

Financial Statements  
(Expressed in thousands of dollars)

# **FIRST NATIONS HEALTH AUTHORITY**

And Independent Auditors' Report thereon

Year ended March 31, 2022



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## INDEPENDENT AUDITORS' REPORT

To the Board of Directors of First Nations Health Authority

### ***Opinion***

We have audited the financial statements of the First Nations Health Authority (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of operations for the year then ended
- the statement 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 and other explanatory information, including Schedules 1 to 3.

(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 end of March 31, 2022, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### ***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.

## ***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 accounting standards for not-for-profit organizations, 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.

## ***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.



- 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.

### ***Report on Other Legal and Regulatory Requirements***

As required by the Societies Act (British Columbia), we report that, in our opinion, the accounting policies applied in preparing and presenting the financial statements in accordance with Canadian accounting standards for not-for-profit organizations have been applied on a consistent basis within that of the preceding period.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Professional Accountants

Vancouver, Canada  
June 23, 2022

# FIRST NATIONS HEALTH AUTHORITY

Statement of Financial Position  
(Expressed in thousands of dollars)

March 31, 2022, with comparative information for 2021

	2022	2021
<b>Assets</b>		
Current assets:		
Cash	\$ 299,937	\$ 251,578
Short-term investments (note 4)	89,436	88,729
Accounts receivable	10,594	42,702
Prepaid expenses	41,538	16,192
	<u>441,505</u>	<u>399,201</u>
Security deposits	205	206
Capital assets (note 5)	24,375	5,690
	<u>\$ 466,085</u>	<u>\$ 405,097</u>

## Liabilities

Current liabilities:		
Accounts payable and accrued liabilities (note 6)	\$ 136,282	\$ 99,533
Deferred contributions (note 7)	97,252	98,418
	<u>233,534</u>	<u>197,951</u>
Long-term debt (note 8)	11,399	-
	<u>\$244,933</u>	<u>\$197,951</u>

## Net Assets

Invested in capital assets (notes 9)	12,244	5,690
Internally restricted (note 13)	160,902	144,729
Unrestricted	48,006	56,727
	<u>221,152</u>	<u>207,146</u>
Commitments (note 10)		
Economic dependence (note 2)		
	<u>\$ 466,085</u>	<u>\$ 405,097</u>

See accompanying notes and schedules to the financial statements.

Approved on behalf of the Board:



Director



Director

# FIRST NATIONS HEALTH AUTHORITY

Statement of Operations  
(Expressed in thousands of dollars)

Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Revenue (Schedule 1)		
Federal Government	\$ 658,871	\$ 596,740
Province of British Columbia	69,641	61,699
Interest and miscellaneous income	6,075	9,048
Health Authorities of British Columbia	921	707
First Nations Information Governance Centre ("FNIGC")	984	569
	<u>736,492</u>	<u>668,763</u>
Expenses (Schedules 2 and 3):		
Corporate operations	47,476	45,308
Governance and First Nations Engagement:		
First Nations Health Council	1,969	2,061
First Nations Health Directors Association	1,719	1,361
First Nations Engagement	4,903	2,908
	<u>8,591</u>	<u>6,330</u>
Program services:		
Health benefits	237,095	200,720
Direct community services funding	291,518	292,642
Health services and programs	130,026	106,199
Regional Operations	7,780	5,696
	<u>666,419</u>	<u>605,527</u>
	<u>722,486</u>	<u>656,895</u>
Excess of revenues over expenses	\$ 14,006	\$ 11,868

See accompanying notes and schedules to the financial statements.

# FIRST NATIONS HEALTH AUTHORITY

Statement of Changes in Net Assets  
(Expressed in thousands of dollars)

Year ended March 31, 2022, with comparative information for 2021

	Invested in capital asset (note 9)	Internally restricted (note 13)	Unrestricted	Total
Balance, March 31, 2020	\$ 3,651	\$ 133,587	\$ 58,040	\$ 195,278
Purchases of capital assets	3,483	(2,492)	(991)	-
Province of BC Internally Restricted	-	1,986	(1,986)	-
Federal Government Internally Restricted	-	520	(520)	-
FNHA Internal Reserves	-	11,128	(11,128)	-
Excess (deficiency) of revenue over expenses	(1,444)	-	13,312	11,868
Balance, March 31, 2021	5,690	144,729	56,727	207,146
Purchases of capital assets	19,735	(3,744)	(15,991)	-
Proceeds of long-term debt	(11,399)	-	11,399	-
Province of BC Internally Restricted	-	3,144	(3,144)	-
Federal Government Internally Restricted	-	2,982	(2,982)	-
FNHA Internal Reserves	-	13,791	(13,791)	-
Excess (deficiency) of revenue over expenses (note 9)	(1,782)	-	15,788	14,006
Balance, March 31, 2022	\$ 12,244	\$ 160,902	\$ 48,006	\$ 221,152

See accompanying notes and schedules to the financial statements.

# FIRST NATIONS HEALTH AUTHORITY

Statement of Cash Flows  
(Expressed in thousands of dollars)

Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Cash provided by (used in):		
Operating activities:		
Excess of revenues over expenses	\$ 14,006	\$ 11,868
Items not affecting cash:		
Gain on disposal of capital assets	(46)	(13)
Amortization of capital assets	1,831	1,444
Amortization of deferred capital contributions	(49)	-
	15,742	13,299
Changes in non-cash operating working capital balances:		
Accounts receivable	32,108	(17,768)
Prepaid expenses	(25,346)	415
Security deposits	1	(5)
Accounts payable and accrued liabilities	36,749	17,216
Deferred contributions	(1,898)	57,757
	57,356	70,914
Investing activities:		
Purchases of capital assets, net	(19,689)	(3,470)
Purchase of short-term investments	(89,436)	(88,729)
Maturities of short-term investments	88,729	83,995
	(20,396)	(8,204)
Financing activities:		
Proceeds from long-term debt	11,399	-
Increase in cash	48,359	62,710
Cash, beginning of year	251,578	188,868
Cash, end of year	\$ 299,937	\$ 251,578

See accompanying notes and schedules to financial the statements.



# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

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## 1. Organization:

First Nations Health Authority (“FNHA” or the “Authority”) was incorporated under the Society Act (British Columbia) on March 6, 2009 and is a not-for-profit organization for financial reporting purposes. FNHA is a non-taxable entity under the Income Tax Act. FNHA transitioned to the Societies Act during fiscal 2018.

FNHA is mandated by the Transformative Change Accord: First Nations Health Plan 2006, the Tripartite First Nations Health Plan 2007, the BC Tripartite Framework Agreement on First Nation Health Governance 2011, and resolutions at the annual Gathering Wisdom events.

FNHA has a broad mandate to improve health services for British Columbia (“BC”) First Nations through collaboration and partnership with the Province of BC and the Government of Canada. First Nations Health Authority plans, designs, manages, and funds the delivery of First Nations health programs and services in British Columbia.

During Fiscal 2014, FNHA assumed responsibility from the federal government for the design and delivery of First Nations health programs and services in two phases. The First Nations Health Benefits program (formerly the Non-Insured Health Benefits Program) was transferred on July 2, 2013 and on October 1, 2013, FNHA assumed the responsibility for all regionally operated programs and services, assets and personnel.

## 2. Economic dependence:

The operations of the Authority are dependent on continued funding from federal and provincial government departments.

## 3. Significant accounting policies:

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and reflect the following significant accounting policies:

### (a) Financial instruments:

The Authority initially measures its financial assets and financial liabilities at fair value when the Authority becomes a party to the contractual provisions of the financial instrument. Subsequently, investments in equity instruments quoted in an active market are measured at fair value and all other financial instruments are measured at amortized cost. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Authority has not elected to carry its investments at fair value.

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

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### 3. Significant accounting policies (continued):

#### (a) Financial instruments (continued):

Transaction costs related to financial instruments measured at fair value are expensed as incurred. Transaction costs related to the other financial instruments are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized over the expected life of the instrument using the straight-line method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life of the item using the straight-line method and recognized in the statement of operations as interest income or expense.

With respect to financial assets measured at amortized cost, the Authority recognizes in the statement of operations an impairment loss, if any, when it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment decreases and the decrease can be related to an event occurring after the impairment was recognized, the impairment loss is reversed to the extent of the impairment, not exceeding the initial carrying value.

#### (b) Short-term investments:

Investments consist of guaranteed investment certificates ("GICs") with an original term to maturity of one year.

#### (c) Capital assets:

Capital assets received as contributions are recognized at fair value. Capital assets acquired by FNHA are recorded at cost.

Amortization is provided on a straight-line basis over the estimated useful lives of the assets using the following rates:

Asset	Rate
Computer hardware and software	3 years
Medical equipment	8 years
Vehicles	5 years
Furniture, fixtures, and equipment	5 years
Leasehold improvements	Over the term of the lease

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Capital assets under construction are not amortized until the asset is available for productive use.

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

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### 3. Significant accounting policies (continued):

(c) Capital assets (continued):

The carrying value of an item of capital assets is tested for recoverability whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount is not recoverable and exceeds its fair value. No impairment losses have been identified by the Authority for the year ended March 31, 2022.

(d) Revenue recognition:

Contributions are recognized as revenue under the deferral method. Restricted operating contributions are deferred and recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured. Interest and miscellaneous income is recognized when earned and collection is reasonably assured.

(e) Measurement uncertainty:

The preparation of 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 amounts of revenues and expenses for the reporting period. Actual results could differ from those estimates.

(f) Employee benefits:

Defined contribution plan accounting is applied to multi-employer defined benefit plans and, accordingly, contributions are expensed when payable.

### 4. Short-term investments:

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	2022	2021
GICs, at amortized cost	\$ 89,436	\$ 88,729

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Available funds are invested in one year GICs with rates of return ranging from 0.50% to 1.88% (2021 - 0.52% to 2.23%). Interest earned on GICs was \$542 (2021 - \$1,295).

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

## 5. Capital assets:

2022	Cost	Accumulated amortization	Net book value
Computer hardware	\$ 8,943	\$ 8,333	\$ 610
Computer software	3,837	3,066	771
Medical equipment	3,608	2,305	1,303
Vehicles	3,600	2,777	823
Leasehold improvements	5,228	3,298	1,930
Furniture, fixtures and equipment	261	236	25
Asset under construction	18,913	-	18,913
	<u>\$ 44,390</u>	<u>\$ 20,015</u>	<u>\$ 24,375</u>

2021	Cost	Accumulated amortization	Net book value
Computer hardware	\$ 8,472	\$ 7,986	\$ 486
Computer software	3,117	2,797	320
Medical equipment	2,560	2,177	383
Vehicles	3,708	2,755	953
Leasehold improvements	3,771	2,618	1,153
Furniture, fixtures and equipment	261	219	42
Asset under construction	2,353	-	2,353
	<u>\$ 24,242</u>	<u>\$ 18,552</u>	<u>\$ 5,690</u>

## 6. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$1,224 (2021 - \$1,024) relating to employee payroll deductions, workers' compensation insurance premiums and health tax.

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

## 7. Deferred contributions:

	Federal Government	Province of British Columbia	FNIGC Health Survey	Donated Capital Assets	Other	2022
Deferred contributions, beginning of year	\$ 37,461	\$ 59,764	\$ 322	\$ -	\$ 871	\$ 98,418
Contributions received	65,175	69,760	883	781	639	137,238
Contributions receivable	3,227	520	376	-	32	4,155
Less contributions payable	(1,026)	-	-	-	(60)	(1,086)
Less amounts recognized as revenue	(70,355)	(69,360)	(984)	(49)	(725)	(141,473)
Deferred contributions, end of year	\$ 34,482	\$ 60,684	\$ 597	\$ 732	\$ 757	\$ 97,252

  

	Federal Government	Province of British Columbia	FNIGC Health Survey	Donated Capital Assets	Other	2021
Deferred contributions, beginning of year	\$ 14,694	\$ 25,286	\$ 367	\$ -	\$ 314	\$ 40,661
Contributions received	65,665	63,056	508	-	734	129,963
Contributions receivable	3,150	33,354	16	-	3,300	39,820
Less contributions payable	(1,014)	(723)	-	-	-	(1,737)
Less amounts recognized as revenue	(45,034)	(61,209)	(569)	-	(3,477)	(110,289)
Deferred contributions, end of year	\$ 37,461	\$ 59,764	\$ 322	\$ -	\$ 871	\$ 98,418

<sup>1</sup> Canada Consolidated Contribution Agreement

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

## 7. Deferred contributions (continued):

Deferred contributions represent:

- (a) Externally restricted contributions for which related expenses have not been incurred.
- (b) The unamortized amount of deferred capital contributions.

## 8. Long-term debt:

The Authority entered into an agreement to partially finance the construction of an administration office building, through a secured non-revolving bank loan of up to \$85,000. This is a multi-draw construction facility which can comprise prime rate loans or banker's acceptances. Prime rate loans bear interest at the bank's prime rate minus 0.50% per annum, which at March 31, 2022 was 2.20%. Banker's acceptances bear interest at rates determined at the time of their acceptance and have a stamping fee of 0.80% per annum. Yields on banker's acceptances during the year were between 0.45% and 1.23%.

Upon completion of the office building, the construction facility will be repaid with a single drawdown term loan facility. The interest rate and amortization schedule will be determined at the time the term loan facility is drawn down.

As at March 31, 2022, \$11,399 has been drawn on the construction facility and interest of \$39 (2021 - Nil) has been incurred. All interest incurred has been included in the cost of the asset under construction.

## 9. Invested in Capital Assets:

Net assets invested in capital assets is calculated as follows:

	2022	2021
Capital assets, end of the year	\$ 24,375	\$ 5,690
Long-term debt	(11,399)	-
Deferred capital contributions	(732)	-
	\$ 12,244	\$ 5,690

The deficiency of revenue over expenses is calculated as follows:

	2022	2021
Amortization of deferred capital contributions	\$ 49	\$ -
Amortization of capital assets	(1,831)	(1,444)
	\$ (1,782)	\$ (1,444)

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

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## 10. Commitments:

The Authority leases premises and equipment with future minimum lease payments, exclusive of operating costs, for each of the next five fiscal years as follows:

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2023	\$ 6,596
2024	4,380
2025	1,970
2026	435
2027	317
	<hr/>
	\$ 13,698

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## 11. Financial risks:

The following are the key risks that the Authority is monitoring which may impact operating results and liquidity:

(a) Interest rate risk:

The Authority's short-term investments and bank loan are exposed to interest rate risk as the value of the financial instruments will fluctuate due to changes in interest rates and the volatility of these rates. The final interest rate to be charged on the bank loan is yet to be determined.

(b) Credit risk:

The Authority is exposed to credit risk in connection with its cash, short-term investments, accounts receivable, and security deposits.

The Authority manages its credit risk by depositing cash and investing in short-term instruments with a reputable commercial bank. Exposure to credit risk in accounts receivable is also reduced as the majority of amounts outstanding are due from governments.

(c) Liquidity risk:

Liquidity risk is the risk that the Authority will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Authority manages liquidity risk by maintaining adequate cash balances and by regularly monitoring and reviewing both actual and forecasted cash flows.

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

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## 12. Pension plan:

Effective January 1, 2013, FNHA and its employees were accepted as members and commenced contributing to the Municipal Pension Plan (the "Plan"), a jointly trusted pension plan. The Board of Trustees, representing the Plan members and employers, is responsible for overseeing the management of the Plan, including investment of the assets and administration of benefits. The Plan is a multi-employer defined benefit plan. Basic pension benefits provided are based on a formula. As at December 31, 2020, the Plan has approximately 220,321 (2019 - 213,111) active members and 111,551 (2019 - 106,058) retired members. Active members include approximately 768 (2021 - 721) contributors from FNHA at March 31, 2022.

Every three years, an actuarial valuation is performed to assess the financial position of the Plan. The most recent valuation as at December 31, 2018 indicated a surplus of \$2.87 billion for basic pension benefits. The next valuation was as at December 31, 2021 with results available in the fall of 2022. Defined contribution plan accounting is applied to the Plan as the Plan exposes the participating entities to actuarial risks associated with the current and former employees of other entities, with the result that there is no consistent and reliable basis for allocating the obligation, Plan assets and cost to individual entities participating in the Plan. The Authority paid \$5.95 million (2021 - \$5.58 million) for employer contributions to the Plan in fiscal 2022.



# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

## 13. Internally restricted net assets:

Internally restricted net assets represent funding restricted by the Board for specific purposes related to transformational plans and initiatives, as follows:

	2022	2021
Province of BC Internally Restricted:		
Medical Service Plan Project Board	\$ 2,050	\$ 2,033
Health Actions Initiatives	8,188	4,968
FNHA-Led Joint Project Board Surplus	333	425
Federal Government Internally Restricted:		
Canada's Tobacco Strategy Funding	1,314	1,262
Prescription Drug Abuse Funding	1,141	1,551
Mental Wellness Interim Measures Funding	2,741	2,672
Palliative Care Funding	1,269	657
Cultural Safety & Humility Funding	29	77
Emergency Management Funding	3,092	2,637
Yukon & Inuit Treatment Centre Funding	375	375
Supportive Care in Indigenous Communities	2,251	-
FNHA Reserves:		
Health Transformation Reserve	46	197
Infrastructure Reserve	-	11,693
Health Benefits Claims Reserve	31,000	10,000
First Nations Treatment Centre Reserve	38,099	38,102
Mental Health & Wellness Reserve	11,721	16,666
FNHA Information Technology & Business Project Reserve	2,623	4,767
Community Health Planning Reserve	2,028	3,299
Community Capital Investment Reserve	16,907	13,369
Healing Our Spirit Worldwide Reserve	2,973	2,992
Tenant Improvement Reserve	1,289	554
Integrated Primary Care & Mental Wellness Reserve	6,609	8,033
Bridging & Transitioning Human Resources Capacity Reserve	4,892	5,000
Digital Enablement Strategy Reserve	2,100	2,100
Health Funding Agreement Initiatives Reserve	2,399	2,500
Medical Transportation Transformation Reserve	4,982	5,800
First Nations Led Primary Care Initiatives Reserve	3,631	3,000
Urban and Away from Home Strategy Reserve	820	-
Capital Asset Replacement Reserve	2,000	-
Metro Vancouver Office Project Unfunded Cost Reserve	1,500	-
Capacity Development in Community Reserve	2,500	-
	\$ 160,902	\$ 144,729

# FIRST NATIONS HEALTH AUTHORITY

Notes to Financial Statements

(Expressed in thousands of dollars, unless otherwise stated)

Year ended March 31, 2022

## 14. Remuneration of employees and directors:

For the fiscal year ended March 31, 2022, FNHA paid total remuneration of \$2,506 (2021 – \$2,356) to 10 employees for services, each of whom received total annual remuneration of \$75 or greater.

Remuneration paid to directors are as follows:

Position	Retainer	Meeting Fees	2022
Board Chair	\$ 30	\$ 50	\$ 80
Vice-Chair	11	15	26
Secretary/Treasurer	11	7	18
Member	8	12	20
Member	8	11	19
Member	5	7	12
Member	5	6	11
Member	5	2	7
Member	1	2	3
Member	1	2	3
Member	1	2	3
Member	1	1	2
Member	1	1	2
	\$ 88	\$ 118	\$ 206

Position	Retainer	Meeting Fees	2021
Board Chair	\$ 30	\$ 74	\$ 104
Vice-Chair	11	9	20
Secretary/Treasurer	11	22	33
Member	8	18	26
Member	8	13	21
Member	8	11	19
Member	8	10	18
Member	5	10	15
Member	5	8	13
	\$ 94	\$ 175	\$ 269

# FIRST NATIONS HEALTH AUTHORITY

Schedule of Revenues and Expenses by Category of Net Assets  
(Expressed in thousands of dollars)

Schedule 1

Year ended March 31, 2022, with comparative information for 2021

	2022				2021			
	Unrestricted Federal Government	Unrestricted Province of British Columbia	Restricted	Total	Unrestricted Federal Government	Unrestricted Province of British Columbia	Restricted	Total
<b>Revenue:</b>								
Federal Government	\$ 588,516	\$ -	\$ 70,355	\$ 658,871	\$ 551,706	\$ -	\$ 45,034	\$ 596,740
Province of British Columbia	-	11,281	58,360	69,641	-	11,490	50,209	61,699
Interest and miscellaneous income	5,531	-	544	6,075	5,591	-	3,457	9,048
Health Authorities	691	-	230	921	687	-	20	707
First Nations Information Governance Centre	-	-	984	984	-	-	569	569
	594,738	11,281	130,473	736,492	557,984	11,490	99,289	668,763
<b>Expenses:</b>								
Corporate operations	47,051	-	425	47,476	45,198	-	110	45,308
<b>Governance and Community Engagement:</b>								
First Nations Health Council	1,969	-	-	1,969	2,061	-	-	2,061
First Nations Health Directors Association	1,719	-	-	1,719	1,361	-	-	1,361
First Nations Engagement	4,899	3	1	4,903	2,907	1	-	2,908
	8,587	3	1	8,591	6,329	1	-	6,330
<b>Program services:</b>								
Health benefits	223,737	-	13,358	237,095	192,260	-	8,460	200,720
Direct community services funding	220,872	3,853	66,793	291,518	230,543	5,623	56,476	292,642
Health services and Programs	67,131	4,268	58,627	130,026	65,185	3,086	37,928	106,199
Regional Engagement	7,709	-	71	7,780	5,658	-	38	5,696
	519,449	8,121	138,849	666,419	493,646	8,709	102,902	605,257
	575,087	8,124	139,275	722,486	545,173	8,710	103,012	656,895
Excess (deficiency) of revenue over expenses	19,651	3,157	(8,802)	14,006	12,811	2,780	(3,723)	11,868
Capital assets purchased	(18,803)	-	(932)	(19,735)	(3,187)	-	(296)	(3,483)
<b>Total</b>	<b>\$ 848</b>	<b>\$ 3,157</b>	<b>\$ (9,734)</b>	<b>\$ (5,729)</b>	<b>\$ 9,624</b>	<b>\$ 2,780</b>	<b>\$ (4,019)</b>	<b>\$ 8,385</b>

# FIRST NATIONS HEALTH AUTHORITY

Schedule of Expenses (Recovery) by Program  
(Expressed in thousands of dollars)

Schedule 2

Year ended March 31, 2022, with comparative information for 2021

2022	Contribution agreements	Health benefits	Salaries and benefits	General administrative	Professional fees	Community meetings and travel	Travel and meetings	Honoraria	Total
Expenses:									
Corporate operations	\$ -	\$ -	\$ 23,918	\$ 16,922	\$ 6,192	\$ 39	\$ 200	\$ 205	\$ 47,476
Governance and First Nations Engagement:									
First Nations Health Council	-	-	976	59	245	28	102	559	1,969
First Nations Health Directors Association	-	-	1,170	63	317	30	37	102	1,719
First Nations Engagement	1,925	-	2,000	255	332	309	82	-	4,903
	1,925	-	4,146	377	894	367	221	661	8,591
Program services:									
Health benefits	2,976	220,012	7,130	539	6,395	3	40	-	237,095
Direct community services funding	291,518	-	-	-	-	-	-	-	291,518
Health services and Programs	46,702	5,049	47,466	5,679	22,739	914	1,477	-	130,026
Regional Operations	-	-	6,600	383	489	72	236	-	7,780
	341,196	225,061	61,196	6,601	29,623	989	1,753	-	660,419
<b>Total expenses</b>	<b>\$ 343,121</b>	<b>\$ 225,061</b>	<b>\$ 89,260</b>	<b>\$ 23,900</b>	<b>\$ 36,709</b>	<b>\$ 1,395</b>	<b>\$ 2,174</b>	<b>\$ 866</b>	<b>\$ 722,486</b>
2021	Contribution agreements	Health benefits	Salaries and benefits	General administrative	Professional fees	Community meetings and travel	Travel and meetings	Honoraria	Total
Expenses (Recovery):									
Corporate operations	\$ -	\$ -	\$ 22,484	\$ 16,404	\$ 5,965	\$ 95	\$ 88	\$ 272	\$ 45,308
Governance and First Nations Engagement:									
First Nations Health Council	-	-	852	107	553	9	37	503	2,061
First Nations Health Directors Association	-	-	929	106	217	-	(1)	110	1,361
First Nations Engagement	652	-	2,052	102	131	(51)	22	-	2,908
	652	-	3,833	315	901	(42)	58	613	6,330
Program services:									
Health benefits	2,896	186,028	7,220	234	4,320	1	21	-	200,720
Direct community services funding	292,642	-	-	-	-	-	-	-	292,642
Health services and Programs	36,590	723	43,536	6,295	17,823	536	696	-	106,199
Regional Operations	-	-	4,841	307	435	19	94	-	5,696
	332,128	186,751	55,597	6,836	22,578	556	811	-	605,257
<b>Total expenses</b>	<b>\$ 332,780</b>	<b>\$ 186,751</b>	<b>\$ 81,914</b>	<b>\$ 23,555</b>	<b>\$ 29,444</b>	<b>\$ 609</b>	<b>\$ 957</b>	<b>\$ 885</b>	<b>\$ 656,895</b>

# FIRST NATIONS HEALTH AUTHORITY

Expenses (Recovery) by Region  
(Expressed in thousands of dollars)

Schedule 3

Year ended March 31, 2022, with comparative information for 2021

	North	Interior	Vancouver Island	Fraser	Vancouver Coastal	Provincial	2022 Total <sup>1</sup>
Direct community services funding	\$ 92,396	\$ 69,798	\$ 63,147	\$ 22,485	\$ 34,694	\$ 8,998	\$ 291,518
Health services and programs	22,095	14,395	18,790	6,544	8,574	59,628	130,026
Health benefits <sup>1</sup>	58,058	39,415	48,392	13,111	26,817	51,302	237,095
First Nations engagement	1,318	2,023	605	408	422	127	4,903
First National Health Council	124	49	81	96	75	1,544	1,969
First Nation Health Directors	14	18	20	30	14	1,623	1,719
Regional operations	1,768	1,590	1,501	1,558	1,356	7	7,780
Corporate operations	495	579	402	105	27	45,868	47,476
<b>Total</b>	<b>\$ 176,268</b>	<b>\$ 127,867</b>	<b>\$ 132,938</b>	<b>\$ 44,337</b>	<b>\$ 71,979</b>	<b>\$ 169,097</b>	<b>\$ 722,486</b>

	North	Interior	Vancouver Island	Fraser	Vancouver Coastal	Provincial	2021 Total <sup>1</sup>
Direct community services funding	\$ 93,079	\$ 73,897	\$ 65,869	\$ 23,184	\$ 31,190	\$ 5,423	\$ 292,642
Health services and programs	20,840	12,950	12,152	6,696	5,458	48,103	106,199
Health benefits <sup>1</sup>	36,872	35,840	41,946	37,656	36,911	11,495	200,720
First Nations engagement	971	836	519	413	385	(216)	2,908
First National Health Council	95	41	69	42	59	1,755	2,061
First Nation Health Directors	10	22	25	29	7	1,268	1,361
Regional operations	907	1,401	1,198	1,170	1,005	15	5,696
Corporate operations	488	444	301	77	14	43,984	45,308
<b>Total</b>	<b>\$ 153,262</b>	<b>\$ 125,431</b>	<b>\$ 122,079</b>	<b>\$ 69,267</b>	<b>\$ 75,029</b>	<b>\$ 111,827</b>	<b>\$ 656,895</b>

<sup>1</sup> Health Benefits regional costs represent direct payments to providers – for vision care, dental services, patient travel, mental health services, and medical supplies and equipment - based on their patient's band location and not where the services were provided.