revolving loan to \$35,000 to finance the Electronic Medical Records project. The loan bears interest at a rate of prime less 0.85% and will be repaid in unblended monthly payments over 10 years. As at March 31, 2021, a total of \$2,282 (2020 \$Nil) is drawn on the facility.

Principal repayments of long-term debt are as follows:

2022	\$ 1,209
2023	1,394
2024	1,648
2025	1,658
2026	1,668
Thereafter	19,088
	\$ 26,665

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

10. Long-term obligations (continued):

(b) Other:

The Hospital has entered into a six-year capital lease for equipment ending February 2021. The lease is being repaid in blended monthly lease payments of \$20 and an annual interest rate of 2.85%.

11. Change in non-cash working capital:

	2021	2020
Accounts receivable	\$ (37,647)	\$ 4,998
Inventories	(6,417)	(1,463)
Prepayments	(3,890)	(16)
Accounts payable and accrued liabilities	21,639	4,018
Current portion of long-term obligations	(345)	(15)
	\$ (26,660)	\$ 7,522

12. Pension plan:

Substantially all of the employees of the Hospital are members of the Plan which is a multi-employer defined benefit plan. Contributions to the Plan made during the year on behalf of employees amounted to \$21,908 (2020 - \$21,456) and are included in employee benefits in the statement of operations.

13. Other entities:

This section addresses disclosure requirements regarding the Hospital's relationships with related entities. The relationship can be one of economic interest, significant influence, joint control or control.

(a) Foundations and Volunteer Association:

The Hospital has an economic interest in the Health Sciences North Foundation. The Health Sciences North Foundation was created for the purpose of promoting and participating in fundraising programs in order to raise money for capital projects and to assist in undertaking all phases of medical research. At March 31, 2021, the amount owing to the Hospital from the Foundation was \$225 (2020 - \$94). During the year, the Hospital received donations amounting to \$3,398 (2020 - \$1,063) from the Health Sciences North Foundation.

The Hospital has an economic interest in the Northern Cancer Foundation. The Northern Cancer Foundation was created for the purpose of promoting and participating in fundraising activities throughout the northeastern Ontario region to support cancer research and cancer care programs of the Northeast Cancer Program. At March 31, 2021, the amount owing to the Hospital from the Foundation was \$1,622 (2020 - \$2,637). During the year, the Hospital received donations amounting to \$1,291 (2020 - \$2,727) from the Northern Cancer Foundation.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

13. Other entities (continued):

(a) Foundations and Volunteer Association (continued):

The Hospital has an economic interest in the Health Sciences North Volunteer Association. The Health Sciences North Volunteer Association was created for the purpose of promoting and participating in fundraising activities in order to raise money for capital equipment, health related community projects and volunteer activities. At March 31, 2021, the amount owing to the Hospital from the Association was \$150 (2020 - \$Nil).

The Hospital has an economic interest in the NEO Kids Foundation. The NEO Kids Foundation was created for the purpose of promoting and participating in fundraising activities to raise money to support services, equipment, and research for young patients. At March 31, 2021, the amount owing to the Hospital from the Foundation was \$161 (2020 - \$142). During the year, the Hospital received donations amounting to \$158 (2020 - \$66) from the NEO Kids Foundation.

(b) Sudbury Hospital Services:

The Hospital has significant influence in Sudbury Hospital Services ("SHS"). As of December 24, 2020 the Hospital has disposed of the SHS property and operations have been wound down. SHS previously provided ware-washing and transportation services to the Hospital based on rates reflecting the costs, expenses and disbursements incurred by them in the normal course of business. During the year, the Hospital purchased \$Nil (2020 - \$722) in ware-washing and transportation services from Sudbury Hospital Services. At March 31, 2021, the amount owing to the Hospital from Sudbury Hospital Services was \$Nil (2020 - \$20).

(c) Sudbury Vascular Laboratory Ltd.:

Sudbury Vascular Laboratory Ltd. was created to operate a vascular laboratory. The Hospital controls Sudbury Vascular Laboratory Ltd.

As at March 31, 2021, Sudbury Vascular Laboratory Ltd. had total amounts owing to the Hospital of \$659 (2020 - \$160).

Financial information for 2021 was not available at the time of the audit report date.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

13. Other entities (continued):

(c) Sudbury Vascular Laboratory Ltd. (continued):

A summary of the most recently available pertinent financial information of Sudbury Vascular Laboratory Ltd. is as follows:

	2020	2019
Financial position:		
Total assets	\$ 799	\$ 571
Total liabilities Net assets	\$ 554 245	\$ 555 16
	\$ 799	\$ 571
Results of operations: Total revenue Total expenses	\$ 1,968 1,730	\$ 1,823 1,748
Excess of revenue over expenses	\$ 238	\$ 75
	2020	2019
Cash flows:		
Cash from operations Cash from financing and investing activities	\$ 225 (38)	\$ 151 (8)
Increase in cash	\$ 187	\$ 143

(d) Health Sciences North Research Institute:

HSNRI was created on April 1, 2012 to establish a center of excellence in research, education, and training related to health and healthcare delivery. The Hospital has significant influence over HSNRI, a tax-exempt entity without share capital. As at March 31, 2021, HSNRI had total amounts owing to the Hospital of \$1,031 (2020 - \$730).

14. Contingencies:

(a) Legal matters and litigation:

The Hospital 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.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

14. Contingencies (continued):

(b) Employment matters:

During the normal course of operation, the Hospital is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable.

(c) Sudbury Hospital Services:

As of April 1, 2019, services previously performed by Sudbury Hospital Services ("SHS") for the Hospital are now being performed in-house. The Hospital has assumed responsibility for the existing net liabilities of SHS as well funding future operating losses until such time as the operations of SHS are wound down.

In connection with this announcement, the Hospital recorded a one-time expense of \$1,289 in the prior year, relating to the write-down of amounts owing from SHS as well as management's estimate of the net liabilities assumed from SHS.

Future operating losses funded by HSN will be recorded in the fiscal period in which they are incurred.

15. Financial risks and concentration of credit risk:

(a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to accounts receivable and other investments.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2021 is the carrying value of these assets.

Management considers credit risk to be minimal as most of the accounts receivable balance is collected in a timely fashion.

The Hospital follows an investment policy approved by the Board of Directors. The maximum exposure to credit risk of the Hospital at March 31, 2021 is the carrying value of these assets.

There have been no significant changes to the credit risk exposure from 2020.

(b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 60 days of the date of an invoice.

There have been no significant changes to the liquidity risk exposure from 2020.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

16. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year excess of revenues over expenses.

17. Ministry of Health pandemic funding:

In connection with the ongoing coronavirus pandemic ("COVID-19), the MOH has announced a number of funding programs intended to assist hospitals with incremental operating and capital costs and revenue decreases resulting from COVID-19. In addition to these funding programs, the MOH is also permitting hospitals to redirect unused funding from certain programs towards COVID-19 costs, revenue losses and other budgetary pressures through a broad-based funding reconciliation.

While the MOH has provided guidance with respect to the maximum amount of funding potentially available to the Hospital, as well as criteria for eligibility and revenue recognition, this guidance continues to evolve and is subject to revision and clarification subsequent to the time of approval of these financial statements. The MOH has also indicated that all funding related to COVID-19 is subject to review and reconciliation, with the potential for adjustments during the subsequent fiscal year.

Management's estimate of MOH revenue for COVID-19 is based on the most recent guidance provided by MOH and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. As a result of Management's estimation process, the Hospital has determined a range of reasonably possible amounts that are considered by Management to be realistic, supportable and consistent with the guidance provided by the MOH. However, given the potential for future changes to funding programs that could be announced by the MOH, the Hospital has recognized revenue related to COVID-19 based on the lower end of the range. Any adjustments to Management's estimate of MOH revenues will be reflected in the Hospital's financial statements in the year of settlement.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

17. Ministry of Health pandemic funding (continued):

Details of the MOH funding for COVID-19 recognized as revenue in the current year are summarized below:

Funding for incremental COVID-19 operating expenses	\$ 18,937
COVID-19 laboratory funding	7,068
COVID-19 assessment centre funding	2,976
Pandemic pay funding	6,431
Other pandemic funding	12,090
Broad-based funding reconciliation for other eligible costs and revenue losses	7,258
Funding for revenue losses resulting from COVID-19	9,856
	64,616
Less: Provision for future changes to funding programs	(12,308)
	\$ 52,308

In addition to the above, the Hospital has also recognized \$2,754 in MOH funding for COVID-19 related capital expenditures, which has been recorded as an addition to deferred capital contributions during the year.

18. Ministry of Health working capital funding:

In March 2021, the Hospital was advised that it was eligible for one-time funding to address its working capital deficit. The Hospital is eligible to receive this funding based on defined eligibility criteria with the stipulation that the funding will only be used to reduce the Hospital's working capital deficit and is not to be used for operating purposes.

As at the date of approval of these financial statements, the MOH has provided a preliminary estimate of working capital funding and has indicated that the final amount of funding is subject to further analysis and validation by the MOH. Any future adjustments to working capital funding will be reflected in the Hospital's financial statements in the year of settlement.

Notes to Financial Statements

Year ended March 31, 2021 (In thousands of dollars)

19. COVID-19 impacts:

In response to COVID-19 and consistent with guidance provided by the MOH and other government agencies, the Hospital has implemented a number of measures to protect patients and staff from COVID-19. In addition, the Hospital has actively contributed towards the care of COVID-19 patients and the delivery of programs that protect public health.

The Hospital continues to respond to the pandemic and plans for continued operational and financial impacts during the 2022 fiscal year and beyond. Management has assessed the impact of COVID-19 and believes there are no significant financial issues that compromise its ongoing operations. The outcome and timeframe to a recovery from the current pandemic is highly unpredictable, thus it is not practicable to estimate and disclose its effect on future operations at this time.