



KIRRAE HEALTH SERVICE Inc.

ANNUAL REPORT 2021-22

GO MOB!
#SmokefreeMob
#StrongMob



About Us

We are located in the Framlingham Aboriginal Community which is situated on Gunditjmara Country on the western plains of Victoria. In 1861 Framlingham was established as an Aboriginal reserve by the Board for Protection of Aborigines. Kirrae Health Service began in the late 1970's.

For all intents and purposes Framlingham Aboriginal Settlement operates as a small town on Aboriginal land and is home base to and provides essential services to its people. Members may live at Framlingham, as well as in Warrnambool, Koroit, Yambuk, Allansford, Princetown, Terang and Bushfield.

Our Mission

Kirrae Health Service exists in order to service the physical, mental and emotional health needs of the Framlingham Aboriginal community and surrounds in a manner that is effective, culturally sensitive and acceptable to the community.

Our Services

Kirrae Health Service is a nationally Accredited Health and Community Services organisation providing:

- o Aboriginal Health Workers
- o Registered nurse on site
- o Visiting GP's
- o Maternal child health nurse
- o Chronic illness management
- o Health promotion activities
- o Health screening
- o Health education
- o Transport for medical appointments
- o Ante natal care
- o Drug and alcohol medical services
- o Optometry
- o Hearing
- o Immunisations
- o Home and community care
- o Health checks
- o Breast screening

- o Smoking cessation
- o Care planning
- o Glucose checks
- o Blood pressure checks
- o BMI's
- o Pap smears
- o Diabetes checks
- o Children's activities – play group, holiday program, homework group
- o Social, emotional and wellbeing services, counselling, advocacy, family therapy
- o AOD
- o Koko Blokes
- o Kalat Girls
- o Physical activity groups – walking, self-defence, fitness, gym, swimming
- o Much, much, more...

Our Board

July - Oct 2021

Danny Chatfield
Chairperson

Louise Wackett
Deputy Chair

Alan Miller
Member

Katie Clark
Member

Tanaya Harradine
Member

Jessica Chatfield
Member

Oct 2021 - June 2022

Danny Chatfield
Chairperson

Louise Wackett
Deputy Chair

Alan Miller
Member

Jessica Chatfield (resigned 17/5/22)
Member



Right : Artifact making
NAIDOC 2021

Strategic Objectives

Kirrae Health Service Strategic Plan Objectives are to:

Strategic Objective 1:

Maintain a viable, independent, accessible, inclusive and culturally safe health and community service .

Strategic Objective 2:

Older and disabled people of the community are respected and supported to remain safely in their homes for as long as possible.

Strategic Objective 3:

Provide social, educational, lifestyle and health supports for our young people.

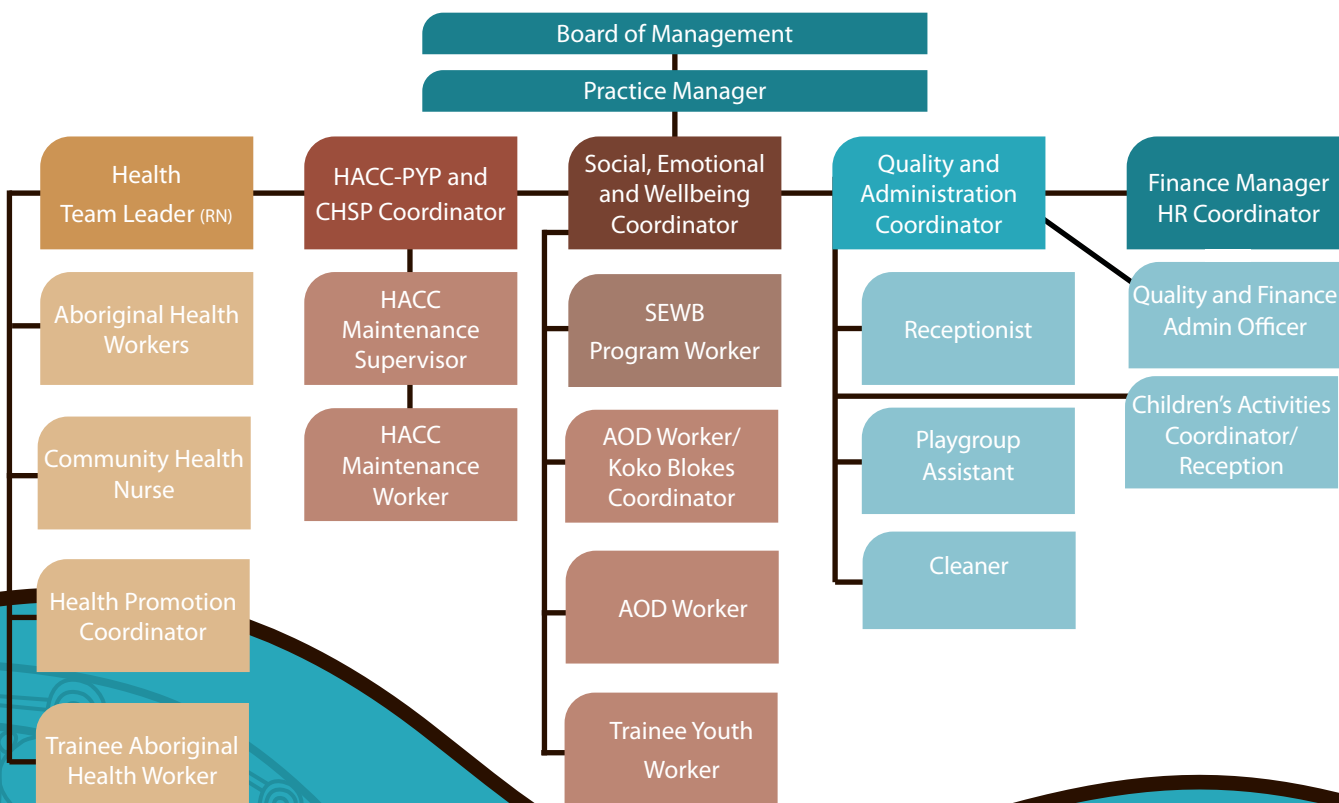
Strategic Objective 4:

Empower families and individuals to grow together, build resilience and make healthy lifestyle and mental health and wellbeing choices

Strategic Objective 5:

KHS utilises Governance, Operational and Financial Best Practices

Structure Chart



Chairperson

The Board of Management wish to Acknowledge and Pay our Respects to the elders and community members who have passed over into the Dreamtime during 2021/2022 Reporting period. May you fly high with Bunjil.

I would like to Acknowledge my fellow Board Members for continually attending meetings and constant hard work and to see Kirrae evolve and continue to grow and service our community.

Quarterly meetings which review all our strategy and compliance obligations. Reviewing of our strategic plan every six months continues to show our strengths and the amount of work that Kirrae do in achieving these outcomes.

Covid-19 has again thrown its challenges at us all throughout the community. The strength and resilience Kirrae have shown to be able to still come together and maintain the client service delivery has been outstanding.

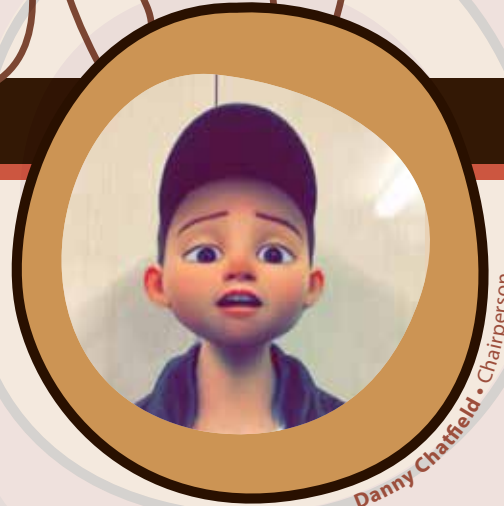
I Would also like to acknowledge the CEO/ Practice Manager and all the staff at Kirrae for all the hard work that has continued throughout the year. N.A.I.D.O.C Week/Koko Blokes/Community lunches/Playgroup and not to mention the BINGO DAYS. How nice it was to have these things return throughout the year and seeing Mob/Community come together. Smiling laughing and just enjoying themselves

I would also like to thank you The community. Our Elders, our youth, our Mothers and Fathers our Brothers & Sisters, everyone involved with Kirrae. Remember it's been another challenging year.

Be nice, be kind and always smile

Danny Chatfield

Chairperson



Centre :Jyah at NAIDOC 2021

Right : Shakira and Nyree at NAIDOC 2021



From the Practice Manager

Firstly I would like to take this opportunity to acknowledge and pay respect to the community members who passed during this year.

I would also like to acknowledge our Board members who have consistently supported and lent a hand when needed, this has meant a lot to not only myself but also the staff. You guys are muchly appreciated.

2021-2022 has been a quite a challenging time here at Kirrae. With a couple of lock downs, COVID19 cases etc. Our health team at times were stretch but in true Kirrae style other staff pitched in to lessen the load.

Our staff have done a marvellous job keeping our doors open and attending to the community/client needs whether it be delivering packs or medication appointments. This crew has stepped up to any of the challenges through this year. I cannot thank them enough for their commitment to service our community clients.

VACCHO/NACCHO have continued to assist/share any information, support regarding COVID19 which has really helped. Also the constant health updates helped us pre plan when numbers were on the rise, with our covid home packs, masks and any other items clients needed.

Our team have done a great job getting many clients vaccinated with either Pfizer or AstraZeneca. The clinics where set up to make it as stress free as possible. The conversation to remind community to still be safe as Covid is still around. Ebony did an awesome Job designing our t-shirts. We were proud to be a pilot for Rapid Antigen Tests, before anyone knew what the heck they were. This quickly changed with the whole world suddenly knowing what a



Nonnie Harradine • Practice Manager

RAT was with the introduction of Omicron.

Although this year we found it challenging to attend the various meetings during this time we were still in contact with our networks. Mostly via online meetings but are slowly trying to get some face to face happening, which in itself can be tricky with the constant changes in the covid cases.

We had a few staff leave this year Ebony, Hayden and Lionel and we wish them all well in their new endeavours. So this has meant new staff members welcomed on board.

We have been applying for infrastructure grants to extend our building as you guessed it we are out growing of our current building. We were lucky enough to get some minor works money to repair our roof and level the bi-fold doors so no one trips.

It was great to be able to hold our CTG and NAIDOC days with great attendance, just to see community sitting around talking, kids doing the activities makes all the planning worth it, so on that note I thank all our community/clients you guys keep us all coming back.

Nonnie Harradine
Practice Manager / CEO



Left : Wood Burning NAIDOC 2021

Middle : Chayce NAIDOC 2021

Right : Eliza drives a car at playgroup!

Quality and Administration Coordinator

The brilliant peeps who make it all happen

Mikayla, Ivy and Kimberley are the crew that technically make up our admin team with me. Teneshia belongs to the health team, but in reality she totally belongs to the admin team too. As always they do a great job across all of the up and down times, helping to deliver our many activities, create our great monthly newsletter, keep our social media going, pay bills, sort travel, work out data for trend reports, make appointments for clients and helping to meet all of our many client and service needs. Thanks, you are fantastic and I would absolutely lose the plot without you all.

Kunta once again continued to keep Kirrae clean and sparkling, thanks Kunta. He volunteers many hours each month on top of his regular work, a credit to him. Special mention for all the hard work the crew put in for NAIDOC in 2021. It was AMAZING, with everyone so thrilled to be back together for the first time in what felt like a hundred years. Community came out in force and everyone had a great time making Eagle Leaf Art, beading, wood burning and more.

Clinical governance Framework

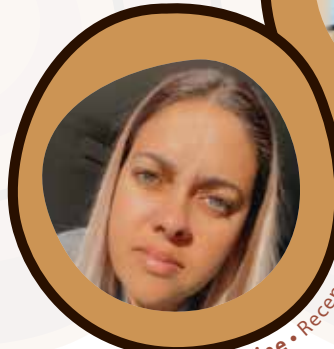
We have introduced our Clinical Governance Framework that outlines all of the ways we all strive to ensure our clients get the best quality clinical service we can provide.

Continuous Improvement

Most continuous improvement suggestions made related to processes and clinical improvements. The annual trend report to the Board reflected continuous improvement in these areas. We love finding ways to make things better for everyone! Yay go us. Thanks to everyone who participated in our annual survey conducted on our awesome Flu night and across other programs. All responses are used to assist in planning our services.

Accreditation – half way review whoooooo!

We had a successful half way review with our Assessment Team Leader Dr Ross Nable, who reviewed our Quality Work Plan and discussed all of the good things happening at Kirrae, any challenges and looking ahead. He



Mikayla Harradine • Reception



Paula O'Brien • Quality and Administration Coordinator



Kimberley Harradine - Children's Activities Coordinator-Receptionist



Michael Gala (Kunta) • Cleaner



Ivy Clark - Quality and Finance Admin Officer

congratulated Kirrae on our great COVID19 response and vaccination efforts. We are little but we try hard

Thanks Nonnie and co!

Paula O'Brien
Quality and Administration
Coordinator



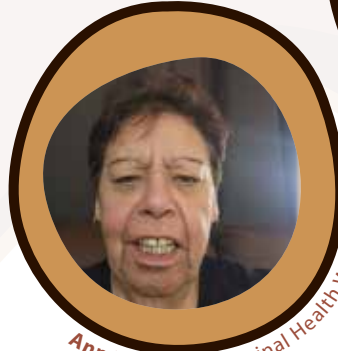
Health Program

The last 12 months has been quite challenging for our health team, with Fabian's departure and Thalia on maternity leave, our part time team of 4 worked tirelessly to ensure our clients continued to receive services. Thankfully the admin crew pitched in and we ran our services with two tiny teams as COVID19 hit the community for the first time, with teams A & B holding down the fort at different times. There was also a backup C team in place if we got desperate, to come in and continue servicing our community and clients. It was hard work for a little group but we pulled it off.

We ran onsite COVID19 testing clinics with members of our team as well as a team from SWHC. All houses were delivered groceries, medical supplies and general needs with excellent outcomes for all of our COVID19 positive cases back in the 'early days' of late 2021.

Our COVID19 vaccination numbers were extremely good and I would like to thank everyone, great effort team. Health Promotion has been ongoing as best we can whilst Thalia enjoys her time with her lovely baby boy Rupert. She started the ball rolling and we continued with the COVID19 vaccination campaign via social media.

Close the Gap Day was an ideal health promotion activity with a great walk to start off the warm day. People came out in their Deadly Walkers gear and off they went. Across the day our health crew did Blood pressure checks, manned others station and helped with a Tackling Indigenous Smoking table promoting Smoke Free Homes. People undertook a pledge to have a smoke free house and car and participated in a survey. Those who undertook these activities received excellent Go Mob! smoke free home goodies including a picnic blanket, speaker, front door mat, air fresheners and more.



Ann Litster - Aboriginal Health Worker



Fabian McLindin - Health Team Leader



Alice McCallum - Community Health Nurse

Community who then sent in photos of these products in use and undertook another survey on World No Tobacco Day received some great house cleaning products.

Flu Night was pretty special this year as we hired a big marquee for the first time so that clients could sit and eat in a COVID19 safe space, something that has really been missed. An excellent turn out with over a hundred vaccinations administered.

During Asthma awareness week we gave out puffers and spacers and put articles in our newsletter.

Biggest morning tea/world no tobacco day was finally able to return, thanks to all who came along, plenty of games and a lot of laughter!

Training wise Phillip is still busy with his Aboriginal Health Worker course, meanwhile the health team participated in COVID-19 specific online courses, vaccination training, smoking in pregnancy training, Deadly Sexy Training and STI screening, first aid and more.

Fruit program numbers are growing and continued to be



Phillip Chatfield - Aboriginal Health Worker Trainee

Health Program



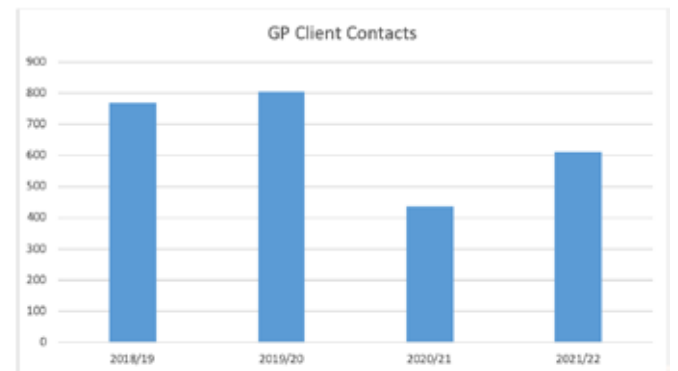
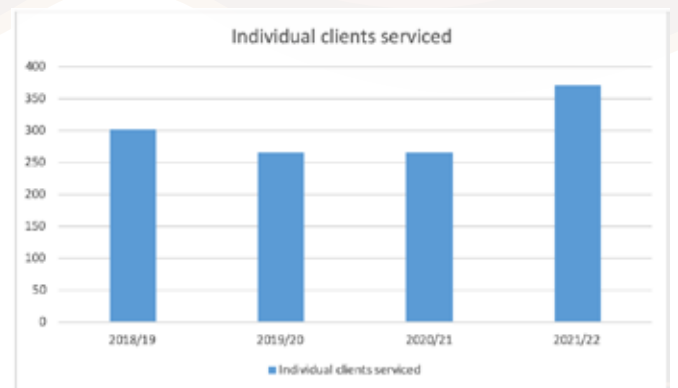
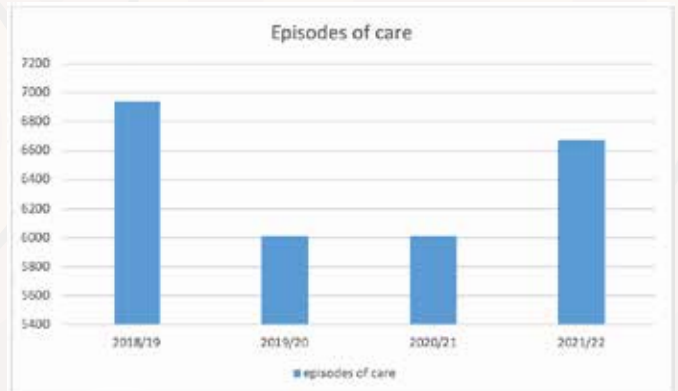
Teneshia Harradine - Aboriginal Health Worker

delivered weekly to our families with only a break in school holidays, big effort from the crew for packing and delivering.

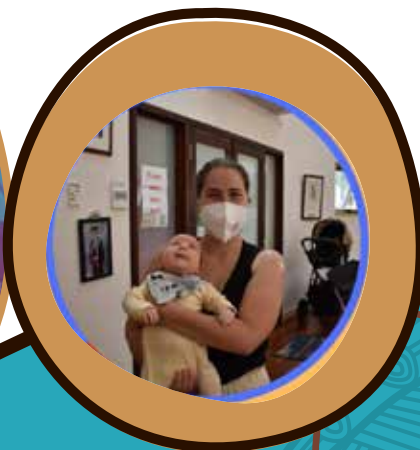
The data in our graphs show episodes of care and individual clients serviced clearly increased from the previous financial year and health checks increased as

COVID19 lockdowns reduced and face to face services returning whenever possible. It also shows a very clear spike in anxiety, depression, with COVID19 clearly impacting our whole lives, even if people are unaware of it.

As you can see our health team has been very busy and continue to deliver great services to our community and clients. We are very proud of all of their efforts and all who support them.



Thalia Robertson - Health Promotion and Health Promotion, TIS Coordinator, new mum



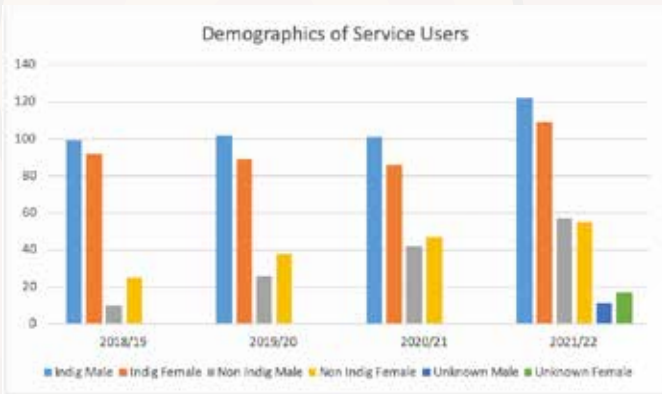
Left : Breast Screening Bus at Kirrae

Middle : Thalia had her booster

Right : Sharon had her booster



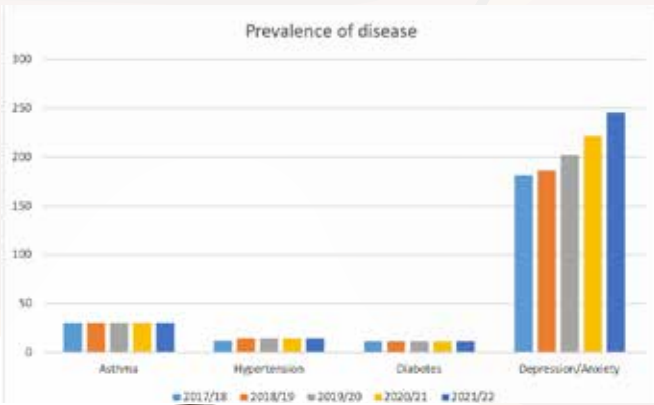
Health Program



Top : Lionel had his booster

Middle : Louise had her booster

Bottom : Community Xmas fruit and Veg packing



Top : Arlie at holiday program

Bottom: Close The Gap Day Walk 2022



Social, Emotional & Wellbeing Program



Heather Vafidis • Social, Emotional and Wellbeing Coordinator

Thankfully, life in general has almost returned to normal. Covid-19 still impacts the way we work, learn, play and live our lives but we seem to have adapted quite well. Thank you to all the SEWB clients who were so flexible in accommodating to a different way of engaging with us. Thank you to all the Kirrae Health Service staff and the Board for keeping community and staff, safe and healthy throughout the past year.

A big thank you also to the 21/22 SEWB Team – Aaron, Mel, Michael and Ebony for their dedication and support of their clients during this challenging time. Thank you guys for the extra support you give to Playgroup, Fruit Run, Homework group and other activities and events at Kirrae. Many hands make light work so your help is very much appreciated. Thank you so much for assisting me while I have been recuperating and working from home. You are a great team.

At the beginning of 2022 Michael started 12 months leave to broaden his knowledge and to experience life in Western Australia. At the end of June, Ebony made the difficult decision to leave Kirrae and move to Bendigo for family reasons. We wished them both well and thanked them for all the support they gave to their young clients. Pleasingly we were able to recruit quickly and have Kristy and Jocelyn joining the SEWB team in July 2022. They will continue on with Kalat Girls and start a little Girls group. Koko Blokes and Kalat Girls saw a far bit of disruption during the past year due to Covid and staff shortages but they enjoyed a variety of fun and cultural activities. Thank you to Jess and Holly for all their help with Kalat Girls.



Ebony Bennett • Youth Worker Trainee



Melissa Sumner • AOD Worker

Aaron and Mel continue in their AOD Diploma studies at VACCHO. Aaron's work with the Koko Blokes is very much appreciated. The boys have been busy dancing at various events and they should be very proud of themselves. Aaron has also taken on the organisation of the newly formed Kirrae Men's Group. Thank you Aaron. Thanks to Mel too, who took on the portfolio of Women's group with help from Ivy (thank you Ivy). Funding for the Men's and the Women's group, came out of the Victorian Royal Commission into Mental Health. Sessions are a mix of simple get togethers as well as challenging and exciting activities. We all need something to look forward to, share with others and have a bit of fun, all of which leads to improved wellbeing for individuals and the whole of community.

In the past 12 months 31 referrals to the SEWB/AOD program were made. Ages ranged across the lifespan, with a split of 11 males and 20 females. 10 of the referrals were for young people under 25 years of age. The jump in clients seeking AOD assistance this past year compared to the previous 12 months (9% up to 36%) reflects the impact Covid has had on people's mental health but also the willingness to engage face to face once more. The reduction in referrals to the wellbeing side of SEWB (71% down to 31%) reflects not having a SEWB worker for 5 months. The percentage of referrals of young people accessing the SEWB service increased from 10 to 19% which reflects the impact of Covid on our young ones. They should be praised in coming forward to seek help.

The biggest thanks must go to all of our clients who allow us into their lives to walk alongside them on their healing journeys. That walk can be brief, short or long. We try to work holistically in order to promote balance and positive social and emotional wellbeing. Improvement in an individual's wellbeing, will in turn, help that of their family, which in turn also improves the wellbeing of the whole community. Thanks for allowing us the privilege of walking alongside you, often during very difficult times. The path may be rocky with twists and turns, trip hazards and steep hills to climb, but there is always a smooth, straight path often just around the corner.

We look forward to the year ahead, turning those corners.

Heather Vafidis
SEWB Coordinator



Aaron Hagan • AOD Worker and Koko Blokes Coordinator



Michael Boyd - Social, Emotional and Wellbeing Program



Kristy Crawley - Trainee Youth Worker



Jocelyn Retallack - Social Emotional Wellbeing Worker



Children's Activities

This year has been great for Playgroup with fewer lock downs and being able to move back into our Playgroup area, which had been being used as our COVID19 testing clinic. We have had a consistent number of children/families attending regularly with the exception of any children being sick. With our COVID19 protocols like temp checks, covid questions, wipe downs of all surfaces and toys, staff wearing masks, handwashing and sanitizing we have avoided the spread of covid at playgroup.

It has been a bit of a process to get things back to normal, we are yet to get a speech therapist back out but have still been able to assist families in making speech appointments or getting referrals and transporting to appointments.

Some highlights from the year were finalizing a playgroup design and finally having it printed on hoodies for the playgroup kids and staff, they look deadly in them! We have gone on a couple of excursions to the Ed gym sessions which involves parent participation and allows children to develop their gross motor skills. Activities are provided for climbing/walking crawling along up over and under, swinging, running, jumping, balancing etc. the sessions end with a game of hide and seek with adults and children joining in, the kids have really enjoyed and we will be going again.

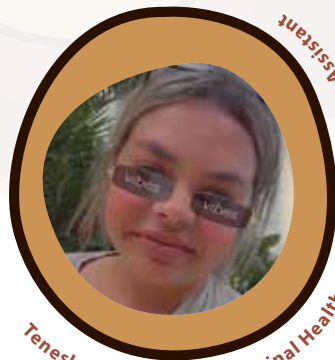
The children are clearly forming friendships, connections and relationships with each other and the adults in playgroup and the whole of Kirrae staff, elders and community members at lunches. It is especially heartening watching little cousins who hadn't had the opportunity to catch up regularly form close friendships playgroup.

Playgroup continues to have a significant influence in not only the children's lives but the whole community. Playgroup couldn't run without the commitment and support of staff like Teneshia who is fantastic at engaging with the children and does an amazing job supporting myself, the children and parents not only in playgroup but as an Aboriginal health worker too. Mikayla and the SEWB team who also attend playgroup regularly playing, chatting and assisting with any needs of our kids and families and all Kirrae staff for stepping up and giving a hand in playgroup when needed. Thank you all.

Kimberley Harradine
Children's Activities Coordinator



Kimberley Harradine • Children's Activities Coordinator - Receptionist



Teneshia Harradine - Aboriginal Health Worker and Playgroup Assistant



Top: Aunty Ann with her great grandson Tommy at playgroup

Centre: Kahlia reading at playgroup

Bottom: Vann & Kahlia painting at playgroup



Koko Blokes

Another Disrupted year for Koko Blokes due to COVID restrictions. This is such a shame as it really throws a spanner into the all the work we have done over the last few years.

In July 2021, we did start the year off our annual dance performance for Kirrae's NAIDOC Day event. This was a great day with plenty turning up to take part in all the activities Kirrae had on for the day.

Following this up we had our 2021 Koko Bloke Camp, where on Wednesday the group headed to the Ballarat Go-Karts/Laser force before heading to Bounce Geelong and finally making our way to Melbourne Big 4 to rest up for the night. On Thursday we attend our flight at IFly Melbourne. This was a great experience for all. Some of the Koko's where very hesitant at the start but all the boys end up having a turn. After our IFly activity we all had a ball at Timezone before watching the new Space Jam at the movies.

On Friday we packed up camp and spent the day at Luna Park before heading home. This was our first camp since all Covid restrictions coming into play.

This was a short lived experience with everyone going back into lockdown until November the following week.

In November after lockdown, we started off with a catch up BBQ down Lake Pertobe, just to bring everyone back together. We also had our fishing comp that ran over two sessions. Not many caught anything except for Preston who won the competition.

December we ran a dance practice and dinner to get ready for our 24hr Shear Madness



Aaron Hagan • Koko Blokes Coordinator



performance. Then finished the year off with bowling and movies going into the school holidays.

Restrictions come into play again into the New Year. We were lucky enough to join the

Eastern Maar dance group in February to welcome the Western Bulldogs playing group to Warrnambool before going back into lockdown again.

Fast forward to May where we were finally able to run Koko Bloke's Welcome Ceremony to welcome new members to the group. This is usually done early at the start of each year. Since restarting we have attended the movies, monster truck show that was a disappointment to all who attended. Koko Blokes also received gift cards for all the dance performances they have done since starting the program. This was firstly put away to save up for a bus for the boys activities but felt the Koko's earned to be rewarded for all their efforts and time.

June 2022, we had our first dance performance since Feb, for the Youth Treaty Forum held in Warrnambool.

This reporting period was very chaotic with all the snap lockdowns and restrictions in place. I would just like to thank all the Koko's for continuing to attend and allowing Kirrae to run such an amazing program. Securing continued funding is now our next challenge so we are able to continue to provide Koko Blokes into the future.



- Top :** Brandon at the Firepit NAIDOC 2021
- Middle :** Bungarie at NAIDOC 2021
- Bottom Left :** Wood Burning at NAIDOC 2021
- Bottom Right :** Preston at NAIDOC 2021

Koko Blokes



Kalat Girls



Top Left : Kalat Girls Self Defence - Lexi and Arlie
Top Right : Kalat Girls Self Defence Jess and Shylee
Right : Kalat Girls Camp

HACC-PYP and CHSP Program

We began the financial year, still with COVID restriction's & lockdowns hanging around.

I would like to thank Ivy for all her hard work she puts into her role at Kirrae & all my questions about reporting to all the Government Channels. I have welcomed on board Kimberley & Mikayla to help with all the non-glory of Admin support with HACC/PYP & CHSP services. Sadly during the late Financial Year Hayden & Lionel both finished up at Kirrae and we wish them all the best. We then welcomed Craig Burstall & Tylah Merriman into the team. The boys have hit the ground running with delivering Fruit, mowing lawns, cleaning gutters, washing windows. This could be trouble, as Nonnie now can see out of her window.

A big thank you to Kings catering who have supplied community meals, Flu night meals & single meals to clients during COVID lockdowns.

Social Support lunches started off & we visited such places as Allansford hotel, Flying Horse Inn, RSL, Rafferty's Tavern, Macey's, Warrnambool Bowls club, Warrnambool Football club with some strong numbers for lunch. It has been working well with some suggestions from community on places they would like to visit. We like to offer choice & control as we endeavor to listen to all our clients. The Group always were having a good yarn when out, but not too much talking when we visited Hao Kai, just eating the yummy Chinese food.

Planned Activity Group was held at Flagstaff hill, where we received a tour by Flagstaff hill staff, but the best part was meeting the Maremma Dogs, famous for appearing in the Oddball movie. Bingo went well when it returned, with all the prizes well received after a hard but fair battle in each game. We could not believe some players luck winning Bingo a few times on the one day.

Close the Gap Day, was well received with lots of community spirit in the walk & all the activities. We also held the

Biggest Morning Tea, which raise a great amount of money. I can now call myself the Kirrae Champion Tea Bag Tosser of May 2022.

We attended a Carers Expo at the Warrnambool Lighthouse, held to promote services for clients in South West Victoria, from Portland, Hamilton, Timboon & Mortlake. Our stand had the most interest from people who attended the event.

Big thanks to all the staff who helped deliver the Fruit & meals to the community during the year & lots of positive feedback suppling RATS tests. Special thanks to Kunta for all his hard work cleaning up, weather in the



Tylah Merriman - HACC-PYP and CHSP Maintenance Worker



John Brooks • HACC-PYP and CHSP Coordinator



Hayden Haradine • HACC Maintenance Supervisor

Kitchen or the whole of Kirrae Health Services.

I have been one of the lucky ones who was able to work on site during the Pandemic in different roles to help the community during lock down times. I would like to thank the Board, community members & all the staff at Kirrae Health Services, in continuing to support me into the role.

We were so proud to host the First KADNAC (Koori Aged and Disability Network Advisory Committee) meeting post COVID at Kirrae. Special thanks to Jimmy Driscoll Regional Aboriginal development officer from Ballarat/Grampians Health Services with whom we have formed a very strong alliance. We were also very lucky to be able to offer OT services especially Hand Therapy from Josephine Gibbs/Dwyer. OT is that hard to get it's like finding hens teeth. Both Jimmy & Josephine attended our Close the Gap Day.

Last but not least I would like to thank the Management Team Paula, Diom, Heather & of course Nonnie on your great leadership. I didn't think I would be helping in the vaccine clinic for number 1, 2, 3, & 4 vaccines, but happy to help out anytime, anyplace for the community.

John Brooks
HACC-PYP and CHSP Coordinator



Lionel Chatfield • Hacc Maintenance Worker



FINANCIAL REPORT

For the year ended 30 June 2021



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Far left : Nonnie, Ivy, John, Alice and Paula got vaccinated

Left : Footy Week 2021 - Paula, Nonnie, Thalia

Above: Hunter at NAIDOC 2021

Right Top : William at holiday program





Kirrae Health Service Inc.

ABN 98 641 022 731

Financial Statements for the year ended 30 June 2022

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING



KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

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KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Committee Report

For the year ended 30 June 2022

The committee present their report, together with the financial statements of Kirrae Health Service Inc. ("KHS") for the year ended 30 June 2022.

Information on committee members

The following persons were committee members of the association during the whole of the financial year and up to the date of this report, unless otherwise stated:

- Danny Chatfield
- Louise Wackett
- Katie Clark
- Allan Miller
- Jessica Chatfield

Principal activities

During the financial year the principal continuing activities of the association were servicing the health needs of the Framlingham Aboriginal Community.

There were no other significant changes in the state of affairs of the association during the financial year.

Operating results

The operating surplus of the association amounted to \$319,748 (2021: \$935,405).

Meetings of committee members

The number of meetings of the association's committee held during the year ended 30 June 2022, and the number of meetings attended by each committee members were:

	Committee meetings	
	Eligible to attend	Number attended
Danny Chatfield	3	3
Louise Wackett	3	3
Katie Clark	1	0
Allan Miller	3	3
Jessica Chatfield	2	2

After balance date events

The impact of the Coronavirus (COVID-19) pandemic is ongoing and while it has been financially positive for the association up to 30 June 2022, it is not practicable to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

No other matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the association's operations, the results of those operations, or the association's state of affairs in future financial years.

Auditor's independence declaration

The lead auditor's independence declaration for the year ended 30 June 2022 has been received and can be found immediately after this committee report.



KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Committee Report

For the year ended 30 June 2022

Signed on behalf of the committee.

Committee Member: *re*

Name: Danny Chatfield / Chairperson

Dated this 20th day of October 2022

Committee Member: *Louise S. Wackett*

Name: Louise Wackett / Deputy Chairperson





AUDITOR'S INDEPENDENCE DECLARATION

RSM Australia Partners

12 Anderson Street West, Ballarat VIC 3350
PO Box 685 Ballarat VIC 3353

T +61(0) 3 5330 5800
F +61(0) 3 5330 5890

www.rsm.com.au

As lead auditor for the audit of the financial report of Kirrae Health Service Inc. for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM

RSM AUSTRALIA PARTNERS

JOHN FINDLAY
Partner

Ballarat, Victoria
Dated this 20th day of October 2022

KIRRAE HEALTH SERVICE INC.

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Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
Revenues and other income	2.1	2,407,513	2,862,914
Employee expenses	3.1	(1,119,238)	(1,070,847)
Operating expenses	3.2	(870,186)	(774,961)
Depreciation	4.3	(98,341)	(81,700)
Surplus before income tax		319,748	935,406
Income tax expense		-	-
Surplus for the year after income tax		319,748	935,406
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year		319,748	935,406

KIRRAE HEALTH SERVICE INC.

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Statement of Financial Position

As at 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
Current Assets			
Cash and cash equivalents	6.1	2,365,501	2,065,399
Trade and other receivables	5.1	111,218	127,430
Prepayments		22,016	25,344
Total Current Assets		2,498,735	2,218,173
Non-Current Assets			
Property, plant and equipment	4.1	470,047	460,889
Right-of-use assets	4.2	135,408	174,931
Total Non-Current Assets		605,455	635,820
TOTAL ASSETS		3,104,190	2,853,993
LIABILITIES			
Current Liabilities			
Trade and other payables	5.2	147,699	199,043
Employee benefits provision	3.3	254,919	220,303
Lease liabilities	6.2	39,832	40,262
Total Current Liabilities		442,450	459,608
Non-Current Liabilities			
Employee benefits provision	3.3	4,555	19,309
Lease liabilities	6.2	89,583	127,222
Total Non-Current Liabilities		94,138	146,531
TOTAL LIABILITIES		536,588	606,139
NET ASSETS		2,567,602	2,247,854
EQUITY			
Accumulated surplus	8.1	2,567,602	2,247,854
TOTAL EQUITY		2,567,602	2,247,854

KIRRAE HEALTH SERVICE INC.

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Statement of Changes in Equity
For the year ended 30 June 2022

	Accumulated surplus \$	Total \$
2022		
Balance at 1 July 2021	2,247,854	2,247,854
Surplus for the year	319,748	319,748
Balance at 30 June 2022	2,567,602	2,567,602
2021		
Balance at 1 July 2020	1,312,448	1,312,448
Surplus for the year	935,406	935,406
Balance at 30 June 2021	2,247,854	2,247,854

KIRRAE HEALTH SERVICE INC.

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Statement of Cash Flows

For the year ended 30 June 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers including grants (inclusive of GST)		2,423,314	2,803,066
Payments to suppliers and employees (inclusive of GST)		(2,017,577)	(1,770,887)
Interest received		411	278
Net cash provided by operating activities	8.2	406,148	1,032,457
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(67,975)	(191,740)
Net cash used in investing activities		(67,975)	(191,740)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments of lease liabilities		(38,071)	(36,384)
Net cash used in financing activities		(38,071)	(36,384)
Net increase in cash and cash equivalents held		300,102	804,333
Cash and cash equivalents at end of financial year		2,065,399	1,261,066
Cash and cash equivalents at end of financial year	6.1	2,365,501	2,065,399

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements
For the year ended 30 June 2022**Note 1 Summary of Significant Accounting Policies**

The financial statements cover Kirrae Health Service Inc. ("KHS") as an individual entity. KHS is an association incorporated in Victoria and operating pursuant to the *Associations Incorporation Reform Act 2012 (Vic)*. KHS is also a registered charity under the *Australian Charities and Not-for-profits Commission Act 2012*.

Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

New or amended Accounting Standards and Interpretations adopted

The association has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – *Simplified Disclosures* of the Australian Accounting Standards Board (AASB), the *Associations Incorporation Reform Act 2012 (Vic)*, the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and associated regulations. The association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the association's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in the relevant notes.

a) Association details

The registered office and principal place of business of the association is:

1 Kirrae Avenue
Purnim VIC 3278

b) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the Australian Taxation Office (ATO). In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the ATO, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the ATO.

c) Income tax

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 1 Summary of Significant Accounting Policies (cont.)**d) Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the association's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the association's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

e) Economic dependence

A significant portion of KHS revenue is derived from Department of Health and Department of Human Services. KHS is dependent on continued revenue from both services for its continued ability to carry on normal activities in its current structure. The committee have no reason to believe this funding will not be ongoing.

f) Presentation

The amounts presented in the financial statements have been rounded to the nearest dollar. Minor discrepancies in tables between totals and sum of components are due to rounding.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 2 Funding Delivery of Our Services

KHS overall objective is the delivery of health treatment and support services, health promotion and prevention programs to members of the Framlingham and surrounding communities in accordance with identified community needs and the formal objectives of KHS. To enable KHS to fulfil its objectives it receives income primarily from Commonwealth and State government funding. KHS also receives income from the supply of services as outlined in the statement of profit or loss and other comprehensive income.

2.1: Revenue and other income

	2022	2021
	\$	\$
Note 2.1: Revenue and other income		
<i>Operating revenue</i>		
Department of Prime Minister of Cabinet	-	185,402
Department of Health and Human Services	204,607	1,164,472
Department of Health and Ageing	139,893	130,276
Department of Health	1,474,846	536,054
VACCHO	187,963	-
Western Victoria Primary Health Network	97,348	118,221
Other grants	204,290	517,400
Total operating revenue	<u>2,308,947</u>	<u>2,651,825</u>
<i>Non-operating revenue</i>		
Other income	98,156	210,811
Interest received	411	278
Total non-operating revenue	<u>98,567</u>	<u>211,089</u>
Total revenue and other income	<u>2,407,514</u>	<u>2,862,914</u>

Revenue recognition

The association recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the association: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

Donations

Donations are recognised at the time the pledge is made.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 2 Funding Delivery of Our Services (cont.)*Grants*

Grant revenue is recognised in profit or loss when the incorporated association satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the incorporated association is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 3 The Cost of Delivering Services

This section provides an account of the expenses incurred by KHS in <providing key services. In Note 2, the funds that enable the provision of services/products were disclosed and in this note the cost associated with provision of services are recorded.

- 3.1: Breakdown of employee benefits expenses
- 3.2: Breakdown of operating expenditure
- 3.3: Employee benefits in the statement of financial position

	2022	2021
	\$	\$
Note 3.1: Breakdown of employee benefits expenses		
Wages	993,818	962,886
Superannuation	99,382	90,807
Provision employee entitlements	26,038	17,154
Total employee benefits expenses	1,119,238	1,070,847
Note 3.2: Breakdown of operating expenditure		
Program running expenses	605,400	503,097
Administration expenses	243,056	252,632
Occupancy expenses	21,730	19,232
Total operating expenditure	870,186	774,961
Note 3.3: Employee benefits in the statement of financial position		
<i>Current</i>		
Provision for annual leave	131,417	125,961
Provision for long service leave	123,502	94,342
Total current provisions	254,919	220,303
<i>Non-Current</i>		
Provision for long service leave	4,555	19,309

Employee benefits recognition

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Critical accounting estimates and judgments: Employee benefits

As discussed above, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 4 Key Assets to Support Service Delivery

KHS controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources to be utilised for delivery of those outputs.

- 4.1: Property, plant and equipment
- 4.2: Right-of-use assets
- 4.3: Depreciation

	2022	2021
	\$	\$
Note 4.1: Property, plant and equipment		
i) Gross carrying amount and accumulated depreciation		
<i>Non-Current</i>		
Building improvements (at cost)	360,429	351,503
Accumulated depreciation	(47,183)	(38,112)
Total building improvements	313,246	313,391
Plant and equipment (at cost)	519,908	460,858
Accumulated depreciation	(363,107)	(313,360)
Total plant and equipment	156,801	147,498
Total property, plant and equipment	470,047	460,889

ii) Reconciliations of the carrying amounts of each class of asset

	Work in progress – Building improvements	Building improvements	Plant and equipment	Total
	\$	\$	\$	\$
Year ended 30 June 2022				
Balance at the beginning of the year	-	313,391	147,498	460,889
Additions	-	8,925	59,050	67,975
Depreciation expense	-	(9,070)	(49,747)	(58,817)
Balance at the end of the year	-	313,246	156,801	470,047
Year ended 30 June 2021				
Balance at the beginning of the year	179,141	-	132,185	311,326
Additions	-	86,440	105,300	191,740
Transfers	(179,141)	234,561	(55,420)	-
Depreciation expense	-	(7,610)	(34,567)	(42,177)
Balance at the end of the year	-	313,391	147,498	460,889

Property, plant and equipment recognition

Property, plant and equipment, including freehold land and buildings, are carried at cost unless otherwise stated. Depreciable assets are depreciated over their useful life to the company.

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

The carrying amount of property, plant and equipment is reviewed annually by the committee to ensure it is not in excess of the recoverable amount of those assets.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 4 Key Assets to Support Service Delivery (cont.)**Note 4.1: Property, plant and equipment (cont.)****Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Critical accounting estimates and judgments: Impairment of non-financial assets

The association assesses impairment of non-financial assets at each reporting date by evaluating conditions specific to the association and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

	2022 \$	2021 \$
Note 4.2: Right-of-use assets		
<i>Non-Current</i>		
Building	124,487	124,487
Less accumulated depreciation	(23,207)	(15,384)
Total building right-of-use assets	101,280	109,103
Photocopier	11,208	11,208
Less accumulated depreciation	(6,568)	(4,356)
Total photocopier right-of-use assets	4,640	6,852
Vehicles	88,463	88,463
Less accumulated depreciation	(58,975)	(29,488)
Total vehicles right-of-use assets	29,488	58,975
Total right-of-use assets	135,408	174,930

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 4 Key Assets to Support Service Delivery (cont.)**Note 4.2: Right-of-use assets (cont.)***Reconciliations of the carrying amounts of each class of asset*

	Building \$	Photocopier \$	Vehicles	Total \$
Year ended 30 June 2022				
Balance at the beginning of year	109,103	6,852	58,975	174,930
Depreciation	(7,823)	(2,212)	(29,488)	(39,523)
Balance at the end of the year	101,280	4,640	29,487	135,407
Year ended 30 June 2021				
Balance at the beginning of year	116,926	9,063	-	125,989
Additions	-	-	88,463	88,463
Depreciation	(7,823)	(2,211)	(29,488)	(39,522)
Balance at the end of the year	109,103	6,852	58,975	174,930

Right-of-use asset recognition

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the association expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The association has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

	2022 \$	2021 \$
Note 4.3: Depreciation		
Plant and equipment	49,747	34,567
Building and improvements	9,070	7,610
Amortisation right-of-use assets	39,523	39,523
Total depreciation	98,340	81,700

Depreciation recognition

Depreciation is calculated on either a straight line or diminishing value basis over the useful life of property, plant and equipment (excluding freehold land). The depreciation method and useful life of assets is reviewed regularly to ensure they are still appropriate.

The depreciable amount of property, plant and equipment including buildings but excluding land, is depreciated on a

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 4.3: Depreciation (cont.)

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Critical accounting estimates and judgments: Estimation of useful lives of assets

The association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements
For the year ended 30 June 2022**Note 5 Other Assets and Liabilities**

This section sets out those assets and liabilities that arose from KHS's operations.

5.1: Trade and other receivables

5.2: Trade and other payables

	2022	2021
	\$	\$
Note 5.1: Trade and other receivables		
Account receivable	111,418	127,629
Other receivables	1,168	1,169
Less: Allowance for expected credit losses	(1,368)	(1,368)
Total trade and other receivables	111,218	127,430

Receivables recognition

Receivables are recognised at their transaction price, less any provision for impairment. Trade receivables are based on normal credit terms and do not bear interest.

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

A simplified approach is applied in calculating expected credit losses, which uses a lifetime expected loss allowance.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Note 5.2: Trade and other payables

Account payable	19,997	67,009
GST payable	60,901	72,482
Payroll liabilities	14,924	13,197
Accruals	51,877	46,355
Total trade and other payables	147,699	199,043

Payables recognition

Trade payables are recognised at their transaction price. Trade payables are obligations on the basis of normal credit terms and do not bear interest.

Trade and other payables represent the liabilities for goods and services received by the company that remain unpaid at the end of the reporting period. Due to their short-term nature, they are measured at amortised cost and are not discounted. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 6 How We Finance Our Operations

This section provides information on the sources of finance utilised by KHS during its operations, along with other information related to financing activities of KHS.

This section includes disclosures of balances that are financial instruments.

- 6.1: Cash and cash equivalents
- 6.2: Lease liabilities
- 6.3: Commitments for expenditure

	2022	2021
	\$	\$
Note 6.1: Cash and cash equivalents		
<i>Current</i>		
Petty cash	68	68
Commonwealth Bank HACC account	236,192	229,115
Commonwealth Bank health worker account	1,656,876	1,378,596
Commonwealth Bank program account	187,963	174,042
Commonwealth Bank salary packaging account	4	4
Commonwealth Bank project account	1,512	921
Commonwealth Bank passbook account	134,888	134,729
Commonwealth maintenance account	147,998	147,923
Total cash and cash equivalents	<u>2,365,501</u>	<u>2,065,398</u>

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Note 6.2: Lease liabilities*Current*

Lease liabilities	39,832	40,262
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Non-Current

Lease liabilities	89,583	127,222
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Total lease liabilities	<u>129,415</u>	<u>167,484</u>
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Lease liabilities recognition

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the association's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 6 How We Finance Our Operations (cont.)**Note 6.2: Lease liabilities (cont.)****Critical accounting estimates and judgments: incremental borrowing rate**

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the association estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

Note 6.3: Commitments for expenditure

The association had no commitments for expenditure as at 30 June 2022 and 30 June 2021.

KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Notes to the Financial Statements

For the year ended 30 June 2022

Note 7 Risks, Contingencies and Valuation Uncertainties

The association is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information, as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the association is related mainly to fair value determination.

7.1: Financial instruments

7.2: Contingent assets and contingent liabilities

Note 7.1: Financial instruments

Financial instruments arise out of agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The association applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the group to collect the contractual cash flows; and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The association recognises the following assets in this category:

- cash and cash equivalents; and
- receivables.

Financial liabilities at amortised cost

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method.

The association recognises the following liabilities in this category:

- payables; and
- lease liabilities.

Derecognition of financial assets and financial liabilities*Financial assets*

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the rights to receive cash flows from the asset have expired; or
- the association retains the right to receive cash flows from the asset, but has assumed an obligation to pay them in full without material delay to a third party under a 'pass through' arrangement; or
- the association has transferred its rights to receive cash flows from the asset and either:
 - has transferred substantially all the risks and rewards of the asset; or
 - has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Where the association has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the association's continuing involvement in the asset.

KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Notes to the Financial Statements

For the year ended 30 June 2022

Note 7 Risks, Contingencies and Valuation Uncertainties (cont.)**Note 7.1: Financial instruments (cont.)***Financial liabilities*

A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Reclassification of financial instruments

Subsequent to initial recognition reclassification of financial liabilities is not permitted. Financial assets are required to be reclassified between fair value through profit or loss, fair value through other comprehensive income and amortised cost when and only when the association's business model for managing its financial assets has changes such that its previous model would no longer apply.

Financial risk management objectives and policies

The association's activities do expose itself to some financial risks which need to be actively managed.

Market risk

The association's exposure to market risk is primarily through interest rate risk and equity price risk.

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate because of changes in market interest rates. Cash flow interest rate risk is the risk that the future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The association has some exposure to cash flow interest rate risks through cash and deposits that are at floating rates. The association manages this risk by mainly undertaking fixed rate or non-interest-bearing financial instruments with relatively even maturity profiles, with only insignificant amounts of financial instruments at floating rate.

Interest rate risk

Changes in interest rates effects the ability for the association to earn returns on investment. Management negotiates with banking institutions to get the best available rates for these deposit accounts and also uses the service of Findex to manage its investment portfolio. On this basis, the association is exposed to interest rate risk although this risk is mitigated where possible.

Liquidity risk

Vigilant liquidity risk management requires the association to maintain sufficient liquid assets (mainly cash and cash equivalents) to be able to pay debts as and when they become due and payable. The association manages liquidity risk by maintaining adequate cash reserves by continuously monitoring actual and forecast cash flows and matching the maturity profiles of financial assets and liabilities.

Credit risk

The association is not exposed to any significant credit risk.

Foreign currency risk

The association is not exposed to any significant foreign currency risk.

Price risk

The association is not exposed to any significant price risk.

Note 7.2: Contingent assets and contingent liabilities

There are no known contingent assets or contingent liabilities for KHS as at 30 June 2022 (2021: NIL).

KIRRAE HEALTH SERVICE INC.

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Notes to the Financial Statements

For the year ended 30 June 2022

Note 8 Other Disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

- 8.1: Equity
- 8.2: Reconciliation of surplus to net cash flows from operations
- 8.3: Related parties
- 8.4: Key management personnel disclosures
- 8.5: Events occurring after the reporting date
- 8.6: New Accounting Standards and Interpretations not yet mandatory or early adopted

	2022	2021
	\$	\$
Note 8.1: Equity		
<i>Retained earnings</i>		
Retained surplus at the beginning of the financial year	2,247,854	1,312,448
Surplus after income tax expense for the year	<u>319,748</u>	<u>935,406</u>
Retained surplus at the end of the financial year	<u>2,567,602</u>	<u>2,247,854</u>
Note 8.2: Reconciliation of surplus to net cash flows from operations		
Surplus for the year	319,748	935,405
Cash flows excluded from surplus attributable to operating activities		
Non-cash flows in profit:		
- depreciation	98,341	81,701
Changes in assets and liabilities:		
- decrease/(increase) in trade and other receivables	16,212	(59,570)
- decrease/(increase) in prepayments	3,328	(4,885)
- (decrease)/increase in trade and other payables	(51,344)	72,454
- increase in employee benefits provision	<u>19,862</u>	<u>7,352</u>
Cash flow from operations	<u>406,147</u>	<u>1,032,457</u>

Note 8.3: Related parties

Key management personnel

Disclosures relating to key management personnel are set out in note 8.4.

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 8.4: Key management personnel disclosures

Compensation

The aggregate compensation made to officers and other members of key management personnel of the association is set out below:

Aggregate compensation	<u>103,732</u>	<u>101,575</u>
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KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Notes to the Financial Statements

For the year ended 30 June 2022

Note 8 Other Disclosures (cont.)**Note 8.5: Events occurring after the reporting date**

The impact of the Coronavirus (COVID-19) pandemic is ongoing and while it has been financially positive for the association up to 30 June 2022, it is not practicable to estimate the potential impact, positive or negative, after the reporting date.

No other matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the association's operations, the results of those operations, or the association's state of affairs in future financial years.

Note 8.6: New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the association for the annual reporting period ended 30 June 2022. The association has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

KIRRAE HEALTH SERVICE INC.

ABN 98 641 022 731

Statement by Members of the Committee
For the year ended 30 June 2022

In the opinion of the committee:

- a. The financial report as set out on pages 4 to 23 presents a true and fair view of the financial position of Kirrae Health Service Inc. as at 30 June 2022 and its performance for the year ended on that date in accordance with Australian Accounting Standards – *Simplified Disclosures* of the Australian Accounting Standards Board and the requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-Profits Commission Act 2012*.
- b. At the date of this statement, there are reasonable grounds to believe that Kirrae Health Service Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013* and a resolution of the committee.

Committee Member: *re*

Name: Danny Chatfield / Chairperson
Dated this 20th day of October 2022

Committee Member: *Louise Wackett*

Name: Louise Wackett / Deputy Chairperson





INDEPENDENT AUDITOR'S REPORT
To the Members of Kirrae Health Service Inc.

RSM Australia Partners

12 Anderson Street West, Ballarat VIC 3350
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Opinion

We have audited the financial report of Kirrae Health Service Inc., which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of Kirrae Health Service Inc. is in accordance with the *Associations Incorporation Reform Act 2012 (Vic)* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2022 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of Kirrae Health Service Inc. in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in Kirrae Health Service Inc.'s annual report for the year ended 30 June 2022, but does not include the financial report and the auditor's report thereon.

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

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

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Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, the *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing Kirrae Health Service Inc.'s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate Kirrae Health Service Inc. or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is 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 the Australian 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 this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

RSM

RSM AUSTRALIA PARTNERS

A handwritten signature in black ink that reads 'John Findlay'.

JOHN FINDLAY
Partner

Ballarat, Victoria

Dated this 20th day of October 2022

Left : deadly walkers headphones

Middle : Eagle Leaf Art NAIDOC 2021

Bottom: Wood burning earrings NAIDOC 2021



Annual Report 2021-22 © Kirrae Health Service Inc.



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**Our Future is Our Mob,
Our Mob is a #SmokefreeMob
A Smokefree Mob is a #StrongMob**
gomob.com.au

GO MOB!
#SmokefreeMob
#StrongMob

