East Central Health

Financial Statements

March 31, 2006

EAST CENTRAL HEALTH FINANCIAL STATEMENTS MARCH 31, 2006

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EAST CENTRAL HEALTH

STATEMENT OF MANAGEMENT RESPONSIBILITY

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 judgments.

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 safeguarded. The Authority has established a code of ethics and corporate directives, which include communication of the code to employees.

The Authority carries out its responsibility for the financial statements through the Committee of the Whole. This Committee meets with management and the external auditor, Auditor General of Alberta, to review financial matters, and recommends the financial statements to the East Central Health Board for approval. The external auditor has free access to the Committee of the Whole.

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

[Original Signed]

[Original Signed]

Steve Petz President and Chief Executive Officer Norm Petherbridge, CA Chief Financial Officer The official version of this Report of the Auditor General, and the information the Report covers, is in printed form.

Auditor's Report

To the Members of East Central Health and the Minister of Health and Wellness

I have audited the statement of financial position of East Central Health (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. My responsibility is to express an opinion on these financial statements based on mv audit.

I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I 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 my 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 by Fred J. Dunn, FCA]

Auditor General

Edmonton, Alberta May 18, 2006



EAST CENTRAL HEALTH STATEMENT OF FINANCIAL POSITION

MARCH 31, 2006

(in thousands)

	2006 Actual		2005		
				Actual	
ASSETS					
Current:					
Cash and temporary investments (Note 3)	s	15,436	5	18,334	
Accounts receivable		2,146		1,994	
Contributions receivable from Alberta Health and Wellness		6,088		1,678	
Inventories	_	637	_	576	
		24,307		22,582	
Non-current cash and investments (Note 3)		19,392		19,663	
Capital assets (Note 4)		100,163		91,858	
TOTAL ASSETS	s	143,862	s	134,103	
LIABILITIES AND NET AS	SETS				
Current:					
Accounts payable and accrued liabilities	S	17,177	S	11,892	
Accrued vacation pay		5,838		5,281	
Deferred contributions (Schedule 3)		7,053		5,237	
		30,068		22,410	
Deferred contributions (Schedule 3)		503		488	
Deferred capital contributions (Note 5)		18,888		19,175	
Unamortized external capital contributions (Note 6)		88,837		85,771	
		138,296		127,844	
Net assets:					
Accumulated surplus/(deficit)		(5,760)		172	
Investment in capital assets from internally funded sources		11,326		6,087	
Operating net assets		5,566		6,259	
TOTAL LIABILITIES AND NET ASSETS	s	143,862	s	134,103	

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

EAST CENTRAL HEALTH

STATEMENT OF OPERATIONS

MARCH 31, 2006

(in thousands)

(in the contract of	any.		
	20	2006	
	Budget	Actual	Actual
	(Note 8)		
Revenue			
Alberta Health and Wellness contributions (Note 9)	\$ 182,620	\$ 184,839	\$ 180,576
Other government contributions (Note 10)	4,469	6,679	3,927
Fees and charges (Note 11)	18,693	19,586	19,530
Ancillary operations, net (Note 12)	49	50	38
Donations		178	220
Investment and other income (Note 13)	1,828	2,964	3,378
Amortized external capital contributions (Note 6)	4,885	4,927	4,884
TOTAL REVENUE	212,544	219,223	212,553
Expenses (Schedule 1)			
Facility-based inputient acute nursing services	37,669	37,998	33,792
Facility-based emergency and outpatient services	8,789	8,966	9,017
Facility-based continuing care services	38,125	39,440	37,154
Ambulance services	2,787	3,095	2,789
Community-based care	9,740	8,309	8,792
Home care	19,734	20,160	17,917
Diagnostic and therapeutic services	30,879	33,147	28,700
Promotion, prevention and protection services	6,932	6,044	5,751
Research and education	72	20	33
Administration (Note 14)	13,553	13,721	12,602
Information technology	2,843	2,642	2,803
Support services (Note 15)	43,337	43,228	41,434
Amortization of facilities and improvements	3,832	3,593	3,602
TOTAL EXPENSES	218,292	220,363	204,386
Excess (deficiency) of revenue over expenses	\$ (5,748)	\$ (1,140)	\$ 8,167

EAST CENTRAL HEALTH STATEMENT OF CHANGES IN NET ASSETS

MARCH 31, 2006

(in thousands)

				2006		2005
		umulated 1s/(deficit)	capital intern	assets from ally funded ources	 Total	 Total
Balance at beginning of year	s	172	s	6,087	\$ 6,259	\$ (1,769)
Excess (deficiency) of revenue over expenses		(1,140)		-	(1,140)	8,167
Capital assets purchased with internal funds		(5,572)		5,572		
Land purchased				447	447	50
Amortization of internally funded capital assets		780		(780)		
Refund of capital contributions from proceeds on						
sale of land						(189)
Balance at end of year	\$	(5,760)	\$	11,326	\$ 5,566	\$ 6,259

EAST CENTRAL HEALTH STATEMENT OF CASH FLOWS

MARCH 31, 2006

(in thousands)

	2006		2005	
	Budget	Actual	Actual	
Cash generated from (used by):				
Operating activities:				
Excess (deficiency) of revenue over expenses	\$ (5,748)	\$ (1,140)	\$ 8,167	
Non-cash transactions:				
Amortization of capital equipment:				
internally funded	700	744	539	
externally funded	1,209	1,329	1,318	
Amortization of facilities and improvements	3,265	3,593	3,602	
Amortized external capital contributions (Note 6)	(4,472)	(4,886)	(4,885)	
Disposals - externally funded		(44)		
Gain on disposal of land			(112)	
Loss (Gain) on disposal of capital equipment		27	(2)	
Changes in non-cash working capital accounts	(336)	3,035	(1,858)	
Cash generated from (used by) operations	(5,382)	2,658	6,769	
Investing activities:				
Purchase of capital assets:				
internally funded	(661)	(5,572)	(1,460)	
externally funded - land		(447)	(50)	
externally funded (Note 6):				
equipment	(2,778)	(2,358)	(1,973)	
facilities and improvements	(8,000)	(138)	(3,532)	
work in progress		(5,500)	(7,421)	
Proceeds on disposal of capital assets		17	199	
Allocations to non-current cash	10,051	271	(7,606)	
Cash used by investing activities	(1,388)	(13,727)	(21,843)	
Financing activities:				
Increase (decrease) in non-current				
deferred contributions (Schedule 3)	(872)	15	(384)	
Capital contributions received (Note 5)	1,599	8,156	20,966	
Refund of capital contributions from proceeds on				
sale of land			(189)	
Cash generated from financing activities	727	8,171	20,393	
Increase (decrease) in eash and temporary investments	(6,043)	(2,898)	5,319	
Cash and temporary investments, beginning of year	13,015	18,334	13,015	
Cash and temporary investments, end of year	5 6,972	\$ 15,436	\$ 18,334	

EAST CENTRAL HEALTH

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2006 (in thousands)

Note 1 Authority, Purpose and Operations

East Central Health (the Authority) was established on June 24, 1994 under 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 delivers appropriate, accessible and affordable health services in Alberta. This responsibility includes operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

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

- Bashaw Community Health Services
- Bashaw Care Centre
- Camrose Community Health Services
- Camrose Mental Health Clinic
- Daysland Health Centre
- Galahad Care Centre
- Hardisty Health Centre
- Hardisty Mental Health Clinic
- Islay Care Centre
- Killam Mental Health Clinic
- Kitscoty Community Health Services
- Lamont Community Health Centre
- Mannville Care Centre
- Myrnam Horne Care
- Provost Community Health Services
- Provost Health Centre
- Provost Mental Health Clinic
- · Sedgewick Community Health Services

- Tofield Community Health Services
- Tofield Health Centre
- Tofield Mental Health Clinic
- Two Hills Health Centre
- Two Hills Community Health Services
- Vegreville Care Centre
- Vegreville Community Health Services
- Vegreville Mental Health Clinic
- Vermilion Community Health Services
- Vermilion Health Centre
- · Vermilion Mental Health Clinic
- · Viking Community Health Services
- · Viking Health Centre
- Wainwright Community Health Services
- · Wainwright Health Centre
- Wainwright Mental Health Clinic
- Willingdon Home Care

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 Note 16 and Schedule 4.

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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 Alberta Health and Wellness' Financial Directive 26. Following are the significant accounting policies:

(a) Basis of Presentation

 The financial statements do not include the assets, liabilities or operations of the foundations described in Note 16(c), which are controlled by the Authority.

The Authority participates in the Regional Shared Health Information Program ("RSHIP"), a special purpose, limited liability, not-for-profit company incorporated under the laws of Alberta. The purpose of RSHIP is to provide and manage a shared information systems infrastructure for the participating Health Authorities. The Authority accounts for its 11.8% interest in RSHIP on a proportionate consolidation basis.

- (2) These financial statements use the deferral method, the key elements of which are:
 - (i) Unrestricted 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, or externally funded capital assets, are transferred to unamortized external capital contributions. Unamortized external capital contributions are recognized as revenue in the period the related amortization expense of the capital asset is recorded.
 - Externally restricted non-capital contributions are recognized as revenue in the year proportional to the related expenses incurred.
 - (iv) Endowments and 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 restrictions, 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 records the fair value of costs of services for which it is responsible. Fair value transactions comprise the following:

 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.

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Note 2 Significant Accounting Policies and Reporting Practices (continued)

(b) Full Cost (continued)

- (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.
- (iii) 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 these facilities.
- (iv) 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 because 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 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 comprise the employer's contributions for its employees during the year, based on rates expected to provide benefits payable under the pension plan. The Authority does not record its portion of the plan's deficit or surplus.

The Authority has a supplementary defined benefit plan for certain management staff. The Authority's benefit obligations are based on the projected benefit method prorated on services valuation that includes employee service to date and present compensation levels as well as a projection of salaries and service to retirement. No cash payments are made to staff relating to this plan until their retirement. All actuarial gains and losses are recognized as expense in the year incurred.

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



Note 2 Significant Accounting Policies and Reporting Practices (continued)

(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-then-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.

(e) Financial Instruments

The carrying value of accounts 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 moving average cost or net realizable value.

(g) Capital Assets

Capital assets and construction and technology 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:

	Useful Life
Land improvements	20 years
Buildings and improvements	40 years
Leasehold improvements	20 years
Furniture and equipment	5-20 years

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

Leases transferring substantially all benefits and risks of capital asset ownership are reported as capital asset acquisitions financed by unamertized external capital contributions.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(h) Trust Funds Received by the Authority for Non-owned Facilities

The Authority receives trust funds from Alberta Infrastructure to pay operators of non-owned facilities for capital purposes or facility repairs. These amounts are not reflected in the financial statements but disclosed in Note 17.

(i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Actual results could differ from estimates.

Note 3 Cash and Investments

		2006		2005
Cash	5	23,915	5	19,803
Fixed income investments		7,080		13,401
Equities	_	3,833	_	4,793
Total current and non-current cash and investments	5	34,828	S	37,997
Fair value of cash and investments:				
Cash	5	23,915	\$	19,803
Fixed income investments		7,132		13,499
Equities	_	4,305	_	4,940
	5	35,352	5	38,242
Classified as:	_			
Current	5	15,436	5	18,334
Non-current		19,392		19,663
Total cash and investments	5	34,828	s	37,997

(a) To optimize returns at an acceptable risk level, management has established a policy asset mix of 5% to 20% for cash and cash equivalents, 50% to 80% for fixed-income investments, 10% to 20% for Canadian equities and 5% to 15% for foreign equities. Risk is reduced through diversification.



Cash and Investments (continued) Note 3

(b) Fixed-income securities, such as bonds, have an average effective yield of 4.5% per annum for securities maturing between 1 and 37 years. As at March 31, 2006, the securities have the following maturity structure:

1 to 5 years	53%
6 to 10 years	16%
Over 10 years	31%

- Equities comprise publicly traded equities. Risk is reduced by prudent security selection and (c) sector rotation.
- Non-current cash and investments represent the following: (d)

(d) Tron current cush and investments represent the following.	 2006	 2005
Externally restricted for capital acquistions:		
Federal equipment grants	\$ 779	\$ 1,295
Externally restricted for major capital projects	18,110	17,880
Externally restricted for other purposes:		
Healthy Aging Partnership Initiatives (Schedule 3)	503	 488
	\$ 19,392	\$ 19,663

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Note 5 Deferred Capital Contributions

	_	2006	_	2005
Amounts received:				
Restricted Alberta Health and Wellness contributions	5	5,642	5	2,755
Restricted other government contributions		2,073		17,918
Donations restricted for capital purposes		995		423
		8,710		21,096
Amounts transferred to operations - Alberta Health and Wellness				
contributions (Note 9)		(554)		(130)
		8,156		20,966
Transferred to:				
Unrestricted net assets		(447)		(50)
Unamortized external capital contributions (Note 6)		(7,996)		(12,926)
Change during the year		(287)		7,990
Balance, beginning of year		19,175	_	11,185
Balance, end of year	S	18,888	S	19,175
Balance at end of the year is restricted for the following purposes:				
Equipment replacement	5	1,371	s	1,567
New construction		17,517		17,608
	S	18,888	S	19,175

Unamortized External Capital Contributions

The balance of unamortized external capital contributions at the end of year represents the external capital contributions to be recognized as revenue in future years.

	_	2006	_	2005
Balance, beginning of year	s	85,771	s	77,730
Transfers from deferred capital contributions (Note 5)		7,996		12,926
Disposal of externally funded equipment		(44)		-
Less amounts recognized as revenue:				
Amortized external capital contributions:				
Equipment		(1,329)		(1,317)
Facilities and improvements		(3,554)		(3,567)
Ancillary operations (Note 12)		(3)		(1)
Balance, end of year	5	88,837	S	85,771

Note 7 Commitments and Contingencies

Commitments (a)

The Authority contracts on an ongoing basis with voluntary and private health service operators to provide health services (Schedule 4). The Authority has contracted for services in the year ending March 31, 2007 similar to those provided by these operators in 2006.

In order to manage its exposure to the volatility in the electrical industry, the Board has entered into a five year contract, expiring March 31, 2010, to purchase electrical energy at a fixed price of \$54.40 per MWh. Based on 2006 consumption, the annual costs for the year ending March 31, 2007 are expected to be \$926.

The Authority is committed to the following construction and technology projects currently in progress and which will be satisfied from externally funded grants:

Louise Jensen Long Term Care Project	5	400
Vegreville Long Term Care Project	- 1	0,820
Vermilion Long Term Care Project		8,593
CT Scanner Project - Carrrose		1,009
Medical Information Technology Inc.	_	2,185
	5.2	3.007

Contingencies

The Authority has a contingent liability in respect of a claim concerning the methodology used to calculate pension benefit payments under the Local Authorities Pension Plan (LAPP). The claim has been filed jointly and severally against the Province of Alberta and the employers participating in LAPP. The claim specified an amount of \$1.25 billion. The outcome of the claim is not determinable, and no liability is recorded at this time.

The Authority has a contingent liability in respect of a claim concerning increased long-term care accommodation charges levied effective August 1, 2003. The claim has been filed against the Province of Alberta and the Regional Health Authorities. The total amount of the claim is in excess of \$150 million based on the amount of the increase in accommodation charges levied. The outcome of the claim is not determinable, and no liability is recorded at this time.



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Note 8 Hudget	2006 Approved Budget (1)	Adjustments ©	2006 Reported Budget	
Revenue				
Alberta Health and Wellness contributions	\$ 182,620	s .	\$ 182,620	
Other government contributions	4,469		4,469	
Fees and charges	18,693	-	18,693	
Ancillary operations, net	49		49	
Donations				
Investment and other income	1,828		1,828	
Amortized external capital contributions	4,885		4,885	
TOTAL REVENUE	212,544		212,544	
Expenses				
Facility-based inputient acute nursing services	37,669		37,669	
Facility-based emergency and outpatient services	8,789	-	8,789	
Facility-based continuing care services	38,125		38,125	
Ambulance services	1,777	1,010	2,787	
Community-based care	9,740	-	9,740	
Home care	19,734		19,734	
Diagnostic and therapeutic services	30,879		30,879	
Promotion, prevention and protection services	6,932		6,932	
Research and education	72	-	72	
Administration	13,553		13,553	
Information technology	2,843		2,843	
Support services	44,347	(1,010)	43,337	
Amortization of facilities and improvements	3,832		3,832	
TOTAL EXPENSES	218,292		218.292	
Deficiency of revenue over expenses	\$ (5.748)	s .	\$ (5,748)	

- (1) The budget was approved by the Authority on May 19, 2005, and submitted to the Minister of Health and Wellness for approval.
- (2) Initial allocation of payments to our associate partners were adjusted to correct errors in allocation of ambulance costs which are to be disclosed separately. These adjustments did not change the approved budgeted deficit.

Alberta Health and Wellness Contributions

	_	2006	_	2005
Unrestricted contributions:				
Operating grants	5	179,602	5	169,549
Accumulated deficit funding				7,005
		179,602		176,554
Transfers from deferred contributions (Schedule 3)		4,528		3,733
Transfers from deferred capital contributions (Note 5)		554		130
Alf&W payments to contract operators:				
Legacy Mortgage Assistance Program for nursing home upgrades	_	155	_	159
	5	184,839	5	180,576
Note 10 Other Government Contributions		2006		2005
Alberta Government:				
Fair value of rent less rent charges for non-acute care facilities used by the Authority	5	623	s	713
Transfers from deferred contributions (Schedule 3)		5,228		2,340
Fair value to use non-owned acute care facilities (Schedule 4)	_	828	_	874
	5	6,679	5	3,927

Note 11 Fees and Charges

	Inpution@Resident		dent	Outpatient			Total					
	_;	2006	_;	2005	_	2006	2005		2006		2005	
Acute Care												
Out-of-province	5	939	5	802	5	1,094	5	954	5	2,033	5	1,756
Out-of-country base amount		(2)		27		14		16		12		43
Out-of-country surcharge		(3)		34		18		20		15		54
WCB standard charges		377		310		611		558		988		868
Federal		34		70		254		188		288		258
Uninsured medical services		(3)		7		22		41		19		48
Uninsured supplies						15		13		15		13
Preferred accommodation		32		27		-		-		32		27
Continuing care standard word				20				-				20
Continuing care semi-private		216		205						216		205
Continuing care private		105		76						105		76
		1.695		1,578		2.028		1,790	_	3,723		3,368
Continuing Care	_											
Continuing care standard ward		17		65						17		65
Continuing care semi-private		6,365		7,211		-		-		6,365		7,211
Continuing care private		9.294		8,794		-		-		9,294		8,794
Out-of-province				7								7
		15,676		16,077	_	-		-	_	15,676	_	16,077
Public Health		-		-	Ξ	187		85	=	187		85
Total	5	17,371	s	17,655	s	2.215	5	1,875	5	19,586	5	19,530

Note 12 Ancillary Operations

	2006									005
		Non-Patient Food Services		Rental Operations		Mher	Total		Total	
Revenue										
Revenue	.5	602	5	45	5	40	5	687	5	713
Amorized deferred capital										
contributions (Note 6)		3						. 3		
		605		45		40		690		714
Expenses										
Other expenses		598		2		33		633		671
Amortization		. 7	_				_	. 7	_	
		605		2		33		640		636
Excess (deficiency) of revenue over expenses	5		5	43	5	7	5	50	5	.38

Note 13 Investment and Other Income

		2005		
Investment revenue	s	1,067	5	1,362
Other revenue		1,897		2,016
	s	2,964	S	3,378

Investment income comprises interest, dividends, amortization of discount and premiums, and net gains on disposal of investments.

Other revenue comprises charges for laundry services to continuing care clients, services provided to others and various miscellaneous recoveries.

Note 14 Administration

		2005		
General administration	\$	5,477	s	4,407
Finance		1,216		1,184
Human Resources		1,673		1,362
Administration - contract operators (Schedule 4)		5,355		5,649
	S	13,721	5	12,602

Support Services

		2005		
Building maintenance, operations and security	S	9,389	5	8,651
Education		426		358
Housekeeping		2,613		2,598
Laundry and linen		1,121		1,143
Materiels management		1,178		1,115
Patient food services		5,053		5,057
Patient health records		1,467		1,408
Patient registration		778		744
Support services - contract operators (Schedule 4)		21,203		20,360
	S	43,228	S	41,434

Note 16 Related Parties

(a) Province of Alberta

Entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements are related parties. The Authority is established under the Regional Health Authorities Act. The Minister of Health and Wellness appoints the board members. The Authority is economically dependent upon the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry. Transactions between the Authority and its related parties are disclosed in the Statement of Operations and in the notes and schedules to the financial statements.

Note 16 Related Parties (continued)

(a) Province of Alberta (continued)

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 and are summarized as follows:

Balances

	Payable to:						
2006		2005		2006		2005	
5	-	5	-	5		5	5
	100		104		28		354
S	100	\$	104	5	28	5	359
	S S	2006 S - 100	2006 2 5 - 5	S - S -	2006 2005 2 5 · S · S 100 104	2006 2005 2006 S · S · S · 100 104 28	2006 2005 2006 2 S - S - S - S - S

Revenue and Expenses

	Revenue				Expenses			
	2006		2005		2006		2005	
Post-secondary institutions	5	-	5	10	5	48	5	2
School Boards		-		16		81		47
Other health authorities		413		504		1,489		2,203
	S	413	S	530	s	1,618	5	2,252

(b) Foundations

The following controlled foundations are not consolidated in these financial statements:

(i) Viking Health Foundation

The Viking Health Foundation was established under the authorization of the Minister of Health on June 27, 1997. Representation on its Board consists of 11 members appointed by the Authority. The Viking Health Foundation was created to solicit funds from the public in order to assist the Authority in achieving its health goals for the residents of the Viking community.

Note 16 Related Parties (continued)

(b) Foundations (continued)

(i) Viking Health Foundation (continued)

		2005	2004		
Total assets Total liabilities	s	1,684 (16)	\$	1,818 (129)	
Net assets	\$	1,668	5	1,689	
Revenue Expenses	s	178 (199)	\$	181 (248)	
Deficiency of revenue over expenses	s	(21)	5	(67)	

The resources of the foundation amounting to \$1,668 (2004 - \$1,689) have been restricted by donors for the exclusive use of the Viking community.

(ii) Tofield and Area Health Services Foundation

The Tofield and Area Health Services Foundation was established under the authorization of the Minister of Health on September 10, 2003. Representation on its Board consists of 7 members appointed by the Authority. The Tofield and Area Health Services Foundation was created to solicit funds from the public in order to assist the Authority in achieving its health goals for the residents of the Tofield community.

	2	004
Total assets	s	32
Total liabilities		
Net assets	S	32
Revenue	5	16
Expenses		
Excess of revenue over expenses	5	16

The resources of the foundation amounting to \$32 have been restricted by donors for the exclusive use of the Tofield community.

Note 16 Related Parties (continued)

(b) Foundations (continued)

	Contributions received by the Authority				Resources held by the Foundation				
	Ye	ar endec	March 1	31.		at March	31, 2	105	
	20	006	20	005		mally tricted	Une	estricted	
Viking Health Foundation	s	- 4	S	7	s	-	5	1,668	
Totield and Area Health Services Foundation		-						32	
	5	4	5	7	\$	-	\$	1,700	

(c) Other Foundations

The Authority has economic interest in the Daysland General Hospital Foundation and the Wainwright & District Community Health Foundation.

The Authority is permitted to appoint one representative to the Board of Directors of each foundation. These foundations were established to solicit funds from the public in order to assist the Authority in achieving its health goals for the residents of each community.

(d) Voluntary and Private Health Service Operators

The Authority has an economic interest through its contracts with voluntary and private health service providers in the region. Details are presented in Schedule 4.

Note 17 Trust Funds

The Authority receives funds in trust from Alberta Health and Wellness and Alberta Infrastructure for non-owned facilities for capital purposes and facility repairs. In addition, the Authority is providing fiscal management of funds received in trust from Alberta Health and Wellness for the Building Health System Leadership Capacity project, the Alzheimer's Dementia project and the Primary Care Network - Camrose. These amounts are not included in the statements.

Note 18 Pension Costs

The Authority participates in the Local Authorities Pension Plan which is a multi-employer defined benefit plan. Pension expense in these financial statements is equal to the Authority's annual contributions payable. At December 31, 2005, the Local Authorities Pension Plan reported a deficiency of \$863,558 (2004 - deficiency of \$1,288,924).

Note 18 Pension Costs (continued)

During the current year the Authority introduced a supplementary defined benefit plan for certain management staff. There are no cash payments made to staff relating to this plan until their retirement. The plan's assets will be held in a trust pursuant to a Retirement Compensation Arrangement (as defined by the Income Tax Act). The plan will be fully funded. Actuarial valuations are completed annually. The obligation and pension expense can vary with changes in actuarial assumptions used to estimate the obligation. The actuarial valuation assumed a discount rate of 5.4% per annum. Accrued benefit fliability of \$26 on the supplementary defined benefit plan is equal to the accrued benefit obligation and included in benefits payable under current liabilities. The unrecognized initial obligation of \$835 is being amortized over six years.

	_		2005	
Pension plan expense comprises the following: Local Authorities Pension Plan	s	4,124	s	3,557
Supplementary defined benefit plan		26		
	S	4,150	\$	3,557

Note 19 Subsequent Event

Alberta Infrastructure and Transportation is in the process of transferring at nominal cost to the Authority the Corporate Office, St Mary's Hospital, Rosehaven Care Centre, Killam General Hospital, Mary Immaculate Hospital and St Joseph's General Hospital. The impact to the Authority is to increase capital assets by \$434 and to increase unamortized external capital contributions by \$434.



Note 20 Province Wide Services

Alberta Health and Wellness contributions include funding for Province-wide services, which are a range of complex and high cost medical services available to Albertans. Funding and cost information included in revenue and expenses are as follows:

	2006											
			Varia	nce								
	Funding	Costs	S	9								
Inpatient and outreach services	\$ 10,381	\$ 10,382	\$ (1)	(0.0)								
Unallocated funding	150		150	100.0								
	10,531	10,382	149	1.4								
Amortized external capital contributions	2		2	100.0								
Total	\$ 10,533	\$ 10,382	\$ 151	1.4								
		2005										
			Varia	nce								
	Funding	Costs	S	%								
Inpatient and outreach services	\$ 9,763	\$ 9,793	\$ (30)	(0.3)								
Unallocated funding	60		60	100.0								
	9,823	9,793	30	0.3								
Amortized external capital contributions	28		28	100.0								
Total	\$ 9,851	\$ 9,793	\$ 58	0.6								

- (a) Total funding includes amortization of related external capital contributions. Amortized external capital contributions represent the revenue associated with the amortization expense of externally funded capital assets.
- (b) Inpatient and outreach services include direct costs, allocation of overhead and internally funded and externally funded amortization of equipment.
- (c) Inpatient and outreach services consist of specialized nursing, therapeutic and psychiatric services for geriatric patients.

Note 21 Accumulated Deficit

Current year operations resulted in an accumulated deficit of \$5,760 at March 31, 2006. Per Alberta Regulation 15/95 of the Regional Health Authorities Act, the Authority will provide the Minister with a plan, in writing, that is satisfactory to the minister, to eliminate the accumulated deficit within 3 years of it being incurred.

Note 22 Comparative Figures

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

Note 23 Approval of Financial Statements

These financial statements have been approved by the Authority.

Schedule 1

EAST CENTRAL HEALTH

SCHEDULE OF EXPENSES BY OBJECT

MARCH 31, 2006

2005

EAST CENTRAL HEALTH

SCHEDULE OF SALARIES AND BENEFITS

MARCH 31, 2006

(in thousands)

2006

Number of Individulas (1) Salaries and Honoraria (2) Benefits and Honoraria (2) Allowances (3) Sub-total Number of Individuals (2) Sub-total Number of Individuals (3) Number of Individuals (4) Number of Individuals (1) Number of Individuals (1) Number of Individuals (1) Benefits (2,3)	a, Severance (4) To	otal
Individulas (1) Honoraria (2) Allowances (3) Allowances (3) Sub-total Number of Individuals Amount Total Individulas Honoraria, (1) Benefits (2,3)	a, Severance (4) To	otal
Board Compensation		
Chair - E. Andersen 1 \$ 30 \$ - \$ 30 - \$ - \$ 30 1 \$ 29	9 \$ - \$	29
M. Arnold 1 12 - 12 12 1 9	9 -	9
R. Crooker 1 14 - 14 - 14 1 9	9 -	9
P. Gulak 1 8 - 8 8 1 8	8 -	8
L. Heinemann 1 1 1 - 1 - 1 1		_
J. Hunter 1 10 - 10 - 10 1 7	7 -	7
R. Israelson 1 13 - 13 - 1 18	8 -	8
L. Johnson 1 10 - 10 10 1 6	6 -	6
C. Mastel 1 5 - 5 5 1 6	6 -	6
O. Olineck 1 14 - 14 14 1 8	8 -	8
J. Rudkowsky 1 2 - 2 2 1 -		-
M. Schreiber 1 11 - 11 11 1 8	8 -	8
M. Zeniuk 1 3 - 3 3 1 4	4	4
Total Honoraria 13 133 - 133 133 12 102		102

2005

EAST CENTRAL HEALTH SCHEDULE OF SALARIES AND BENEFITS MARCH 31, 2006

(thousands of dollars) 2006

				200.3							
	Number of FTE's (1)	Salaries and Honoraria ⁽²⁾	Benefits and Allowances (3)	Sub-total	Number of Individuals	Amount	Total	Number of FTE's (1)	Salaries, Honoraria, Benefits ^(2,3)	Severance (4)	Total
Staff	-	·····				*					
Chief Executive Officer (5)	1.0	275	42	317	-	-	317	1.0	259	-	259
Management persons reporting to the CEO:		-	-			-					
Vice President - Medical Services	1.0	217	30	247	-	-	247	1.0	230	-	230
Vice President - Operations	1.0	154	23	177	-	-	177	1.0	156	-	156
Chief Financial Officer	0.9	132	22	154	-	-	154	1.0	154	-	154
Vice President - Development	-	-	-	-	-	-	-	0.3	37	40	77
Chief Corporate Services Officer	1.0	136	22	158	-	-	158	1.0	149	-	149
Director - Communications	1.0	93	17	110	-	-	110	1.0	99	-	99
Other management persons reporting											
directly to those above	10.6	1,108	190	1,298	-	-	1,298	8.9	1,042	-	1,042
Other management	67.6	5,301	1,013	6,314	2	53	6,367	66.3	6,028	-	6,028
Regulated nurses not included above											
RN's, Reg. Psych. Nurses, Grad nurses	271.6	20,237	3,995	24,232	1	30	24,262	289.8	23,817	-	23,817
LPN's	118.9	4,893	1,001	5,894	-	-	5,894	118.1	5,814	-	5,814
Other health technical and professionals	176.2	10,764	2,102	12,866	1	22	12,888	170.8	11,853	7	11,860
Unregulated health service providers	344.7	9,172	1,786	10,958	1	5	10,963	377.6	11,104	2	11,106
Other staff	427.9	14,564	3,276	17,840	1	2	17,842	436.6	17,721	24	17,745
Subtotal - Staff	1,423.6	67,046	13,519	80,565	6	112	80,677	1,474.4	78,463	73	78,536
Grand Total		\$ 67,179	\$ 13,519	\$ 80,698		\$ 112	\$ 80,810		\$ 78,565	\$ 73	\$ 78,638

EAST CENTRAL HEALTH

SCHEDULE OF SALARIES AND BENEFITS

FOR THE YEAR ENDED MARCH 31, 2006

- \exists Full Time Equivalent (FTE) is determined at the rate of 2,022.75 annual hours for each full-time employee. The actual discrete number of individuals employed: 2,067 (2005 - 2,105).
- \odot Salaries include regular base pay, overtime, lump sum payments, shift differential, honoraria, sick leave, short-term disability, earned vacation leave and other remuneration.
- plans, Canada Pension Plan, employment insurance and workers compensation. insurance, accidental disability and dismemberment insurance, long and short term disability or payments made on behalf of employees including pension, registered retirement savings plan, Benefits and allowances included the employer's share of all employee benefits and contributions nealth care, dental coverage, vision coverage, out of country medical benefits, group life

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made to any named staff during the year. Included in benefits and allowances are increases in pension accruals. No cash payment has been pension benefit obligation and consists of the following: These adjustments relate to accrued supplementary

S					s	Ct See	
9	1	_	_	3	4	Current Service Costs	
S					\$	F Se C	
12	1	_	_	4	5	Prior Service Costs	ţ
S					\$	In C	2000
5	,	ı	1	2	3	Interest Costs	
S					\$		
26	1	2	2	9	12	Total	

Chief Corporate Services Officer Chief Financial Officer Vice President - Operations Vice President - Medical Services

Chief Executive Officer

- **£** Severance includes amounts paid directly or indirectly to individuals upon termination, which are not included in salaries, honoraria, benefits and allowances.
- (5) The Chief Executive Officer is provided with an automobile. No dollar amount is included under

EAST CENTRAL HEALTH SCHEDULE OF DEFERRED CONTRIBUTIONS

MARCH 31, 2006

(in thousands)

Alberta Harlds and Wallaces	Opening Balance April 1, 2005		Alberta Health and Wellness		Other government contributions		Investments and other		Alberta Health and Wellness		Other government contributions			g Balance
Alberta Health and Wellness Rural on call program	\$	254	\$	1,518	\$	_	S	_	\$	1,511	\$	_	\$	261
Specialists on call program	Ψ	763	Ψ	1,733	Ψ		Ψ	-	Ψ	2,092	Ψ	- -		404
Primary Care Initiatives		183		50		_		_		187		_		46
Ambulance Transition		40		-						-				40
Telehealth operating grant		-10		180				_		80				100
Alzheimer & dementia front-line training		_		11		_				11		_		-
Vacine administrative costs		200		26		_				171		_		55
Surveillance of Immunization Coverage		-		250		_		_		-		_		250
Children's health initiative		215		67						53				229
Safe Lift Grant		-		533		_				-				533
Stroke Strategy		_		612		_				_		_		612
Mental Health Grants		_		1,053				_		_				1,053
Early childhood development		248		223		_		_		357		_		114
Privacy and security		146		264		_		_		66		_		344
Various projects <\$10,000 each		-		8		_		_		-		_		8
Sub-total		2,049		6,528		_		_		4,528				4,049
Other Government contributors		2,049		0,328						4,328				4,049
Alberta Ministry of Infrastructure and Transportation:														-
Infrastructure Improvement		1,862				1,719						2,003		1,578
Health Sustainability		1,308		-		898		-		-		820		1,376
CT Scan Project		1,308		-				-		-				1,360
Alberta Department of Seniors and Community Supports:		-		-		1,500		-		-		1,500		-
Healthy aging partnership initiatives (HAPI) (1)		488		532		-		15		-		532		503
East Central Alberta Child and Family Services Authority:												• •		
Fetal Alcohol Syndrome Drug Program		-		-		44		-		-		30		14
Alberta Cancer Board:														
Cervical cancer screening program		4		-		53		-		-		45		12
Community cancer clinic - Lloydminster		-		-		142		-		-		142		-
Government of Canada - Quality of Worklife		-		-		142		-		-		142		-
Various projects <\$10,000 each		14				14						14		14
Sub-total Sub-total		3,676		532		4,512		15		-		5,228		3,507
Grand Total	\$	5,725	\$	7,060	\$	4,512	\$	15	\$	4,528	\$	5,228	\$	7,556
Classified as follows:														
Current	\$	5,237											\$	7,053
Non-current - see (1) above	Ψ	·											Ψ	·
		488												503
Total	\$	5,725											\$	7,556

EAST CENTRAL HEALTH

SCHEDULE OF VOLUNTARY AND PRIVATE HEALTH SERVICE PROVIDERS MARCH 31, 2006

(in thousands)

	Direct Region Funding	Direct Alberta Health and Wellness Funding	Approved Patient Fees and Charges	Full Cost Adjustments	Total Revenue	Facility- based inpatient acute nursing services	Facility- based emergency and outpatient services	Facility- based continuing care services	Ambulance services	Community-based care	Home care	Diagnostic and therapeutic services	Promotion, prevention and protection services	Administration	Information technology	Support services	Total Expenditure
Voluntary																	
St Mary's Hospital, Camrose	\$ 20,771	\$ -	\$ 629	\$ -	\$ 21,400	\$ 9,577	\$ 2,313	\$ -	\$ 376	\$ -	\$ -	\$ 3,626	\$ -	\$ 900	\$ 106	\$ 4,502	\$ 21,400
The Bethany Group, Camrose	17,696	-	3,490	-	21,186	-	-	11,962	49	-	2,047	1,553	-	1,287	31	4,257	21,186
Prairie North Health Region (Lloydminster)	18,514	-	1,790	310	20,614	4,325	1,382	3,385	-	1,040	370	3,995	312	1,268	90	4,447	20,614
Killam General Hospital Corporation	4,198	-	797	-	4,995	1,038	164	1,444	108	20	29	671	-	380	22	1,119	4,995
Lamont Health Centre	8,910	-	1,713	518	11,141	1,669	1,388	3,319	170	-	-	1,374	-	522	-	2,699	11,141
Mary Immaculate Health Centre - Mundare	1,726	-	446	-	2,172	-	1	1,126	10	-	-	232	-	166	-	637	2,172
St Joseph's Hospital - Vegreville	8,830	-	161	-	8,991	2,493	1,073	-	578	-	-	2,338	-	383	24	2,102	8,991
<u>Private</u>																	
Laboratory Contracts	2,684	-	-	-	2,684	-	-	-	-	-	-	2,684	-	-	-	-	2,684
Extendicare (Canada) Inc.	2,715	155	950	-	3,820	-	-	1,681	7	-	-	243	-	449	-	1,440	3,820
Home Care Contracts:																	
Self Managed Care	863	-	-	-	863	-	-	-	-	-	863	-	-	-	-	-	863
Designated Supportive Housing	2,084	-	-	-	2,084	-	-	-	-	-	2,084	-	-	-	-		2,084
Others	934	-	-	-	934	-	-	_	-	-	934	-	-	-	-	-	934
Therapeutic Services Contracts:																	
Physiotherapy	548	-	-	-	548	-	-	-	-	-	-	548	-	-	-	-	548
Others	267	-	-	-	267	-	-	-	-	-	-	267	-	-	-	-	267
Community Mental Health Service Contractors	486	_	-	-	486	-	_	-	_	486	-	-	-	-	-	-	486
Lloydminster Public School District	26	-	-	-	26	-	-	-	-	-		26	-		_	-	26
Lloydminster Catholic School Division	7	_	-	-	7	-	_	-	_	-	-	7	-	-	-	_	7
Lloydminster Early Intervention Program	75	-	-	-	75	-	-	-	_	-	75	-	-	-	-	-	75
City of Lloydminster	5	-	-	-	5	-	-	-	-		-	-	5	-	-		5
Total 2006	\$ 91,339	\$ 155	\$ 9,976	\$ 828	\$ 102,298	\$ 19,102	\$ 6,321	\$ 22,917	\$ 1,298	\$ 1,546	\$ 6,402	\$ 17,564	\$ 317	\$ 5,355	\$ 273	\$ 21,203	\$ 102,298
Total 2005	\$ 80,852	\$ 159	\$ 10,019	\$ 874	\$ 91,904	\$ 17,276	\$ 6,315	\$ 20,926	\$ 1,160	\$ 1,120	\$ 4,073	\$ 14,535	\$ 302	\$ 5,649	\$ 188	\$ 20,360	\$ 91,904
						\$ 17,276				\$ 1,120	\$ 4,073	\$ 14,535	\$ 302	\$ 5,649		\$ 20,360 East Cen	

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