Financial Statements of

WINDSOR-ESSEX COUNTY HEALTH UNIT MINISTRY CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INIATIVES

And Independent Auditors' Report thereon

Year ended March 31, 2022

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

The accompanying financial statements of the Windsor-Essex County Health Unit ("Health Unit") Ministry of Children, Community and Social Services Program Initiatives are the responsibility of the Health Unit's management and have been prepared in compliance with legislation, and in accordance with Canadian public sector accounting standards for local governments established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. A summary of the significant accounting policies are described in Note 1 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgment, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Health Unit's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board of Health is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board of Health carries out their responsibility for review of the financial statement principally through the Audit Committee. The members of the Audit Committee are not officers or employees of the Health Unit. The Audit Committee meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to recommending approval of the financial statements to the Board of Health. The external auditors have full access to the Audit Committee with and without the presence of management.

The financial statements have been audited by KPMG LLP, independent external auditors appointed by the Corporation of the City of Windsor. The accompanying Independent Auditors' Report outlines their responsibilities, the scope of their examination and their opinion on the Health Unit's financial statements.

Nicole Dupuis
Chief Executive Officer

Lorie Gregg
Director of Corporate Services

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INDEPENDENT AUDITORS' REPORT

To the Directors of Windsor-Essex County Health Unit

Opinion

We have audited the financial statements of Windsor-Essex County Health Unit Ministry of Children, Community and Social Services Program Initiatives (the Program), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of operations and accumulated deficit for the year then ended
- the statement of changes in net debt for the year then ended
- the statement of cash flows for the year then ended
- and the 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 Program as at March 31, 2022, and its results of operations and its cash flows for the period 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 responsibility 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 Program in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other 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.

Responsibility 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 Program'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 Program or to cease operations or has no realistic alternative but to do so.

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

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 risk 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, internal 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 purposes of expressing an opinion on the effectiveness of the Program's internal control.

KPMG

- 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 the events or conditions that may cast significant doubt on the Program'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 Program's 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.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

Windsor, Canada
July 14, 2022

WINDSOR-ESSEX COUNTY HEALTH UNIT MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Statement of Financial Position

March 31, 2022, with comparative information for 2021

	2022	2021
Financial assets		
Due from Windsor-Essex County Health Unit	$ 1,328,295	$ 633,533
	1,328,295	633,533
Financial liabilities		
Accounts payable and accrued liabilities	13,408	50,836
Due to Ministry of Children, Community and Social Services (note 5)	1,315,947	581,637
Employee future benefit liabilities (note 3)	247,164	267,209
	1,576,519	899,682
Net debt	(248,224)	(266,149)
Non-financial assets		
Tangible capital assets (note 2)	48,267	67,618
Prepaid expenses	1,060	25,694
	49,327	93,312
Accumulated deficit (note 4)	$ (198,897)	$ (172,837)

See accompanying notes to financial statements.

On behalf of the Board:

____________________ Director

____________________ Director

WINDSOR-ESSEX COUNTY HEALTH UNIT
MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Statement of Operations and Accumulated Deficit

For the year-ended March 31, 2022, with comparative information 2021

	2022	2021
Sources of financing:		
Ministry of Children, Community and Social Services	$ 2,160,531	$ 2,313,204
Expenses:		
Salaries and benefits	2,065,081	2,167,875
Program supplies	48,694	11,941
Amortization	29,295	16,569
Travel and mileage	19,131	11,804
Professional development	11,493	223
Professional fees	5,902	4,452
ISCIS	4,403	6,978
Purchased services	2,592	2,088
	2,186,591	2,221,930
Annual surplus (deficit)	(26,060)	91,274
Accumulated deficit, beginning of year	(172,837)	(264,111)
Accumulated deficit, end of year	$ (198,897)	$ (172,837)

See accompanying notes to financial statements.

WINDSOR-ESSEX COUNTY HEALTH UNIT
MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Statement of Change in Net Debt

For the year-ended March 31, 2022, with comparative information for 2021

		2022		2021
Annual surplus (deficit)	$	(26,060)	$	91,274
Acquisition of tangible capital assets		(9,944)		(74,062)
Amortization of tangible capital assets		29,295		16,569
Use of prepaid expense		24,634		–
Acquisition of prepaid expenses		–		(25,694)
Change in net debt		17,925		8,087
Net debt, beginning of year		(266,149)		(274,236)
Net debt, end of year	$	(248,224)	$	(266,149)

See accompanying notes to financial statements.

WINDSOR-ESSEX COUNTY HEALTH UNIT
MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Statement of Cash Flows

For the year-ended March 31, 2022, with comparative information for 2021

	2022	2021
Cash provided by (used in):		
Operating activities:		
Annual surplus (deficit)	$ (26,060)	$ 91,274
Items not involving cash:		
Amortization of tangible capital assets	29,295	16,569
Change in employee future liabilities	(20,045)	(7,019)
Change in non-cash assets and liabilities:		
Due from Windsor-Essex County Health Unit	(694,762)	(391,593)
Accounts payable and accrued liabilities	(37,428)	(30,633)
Due to Ministry of Children, Community and Social Services	734,310	421,158
Prepaid expenses	24,634	(25,694)
Net change in cash from operating activities	9,944	74,062
Capital activities:		
Cash used to acquire tangible capital assets	(9,944)	(74,062)
Net change in cash	–	–
Cash, beginning of year	–	–
Cash, end of year	$ –	$ –

See accompanying notes to financial statements.

WINDSOR-ESSEX COUNTY HEALTH UNIT
MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Notes to Financial Statements

For the year-ended March 31, 2022

Nature of the Program:

The Windsor-Essex County Health Unit ("Health Unit") administers two programs funded by the Ministry of Children, Community and Social Services (MCCSS), the Healthy Babies Health Children ("HBHC") and the Nurse Practitioners Program ("NP") (hereinafter referred to collectively as the MCCSS Program Initiatives). The MCCSS Program Initiatives provide access to prevention and early intervention programs for families in the Windsor-Essex County area. The aim of the HBHC Program Initiative is to ensure a healthy future for children and their families. The aim of the NP Program Initiative is to promote healthy pregnancy, birth and infancy for children, improve parenting and family supports.

1. Significant accounting policies:

The financial statements of the MCCSS Program Initiatives administered by the Health Unit are prepared by management in accordance with the Canadian public sector accounting standards as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant accounting policies adopted by the Health Unit are as follows:

(a) Basis of presentation:

The financial statements reflect the assets, liabilities, revenue and expenses of the MCCSS Program Initiatives administered by the Health Unit.

(b) Basis of accounting:

Sources of financing and expenses are reported on the accrual basis of accounting and reflected in the statement of operations and accumulated deficit.

The accrual basis of accounting recognizes revenues as they become available and measurable; expenses are recognized as they are incurred and measurable as a result of receipt of services and the creation of a legal obligation to pay.

1. Significant accounting policies (continued):

(b) Basis of accounting (continued):

The Health Unit is funded by government transfers relating to the administration of the MCCSS Program Initiatives from the Province of Ontario, more specifically, the Ministry of Children, Community and Social Services (the “MCCSS”). Government transfers are recognized in the financial statements as revenue in the period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met and reasonable estimates of the amounts can be made. Government transfers not received at year-end are recorded as grants receivable due from the Ministry of Children, Community and Social Services on the statement of financial position.

(c) Non-financial assets:

Non-financial assets are not available to discharge existing 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.

Tangible capital assets

Tangible capital assets are recorded at cost which includes amounts that are directly attributed to acquisition, construction, development or betterment of the asset. Amortization is calculated on a straight-line basis over an asset’s expected useful life for all classes. Residual values are assumed to be zero. Amortization will be taken at half rates in the year of acquisition.

Asset classification	Useful life (years)
Computer hardware	3
Furniture and fixtures	5
Medical equipment	5
Telephone and security	2

1. Significant accounting policies (continued):

(d) Employee future benefits:

(i) Pension plan:

The Health Unit sponsors a pension plan for all employees who retire through Ontario Municipal Employees Retirement System ("OMERS"). OMERS is a multi-employer, contributory, defined benefit pension plan established in 1962 by the Province of Ontario for employees of municipalities, local boards and school boards in Ontario. Both participating employers and employees are required to make contributions based on participating employees' contributory earnings.

OMERS is a defined benefit plan. However, as OMERS does not segregate its pension assets and liabilities information by individual employer, there is not sufficient information to enable the Health Unit to account for the plan as a defined benefit plan. As such, OMERS is accounted for as a defined contribution pension plan. Obligations for contributions to this defined contribution pension plans are recorded as wage and benefits expense on the statement of operations and accumulated deficit.

(ii) Employee future benefits, other than pension:

The Health Unit sponsors a defined benefit plan for certain health, dental and life insurance benefits on behalf all employees who retire from active service with unreduced OMERS pension. The Health Unit accrues its obligations under the defined benefit plans as employees render their services necessary to earn these benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality, termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The excess actuarial gains (losses) are amortized over the average remaining service period of active employees, which is 13.5 years.

1. Significant accounting policies (continued):

(d) Employee future benefits (continued):

(ii) Employee future benefits, other than pension (continued):

Gains and losses determined upon a plan settlement or curtailment are accounted for in the period of the settlement or curtailment in the statement of operations and accumulated deficit.

Expenses associated with the defined benefits plan have been recognized as part of salaries and benefits expense on the statement of operations and accumulated deficit and the associated liability has been recognized as part of employee future benefit liabilities on the statement of financial position.

(iii) Accrued sick leave:

The Health Unit accrues its liability for unused sick leave which is payable to employees in accordance with their collective bargaining agreements. The cost of accrued sick leave is actuarially determined using the projected benefit method similar to employee future benefits, other than pension. Costs associated with unused sick leave are recognized as part of salaries and benefits expense on the statement of operations and accumulated deficit and the associated liability is recognized as part of employee future benefit liabilities on the statement of financial position.

(iv) Accrued vacation entitlements:

The Health Unit accrues its liability for accrued vacation entitlements as employees renders their services necessary to earn these benefits.

(e) Liability for contaminated sites:

The Health Unit recognizes a liability associated with the remediation of contaminated sites when a contamination exceeds an environmental standard, the Health Unit has direct or has accepted responsibility for the remediation and a reasonable estimate can be made of the costs to remediate.

1. Significant accounting policies (continued):

(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 balance sheet date and the reported amounts of revenue and expenses during the year. Significant assumptions include the valuation of employee future benefit obligations and certain other payroll related accruals. Actual results could differ from those estimates.

(g) Future accounting policy changes:

Effective for fiscal periods beginning on or after April 1, 2022, all governments will be required to adopt PSAS 3400, *Revenue*. PSAS 3400 establishes standards on how to account for and report revenue. Specifically, it differentiates between revenue arising from transactions that include performance obligations and transactions that do not have performance obligations.

The Health Unit is currently in the process of evaluating the potential impact of the adoption of this standard.

2. Tangible capital assets:

Cost	Balance at March 31, 2021	Additions	Disposals	Balance at March 31, 2022
Computer hardware	$ 140,594	$ 9,944	$ 1,020	$ 149,518
Furniture and fixtures	69,654	–	–	69,654
Medical equipment	5,292	–	–	5,292
Telephone and security	2,687	–	348	2,339
Total	$ 218,227	$ 9,944	$ 1,368	$ 226,803

Accumulated amortization	Balance at March 31, 2021	Disposals	Amortization expense	Balance at March 31, 2022
Computer hardware	$ 72,976	$ 1,020	$ 29,295	$ 101,251
Furniture and fixtures	69,654	–	–	69,654
Medical equipment	5,292	–	–	5,292
Telephone and security	2,687	348	–	2,339
Total	$ 150,609	$ 1,368	$ 29,295	$ 178,536

Net book value	Balance at March 31, 2021	Balance at March 31, 2022
Computer hardware	$ 67,618	$ 48,267
Furniture and fixtures	–	–
Medical equipment	–	–
Telephone and security	–	–
Total	$ 67,618	$ 48,267

WINDSOR-ESSEX COUNTY HEALTH UNIT
MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES PROGRAM INITIATIVES

Notes to Financial Statements (continued)

For the year-ended March 31, 2022

2. Tangible capital assets (continued):

Cost	Balance at December 31, 2020	Additions	Disposals	Balance at March 31 2021
Computer hardware	$ 70,589	$ 74,062	$ 4,057	$ 140,594
Furniture and fixtures	69,654	–	–	69,654
Medical equipment	5,292	–	–	5,292
Telephone and security	2,687	–	–	2,687
Total	$ 148,222	$ 74,062	$ 4,057	$ 218,227

Accumulated amortization	Balance at December 31, 2020	Disposals	Amortization expense	Balance at March 31, 2021
Computer hardware	$ 60,464	$ 4,057	$ 16,569	$ 72,976
Furniture and fixtures	69,654	–	–	69,654
Medical equipment	5,292	–	–	5,292
Telephone and security	2,687	–	–	2,687
Total	$ 138,097	$ 4,057	$ 16,569	$ 150,609

Net book value	Balance at December 31, 2020	Balance at March 31, 2021
Computer hardware	$ 10,125	$ 67,618
Furniture and fixtures	–	–
Medical equipment	–	–
Telephone and security	–	–
Total	$ 10,125	$ 67,618

3. Employee future benefits:

(a) Pension agreements:

The Health Unit makes contributions to the Ontario Municipal Employees Retirement System ("OMERS"), on behalf of members of its staff. The plan is a multi-employer defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets. The amount contributed to OMERS for current service for the year ended March 31, 2022, was $129,637 (2021 - $152,210) and is included in salaries and benefits expense on the statement of operations and accumulated deficit.

(b) Employee future benefits liabilities:

Employee future benefit liabilities recognized on the statement of financial position, are future liabilities of the Health Unit to its employees and retirees for benefits earned but not taken as at March 31, 2022. The employee future benefits liabilities consist of the following:

	2022	2021
Accrued vacation entitlements	$ 47,305	$ 64,779
Post-retirement benefits	109,402	110,198
Sick leave entitlements	90,457	92,232
	$ 247,164	$ 267,209

(i) Accrued vacation entitlements:

Accrued vacation entitlements consists of vacation entitlements that accumulate and employees would be entitled to cash payment equal to the value of their unused entitlement if they were to terminate their employment with the Health Unit. Carryforward of vacation entitlements from prior years is limited to 10 days and is consistent with the terms of the collective bargaining agreements. Total accrued vacation entitlements at March 31, 2022 are $47,305 (2021 - $64,779) and are included in employee future benefits liabilities on the statement of financial position.

3. Employee future benefits (continued):

(b) Employee future benefits liabilities (continued):

(ii) Post retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Health Unit's actuaries. The date of the most recent actuarial valuation for the other post-retirement benefit plan is March 31, 2021, with results extrapolated to March 31, 2022. The significant actuarial assumptions adopted in estimating the Health Unit's liability are as follows:

Discount Rate	3.10% (2021 – 3.10%)
Health Care Trend Rate	6.65% (2021 – 6.65%) in 2022; decreasing by 0.45% per annum to 3.50%
Dental Care Trend Rate	3.50% (2021 – 3.50%)

Information about the Health Unit's future obligations with respect to these costs is as follows:

	2022	2021
Accrued benefit liability, beginning of year	$ 110,198	$ 108,168
Current service cost	4,021	4,504
Interest cost	1,653	1,383
Contributions paid	(2,190)	–
Amortization of actuarial gains	(4,280)	(3,857)
Accrued benefit liability, end of year	109,402	110,198
Unamortized net actuarial gains	(19,087)	(57,806)
Accrued benefit obligations, end of year	$ 90,315	$ 52,392

3. Employee future benefits (continued):

(b) Employee future benefits liabilities (continued):

(ii) Post-retirement benefits (continued):

Benefit expense recorded in the statement of operations and accumulated deficit is as follows:

		2022		2021
Current service cost	$	4,021	$	4,504
Interest cost		1,653		1,383
Amortization of actuarial gains		(4,280)		(3,857)
Benefit expense	$	1,394	$	2,030

The approximate effect on the accrued benefit obligation if the health care and dental trend rate assumption was increased or decreased by 1% is as follows:

1% increase in trend rate	$	14,000
1% decrease in trend rate		(12,000)

The approximate effect on the accrued benefit obligation if the discount rate assumption was increased or decreased by 1% is as follows:

1% increase in discount rate	$	(12,100)
1% decrease in discount rate		15,500

(iii) Sick leave entitlements:

As it relates to the ONA sick leave plan, effective January 1, 2013, full-time employee are credited 12 sick days. These sick days do not accumulate from year-to-year. Upon separation from the Health Unit, ONA members will be entitled to be paid in cash one half of the accumulated sick leave credit at their current wage rate up to a maximum of six-months salary. ONA member sick leave banks were frozen prior to January 1, 2013.

3. Employee future benefits (continued):

(iii) Sick leave entitlements (continued):

As it relates to CUPE sick leave plan, effective September 30, 2015, the sick leave bank was capped at 150 days. One half of the bank was frozen at September 30, 2015 wage rates. The remaining one-half has no commuted cash value, and will remain in the members' sick bank for future use, if required. Of the frozen portion, one-half or $18,552 was paid out in November of 2015 with the remainder to be paid out upon separation of those members from the Health Unit.

The sick leave liability is based on an actuarial valuation performed by the Health Unit's actuaries. The date of the most recent actuarial valuation for the sick leave liability is March 31, 2022. The significant actuarial assumptions adopted in estimating the Health Unit's liability are as follows:

Discount Rate 3.00% (2021 – 2.35%)

Information about the Health Unit's future obligations with respect to these costs is as follows:

	2022	2021
Accrued benefit liability, beginning of year	$ 92,232	$ 107,130
Current service cost	6,608	6,456
Interest cost	857	913
Amortization of actuarial gains	(5,615)	(6,225)
Benefits paid	(3,625)	(16,042)
Accrued benefit liability, end of year	90,457	92,232
Unamortized net actuarial (gains) losses	4,841	(57,268)
Accrued benefit obligations, end of year	$ 95,298	$ 34,964

3. Employee future benefits (continued):

(b) Employee future benefits liabilities (continued):

(iii) Sick leave entitlements (continued):

Benefit expense recorded in the statement of operations and accumulated deficit is as follows:

		2022		2021
Current service cost	$	6,608	$	6,456
Interest cost		857		913
Amortization of actuarial gains		(5,615)		(6,225)
Benefit expense	$	1,850	$	1,144

The approximate effect on the accrued benefit obligation if the discount rate assumption was increased or decreased by 1% is as follows:

1% increase in discount rate	$	(4,200)
1% decrease in discount rate		4,600

4. Accumulated deficit:

Accumulated deficit consists of the following:

		2022		2021
Invested in tangible capital assets	$	48,267	$	67,618
Other		-		26,754
Amounts to be recovered in future years:				
Employee future benefit liabilities		(247,164)		(267,209)
Accumulated deficit	$	(198,897)	$	(172,837)

5. Reconciliation of annual surplus to surplus reported to the Ministry on the year-end settlement:

		2022		2021
Annual surplus (deficit)	$	(26,060)	$	91,274
Amortization expense		29,295		16,569
Assets capitalized but expensed for Ministry reporting		(9,944)		(74,062)
Change in employee future liabilities		(20,045)		(7,019)
Other		26,754		(26,762)
Excess of funding over expenditures		734,310		581,637
Surplus reported to Ministry	$	734,310	$	581,637