



KIRRAE HEALTH SERVICE Inc.

ANNUAL REPORT 2015-16



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 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 Physical activity groups – walking, self-defence, fitness, gym, swimming
- o Much, much, more...

Our Board

Brian Davis
Chairperson

Billy McGuinness
Deputy Chair

Tanya McDonald
Secretary

Louise Wackett
Member

Geoff Clark
Member

Trudy Clark
Member

Ronald Chatfield
Member



Left : Brian and Brian

Right : Tarell



Objectives

Kirrae Health Service Strategic Plan Objectives are to:

Strategic Objective 1:

Maintain a viable, independent, accessible and culturally appropriate health and community service for the Framlingham community and surrounding service area.

Strategic Objective 2:

Ensure that the KHS workforce is skilled, capable and representative of the local community.

Strategic Objective 3:

KHS achieves improved physical and mental health outcomes for the community of Framlingham and surrounding service area.

Strategic Objective 4:

Engage with mainstream health providers to achieve improved cultural relevance in service delivery to Aboriginal people.

Strategic Objective 5:

Older people of the community are supported to remain in their homes longer.

Strategic Objective 6:

Improve social supports, educational opportunities, employment prospects and health awareness for the young people of Framlingham and surrounding districts.

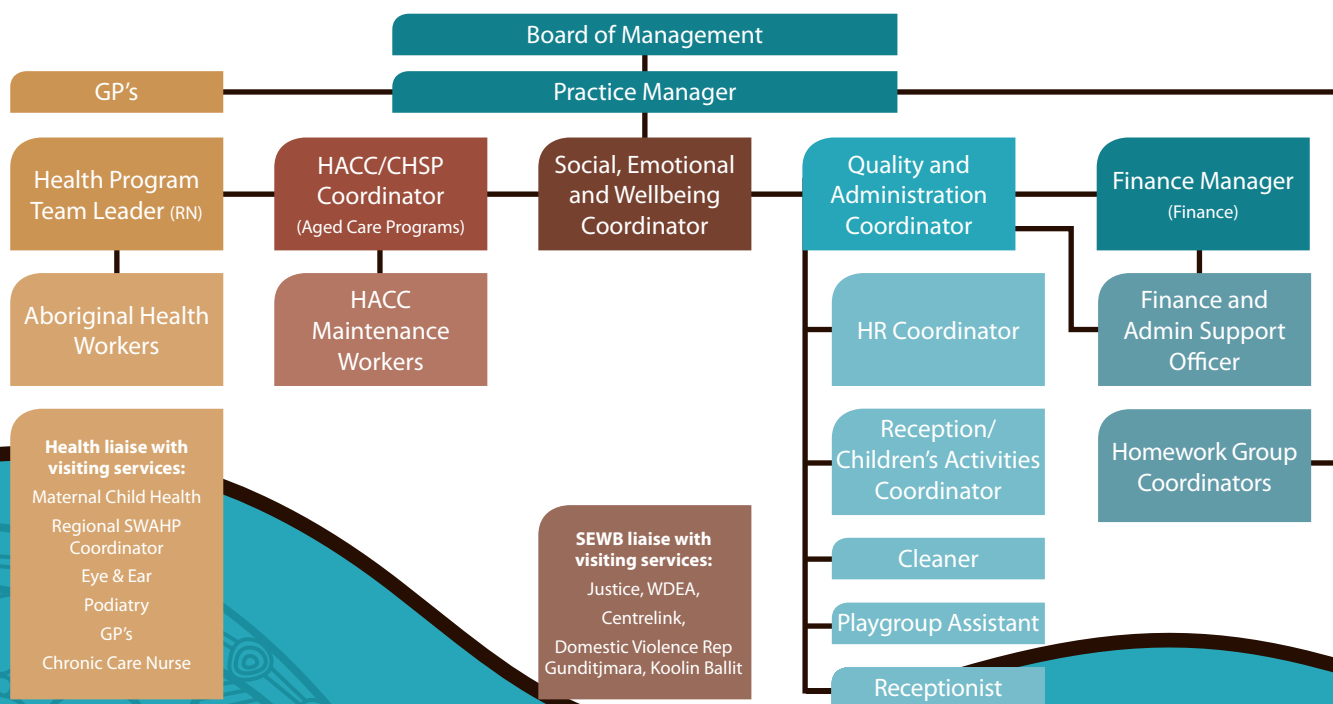
Strategic Objective 7:

Families are supported to stay together, make healthy lifestyle choices and to improve mental health and wellbeing.

Strategic Objective 8:

KHS utilises Governance, Operational and Financial Best Practices.

Structure Chart



From the Practice Manager

Another year has snuck up on us at Kirrae.

2016 has seen the departure of a couple of staff and the arrival of some newbies who are ready to jump right in, including an opportunity to job share with the local Warrnambool City Council for a while.

We have had Dr Cameron finish up, leaving Dr Hall and Dr Hedglund to carry the load until we can find a replacement. Some good ideas for having enough GP hours, getting health assessments signed off quickly and meeting our funding targets are being investigated.

At the beginning of the year we underwent a formal half way review of our Quality Improvement Council Health and Community Services Standards Accreditation. Our 3 year renewal assessment will come up next year.

Community lunches have had a steady number of attendees and I would like to thank Billy McGuinness and health service staff for the delicious meals served to us before leaving and handing the spatula onto Jessica Couzens who is also providing some yummy dishes each fortnight.

Kirrae has continued our involvement with South West Aboriginal Partnership, Koolin Balit, Close the Gap and thanks to both Annie Bertram and Ashley Couzens for the assistance throughout the year. Our weekly visiting services: WDEA, Centrelink and Regional Workers provided clients access to appointments and information onsite.

We continue to run our onsite programs:- holiday, playgroup, homework and parenting which have recorded great numbers. Our Kirrae facebook page, website, noticeboard and newsletter have been very useful tools to keep the community aware of what's on at Kirrae. A big thankyou to our admin girls who keep these pages up to date.

Kirrae received a Compassionate Employers Award earlier in the year, for going above and beyond to assist staff in times of bereavement. Well done Kirrae.

Our staff have been busy working through their work plans and this is reflected in the data recorded.

I would like to thank the community and staff for their continued assistance and involvement throughout the year. Also a big thankyou to VACCHO for their assistance throughout the year, it is really appreciated.

Nonnie Harradine
Practice Manager



Nonnie Harradine • Practice Manager



Top right : Nonnie's fitness group

Bottom right : Halloween dress up

Bottom left : Australia's Biggest Morning Tea, Latara and Jahzara

Health Program



Meg Wareham • Health Team Leader



This year saw the Aboriginal Health Worker's room receive a grant to achieve a major upgrade. New cupboards, desk and sink were all fitted. The room now matches the Nurse/ GP consult room, and is fully equipped and stocked.

Dr Phil Hall and Dr Andrea Hedgland are still servicing Kirrae Healthy Service monthly. Dr Hall conveniently coming on the first Tuesday of every month from 4-7pm, and Dr Hedgland coming the third Thursday of the month from 9-12 noon. Appointments are usually snapped up fairly quickly, so first in first served. KHS is currently looking to increase the number of GP sessions we provide, as we feel there is a genuine need for this.

The Health Team are constantly keeping up to date with new medical and pharmaceutical information. We have regular visits from NPS to Kirrae which allows the Health Team to keep up with advances in medicines and new treatments being offered.



All pictures : Holiday Program and Fitness Group

Health Program

The Health Team have participated and completed many professional development workshops and courses including; Addressing Risky Behaviours, Cold chain Management (Vaccines), Ear Health and Otitis Media (ear infections), Diabetes, Dementia and Smoking Cessation just to name a few.

We have purchased some new medical equipment for the Health Program including; Digital Otoscope (for looking in ears), Digital Dermatoscopy device (for looking at skin stuff), and an ECG (to check your heart).

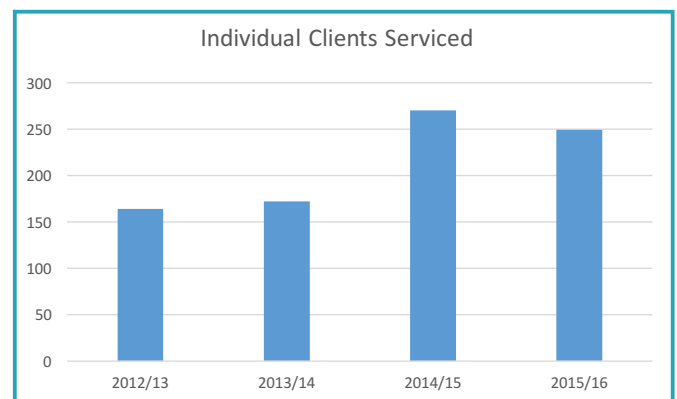
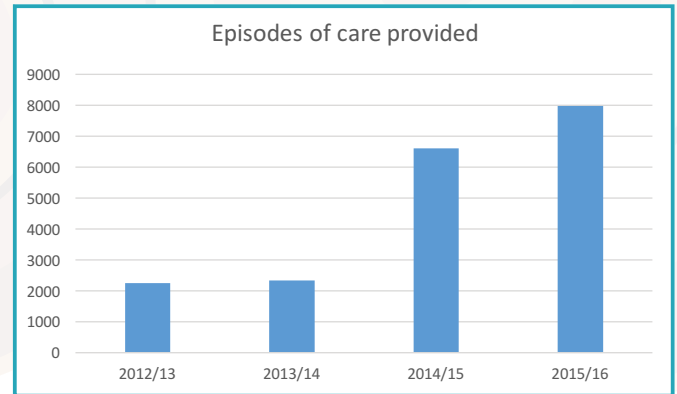
Outreach services continue to come to Kirrae regularly to provide health services to the community which is fantastic. Optometry usually visit every 8-12 weeks, providing the community with eye checks and glasses at a reduced rate. Wimmera Hearing bus usually visits 3 times a year and is a valuable service to the community. The maternal and child health nurse is now visiting on a monthly basis to provide care to mums and new babies.

The Vaccine fridge has been getting a workout, with 100% of all Kirrae children up to date with all their immunisations. Annual flu night was another great success. A good meal was shared between the community, and to date, 92 clients have had their annual flu vaccinations.

The fruit program is still going strong, I'm sure all would agree that this is a fantastic service provided by Kirrae.

To follow are some graphs that show community specific data and the trends across these areas.

These charts show a steady increase of episodes of care provided to the community in 2015/16.

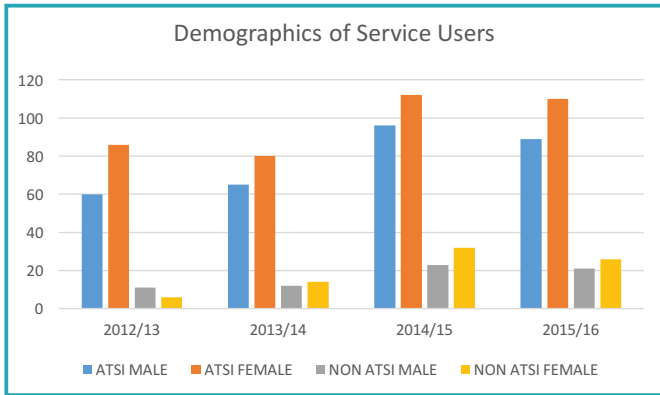


Left : Jyah

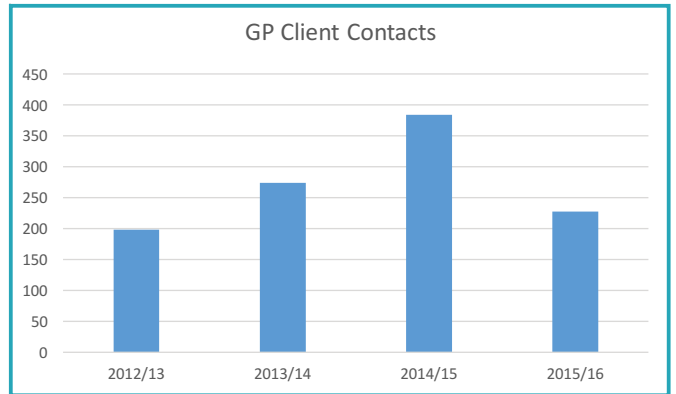
Middle : Latara

Right : Tamara

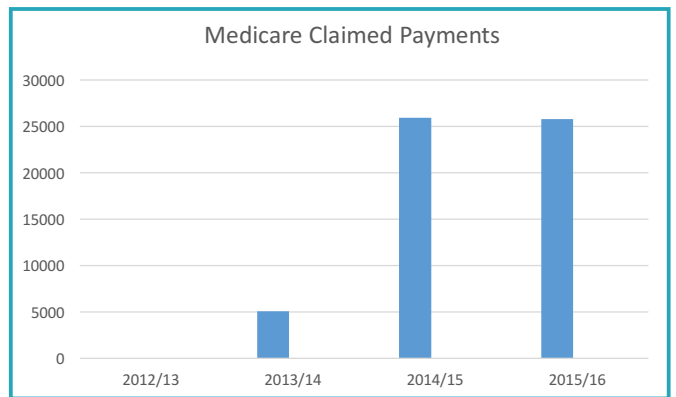
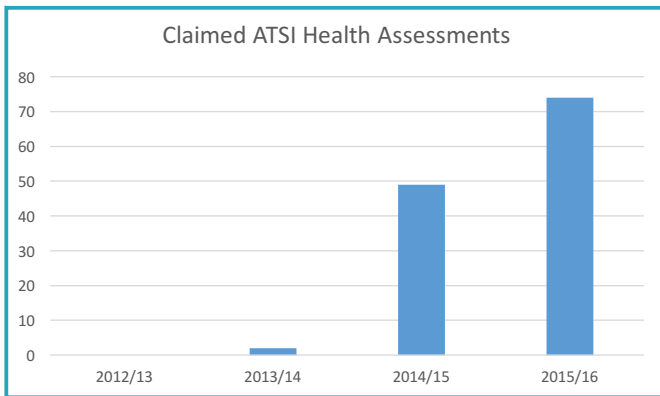
Health Program



The total number of GP sessions was less than last year, as Dr Hand relocated and Dr Hedglund replaced her, following a period of only one GP session per month.



The Health Team has been working hard to increase the number of Health Assessments carried out each year.



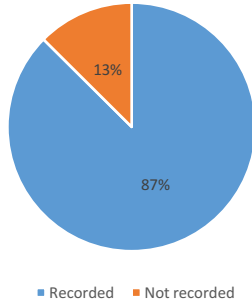
Left: Dakota

Middle: Jack

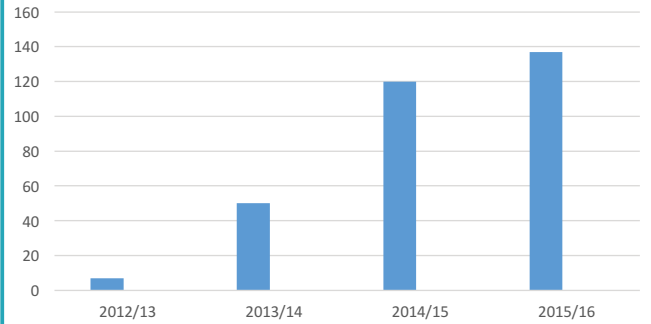
Right: Shane Lawrence

Health Program

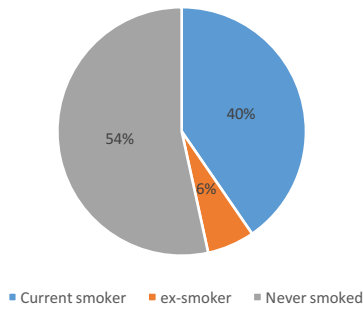
Clients with a recorded smoking status



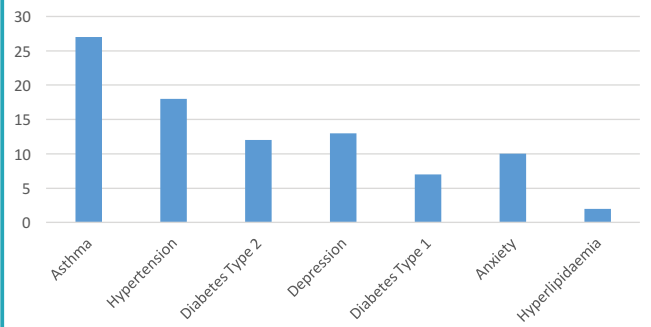
Observations carried out



Smoking status of our Community



Prevalence of disease



Meg Wareham
Health Team Leader



Left: Chayce
Middle: Jada
Right: Fitness Group

Social, Emotional & Well Being Program

SEWB Program development now sees some distinct areas of service, for example;

- o One on one counselling
- o Counselling with more than one family member
- o Couples counselling
- o Advocacy
- o Mediation
- o Parenting advice
- o Drumbeat

Given the way we work at Kirrae, we know there is a lot of crossover. This is an advantage of our program as opposed to other service providers that see service delivery in isolation or as a silo approach. Being able to work across issues, for example, presenting problems “I need a roof over my head”. Then dealing with the ‘real problem’ that has caused ongoing housing issues for the past 10 years, is where Kirrae likes to sit.

7 years ago when I started at Kirrae the silo approach was a concern for the community. We are still advocating strongly with funding bodies that change needs to happen and we can demonstrate this by Kirrae’s approach to this work. We can quantify this not only through client contacts numbers but also new clients accessing the service continuing to rise. 2017 looks interesting regarding service delivery with ACCHO’s maybe being front and centre in delivering service and client case management. People in the right places seem to be listening so watch this space.

Kirrae Health Service attended several promotional events again this year. Bunnings Father’s day, Close the Gap day, NAIDOC Day, Lake Bolac Eel Festival and the Kirrae Art Show. This years Art Show raised over \$400.00 that was donated to an Aboriginal Family Violence Support Service. Thanks to all the staff that supported these events to keep the Kirrae Health Service flag flying.



Brian Medew • Social, Emotional and Wellbeing Coordinator

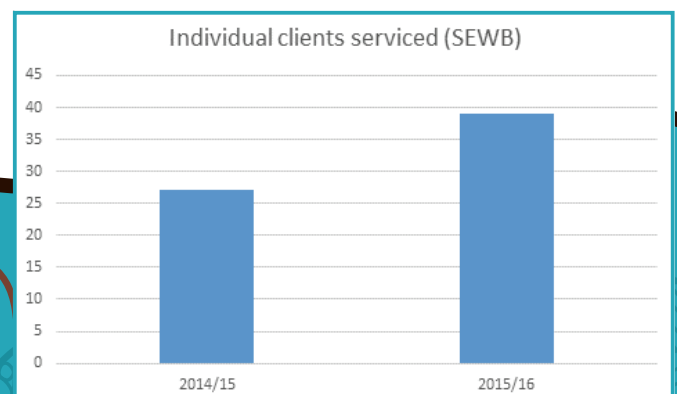
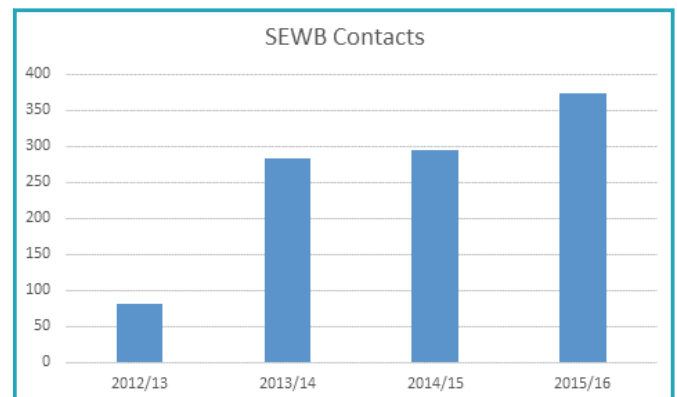
A DrumBeat Social Development and Relationship 10 week program was completed at the Mortlake College with 18 Year 7 students. Closure was celebrated at the College’s end of year concert with the children demonstrating their prowess on the Djembe. Kirrae now has Full Facilitator accreditation to deliver the program and there is interest being shown from outside organisations for program delivery.

Parenting advice/program started this year with links to the Holiday Program. A parent children activity day was held during the school holidays which was great fun. Another one is planned for the new year.

Thanks to all staff and friends of Kirrae Health Service.

Brian Medew
SEWB Coordinator

Client Growth



Children's Activities

2016 has seen great improvement in both attendance and resources, with even a few newborn bobbies to add to our ever-growing Playgroup community.

We continue to have healthy snacks and lunches each session and now also have community lunches each fortnight on Tuesdays. We have also seen a number of dads and extended family attend playgroup and community lunch, which is fantastic.

We have had a wide variety of activities at playgroup including gardening. The children have their own pretty garden outside playgroup, which they enjoy watering and picking flowers from.

Science experiments included colour explosions with shaving cream! It was a massive hit with the kids, some beautiful artwork was produced and is displayed in the playgroup room. Lots of finger painting displayed as well. Healthy food activities including making fruit sticks and yummy healthy smoothies.

We have a new maternal child health nurse come out to do checks on the kids as needed.

Teneshia has joined us as playgroup assistant, she has been an awesome help for myself and especially the kids who have built great friendships with her.

Some children are showing signs of being able to make independent decisions and becoming school or kinder ready. They have ideas of their own, they are able to follow several instructions at a time, they can ask for help or something they need like a drink or a piece of fruit. They can concentrate on a task for longer.

The holiday program has been a great success and having it onsite at Kirrae has had a great impact on the children. Building positive relationships and connections within our community has been amazing to watch. A lot of activities have been based around sport, such as basketball, t-ball, football, tennis and martial arts, with a few art and craft activities too.

NAIDOC this year was awesome, make sure you check out our facebook page to watch the amazing go-pro film video of the day.



Kimberley Harradine • Children's Activities Coordinator

Tanaya has been overseeing the home work group for much of 2016. The group has been great, the kids of the community have really engaged in coming along on a Tuesday after school to participate in the homework group. We have good numbers each week, the kids have built friendly relationships with the tutor Hannah, Cara and Pete. It's great to see the kids coming along to do reading literacy, numeracy, and any school homework they need to do.

Thanks everyone.

Kimberley Harradine

Children's Activities Coordinator



Left : Jaydee NAIDOC Day

Right: Holiday Program

HACC – CHSP Program

Home and Community Care (HACC) is traditionally targeted to frail older people, people with disabilities and carers, providing basic support and maintenance for people living at home to allow them to stay in their homes for as long as possible.

This year we have had a lot of changes happening.

From the 1st July 2016 Victorian HACC services for people 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) are funded and managed through the Commonwealth Home Support Programme (CHSP).

Services for people under 65 years (under 50 years for Aboriginal and Torres Strait Islander people) will continue to be funded and managed by the Victorian government and HACC, with some services transferring to the National Disability Insurance Scheme as it rolls out in Victoria.

So lots of things to sort out all of the reporting and what clients go where. So happy all the technology stuff is all working great for reporting in January 2017 😊

Kirrae continues to be a part of the Koori Aged and Disability Network Advisory Committee (KADNAC), attending regional meetings and gathering to discuss HACC and aged care services initiatives.

Regular social support activities this year have included community lunches held at Kirrae (thanks to Billy McGuinness, Staff and Jess Couzens) and social support lunches off site at variety of different venues around the region on alternate weeks. We've lunched at the RSL Warrnambool, The Memorial Bowls Club, The Warrnambool Football Club, Allansford Hotel and Wangoom General Store.



Ivy Clark • HACC – CHSP Coordinator

Possum skin cloak making started in September this year. Not many clients came to the first day, but more have attended since then and it's a great work in progress.

All of the women that have come along are keen to get their art works finished and burn it on to the cloak. I'm sure once the cloak is finished it will look fantastic and it will get proudly displayed in our cultural room.

Bingo days are soon starting at Kirrae and will happen once every month. I'm hoping it gets our client out of their home to come and enjoy a lovely day of chatting with others and get involved in a nice friendly game of bingo with great prizes.

The program maintains the lawns for clients unable to manage their own. We can also access 'in the home' help for those who need it. If you think a family member needs some help around the home with cleaning etc, let us know.

Ivy Clark

HACC – CHSP Coordinator



Left : Biggest Morning Tea, Brian and Maisie

Middle : Kimberley, Holiday Program

Right : Possum Skin Cloak Making

FINANCIAL REPORT

For the year ended 30 June 2016

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Left : Taintum, Dakota, Xavier, NAIDOC Day

Middle : Possum Skin Art

Right : Ella

**KIRRAE HEALTH SERVICE INC.
A0031914E
BOARD OF MANAGEMENT REPORT
FOR THE YEAR ENDED 30 JUNE 2016**

The Board of Management present their report on the Financial Report of Kirrae Health Service Inc. for the year ended 30 June 2016.

BOARD OF MANAGEMENT

The following persons held office as Board Members of Kirrae Health Service Inc. throughout the year and at the date of this report:

Brian Davis (Chairperson)
Billy McGuinness (Deputy Chairperson)
Tanya McDonald (Secretary)
Geoff Clark
Trudy Clark
Ronald Chatfield
Louise Wackett

OPERATING RESULT

	2016	2015
Net Profit for the Year	\$ <u>92,712</u>	\$ <u>(78,380)</u>

PRINCIPAL ACTIVITIES

The principal activities of the corporation during the year related to servicing the health needs of the Framlingham Aboriginal Community.

SIGNIFICANT CHANGE IN OPERATIONS

No significant change in the nature of these activities occurred during the year.

AFTER BALANCE DATE EVENTS

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or the state of affairs of the association in future financial years.

Signed on behalf of the Board of Management.



Name:
BOARD MEMBER



Name:
BOARD MEMBER

Dated this Eleven day of October 2016

The above Statement should be read in conjunction with the Notes to the Accounts.

KIRRAE HEALTH SERVICE INC.
A0031914E
STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

	<i>Note</i>	2016	2015
		\$	\$
Revenue from Operating Activities	(2)	1,198,288	1,057,836
Other Revenue	(2)	48,407	41,315
Employee Expenses	(3a)	(690,979)	(729,742)
Program Running Expenses	(3b)	(189,945)	(172,098)
Occupancy Expenses	(3e)	(22,712)	(20,287)
Administration Expenses	(3c)	(207,299)	(198,506)
Depreciation	(3f)	(43,048)	(56,898)
Surplus /(Loss) for the year attributable to the members		92,712	(78,380)
Other Comprehensive Income		-	-
Total Comprehensive income (loss) for the year attributable to the members		<u>92,712</u>	<u>(78,380)</u>

The above Statement should be read in conjunction with the Notes to the Accounts.

**KIRRAE HEALTH SERVICE INC.
A0031914E
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016**

	<i>Note</i>	2016	2015
		\$	\$
CURRENT ASSETS			
Cash & Cash Equivalents	(4)	679,510	536,776
Prepayments		17,242	15,637
Trade & Other Receivables	(5)	1,764	65,558
TOTAL CURRENT ASSETS		694,988	617,971
NON-CURRENT ASSETS			
Property, Plant and Equipment	(6)	162,151	182,704
TOTAL NON-CURRENT ASSETS		162,151	182,704
TOTAL ASSETS		857,139	800,675
CURRENT LIABILITIES			
Trade & Other Payables	(7)	102,919	147,579
Employee Entitlements	(8)	91,185	84,820
TOTAL CURRENT LIABILITIES		194,104	232,399
NON CURRENT LIABILITIES			
Employee Entitlements	(8)	8,755	11,655
TOTAL NON-CURRENT LIABILITIES		8,755	11,655
TOTAL LIABILITIES		202,859	244,054
NET ASSETS		654,280	556,621
EQUITY			
Accumulated Surplus	(9)	654,280	556,621
TOTAL EQUITY		654,280	556,621

The above Statement should be read in conjunction with the Notes to the Accounts.

**KIRRAE HEALTH SERVICE INC.
A0031914E
STATEMENT OF CHANGES IN EQUITY
AS AT 30 JUNE 2016**

	<i>Note</i>	<i>Accumulated Surplus</i>	<i>Total \$</i>
Balance at 30 June 2014		635,001	635,001
Other Comprehensive Income (Loss) for the year		(78,380)	(78,380)
Balance 30 June 2015	9	<u>556,621</u>	<u>556,621</u>
Other Comprehensive Income (Loss) for the year	9	92,712	92,712
Prior Year Adjustment Stale Outstanding Reconciling Items	9	4,947	4,947
Balance at 30 June 2016		<u><u>654,280</u></u>	<u><u>654,280</u></u>

The above Statement should be read in conjunction with the Notes to the Accounts.

**KIRRAE HEALTH SERVICE INC.
A0031914E
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016**

	<i>Note</i>	2016	2015
		\$	\$
<i>CASH FLOW FROM OPERATING ACTIVITIES</i>			
Receipts from Operating Activities		1,431,964	1,148,367
Interest Received		3,091	4,675
Payments to Suppliers and Employees		<u>(1,274,773)</u>	<u>(1,185,810)</u>
<i>NET CASH FLOW FROM OPERATING ACTIVITIES</i>	(10)	<u>160,282</u>	<u>(32,768)</u>
<i>CASH FLOW FROM INVESTING ACTIVITIES</i>			
Payment for property, plant and equipment		(22,729)	(30,528)
Proceeds from property, plant and equipment		234	4,284
Equity Adjustment		4947	-
<i>NET CASH FLOW FROM INVESTING ACTIVITIES</i>		<u>(17,548)</u>	<u>(26,244)</u>
<i>NET DECREASE IN CASH AND CASH EQUIVALENTS</i>		142,734	(59,012)
<i>CASH AND CASH EQUIVALENTS AT BEGINNING OF THE FINANCIAL YEAR</i>		536,776	595,788
<i>CASH AND CASH EQUIVALENTS AT END OF THE FINANCIAL YEAR</i>	(4)	<u>679,510</u>	<u>536,776</u>

The above Statement should be read in conjunction with the Notes to the Accounts.

**KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

Note 1: Significant Accounting Policies

The financial statements cover Kirrae Health Service Inc. as an individual entity, incorporated and domiciled in Australia. Kirrae Health Service In. is incorporated in Victoria under the *Associations Incorporations Reform Act 2012*.

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

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

Any new, revised or amending 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 - Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the *Associations Incorporation Reform Act 2012 Vic*, and associated regulations, as appropriate for not-for-profit oriented entities.

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 incorporated 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 note 1a.

The above Statement should be read in conjunction with the Notes to the Accounts.

KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Note 1: Significant Accounting Policies (continued)

Revenue Recognition

Grant Income

Grants are recognised as revenue, in accordance with AASB 1004, when the Association gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-Reciprocal grants are recognised as revenue when the grant is received or receivable.

Interest

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Other Income

Revenue is recognised in accordance with AASB 118 Revenue. Income is recognised as revenue to the extent it is earned. Unearned Income at reporting date is reported as Income received in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Economic Dependence

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

Income Tax

The entity is exempt from Income Tax pursuant to S.23(g)(iii) of the Income Tax Assessment Act.

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 current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve 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 twelve months after the reporting period. All other assets are classified as non-current.

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

Cash & cash equivalents

Cash & 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.

Trade & Other Receivables

Other receivables are recognised at amortised cost, less any provision for impairment

**KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

Note 1: Significant Accounting Policies (continued)

Property, Plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives with the following rates:

Motor Vehicles	up to 3 years
Computer and software	up to 3 years
Plant and equipment	up to 20 years

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 incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

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.

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Note 1: Significant Accounting Policies (continued)

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are recognised in non-current liabilities, provided there is an unconditional right to defer settlement of the liability. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

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 principle 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 interest. 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.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. 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 tax authority 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 tax authority, are presented as operating cash flows.

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

**KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

Note 1a. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The incorporated association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. 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.

Employee benefits provision

As discussed in note 1, 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.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016**

	2016	2015
	\$	\$
2. REVENUE		
Department of Health & Ageing	496,632	472,365
Department of Human Services	430,212	255,851
Gunditjamara Co-operative	213,881	254,592
Other Grants	55,208	46,621
Aged Care Packages	2,355	28,407
	<u>1,198,288</u>	<u>1,057,836</u>
Other Revenue	45,316	36,640
Interest	3,091	4,675
	<u>48,407</u>	<u>41,315</u>
TOTAL REVENUE	<u><u>1,246,695</u></u>	<u><u>1,099,151</u></u>
3. EXPENSES		
3a. EMPLOYEE EXPENSES		
Wages	621,059	643,332
Superannuation	58,755	60,779
Provision Employee Entitlements	3,466	16,355
Workcover	7,699	9,276
TOTAL EMPLOYEE EXPENSES	<u><u>690,979</u></u>	<u><u>729,742</u></u>
3b. PROGRAM RUNNING EXPENSES		
Activity	46,910	31,901
Aged Care Packages Expenditure	3,713	24,160
Counselling	-	818
Elders Costs	4,616	3,740
Family Support	5,286	5,794
Funeral Costs	465	544
HACC Services	3,911	2,144
Meetings/Seminars/Travel/Accommodation	21,972	17,949
Pharmaceutical & Health	91,662	76,888
Playgroup	3,634	5,445
Training and Course Costs	7,776	2,715
TOTAL PROGRAM RUNNING EXPENSES	<u><u>189,945</u></u>	<u><u>172,098</u></u>

The above Statement should be read in conjunction with the Notes to the Accounts.

1

KIRRAE HEALTH SERVICE INC.
A0031914E
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
3c. ADMINISTRATION EXPENSES		
Advertising	1,975	3,806
Accounting	39,384	42,066
Audit	14,600	16,050
Bank Fees	1,344	1,403
Centre Maintenance	26,006	16,102
Computer Expenses	56,460	31,765
Legal Costs	4,459	2,700
Miscellaneous	7,634	12,120
Office Supplies	8,567	11,122
Staff Training & Uniforms	774	7,083
Subs & Memberships	18,008	8,656
Telephone/Internet/Communication	5,938	9,951
Vehicle Costs	22,150	35,682
TOTAL ADMINISTRATION EXPENSES	<u>207,299</u>	<u>198,506</u>
3d. AUDITORS REMUNERATION		
Remuneration of the auditor of the association for:		
- Auditing the financial report	<u>14,600</u>	<u>16,050</u>
3e. OCCUPANCY EXPENSES		
Building Maintenance	1,514	1,266
Insurance	914	-
Leasing Charges	2,365	1,774
Rent	10,000	10,000
Utilities-Electricity & Gas	7,919	7,247
TOTAL ACCOMODATION EXPENSES	<u>22,712</u>	<u>20,287</u>
3f. DEPRECIATION		
Plant & Equipment	<u>43,048</u>	<u>56,898</u>
TOTAL DEPRECIATION	<u>43,048</u>	<u>56,898</u>

KIRRAE HEALTH SERVICE INC.
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
4. CASH & CASH EQUIVALENTS		
Petty Cash	68	68
Commonwealth Bank HACC Account	128,992	126,435
Commonwealth Bank Health Worker Account	161,672	132,734
Commonwealth Bank Program Account	112,928	4,562
Commonwealth Bank Salary Packaging Account	260	-
Commonwealth Bank Project Account	2,097	2,427
Commonwealth Bank Passbook Account	133,655	133,387
Commonwealth Maintenance Account	139,838	137,163
TOTAL CASH & CASH EQUIVALENTS	<u>679,510</u>	<u>536,776</u>
5. RECEIVABLES		
Accounts Receivable	(3,003)	64,389
Other Receivables	1,239	1,169
TOTAL TRADE & OTHER RECEIVABLES	<u>(1,764)</u>	<u>65,558</u>
6. PROPERTY, PLANT AND EQUIPMENT		
Plant and equipment:		
At cost	345,175	322,914
Accumulated depreciation	(183,024)	(140,210)
	<u>162,151</u>	<u>182,704</u>
Total property, plant and equipment	<u>162,151</u>	<u>182,704</u>

KIRRAE HEALTH SERVICE INC.
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Movements in carrying amounts

Movements in carrying amounts for plant and equipment between the beginning and the end of the current financial year:

2015	Plant & Equipment		
	\$		
Balance at the beginning of the year	213,358		
Additions at cost	30,528		
Disposals	(4,284)		
Depreciation expense	(56,898)		
Carrying amount at end of year	<u>182,704</u>		
2016			
Balance at the beginning of the year	182,704		
Additions at cost	22,729		
Disposals	(234)		
Depreciation expense	(43,048)		
Carrying amount at end of year	<u>162,151</u>		
		2016	2015
		\$	\$
7. PAYABLES			
<i>Current</i>			
Accounts Payable	37,087	41,907	
GST Payable	20,336	39,280	
Payroll Liabilities	22,217	37,797	
Other Payables	300	300	
Accruals	22,979	28,295	
Total Current Payables	<u>102,919</u>	<u>147,579</u>	
8. EMPLOYEE BENEFITS			
<i>Current</i>			
Annual Leave	42,871	38,669	
Long Service Leave	48,314	46,151	
	<u>91,185</u>	<u>84,820</u>	
<i>Non Current</i>			
Long Service Leave	8,755	11,655	
Total Employee Benefits	<u>99,940</u>	<u>96,475</u>	
9. ACCUMULATED SURPLUS			
Retained Surplus at start of financial year	556,621	635,001	
Net Result for the Year	92,712	(78,380)	
Prior Year Adjustment Stale Outstanding Reconciling Items	4,947	-	
Retained Surplus at end of financial year	<u>654,280</u>	<u>556,621</u>	

KIRRAE HEALTH SERVICE INC.
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NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

10. RECONCILIATION OF NET CASHFLOWS FROM OPERATING ACTIVITIES TO NET RESULT

	2016	2015
	\$	\$
Net Result for the year	92,712	(78,380)
Depreciation	43,048	56,898
	<u>135,760</u>	<u>(21,482)</u>
(Increase)/decrease in Receivables & Prepayments	65,717	(66,045)
Increase/(decrease) in Trade and other payables	(44,660)	38,404
Increase/(decrease) in Employee entitlements	3,465	16,355
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u><u>160,282</u></u>	<u><u>(32,768)</u></u>

Note 11. KEY MANAGEMENT PERSONNEL DISCLOSURES

Compensation

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

Aggregate compensation	<u><u>82,672</u></u>	<u><u>77,460</u></u>
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12. CONTINGENT LIABILITIES

The incorporated association had no contingent liabilities as at 30 June 2016 and 30 June 2015

13. COMMITMENTS

The incorporated association had no commitments for expenditure as at 30 June 2016 and 30 June 2015

14. EVENTS AFTER THE REPORTING PERIOD

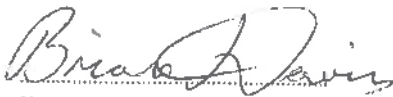
No matter or circumstance has arisen since 30 June 2016 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, of the incorporated association's state of affairs in the future financial year.

**KIRRAE HEALTH SERVICE INC.
A0031914E
BOARD OF MANAGEMENT STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016**

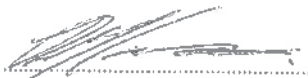
In the opinion of the board of management, the financial report as set out on the preceding pages:

1. The attached financial statements and notes comply with the Australian Accounting Standards -Reduced Disclosure Requirements.
2. The attached financial statements and notes give a true and fair view of the incorporated association's financial position as at 30 June 2016 and of its performance for the financial year ended on that date; and
3. There are reasonable grounds to believe that Kirrae Health Service Inc. will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Board of Management and is signed for and on behalf of the Board of Management by:



Name:
BOARD MEMBER



Name:
BOARD MEMBER

Dated this *seven* day of *October* 2016.



Independent Auditor's Report to the Members of Kirrae Health Service Inc.

Report on the financial report

We have audited the accompanying financial report of Kirrae Health Service Inc. (the association), which comprises the statement of financial position as at 30 June 2016, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the committee on the annual statements.

Committee's responsibility for the financial report

The committee of the association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Reduced Disclosure Requirements* and the *Associations Incorporation Reform Act 2012* and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

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Auditor's opinion

In our opinion the financial report of the Kirrae Health Service Inc. is in accordance with the *Associations Incorporation Reform Act 2012*, including

- a) giving a true and fair view of the association's financial positions as at 30 June 2016 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards – *Reduced Disclosure Requirements*.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Kirrae Health Service Inc. to meet the requirements of the *Associations Incorporation Reform Act 2012*. As a result, the financial report may not be suitable for another purpose.

CROWE HORWATH WEST VIC

A handwritten signature in black ink, appearing to read "Martin Thompson".

MARTIN THOMPSON
Partner

Melbourne Victoria
Dated this 11th October 2016

Left : Diom the Hippie, Xmas dress up **Middle :** Kirrae receives 2016 Compassionate Employer Award

Right : Mother's Day Drumming Activity

Front cover : NAIDOC Day flag raising

Bottom right : Thing 1, Thing 2, Cat in the Hat Christmas dress up



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