

ASPEN REGIONAL HEALTH AUTHORITY
FINANCIAL STATEMENTS
MARCH 31, 2009

Statement of Management Responsibility

Statement of Financial Position

Statement of Operations

Statement of Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements

Schedule 1 – Schedule of Expenses by Object

Schedule 2 - Schedule of Salaries and Benefits

ASPEN HEALTH REGION
MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING
MARCH 31, 2009
FINANCIAL STATEMENTS

The accompanying financial statements are the responsibility of management and have been reviewed and approved by Senior Management. 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 that are 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 and 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 and are properly authorized, reliable financial records are maintained, and assets are adequately safeguarded.

The region members carry out their responsibility for the financial statements through the Audit and Finance Committee. This Committee meets with management and the Office of the Auditor General to review financial matters, and recommends the financial statements to the Alberta Health services Board for approval upon finalization of the audit. The Office of the Auditor General of Alberta has free access to the Audit and Finance Committee.

The Office of the Auditor General of Alberta 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 to him to report on the fairness of the financial statements prepared by management.

“Original signed”

Shelly Pusch
CFO – Aspen Health Region

“Original signed”

Chris Mazurkewich
CFO – Alberta Health Services

“Original signed”

Dr. Stephen Duckett
CEO – Alberta Health Services

Auditor's Report

To the Members of the Alberta Health Services Board
and the Minister of Health and Wellness

I have audited the statement of financial position of the Aspen Health Region (the Authority) as at March 31, 2009 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 my 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, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The financial statements as at March 31, 2008 and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated June 9, 2008.

"Original signed by Fred J. Dunn, FCA"

Auditor General

Edmonton, Alberta
June 11, 2009

"The official version of this Report of the Auditor General, and the information the Report covers, is in printed form."

ASPEN REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
March 31, 2009
(in thousands)

	2009	2008
	Actual	Actual
		Restated (Note 3)
<u>ASSETS</u>		
Current:		
Cash, cash equivalents and investments (Note 4)	\$ 47,892	\$ 44,114
Accounts receivable	5,102	5,681
Contributions receivable from Alberta Health and Wellness	432	15,127
Inventories	1,853	1,638
Prepaid expenses	3,882	3,771
	59,161	70,331
Non current cash, cash equivalents and investments (Note 4)	18,690	30,719
Capital assets (Note 5)	174,661	177,050
Other assets (Note 6)	2,217	2,299
	254,729	280,399
<u>LIABILITIES AND NET ASSETS</u>		
Current:		
Accounts payable and accrued liabilities	\$ 25,836	\$ 25,920
Accrued vacation pay	13,421	11,804
Deferred contributions (Note 7)	20,729	20,005
	59,986	57,729
Deferred contributions (Note 7)	2,217	2,299
Deferred capital contributions (Note 8)	24,324	29,262
Unamortized external capital contributions	159,176	162,154
	245,703	251,444
Net assets:		
Accumulated (deficit)/surplus (Note 10)	(6,459)	3,377
Accumulated surplus internally restricted (Note 10)	-	8,485
Investment in capital assets	15,485	14,896
Cumulative net unrealized gains on investments	-	2,197
	9,026	28,955
TOTAL LIABILITIES AND NET ASSETS	\$ 254,729	\$ 280,399

ASPEN REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
For the Year Ended March 31, 2009
(in thousands)

	2009		2008
	Budget (Note 12)	Actual	Actual Restated (Note 3)
Revenue			
Alberta Health and Wellness contributions (Note 13)	\$ 251,941	\$ 246,661	\$ 238,576
Other government contributions (Note 14)	1,187	977	1,199
Fees and charges	26,842	25,727	23,554
Ancillary operations (Note 15)	1,518	1,675	1,622
Donations	300	427	392
Investment and other income (Note 16)	9,271	8,323	9,636
Amortized external capital contributions	9,594	10,548	9,134
TOTAL REVENUE	300,653	294,338	284,113
Expenses (Schedule 1)			
Inpatient acute nursing services	46,203	47,208	43,908
Emergency and outpatient services	25,700	26,538	24,549
Facility-based continuing care services	34,318	36,280	33,563
Community-based care	19,713	19,974	17,482
Home care	15,650	16,542	14,743
Diagnostic and therapeutic services	56,770	57,266	52,117
Promotion, prevention and protection services	13,388	13,687	12,195
Administration	12,950	11,903	12,074
Information technology	6,536	6,783	6,563
Support services	63,151	69,409	61,444
Amortization of facilities and improvements	5,932	6,480	5,426
TOTAL EXPENSES	300,311	312,070	284,064
Excess (deficiency) of revenue over expenses	\$ 342	\$ (17,732)	\$ 49

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

ASPEN REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN NET ASSETS
For the Year Ended March 31, 2009
(in thousands)

	2009				2008
	Accumulated surplus/ (deficit) (Note 10)	Internally Restricted Accumulated surplus/ (deficit) (Note 10)	Investment in capital assets	Cumulative net unrealized gains/(losses) on investments Total	Total
Balance at beginning of year	\$ 3,377	8,485	\$ 14,896	\$ 2,197	\$ 28,955
Excess (deficiency) of revenue over expenses	(17,732)	-	-	-	(17,732)
Capital assets purchased with internal funds	(2,931)	-	2,931	-	-
Amortization on internally funded capital assets	2,342	-	(2,342)	-	-
Changes to internally restricted funds	8,485	(8,485)	-	-	-
Cumulative net unrealized gains/(losses) on investments					
Net unrealized losses on available for sale financial assets arising during the year	-	-	-	(3,344)	(3,344)
Reclassification adjustments for gains included in excess of revenue over expenses	-	-	-	1,147	1,147
Balance at end of year	\$ (6,459)	\$ -	\$ 15,485	\$ -	\$ 9,026

ASPEN REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
For the Year Ended March 31, 2009
(in thousands)

	2009		2008
	Budget	Actual	Actual
Cash generated from (used by):			
Operating activities:			Restated (Note 3)
Excess (deficiency) of revenue over expense	\$ 342	\$ (17,732)	\$ 49
Non-cash transactions:			
Amortization (Schedule 1)	11,677	12,880	11,229
Amortized external capital contributions	(9,630)	(10,584)	(9,170)
Amortization of advances under long term care partnerships	82	82	82
Amortized long term care partnership contributions	(82)	(82)	(82)
Gain on disposal of capital equipment:			
- internally funded	-	(2)	(23)
Gain on disposal of investments	-	(212)	(438)
Amortization on Investments	-	18	18
Loss on investments valuations	-	1,129	-
Transferred to deferred contributions	-	2,503	1,800
Changes in non-cash working capital account	-	17,205	57
Cash generated from operations	<u>2,389</u>	<u>5,205</u>	<u>3,522</u>
Investing activities:			
Purchase of investments	(50,000)	(34,935)	(53,229)
Purchase of capital assets:			
- internally funded equipment	(4,300)	(2,172)	(2,676)
- internally funded facilities & improvements	(2,825)	(759)	(1,154)
- externally funded equipment	(2,500)	(1,911)	(3,368)
- externally funded facilities & improvements	(9,256)	(5,695)	(14,398)
Proceeds on sale of investments	50,000	37,709	51,962
Proceeds on sale of capital assets	-	48	29
Allocations from (to) non-current cash	9,255	6,123	(6,787)
Cash used by investing activities	<u>(9,626)</u>	<u>(1,592)</u>	<u>(29,621)</u>
Financing activities:			
Capital contributions received	7,500	165	16,470
Cash generated from financing activities	<u>7,500</u>	<u>165</u>	<u>16,470</u>
Increase (decrease) in cash and cash equivalents	263	3,778	(9,629)
Cash, cash equivalents and investments, beginning of year	<u>44,303</u>	<u>44,114</u>	<u>53,743</u>
Cash, cash equivalents and investments, end of year	<u>\$ 44,566</u>	<u>\$ 47,892</u>	<u>\$ 44,114</u>

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

ASPEN REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2009
(in thousands)

Note 1 Authority, Purpose and Operations

The Aspen Regional Health Authority (the "Region") was established June 24, 1994 under the *Alberta Regional Health Authorities Act*. The Region is a registered charity under the *Income Tax Act* and exempt from payment of income taxes. Effective April 1, 2009 the Region will be disestablished and all the assets and liabilities will be transferred to Alberta Health Services (Note 19).

The Region delivers appropriate, accessible and affordable health services in Alberta, operating programs that promote, protect, maintain, restore and enhance physical and mental well-being.

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

Athabasca Healthcare Centre	Slave Lake Healthcare Centre
Barrhead Healthcare Centre	Smoky Lake Continuing Care Centre
Boyle Healthcare Centre	St. Therese - St. Paul Healthcare Centre
Cold Lake Healthcare Centre	Swan Hills Healthcare Centre
Dr W.R. Keir - Barrhead Continuing Care Centre	Wabasca/Desmarais Healthcare Centre
Edson Healthcare Centre	Westlock Healthcare Centre
Elk Point Healthcare Centre	Westlock Continuing Care Centre
George McDougall - Smoky Lake Healthcare Centre	Whitecourt Healthcare Centre
Hinton Healthcare Centre	William J. Cadzow - Lac La Biche Healthcare Centre
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 Note 17(e).

Note 2 Significant Accounting Policies and Reporting Practices

(a) Basis of Presentation

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 34.

These financial statements were prepared on a consolidated basis and include the following:

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(a) Basis of Presentation (continued)

The Region uses the proportionate consolidated method to account for its 50% interest in each of the two Primary Care Networks: St. Paul/Aspen Primary Care Network and Bonnyville/Aspen Primary Care Network.

The Region participates in the Regional Shared Health Information Program (RSHIP), a special purpose, limited liability, not-for-profit company incorporated under the laws of Alberta as disclosed in Note 17(b). The Region accounts for its 13.33% interest in RSHIP on a proportionate consolidation basis.

These financial statements use the deferral method of accounting for contributions, key elements of which are:

- (i) Unrestricted contributions are recognized as revenue in the year receivable.
- (ii) Restricted non-capital contributions are recognized as revenue in the year in which the related expenses are incurred.
- (iii) Restricted capital contributions are recorded as deferred capital contributions until invested in capital assets. Invested amounts are transferred to unamortized external capital contributions and recognized as revenue in the period the related amortization expense of the capital asset is recorded.
- (iv) Restricted contributions to purchase capital assets that will not be amortized are treated as direct increases to net assets.
- (v) Investment income includes dividend and interest income, and realized and unrealized investment gains and losses. Unrealized gains and losses on available-for-sale financial assets are included directly in net assets or deferred contributions as appropriate, until the asset is removed from the Statement of Financial Position. Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Other unrestricted investment income is recognized as revenue when earned.
- (vi) Donations and contributions in kind are recorded at fair value when such value can reasonably be determined.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(b) Capital Disclosure

Effective April 1, 2008, the Region implemented new capital disclosure requirements per section 1535 of the CICA Handbook.

The Region's objectives for managing capital are:

- in the short term to safeguard the Region's financial ability to continue to deliver health services and;
- in the long term to plan and to build sufficient physical capacity to meet future needs for health services.

The majority of the Region's operating funds are from Alberta Health and Wellness which are paid on the first of each month. As a result, significantly less working capital is required. The Region monitors its working capital and cash flow forecasts.

Alberta Health and Wellness approves health care facilities based on long-term capital plans and provides the majority of the funding through one-time capital grants. The Region funds the required equipment and systems by a combination of allocating a portion of the operating funds and obtaining external funding from charitable donations and capital grants.

Where a health region has incurred an accumulated deficit, legislation requires submission of a deficit elimination plan (Note 10).

(c) Full cost

The Region accounts for all costs of services for which it is responsible. Fair value transactions comprise:

- (i) Revenue that contracted health service operators earn from Ministry of Health and Wellness designated fees and charges are recorded as the Region's fees and charges. An equivalent amount is recorded as contracted health service expense of the Region.
- (ii) Alberta Health and Wellness direct payments to contracted health service operators are recorded as revenue and as program expense as these payments represent part of the cost of the Region's health program costs.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

- (iii) Fair value to use acute care facilities not owned by the Region is recorded as revenue from other government contributions or donations, and as program expense, since the Region's contract payments do not include amounts for use of these facilities.
- (iv) Fair value for use of non-acute care facilities not owned by the Region and provided to the Region at zero or nominal rent is recorded as other government contributions and as program expense.
- (v) Other assets, supplies and services that a health region would otherwise purchase are recorded as revenue and expense, 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.

(d) Employee Future Benefits

The Region 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 where the Region 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 Region does not record its portion of the plans' deficit or surplus. The Region fully accrues its obligations for employee non-pension future benefits.

The Region provides a defined benefit Supplementary Retirement Plan to senior executives. Costs of these benefits are actuarially determined using the projected benefit method pro-rated on services, a market interest rate, and management's best estimate of expected costs and benefit coverage period. Net actuarial gains and losses of the benefit obligation are amortized over the average remaining service life of the group. Current service cost is the actuarial present value of the benefits earned in the fiscal year. Prior service costs include amortization of past service costs on plan initiation, amortization of actuarial gains and losses, and interest accruing on the actuarial liability. The Region's supplementary retirement plan is funded (Note 9(a)).

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(e) Investments

Investments are accounted for in accordance with the accounting policies described in Note 2(f).

Transaction costs associated with the acquisition and disposal of investments are expensed. The purchase and sale of investments are accounted for using the trade date accounting.

(f) Financial Instruments

Initial measurement of financial instruments is at fair value and subsequent measurement and recognition of changes in value depend upon the classification. Financial assets classified as "available for sale" are measured at fair value with changes in fair values recognized in the Statement of Changes in Net Assets or deferred contributions until realized, at which time the cumulative changes in fair value are recognized in the Statement of Operations. "Loans and Receivables" and financial liabilities classified as "other financial liabilities" are measured at amortized cost using the effective interest method.

The Region has classified its financial assets and financial liabilities as follows:

<u>Financial Assets and Liabilities</u>	<u>Classification</u>
Cash, cash equivalents, and Investments	Available for sale
Accounts receivable	Loans and receivables
Contributions Receivable	Loans and receivables
Accounts payable and accrued liabilities	Other financial liabilities
Accrued vacation pay	Other financial liabilities

The Region does not use hedge accounting and accordingly, is not impacted by the requirements of Section 3865 Hedges. The Region as a Not-for-Profit Organization has elected not to apply the standards for embedded derivatives in non-financial contracts.

When it is determined that an impairment of a financial instrument classified as available for sale is other than temporary, the cumulative loss that had been recognized directly in net assets or deferred contributions is removed and recognized in the Statement of Operations even though the financial asset has not been derecognized. Impairment losses recognized in the Statement of Operations for a financial instrument classified as available for sale are not reversed.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

The carrying value of current cash, accounts receivable, contribution receivable from Alberta Health & Wellness and accounts payable approximates their fair value because of the short term nature of these items. Unless otherwise noted, it is management's opinion that the Region is not exposed to significant, interest, currency or credit risks arising from its financial instruments.

(g) Inventories

In June 2007 the Canadian Institute of Chartered Accountants (the "CICA") issued a new accounting standard, Section 3031 Inventories which provides guidance on the recognition, measurement and disclosure of inventories. The standard provides specific direction for not-for-profit organizations to record inventories held for consumption or distribution at no charge at the lower of cost or current replacement cost.

The Region adopted this new standard as of April 1, 2008 but did not adjust opening balances or restate prior periods because the adoption did not have a material impact.

Inventories for consumption or distribution at no charge are recorded at the lower of cost (defined as moving average cost) and current replacement cost. All other inventories are recorded at the lower of cost (defined as moving average cost) and net realizable value.

(h) Capital Assets

Capital assets and construction in progress are recorded at cost. Capital assets are amortized over their estimated useful lives on a straight-line basis as follows:

	<u>Useful Life</u>
Land improvements	8-20 years
Buildings	15-45 years
Building equipment	10-20 years
Equipment	3-20 years

Capital assets with unit costs less than five thousand dollars are expensed. Construction in progress is not amortized until the project is complete.

(i) Measurement Uncertainty

The financial statements, by their nature, contain estimates and are subject to measurement uncertainty. Amounts recorded for amortization of capital assets and amortization of external capital contributions are based on estimates of the useful life of related capital assets. The Supplementary Retirement Plan obligation is based on actuarial calculations. Actual results could differ from these estimates.

Note 3 Prior Period Adjustment

During the year, Aspen Regional Health Authority made the following adjustments to the 2007-08 results:

Accounting for Primary Care Networks (PCN's) has been adjusted on a retrospective basis to proportionately consolidate all PCN's that the Region jointly controls (Note 17(d)).

Amounts held in trust for Patient/Resident funds have been removed from the financial statement presentation.

The following table summarizes the changes to the 2008 comparative figures that have been incorporated in these financial statements and notes to the financial statements:

	As previously stated	Proportionate Consolidation of PCN's	Resident Trust	As restated
<u>Statement of Financial Position</u>				
Cash and investments	\$ 43,527	\$ 776	\$ (189)	\$ 44,114
Accounts receivable	5,674	7		5,681
Prepaid expenses	3,768	3		3,771
Accounts payable and accrued liabilities	26,069	40	(189)	25,920
Deferred contributions	19,259	746		20,005
<u>Statement of Operations</u>				
Alberta Health and Wellness contributions	238,207	369		238,576
Investment and other income	9,609	27		9,636
Community-based care	17,086	396		17,482

Note 4 Cash, Cash Equivalents and Investments

	2009		2008	
	Fair Market Value	Cost	Fair Market Value	Cost
	Restated (Note 3)			
Cash	\$ 51,426	\$ 51,426	\$ 52,255	\$ 52,255
Treasury bills	295	295	1,053	1,053
Money market securities	948	948	62	62
Bonds	9,499	9,919	13,162	13,024
Equities	4,414	5,160	8,301	6,260
Total	\$ 66,582	\$ 67,748	\$ 74,833	\$ 72,654
Classified as:				
Current	47,892		44,114	
Non current	18,690		30,719	
Total cash, cash equivalents and investments	\$ 66,582		\$ 74,833	

- (a) At March 31, 2009 management determined that an impairment of investments classified as available for sale was other than temporary and therefore a cumulative loss has been recognized in the Statement of Operations (Note 16).
- (b) Treasury bills mature June 25, 2009 and bear interest at an average of 0.41%.
- (c) Money market securities bear interest at 1.78% paid annually.
- (d) 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.
- (e) Fixed-income securities, such as government bonds, provincial bonds and corporate bonds have an average effective yield of 5.158% per annum based on the market for securities maturing in one to five years, and 5.387% per annum for securities maturing between six and twenty-nine years. As at March 31, 2009 and 2008, the securities have the following maturity structure:
- | | 2009 %'s | 2008 %'s |
|---------------|----------|----------|
| 1 to 5 years | 35% | 29% |
| 5 to 10 years | 35% | 57% |
| Over 10 years | 30% | 14% |

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

Non-current cash, cash equivalents and investments represent the following:

	2009	2008
Externally restricted for capital acquisitions	\$ 18,690	\$ 9,256
Internally restricted for capital acquisitions		8,485
Unrestricted non-current investments		12,978
	\$ 18,690	\$ 30,719

Note 5 Capital Assets

Capital Asset	Cost					Closing Balance March 31, 2009
	Opening Balance April 1, 2008	Transfers from Construction in Progress	Additions	Transfer of Assets	Disposals	
Land	\$ 2,787	\$ -	\$ -	\$ -	\$ -	\$ 2,787
Land improvements	5,710	709	-	-	-	6,419
Buildings	244,224	14,119	-	-	-	258,343
Building equipment	12,007	-	45	-	-	12,052
Equipment	81,629	5,916	4,083	-	(3,260)	88,368
Construction in progress	20,881	(20,744)	6,409	-	-	6,546
	\$ 367,238	\$ -	\$ 10,537	\$ -	\$ (3,260)	\$ 374,515

Capital Asset	Accumulated Amortization					Net Book Value 2009	Net Book Value 2008
	Opening Balance April 1, 2008	Current Year Amortization	Transfer of Assets	Amortization on Disposals	Closing Balance March 31, 2009		
Land	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,787	\$ 2,787
Land improvements	4,643	199	-	-	4,842	1,577	1,067
Buildings	118,387	6,106	-	-	124,493	133,850	125,837
Building equipment	10,540	212	-	-	10,752	1,300	1,467
Equipment	56,618	6,363	-	(3,214)	59,767	28,601	25,011
Construction in progress	-	-	-	-	-	6,546	20,881
	\$ 190,188	\$ 12,880	\$ -	\$ (3,214)	\$ 199,854	\$ 174,661	\$ 177,050

Capital assets were funded from the following sources:

	2009	2008
Externally funded	\$ 159,176	\$ 162,154
Internally funded	15,485	14,896
	\$ 174,661	\$ 177,050

Note 6 Other Assets

	2009	2008
Advances under long-term care partnership agreements	\$ 2,299	\$ 2,381
Amortized during the year	<u>(82)</u>	<u>(82)</u>
Balance, end of year	<u>\$ 2,217</u>	<u>\$ 2,299</u>

Funds received from Alberta Infrastructure 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 Region uses the Forgivable Mortgage Model for reporting the contribution and advancement of funds as per Alberta Health and Wellness guidelines for accounting for long-term care partnerships. The provincial government supports partnerships between the Region and private organizations by providing a one-time, up-front capital grant to the Region. The Region 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 Region provides the private operator with an amortizable advance secured on the construction costs of the facility. This advance is to be amortized over 33 years, which is equivalent to the term of the partnership agreement. The Region does not accrue interest on the loan as the Region will forgive the balance of the loan following the expiry of the term of the agreement.

Note 7 Deferred Contributions

The balance at the end of the year is restricted for the following purposes:

	2009	2008
Current		Restated (Note 3)
AHW - Continuing Care	\$ 289	\$ 801
AHW - Mental Health Innovation	531	1,342
AHW - Specialist On Call	658	1,629
AHW - Immunization	203	504
AHW - Security of Systems	177	336
AHW - Telehealth	447	272
AHW - Health Promotion	360	529
AHW - Aboriginal Health Strategies	-	179
AHW - Other	-	7
AHW - Pandemic	1,342	1,631
AHW - Infrastructure Maintenance	10,801	8,214
Donations	1,262	1,122
Upgrade HCA Skills	157	-
Stroke Strategy	791	764
Mental Health Children's Wait Times	161	394
Alberta Cardiac Access Collaborative	209	200
Healthcare Aide Upgrade & Training	109	294
Wait Time Project - Hip & Knee Replacement	1,355	447
Wait Time Project - Back & Spine	120	119
Bone & Joint Project	100	-
Capacity Building - Colorectal Cancer Screening	-	300
Primary Care Network	1,041	746
Other	616	175
	<u>20,729</u>	<u>20,005</u>
Non-current		
Alberta Infrastructure - Long term care partnerships	<u>2,217</u>	<u>2,299</u>
Total	<u>\$ 22,946</u>	<u>\$ 22,304</u>

Note 8 Deferred Capital Contributions

The balance at the end of the year is restricted for the following purposes:

	2009	2008
Betterment of capital assets	\$ 129	\$ 4,740
New Construction	<u>24,195</u>	<u>24,522</u>
	<u>\$ 24,324</u>	<u>\$ 29,262</u>

Note 9 Long-Term Employee Benefits

(a) Supplementary Retirement Plan

Accrued obligation, beginning of year	\$ 43	\$ -
Current service cost	43	41
Interest cost	4	2
Actuarial gain	(11)	-

Accrued obligation, end of year	<u>\$ 79</u>	<u>\$ 43</u>
---------------------------------	--------------	--------------

Reconciliation of funded status of accrued benefit asset / liability

Funded status of plan	\$ 9	\$ -
Unamortized actuarial (gain)	(9)	-

Accrued benefit asset (liability)	<u>\$ -</u>	<u>\$ -</u>
-----------------------------------	-------------	-------------

Current service cost	\$ 43	\$ 41
Interest cost	4	2
Actuarial gain in year	(11)	-
Difference between expected and actual return on assets	(2)	-
Difference between recognized and actual actuarial loss (gain) in year	11	-

Benefit cost	<u>\$ 45</u>	<u>\$ 43</u>
--------------	--------------	--------------

Supplementary Retirement Plan is fully funded.

Significant actuarial assumptions are as follows:

Discount rate	6.2%	5.2%
Expected average remaining service life of employees	12	13
Salary increase	4%	4%
Expected return on plan assets	3.1%	2.6%

The above information is based on the actuarial valuation performed at March 31, 2009.

Plan Assets (held by trustee)

Employer contributions - fair value of assets at March 31	-	-
---	---	---

Plan Assets (held by Canada Revenue Agency)

Employer contributions paid by refundable taxes	\$ 45	\$ 43
Total plan assets	<u>\$ 45</u>	<u>\$ 43</u>

Funded status of plan	<u>\$ 45</u>	<u>\$ 43</u>
------------------------------	--------------	--------------

(b) Pension Expense

The Region 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 Region's annual contributions payable of \$9,461 for the year ended March 31, 2009 (2008 - \$8,213).

At December 31, 2008, the Local Authorities Pension Plan reported an actuarial deficit of \$ 4,413,971 (2007 - \$1,183,334).

Note 10 Accumulated (Deficit)/Surplus

The Region's accumulated (deficit)/surplus comprises the following:

	2009	2008
Unrestricted net assets (deficiency)	\$ (6,459)	\$ 3,377
<u>Internally restricted net assets</u>		
Future equipment replacement	-	8,485
	<u>\$ (6,459)</u>	<u>\$ 11,862</u>

The Alberta Health Services Board has unrestricted all funds that were previously internally restricted.

The Region has reported an accumulated deficit at March 31. Per Alberta Regulation 15/95 of the RHA Act, Alberta Health Services will provide the Minister with a plan, in writing, that is satisfactory to the Minister, to eliminate the net accumulated deficit of all health regions combined, within three years of incurrence.

Note 11 Commitments and Contingencies

(a) Commitments

The Region is committed to operating lease payments and software licensing in future years as follows:

2010	\$ 224
2011	653
2012	123
2013	85
2014	34
	<u>\$ 1,119</u>

The leases expire at various dates from 2010 to 2014.

The Region 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 17(e)). The Region has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in 2009.

(b) Legal

The Region 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 Region. In accordance with standard provincial requirements, the Region maintains adequate liability insurance coverage. Any costs in excess of the Region's liability insurance on settlement would be recorded as an expense of the period of settlement.

Note 12 Budget

The budget was prepared by management and submitted to the Minister of Health and Wellness on June 3, 2008.

Note 13 Alberta Health and Wellness Contributions

	2009	2008
Unrestricted contributions	\$ 229,542	\$ 225,247
Transfers from deferred contributions	17,119	13,329
	<u>\$ 246,661</u>	<u>\$ 238,576</u>

Note 14 Other Government Contributions

Alberta Government

	2009	2008
Fair value of rent less rent charges for non-acute care facilities used by the Region	\$ 814	\$ 1,105
Transfers from deferred contribution	82	82
Transition grant from East Central Health (Note 18)	55	-
Other Alberta Government	<u>26</u>	<u>12</u>
	<u>\$ 977</u>	<u>\$ 1,199</u>

Note 15 Ancillary Operations

	2009				2008	
	Revenue	Direct Expenses	Amortization Expense	Excess of Revenue over Expense	Revenue	Excess of Revenue over Expense
Non-patient food services	\$ 1,037	\$ 949	\$ 26	\$ 62	\$ 1,013	\$ 33
Rental operations	420	336	10	74	386	196
Sale of goods and services	218	212	-	6	223	-
Total	\$ 1,675	\$ 1,497	\$ 36	\$ 142	\$ 1,622	\$ 229

Ancillary expenses are reported in support services in the Statement of Operations.

Note 16 Investment and other income

	2009	2008
Investment Income	\$ 1,710	\$ 2,566
Other than temporary impairment of investments (Note 4)	(1,147)	(18)
Other Income	7,760	7,088
	<u>\$ 8,323</u>	<u>\$ 9,636</u>

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

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

Note 17 Related Parties

- (a) Province of Alberta and Health Regions

The Minister of Health and Wellness appoints members of the Alberta Health Service Board. The Board is economically dependent on the Ministry of Health and Wellness since the viability of its ongoing operations depends on contributions from the Ministry.

The Region had the following transactions with other Health Regions recorded on the Statement of Operations and Financial Position at the amounts of consideration agreed upon between the related parties:

Authority	2009				2008			
	Revenue	Expense	Receivable	Payable	Revenue	Expense	Receivable	Payable
Other regional health authorities and provincial health boards	\$ 2,394	\$ 3,219	\$ 553	\$ 236	\$ 1,798	\$ 3,173	\$ 472	\$ 2,396

Note 17 Related Parties (continued)

(b) Regional Shared Health Information Program (RSHIP)

The seven non-metro health regions have entered into an agreement under the name Regional Shared Health Information Program (RSHIP), to develop and implement a common, integrated health information system. This standard system will integrate with Alberta's Provincial Electronic Health Record (EHR) initiative. The other partners to the agreement are: Chinook Regional Health Authority, Palliser Health Region, David Thompson Health Region, East Central Health Region, Peace Country Health Region, and Northern Lights Health Region.

AHW Funding	\$ 1,216	\$ 4,906
Health Authority contribution	749	2,233
Total	\$ 1,965	\$ 7,139

Reported as follows:

Expenses	\$ 573	\$ 712
Capital assets	1,392	6,427
Total	\$ 1,965	\$ 7,139

The Region accounts for its interest in RSHIP on a proportionate consolidation basis.

(c) Foundations

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

	2009			2008		
	Assets	Liabilities	Net Assets	Assets	Liabilities	Net Assets
St Paul & District Hospital Foundation	\$ 173	\$ 23	\$ 150	\$ 158	\$ 23	\$ 135
Hinton Health Care Foundation	265	-	265	243	-	243
Jasper Health Care Foundation	88	100	(12)	155	167	(12)
Total	\$ 526	\$ 123	\$ 403	\$ 556	\$ 190	\$ 366

Note 17 Related Parties (continued)

	Contributions received by Health Region		Resources held by Foundation	
	Year ended March 31,		at March 31, 2009	
	2009	2008	Externally Restricted	Unrestricted
St Paul & District Hospital Foundation	\$ 8	\$ 77	\$ -	\$ 150
Hinton Health Care Foundation	-	-	77	188
Jasper Health Care Foundation	26	-	88	-
	\$ 34	\$ 77	\$ 165	\$ 338

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

(d) Primary Care Networks

The Region's share of the following Primary Care Networks are included in the financial statements under the proportionate consolidation method.

	Health region's 50% share	
	2009	2008
Opening Balance	\$ 746	\$ 682
Contributions from AHW	1,157	433
Amounts recognized as revenue	(862)	(369)
Amounts deferred	\$ 1,041	\$ 746

(e) Contracts with Health Service Providers

The Region has an economic interest through its contracts with voluntary and private health service providers in the region. Funding was provided as follows:

	2009			2008		
	Affiliated Health Service Providers	Non-Affiliated Health Service Providers	Total	Affiliated Health Service Providers	Non-Affiliated Health Service Providers	Total
Direct Region funding	\$ 30,476	\$ 2,501	\$ 32,977	\$ 27,488	\$ 2,138	\$ 29,626
Direct AHW funding	-	-	-	-	-	-
Fees and charges	5,638	-	5,638	5,066	-	5,066
Full cost adjustments	82	-	82	82	-	82
Total	\$ 36,196	\$ 2,501	\$ 38,697	\$ 32,636	\$ 2,138	\$ 34,774

Note 18 Transition Costs

As at March 31, 2009, the Region recorded incremental transition costs and restructuring charges in the Statement of Operations. In the Statement of Operations these charges are included in Administration, Support Services and Information Technology.

	Severance Related	Other	Total
Liability at March 31, 2008	\$ -	\$ -	\$ -
Expenses	-	55	55
Payments made during the year	-	(55)	(55)
Liability as at March 31, 2009	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

East Central Health received \$80 million in funding from Alberta Health and Wellness for the costs of Alberta Health Service transitioning and the Region has recorded a receivable from East Central Health for the transition costs incurred as described above.

Note 19 New Governance Structure

On May 15, 2008, the Minister of Health and Wellness restructured the governance model of health service delivery in Alberta. A single common board replaced the board members of each of Alberta's nine regional health authority boards, Alberta Mental Health Board, Alberta Cancer Board and Alberta Alcohol and Drug Abuse Commissions (AADAC). Effective April 1, 2009, all of these entities including the region but excluding East Central Health will be disestablished and all the assets, liabilities, rights and obligations of these entities, including the Region, will be assumed by East Central Health whose name will change to Alberta Health Services ("AHS").

Note 20 Comparative Figures

Certain 2008 figures have been reclassified to conform to the 2009 presentation.

Note 21 Approval of Financial Statements

These financial statements have been approved by the Alberta Health Services Board.

Schedule 1

ASPEN REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2009
(in thousands)

	Budget	2009	2008
			Restated (Note 3)
Salaries and Benefits (Schedule 2)	179,760	181,729	164,654
Contracts with health service operators (Note 17 (e))	37,118	38,697	34,774
Drugs and gases	4,364	4,592	4,577
Medical and surgical supplies	5,732	6,498	5,703
Other contracted services	19,069	20,989	19,568
Other *	42,591	46,687	43,582
Amortization:			
Capital equipment - internally funded	1,948	2,230	1,960
Capital equipment - externally funded	3,797	4,133	3,789
Facilities and improvements - internally funded	99	98	99
Facilities and improvements - externally funded	5,833	6,419	5,381
Net gain on disposal	-	(2)	(23)
	<u>\$ 300,311</u>	<u>\$ 312,070</u>	<u>\$ 284,064</u>
* Other			
Utilities	\$ 6,285	\$ 6,449	\$ 6,276
Patient travel	5,947	6,431	5,758
Food	3,022	3,155	2,925
Minor equipment	1,596	1,677	3,518
Equipment maintenance - external	2,221	2,545	2,344
Lab supplies	2,463	2,640	2,419
Other fees	1,542	1,560	1,377
Renovations	3,195	5,451	1,716
Staff travel	1,708	1,911	1,835
Rental/lease of equipment	1,799	1,906	1,755
Building/ground maintenance - external	1,226	1,964	2,144
Rental/lease of land/building	1,456	1,147	1,414
Miscellaneous	10,131	9,851	10,101
	<u>\$ 42,591</u>	<u>\$ 46,687</u>	<u>\$ 43,582</u>

**ASPEN REGIONAL HEALTH AUTHORITY
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2009**
(in thousands)

Schedule 2

	2009						Severance (5)			2008	
	Number of FTEs (1)	Base Salary (2)	Other Cash Benefits (3)	Other Non-Cash Benefits (4)	Sub-Total	Number of FTEs	Amount	Total	Number of FTEs (1)	Total	
Board Chair (6)											
Ken Hughes - AHS	0.88	-	-	-	-	-	-	-	-	-	
Robert Jackson	0.12	-	9	-	9	-	-	-	1.00	37	
Board Members (6)											
Jack Ady - AHS	0.88	-	-	-	-	-	-	-	-	-	
Pierre Crevelin - AHS	0.21	-	-	-	-	-	-	-	-	-	
Catherine Roozen - AHS	0.63	-	-	-	-	-	-	-	-	-	
Linda Hohol - AHS	0.88	-	-	-	-	-	-	-	-	-	
John Lehnert - AHS	0.88	-	-	-	-	-	-	-	-	-	
Irene Lewis - AHS	0.88	-	-	-	-	-	-	-	-	-	
Don Sieben - AHS	0.88	-	-	-	-	-	-	-	-	-	
Lori Andreschuk - AHS	0.33	-	-	-	-	-	-	-	-	-	
Gord Boujje - AHS	0.33	-	-	-	-	-	-	-	-	-	
Teri Lynn Bougie - AHS	0.33	-	-	-	-	-	-	-	-	-	
Jim Clifford - AHS	0.33	-	-	-	-	-	-	-	-	-	
Strater Crowfoot - AHS	0.33	-	-	-	-	-	-	-	-	-	
Tony Franceschini - AHS	0.33	-	-	-	-	-	-	-	-	-	
Andreas Laupacis - AHS	0.33	-	-	-	-	-	-	-	-	-	
Gord Winkel - AHS	0.33	-	-	-	-	-	-	-	-	-	
Allan Buck	0.12	-	4	-	4	-	-	4	1.00	5	
Bill Bulger	0.12	-	3	-	3	-	-	3	1.00	4	
Ernie Halun	0.12	-	3	-	3	-	-	3	1.00	4	
Ernie Isley	0.12	-	4	-	4	-	-	4	1.00	6	
Dale Johnson	0.12	-	3	-	3	-	-	3	1.00	5	
Judy Kidd	0.12	-	4	-	4	-	-	4	1.00	6	
Shirley Mahon	0.12	-	-	-	-	-	-	-	1.00	2	
Ellen McGladdery	0.12	-	3	-	3	-	-	3	1.00	6	
Andrew Orr	0.12	-	3	-	3	-	-	3	1.00	10	
John Pilipchuk	0.12	-	4	-	4	-	-	4	1.00	7	
Gary Pollock	0.12	-	3	-	3	-	-	3	1.00	6	
Gary Ruecker	0.12	-	-	-	-	-	-	-	1.00	3	
Floyd Thompson	0.12	-	3	-	3	-	-	3	1.00	6	
Marian Wolitski	0.12	-	4	-	4	-	-	4	1.00	9	
Total Board	10.56	-	50	-	50	-	-	50	15.00	116	

**ASPEN REGIONAL HEALTH AUTHORITY
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2009**
(in thousands)

Schedule 2 (continued)

	2009						Severance (5)			2008	
	Number of FTEs (1)	Base Salary (2)	Other Cash Benefits (3)	Other Non-Cash Benefits (4)	Sub-Total	Number of FTEs	Amount	Total	Number of FTEs (1)	Total	
Board	10.56	-	-	50	-	50	-	50	15.00	116	
Board Direct Reports (7)											
President & Chief Executive Officer - AHS (8)	0.02	-	-	-	-	-	-	-	-	-	
Interim Chief Executive Officer - AHS (8)	0.88	-	-	-	-	-	-	-	-	-	
President & Chief Executive Officer (9)(14)	1.00	335	-	55	390	-	-	390	1.00	305	
	1.90	335	-	55	390	-	-	390	1.00	305	
CEO Direct Reports (10)											
Management person(s) reporting to the President & CEO:											
Vice President Health Services (14)	1.00	162	-	28	190	-	-	190	1.00	188	
Vice President Corporate Services (11)	1.00	176	-	29	205	-	-	205	1.00	189	
Vice President Medical/Legal/Quality	-	-	-	-	-	-	-	-	0.06	180	
Vice President Medical/Legal/Quality	1.00	162	-	24	186	-	-	186	0.91	153	
Vice President Community Health (12)	1.00	146	-	24	170	-	-	170	1.00	165	
Vice President Human Resources (13)	1.00	146	-	24	170	-	-	170	1.00	163	
Executive Director Communications	1.00	112	-	19	131	-	-	131	0.87	116	
	6.00	904.00	-	148.00	1,052.00	-	-	1,052.00	5.84	1,154.00	
Other Staff											
Other management person(s) reporting directly to those above (14)	32.95	3,326	6	697	4,029	1.00	34	4,063	33.37	3,804	
Other management (14)	30.98	2,999	28	607	3,634	1.00	7	3,641	32.68	3,745	
Regulated nurses not included above											
- RNs, Psych, Nurses, Grad nurses	538.62	40,748	8,102	8,108	56,958	-	-	56,958	543.60	53,964	
- LPNs	211.63	10,579	1,705	2,077	14,361	-	-	14,361	209.80	12,289	
Other health technical and professionals	409.34	28,204	4,644	5,886	38,734	-	-	38,734	398.00	34,517	
Unregulated health service providers	369.66	13,156	1,559	2,475	17,190	-	-	17,190	351.47	14,237	
Other staff	925.13	36,098	1,935	7,257	45,290	-	-	45,290	909.58	40,523	
	2,518.31	135,110	17,979	27,107	180,196	2.00	41	180,237	2,478.50	163,079	
Grand Total	2,536.77	\$ 136,349	\$ 18,029	\$ 27,310	\$ 181,688	2.00	\$ 41	\$ 181,729	2,500.34	\$164,654	

Schedule 2 (continued)

**SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2009**

- 1) 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: 4845 (2008 – 4,746). “Discrete” number of individuals refers to all employees who were in the system during the fiscal year.
- 2) Base salary includes pensionable base pay.
- 3) Other cash benefits include overtime, lump sum payments, shift differential, and honoraria.
- 4) Other non-cash benefits include:
 - a) Employer’s current and prior service cost of supplementary retirement plans per Note (15) below.
 - b) Share of all employee benefits and contributions or payments made on behalf of employees including pension, health care, dental coverage, vision coverage, out-of-country medical benefits, group life insurance, accidental disability and dismemberment insurance, long and short term disability plans, Canada Pension Plan, employment insurance, workers compensation, and tuition.
- 5) Severance includes direct or indirect payments to individuals upon termination, which are not included in other benefits.
- 6) On May 15, 2008, the Region’s board, along with the other regional health authority boards, was replaced by the Alberta Health Services (AHS) interim board according to Ministerial Order 50/2008. On December 1, 2008, an additional 8 panel members were appointed to complete the 15 member board. Salaries and benefits of the AHS board members are reported and disclosed in the financial statements of East Central Health.
- 7) Board Direct Reports reflect FTE’s and costs for the entire 08-09 fiscal year based on the titling and positioning that existed at May 15, 2008.
- 8) The Interim CEO - AHS was appointed effective May 15, 2008 to manage the operations of the health regions, provincial boards and Alberta Alcohol and Drug Abuse Commission and to effect their transition to a single provincial health authority. Salary and benefits of the Interim CEO – AHS are reported and disclosed in the financial statements of East Central Health. The President and CEO – AHS was appointed effective March 23, 2009. Salary and benefits of the President and CEO – AHS are reported and disclosed in the financial statements of East Central Health.
- 9) Effective July 8, 2008 the President and Chief Executive Officer of the Region transitioned to the Chief Operating Officer Performance Improvement & Clinical Support Services - AHS. Costs incurred are reported in the accounts of the Region.

Schedule 2 (continued)

- 10) CEO Direct Reports reflect FTE’s and costs for the 08-09 fiscal year based on the titling and positioning that existed as at July 8, 2008. Any title changes subsequent to July 8, 2008 are noted below.
- 11) Effective November 20, 2008 the Vice President Corporate Services of the Region was appointed the Vice President, North Continuum Zone – AHS. Costs incurred are reported in the accounts of the Region.
- 12) Effective October 31, 2008 the Vice President Community Health of the Region was appointed the Senior Vice President, Community Care – AHS. Costs incurred are reported in the accounts of the Region.
- 13) Effective February 9, 2009 the Vice President Human Resources of the Region was appointed the North Zone Lead, Human Resource Services – AHS. Costs incurred are reported in the accounts of the Region.
- 14) The Chief Executive Officer and other senior management are provided with an automobile; no dollar amount is included under benefits and allowances.
- 15) Supplementary Retirement Plan (SRP)

Under the terms of the supplementary retirement plan, executive officers may receive supplemental retirement payments. Retirement arrangements costs as detailed below are not cash payments in the period but are the period expense for rights to future compensation. Costs shown reflect the total estimated cost to provide annual pension income over an actuarially determined post-employment period. SRP provides future pension benefits to participants based on years of service and earnings.

Schedule 2 (continued)

	<u>2009</u>			<u>2008</u>
	Current	Prior Service	Total	Total
	Service	and		
Cost	Other Costs			
President & Chief Executive Officer	30	2	32	30
Vice President Corporate Services	7	-	7	7
Vice President Health Services	6	-	6	6
	<u>43</u>	<u>2</u>	<u>45</u>	<u>43</u>

The accrued obligation for each executive under the SRP is outlined in the following table:

	Accrued	Change in	Accrued
	Obligation	Accrued	Obligation
	March 31, 2008	Obligation	March 31, 2009
President & Chief Executive Officer	30	19	49
Vice President Corporate Services	7	7	14
Vice President Health Services	6	10	16
	<u>43</u>	<u>36</u>	<u>79</u>

This page is intentionally left blank.