CHAS ANNUAL GENERAL MEETING

Agenda and Documents

September 29, 2026

9:30 – 11:00 am virtual meeting

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AGENDA – Board of Directors Meeting

Catholic Health Association of Saskatchewan

September 29, 2026; 9:30–11:00 AM
Virtual
Chairperson: Cameron Choquette

WELCOME AND OPENING BUSINESS		
9:30 (5 m)	**1. Call to Order**	C. Choquette
	2. Invocation	Bishop M. Smolinski
	3. Approval of Agenda	C. Choquette
	4. Approval of 2025 AGM Minutes (Attached)	C. Choquette
9:35 (5 m)	**5. Appointment of Scrutineers & Explanation of Voting Process**	C. Choquette
ITEMS FOR INFORMATION		
9:40 (10 m)	**6. President's Report** (Attached)	C. Choquette
9:50 (10 m)	**7. Executive Director's Report** (Attached)	P. Oliver
10:05 (15 m)	**8. Ethicist's Report** (Attached)	M. Heilman
ITEMS FOR APPROVAL		
10:20 (30 m)	**9. Palliative Care Priorities** *Management will present six palliative care priorities for membership discussion, seeking a* formal *motion to approve them as a strategic framework for CHAS's mission in the coming years.*	P. Oliver
10:50 (15 m)	**10. Palliative Care Tour** Presentation of the proposed provincial palliative care tour, highlighting implementation steps for the framework and gathering input from members.	P. Oliver
11:05 (10 m)	**11. 2025-26 Audited Financial Statements** (Attached) *Recommendation: THAT the financial statements for the year ended June 30, 2026 be accepted as presented.*	J. Rosenberg
11:15 (5 m)	**12. Appointment of 2026-27 Auditor** *Recommendation: THAT Jensen Stromberg be appointed as the Association's auditor for the* fiscal *year ended June 30, 2027.*	J. Rosenberg
11:20 (5 m)	**13. Board of Directors Elections** *On behalf of the Board, the President puts forward Jacqueline Saretsky as a candidate for election as a Director for a three-year term.* *Nominations may be made from the floor.*	C. Choquette

ADJOURNMENT		
11:25 (5 m)	**14. Closing Prayer**	Heather Beatch
	15. Adjournment	C. Choquette

AGENDA – Board of Directors Meeting

Catholic Health Association of Saskatchewan

October 24, 2025; 8:30 am
Resurrection Catholic Parish, Regina, SK
Chairperson: Cameron Choquette

Institutional Members

Corey Miller representing:
St. Joseph's Health Centre
Santa Maria Home
Providence Place
Foyer St. Joseph Nursing Home
St. Ann's Senior Citizens Home
Samaritan Place
Jennifer Jacobs
St. Joseph's /Foyer d'Youville
Candace Kopec representing
St. Joseph's Hospital – Estevan
Radville Marian Health Centre
St. Peter's Hospital
St. Anthony's Hospital
Carrie Dornstauder representing
St. Paul's Hospital
Wayne Nogier representing:
Mont St. Joseph Home
Heather Beatch representing:
Villa Pascal

Associate Members

Amanda Snell
Representing C .F.S. in P.A.
Donna Aldous representing
Saskatchewan Provincial CWL
Sr. Lise Paquette representing the Sr. of the Presentation of Mary

Personal Members

Alexis Abello
Leona Burkhart
Therese Michaud
Bonnie Thiele Hunt
Christine Taylor
Cliff Geiger
Brian Chartier
Janette Rieger
Janice Leibel
Jerry Fitzgerald
Madeline Oliver
Chantal Devine
Sr. Evelyn Nedelec

Board Members

Archbishop Donald Bolen
Bishop Stephen Hero
Cameron Choquette - President
Loreen Rawlyk-Luby – Vice President
Joel Rosenberg – Treasurer
Edgar Neudorf
John Kreiser
Linda Maddaford

Philomena Ojukwu

Honorary Members

Bishop Micheal Smolinski

Bishop Mark Hagemoen

Staff Present

Peter Oliver - Executive Director

Mary Heilman - Ethicist

WELCOME AND OPENING BUSINESS	
1. Call to Order **Note the time that Cameron Choquette calls the meeting to order: 8:39am**	Cameron Choquette
2. Invocation	Bishop Stephen Hero
3. Approval of Agenda **Mover: Wayne Nogier Seconder: Christine Taylor**	Cameron Choquette
4. Approval of 2024 AGM Minutes (Attached) **Mover: Jerry Fitzgerald Seconder: Bishop Stephen Hero** **THAT Mary Heilman be appointed as a scrutineer –** **Mover: Linda Maddaford Seconder: Corey Miller** **THAT Christine Taylor be appointed as a scrutineer –** **Mover: Bishop Mark Seconder: Bonnie Thiele Hunt**	Cameron Choquette
ITEMS FOR INFORMATION	
5. President's Report (Attached) - Cam thanked Peter and Mary for their dedication and commitment to the Association and Catholic health in Saskatchewan. - He spoke briefly to the Board's work on the new strategic plan and the four priorities: o Enhance Formation o Strengthen Relationships o Amplify our Voice o Steward Resources THAT the presidents report be accepted as presented. **Mover:** Cameron Choquette **Seconder:** Bishop Stephen Hero	Cameron Choquette
6. Executive Director's Report (Verbal) Director spoke of the extensive time spent on the road by CHAS ethicist Mary Heilman as an example of the commitment to reach out and promote the	Peter Oliver

Catholic mission in the province. He also spoke of the sacramental nature of Catholic Health Care pointing to a recent person experience in Hospital where he was ministered to by one of the Saskatoon Clergy.

THAT the Executive Director's Report be received as presented as presented.

Mover: Terry Michaud **Seconder: John Kreiser**

Questions/discussion: These observations and remarks were warmly received.

ITEMS FOR APPROVAL

7. 2024-25 Audited Financial Statements (Attached)

Joel Rosenberg

I would like to thank all our supporters for their contributions which allow us to continue the mission of the Catholic Health Association of Saskatchewan. We appreciate your commitment to our association.

In reference to the Independent Auditors' Report from Jensen Stromberg, I would like to note their statement: "In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Catholic Health Association of Saskatchewan as at June 30, 2025 and its financial performance and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations."

The Balance Sheet shows an increase in Assets to $925,663 from $905,229 in the prior year. The BOD sold its long-term investments in non-tradeable private securities and consolidated all its investments in short-term investments through CI Assante Private Client Services.

Revenue exceeded expenses by $9,847, surpassing budget forecasts thanks to higher investment returns. Continued attention to expenditures and general operating expenses continue to be top of mind.

The Statement of Revenues and Expenditures shows the Statement of Fund Balances for each of the General Fund, Hon. Emmett M. Hall Fund, Moola Freer Scholarship Fund, and the Ethics Fund.

A special thank you to Peter Oliver, our Executive Director and to Jamie Coulson, our bookkeeper.

THAT the audited financial statements for the fiscal year ended June 30, 2025 be accepted as presented.

Mover: Joel Rosenberg **Seconder: Philomena Ojukwu**

Notes on any questions/discussion:

8. Appointment of 2025-26 Auditor *THAT Jensen Stromberg be appointed as the Association's auditor for the fiscal year ended June 30, 2026.* **Mover:** Joel Rosenberg **Seconder:** Linda Maddaford	Joel Rosenberg
9. Board of Directors Elections *On behalf of the Board, the President puts forward Astrid Alas as a candidate for election as a Director for a three-year term.* *Astrid Alas was acclaimed.*	Cameron Choquette
10. Bylaw Amendment – Article II – Revised Mission (Attached) THAT the revised bylaws for the Catholic Health Association of Saskatchewan be adopted as presented. **Mover:** Joel Roseberg **Seconder:** Donna Aldous	Cameron Choquette
OTHER BUSINESS	
11. Thank You to Bishops	
ADJOURNMENT	
12. Closing Prayer – Linda Maddaford	
13. Adjournment **Mover: Sr. Evelyn Nedelec** **Time: 9:15am**	Cameron Choquette

FORMAL NOTICE OF MOTION TO AMEND BYLAWS

Catholic Health Association of Saskatchewan (CHAS) Annual General Meeting

In accordance with **Bylaws 6.2 and 16.2** of the Catholic Health Association of Saskatchewan, notice is hereby given that a motion to amend **Article II** of the Bylaws will be presented at the upcoming Annual General Meeting (AGM) on October 24, 2025 at 8:30 am at Resurrection Parish in Regina, SK.

PROPOSED AMENDMENT: ARTICLE II

Submitted by: Board of Directors

The motion proposes to revise Article II with a new mission statement.

Current Text (Article II – Mission)	**Proposed Text (Article II – Revised Mission)**
The Catholic Health Association of Saskatchewan is committed to perpetuating and promoting the healing ministry of Jesus Christ. The Association affirms that human life is a gift to be respected from conception through death and fosters the spiritual dimension as an integral part of health and healing. Through collaboration with the membership, the Association provides leadership and resources in ethics, education, mission, pastoral care and social justice.	**Mission** Leading, educating and offering resources for all who participate in the healing ministry of Christ.

RATIONALE:

Over the course of the last two years, the CHAS Board of Directors has been carefully discerning the vision, mission, and strategic direction of the Association. This discernment included careful examination of our resources, external environment, and how CHAS can continue to deliver value to our members.

On October 1, 2025 the Board of Directors adopted the following Vision, Mission, and Strategic Priorities:

Vision
A Catholic community empowered to continue Christ's healing ministry.

Mission
Leading, educating and offering resources for all who participate in the healing ministry of Christ.

Strategic Priorities
Enhance Formation
Strengthen Relationships
Amplify our Voice
Steward Resources

Together, these three components will collectively form a new strategic plan and guide the future of the Association.

While the revised mission statement is much shorter and loses some components about what the Association believes and stands by, the Board of Directors is committed to developing a set of values that reflect our commitments, beliefs, and applicable Church teaching.

Article III – Objectives is remaining unchanged and will be integrated into the Association's new strategic plan.

The Board of Directors is recommending that the bylaw amendment be approved at the 2025 Annual General Meeting. We look forward to a productive discussion about our new strategic plan and how the Association can continue to serve all those who participate in the healing ministry of Christ.

Respectfully submitted on behalf of the Board of Directors,

Cameron Choquette
Board Chair

President's Report to the Membership — September 14, 2026

To: Members of the Catholic Health Association of Saskatchewan
Fr: Cameron Choquette, Board President
CC: CHAS Board of Directors

Members of Catholic Health Association of Saskatchewan:

On behalf of the Board of Directors, I extend our sincere thanks to all our members for their support of the Association over the past year. It is your dedication to the healing ministry of Christ that ensures the people of Saskatchewan receive high-quality health care in our facilities and communities.

The Board carefully discerns where to dedicate the Association's limited human and financial resources so that our members receive optimal value and the wider Catholic community increases their awareness of and connection to – Catholic health.

Progress made on our strategic priorities during 2025-26 includes:

Enhance Formation

- Continued investment in Ethicist Mary Heilman Ethics Program across the province, pointing to constructive and substantial efforts to offer and improve the programming CHAS provides.
- Strong 2025 Convention participation and satisfaction, continued resourcing of National Catholic Health Care Week and the Compassionate Healers Mass, the development of new resources, and the promotion of our mission through our monthly newsletter and special bulletins.

Strengthen Relationships

- Listening strengthens relationships, and the Association significantly increased consultation on its priorities this year — co-designing the 2026 Convention with Catholic health partners and Diocesan personnel, drawing on their direct input in developing and distributing our new brochure, *Accompaniment Through Serious Illness: A Guide to Conversations on Death and Dying*, and continuing to work alongside our partners in advocating against Medical Assistance in Dying, particularly as it relates to MAiD for mental illness.
- The Association maintains regular communication with the Bishops of Saskatchewan through Bishop Michael Smolinski and our Executive Director Peter Oliver frequently consults with Catholic Health Care leadership from across Saskatchewan.
- The six recommended provincial priorities for palliative care presented at this year's AGM are the result of extensive discernment and consultation in 2025-26. Clinicians, our ethicist, palliative care experts, parish leaders, advocacy partners, and both provincial and national Catholic health partners all participated in helping the Association discern how to respond to this important issue.

Amplify our Voice

- The 2028 Saskatchewan Catholic Congress aims to invigorate the Catholic mission in our province, and CHAS has played a central role in moving its planning forward and in ensuring that the voice of Catholic health care is well represented in those plans.

Steward Resources

- The Association's human and financial resources have been carefully managed and regularly reported to the Board throughout the year.
- Our auditors, Jensen Stromberg, issued a clean opinion on the statements for the year ended June 30, 2026, which show a surplus of $56,214 and total fund balances of $915,362, up from $859,148 the previous year.

All of this important work is not possible without your ongoing support. It is my hope and prayer that the Association can continue to deliver value to you, our members, and ensure we are supporting you as best we can. I look forward to another year of working together to further Christ's healing ministry throughout our province.

Respectfully submitted,

Cameron Choquette, BComm.(Hons.), MPA, PSGov.
Board President

Director's Report to the Annual General Meeting

Two images have shaped my review of this year: CHAS as a beacon and CHAS as a bridge.

A Beacon

Our new brochure, *Accompaniment Through Serious Illness: A Guide to Conversations on Death and Dying*, moved this year from consultation to print to circulation. Many hundreds of copies have gone out in the dioceses and eparchy throughout the province. It has also been shared with bishops across Canada and with the CCCB, and internationally with the Catholic Health Association of the United States and the International Association of Catholic Mental Health Ministers. Ukrainian and French translations have also been published.

Our light also shone through the rest of the year's witness: we continued advocating against assisted suicide for mental illness in our newsletter and by supporting the Larry Worthen tour; Mary Heilman created a guidance video for our Faith-Based Advance Care Directives; and resources for National Catholic Health Care Week and the Compassionate Healers Mass were distributed and promoted in facilities and dioceses across Regina, Saskatoon, and Prince Albert.

Through careful discernment, management and the board of directors are shifting CHAS' primary focus from euthanasia advocacy toward promoting and educating on palliative care. This shift has been informed by direct input to the board from Emmanuel Health and diocesan personnel, as well as by a summer of consultations with clinicians, our ethicist, palliative care experts, parish leaders, advocacy partners, and nationally with organizations in Catholic health. The six recommended priorities for palliative care in Saskatchewan and the proposed provincial tour presented at this year's AGM are the culmination of this work.

Figures from our Website: The Faith-Based Advance Health Care Directive alone accounts for more than half of all downloads, and together with the *Accompaniment* brochure, accounts for over eighty per cent of them. People are reaching out for help as they prepare for illness and death, which is the ground on which palliative care is built and confirms that our shift in focus represents a felt need in our community. These numbers also count only what came through our own site; several of these documents are hosted by our partners, dioceses, and eparchy as well, so what you see here is a snapshot of a wider circulation than we can measure.

Mission-Related Document Downloads — Sept. 11, 2025, to Sept. 11, 2026

Documents and Resources	English	French	Ukrainian	Total
Faith Based Advance Health Care Directive				1692
Brochure: *Accompaniment Through Serious Illness: A Guide to Conversations on Death and Dying*	548	65	24	637
Bishops' Statement on Euthanasia: *Dying with Hope: Living and Walking Together*	101	71	68	240
Getting Results for Long-term Care				73
The Sacred Work of Letting Go				78
Resources for the Compassionate Healers Mass				74
Total Downloads				**2794**

No account of this year's labour would be complete without a commendation of our ethicist Mary Heilman. For the past nine and a half years Mary faithfully advanced Catholic Health Care across the province, and in the year just ended she answered 140 consultations and delivered 78 educational sessions, 46 of them CHAS-sponsored. Behind those numbers are many hours on the road and many wonderful people who are eager to embrace the healing ministry of Jesus Christ.

A Bridge

Bridges are built in meetings. In November, the Saskatchewan bishops received the synthesis of our listening with spiritual care providers that took place during last year's Convention. We have also welcomed the opportunity for monthly conversations among Bishop Michael, Corey Miller of Emmanuel Health, and me, so that Emmanuel Health and CHAS can better coordinate their objectives, especially those related to mission.

In March, CHAS took part in the CHAC Bishops' Forum in Toronto, where sponsorship risk, the renewal of the Health Ethics Guide, and the MAiD legal landscape were addressed.

CHAS is also playing a significant role in working with our provincial partners to move plans forward for a Saskatchewan Congress. The Congress, taking place in 2028, is titled *Lighting a Fire: Strengthening Catholic Identity and Mission*. Focused on invigorating the Catholic mission in our province, the Congress will use an innovative strategy supported by both in-person and virtual content. Synodality will be foundational to the Congress' design, as will also be the case for the 2026 CHAS Convention.

This year's AGM was deliberately separated from the Convention and moved online to increase membership engagement in our mission.

Attendees rated the 2025 Convention a strong 4.38 out of 5, with Mike Carotta's session on Mental Health Ministry taking top honours. Building on that momentum, Carotta subsequently presented for the Prince Albert Diocese to strengthen its local mental health ministry initiatives. Working with partners from Emmanuel Health, Mont St. Joseph's, and the Diocese of Prince Albert, Convention 2026 — *Shared Vision, Sacred Work: Growing Healing Communities* — is ready for October 29–30 in Prince Albert, with great speakers, venue, catering, liturgy, and registration in place.

The bridges we build are supported by people working behind the scenes. I am grateful to our bookkeeper, Jamie Coulson, who diligently helps us steward our resources; to our new communications person, Janelle Malkiewicz, who is instrumental in sharing our mission; and to the board of directors, whose members devote many volunteer hours to guiding and advancing the mission of the Association.

Ethicist's Report - 2026 CHAS AGM

"You are the light of the world. A city built on a hill cannot be hid. People do not light a lamp and put it under the bushel basket; rather, they put it on the lampstand, and it gives light to all in the house. In the same way, let your light shine before others, so that they may see your good works and give glory to your Father in heaven.

Matthew 5:14-16

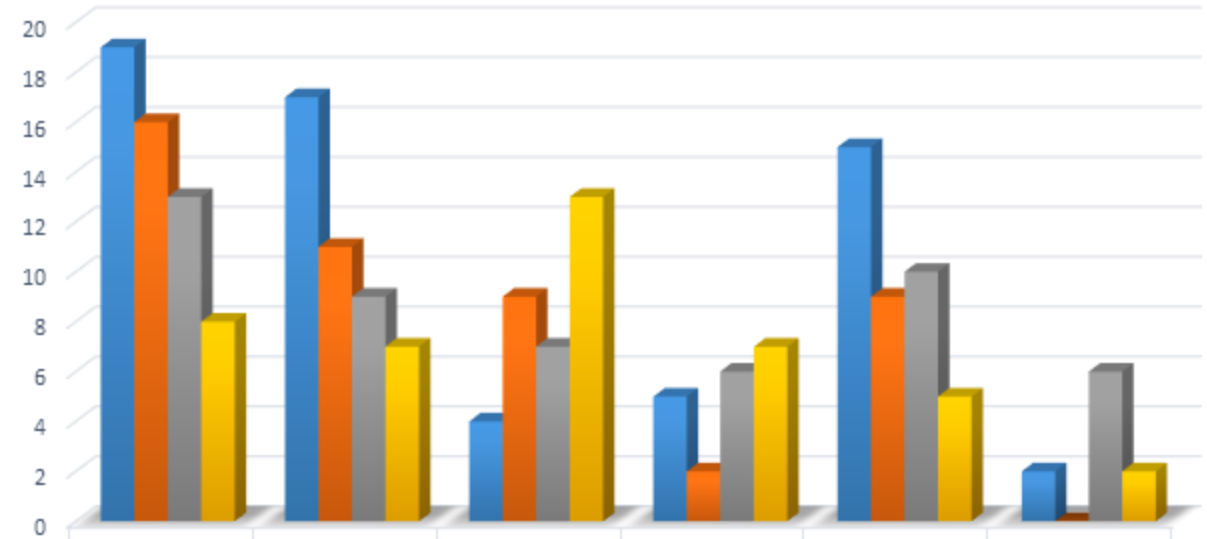
This passage from Matthew has in some ways been the mission statement of the Catholic Health Association of Saskatchewan (CHAS) from its inception in 1943. Although our formal mission statement is, "leading, educating and offering resources for all who participate in the healing ministry of Christ," it's informal one could very well be, "helping you get your light on the lampstand for everyone in the house to see."

This is perhaps no more evident than in the Ethics Program that has been in existence since 1993. Over the span of three decades and as many ethicists, CHAS has worked to ensure the Ethics Program at St. Paul's Hospital is available across the province to hospitals, care homes, dioceses, and all members of our community. This has been no easy feat in our prairie province as winter weather limits opportunities for face-to-face encounters and the unpredictable nature of healthcare always makes it challenging to capture the attention of healthcare professionals.

The infographic that accompanies this letter captures some of the work of Ethics Services during my tenure over the past 9.5 years. As you can see, it has included lots of time on the road, resource creation, networking and responding to consults. Peaking through the numbers I hope you will also see the countless people who said "yes" to supporting this good work – "yes" to welcoming me into their homes, "yes" to advertising the work of CHAS amongst their colleagues and community members, and "yes" to engaging in discussions on challenging topics ranging from End-of-Life Conversations to Intimacy & Sexuality in Care Homes. I may have had the information, but CHAS had the capacity to ensure that information made it into the hearts of the people who needed to receive it.

Through all of this work, I have been blessed with the opportunity to build relationships with people engaged in all facets of the healing ministry of Christ, something that would not have been possible from my desk at St. Paul's Hospital or through my limited networks in the healthcare system. I hope this does not come as a surprise! Afterall, the healing ministry of Christ has been carried out in the homes of our community members for the majority of the past 2000 years. We who work in healthcare will only flourish if we continue to position ourselves to receive the light from our community and magnify it for all to see.

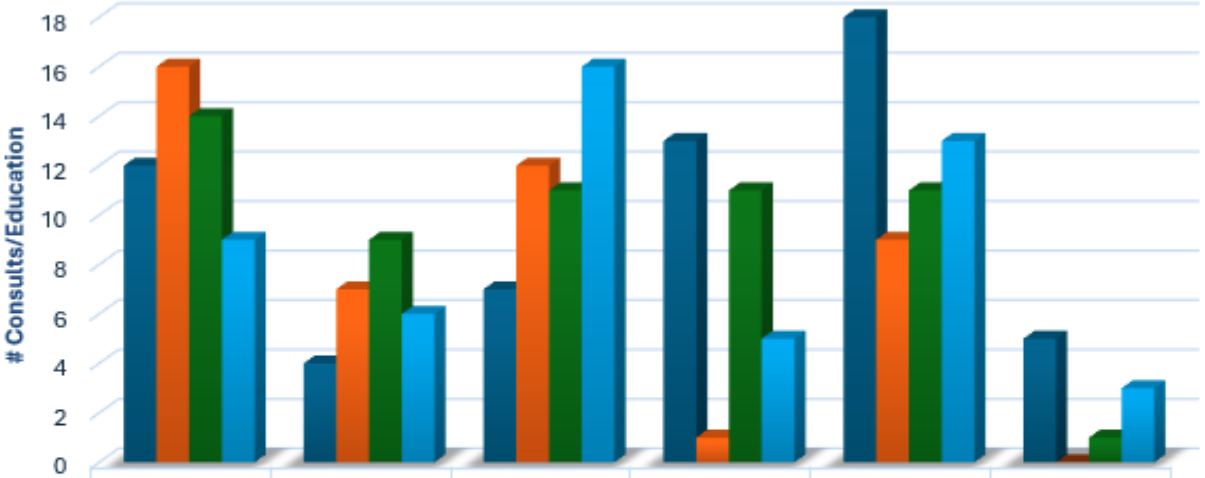
Ethics Consults Q1-Q4 2023/2024



	SPH Consults	CHAS Consults	SHA Consults	SPH Educational Events	CHAS Educational Event	SHA Educational Event
Q1	19	17	4	5	15	2
Q2	16	11	9	2	9	0
Q3	13	9	7	6	10	6
Q4	8	7	13	7	5	2

Q1 Q2 Q3 Q4

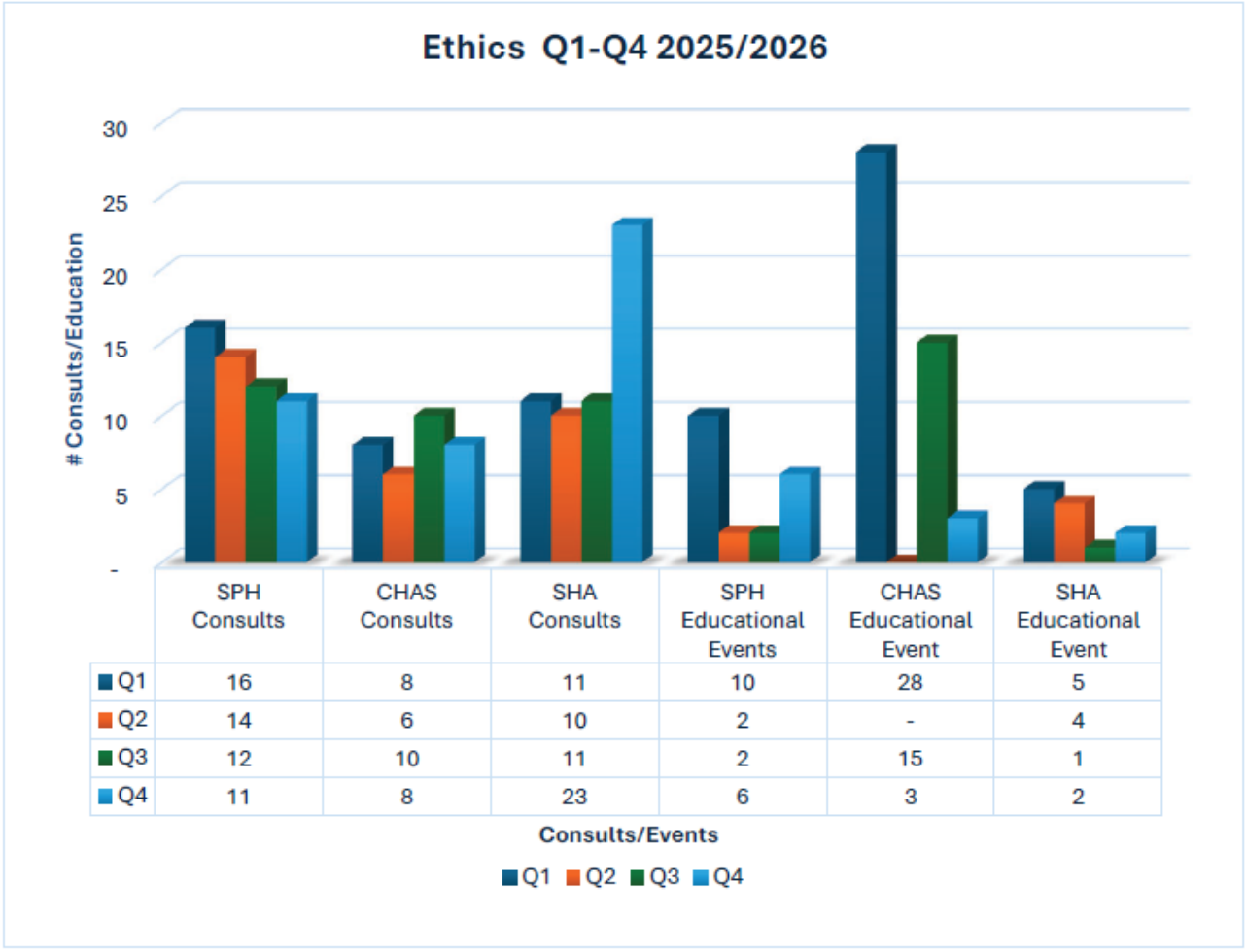
Ethics Q1-Q4 2024/2025



	SPH Consults	CHAS Consults	SHA Consults	SPH Educational Events	CHAS Educational Event	SHA Educational Event
Q1	12	4	7	13	18	5
Q2	16	7	12	1	9	0
Q3	14	9	11	11	11	1
Q4	9	6	16	5	13	3

Consults/Events

Q1 Q2 Q3 Q4



	SPH Consults	CHAS Consults	SHA Consults	SPH Educational Events	CHAS Educational Event	SHA Educational Event
Q1	16	8	11	10	28	5
Q2	14	6	10	2	-	4
Q3	12	10	11	2	15	1
Q4	11	8	23	6	3	2

Advancing Palliative Care in Saskatchewan: Recommended Priorities and a Provincial Tour

Prepared for CHAS Membership — AGM Meeting of September 29, 2026

1. Purpose

This proposal asks the membership at the 2026 CHAS AGM to endorse six recommended priorities for palliative care advocacy in Saskatchewan, drawn from the attached Canadian Conference of Catholic Bishops' (CCCB) *Towards a Narrative of Hope: International Interfaith Symposium on Palliative Care, Post-Symposium Statement and Recommendations* (Toronto, May 2024). The first action flowing from the adoption of these priorities would be a provincial tour that combines public ecumenical events with facilitated training and is undertaken in partnership with a broader coalition of Saskatchewan Catholic and faith-based organizations.

2. Background

2.1 Consultation and Input

Through careful discernment, management and the board of directors have decided to shift CHAS' primary focus from euthanasia advocacy toward promoting and educating people about palliative care. This new focus has been informed by direct input to the board from Emmanuel Health and diocesan personnel, as well as by a summer of consultations with clinicians, our ethicist, palliative care experts, parish leaders, advocacy partners, and national Catholic health organizations (see Appendix A). The six recommended priorities for palliative care in Saskatchewan and the proposed provincial tour presented at this year's AGM are the culmination of this work.

2.2 Alignment with CCCB

In May 2024, the CCCB convened an Interfaith Symposium on Palliative Care in Toronto, bringing together Catholic, Protestant, Jewish, Muslim, and other faith leaders alongside clinicians and ethicists. The symposium, which was attended by more than 100 individuals, including our own Mary Heilman and Philomena Ojukwu, resulted in a short statement issued in October 2024 that set out six recommendations for advancing palliative care (statement and recommendations attached).

This framework is useful to CHAS for three reasons.

1. **Consistency:** It is national in scope, keeping any Saskatchewan initiative in step with the CCCB and rather than freelancing a position of our own.

2. **Coalition Building:** It builds on an ecumenical and interfaith initiative, so the priorities build on common ground with partners who need not share every element of Catholic teaching on end-of-life care to work alongside us.
3. **Synergy:** And it is harmonious with other initiatives already underway in the province (e.g. the Horizons of Hope program), rather than introducing a competing framework.

Priorities 2, 3, 4, and 5 are identified as within near-term reach. Naming the larger aspirational goals (recommendations 1 and 6) alongside the achievable near-term work situates CHAS's provincial effort within the Church's universal concern for people with life-limiting conditions and gives CHAS a vision for its palliative care priority that can continue to inspire the organization for the foreseeable future.

3. Recommended Priorities Framework

The following six recommendations are drawn directly from the CCCB Post-Symposium Statement[1]. A clause has been added to the fifth recommendation — noted below — to make explicit the Church's teaching on the preferential option for the poor.

1. In the Canadian context, implement the 67th World Health Assembly (2014)'s call for WHO member states to “strengthen palliative care as a component of comprehensive care throughout the life course” by establishing palliative care as an essential medical service under the Canada Health Act.
2. Promote an authentic vision and practice of palliative care that is separate and distinct from euthanasia and assisted suicide, and where there are laws permitting euthanasia, find ways to limit and lessen the harms done by such a law.
3. Advocate for the necessary legal protections for healthcare professionals and institutions who do not provide euthanasia and assisted suicide because of the incompatibility of these practices with their beliefs, mission, or values.
4. Expand communication, education, and advocacy efforts regarding early and comprehensive palliative care to grassroots organizations, such as schools and parishes (for example, see the CCCB and partners' Horizons of Hope: A Toolkit for Catholic Parishes on Palliative Care).
5. Engage in conversations and partnerships for action with various faith communities and others to promote access to palliative care as part of advancing the common good *and*

[1] *Source: Towards a Narrative of Hope International: Interfaith Symposium on Palliative Care (Toronto, Canada, 21–23 May 2024), Post-Symposium Statement and Recommendations.*

situating the needs of the most impoverished, isolated, and vulnerable as a priority for this joint action[2].

6. Challenge all peoples of faith and all those who align with the vision described in the CCCB's *Towards a Narrative of Hope: International Interfaith Symposium on Palliative Care, Post-Symposium Statement and Recommendations* to prioritize promoting access for all to palliative care internationally and to advocate for the sharing of religious and global resources.

4. A Concrete Possibility: A Tour That Forms

Should the membership support this framework, the natural next step is concrete action — most immediately, a provincial tour promoting palliative care, set within a comprehensive plan for advancing these priorities across Saskatchewan.

The tour concept below was tested during an initial conversation at the Archdiocese on Sept. 7 with Archbishop Don Bolen; Brian Schatz, representing the Knights of Columbus State Deputy; and Brandi Klein of the Christian Medical and Dental Association (CMDA). It is offered here as a sketch for member consideration and input.

4.1 Design: One Visit, Two Events

The tour's design pairs a public, outward-facing event with a smaller, invitation-only training session, so that reaching new audiences and building engagement work together rather than competing for the same time and travel budget.

EVENING — Open to the Town

A public conversation (e.g., Leonie Herx's presentation, "Creating a Palliative Culture of Caring: A Moral Imperative for Our Time"—see Appendix B) co-hosted with a local Lutheran, Anglican, or Jewish congregation. Hopeful in tone rather than framed as a debate about MAiD, it is the outward-facing half of the visit—and the way the tour builds interest in and promotes palliative care.

NEXT MORNING — By Invitation

A facilitator-formation session for those identified by the organizers as leaders and influential.

4.2 Initial Tour Scope

As an initial scope, the tour would be piloted in three centres—Regina, Saskatoon, and Prince Albert. Locating the pilot in these centres would keep the project manageable in terms of both budget and organizing capacity while still reaching a majority of the province's Catholic and ecumenical partner networks.

4.3 Tour Objectives

[2] *The clause "and situating the needs of the most impoverished, isolated, and vulnerable as a priority for this joint action" has been added to the fifth recommendation, in alignment with the Church's teaching on the preferential option for the poor (Sollicitudo Rei Socialis 42, Centesimus Annus 57, Catechism of the Catholic Church, paragraph 2448).*

- Describe the need for, and role of, palliative care in helping people live well with serious illness.
- Discuss the impacts of legalized euthanasia (MAiD) on society, healthcare services, and those most vulnerable.
- Consider a palliative culture of caring as a moral imperative for our time.

4.4 What Counts as a Successful Stop

A tour that only inspires is a spike, not capacity. A stop counts as successful if at least one of the following remains after it:

- a new partner to work with;
- a resource that is now shared;
- a clear conviction among those who attended that palliative care—not MAiD—must be prioritized.

4.5 What Partners in the Process Could Contribute (Examples)

- Saskatchewan healthcare facilities — expertise in palliative care and insight about questions of access.
- Knights of Columbus — promotion, hospitality, and follow-up in local councils.
- The Archdiocese — liaison with the Saskatchewan bishops, and ecumenical and interfaith engagement of clergy.
- CMDA Canada — experience organizing a provincial tour and workshops, promotion, and follow-up.
- CHAS — organizational resourcing, connecting with speakers, and Faith-Based Advance Care Directives.

Together, the partners would need to work out a shared budget for travel, accommodations, speakers and speaker fees.

5. What Our Members are Being Asked to Do

- To endorse six recommended priorities for palliative care advocacy in Saskatchewan, drawn from the Canadian Conference of Catholic Bishops' (CCCB) Towards a Narrative of Hope: International Interfaith Symposium on Palliative Care, Post-Symposium Statement and Recommendations (Toronto, May 2024).
- To provide input about the proposed provincial palliative care tour in the coming year.

Appendix A

This proposal draws on extensive consultations, combining direct feedback to the Board, outreach to partner organizations led by the Executive Director, and a review of related programs and documents.

Formal Meetings and Consultations

- September 3 — Kelli O'Brien, President and CEO, Catholic Health Alliance of Canada.

- August 7 — Archbishop Don, Brian Schatz (representing the K of C State Deputy), and Brandi Klein (Christian Medical and Dental Association) — reviewed appetite for the tour proposal.
- August 5 — Paulette Hunter Ph.D., R.D. Psych — Associate Professor at St. Thomas College and Saskatchewan Lead for Strengthening a Palliative Approach in Long-Term Care.
- July 23 — Dr. Leonie Herx, MD, PhD, is a palliative medicine specialist practicing in Alberta, and clinical professor in the Cumming School of Medicine at the University of Calgary.
- July 23 — Michael MacFadden, BA BScN MN-NP(PHC) CHPCN © CHE, Project Lead – Hospice Clinical Framework, St. Paul's Hospital & Foundation.
- July 23 — Mary Heilman PhD, Bioethicist St. Paul's and CHAS
- July 23 — Francis Stang — Pro-Life.
- July 14 — Karen Spilchak (Royal University Hospital) — Advance Care Planning.
- July 7 — Carrie Dornstauder, Executive Director of St. Paul's Hospital and Lori Bjorkman, Director of Glengarda Hospice.
- June 17 — Linda Maddaford — Catholic Women's League.

Board Input

- June 3 — Michael MacFadden, BA, BScN, MN-NP(PHC), CHPCN(C), CHE, Project Lead – Hospice Clinical Framework, St. Paul's Hospital & Foundation; and Lori Bjorkman, Director of Glengarda Hospice.

The discussion focused on:

- Palliative care in Saskatchewan is too often misunderstood, introduced too late, and constrained by a health system focused on cure rather than accompaniment.
- The discussion identified a possible role for CHAS in education, parish and community mobilization, advocacy, and support for better navigation—while also recognizing that real system capacity issues remain.

- May 19 — Mary Heilman, PhD, Bioethicist, St. Paul's and CHAS; Jackie Saretsky, Hospital Chaplaincy, Diocese of Saskatoon; and Kelly Wormsbecker, Ministry of Care, Holy Spirit Parish in Saskatoon.

The discussion focused on:

- Identifying gaps in services, education, and support.
- Exploring CHAS's potential leadership role.
- Assessing the need for standardized palliative care education.

- Strengthening compassionate communities within parishes and dioceses.
- Increasing understanding and receptivity toward palliative and hospice care.

Internal and Document-Based Consultations

- Review of CCCB palliative care priorities.
- Review of the *Canadian Atlas of Palliative Care*: "Pallium Canada is leading the development of a Canadian Atlas of Palliative Care to map out existing strengths, areas of excellence, and gaps in palliative care services across Canada *(Manual https://www.pallium.ca/canadian-palliative-care-atlas/)*."
- Review of CHAS *Faith Based Advance Care Directives* and *Parish Community of Care, A Parish Ministry of Care."*
- Review of the CWL resolution on palliative care.
- Review of the *Canadian Association of MAiD Assessors and Providers' Clinical Considerations for Advance Requests for MAiD*.
- *National Conversation on Advance Requests for Medical Assistance in Dying*: This report highlights the main themes and takeaways from a national survey of opinion about advance requests for MAiD.
- Email consults with the Catholic Health Association of Manitoba on their promotion of palliative care.

Appendix B

Dr. Leonie Herx - Creating a Palliative Culture of Caring: A Moral Imperative For Our Time

About the Session

In this session, we will address the urgent need for the Christian healthcare sector to take a courageous leadership role in building capacity for quality palliative care approaches embedded across all settings of care, including within the community, that affirm the inherent dignity and worth of people living with serious illness or frailty.

We will discuss how current Canadian society increasingly promotes ending life as a ready solution to suffering, arising in the context of an ageist and ableist culture that sees certain lives as burdens and not worth living.

As Christian health associations, we are called to care with compassion and provide a radical love that helps people live well and flourish across the lifespan, until the very end of their natural lives.

Objectives

- Describe the need & role for palliative care in helping people live well with serious illness.

- Discuss the impacts of legalized euthanasia (MAiD) on society, healthcare services, and those most vulnerable.
- Consider the role for a palliative culture of caring as a moral imperative for our time.

SYMPOSIUM ON
PALLIATIVE CARE
Towards a Narrative of Hope 21-23 May 2024

An International Interfaith Symposium on Palliative Care
Presented by:
Canadian Conference of Catholic Bishops (CCCB)
Pontifical Academy for Life (PAV)

Towards a Narrative of Hope

An International Interfaith Symposium on Palliative Care

(Toronto, Canada, 21-23 May 2024)

POST-SYMPOSIUM STATEMENT AND RECOMMENDATIONS

PREPARED BY THE POST-SYMPOSIUM WORKING GROUP

24 OCTOBER 2024

ACKOWLEDGEMENTS

The symposium organizers sincerely thank the post-symposium working group of academic experts for preparing this final statement. It summarizes the event and opens a path forward for future action.

For more information, please contact:

Office for Family and Life
Canadian Conference of Catholic Bishops
ofl@cccb.ca

Towards a Narrative of Hope

An International Interfaith Symposium on Palliative Care[1]

(Toronto, Canada, 21-23 May 2024)

POST-SYMPOSIUM STATEMENT AND RECOMMENDATIONS

The Canadian Conference of Catholic Bishops and the Pontifical Academy for Life, in collaboration with other partners, organized an International Interfaith Symposium on Palliative Care titled "Towards a Narrative of Hope," which took place in Toronto on 21-23 May 2024. The goal was to build a strong advocacy network in Canada and internationally and, together, develop a strategic framework for future action. In a written message, Pope Francis warmly encouraged the participants to persevere in their commitment to promoting palliative care, which is an expression of compassion and respect for the infinite dignity of every person.[2]

With over 110 participants from diverse backgrounds from across Canada and internationally, presentations explored educating and promoting a culture of social

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1 Symposium attendees included representation from: Pontifical Academy for Life; Canadian Conference of Catholic Bishops; United States Conference of Catholic Bishops; Catholic Health Alliance of Canada; Knights of Columbus; Catholic Women's League; Interfaith Panel of Jewish, Christian, and Muslim perspectives; Indigenous perspective; Canadian and international organizations and individual healthcare practitioners, ethicists and theologians, and others with expertise and/or experience in palliative care.

2 Francis, "Letter to Participants. *Towards a Narrative of Hope. An International Interfaith Symposium on Palliative Care*," 2024. https://www.cccb.ca/wp-content/uploads/2024/05/2024-Pope-Francis-Message_Symposium_EN-Final.pdf

responsibility in palliative care. Experts in ethics, medicine, healthcare, policy, law, communication, and pastoral care deliberated on the challenges and successes of effective strategies to relieve suffering during illness and dying and ways to provide appropriate human accompaniment to improve patients' and their families' quality of life and well-being. An interfaith panel featuring different religious and cultural perspectives, including an Indigenous perspective, highlighted the importance of faith and culture in supporting the needs of the sick and dying and alleviating their physical, spiritual, and emotional suffering.

Collaborative discussion groups developed concrete ideas for action that focussed on palliative care advocacy, community engagement and support, education, cultural responsiveness in palliative care, and policy and legislation. A post-symposium working group developed this Statement, which includes recommendations for action.

Developing a Common Vision of Quality and Comprehensive Palliative Care

Unlike other medical specialties that focus on a particular organ, group of diseases, or type of medical intervention, palliative care integrates these domains into a unifying concentration on the alleviation of suffering and the improvement of the patient's quality of life. This unique focus on the lived experience of patients, who suffer not only physically but also psychosocially and spiritually, initially grew out of the hospice movement, started by Dame Cicely Saunders in the UK in the 1960s. Deeply rooted in her Christian faith, Dame Saunders created a model of care that emphasized the inherent dignity of every patient, even (and especially) as their physical bodies begin to fail in the face of terminal illness.

This model of care has since grown into the internationally recognized medical practice of the specialization in palliative care, which focuses on the evaluation and treatment of suffering for patients and their families facing serious – but diagnosed terminal – illness. The evidence base for palliative care has grown substantially over the past two decades. Across multiple studies in various contexts, it has been shown that the early integration of palliative care results in improved patient outcomes and

decreased overall healthcare costs.[3] In 2014, the World Health Organization (WHO) declared that access to basic palliative care is a human right and an ethical mandate for all healthcare systems worldwide to provide to their populations.[4] Despite this declaration, most patients around the globe with serious illnesses still do not have access to even basic palliative care services.

Emerging from a deep sense of resolve and concern, a growing network of stakeholders in Canada and internationally are compelled to advocate together that our communities (local, provincial, national, and international) provide, have access to, and receive quality comprehensive palliative care. Every person facing a serious or life-threatening illness has the right to access care that improves the quality of life through the prevention and relief of physical, psychosocial, or spiritual suffering. This commitment, as was evident at the recent symposium, is a true sign and authentic witness of "Compassionate Communities"[5] that value and support all human life, intending neither to hasten nor to postpone death and seeing natural death as a normal part of life.

Many of the world's faith traditions – which, for centuries, have reflected on the meaning of suffering, illness, and dying – are champions of palliative care and are given to attest to this commitment. For instance, Jewish, Christian, and Muslim wisdom teaches that, as embodied beings, all humans are vulnerable. Caring for the ill and accompanying the dying are theological imperatives rooted in this shared vulnerability; they are practical expressions of love of God and neighbour.

Speakers at the symposium representing different faith traditions brought to the fore a number of concepts and values that pointed to a shared vision for the promotion of a *culture* of palliative care: the understanding of human life as a gift;

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3 Canadian Society of Palliative Care Physicians, "Palliative Care. A Vital Service with Clear Economic, Health and Social Benefits," 2017. https://pallmed.ca/wp-content/uploads/2023/02/Economics-of-Palliative-Care-Final-EN.pdf

4 World Health Assembly, "Strengthening of Palliative Care as a Component of Comprehensive Care Throughout the Life Course," 2014. https://iris.who.int/handle/10665/162863

5 See Health Canada, *Framework on Palliative Care in Canada* (2018): "A Compassionate Community is a group of people that provide compassion, care and practical supports to patients who are seriously ill or frail, and their families, throughout the illness and bereavement." (footnote 14). https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html#p1.1

the recognition that human persons are more than a collection of symptoms to be treated; the call to compassion and solidarity; the preferential option for the poor, marginalized, and those excluded in our societies; and the accompaniment of the ill and dying – and their families – as a sacred ministry of presence.

Charity and Hope: A Theological and Ethical Reflection on Palliative Care from the Catholic Tradition

The Catholic tradition has encouraged palliative care as a "special form of disinterested charity" (*Catechism of the Catholic Church*, n. 2279). For the Church, charity "is not a kind of welfare activity which could equally well be left to others, but is a part of her nature, an indispensable expression of her very being."[6] Christians are called to the cultivation and practice of charity – the theological virtue by which we love God and neighbour – not only because the world is in need of it, but because it is integral to our identity as human beings made in the image and likeness of God, who is Love.

Caritas can be expressed in many different ways, including accompanying and being present to the sick and dying. Indeed, for the Church, "palliative care is an authentic expression of the human and Christian activity of providing care, the tangible symbol of the compassionate 'remaining' at the side of the suffering person."[7] Pope Francis, in his letter to the participants of the symposium, calls palliative care "a concrete sign of closeness and solidarity with our brothers and sisters who are suffering"; in this way, the Church carries out its moral responsibility as a "community of love."[8] The pope goes on to state that "*authentic* palliative care is radically different from euthanasia, which is . . . a failure of love, a reflection of a 'throw-away culture.'"[9] He laments that "euthanasia is often presented falsely as a form of

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6 Benedict xvi, *Deus Caritas Est*, 2005, n. 25. https://www.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est.html

7 Congregation for the Doctrine of the Faith, *Samaritanus Bonus*, 2020,V, 4. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20200714_samaritanus-bonus_en.html

8 See Benedict xvi, *Deus Caritas Est*, n. 19.

9 Francis, "Letter to Participants," 2024. Emphasis added.

compassion. Yet 'compassion', a word that means 'suffering with', does not involve the intentional ending of a life, but rather the willingness to share the burdens of those facing the end stages of our earthly pilgrimage."[10]

The Church, then, is committed to a vision of comprehensive and inclusive palliative care as a genuine expression of compassion and hope, rooted in the virtue of *caritas*, that responds to suffering in its many forms and respects death as part of – but not the end of – the human narrative which is fully revealed in Christ. With the Good Samaritan as a model of caregiving, the Church encounters those who suffer – especially those who feel that they are a burden to others – with consolation and with a hope that is fastened to the nearness and presence of Christ. "Hope is not only the expectation of a greater good," the Church teaches, "but is a gaze on the present full of significance. In the Christian faith, the event of the Resurrection not only reveals eternal life, but it makes manifest that *in* history the last word never belongs to death, pain, betrayal, and suffering. Christ rises *in* history, and in the mystery of the Resurrection the abiding love of the Father is confirmed."[11]

Staying with – or being present to – those who are ill and dying is a sign of the charity and hope that are at the heart of the ministry of caregiving; it is also a sign of the solidarity that springs from our shared vulnerability, limitedness, and mortality.

Recommendations for Action

Given the ongoing global need to dramatically increase palliative care access, together with the uniquely Christian origin of the palliative care movement, it is now more important than ever for the world's faith traditions – and all those who share this same value of support and care for life – to articulate clear and action-oriented support for the expansion of palliative care services, both in Canada and across the globe.

Grounded in the vision of palliative care described above, participants of the symposium propose the following recommendations for action:

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10 Francis, "Letter to Participants," 2024.

11 Congregation for the Doctrine of the Faith, *Samaritanus Bonus*, II.

RECOMMENDATIONS FOR ACTION

1. In the Canadian context, implement the 67th World Health Assembly (2014)'s call for WHO member states to "strengthen palliative care as a component of comprehensive care throughout the life course" by establishing palliative care as an essential medical service under the Canada Health Act.[12]

2. Promote an authentic vision and practice of palliative care that is separate and distinct from euthanasia and assisted suicide, and where there are laws permitting euthanasia, find ways to limit and lessen the harms done by such a law.[13]

3. Advocate for the necessary legal protections for healthcare professionals and institutions who do not provide euthanasia and assisted suicide because of the incompatibility of these practices with their beliefs, mission, or values.[14]

4. Expand communication, education, and advocacy efforts regarding early and comprehensive palliative care to grassroots organizations, such as schools and parishes (for example, see the CCCB and partners' Horizons of Hope: A Toolkit for Catholic Parishes on Palliative Care).

5. Engage in conversations and partnerships for action with various faith communities and others to promote access to palliative care as part of advancing the common good.

6. Challenge all peoples of faith and all those who align with the vision described in this statement to prioritize promoting access for all to palliative care internationally and to advocate for the sharing of religious and global resources to this end (for example, see the Pontifical Academy for Life, White Book for Global Palliative Care Advocacy).

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12 World Health Assembly, "Strengthening of Palliative Care as a Component of Comprehensive Care Throughout the Life Course," 2014.

13 John Paul ii, *Evangelium Vitae*, 1995, 73. https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html

14 Canadian Conference of Catholic Bishops, "Statement by the Canadian Conference of Catholic Bishops on the Non-Permissibility of Euthanasia and Assisted Suicide within Canadian Health Organizations with a Catholic Identity," November 30, 2023. https://www.cccb.ca/media-release/statement-by-the-canadian-conference-of-catholic-bishops-on-the-non-permissibility-of-euthanasia-and-assisted-suicide-within-canadian-health-organizations-with-a-catholic-identity

RELATED RESOURCES

- **International Interfaith Symposium on Palliative Care Video Recap**

  ENGLISH / FRENCH

- **Video Message from the Canadian Conference of Catholic Bishops announcing the Symposium**

  ENGLISH / FRENCH

- **Video Messages from the Pontifical Academy for Life announcing the Symposium**

  PAV PRESIDENT Abp. Paglia / PAV Chancellor Msgr. Pegoraro / PAL LIFE Project

SYMPOSIUM ON
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Pontifical Academy for Life (PAV)

For more information, please contact:

Office for Family and Life
Canadian Conference of Catholic Bishops
ofl@cccb.ca

Treasurer's Report

I would like to thank all our supporters for their contributions which allow us to continue the mission of the Catholic Health Association of Saskatchewan. We appreciate your commitment to our association.

In reference to the Independent Auditors' Report from Jensen Stromberg, I would like to note their statement:

> "In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of **Catholic Health Association of Saskatchewan** as at June 30, 2026 and its financial performance and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations."

The Balance Sheet shows an increase in Assets to $975,946 from $925,663 in the prior year.

Income and expenses closely aligned with budget expectations except for Investment Income. The Association benefitted from higher returns in short-term investments through CI Assante Private Client Services. Revenue exceeded expenses by $56,214 up from $9,847 in 2025.

Continued attention to generating income and general operating expenses continue to be top of mind, as a conservative view to investment returns in the coming fiscal year are being budgeted.

The Statement of Revenues and Expenditures shows the Statement of Fund Balances for each of the General Fund, Hon. Emmett M. Hall Fund, Moola Freer Scholarship Fund, and the Ethics Fund.

A special thank you to the CHAS Board of Directors, Peter Oliver, our Executive Director and to Jamie Coulson, our bookkeeper.

Joel Rosenberg, October 2026

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

Auditor's Report

Financial Statements

June 30, 2026

Jensen Stromberg
CHARTERED PROFESSIONAL ACCOUNTANTS

Bill Jensen, CPA, CA*
Tyler Olafson, CPA, CA*
Jared Udchic, CPA*
Dylan Peace, CPA*
*denotes professional corporation

INDEPENDENT AUDITOR'S REPORT

To the Directors of **Catholic Health Association of Saskatchewan**

Report on the Financial Statements

Opinion

We have audited the financial statements of **Catholic Health Association of Saskatchewan**, which comprise the statement of financial position as at **June 30, 2026** and the statements of revenues and expenditures, fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of **Catholic Health Association of Saskatchewan** as at **June 30, 2026** and its financial performance and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of **Catholic Health Association of Saskatchewan** in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Statements and Independent Auditor's Report Thereon

Management is responsible for the other information. The other information comprises the Annual Report. The Annual Report is expected to be made available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the Annual Report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and the use of the going concern basis of accounting unless management either intends to liquidate the entity or cease operations, or has no realistic alternative but to do so.

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

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements, or if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Jensen Stromberg

Saskatoon, Saskatchewan
September 3, 2026

Chartered Professional Accountants

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

STATEMENT OF FINANCIAL POSITION

June 30, 2026
with comparative figures for 2025

	2026	2025
ASSETS		
Current assets:		
Cash	$ 100,394	102,639
Short-term investments (Note 3)	872,286	821,420
Accounts receivable	408	291
Prepaid expenses	1,521	1,313
Total current assets	974,609	925,663
Long-term investments (Note 3)	1,337	-
	975,946	925,663
LIABILITIES AND FUND BALANCES		
Current liabilities:		
Accounts payable and accrued liabilities	21,384	25,887
Deferred revenue (Note 4)	39,200	40,628
Total current liabilities	60,584	66,515
Fund balances:		
Hon. Emmett M. Hall Fund (Note 5)	90,081	97,643
Moola Freer Scholarship Fund (Note 5)	165,398	146,427
Ethics Fund (Note 5)	224,867	228,152
General Fund	435,016	386,926
Total fund balances	915,362	859,148
	$ 975,946	925,663

APPROVED ON BEHALF OF THE BOARD:

_____ Director

Joel J. Rosenberg Director

See accompanying notes to the financial statements.

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

STATEMENT OF REVENUES AND EXPENDITURES

Year ended June 30, 2026
with comparative figures for 2025

	General Fund	Hon. Emmett M. Hall Fund	Moola Freer Scholarship Fund	Ethics Fund	Total 2026	Total 2025
Revenues:						
Bishop's grants	$ 38,735	-	-	-	38,735	38,735
Convention	20,379	-	-	-	20,379	13,050
Donations	5,281	-	-	-	5,281	7,580
Investment income (loss)	56,157	14,165	21,243	33,098	124,663	71,433
Memberships	42,125	-	-	-	42,125	44,025
Sale of Final Care Directives	-	-	-	-	-	2,076
Sponsorships	11,250	-	-	-	11,250	11,100
Vendor rebate	1,652	-	-	-	1,652	-
	175,579	14,165	21,243	33,098	244,085	187,999
Expenditures:						
Annual convention	-	20,879	-	-	20,879	19,196
Courier and postage	316	-	-	-	316	518
Ethicist	-	-	-	34,402	34,402	33,519
Insurance	1,931	-	-	-	1,931	2,075
Interest and bank charges	588	-	-	-	588	912
Investment admin fees	3,360	848	1,272	1,981	7,461	6,972
Meals and entertainment	775	-	-	-	775	446
Mission promotion	1,498	-	1,000	-	2,498	1,265
Office and general	8,857	-	-	-	8,857	7,959
Printing	4,359	-	-	-	4,359	5,306
Professional fees	20,107	-	-	-	20,107	18,787
Rental	4,800	-	-	-	4,800	4,000
Salaries and wages	80,898	-	-	-	80,898	76,778
Website	-	-	-	-	-	420
	127,489	21,727	2,272	36,383	187,871	178,153
Excess (deficiency) of revenues over expenditures	$ 48,090	(7,562)	18,971	(3,285)	56,214	9,847

See accompanying notes to the financial statements.

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

STATEMENT OF FUND BALANCES

Year ended June 30, 2026
with comparative figures for 2025

	General Fund	Hon. Emmett M. Hall Fund	Moola Freer Scholarship Fund	Ethics Fund	Total 2026	Total 2025
Fund balances, beginning of year	$ 386,926	97,643	146,427	228,152	859,148	849,301
Excess (deficiency) of revenues over expenditures	48,090	(7,562)	18,971	(3,285)	56,214	9,847
Fund balances, end of year	$ 435,016	90,081	165,398	224,867	915,362	859,148

See accompanying notes to the financial statements.

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

STATEMENT OF CASH FLOWS

Year ended June 30, 2026
with comparative figures for 2025

	Total 2026	Total 2025
Cash provided by (used in):		
Operating activities:		
Excess (deficiency) of revenues over expenditures	$ 56,215	9,847
Changes in non-cash working capital:		
Accounts receivable	(118)	16,204
Prepaid expenses	(208)	1,009
Accounts payable and accrued liabilities	(4,505)	11,874
Deferred revenue	(1,427)	(1,287)
	49,957	37,647
Investing activities:		
Investments	(52,202)	(34,095)
Net change in cash during the year	(2,245)	3,552
Cash position, beginning of year	102,639	99,087
Cash position, end of year	$ 100,394	102,639

Cash position is comprised of cash in bank less outstanding cheques.

See accompanying notes to the financial statements.

CATHOLIC HEALTH ASSOCIATION OF SASKATCHEWAN

NOTES TO THE FINANCIAL STATEMENTS

June 30, 2026

1. OPERATIONS

Catholic Health Association of Saskatchewan (the "Association") is incorporated as a registered charitable organization. The mission of the Association is to offer leadership, education, and resources in ethics, mission, spiritual care and social justice. Given its charitable status, the Association is not subject to income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations.

(a) Restricted Funds

The accounts of the Association are maintained in accordance with the principles of fund accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) General Fund

The general fund accounts for all unrestricted operational activity that is unrelated to the following restricted funds.

(ii) Hon. Emmett M. Hall Fund

The Hon. Emmett M. Hall fund was established for specific education projects in honour of the late Hon. Emmett M. Hall. The fund balance consists of an appropriation of surplus plus specific donation and interest earned on the fund balance less specific expenses.

(iii) Moola Freer Scholarship Fund

The Moola Freer Scholarship Fund was established for palliative care education and awards by Dr. Dawood and Anne Moola. The fund consists of specific donations and interest earned on the fund balance less specific expenses.

(iv) Ethics Fund

The Ethics Fund was established for the purpose of promoting and providing ethics education, resources and services. The fund was established from the sale of Advance Care Directive booklets and videos, and further enhanced with specific donations. The fund consists of specific donations and interest earned on the fund balance less specific expenses.

(b) Revenue Recognition

The Association follows the restricted fund method of accounting for contributions. Unrestricted contributions are recognized as revenue in the general fund in the year received, or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the general fund in the year in which the related expenses are incurred. Restricted contributions for a specified period (often a calendar year) are recognized based on the passage of time. Restricted contributions for expenses of one or more future periods are reported as deferred revenue. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(c) Capital Assets

The Association does not capitalize assets but rather these are charged to the relative expense accounts in the year acquired. Capital assets expensed in the period were $0 (2025 - $2,814).

(d) Contributed Services

Directors volunteer their time to assist in the Association's activities. While their services benefit the Association considerably, a reasonable estimate of their amount and fair value cannot be made and, accordingly, these contributed services are not recognized in these financial statements.

(e) Measurement Uncertainty

The preparation of the financial statements in conformity with accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the year. Actual results could differ from those estimates.

(f) Financial Instruments

Financial instruments, including cash, accounts receivable, and accounts payable and accrued liabilities are initially recorded at their fair value and are subsequently measured at amortized cost, net of any provisions for impairment.

Investments in equity instruments are initially recorded and subsequently measured at fair value. All other investments are initially recorded at their fair value and subsequently measured at amortized cost

3. INVESTMENTS

	2026	2025
Short-term investments:		
Assante Private Client managed funds	$ 872,286	820,107
Affinity Credit Union guaranteed investment certificates (GICs) bearing interest at 1.80% and maturing January 2026	-	1,313
	$ 872,286	821,420
Long-term investments:		
Affinity Credit Union guaranteed investment certificates (GICs) bearing interest at 2.60% and maturing January 2031	$ 1,337	-

The Association manages its investment portfolio to earn investment income and invests according to the Association's investment policy and the Board's direction. The Association is not involved in any hedging relationships through its operations and does not hold or use any derivative financial instruments for trading purposes.

4. DEFERRED REVENUE

The Association receives categorized membership fees and specialized grants to fund operations. Funds received for future periods are deferred until the future period is reached.

	2026	2025
Affiliate	$ 125	125
Associate	2,025	2,775
Bishop grant	19,368	19,368
Institutional	17,217	17,662
Personal	465	698
	$ 39,200	40,628

5. RESTRICTED FUND BALANCES

	2026	2025
Hon. Emmett M. Hall Fund		
Opening balance	$ 97,643	108,598
Investment income, net of expenses	13,317	8,240
Convention expense	(20,879)	(19,195)
	$ 90,081	97,643
Moola Freer Scholarship Fund		
Opening balance	$ 146,427	136,100
Investment income, net of expenses	19,971	10,327
Mission promotion expense	(1,000)	-
	$ 165,398	146,427
Ethics Fund		
Opening balance	$ 228,152	243,217
Investment income, net of expenses	31,117	18,454
Ethics expense	(34,402)	(33,519)
	$ 224,867	228,152

6. FINANCIAL INSTRUMENTS

Risks and concentrations

The Association is exposed to various risks through its financial instruments. The following analysis provides a measure of the Association's risk exposure and concentrations at June 30, 2026.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Association is exposed to this risk mainly in respect of its accounts payable and accrued liabilities.

Credit Risk

The Association is exposed to minimal credit risk on its accounts receivable. Accounts receivable are due from members.

Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market price. Market risk comprises of three types of risk: currency risk, interest rate risk and other price risk. The Association is mainly exposed to interest rate risk and other price risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Association is exposed to interest rate risk on its investments.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Association is exposed to other price risk through its investments in quoted shares.