FINANCIAL STATEMENTS DECEMBER 31, 2018

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The Corporation of the Leeds, Grenville & Lanark District Health Unit Financial Statements December 31, 2018

Your Partner in Health

Management's Responsibility for the Financial Statements

The accompanying financial statements of the Corporation of the Leeds, Grenville & Lanark District Health Unit (the 'Unit') are the responsibility of the Unit's management and have been prepared in compliance with legislation, and in accordance with Canadian Public Sector Accounting Standards. A summary of 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 judgement, 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 financial statements. These systems are monitored and evaluated by management.

The Board of Directors meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to Board approval of the financial statements.

The financial statements have been audited by Allan and Partners LLP, independent external auditors appointed by the Health Unit. The accompanying Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Health Unit's financial statements.

Dr. Paula Stewart, Medical Officer of Health

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the Corporation of the Leeds, Grenville & Lanark District Health Unit:

Opinion

We have audited the financial statements of the Corporation of the Leeds, Grenville & Lanark District Health Unit (the 'Entity'), which comprise:

- the statement of financial position as at December 31, 2018;
- the statement of operations and accumulated surplus 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 Entity as at December 31, 2018, and its results of operations, its changes in net debt 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 auditor's 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 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgement 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 of 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 polices 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.

Allan and Partners LLP

Chartered Professional Accountants

Licensed Public Accountants

Perth, Ontario June 20, 2019.

The Corporation of the Leeds, Grenville & Lanark District Health Unit Statement of Financial Position

December 31	2018	2017
	\$	\$
ASSETS		
Financial Assets		
Cash and cash equivalents Accounts receivable	1,560,723 183,556	1,795,612 296,233
	1,744,279	2,091,845
LIABILITIES		
Financial Liabilities		
Accounts payable and accrued liabilities Deferred revenues Long term liabilities (note 4)	1,001,539 124,133 998,417	872,910 225,285 1,063,899
	2,124,089	2,162,094
NET DEBT	(379,810)	(70,249)
NON-FINANCIAL ASSETS		
Tangible capital assets (note 7) Prepaid expenses	3,363,391 150,642	3,574,563 153,339
	3,514,033	3,727,902
Commitments (note 5) Contingent Liabilities (note 10)		
ACCUMULATED SURPLUS (note 6)	3,134,223	3,657,653

The Corporation of the Leeds, Grenville & Lanark District Health Unit Statement of Operations and Accumulated Surplus

For the year ended December 31	(Note 11) Budget	Actual 2018	Actual 2017
	\$	\$	\$
REVENUES			
Municipal Grants	3,038,085	3,038,085	3,038,085
Provincial Grants	7.044.500	7 044 500	0.000.000
Ministry of Health Base Funding	7,044,500 1,943,629	7,044,500	6,839,300
Ministry of Health Additional Base Funding	42,250	1,940,215 34,702	1,948,954 64,326
Ministry of Health Vaccine Revenue	42,250 269,647	34,702 257,125	254,119
Ministry of Health One Time Funding	57,500	45,998	58,979
Public Health Expenditures and Offset Revenue Ministry of Children & Youth Services	37,300	45,990	30,373
Preschool Speech Language	1,080,689	1,140,191	495,074
Ministry of Children & Youth Services	1,000,000	1,140,101	100,011
Healthy Babies	1,060,739	1,068,280	1,061,259
Other Revenues and Grants	.,,.	.,000,200	.,,
Ontario Works	280,000	190,531	200,304
Healthy Kids Community Challenge	40,500	134,804	239,943
Other Related Grants	24,500	94,661	134,397
Land Control	481,827	513,793	493,586
Interest Earned	5,000	77,039	5,293
Program Recoveries	114,345	165,927	94,336
TOTAL REVENUES	15,483,211	15,745,851	14,927,955
EXPENDITURES			
Base Mandatory Public Health Programs	10,325,504	10,240,163	10,097,037
Additional Public Health Programs	1,943,629	1,979,115	1,986,317
Ministry of Health One Time Funding	269,647	257,125	254,119
Healthy Kids Community Challenge	40,500	134,511	247,171
Other Related Grants	24,500	94,403	134,398
Other Administrative Services	304,859	149,973	
Land Control	481,827	533,016	445,119
Preschool Speech Language	1,080,689	1,189,482	504,032
Healthy Babies	1,060,739	1,085,236	1,062,319
Ontario Works	280,000	190,531	185,416
Amortization		300,403	387,002
TOTAL EXPENDITURES	15,811,894	16,153,958	15,302,930
UNREALIZED (LOSS) GAIN ON INVESTMENTS		(115,323)	15,570
ANNUAL DEFICIT	(328,683)	(524,430)	(359,405)
ACCUMULATED SURPLUS, BEGINNING OF YEAR	3,657,653	3,657,653	4,017,058
1,011,000			
ACCUMULATED SURPLUS, END OF YEAR	3,328,970	3,134,223	3,657,653

The Corporation of the Leeds, Grenville & Lanark District Health Unit Statement of Changes in Net Debt

Year Ended December 31	2018	2017
	\$	\$
ANNUAL DEFICIT	(523,430)	(359,405)
Amortization of tangible capital assets	200 402	007.000
Amortization of tangible capital assets Acquisition of tangible capital assets	300,403 (88,769)	387,002
Acquisition of prepaid expense	2,697	(52,446) (56,923)
Loss on disposal of assets	(462)	
	213,869	277,633
DECREASE IN NET DEBT	(309,561)	(81,772)
NET (DEBT) FINANCIAL ASSETS, BEGINNING OF YEAR	(70,249)	11,523
NET DEBT, END OF YEAR	(379,810)	(70,249)

The Corporation of the Leeds, Grenville & Lanark District Health Unit Statement of Cash Flows

For the year ended December 31	2018	2017
	\$	\$
Cash Flows Provided From:		
OPERATING ACTIVITIES		
Annual deficit for the year	(523,430)	(359,405)
Amortization	300,403	387,002
Loss on disposition of assets	(462)	
	(223,489)	27,597
Net Change in Non-Cash Working Capital Balances		
Accounts receivable	112,677	(111,996)
Prepaid expenses	2,697	(56,923)
Accounts payable and accrued liabilities	128,629	(65,874)
Deferred revenues	(101,152)	7,590
	142,851	(227,203)
Working Capital from Operations	(80,638)	(199,606)
CAPITAL ACTIVITIES		
Acquisition of capital assets	(88,759)	(52,446)
Repayment of long term liabilities	(65,482)	(63,680)
Net investment in tangible capital assets	(154,251)	(116,126)
NET CHANGE IN CASH AND CASH EQUIVALENTS	(234,889)	(315,732)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,795,612	2,111,344
CASH AND CASH EQUIVALENTS, END OF YEAR (note 2)	1,560,723	1,795,612

December 31, 2018

Purpose of Organization

These financial statements reflect the assets, liabilities and operations of the Corporation of the Leeds, Grenville & Lanark District Health Unit.

The Health Unit is incorporated under the laws of Ontario. Its mission is to work with the community to protect, promote and enhance health by developing and providing quality health programs and services.

1. Significant Accounting Policies

The financial statements of the Corporation of the Leeds, Grenville & Lanark District Health Unit are the representations of management and have been prepared in all material respects in accordance with Canadian Public Sector Accounting Policies.

Reporting Entity

(i) The financial statements reflect the financial assets, liabilities, operating revenues and expenditures, reserves, reserve funds and changes in investment in tangible capital assets of the Health Unit. The Health Unit operates the following programs:

Fiscal years ending December 31:

- ▶ Public Health Programs
- ► Land Control Program
- ► Healthy Babies / Healthy Children Program

Fiscal years ending March 31

- ► Language Express Program
- Healthy Community Partnership

Basis of Accounting

- (i) The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenditures are recognized as they are incurred and measurable based on receipt of goods and services and/or the creation of a legal obligation to pay.
- (ii) 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. The change in non-financial assets during the year, together with the excess of revenues over expenses, provides the change in net financial assets for the year.

Cash and Cash Equivalents

The Health Unit considers cash and cash equivalents to be highly liquid investments with original maturities of three months or less.

December 31, 2018

1. Significant Accounting Policies / continued

Investments

Short-term and long-term investments are recorded at cost plus accrual interest. If the market value of investments become lower than cost and the decline in value is considered to be other than temporary, the investments are written down to market value.

Investment income earned on available current funds and reserve funds are reported as revenue in the period earned.

Tangible Capital Assets

Tangible capital assets are recorded at cost, which include all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight line basis over their estimated useful lives as follows:

Building Improvements	15 years
Buildings	40 years
Vehicles	5 years
Furniture and Equipment	10 years
Computer Equipment	3 years
Multi-Media Equipment	5 years

One half of the annual amortization is charged in the year of acquisition and in the years of disposal. Land is not amortized.

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

Tangible capital assets received as contributions are recorded at their fair value at the date of receipt, and that fair value is also recorded as revenue. Similarly, transfers of assets to third parties are recorded as an expense equal to the net book value of other asset as of the date of transfer.

When tangible capital assets are disposed of, either by way of a sale, destruction or loss, or abandonment of the asset, the asset's net book value, historical cost less accumulated amortization, is written off. Any resulting gain or loss, equal to the proceeds on disposal less the asset's net book value, is reported on the statement of operations in the year of disposal. Transfers of assets to third parties are recorded as an expense equal to the net book value of the asset as of the date of transfer.

When conditions indicate that a tangible capital asset no longer contributes to the Health Unit's ability to provide services or the value of the future economic benefits associated with the tangible capital asset are less than its net book value, and the decline is expected to be permanent, the cost and accumulated amortization of the asset are reduced to reflect the revised estimate of the value of the asset's remaining service potential. The resulting net adjustment is reported as an expense on the statement of operations.

Deferred Revenues

The Health Unit receives restricted contributions under the authority of Federal and Provincial legislation and Health Unit by-laws. These funds by their nature are restricted in their use and until applied to applicable costs are recorded as deferred revenue. Amounts applied to qualifying expenses are recorded as revenue in the fiscal period they are expended.

December 31, 2018

1. Significant Accounting Policies / continued

Deferred Revenues / continued

Deferred revenue represents certain user charges and fees which have been collected but for which the related services have yet to be performed. Deferred revenue also represents contributions that the Health Unit has received pursuant to legislation, regulation or agreement that may only be used for certain programs or in the completion of specific work. These amounts are recognized as revenue in the fiscal year the services are performed or related expenses incurred.

Employee Future Benefit Obligations

The Health Unit accounts for its participation in the Ontario Municipal Employees Retirement System ('OMERS'), a multi-employer public sector pension fund, as a defined benefit plan. The OMERS plan specifies the retirement benefits to be received by employees based on length of service and pay rates.

Employee benefits include vacation entitlement and sick leave benefits. Vacation entitlements are accrued as entitlements are earned. Sick leave benefits are accrued in accordance with the Health Unit's policy.

Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting.

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

Government Transfers

Government transfers are recognized in the financial statements as revenues 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.

Financial Instruments

All financial instruments are initially recognized at fair value on the statement of financial position. The Health Unit has classified each financial instrument into one of the following categories: held-for-trading financial assets and liabilities, loans and receivables, held-to-maturity financial assets and other financial liabilities. Subsequent measurement of financial instruments is based on their classification.

Held-for-trading financial assets and liabilities are subsequently measured at fair value with changes in those fair values recognized in net earnings.

Loans and receivables, held-to-maturity financial assets and other financial liabilities are subsequently measured at amortized cost using the effective interest method.

The Health Unit classifies cash and cash equivalents as held-for-trading financial assets, accounts receivable as loans and receivables, and accounts payable and accrued liabilities as other financial liabilities.

December 31, 2018

1. Significant Accounting Policies / continued

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 reported amounts of revenue and expenditures during the period. Actual results could differ from these estimates. These estimates are reviewed periodically and as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

2. Cash and Cash Equivalents

The Health Unit has an available line of credit of \$300,000, with its corporate bankers, of which \$Nil was drawn against at December 31, 2018 (2017 \$Nil). This line of credit is unsecured and bears interest at prime less 0.75%.

Cash and cash equivalents comprised of:

	2018	2017
	\$	\$
Cash	379,147	570,217
Investment (at cost)	1,107,369	1,035,865
	1,486,516	1,606,862
Unrealized gain on investments	74,207	189,530
	1,560,723	1,795,612

3. Pension Contributions

The Health Unit makes contributions to the Ontario Municipal Employees Retirement System ("OMERS"), which is a multi-employer plan, on behalf of all permanent members of its staff. The plan is a 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. Employers and employees contribute to the plan. Since any surpluses or deficits are a joint responsibility of all Ontario municipalities and their employees, the Health Unit does not recognize any share of the OMERS pension surplus or deficit in these financial statements.

The amount contributed to OMERS was \$1,028,027 (2017 \$968,228) for current services and is included as an expenditure on the Statement of Operations and Accumulated Surplus classified under the appropriate functional expenditure. Contributions by employees were a similar amount.

December 31, 2018

4. Long Term Liabilities

	2018	2017
	\$	\$
RBC Bank mortgage (2.45%), repayable in blended monthly payments of \$7,561, amortized over 16 years, secured by Smiths Falls property.	998,417	1,063,899

Principal payments fall due as follows:

	\$
2019	70,532
2020	72,279
2021	74,070
2022	75,905
2023	79,713
2024 and thereafter	625,918
	998,417

5. Commitments

The Heath Unit leases space for service sites in Gananoque, Almonte, Kemptville and Perth, Ontario. The aggregate lease payments over the next three years are estimated as follows:

	\$
2019	87,415
2020	64,563
2021	64,563
2022	47,463
2023	47,463
	311,467

December 31, 2018

6. Accumulated Surplus

Accumulated surplus consists of:

	2018	2017
	\$	\$
Invested in Tangible Capital Assets		
Tangible capital assets	3,363,391	3,574,563
Long term liabilities	(998,417)	(1,063,899)
Total Invested in Tangible Capital Assets	2,364,974	2,510,664
Operating Surplus		
Unrealized gain on investments	74,207	189,530
General	(44,364)	90,109
	29,843	279,639
Land Control Program	249,571	268,795
Reserves (Schedule 1)		
Payment of sick leave credits	2,871	2,871
General reserve	486,964	595,684
	489,835	598,555
Total Operating Surplus	769,249	1,146,989
Total Accumulated Surplus	3,134,223	3,657,653

7. Tangible Capital Assets

	2018	2017
	\$	\$
Land	250,000	250,000
Building Improvements	331,493	378,953
Buildings	2,100,699	2,197,475
Furniture and Equipment	403,812	462,209
Computer Equipment	245,713	261,237
Multi-Media Equipment	31,674	24,689
	3,363,391	3,574,563

For additional information, see Schedule 2 > Tangible Capital Assets.

December 31, 2018

8. Segmented Information

The Health Unit provides a range of programs and services, that are reported in the statement of operations and accumulated surplus.

Programs have been separately disclosed in the segmented information, as set out in the schedule below.

For each reported segment, expenditures represent both amounts that are directly attributable to the segment and amounts that are allocated on a reasonable basis. Therefore, certain allocation methodologies are employed in the preparation of segmented financial information.

The accounting policies used in these segments are consistent with those followed in the preparation of the financial statements as disclosed in note 1.

2010	Salaries,	Fees for		Materials	Rents	A -l!!	Other	
2018	& Benefits	Services	Travel	& Supplies	& Utilities	Admini- strative	Expenses	Total
	\$	\$	\$	\$	\$			\$
Mandatory Programs	8,848,031	152,598	302,599	629,147	307,788			10,240,163
MOH Top Up	128,246							128,246
Vector Borne	18,109	6,426	643	4,288				29,466
Small Drinking Water	118,654		7,000	479				126,133
Enhanced Food Safety	36,175		611	814				37,600
Enhanced Safe Water	9,481		315	5,703				15,499
Infection Control	•							•
Program	408,355		4,124	8,321				420,800
Healthy Smiles	298,835		8,798	19,767				327,400
Smoke Free	376,389	12,874	20,071	2,635				411,969
Needle Exchange	,	·	,	30,000				30,000
Chief Nursing Officer	121,500			·				121,500
Social Determinants	,							•
of Health	180.500							180,500
Harm Reduction	150,000							150,000
One Time MOH	,							,
Funded Projects	111,376	22.946	8,053	98,837			15,913	257,125
Preschool Speech	390,934	701,560	5.611	10.622	16,074	20,180	44,501	1,189,482
Healthy Babies	1,021,693	1,500	45,195	16,848				1,085,236
Healthy Kids	.,,	.,	,	,				.,,
Community Challenge	51,267	7,075	3,382	72,788				134,512
Other Related Grants	0.,20.	.,0.0	0,002	,. 00				,
- Expenditures	18,475	33,125	1,379	41,424				94,404
Other admin services	79.446	29,910		24,605	16.012			149.973
Ontario Works	14,116	176,415		2-1,000				190,531
Land Control Programs	406,703	11,661	40,999	15,011	3,306	55,337		533,017
Amortization							300,403	300,403
2018	12,791,285	1,156,090	448,780	981,289	343,180	75,517	360,817	16,156,958

December 31, 2018

8. Segmented Information / continued

2017	Salaries, &	Fees for		Materials &	Rents &	Admini-	Other	
2017	Benefits	Services	Travel	Supplies	Utilities	strative	Expenses	Total
	\$	\$	\$	\$	\$			\$
Mandatory Programs	8,483,375	306,876	282,757	481,215	354,436	188,378		10,097,037
MOH Top Up	128,320							128,320
Vector Borne	20,126	4,462	436	4,443				29,467
Small Drinking Water	116,461		6,982	340	2,700			126,483
Enhanced Food Safety	34,430	555	1,790	835				37,610
Enhanced Safe Water Infection Control	15,113		387					15,500
Program	407,421		7,650	4,499	1,230			420,800
Healthy Smiles	294,510	64	13,465	12,845	6,516			327,400
Smoke Free	383,086	7,841	21,215	5,648				417,790
Needle Exchange			502	30,445				30,947
Chief Nursing Officer Social Determinants	121,500							121,500
of Health	174,797		4,707	996				180,500
Harm Reduction One Time MOH	142,508		7,309	183				150,000
Funded Projects	133,317			120,802				254,119
Preschool Speech	390,093	51,490	7,668	18,631	36,150			504,032
Healthy Babies Healthy Kids	1,002,983	1,500	42,592	15,244				1,062,319
Community Challenge Other Related Grants	99,577	1,621	4,373	141,600				247,171
- Expenditures	77,055	18,278	11,903	27,161				134,397
Ontario Works		185,416						185,416
Land Control Programs	336,549	11,193	34,466	4,269	58,643			445,120
Amortization		, 					387,002	387,002
2017	12,361,221	589,296	448,202	869,156	459,675	188,378	387,002	15,302,930

9. Risk Management

In the normal course of operations, the Health Unit is exposed to a variety of financial risks which are actively managed by the Health Unit.

The Health Unit's financial instruments consist of cash, investments, accounts receivable, accounts payable and accrued liabilities. The fair values of cash, investments, accounts payable and accrued liabilities approximate their carrying values because of their expected short term maturity and treatment on normal trade terms.

The Health Unit's exposure to and management of risk has not changed materially from December 31, 2017.

Credit Risk

Credit risk arises from the possibility that the entities to which the Health Unit provides services to may experience difficulty and be unable to fulfill their obligations. The Health Unit is exposed to financial risk that arises from the credit quality of the entities to which it provides services. The Health Unit does not have a significant exposure to any individual customer or counter party. As a result, the requirement for credit risk related reserves for accounts receivable is minimal.

December 31, 2018

9. Risk Management / continued

Interest Rate Risk

Interest rate risk arises from the possibility that the value of, or cash flows related to, a financial instrument will fluctuate as a result of changes in market interest rates. The Health Unit is exposed to financial risk that arises from the interest rate differentials between the market interest rate and the rates on its cash and cash equivalents and operating loan. Changes in variable interest rates could cause unanticipated fluctuations in the Health Unit's operating results.

Liquidity Risk

Liquidity risk is the risk that the Health Unit will not be able to meet its obligations as they fall due. The Health Unit requires working capital to meet day-to-day operating activities. Management expects that the Health Unit's cash flows from operating activities will be sufficient to meet these requirements.

10. Contingent Liabilities

The nature of the Health Unit's activities is such that there may be litigation pending or in prospect at any time. With respect to claims as at June 7, 2018, management believes that the Health Unit has valid defences and appropriate insurance coverages in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Health Unit's financial position.

11. Budget Figures

The operating budget approved by the Heath Unit, for 2018 is reflected on the Statement of Operations and Accumulated Surplus. The budgets established for capital investment in tangible capital assets are on a project oriented basis, the costs of which may be carried out over one or more years and, therefore, may not be comparable with current year's actual expenditure amounts. As well, the Health Unit does not budget activity within Reserves and Reserve Funds, with the exception being those transactions, which affect either operations or capital investments.

12. Comparative Figures

Some reclassification of prior year's figures was necessary in order to conform to this year's presentation.

The Corporation of the Leeds, Grenville & Lanark District Health Unit Schedule 1 - Continuity of Reserves and Reserve Funds

For the year ended December 31	2018	2017
	\$	\$
Net Transfers From/(To) Other Funds Transfers to operations	(109,020)	
Total Net Transfers	(109,020)	
Reserves and Reserve Fund Balances, Change in Year	(109,020)	
Reserves and Reserve Fund Balances, Beginning of Year	598,855	598,855
Reserves and Reserve Fund Balances, End of Year	489,835	598,855

Composition of Reserves and Reserve Funds

For the year ended December 31	2018	2017
	\$	\$
Reserves set aside for specific purposes:		
▶ payment for sick leave credits	2,871	2,871
► general reserve	486,964	595,684
Total Reserves and Reserve Funds	489,835	598,555

The Corporation of the Leeds, Grenville & Lanark District Health Unit Schedule 2 ► 2018 Tangible Capital Assets

Asset Class	Cost 01/01/18	Additions	Disposals	Cost 31/12/18
	\$	\$	\$	\$
Land	250,000			250,000
Building Improvements	834,930	15,914		850,844
Buildings	3,005,834			3,005,834
Vehicles	54,737			54,737
Furniture & Equipment	1,530,520	29,043	(16,905)	1,542,658
Computer Equipment	915,018	16,694	(35,501)	896,211
Multi Media Equipment	114,095	27,117	(15,950)	125,262
	6,705,134	88,768	(68,356)	6,725,546

Asset Class	Accumulated Amortization 01/01/18	Amortization	Disposals	Accumulated Amortization 31/12/18	Net Book Value 31/12/18
	\$	\$	\$	\$	\$
Land					250,000
Building Improvements	455,976	63,375		519,351	331,493
Buildings	808,359	96,776		905,135	2,100,699
Vehicles	54,737			54,737	
Furniture & Equipment	1,068,311	87,903	(17,368)	1,138,846	403,812
Computer Equipment	653,782	32,217	(35,501)	650,498	245,713
Multi Media Equipment	89,406	20,132	(15,950)	93,588	31,674
	3,130,571	300,403	(68,819)	3,362,155	3,363,391

The Corporation of the Leeds, Grenville & Lanark District Health Unit Schedule 2 ► 2017 Tangible Capital Assets

Asset Class	Cost 01/01/1	Additions	Disposals	Cost 31/12/17
	\$	\$	\$	\$
Land	250,000			250,000
Building Improvements	795,809	39,121		834,930
Buildings	3,005,834			3,005,834
Vehicles	54,737			54,737
Furniture & Equipment	1,581,386	6,796	(57,662)	1,530,520
Computer Equipment	965,832	4,103	(54,917)	915,018
Multi Media Equipment	111,669	2,426		114,095
	6,765,267	52,446	(112,579)	6,705,134

Asset Class	Accumulated Amortization 01/01/17	Amortization	Disposals	Accumulated Amortization 31/12/17	Net Book Value 31/12/17
	\$	\$	\$	\$	\$
Land					250,000
Building Improvements	390,813	65,163		455,976	378,954
Buildings	711,583	96,776		808,359	2,197,475
Vehicles	49,263	5,474		54,737	
Furniture & Equipment	979,072	146,901	(57,662)	1,068,311	462,209
Computer Equipment	649,780	58,919	(54,917)	653,782	261,236
Multi Media Equipment	75,637	13,769		89,406	24,689
	2,856,148	387,002	(112,579)	3,130,571	3,574,563

The Corporation of the Leeds, Grenville & Lanark District Health Unit Land Control Program Schedule of Operations

For the year ended December 31	2018	2017
	\$	\$
Revenues		
Sewage inspection fees and extensions	413,412	411,520
Subdivisions and variances	5,902	6,620
Severance fees and s-permits	70,900	53,230
Interest	4,156	1,610
File search fees	\$ 413,412 5,902 70,900 4,156 19,423 513,793 326,380 80,323 11,661 40,999 15,010 3,306 55,337 533,016	20,606
	513,793	493,586
Expenditures		
Salaries and wages	326,380	268,114
Employee benefits	80,323	68,435
Fees for service	11,661	11,193
Travel	40,999	34,465
Materials and supplies	15,010	4,269
Rent	3,306	3,306
Administrative and allocated costs	55,337	55,338
	533,016	445,120
Net Revenues (Expenditures) for the Year	(19,224)	48,466

Healthy Babies / Health Children Program Schedule of Operations

For the year ended December 31	2018	2017
	\$	\$
Revenues		
Provincial Grant ► MCYS	1,060,739	1,060,739
Other revenues	7,541	520
	1,068,280	1,061,259
Expenditures		
Salaries and wages	796,906	793,046
Employee benefits	224,788	209,937
Travel	16,848	42,592
Program supplies	45,194	15,244
Administrative	1,500	1,500
	1,085,236	1,062,319
Net Expenditures for the Year	(16,956)	(1,060)