### ASPEN REGIONAL HEALTH AUTHORITY FINANCIAL STATEMENTS

MARCH 31, 2006

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### ASPEN REGIONAL HEALTH AUTHORITY MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING FINANCIAL STATEMENTS MARCH 31, 2006

The accompanying financial statements are the responsibility of management and have been approved by the Authority. The financial statements were prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Directives issued by Alberta Health and Wellness, and of necessity include some amounts based on estimates and judgment.

To discharge its responsibility for the integrity and objectivity of financial reporting, management maintains a system of internal accounting controls comprising written policies, standards, procedures, a formal authorization structure, and satisfactory processes for reviewing internal controls. This system provides management with reasonable assurance that transactions are in accordance with governing legislation, are properly authorized, reliable financial records are maintained, and assets are adequately accounted for and safeguarded. The Authority has established a code of ethics and corporate directives. which require communication of the code to employees.

The Authority carries out its responsibility for the financial statements through the Finance Committee. This Committee meets with management and the external auditor, PricewaterhouseCoopers LLP, to review financial matters, and recommends the financial statements to the Aspen Regional Health Authority Board for approval. The external auditor has full and free access to the Finance Committee.

The external auditor, PricewaterhouseCoopers LLP, provides an independent audit of the financial statements. Their examination is conducted in accordance with Canadian Generally Accepted Auditing Standards and includes tests and other procedures, which allow them to report on the fairness of the financial statements prepared by management.

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[Original Signed]

Andrew Will President and Chief Executive Officer Shelly Pusch Vice President Corporate Services

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May 19, 2006

PricewaterhouseCoopers LLP Churtored Accountants Suite 1501, TD Tower 10088 - 102 Avenue Edmonton Alberta Canada T50 5NS Telephone +1 (790) 441 6700 Facsimile =1 (790) 441 6776

### Auditors' Report

### To the Members of Aspen Regional Health Authority and the Minister of Alberta Health and Wellness

We have audited the statement of financial position of Aspen Regional Health Authority (the "Authority") as at March 31, 2006 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

[Original Signed]

Chartered Accountants

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PriorwiterhouseCoopers refers to the Canadian firm of PriorwaterhouseCoopers LLP and the other member firms of PriorwaterhouseCoopers. International Limited, each of which is a separate and independent legal entity.

### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION March 31, 2006

(in thousands)

	2006 Actual	2005 Actual
ASSETS		
Current:		
Cash and investments (Note 3)	47,061	50,582
Accounts receivable	5,675	4,317
Contributions receivable from Alberta Health and Wellness	3,472	3,774
Inventories	1,483	1,452
Prepaid expenses	1,420	1,399
	59,111	61,524
Non-current cash and investments (Note 3)	16,347	17,774
Capital assets (Note 4)	149,110	128,304
Other assets (Note 5)	2,464	2,547
TOTAL ASSETS	\$ 227,032	\$ 210,149
LIABILITIES AND NET ASSETS		
Current:		
Accounts payable and accrued liabilities	19,757	19,848
Accreed vacation pay	10,180	9,369
Deferred contributions (Schedule 3)	11,512	9,274
	41,449	38,491
Deferred contributions (Schedule 3)	2,464	2,547
Deferred capital contributions (Note 6)	22,865	28,867
Unamortized external capital contributions (Note 7)	137,387	118,694
	204,165	188,599
Net assets:		
Accumulated surplus (Note 8)	11,144	11,940
Investment in capital assets (from internally funded sources)	11,723	9,610
	22,867	21,550
TOTAL LIABILITIES AND NET ASSETS	\$ 227,032	\$ 210,149

The accompanying notes and schedules are part of these financial statements.

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### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF OPERATIONS

	20	2006	
	Budget	Actual	Actual
	(Note 10)		
Revenue			
Alberta Health and Wellness contributions (Note 11)	202,584	202,584	190,316
Other government contributions (Note 12)	2,837	2,453	2,357
Fees and charges (Note 13)	20,909	22,077	20,556
Ancillary operations, net (Note 14)	180	291	303
Donations	350	354	368
Investment and other income (Note 15)	5,970	6,378	6,441
Amortized external capital contributions (Note 7)	8,098	7,891	7,818
TOTAL REVENUE	240,928	242,028	228,159
Expenses (Schedule 1)			
Facility-based inpatient acute nursing services	36,167	36,138	34,038
Facility-based emergency and outpatient services	21,539	22,331	18,935
Facility-based continuing care services	30,834	28,915	29,730
Community-based care	14,261	13,647	12,028
Home care	13,233	12,980	12,372
Diagnostic and therapeutic services	46,658	44,728	41,144
Promotion, prevention and protection services	10,788	10,364	9,463
Administration (Note 16)	9,543	9,513	8,779
Information technology	3,959	3,960	3,864
Support services (Note 17)	53,544	52,945	51,869
Amortization of facilities and improvements	5,253	5,190	5,207
TOTAL EXPENSES	245,779	240,711	227,429
Excess (deficiency) of revenue over expense	\$ (4,851)	\$ 1,317	\$ 730

### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF CHANGES IN NET ASSETS

### March 31, 2006

(in thousands)

		2006		2005
	Accumulated surplus (Note 8)	Investment in capital assets from internally funded sources	Total	Total
Excess of revenue				
over expense	1,317		1,317	730
Capital assets purchased with internal funds	(3,815)	3,815		
Amortization on internally funded capital assets	1,702	(1,702)		
Net change	\$ (796)	\$ 2,113	S 1,317	S 730
Balance at beginning of year	11,940	9,610	21,550	20,829
Bulance at end of year	\$ 11,144	\$ 11,723	\$ 22,867	\$ 21,550

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### ASPEN REGIONAL HEALTH AUTHORITY STATEMENT OF CASH FLOWS

March 31, 2006

(in thousands)

	20	06	2005
	Budget	Actual	Actual
Cash generated from (used by):			
Operating activities:			
Excess (deficiency) of revenue over expense	(4,851)	1,317	730
Non-cash transactions:			
Amortization of capital equipment:			
- internally funded	1,556	1,603	1,787
- externally funded	3,053	2,761	2,686
- ancillary operations	4	4	4
Amortization of facilities and improvements:			
- internally funded	239	99	99
- externally funded	5,014	5,130	5,127
- ancillary operations	27	27	27
Amortized external capital contributions (Note 7)	(8,067)	(7,891)	(7,818)
- ancillary operations (Note 7)	(31)	(71)	(31)
Amortization of advances under long term care			
partnerships (Note 5)	83	83	82
Amortized long term care partnership contributions	(83)	(83)	(82)
Loss on disposal of capital equipment:		0.13	0.10
- internally funded			28
- externally funded			5
Gain on disposal of investments		(669)	(1,041)
Transferred to deferred contributions		2,295	1,708
Changes in non-cash working capital account	(288)	1,850	5,223
Cash generated from (used) by operations	(3,034)	5,495	8,534
	-		
Investing activities:			
Purchase of investments	(20,000)	(53,086)	(52,074)
Purchase of capital assets:	1,211,111,1	0-11-19	
- internally funded equipment	(2,600)	(1.057)	(388)
<ul> <li>internally funded facilities &amp; improvements</li> </ul>		(2,758)	(316)
- externally funded equipment (Note 7)	(2.180)	(2,925)	(3,471)
- externally funded facilities & improvements (Note 7)	(7,800)	(23,690)	(5,919)
Proceeds on sale of investments	19,848	51,606	50,426
Allocations from (to) non-current cash		3,577	(635)
Cash used by investing activities	(12,732)	(28,333)	(12,379)
Financing activities:			
Capital contributions received	7,535	18.317	30,950
Cash generated from financing activities	7,535	18,317	30,950
	1,000	0.450.00	
Increase (decrease) in cush and investments	(8,231)	(3,521)	27,105
Cash and investments, beginning of year	24,748	50,582	23,477
Cash and investments, end of year	\$ 16,517	\$ 47,061	\$ 50,582

### ASPEN REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2006

(in thousands)

### Note 1 Authority, Purpose and Operations

The Aspen Regional Health Authority (the "Authority") was established June 24, 1994 under authority of the Regional Health Authorities Act, Chapter R-10, Revised Statutes of Alberta 2000. The Authority is exempt from payment of income tax and is a registered charity under the Income Tax Act.

The Authority is responsible for delivering appropriate, accessible and affordable health services in Alberta. This responsibility includes operating programs designed to promote, protect, maintain, restore and enhance physical and mental well-being.

The Authority's operations include the following facilities and sites:

Athabasca Healthcare Centre	Slave Lake Healthcare Centre
Barrhood Healthcure Centre	Smoky Lake Continuing Care Centre
Boyle Healthoure Centre	St. Therese - St. Paul Healthcare Centre
Cold Lake Healthcare Centre	Swan Hills Healthcare Centre
Dr W.R. Keir - Barrhood Continuing Care Centre	Wabusca/Desmarais Healthcare Centre
Edson Healthcare Centre	Westlock Healthcare Centre
Elk Point Hoshboare Centre	Westlock Continuing Care Centre
George McDougall - Smoky Lake Healthcare Centre	Whitecourt Healthcare Centre
Hinton Healthcare Centre	William J. Cadrow - Lac La Biche Heshboare Contro
Mayerthorpe Healthcare Centre	Aspen Community Services Sites
Radway Continuing Care Centre	Aspen Mental Health Sites
Seton - Jasper Healthcare Centre	Aspen Corporate and Administrative Offices

The financial statements do not include the assets, liabilities and operations of voluntary or private facilities providing health services in the region, except as disclosed in Notes 9, 18(d), 19 and Schodule 4.

### Note 2 Significant Accounting Policies and Reporting Practices

The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the reporting requirements of Financial Directive 26 issued by Alberta Health and Wellness. Following are the significant accounting policies:

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### Note 2 Significant Accounting Policies and Reporting Practices (continued)

- (a) Basis of Presentation
- (1) These financial statements use the deferral method, the key elements of which are:
  - Unrestricted operating grants and other contributions are recognized as revenue in the year receivable.
  - (ii) Externally restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Amounts invested, representing externally funded capital assets, are then transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the period in which the related amortization expense of the capital asset is recorded.
  - (iii) Externally restricted non-capital contributions are recognized as revenue in the year proportional to the related expenses incurred.
  - (iv) Restricted contributions to purchase capital assets that will not be amortized are recorded as direct increases to net assets.
  - (v) Unrestricted investment income is recognized in the year earned.
  - (vi) Investment income subject to external restrictions is, depending on the nature of the restriction, recorded as a direct increase to net assets, or deferred and recognized as revenue in the year the related expenses are incurred.
  - (vii) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

### (b) Full cost

The Authority accounts for all costs and revenue from services for which it is responsible. The fair value of costs of services is recorded. Fair value transactions comprise the following:

- (i) Revenue earned by contracted health service operators from Ministry of Health and Wellness designated fees and charges are recorded as the Authority's fees and charges. An equivalent amount is recorded as contracted health service expense of the Authority.
- (ii) Alberta Health and Wellness payments directly to contracted health service operators are recorded as revenue and an equivalent amount recorded as program expense as these payments represent part of the cost of the Authority's health programs.

### Note 2 Significant Accounting Policies and Reporting Practices (continued)

### (b) Full cost (continued)

- (iii) The fair value for use of acute care facilities not owned by the Authority is recorded as revenue from other government contributions or donations, and as program expense, since contract payments from the Authority do not include an amount for use of those facilities.
- (iv) The fair value for use of non-acute care facilities not owned by the Authority and provided to the Authority at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services that would otherwise have been purchased are recorded as revenue and expenses, at fair value at the date of contribution, when a fair value can be reasonably determined. The value of volunteers' contributed services is not reported as a fair value cannot be reasonably determined.

### (c) Employee Future Benefits

The Authority participates in the Local Authorities Pension Plan. This multi-employer defined benefit pension plan provides pensions for the Authority's participating employees, based on years of service and earnings. Defined contribution plan accounting is applied to a multi-employer defined benefit plan for which the authority has insufficient information to apply defined benefit plan accounting.

Pension costs in the statements comprise the employer's contributions required for its employees during the year, based on rates expected to provide benefits payable under the pension plans. The Authority does not record its portion of the plans' deficit or surrous.

The Authority fully accrues its obligations for employee non-pension future benefits.

### (d) Investments

Short-term investments are recorded at lower of cost and market value.

Non-current investments are recorded at cost unless there was an other-than-temporary impairment in value. At that time, the value is reduced. Discounts or premiums arising on purchase are amortized on a straight-line basis over the maturity period. Gains or losses on disposal are recognized in the period of disposal.

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### Note 2 Significant Accounting Policies and Reporting Practices (continued)

### (c) Financial Instruments

The carrying value of accounts and contributions receivable, accounts payable and accrued liabilities approximates their fair value because of the short-term maturity of these items.

### (f) Inventories

Inventories are valued at the lower of cost or net realizable value. Cost is determined using the moving average method.

### (g) Capital Assets

Capital assets and construction projects in progress are recorded at cost. Capital assets with unit costs less than five thousand dollars are expensed.

Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

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	Chemi Tine
Land improvements	8-20 years
Buildings	15-45 years
Building service equipment	10-20 years
Equipment	3-20 years

Construction projects in progress are not amortized until the project is complete.

### (h) Restructuring Costs

Restructuring costs are expensed in the period the decision to restructure is made. If actual costs are unknown at the time of the decision, an estimate is recorded.

### (i) Trust Funds received by the Authority for Non-owned facilities

The Authority receives trust funds from Alberta Infrastructure to pay operators of nonowned facilities for capital purposes or facility repairs. These amounts are not reflected in the statements but disclosed in Note 19.

### Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Amounts recorded for amortization of external capital contributions are based on estimates of the useful life of related assets. Actual results could differ from these estimates. Note 3 Cash and Investments

	2006	_	2005
Cash	45,509		51,752
Treasury bills	337		378
Money market securities	463		450
Bonds (market value 2006 - \$11,668, 2005 - \$10,760)	11,675		10,618
Equities (market value 2006- \$7,476, 2005 - \$6,232)	5,424		5,158
Total current & non-current cash and investments	\$ 63,408	S	68,356
Classified as:			
Current	47,061		50,582
Non current	16,347		17,774
Total cash and investments	\$ 63,408	S	68,356

- Treasury bills mature between May 4, 2006 and June 15, 2006 and bear interest at an average of 3.70% paid annually.
- Money market securities bear interest at 3.88% paid annually.
- (iii) To optimize returns at an acceptable risk level, management has established a policy asset mix such that no more than 40% of the portfolio will be in equities and of the total equity no more than 5% of the total will be in US equity securities. Risk is reduced through diversification within and among asset classes, and quality constraints on fixed-income and equity instruments.
- (iv) Fixed-income securities, such as bonds, have an average effective yield of 4.475% per annum based on the market for securities maturing in a year, and 4.956% per annum for securities maturing between one and twenty-seven years. As at March 31, 2006, the securities have the following maturity structure:

	26
Under 1 year	14%
I to 5 years	26%
5 to 10 years	23%
Over 10 years	37%

 Equities comprise publicly traded equities. Risk is reduced by prudent security selection and sector distribution.

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### Cash and Investments (continued)

### Non-current cash and investments represent the following:

Externally restricted for capital acquisitions		922		2,150
Internally restricted for capital acquisitions		8,485		8,485
Unrestricted non-current investments		6,940		7,139
	S	16,347	5	17,774

### Capital Assets

			Cost			
Capital Asset	Opening Balance April 1, 2005	Transfers from Work in Progress	Additions	Disposals	Closing Balance March 31, 2006	
Land	2,532		65		2,597	
Land improvements	5,674		- 11	-	5,685	
Buildings	192,439	588	35	-	193,062	
Building service equipment	11,913				11,913	
Equipment	56,385		3,992	(183)	60,184	
Construction in progress	7,239	(588)	26,337		32,988	
	\$ 276,182	s .	\$ 30,430	\$ (183)	\$ 306,429	

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Capital Asset	Opening Balance April 1, 2005	Current Year Amortization	Amortization on Disposals	Closing Balance March 31, 2006	Net Book Value 2006	Net Book Value 2005
Land					2,597	2,532
Land improvements	3,994	237	-	4,231	1,454	1,680
Buildings	92,141	4,776		96,917	96,145	100,298
Building service equipment	9,841	243		10,084	1,829	2,072
Equipment	41,902	4,368	(183)	46,087	14,097	14,483
Construction in progress					32,988	7,239
	\$ 147,878	\$ 9,624	\$ (183)	\$ 157,319	\$149,110	\$128,304

Capital assets were funded from the following sources:

	2006	2005
Externally funded	137,387	118,694
Internally funded	11,723	9,610
	\$ 149,110	\$ 128,304

Other Assets

		2006	_	2005
Advances under long-term care partnership agreements		2,547		2,629
Amortized during the year	_	(83)	_	(82)
Balance, end of year	s	2,464	s	2,547

Funds received from Alberta Infrustructure for the purpose of providing facility based continuing care to the region's residents are recorded as non-current deferred contributions. Advances made to private health service contract operators for the construction of continuing care facilities in the region are recorded as a non-current advance.

The Authority uses the Forgivable Mortgage Model for reporting the contribution and advancement of funds as per Alberta Health and Wellness guidelines for accounting for longterm care partnerships. The provincial government supports partnerships between the Authority and private organizations by providing a one-time, up-front capital grant to the Authority. The Authority in turn provides a demand loan to the partner. The partner uses these funds towards the construction of the facility. The loan is forgivable over the useful life of the infrastructure. The loan is repayable on demand, is secured by the facility and is forgivable for services rendered by the owner over the life of the facility. Under the terms of this agreement, the Authority provides the private operator with an amortizable advance secured on the construction costs of the facility. This advance is to be amortized over 40 years, which is equivalent to the term of the partnership agreement plus a renewable option period. The Authority does not accrue interest on the loan as the Authority will forgive the balance of the loan following the expiry of the term of the agreement.

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### **Deferred Capital Contributions**

	2006	2005
Amounts received:		
Restricted Alberta Health and Wellness contributions	4,803	3,082
Restricted other government contributions	13,514	27,383
Restricted other health authority contributions		440
Donations restricted for capital purposes		45
	18,317	30,950
Transferred (to) from:		
Unamortized external capital contributions (Note 7)	(26,615)	(9,390)
Deferred contributions (Schedule 3)	2,296	1,708
Change during the year	(6,002)	23,268
Balance, beginning of year	28,867	5,599
Balance, end of year	\$ 22,865	\$ 28,867
Balance at the end of the year is restricted for the following p	nufflower:	
balance at the cost of the year is residented for the sollowing y	nur possess:	
Betterment of capital assets	5,220	4,933
New Construction	17,645	23,934
	\$ 22,865	\$ 28,867

### Note 7 Unamortized External Capital Contributions

The region follows the deferral method of recognizing capital contributions as described in Note 2(a)(ii). The balance of unamortized external capital contributions at the end of year represents the external capital contribution to be recognized as revenue in future years.

	2006	2005
Balance, beginning of year	118,694	117,153
Transfers from deferred capital contributions (Note 6)	26,615	9,390
Less amounts recognized as revenue: Amortization of external capital contributions:		
Equipment	(2,761)	(2,686)
Facilities & improvements	(5,130)	(5,127)
Ancillary operations equipment	(4)	(4)
Ancillary operations facilities & improvements	(27)	(27)
Writedown of externally funded equipment		(5)
	(7,922)	(7,849)
Balance, end of year	\$ 137,387	\$ 118,694

### Accumulated Surplus

The Authority's accumulated surplus comprises the following:

	2006	2005
Unrestricted net assets	2,659	3,455
Internally restricted net assets Future equipment replacement	8,485	8,485
	\$ 11,144	\$ 11,940

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### Commitments and Contingencies

The Authority has been named as a defendant in various legal actions. The outcome of these actions cannot be estimated at this time. However, management believes the amount of damages, if any, resulting from these claims would not materially affect the financial position of the Authority. In accordance with standard provincial requirements, the Authority maintains adequate liability insurance coverage. Any costs in excess of the Authority's liability insurance on settlement would be recorded as an expense of the period of settlement.

The Authority is committed to operating lease payments in future years as follows:

2011 and increaser	\$ 260
2010 2011 and thereafter	20 13
2009	22
2008	27
2007	178

The leases expire at various dates from 2006 to 2012.

The Authority contracts on an ongoing basis with voluntary, private and community health service operators to provide acute and continuing care and other health services in the Region (Note 18(d)). The Authority has contracted for services in the year ending March 31, 2007 similar to those provided by these operators in 2006.

### Note 10 Budget

Note 10 Budget			
	2005/06	Additional	2005/06
	Approved	Funding	Reported
	Budget (1)	(2)	Budget
Revenue			
Alberta Health and Wellness contributions	199,876	2,708	202,584
Other government contributions	2,837		2,837
Fees and charges	20,909		20,909
Ancillary operations, net	180	-	180
Donations	350		350
Investment and other income	5,970		5,970
Amortized external capital contributions	8,098		8,098
TOTAL REVENUE	238,220	2,708	240,928
Expenses			
Facility-based inpatient acute nursing services	36,167		36,167
Facility-based emergency and outpatient services	20,229	1,310	21,539
Facility-based continuing care services	30,834		30,834
Community-based care	13,909	352	14,261
Home care	13,233		13,233
Diagnostic and therapeutic services	46,658		46,658
Promotion, prevention and protection services	10,788		10,788
Administration	9,397	146	9,543
Information technology	3,959		3,959
Support services	52,644	900	53,544
Amortization of facilities and improvements	5,253		5,253
TOTAL EXPENSES	243,071	2,708	245,779
Deficiency of revenue over expense	\$ (4,851)	s .	\$ (4,851)

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<sup>(1)</sup> The budget was approved by the Board of the Authority on April 28, 2005 and submitted to the Minister of Health and Wellness for approval.

<sup>(2)</sup> Over the course of the fiscal year, the Minister provided additional funding. The Board has allocated these additional resources to address funding expectations.

### Note 11 Alberta Health and Wellness Contributions

		2006	2005
	Unrestricted contributions	194,570	183,332
	Transfers from deferred contributions (Schedule 3)	7,383	6,340
	AH&W payments to contract operators Legacy Mortgage Assistance Program for nursing home upgrades	631	644
		\$ 202,584	\$ 190,316
Note 12	Other Government Contributions	2006	2005
	Alberta Government Fair value of rent less rent charges for non-acute care facilities used by the Authority	737	817
	Transfers from deferred contributions (Schedule 3)	1,164	988
	Fair value to use non-owned acute care facilities	531	531
	Other Alberta Government	21	21
		S 2,453	\$ 2,357

### Note 13 Fees and charges

	Inpatient	Resident	Output	tient	In	SA
	2006	2005	2006	2005	2006	2005
Acute Care						
Out-of-province	1,816	1,393	2,575	1,817	4,391	3,210
Out-of-country base amount	85	81	118	108	203	189
Out-of-country surcharge	118	88	162	130	280	218
WCB standard charges	425	346	2,355	2,139	2,780	2,485
Federal	108	115	483	355	591	470
Uninsured medical services	16	70	222	181	238	251
Preferred accompdation	10	10			10	10
Continuing care semi-private	318	323	-		318	323
	2,896	2,426	5,915	4,730	8,811	7,156
Continuing Care						
Continuing care standard ward	119	205			119	205
Continuing care semi-private	7,269	7,433			7,269	7,433
Continuing care private	5,647	5,583			5,647	5,583
Day program	54	63			54	63
Out of province	55	2			55	2
WCB standard charges	63	58			63	58
Uninsured medical services	53	53			53	53
	13,260	13,397			13,260	13,397
Home care fees						
Other			6	3	6	3
		-	6	3	- 6	- 3
	\$ 16,156	\$ 15,823	\$ 5,921	\$ 4,733	\$ 22,077	\$ 20,556

### Note 14 Ancillary Operations

	2006			2005				
	Non-pati Food Service			ental mations		Total		Total
Revenue								
Revenue		955		427		1,382		1,328
Amortized deferred capital contributions		26		5		31		31
		981		432		1,413		1,359
Expenses								
Other expenses	1	909		182		1,091		1,025
Amortization		26		5		31		31
		935		187		1,122		1,056
Excess of revenue								
over expense	5	46	5	245	5	291	5	303

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### Note 15 Investment and other income

	2006	_	2005
Investment income	1,916		2,058
Other income	4,462		4,383
	\$ 6,378	5	6,441

Investment income comprises interest, dividends, amortization of discounts (premiums) and net gains (losses) on disposal of investments.

Other income comprises recoveries from sources external to the Authority for salary and supplies, WCB compensation, food licensing permits, vaccines, laundry services and other miscellaneous revenues.

### Note 16 Administration

	2006	2005
General administration	3,815	3,324
Finance	1,222	1,191
Payrroll	860	867
Human Resources	1,997	1,840
Administration - contract operators (Schedule 4)	1,619	1,557
	\$ 9,513	· \$ 8,779

### Note 17 Support services

	2006	2005
Building maintenance, operations and security	13,337	13,220
Communications	1,479	1,611
Education	876	628
Housekeeping	5,003	5,136
Laundry and Linen	2,365	2,291
Materials management	2,467	2,389
Patient food services	8,174	8,148
Patient health records	3,344	3,280
Patient registration	2,443	2,302
Patient transportation	5,262	5,020
Support services - contract operators (Schedule 4)	8,195	7,844
	\$ 52,945	\$ 51,869

### Note 18 Related Parties

### (a) Province of Alberta

The Authority is established under the Regional Health Authorities Act. The Minister of Health and Wellness appoints the members. The Authority is economically dependent upon the Ministry of Health and Wellness since the viability of its on-going operations depends on contributions from the Ministry. Transactions between the Authority and the Province are disclosed in the Statement of Operations and in the notes to the financial statements.

### (b) Health Authorities

- (i) The Authority shares a common relationship with other Health Authorities through its relationship with the Province of Alberta. Transactions between the Authority and other Health Authorities are reported in the Statement of Operations.
- (ii) The Authority has entered into a partnership agreement with the other six non-metro regional health authorities in Alberta to develop and implement a common, integrated information system. The other partners to the agreement are:

Chinook Regional Health Authority	Palliser Health Region
David Thompson Regional Health Authority	East Central Health
Peace Country Health	Northern Lights Health Region

The partnership agreement functions under the name: Regional Shared Health Information Program (RSHIP), and is jointly controlled by the seven participating regions. RSHIP is currently intended to provide two services to the regions. The first service relates to the development and implementation of software through a provincial project management office. The second service represents the operations of a common data processing facility.

Funding of RSHIP activity has been provided partly through Alberta Health and Wellness grants, with the balance being funded by the regions directly. Each region is to take responsibility for the portion of total costs not funded by Alberta Health and Wellness. The amounts are determined annually based on costs expected to be incurred by the Provincial Project Management Office and the Shared Data Centre. The Provincial Project Management Office is expected to require funding from the Authority for the next two fiscal years. The Shared Data Centre will be an ongoing program funded by the Authority and its partners.

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### Note 18 Related Parties (continued)

### (b) Health Authorities (continued)

Costs of RSHIP have been accounted for using the proportionate consolidation method. Summarized financial information of the proportionate share of the assets and liabilities and net assets of the joint venture is as follows:

	2006	2005
Cash and investments	(2,782)	(350)
Accounts receivable	1,715	
Prepaid expenses	114	77
Capital assets	6,909	2,124
Total assets	5,956	1,851
Deferred contributions		77
Unamortized external capital contributions	5,956	1,774
Accumulated surplus	(953)	(350)
Investment in capital assets	953	350
Total liabilities and net assets	5,956	1,851

### (c) Foundations

The Authority has economic interest in the following foundations with one representative on each of their Board of Directors. The foundations raise funds to benefit the Authority and other health related entities and are registered charities under the Income Tax Act. Information on the foundations is as follows:

	Contributio by Health			s held by dation
	Year ended	March 31,	at March Externally	31, 2006
	2006	2005	Restricted	Unrestricted
St Paul & District Hospital Foundation	49	2	0	110
Hinton Health Care Foundation	114	167	43	44
Jasper Health Care Foundation	15	3	163	0
	\$ 178	\$ 172	\$ 206	S 154

Contributions include externally restricted amounts for equipment, programs, research, and education for specific communities supported by the Foundations.

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### Note 18 Related Parties (continued)

### (d) Voluntary and Private Health Service Operators

The Authority contracts with voluntary and private health service providers to provide health services in the region. Details are presented in Schedule 4.

### Note 19 Trust Funds

The Authority receives funds in trust from Alberta Infrastructure for non-owned facilities for capital purposes and facility repairs. These amounts are not reported in the statements. During the year the Authority received \$1,996 (2005 \$0) and disbursed \$304 (2005 \$0) for capital and facility repairs for non-owned facilities. The balance held by the Authority is \$1,692 (2005 \$0).

### Note 20 Pension Costs

The Authority participates in the Local Authorities Pension Plans, which are multi-employer defined benefit plans. Pension expense in these financial statements is equal to the Authority's annual contributions payable of \$6,819 for the year ended March 31, 2006 (2005) \$5,946).

At December 31, 2005, the Local Authorities Pension Plan reported an actuarial deficit of \$863,558 (2004 \$1,288,924).

### Note 21 Comparative Figures

Certain 2005 figures have been reclassified and restated to conform to the 2006 presentation.

### Note 22 Approval of Financial Statements

These financial statements have been approved by the Authority



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# ASPEN REGIONAL HEALTH AUTHORITY SCHEDULE OF EXPENSES BY OBJECT FOR YEAR ENDED MARCH 31, 2006

Schedule 1

(in thousands

PLINCHBURNING	Missellenson	Self managed care fees	Building/gound maintenance - external	Rental/lease of equipment	Staff travel	Renovations	Other fees	Lab supplies	Equipment maintenance - external	Minor equipment	Food	Patient travel	* Other Utilities		Less amounts reported in ancillary operations (Note 14)		Net (gain)/loss on disposal	Facilities and improvements - externally funded	Facilities and improvements - internally funded	Capital equipment - externally funded	Capital equipment - internally funded	Amortization:	Other *	Other contracted services	Medical and surgical supplies	Drugs and gases	Contracts with health service operators (Schedule 4)	Salaries and Benefits (Schedule 2)	
\$ 34,525	7,054	1,348	876	1,368	1,321	1,915	1,094	1,726	1,981	1,350	2,525	5,050	5,046	S 245,779	(1,146)	246,925		5,041	239	3,057	1,866		34,525	12,682	4,041	3,764	32,219	149,491	Budget
\$ 36,099	1,038	1,084	1,109	1,490	1,513	1,290	967	1,900	2,330	2,002	2,610	5,156	5,193	\$ 240,711	(1,122)	241,833	(39)	5,157	99	2,765	1,603		36,099	14,028	4,454	3,879	31,847	141,941	2006
\$ 34,374	7,064	985	1,018	1,294	1,360	1,363	1,518	1,674	1,814	1,943	2,464	4,886	5,164	S 227,429	(1,056)	228,485	(19)	5,154	99	2,690	1,787		34,374	11,947	3,761	3,626	29,164	135,902	2005

### Schedule 2

### ASPEN REGIONAL HEALTH AUTHORITY SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2006

(in thousands)

				2006					26	005	
					Severa	nice.					
	Number	Salaries	Benefits		Number			Number	Salaries		
	of.	and	and		of			of	Honorwia,		
	Individuals (1)	Honoraria (2)	Allowances (3)	Sub-total	Individuals	Amount	Total	Individuals <sup>(1)</sup>	Benefits (200)	Severance	Total
Authority/Board Compensation											
RHA Chairperson - Robert Jackson	1.00	34	-	34			34	1.00	22		22
RHA Vice Chairperson - Gary Pollock	1.00	9	-	9			9	1.00	6	-	6
Allan Buck	1.00	6	-	6		-	6	1.00	6		6
Hazel Hart	1.00	4	-	4			4	1.00	8	-	8
Ernie Halun	1.00	6	-	6			6	1.00	5	-	5
Emie Isley	1.00	11		11			11	1.00	8	-	8
Dale Johnson	1.00	11		11			11	1.00	7	-	7
Judy Kidd	1.00	8		8			8	1.00	5	-	5
Shirley Mahon	1.00	8		8			8	1.00	5	-	5
Ellen McGladdery	1.00	7	-	7			7	1.00	5		5
Andrew Orr	1.00	6	-	6			6	1.00	6	-	6
John Pilipchuk	1.00	8	-	8			8	1.00	7	-	7
Gary Ruecker	1.00	2	-	2			2	1.00	2	-	2
Floyd Thompson	1.00	11		- 11		-	11	1.00	9	-	9
Marian Wolitski	1.00	11	-	- 11			- 11	1.00	7	-	7
Sub-total	15.00	142		142			142	15.00	108		108
Staff											
President & Chief Executive Officer	0.89	257	46	303			303	1.00	285	-	285
Management person(s) reporting to the											
President & CEO:											
Vice Presidents	3.99	586	104	690			690	3.99	643		643
Other management person(s) reporting											
directly to those above	21.24	1,901	394	2,295			2,295	21.31	2,121	(120)	2,001
Other management	43.14	3,727	822	4,549	2.00	143	4,692	40.66	4,094	43	4,137
Regulated nurses not included above											
<ul> <li>RNs, Reg. Psych. Nurses, Grad nurses</li> </ul>	517.32	40,193	7,558	47,751	1.63	43	47,794	508.94	45,953		45,953
- LPNs	199.46	8,096	1,486	9,582			9,582	197.87	9,548		9,548
Other health technical and professionals	346.57	23,528	4,447	27,975			27,975	343.86	27,075		27,075
Unregulated health service providers	340.40	10,425	1,901	12,326			12,326	336.00	12,120		12,120
Other staff	859.28	29,928	6,205	36,133	1.73	9	36,142	839.73	34,074	(42)	34,032
Sub-total	2,332.29	118,641	22,963	141,604	5.36	195	141,799	2,293.36	135,913	(119)	135,794
Grand Total	2,347.29	5 118,783	\$ 22,963	\$ 141,746	5.36	\$ 195	\$ 141,941	2,308.36	\$ 136,021	\$ (119)	\$ 135,902

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## SCHEDULE OF SALARIES AND BENEFITS FOR THE YEAR ENDED MARCH 31, 2006

- Full time equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. Total actual discrete number of individuals employed: 3,795 (2005 3,729).
- 1,2 Salaries include regular base pay, overtime, lumpsum payments, shift differential, honoraria, sick leave, short-term disability, earned vacation and other remuneration.
- ندا and dismemberment, long-term disability plans, Canada Pension Plan, employment insurance, health care, dental coverage, out-of-country medical benefits, group life insurance, accidental death Benefits and allowances include employer contributions on behalf of employees including pension. workers compensation, and tuition.
- 4. amount is included under benefits and allowances. The Chief Executive Officer and other senior management are provided with an automobile; no dollar
- Severance includes amounts paid directly or indirectly to individuals upon termination, which are not included in salaries, honoraria, benefits and allowances.

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### ASPEN REGIONAL HEALTH AUTHORITY SCHEDULE OF DEFERRED CONTRIBUTIONS FOR YEAR ENDED MARCH 31, 2006

(in thousands)

		Amou	nts receiv	ed or rec	eivable	Amour	its recogni	ized as re	venue	Tran		
	Opening Balance April 1, 2005	Alberta Health and Wellness	Other government commissions	Donors	Investments and other	Alberta Health and Wellness	Other government contributions	Donors	Investments and other	Between Projects/ Regions	To Deferred Capital Contributions	Closing Balance March 31, 2006
Alberta Health and Weliness:												
Innovation fund - Aspen alzheimer cottage	628					(226)						402
Telehealth - clinical and other projects	4	100							-	-		104
Children's health initiative		125			-	(125)			-	-		
Early childhood development	391	562			-	(701)				-		252
Telehealth - operating		40		-	-	(40)			-	-		
Rural on call program	- 11	2,484			-	(2,495)			-			
Specialist on call program	1,469	2,669				(3,035)				-		1,103
Vaccine administration		424		-	-	(424)			-	-	-	
Smallpox planning preparedness		9				(8)				-		- 1
Security of systems	275	251			-				-	-		526
Innovation fund - primary care diabetes	271	175				(153)			-	(40)		253
Chipewyan Lake CHR education project	35								-	-	-	35
Chipewyan Lake CHR project	100	50		-	-	١.			-			150
Regional shared health information program	349	1,206								-	(1,272)	283
Primary care initiative	100			-	-	(34)			-	-	-	66
Transfer of governance of ground ambulance	267					(107)			-	-		160
Wabasca prenatal nutrition program	31	31		-	-	(30)			-	-	-	32
Trout/Peerless home visitation		43			-				-	-		43
Enhanced surveillance		250				(5)			-	-	-	245
Mental Health Innovation		910			-	-			-	-	-	910
Safe Lifting for Residents		440										440
InterRAI Tools for Assessment	•	176	-						-	-	-	176
Other contributors:												
Alberta Infrastructure upgrade projects	3,994	- "	1,856				(1,081)		-	-	20	4,789
Restricted - long term care partnerships	2,547				-		(83)		-	-	-	2,464
Cervical screening project	-				55				(55)			
Alzheimer and dementia project	17								(17)	-		
Stroke Strategy					612				(1)	-	-	611
Restricted - donations	1,231			1,009	8			(354)	-		(1,044)	850
Long term care fees received in advance	101				81				(101)			81
Total 2005/06	\$11,821	\$ 9,945	\$ 1,856	\$ 1,009	\$ 756	\$(7,383)	\$(1,164)	\$ (354)	\$ (174)	\$ (40)	\$(2,296)	\$13,976

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Total	Non-current: Restricted - long term care partnerships		Long term care fees received in advance	Restricted - donations	Stroke Strategy	Alzheimer and dementia project	Alberta Infrastructure upgrade projects	InterRAI tools for assessment	Safe lifting devices for residents	Mental health innovation	Enhanced surveillance	Trout/Peerless Lake home visition	Wabasca prenatal nutrition program	Transfer of governance of ground ambulance	Primary care initiative	Regional shared health information program	Chipewyan Lake CHR project	Chipewyan Lake CHR education project	Innovation fund - primary care diabetes	Security of systems	Smallpox planning & preparedness	Specialist on call program	Rural on call program	Early childhood development	Telehealth - clinical and other projects	Innovation fund - Aspen alzheimer cottage	Current:		Unspent amounts at year end are as follows:
\$ 13,976	2,464	11,512	81	850	611	,	4,789	176	440	910	245	43	32	160	66	283	150	35	253	526	_	1,103		252	104	402		2006	
\$ 11,821	2,547	9,274	101	1,231		17	3,994						31	267	100	349	100	35	271	275		1,469	11	391	4	628		2005	

### Schedule 4

### ASPEN REGIONAL HEALTH AUTHORITY SCHEDULE OF VOLUNTARY AND PRIVATE HEALTH SERVICE PROVIDERS FOR YEAR ENDED MARCH 31, 2006

(in thousands)

		Direct				Facility-	Facility-							
		Alberta	Approved			based	based	Facility-			Promotion,			
		Health	Patient			inputient	emergency	based		Diagnostic	prevention			
	Direct	and	Fees	Full cost		acute	and	continuing	Community	and	and			
	Region	Wellness	and	Adjust-	Total	nursing	outputient	care	-based	therapeutic	protection	Admin-	Support.	Total
Facility name	Funding	Funding	Charges	ments	Revenue	services	services	services	services	services	services	istration	Services	Expenditure
A. Voluntary														
Bonnyville Healthcare Centre	12,622	-	1,135	531	14,288	2,636	2,533	1,104	-	4,106	-	280	3,629	14,288
B. Private														
Extendicare Athabasca	1,954	149	800	-	2,903			1,435		211		317	940	2,903
Extendicare Bonnyville	1,770	171	826	-	2,767			1,360		192		253	962	2,767
Extendicare Mayerthorpe	1,959	151	776	-	2,886			1,496		190		275	925	2,886
Extendicare St. Paul	3,085	160	1,215		4,460			2,465		333		363	1,299	4,460
Good Samaritan Hinton	1,018		429	83	1,530				915	44		131	440	1,530
Vilna Villa	226			-	226				226				-	226
Other Mental Health Agencies	989				989				989					989
Other Public Health Agencies	26		-	-	26					-	26			26
Other Private Diagnostic Clinics	- 11	-	-	-	11			-	-	11	-	-	-	11
C. Other														
Capital Health Authority	1,754	-		-	1,754					1,754			-	1,754
Other Health Authorities	7	-	-	-	7					7	-	-		7
Total 2005/06	\$25,421	S 631	\$ 5,181	\$ 614	\$31,847	\$ 2,636	S 2,533	\$ 7,860	\$ 2,130	\$ 6,848	\$ 26	\$ 1,619	\$ 8,195	\$ 31,847

Note: Total Revenue must equal Total Expenditures

Note: Full cost adjustments are required to reflect the full cost of services in situations where a health authority does not pay full cost. Reference: Note 2(b).

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\$ 2,139 \$ 1,667 \$ 8,338 \$ 886 \$ 6,733 \$ - \$ 1,557 \$ 7,844 \$ 29,164



Total 2004/05

\$22,877 \$ 643 \$ 5,031 \$ 613 \$29,164