

**MAYNE ISLAND IMPROVEMENT DISTRICT  
Mayne Island Health Centre & Heliport  
2020 BUDGET**

|  |                      |  |           |                |
|--|----------------------|--|-----------|----------------|
| <b>OPERATING EXPENSES</b>                              | <b>HEALTH CENTRE</b> | Accounting & Audit Fees                        | 3,950     |                |
|  |                      | Administration                                 | 42,512    |                |
|  |                      | Office Supplies                                | 5,639     |                |
|  |                      | Building Maintenance                           | 29,105    |                |
|  |                      | Heliport Operation                             | 3,285     |                |
|  |                      | Insurance                                      | 6,775     |                |
|  |                      | Legal  | 2,000     |                |
|  |                      | Utilities                                      | 5,093     |                |
|  |                      | Water  | 2,000     |                |
|  |                      | I.T. Maintenance, Security, Software, Hardware | 4,891     |                |
|  |                      |  |           | \$             |
| <b>TOTAL OPERATING EXPENSES</b>                        |                      |  | <b>\$</b> | <b>105,250</b> |
| <b>CAPITAL EXPENSES</b>                                | <b>HEALTH CENTRE</b> | Health Centre Building Reserve Fund            | 10,000    |                |
|  |                      |  |           |                |
| <b>TOTAL CAPITAL</b>                                   |                      |  | <b>\$</b> | <b>10,000</b>  |
| <b>TOTAL EXPENDITURES</b>                              |                      |  | <b>\$</b> | <b>115,250</b> |
|  |                      | Rental Income                                  | (15,000)  |                |
|  |                      | Income from Interest & Penalties               | (4,000)   |                |
|  |                      |  |           | \$ (19,000)    |
| <b>TOTAL BYLAW # (Health Center) TAX LEVY REQUIRED</b> |                      |  | <b>\$</b> | <b>96,250</b>  |