



## VISION

- To provide high quality, accessible services that best meet the needs of our community
- To deliver care with empathy, compassion and competence.

## VALUES

The Nagambie HealthCare Values are designed to guide us in our relationship with our patients, residents, carers, staff and all other consumers of our service. Through them we become a health service operating with a common understanding of what we all can expect from each other.

### RESPECT

We will value each other and acknowledge our differences by actively listening to all points of view

### COOPERATION

We will involve staff and service providers in decision making and will work in partnership with our patients, residents, their families, carers and other health care providers

### FLEXIBILITY

We will demonstrate resilience and be open to modification and change

### PRIDE

We will be proud of Nagambie HealthCare

Released by the Board of Management August 2014

Revised by the Board of Management and Staff 2018

# BOARD

COMMITTEE		
<b>CHAIRMAN</b>	James Tehan	Finance, Nominations and Fundraising
<b>DEPUTY CHAIR</b>	Sam Verrocchi	Building & Maintenance
<b>BOARD MEMBERS</b>	Margaret Moss	Building & Maintenance and Nominations
	John Palmer	Finance & Fundraising
	Doug Proud	Finance
	John Smith	Finance and Fundraising
	Lisa Pearson	Quality
	Timothy Goodacre	Finance and Fundraising
<b>LIFE GOVERNORS</b>	Nola Palmer Dr. Graeme Ratten Bruce Parris	

# TEAM

<b>Chief Executive Officer / Director of Nursing</b>	Bronwyn Beadle
<b>Nurse Unit Managers</b>	Claire Sampson Katrina McMaster
<b>Quality &amp; Risk Co-ordinator</b>	Christine Karacsay
<b>Community Care Co-ordinator</b>	Kathryn Coll
<b>Administration</b>	Simone Homewood
<b>Finance</b>	Tanya Williams
<b>Hotel Services</b>	Diane Jenner
<b>Maintenance</b>	Steve D'Andrea
<b>Auditors</b>	Davidsons





# NOTICE OF ANNUAL GENERAL MEETING

You are invited to attend the Annual General Meeting of Members which will be held in the Conference Room of the Nagambie HealthCare, Community Health Centre at 7:00pm on Tuesday 23th October 2018

## AGENDA

1. **Present**
2. **Apologies**
3. **Welcome**
4. **Confirmation of Minutes**  
Confirmation of Minutes of the previous Annual General Meeting held on 24th October 2017.
5. **Business arising from minutes**
6. **Guest Speaker – Amanda McLaren**  
Mayor of the Strathbogie Shire  
Member of the Fairley Leadership Program
7. **Reports**
  - Chairman's Report
  - Chief Executive Officer's Report
  - Chair of Finance Committee
8. **Election of Board Members**
9. **Election of Auditor for the financial year 2017/2018**
10. **Community Feedback/Comments**
11. **Other business**  
Of which the Secretary has received notice in writing of not less than 7 days.
  - Proposal that there be an amendment to Nagambie HealthCare's By Laws item 9.2: The Board shall consist of such number of members as may be fixed by the members in general meeting and until so fixed shall consist of not more than (12) twelve members and not less than (4) members.  
**Recommendation from the Nagambie HealthCare Board: The Board shall consist of not more than (8) eight members and not less than (4) members**
12. **Close of Annual General Meeting**



## CHAIRMAN'S REPORT

It gives me much pleasure to present the Chairman's Report for the past year.

During the past year we have continued to implement our 2017-20 Strategic Plan, with the emphasis on quality of care, fostering partnerships and expanding our services to the Community with emphasis on supporting people at Home.

The Board during the year undertook a 360 Review of our CEO Bronwyn Beadle with all capability requirements of the role being met.

We were delighted when Bronwyn was invited to deliver a paper reflecting a Nagambie HealthCare research project at the Sydney Technology Conference and she also chaired the sessions for that day.

Nagambie HealthCare can be very proud of winning LASA's Tristate Excellence in Aged Care Service Award. This award reassures the Community that they can have every confidence in the services that Nagambie HealthCare provides and in the way it is provided. The organisation faces many challenges going forward but with the commitment of the CEO, staff and volunteers and with growing number of services provided to the Community the future looks bright and as Nagambie's retirement population grows we are well positioned to service that space.

As a community owned organisation we receive limited government funding and we thank the Estate of Ivan McMaster for his most generous donation. We also thank the Scobie and Claire Mackinnon Trust for their continued support for our building programme. In the coming year we hope to continue our building programme which will entail the building and renovation of twelve new rooms.

The Board thanks the Ladies Auxiliary under the leadership of Helen Kennedy for their support of our residents.

The Board thanks our CEO Bronwyn for her work in restructuring the organisation and for her leadership and for her vision as to where she wants Nagambie HealthCare to be positioned in coming years.

We than our staff for their kindness and compassion they show to our patients and residents. We thank our volunteers for their love and commitment to our residents. It is selfless work.

We thank Dr Atif, Dr Sonny, Dr Kahn and Dr Sabah for the care they show our patients and residents.

I would like to thank the Board for their support and in particular Sam Verrocchi for his work in the planning and building area.

James Tehan  
**Chairman**





## CEO & DON REPORT WELCOME

Service provision in health and aged care is increasingly becoming a very challenging environment to operate within. The multifarious changes that are being made to funding streams and regulatory requirements are having a widespread impact across the industry with over 40 percent of aged care providers making a loss and annual turnover of staff in Aged Care facilities averaging 25 per cent (ACSA 2018).

In the context of this challenging environment I am very proud to present the 2017-18 annual report as it reflects Nagambie HealthCare's ability to maintain viable services and the continued delivery of high standards of care in line with our community's expectations. The dedication and commitment from the Nagambie HealthCare team along with the courage of the Board of management has enabled a very positive and optimistic continuation of our transformational journey.

There have been many highlights throughout 2017-18 including: our attainment of full accreditation against the National Safety and Quality Health Service Standards and ISO 9001:2015 standards; receipt of LASA State services excellence award and nomination as a national finalist; the opening of our fundraising shop Miss Rodway's Treasures; continued growth of our home care services and social inclusion activities and successful establishment of our staff traineeship programs.

A focus for 2017-18 has been finalisation of plans for our new hospital wing and fundraising efforts to enable the commencement of this major capital works initiative for Nagambie HealthCare, whilst we keep our fingers crossed for an injection of funds from the State Government we have accrued sufficient cash reserves to commence the building works for which we are planning to turn the first sod in December 2018.

I would like to convey my heartfelt thanks to every staff member, volunteer and Board member for their passion and commitment to ensuring that Nagambie HealthCare offers a service for which we are all proud of. In the current climate of health and aged care service provision Nagambie HealthCare offers a unique and individualised experience for everyone, it is the way we care we care for our people that makes all the difference.

A handwritten signature in black ink, appearing to read 'Bronwyn Beadle'.

Bronwyn Beadle  
**CEO/DON**



## OUR CARE SERVICES

### HOSPITAL CARE

The 2017-18 year has seen a strong focus on working collaboratively with local GPs and the Goulburn Valley Health Ambulatory Care Team to enable slow stream rehabilitation and supportive care, with an emphasis on our patients achieving their goals. Through programs such as Restorative Care, Transition Care and NHC Multidisciplinary Care Planning, patients have direct access to the broad range of allied health services to assist them in transitioning home or to a supported living environment. Nagambie HealthCare's provision of care across Acute, Aged and Community Care also provides patients being discharged home with the opportunity to receive continued services from staff that they already know.

Strong demand for our services, particularly for those patients requiring rehabilitation, respite or palliative care, has provided a number of challenges, particularly those related to best practice care delivery in aging amenities. To address these challenges the Board and staff have worked tirelessly to raise funds for the building of a new hospital wing, and through a number of fundraising initiatives and donations from philanthropic groups we are nearing commencement of works.



### URGENT CARE/OUTPATIENT TREATMENT ROOM

Our urgent care room offers first line assistance to members of the community requiring first aid treatments or assessment of illness and injury. Presentations to the department increase over the holiday periods and NHC works closely with our co-located GP clinic and Ambulance Victoria to ensure that the best course of management is provided to those presenting.

Through partnership arrangements with Goulburn Valley Health and Northern Health, NHC has been able to offer to members of the community a range of outpatient services which have reduced the need to travel outside the Nagambie area for care. These services have included the management of infusions, complex wound care, specialised dressings and daily monitoring.







## RESIDENTIAL AGED CARE

Over the last 12 months we have continued to undertake refurbishments and improvements to resident's rooms and living areas. This has included the building of three new 'studio apartment' style rooms, with designs to accommodate couples. The new rooms could not have been built without the generous support from the Scobie and Claire Mackinnon Trust, who have a focus on supporting our local farming community.

Through our many activity programs, focused on social inclusion and community connectedness, our residents have participated in many local activities, including gardening projects, community lunches, attending the men's shed, shopping trips, bowls tournaments and tours to the many attractions in the Strathbogie Shire area.

## INDEPENDENT LIVING

Community consultations regarding home care service and opportunities for supported living have highlighted a strong preference by our aging community members to remain at home with assistance from their local health service provider or to 'downsize' to a more manageable home with options for care support if required. In line with our 2017-2020 strategic plan Nagambie HealthCare has maintained a focus on developing options for supported living environments with concept plans underway for further development of the Vale St units and the creation of a supported living community. The concept planning has been undertaken in collaboration with the RSL, Senior Citizens, Shire Council and community members with unanimous support for the building of additional independent units and the development of a village like environment with shared spaces for all to enjoy.

## COMMUNITY CARE

Community members from the Nagambie area have embraced the opportunity to receive home care support from Nagambie HealthCare. Services accessed by community members include domestic assistance, personal care, nursing care, garden maintenance and meals on wheels. The opportunity for community members to have direct access to the health service and staff has addressed many barriers to navigating the healthcare system, and more importantly the option of receiving responsive and tailored service provision in line with consumer preference.

## SOCIAL INCLUSION ACTIVITIES

Addressing issues of social and geographical isolation in the Nagambie region has been a focus for Nagambie HealthCare, particularly for our aging population, community members with disabilities and those experiencing the challenges of dementia. In response to community need, NHC now supports an activity group attended by up to 40 community members twice a week, and hosts a monthly community luncheon attended by over 70 community members. For those members of the community who prefer social activities in a smaller group, NHC provides supportive activities and events onsite with care provided by NHC staff and volunteers.



# QUALITY OF CARE REPORT

To ensure transparency in service provision and care outcomes the Nagambie HealthCare Board receives a score card report covering the domains of Efficiency and Productivity, Access and Equity, Quality Outcomes and Organisational Culture. Reporting on and analysis of these domain areas have been based on an evidence based approach to good governance in health and aged care. The Board receives information on clinical outcomes for patients and residents, audit outcomes against the Aged Care and National Standards, information on complaints and data relating to workforce satisfaction. Through a supportive education program all Board members are able to identify trends of concern or improvement and as such are in a position to ensure that the health service is delivering care in line with community expectation and best practice standards of care. Highlights for 2017-18 have included:

## ACCREDITATION

Nagambie HealthCare underwent organisational wide accreditation against the National Safety and Quality Health Service (NSQHS) Standards which have been developed by the NSQHS Commission and Australian Government. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. The standards describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. Following evaluation against these standards NHC received full accreditation with exemplary feedback from the assessors. Along with the NSQHS standards NHC also undertakes accreditation against the International Organization for Standardization (ISO) this accreditation process has a strong focus on assessment of service delivery processes and organisational risk, NHC received full accreditation against the ISO standards for health service provision.

Nagambie HealthCare received a number of 'spot visits' from the Aged Care Accreditation agency in the 2017-18 year with all standards being met and favorable feedback from the assessors. The Aged Care Agency Assessors highlighted the 'home like environment' for residents, the personalised approach to resident care and the broad involvement of all staff in the accreditation and assessment process.

## FOOD SERVICES

The provision of food in health and aged care can be challenging as you are required to meet a broad range of individual preferences and nutritional needs. Following consultation with residents and families it was identified that there was opportunity to diversify the menu and explore options for replacing traditional meals. Di Jenner (food services manager) and her team embraced the opportunity to diversify and improve the menu which included the creation of a herb garden adjoining the kitchen to add fresh herbs and spices for meals and the appointment of a highly regarded chef to add innovative ideas to the menu.







## STAFF DEVELOPMENT

Staff capability is central to the delivery of quality care and achieving best practice outcomes for residents and patients. To help achieve this NHC works closely with local training providers to develop training plans specific to NHC's expectations for high standards of care and a passion for care delivery. This results in NHC recruiting trainees who are 'workplace ready' and keen to work within the values of the health service.

To address the 'recruitment and retention' challenges faced by many rural health services NHC supports the transitioning of staff from Personal Care worker to Enrolled Nurse to Registered Nurse. This support has seen a number of our valued staff qualify as Enrolled Nurses and Registered Nurses.



*We were awarded the Victorian/Tasmanian Health Service excellence award and are finalists for the national award*



*Family Affair – Wilde Family*

*Left: Ashlee (trained as PCA, now studying EEN), Centre: Dawn (undertook PCA traineeship), Right: Amy (started as a PCA and now an RN).*



## MISS RODWAYS

Our fundraising shop opened in October 2017 and has gone from strength to strength thanks to Kathryn Coll our community engagement officer and our fabulous group of volunteers who dedicate their time and creativity.

The shop site has a special place in Nagambie's History, it was built by Fredrick Fowler in the 1930s and was run for many years by his sister in-law Miss G Rodway. Miss Rodway's store was a very special place for all locals as it held a treasure trove of goods ranging from fresh fruit, confectionery, stationery and craft items. Locals will tell you that 'you could always find something special at Miss Rodways'. Miss Rodway's held a very special place in the hearts of many of the local children, particularly for those who needed a warm smile and a loving touch to brighten their day. As described by one local lady who lost her mother at a very young age "Miss Rodway was a quiet and gentle lady with a welcoming smile and a generosity of spirit that made you feel so special. As a large young family without a mother we would ride with our father on his fruit cart to deliver produce to her store, she would greet us with such a big smile and secretly hand us small bags of boiled sweets, the feeling of then entering her store of treasures was truly wonderful, if I close my eyes I can still feel the sense of magic to this day".





	2017-18	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b>Efficiency/Productivity</b>														
ACFI revenue per occupied bed day	Equal or better than private sector Aged Care services bench mark report (\$125 a day)	\$133	\$135	\$129	\$145	\$152	\$152	\$157	\$157	\$158	\$160	\$161	\$152	\$153
Total Acute Income per bed day	Budgeted for \$117/day	\$237	\$308	\$250	\$246	\$287	\$244	\$267	\$281	\$298	\$209	\$250	\$228	\$259
ILU Occupancy						100%	100%	100%	100%	100%	100%	80%	80%	100%
Vale St Unit Occupancy						100%	100%	100%	100%	100%	100%	100%	100%	100%
No. Community Clients						12	14	18	13	16	15	17	19	20
No. Community clients on packages						2	3	4	5	6	7	8	6	6
<b>Access/Equity</b>														
No of transfers to the emergency department for management	Trend	0	0	0	0	1	0	1	1	0	2	0	1	0
Total number of people awaiting permanent aged care placement (low, medium and high priority)	Trend	14	15	15	18	10	10	12	12	8	5	5	5	5
Total number of people awaiting respite placement	Trend	14	14	7	8	28	27	29	28	27	23	15	12	10

	2017-18	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b>Quality</b>														
Patient Satisfaction	Trend Annual report													
Overall weighted average max score 5														4.2
Resident Satisfaction	Trend Annual report												3.9	
Overall weighted average max score 5														
Number of Complaints	Trend	0	1	0	0	1	1	0	0	0	1	2	1	0
Episodes of non-compliance with Aged Care Accreditation	Nil	0	0	0	0	0	0	0	0	0	0	0	0	0
Acute Care Clinical Indicators ( benchmarked with ACHS clinical indicators for peer organisations)	Equal or better than benchmark range <sup>vi</sup>													
Medication errors with adverse outcome	(.012)	0	0	0	0	0	0	0	0	0	0	0	0	0
Pressure Ulcers	(0.8%)	0	0	0	0	0	0	0	0	0	0	0	0	0
Sentinel Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aged Care Clinical Indicators (per 1000 bed days)	Equal or better than Dept. Health recommended benchmarks <sup>vii</sup>													
Prevalence of stage 1 pressure ulcers	1.2	0	0	0.8	0	0.8	0.8	0.8	0	0	0	0.8	0	0



	2017-18	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Incidence of physical restraint	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Compliance with food safety standards	100% (external audit)						100%							100%
<b>Organisational Culture</b>														
Staff satisfaction (annually)	Overall weighted satisfaction trend 12 monthly	3.7										4.2		
SSA safety climate survey Overall weighted average max score 5														
Staff separation rate	Trend	0	0	0	0	0	0	0	1	1	2	0	1	2
Average sick leave rates per EFT (days) <sup>iii</sup>	Equal or lower than average comparator (10 days)	10.1	16.5	10.4	6.65	5.0	6.5	3.5	6.2	4.2	5.8	5.5	4.5	5.6
Percentage of staff excess Leave <sup>iv</sup> (Bi-Monthly)	Equal or lower than average comparator (5%)		18%		25%				9%	5%	5%	5%	3%	3%

<sup>i</sup> Bench Mark ranges for like sized services obtained from ACHS indicator reports on a quarterly basis

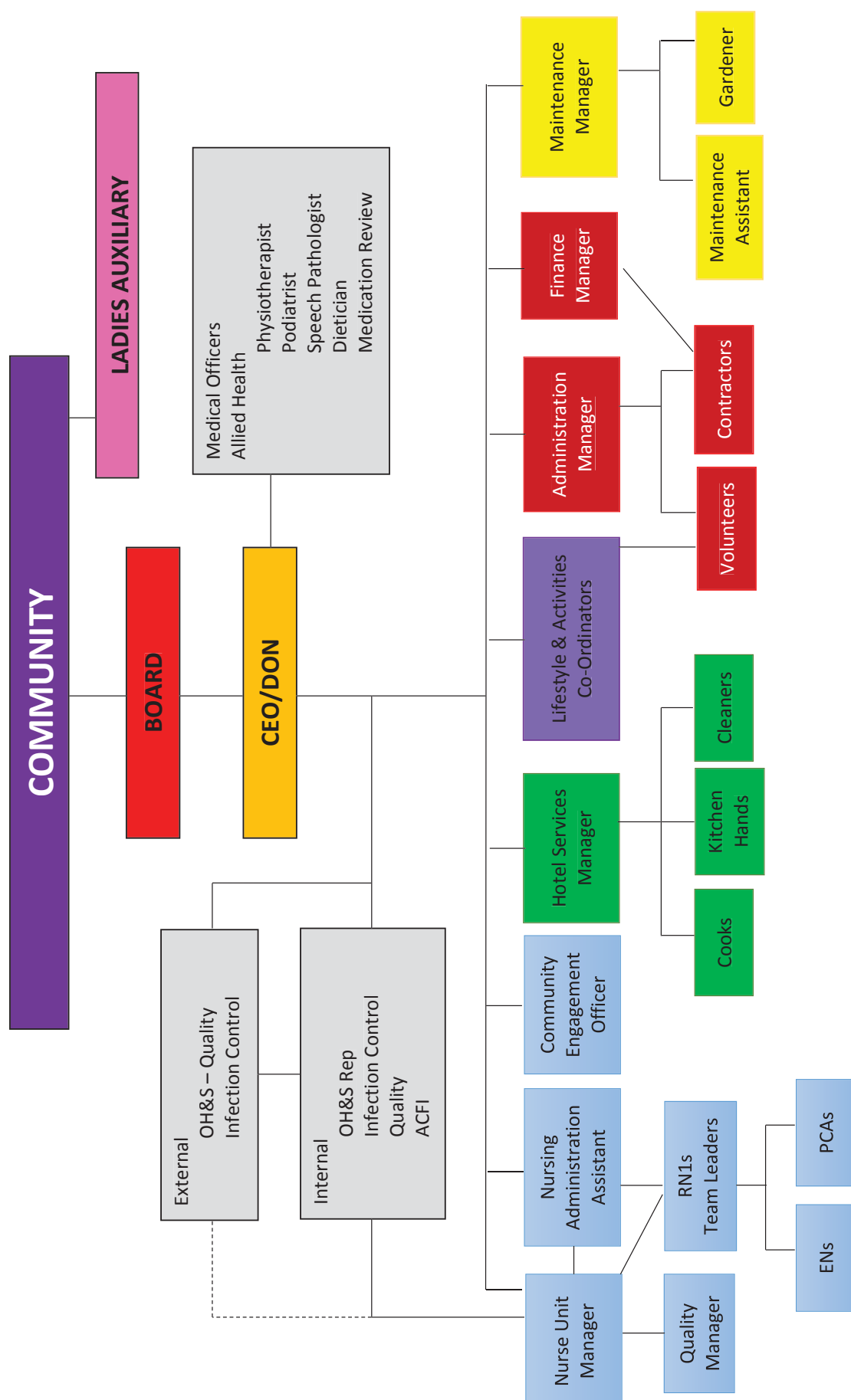
<sup>ii</sup> Aged Care Quality Indicator reference ranges referenced to Department of Health (2011)

<sup>iii</sup> State Services Authority (Vic) Workforce data

<sup>iv</sup> State Services Authority (Vic) Workforce data

**Calculations: ACHS indicators based on per 100 patient days ( # of episodes / number of patient days )x 100**  
**Aged Care indicators per 1000 occupied bed days: (indicator/number of bed days for the month)x 1000**

## ORGANISATIONAL STRUCTURE



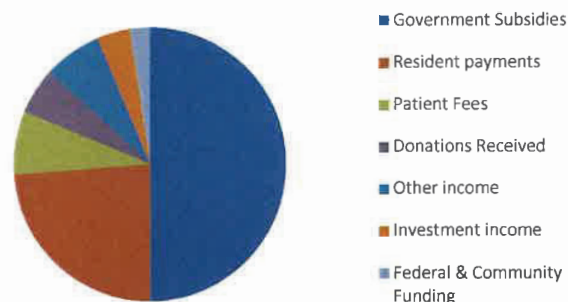


# FINANCIAL RESULTS AT A GLANCE

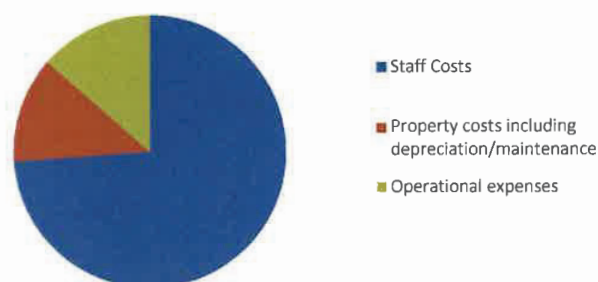
## Financial Results At A Glance

### Statement of Financial Performance

WHAT WE EARNED:	\$000
Government Subsidies	2,498,790
Resident payments	1,185,780
Patient Fees	375,760
Donations Received	273,583
Other income	341,071
Investment income	195,290
Federal & Community Funding	121,805
Capital Grant	0
<b>Total Revenue</b>	<b>4,992,079</b>



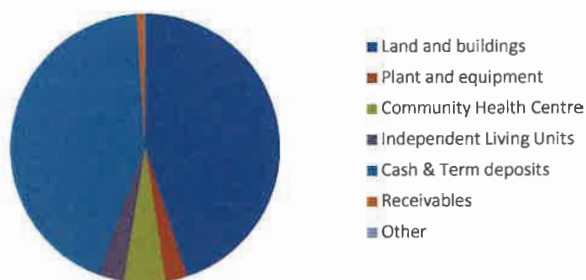
WHAT WE SPENT	\$000
Staff Costs	3,524,138
Property costs including depreciation/maintenance	601,557
Operational expenses	644,968
<b>Total Costs</b>	<b>4,770,663</b>



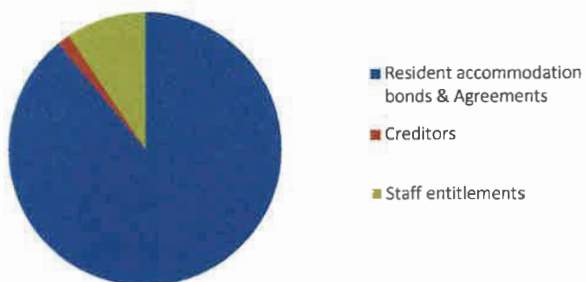
**Surplus for the year** **221,416**

### Statement of Financial Position

WHAT WE OWN	\$000
Land and buildings	8,992,588
Plant and equipment	521,205
Community Health Centre	989,043
Independent Living Units	603,986
Cash & Term deposits	8,668,140
Receivables	158,618
Other	38,045
<b>Total Assets</b>	<b>19,971,625</b>



WHAT WE OWE	\$000
Resident accommodation bonds & Agreements	6,724,979
Creditors	110,758
Staff entitlements	717,284
<b>Total Liabilities</b>	<b>7,553,021</b>



**Equity** **12,418,604**

# LADIES' AUXILIARY PRESIDENTS REPORT 2017-2018

*BY MARGARET MOSS*

This is our 89th year!

Our meetings are held 4 times a year on the 4th Thursday of the month.

Our involvement in fund raising has scaled down in recent years with only one fundraiser the Card Luncheon Day held at the Rowing Club which is extremely well attended and profit this year of \$1,800.

The weekly trolley has continued to provide considerable support to residents without families close by. It's not meant to be a money maker but we make a small profit.

We have approximately \$14,000 in the bank which will go towards patients comfort in the new extensions.

We have gained 3 new younger members but would welcome more.

In 2019 it will be our 90th year the LHLA have continually volunteered for our hospital, which is still a major necessity of our town.

Thanks to Bronwyn Beadle our CEO, who keeps our committee up to date.

Nola Palmer our Secretary and buyer for the trolley, how could we cope without you and Denise Verrocchi our Treasurer. Thank you to both of you for your great support.

Margaret Moss  
President





# LADIES' AUXILIARY FINANCIAL STATEMENT 2017-2018

## THE AUXILIARY OF NAGAMBIE HEALTH CARE INC.

### STATEMENT OF RECEIPTS AND EXPENDITURE

FOR THE PERIOD 1 FEBRUARY 2017 TO 31 JANUARY 2018

<b>INCOME</b>	<b>Yr end 31/1/18 (\$)</b>	<b>Yr end 31/1/17 (\$)</b>
Subscriptions	50.00	55.00
Donations	0	670.00
Bank Interest	25.99	30.82
Functions	1670.00	1825.90
Trolley	60.00	100.00
Fee Refund	100.00	
<b>TOTAL INCOME</b>	<b>1905.99</b>	<b>2681.72</b>
<b>EXPENDITURE</b>		
Function Expenses	176.00	156.00
Sundries		50.00
<b>TOTAL EXPENDITURE</b>	<b>176.00</b>	<b>206.00</b>
<b>Excess Expenditure over Income</b>	<b>1729.99</b>	<b>2475.72</b>

# LADIES AUXILIARY FINANCIAL SUMMARY 2017-2018

## THE AUXILIARY OF NAGAMBIE HEALTH CARE INC.

### BALANCE SHEET

AS AT 31 JANUARY 2018

	2018 (\$)	2017 (\$)
<b>CURRENT ASSETS</b>		
Business Cheque A/C	12418.47	10713.33
Cash Management A/C	2503.55	2478.70
<b>NET ASSETS</b>	<b>14922.02</b>	<b>13192.03</b>
<b>ACCUMULATED ACCOUNT</b>		
Opening Balance	13192.03	10716.31
Excess Expenditure over Income	1729.99	2475.72
<b>NET ACCUMULATION</b>	<b>14922.02</b>	<b>13192.03</b>

# DONATIONS 2017/18

## WE WISH TO THANK THE FOLLOWING FOR THEIR GENEROUS DONATIONS

Lions Club of Nagambie	Patrick & Alice Cahill	Jenny Moran
Carmelo Gattuso	Dennis Mason	Merrill Boyde
Dorren & Gordon McMaster	Jan Carter	Patrick Cahill
Fred Bloetz	Finola Price	John Fuhrmann
Ivan & Edwina Brook	Ailsa Steward	Moya & Craig Stewart
Elizabeth Armstrong	Phillip Miller	Nagambie Masonic Lodge No. 167
Kenneth & Beverley Newnham	Kenneth & Kaye Jones	Jeanette Verhardt
John & Edith Plant	Hughie Bayne	Megan Brack
Peter & Helen Hower	Avenel/Nagambie Uniting Church Craft	Gwenda Hulme
Tahbilk Winery	Veronica Harvey	Roy Schwab
Traffic Light BBQ Chickens	Seymour Dance Club	Robert & Lois McMaster
Richard Moore	Graeme Ratten	Bob & June Doherty
Gerald O'Brien	Shirley Button	
Julie Baldwin	Parklea P/L	
Glad Parris	Nagambie Australia Day Committee	
Phyllis Hager	Nikki McPherson	

Ladies Auxiliary of Nagambie HealthCare

Estate of Ivan McMaster

The Scobie and Claire Mackinnon Trust

William Angliss Victoria





# STAFF SERVICE 2017-2018

15+

Marisa Haysom  
Leonie Zanussi  
Kristyn Green

10+

Katrina McMaster  
Mark Kramer  
Christine Karacsay  
Clara Lynch  
Nicole Stafford

Barbara Watts  
Claire Sampson  
Stefano D'Andrea  
Tanya Williams

5+

John Fuhrmann  
Pamela Maura  
Veronika Bastow  
Irene Keogh  
Deb Ure  
Diane Jenner

Patricia Stuart  
Fiona Dowling  
Eugenia Hourigan  
Yvette Demavibas  
Sreena Sreedharan

Jennie Brack  
Antonia D'Andrea  
Denise Cerini  
Brett Felini

Whilst recognising the special achievement of these long serving staff members the Board would like to thank all members of staff for their commitment, hard work and dedication throughout the year.

# 2017 ANNUAL GENERAL MEETING

## Minutes of the Annual General Meeting held on Tuesday 24<sup>th</sup> October 2017 at 7:00pm

1. **PRESENT** as per attendance register

2. **APOLOGIES** as per attendance register

3. **WELCOME**

Chairman Jim Tehan welcomed all those present, including Life Governor Nola Palmer, Board Members, Strathbogie Shire representatives and members of the community.

4. **PREVIOUS MINUTES**

Minutes of the Annual General Meeting held on the 24<sup>th</sup> October 2016 were accepted as true and correct.

**Moved: Max Perry**

**Seconded: John Smith**

5. **MATTERS ARISING FROM PREVIOUS MINUTES**

None noted

6. **GUEST SPEAKER**

Jim Tehan introduced Veronica Jamison ( State Manager of the National Aged Care peak body *Leading Age Services Australia* ( LASA ) as guest speaker for the night. Veronica outlined her back ground in general management and her involvement in the Health Sector for over 30 years. Veronica provided an overview of the significant challenges faced by rural aged care providers and in particular those relating to reducing funding streams to support aged care service provision and staff recruitment and retention. Veronica remarked on the innovative approaches taken by Nagambie HealthCare to not only maintain organisational viability but also to maintain high standards of care in line with best practice benchmarks set by the Acute and Aged Care sectors. Veronica emphasized that Nagambie HealthCare had a model of service provision that others could look to for inspiration, in particular NHCs diversification of services across the spectrum of care and the integrated seamless approach to health service provision that it offered to community members.

Sam Verrocchi thanked Veronica for her informative and interesting address to those present.

7. **REPORTS:**

7.1 **CHAIRMAN'S REPORT**

Jim highlighted the achievements for the 2016-17 year as being the purchase of the Vale Street units and fundraising efforts for major development works to commence staged works in 2018:

- Stage 1, the building of 3 new hostel rooms;

# 2017 ANNUAL GENERAL MEETING

- Stage 2 and 3 being refurbishment of 10 new rooms with ensuites, together with renovation of hospital kitchen, nurses station and main entrance area.

Jim expressed his thanks to all staff and volunteers for the respect and compassion they show to our residents and Board Members for their commitment to Nagambie HealthCare's ongoing success.

**Motion: To accept the Chairman's Report**

**Moved: James Tehan**

**Seconded: Lisa Pearson**

## 7.2 CHIEF EXECUTIVE OFFICER'S REPORT

Bronwyn provided an overview of activities for the 2016-17 and highlighted a focus on community connections with the health service and the importance of being a responsive health service to meet community need. Activities highlighted by Bronwyn included NHC's expansion of services into community care and the many benefits that had allowed to the community, in particular pathways of care between home and the health service, familiarity of staff and the many barriers broken down for community members wishing to access the health and aged care system. Bronwyn outlined the many quality activities undertaken by staff to support care delivery at a high standard and emphasised the commitment by all staff in supporting an individualised consumer approach to care. Bronwyn thanks the many volunteers who support Nagambie HealthCare's many activities and praised the efforts of all staff who work diligently to make NHC a very special place for all.

**Motion: To accept the Chief Executive Officer's Report**

**Moved: Bronwyn Beadle**

**Seconded: Robert Parris**

## 7.3 FINANCE REPORT

John reported on a profit for the year which was pleasing and said it put us in a good position to move forward with the planned major refurbishment of the acute and high care areas next year, with fundraising activities to continue to assist with this process. He cited receiving a grant to upgrade fire services, all bonds being held in term deposit, no unfunded residents and purchase of Vale Street units, all positives for the organisation.

**Motion: To accept the Financial Statements**

**Moved: John Palmer**

**Seconded: Tim Goodacre**

## 8. ELECTION OF COMMITTEES:

### 8.1 BOARD MEMBERS

The Chairman declared there were three members of the Board, Doug Proud, Sam Verrocchi and John Palmer who had completed three year terms.

All three nominated for re-election.

As the number of nominations did not exceed the number of positions available, Doug Proud, Sam Verrocchi and John Palmer were duly elected.



# 2017 ANNUAL GENERAL MEETING

**Motion:** To elect Doug Proud, Sam Verrocchi and John Palmer to the Board of Nagambie HealthCare for a three year term.

**Moved:** John Smith

**Seconded:** Henry Moss

## 9. NOMINATION OF LIFE MEMBER

Chairman Jim Tehan presented former board member Bruce Parris with a Life Governor award. Jim said Bruce had been a very active board member in excess of forty years holding leadership roles on sub-committees and particularly as President during the difficult period when the hospital closed and then successfully re-opened.

Bruce accepted the award and thanked the board members. Bruce spoke about his lifelong involvement with Nagambie Bush Nursing Hospital/Nagambie HealthCare including his father serving on the Board for many years, Bruce being born at the hospital along with all of his children.

## 10. ELECTION OF AUDITOR

**Motion:** That on the recommendation of the committee 'Davidsons' be re-appointed to carry out the 2017/18 Audit.

**Moved:** John Palmer

**Seconded:** Margaret Moss

## 11. COMMUNITY FEEDBACK/COMMENTS

## 12. OTHER BUSINESS

Jim thanked all those present for attending and invited everyone to stay for supper.

## 13. ANNUAL GENERAL MEETING – CLOSED AT 8.10PM

# 2017/2018 FINANCIAL REPORT

Stephen Wight  
Davidsons Assurance Services Pty Ltd  
101 West Fyans Street  
GEELONG Victoria 3220

2<sup>nd</sup> October 2018

Dear Stephen,

## **AUDIT FOR YEAR ENDED 30 JUNE 2018 OF NAGAMBIE HEALTH CARE INC.**

This representation letter is provided in connection with your audit of the financial report of Nagambie Healthcare Inc. for the year ended 30 June 2018, for the purpose of expressing an opinion as to whether the financial report gives a true and fair view in accordance with Accounting Standards and the Associations Incorporation Act (Vic).

We confirm that to the best of our knowledge and belief, having made such enquiries as we considered necessary for the purposes of appropriately informing ourselves:

### **Financial report**

1. We have fulfilled our responsibilities, as set out in your engagement letter dated 30 June 2017, for the preparation for the financial report in accordance with Australian Accounting Standards and the *Corporations Act 2001*; in particular that the financial report gives a true and fair view in accordance therewith.
2. We have established and maintained adequate internal controls to facilitate the preparation of a reliable financial report and adequate records have been maintained. Any and all deficiencies in internal control of which we are aware have been communicated to you.
3. We confirm that the selection and application of accounting policies remains appropriate, and that there have been no changes to the accounting policies applied in the previous annual financial statements or the methods used in applying them.
4. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
5. We have no plans or intentions that may materially affect the carrying values, or classification, of assets and liabilities.
6. The entity has satisfactory title to all assets, and there are no liens or encumbrances on such assets that have not been disclosed, nor has any asset been pledged as collateral.

# 2017/2018 FINANCIAL REPORT

## **Books, records and documentation**

8. We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation of the financial report such as records, documentation and other matters;
  - All minutes of meetings held by the Board of Directors, Committees and shareholders since the end of the previous reporting period have been given to you for your inspection;
  - Additional information that you have requested from us for the purpose of the audit;
  - Unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
9. All transactions have been recorded in the accounting records and are reflected in the financial report.

## **Related parties**

10. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions.
11. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with Australian Accounting Standards in the financial report.

## **Fraud**

12. We acknowledge our responsibility for the design, implementation and maintenance of accounting and internal control systems that are designed to prevent and detect fraud.
13. We have disclosed to you the results of our assessment of the risk that the financial report may be materially misstated as a result of fraud.
14. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves:
  - Management;
  - Employees who have significant roles in internal control; or
  - Others where fraud could have a material impact on the financial report.
15. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial report communicated by employees, former employees, analysts, regulators or others.

## **Litigation and claims**

16. We have disclosed to you all known actual or possible litigation and claims whose effects should be considered in the financial report; and accounted for and disclosed in accordance with Australian Accounting Standards.

## **Compliance with laws and regulations**

17. We have disclosed to you all known actual or possible non-compliance with laws and regulations whose effects should be considered when preparing the financial report.
18. There have been no instances of non-compliance of laws and regulations involving management or employees who have a significant role in internal control.

There have been no communications from regulatory agencies concerning non-compliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial report.



# 2017/2018 FINANCIAL REPORT

## **Subsequent events**

19. All events occurring subsequent to the date of the financial report and for which adjustment or disclosure are required have been adjusted or disclosed.

## **Other information**

20. We have informed you of all the documents that we expect to issue which may compromise other information accompanying the financial report.
21. The financial report and any other information obtained by you prior to the date of the auditor's report are consistent with one another, and the other information does not contain any material misstatements.

## **Impairment of Assets**

22. We have reviewed the requirements of AASB 136 *Impairment of Assets* and have determined that there have been no impairment indicators in the period which would require the performance of impairment testing.

## **Receivables**

23. Adequate allowance has been made, in the opinion of the directors, against receivables owing at the end of the reporting period. Such allowance has been made in accordance with AASB 139 *Financial Instruments: Recognition and Measurement*.

## **Revenue**

24. Revenue has been recognised in accordance with AASB 118 *Revenue*.

## **Electronic presentation of Financial Report**

25. We are responsible for the electronic presentation of the financial report.
26. We will ensure that the electronic version of the audited financial report and the auditor's report on the web site will be identical to the final signed hard copy version.
27. We will clearly differentiate between audited and unaudited information in the construction of the entity's web site as we understand the risk of potential misrepresentation.
28. We have assessed the controls over the security and integrity of data on the web site and that adequate procedures are in place to ensure the integrity of the information published.
29. We will not present the auditor's report on the full financial statements with extracts only of the full financial statements.
30. Where applicable, we have complied with the requirements of the *Corporations Act 2001* with respect to the electronic presentation of the audited financial reports.

Yours faithfully



Bronwyn Beadle

Chief Executive Officer

# 2017/2018 FINANCIAL REPORT



/ EST.1905

## INDEPENDENT AUDITOR'S REPORT

### TO THE MEMBERS OF NAGAMBIE HEALTHCARE INC.

#### Opinion

We have audited the financial report of Nagambie Healthcare Inc. (the Entity), which comprises the statement of financial position as at 30 June 2018, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In our opinion, the accompanying financial report, in all material respects, gives a true and fair view of the financial position of the Entity as at 30 June 2018, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)*.

#### 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 the Entity 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.

#### Responsibilities of Management and Those Charged with Governance for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Entity'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 the Entity or to cease operations, or has no realistic alternative but to do so.

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

#### / GEELONG

101 West Fyans Street  
PO Box 386  
Geelong VIC 3220  
**PHONE** 03 5221 6399

#### / TORQUAY

6 Walker Street  
PO Box 125  
Torquay VIC 3228  
**PHONE** 03 5261 2029

Davidsons Assurance Services Pty Ltd  
ACN 123 098 662 / ABN 77 123 098 662

info@davidsons.com.au  
**davidsons.com.au**

#### / DIRECTORS

Stephen Wight CA  
Stephen Kirtley CA

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# 2017/2018 FINANCIAL REPORT



## 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 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 the 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/Home.aspx>. This description forms part of our auditor's report.

Stephen Wight  
Director

Dated this 9<sup>th</sup> day of October, 2018

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# 2017/2018 FINANCIAL REPORT



/ EST.1905

## INDEPENDENT AUDITOR'S REPORT

TO THE DIRECTORS OF NAGAMBIE HEALTHCARE INC. AND  
THE SECRETARY OF THE DEPARTMENT OF HEALTH

### Report on Nagambie Healthcare Inc.'s compliance with the Aged Care Act 1997 and the *Fees and Payments Principles 2014 (No.2)*.

We have audited the compliance of Nagambie Healthcare Inc. with the requirements of Part 5 of the *Fees and Payments Principles 2014 (No.2)* (Fees and Payments Principles) for the period 1 July 2017 to 30 June 2018.

#### Opinion

In our opinion, Nagambie Healthcare Inc. has complied, in all material respects, with the requirements of Part 5 of the *Fees and Payments Principles 2014 (No.2)* for the period 1 July 2017 to 30 June 2018.

#### Report on Other Legal and Regulatory Requirements

In accordance with the requirements of the Guide, we are required to report all instances of non-compliance with the requirements of the Act and the Fees and Payments Principles by Nagambie Healthcare Inc. that came to our attention during the course of our audit.

There were no instances of non-compliance with the prudential requirements.

#### Directors' Responsibility

The directors of Nagambie Healthcare Inc. are responsible for compliance with the Act and the Fees and Payments Principles and for such internal control as the directors determine is necessary for compliance with the Act and the Fees and Payments Principles. The responsibilities of the directors include requirements under the Act and the Fees and Payments Principles for the preparation and presentation of the Annual Prudential Compliance Statement (APCS) and compliance with the Prudential Standards contained within the Fees and Payments Principles.

#### Auditor's Responsibility

Our responsibility is to form and express an opinion on Nagambie Healthcare Inc.'s compliance, in all material respects, with the prudential requirements of the Act and the Fees and Payments Principles.

Our audit has been conducted in accordance with the applicable Standards on Assurance Engagements (ASAE 3100 *Compliance Engagements*), issued by the Auditing and Assurance Standards Board and with the requirements of the Department of Health as set out in the Guide to the Audit of the Approved Provider's Compliance with the Prudential Requirements (the Guide). Our audit has been conducted to provide reasonable assurance that Nagambie Healthcare Inc. has complied with the requirements of the Fees and Payments Principles. ASAE 3100 requires that we comply with relevant ethical requirements.

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# 2017/2018 FINANCIAL REPORT



Audit procedures selected depend on the auditor's judgement. The auditor designs procedures that are appropriate in the circumstances and incorporate the audit scope requirements set out in the Guide. The audit procedures have been undertaken to form an opinion on compliance of Nagambie Healthcare Inc. with Part 5 of the Fees and Payments Principles. Audit procedures include obtaining evidence relating to refundable deposits, accommodation bonds and entry contributions held; refunds of refundable deposits, accommodation bond balances and entry contributions; limits on charging refundable deposits, accommodation bonds; compliance with the Prudential Standards relating to liquidity, records, governance and disclosure; and use of refundable deposits and accommodation bonds.

## Use of Report and Restriction on Distribution

This auditor's report has been prepared for the directors of Nagambie Healthcare Inc. and the Secretary of the Department of Health for the purpose of fulfilling the requirements of the Disclosure Standard. We disclaim any assumption of responsibility for any reliance on this report to any persons or users other than the directors and the Secretary of the Department of Health, or for any purpose other than that for which it was prepared. Our report is intended for the directors of Nagambie Healthcare Inc. and the Secretary of the Department of Health and should not be distributed to other parties.

## Inherent Limitations

Because of the inherent limitations of any compliance procedures, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements of the Act and Fees and Payments Principles, as the audit procedures are not performed continuously throughout the year and are undertaken on a test basis.

The auditor's opinion expressed in this report has been formed on the above basis.

Stephen Wight  
Director  
Registered Company Auditor  
No. 326755

Dated this 9<sup>th</sup> day of October, 2018

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Geelong, Victoria 3220

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# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.*

## *BOARD OF MANAGEMENT REPORT*

Your Board of Management submit the financial report of Nagambie Healthcare Inc. for the financial year ended 30 June 2018.

### **BOARD OF MANAGEMENT**

The names of Board of Management members throughout the year and at the date of this report are:

#### **Governing Board**

- Mr. J Tehan
- Mr. S Verrocchi
- Mrs. M Moss
- Mr. J Palmer
- Mr. T Goodacre
- Mr. D Proud
- Mr. J Smith
- Ms. L Pearson

#### **Accountable Officers**

- Ms. B Beadle

### **PRINCIPAL ACTIVITIES**

The principal activities of the association during the financial year were:

- the provision of residential aged care services to Nagambie and the surrounding area.
- the provision of hospital services to Nagambie and the surrounding area.


### **SIGNIFICANT CHANGES**

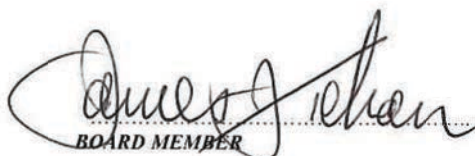
No significant change in the nature of these activities occurred during the year.

### **OPERATING RESULT**

The net result for the year ended 30 June 2018, prior to comprehensive items amounted to \$221,416 (2017 profit of \$340,217).

Signed in accordance with a resolution of the Board of Management.

  
BOARD MEMBER

  
BOARD MEMBER

Dated this 9<sup>th</sup> day of October 2018.



# 2017/2018 FINANCIAL REPORT

**NAGAMBIE HEALTHCARE INC.**  
**COMPREHENSIVE OPERATING STATEMENT**  
**FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018**

	<i>Note</i>	<b>2018</b> \$	<b>2017</b> \$
Revenue from Operating Activities	(2)	4,596,691	4,394,199
Revenue from Non-Operating Activities	(2)	395,388	357,696
Employee Expenses	(3)	(3,524,138)	(3,193,473)
Operational Expenses	(5)	(902,241)	(885,439)
Audit Fees	(14)	(4,900)	(7,700)
<b>Net Result Before Capital &amp; Specific Items</b>		<b>560,800</b>	<b>665,283</b>
Depreciation	(4)	(339,384)	(325,066)
<b>NET RESULT FOR THE YEAR</b>		<b>221,416</b>	<b>340,217</b>
Movement in physical asset revaluation reserve	(13b)	-	-
<b>COMPREHENSIVE RESULT</b>		<b>221,416</b>	<b>340,217</b>

This Statement should be read in conjunction with the accompanying notes.

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
BALANCE SHEET  
AS AT 30 JUNE 2018*

	<i>Note</i>	<i>2018</i> \$	<i>2017</i> \$
<b><i>CURRENT ASSETS</i></b>			
Cash and Cash Equivalents	(6)	1,768,140	1,113,727
Trade and Other Receivables	(7)	158,618	176,883
Inventory		28,946	30,627
Financial Assets	(8)	6,900,000	6,900,000
Prepayments		9,099	8,698
<b><i>TOTAL CURRENT ASSETS</i></b>		<b>8,864,803</b>	<b>8,229,935</b>
<b><i>NON-CURRENT ASSETS</i></b>			
Property, Plant and Equipment	(9)	11,106,822	11,109,793
<b><i>TOTAL NON-CURRENT ASSETS</i></b>		<b>11,106,822</b>	<b>11,109,793</b>
<b><i>TOTAL ASSETS</i></b>		<b>19,971,625</b>	<b>19,339,728</b>
<b><i>CURRENT LIABILITIES</i></b>			
Trade and Other Payables	(10)	110,758	85,688
Financial Liabilities	(11)	6,724,979	6,526,746
Provisions	(12)	594,642	412,285
<b><i>TOTAL CURRENT LIABILITIES</i></b>		<b>7,430,379</b>	<b>7,024,719</b>
<b><i>NON-CURRENT LIABILITIES</i></b>			
Provisions	(12)	122,642	117,821
<b><i>TOTAL NON-CURRENT LIABILITIES</i></b>		<b>122,642</b>	<b>117,821</b>
<b><i>TOTAL LIABILITIES</i></b>		<b>7,553,021</b>	<b>7,142,540</b>
<b><i>NET ASSETS</i></b>		<b>12,418,604</b>	<b>12,197,188</b>
<b><i>EQUITY</i></b>			
Reserves	(13b)	4,982,041	4,982,041
Retained earnings	(13c)	7,436,563	7,215,147
<b><i>TOTAL EQUITY</i></b>		<b>12,418,604</b>	<b>12,197,188</b>

This Statement should be read in conjunction with the accompanying notes.

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
STATEMENT OF CHANGES IN EQUITY  
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018*

	<i>Retained Earnings</i>	<i>Asset Revaluation Reserve</i>	<i>Retention Reserves</i>	<i>TOTAL</i>
	\$	\$	\$	\$
<b>2017</b>				
<i>Balance at beginning of year</i>	6,874,930	4,878,356	103,685	11,856,971
Total Comprehensive Income for the year	340,217	-	-	340,217
<i>Balance at end of year</i>	7,215,147	4,878,356	103,685	12,197,188
<b>2018</b>				
<i>Balance at beginning of year</i>	7,215,147	4,878,356	103,685	12,197,188
Total Comprehensive Income for the year	221,416	-	-	221,416
<i>Balance at end of year</i>	7,436,563	4,878,356	103,685	12,418,604

This Statement should be read in conjunction with the accompanying notes.



# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC  
CASH FLOW STATEMENT  
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018*

	<i>Note</i>	<i>2018 \$</i>	<i>2017 \$</i>
<b><i>CASH FLOWS FROM OPERATING ACTIVITIES</i></b>			
Receipts from members and activities		4,816,473	4,571,341
Interest Received		203,074	145,047
Payments to Suppliers and Employees		<u>(4,217,751)</u>	<u>(4,136,528)</u>
Net Cash Provided by Operating Activities	19	<u><b>801,796</b></u>	<u><b>579,860</b></u>
<b><i>CASH FLOWS FROM INVESTING ACTIVITIES</i></b>			
Purchase of Property, plant and equipment		(336,413)	(374,170)
Purchase of Investments		<u>-</u>	<u>(1,450,000)</u>
Net Cash Used in Investing Activities		<u><b>(336,413)</b></u>	<u><b>(1,824,170)</b></u>
<b><i>CASH FLOWS FROM FINANCING ACTIVITIES</i></b>			
Proceeds/(Repayment) of Loans		(30,660)	25,068
Net Receipt/(Payment) of refundable entry fees & deposits		<u>219,690</u>	<u>1,140,720</u>
Net Cash Used in/(Provided by) Investing Activities		<u><b>189,030</b></u>	<u><b>1,165,788</b></u>
Net Increase in Cash Held		<b>654,413</b>	<b>(78,522)</b>
Cash at Beginning of Financial Year		<u>1,113,727</u>	<u>1,192,249</u>
Cash at End of Financial Year	6	<u><b>1,768,140</b></u>	<u><b>1,113,727</b></u>

This Statement should be read in conjunction with the accompanying notes.

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018*

---

## NOTE 1 : SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report which has been prepared in accordance with the Associations Incorporation Reform Act 2012 (Vic) and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

### **Basis of preparation**

The financial report is prepared in accordance with the historical cost convention, except for the revaluation of certain non-current assets and financial instruments, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

Judgements, estimates and assumptions are required to be made about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates.

Consistent with AASB 13 Fair Value Measurement, Nagambie Healthcare Inc. determines the policies and procedures for both recurring fair value measurements such as property, plant and equipment, investment properties and financial instruments, and for non-recurring fair value measurements such as non-financial physical assets held for sale.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial report for the year ended 30 June 2018, and the comparative information presented in these financial statements for the year ended 30 June 2017.

### **(a) Reporting Entity Report**

The financial statements include all the controlled activities of Nagambie Healthcare Inc. (ABN 94 288 195 795). The Association is a not-for-profit entity and therefore applies the additional Aus. paragraphs applicable to "not-for-profit" entities under the AAS's.

### **(b) Rounding Of Amounts**

All amounts shown in the financial statements are expressed to the nearest \$1.

### **(c) Cash and Cash Equivalents**

Cash and cash equivalents recognised on the balance sheet comprise cash on hand and cash at bank, deposits at call and highly liquid investments (with an original maturity of 3 months or less), which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

For the cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts, which are included as current borrowings in the balance sheet.

### **(d) Receivables**

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists. Bad debts are written off when identified.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
NOTES TO THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018*

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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(e) Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated, less any accumulated depreciation and impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing net proceeds with the carrying amount. These gains and losses are recognised in profit or loss when the item is derecognised.

When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

**(f) Fair Value of Assets and Liabilities**

Nagambie Healthcare Inc. measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the association would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

**Fair value Hierarchy**

AASB 13: *Fair Value Measurement* requires the disclosure of fair value information according to the relevant level in the fair value hierarchy. This hierarchy categorises fair value measurements into one of three possible levels based on the lowest level that a significant input can be categorised into. The levels are outlined below:

Level 1	Level 2	Level 3
Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.	Measurement based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.	Measurements based on unobservable inputs for the asset or liability.

**(g) Revaluations of Non-current Physical Assets**

Non-Current physical assets measured at fair value are revalued with sufficient regularity to ensure that fair values do not differ materially from their carrying value. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in net result, the increment is recognised as revenue in the net result.

Revaluation decrements are recognised immediately as expenses in the net result, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

Revaluation increases and revaluation decreases relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation reserves are not transferred to accumulated funds on derecognition of the relevant asset.

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*NAGAMBIE HEALTHCARE INC.  
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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(h) Depreciation**

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost - or valuation - over their estimated useful lives using the straight-line method. Estimates of the remaining useful lives and depreciation method for all assets are reviewed at least annually.

The following table indicates the expected useful lives of non current assets on which the depreciation charges are based using the prime cost method.

	2018	2017
Buildings	Up to 40 Years	Up to 40 Years
Property & Improvements	Up to 40 Years	Up to 40 Years
Plant & Equipment	Up to 15 Years	Up to 15 Years
Motor Vehicles	Up to 5 Years	Up to 5 Years

**(i) Impairment of Assets**

At the end of each reporting period Nagambie Healthcare Inc. assesses whether there is any indication that an asset may be impaired. The assessment considers both external and internal sources of information.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off by a charge to profit or loss to the extent that the write-down can be debited to an asset revaluation reserve amount applicable to that class of asset.

It is deemed that, in the event of the loss of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

**(j) Payables**

These amounts consist predominantly of liabilities for goods and services.

Payables are initially recognised at fair value, then subsequently carried at amortised cost and represent liabilities for goods and services provided to the association prior to the end of the financial year that are unpaid, and arise when the association becomes obliged to make future payments in respect of the purchase of these goods and services.

The normal credit terms are usually Net 30 days.

**(k) Provisions**

Provisions are recognised when Nagambie Healthcare Inc. has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

**(l) Functional and Presentation Currency**

The presentation currency of Nagambie Healthcare Inc. is the Australian dollar, which has also been identified as the functional currency of Nagambie Healthcare Inc.

**(m) Goods and Services Tax**

Income, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of 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 taxation authority is included with other receivables or payables in the Balance Sheet.

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 taxation authority, are presented as operating cash flow.



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*NAGAMBIE HEALTHCARE INC.  
NOTES TO THE FINANCIAL STATEMENTS  
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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(n) Employee Benefits**

***Wages and Salaries, Annual Leave and Accrued Days Off***

Liabilities for wages and salaries, including non-monetary benefits and annual leave are all recognised in the provision for employee benefits as 'current liabilities', because the health service does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for wages and salaries and annual leave are measured at:

- Undiscounted value – if the health service expects to wholly settle within 12 months; or
- Present value – if the health service does not expect to wholly settle within 12 months.

***Long Service Leave (LSL)***

Liability for LSL is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability, even where the health service does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- Undiscounted value – if the health service expects to wholly settle within 12 months; and
- Present value – if the health service does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. This non-current LSL liability is measured at present value.

Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in bond interest rates for which it is then recognised as an other economic flow.

**Superannuation**

Contributions to defined contribution superannuation plans are expensed when incurred.

**(o) Intersegment Transactions**

Transactions between segments within Nagambie Healthcare Inc. have been eliminated to reflect the extent of Nagambie Healthcare Inc.'s operations as a group.

**(p) Income Recognition**

Income is recognised in accordance with AASB 118 *Revenue* and is recognised as to the extent that it is probable that the economic benefits will flow to Nagambie Healthcare Inc. and the income can be reliably measured at fair value. 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.

**Government Grants**

Grants are recognised as income when Nagambie Healthcare Inc. gains control of the underlying assets in accordance with AASB 1004 Contributions. For reciprocal grants, Nagambie Healthcare Inc. is deemed to have assumed control when the performance has occurred under the grant. For non-reciprocal grants, Nagambie Healthcare Inc. is deemed to have assumed control when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

**Donations and Other Bequests**

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as specific restricted purpose reserve.

**Interest Revenue**

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset, which allocates interest over the relevant period.

**Service Revenue**

Revenue from the rendering of a service is recognised upon delivery of the service.

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*NAGAMBIE HEALTHCARE INC.  
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FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018*

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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(q) Comparative Information**

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

**(r) Income Tax**

Nagambie Healthcare Incorporated is an exempt body for taxation purposes under the Income Tax Assessment Act. Accordingly there is no income tax payable.

**(s) Critical Accounting Estimates and Judgments**

The members of the committee evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

**Key Estimates**

*Impairment*

Nagambie Healthcare Inc. assesses impairment at each reporting date by evaluation of conditions and events specific to the association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

**Key judgments**

*Employee benefits*

For the purpose of measurement, AASB 119: Employee Benefits (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. The association expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, which will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

# 2017/2018 FINANCIAL REPORT

**NAGAMBIE HEALTHCARE INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018**

**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(i) AASs issued that are not yet effective**

Certain new Australian Accounting Standards and Interpretations have been published that are not mandatory for 30 June 2018 reporting period.

As at 30 June 2018, the following standards and interpretations had been issued by the AASB but were not yet effective. They become effective for the first financial statements for reporting periods commencing after the stated operative dates as detailed in the table below. Nagambie Healthcare Inc. has not and does not intend to adopt these standards early.

Topic	Key Requirements	Effective date	Impact on financial statements
AASB 9 Financial Instruments	The key changes introduced by AASB 9 include simplified requirements for the classification and measurement of financial assets, a new hedge accounting model and a revised impairment loss model to recognise expected impairment losses earlier, as opposed to the current approach that recognises impairment only when incurred.	01-Jan-18	The assessment has identified the amendments are likely to result in earlier recognition of impairment losses and at more regular intervals. The initial application of AASB 9 is not expected to significantly impact the financial position however there will be a change to the way financial instruments are classified and new disclosure requirements.
AASB 2014-1 <i>Amendments to Australian Accounting Standards [Part E Financial Instruments]</i>	Amends various AASs to reflect the AASB's decision to defer the mandatory application date of AASB 9 to annual reporting periods beginning on or after 1 January 2018, and to amend reduced disclosure requirements.	01-Jan-18	This amending standard will defer the application period of AASB 9 to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2014-7 <i>Amendments to Australian Accounting Standards arising from AASB 9</i>	Amends various AASs to incorporate the consequential amendments arising from the issuance of AASB 9.	01-Jan-18	The assessment has indicated there will be no significant impact for the public sector.
AASB 15 Revenue from Contracts with Customers	The core principle of AASB 15 requires an entity to recognise revenue when the entity satisfies a performance obligation by transferring a promised good or service to a customer. Note that amending standard AASB 2015-8 <i>Amendments to Australian Accounting Standards - Effective Date of AASB 15</i> has deferred the effective date of AASB 15 to annual reporting periods beginning on or after 1 January 2018, instead of 1 January 2017.	01-Jan-18	The changes in revenue recognition requirements in AASB 15 may result in changes to the timing and amount of revenue recorded in the financial statements. The standard will also require additional disclosures on service revenue and contract modifications.
AASB 2014-5 <i>Amendments to Australian Accounting Standards arising from AASB 15</i>	Amends the measurement of trade receivables and the recognition of dividends as follows: - Trade receivables that do not have a significant financing component, are to be measured at their transaction price at initial recognition. - Dividends are recognised in the profit and loss only when: * the entity's right to receive payment of the dividend is established; * it is probable the economic benefits associated with the dividend will flow to the entity; and * the amount can be measured reliably.	01/01/2018 except amendments to AASB 9 (Dec 2009) and AASB 9 (Dec 2010) apply from 1 Jan 2018	The assessment has indicated there will be no significant impact for the public sector.

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**NAGAMBIE HEALTHCARE INC.**  
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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(t) AASs issued that are not yet effective (Continued)**

Topic	Key Requirements	Effective date	Impact on financial statements
AASB 2015-8 <i>Amendments to Australian Accounting Standards - Effective Date of AASB 15</i>	This Standard defers the mandatory effective date of AASB 15 from 1 January 2017 to 1 January 2108	01-Jan-18	The amending standard will defer the application period of AASB 15 for for-profit entities to the 2018-19 reporting period in accordance with the transition requirements.
AASB 2016-3 <i>Amendments to Australian Accounting Standards - Clarifications to AASB 15</i>	This Standard amends AASB 15 to clarify the requirements on identifying performance obligations, principal versus agent considerations and the timing of recognising revenue from granting a licence. The amendments require: - A promise to transfer to a customer a good or service that is 'distinct' to be recognised as a separate performance obligation; - For items purchased online, the entity is a principal if it obtains control of the good or service prior to transferring to the customer; and - For licences identified as being distinct from other goods or services in a contract, entities need to determine whether the licence transfers to the customer over time (right to use) or at a point in time (right to access).	01-Jan-18	The assessment has indicated there will be no significant impact for the public sector, other than the impact identified for AASB 15 above.
AASB 2016-7 <i>Amendments to Australian Accounting Standards - Deferral of AASB 15 for Not-for-Profit-Entities</i>	This Standard defers the mandatory effective date of AASB 15 for not-for-profit-entities from 1 January 2018 to 1 January 2109.	01-Jan-19	The amending standard will defer the application period of AASB 15 for not-for-profit entities to the 2019-20 reporting period.
AASB 2016-8 <i>Amendments to Australian Accounting Standards - Australian Implementation Guidance for Not-for-Profit-Entities</i>	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit-entities into AASB 9 and AASB 15. This Standard amends AASB 9 and AASB 15 to include requirements to assist not-for-profit entities in applying the respective standards to particular transactions and events.	01-Jan-19	This standard clarifies the application of AASB 15 and AASB 9 in a not-for-profit context. The areas within these standards that are amended for not-for-profit application include: AASB 9 - Statutory receivables are recognised and measured similarly to financial assets. AASB 15 - The "customer" does not need to be the recipient of goods and/or services; - The "contract" could include an arrangement entered into under the direction of another party; - Contracts are enforceable if they are enforceable by legal or "equivalent means"; - Contracts do not have to have commercial substance, only economic substance; and - Performance obligations need to be "sufficiently specific" to be able to apply AASB 15 to these transactions.



# 2017/2018 FINANCIAL REPORT

**NAGAMBIE HEALTHCARE INC.**  
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**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**  
**(t) AASBs issued that are not yet effective (Continued)**

Topic	Key Requirements	Effective date	Impact on financial statements
AASB 16 <i>Leases</i>	The key changes introduced by AASB 16 include the recognition of operating leases (which are currently not recognised) on balance sheet.	01-Jan-19	The assessment has indicated that most operating leases, with the exception of short term and low value leases will come on to the balance sheet and will be recognised as right of use assets with a corresponding lease liability. In the operating statement, the operating lease expense will be replaced by depreciation expense of the asset and an interest charge.  There will be no change for lessors as the classification of operating and finance leases remains unchanged.
AASB 1058 <i>Income of Not-for-Profit-Entities</i>	AASB 1058 standard will replace the majority of income recognition in relation to government grants and other types of contributions requirements relating to public sector not-for-profit entities, previously in AASB 1004 <i>Contributions</i> . The restructure of administrative arrangement will remain under AASB 1004 and will be restricted to government entities and contributions by owners in a public sector context.  AASB 1058 establishes principles for transactions that are not within the scope of AASB 15, where the consideration to acquire an asset is significantly less than fair value to enable not-for-profit entities to further their objective.	01-Jan-19	The current revenue recognition for grants is to recognise revenue up front upon receipt of the funds.  This may change under AASB 1058, as capital grants for the construction of assets will need to be deferred. Income will be recognised over time, upon completion and satisfaction of performance obligations for assets being constructed, or income will be recognised at a point in time for acquisition of assets.  The revenue recognition for operating grants will need to be analysed to establish whether the requirements under other applicable standards need to be considered for recognition of liabilities (which will have the effect of deferring the income associated with these grants). Only after that analysis would it be possible to conclude whether there are any changes to operating grants.  The impact on current revenue recognition of the changes is the phasing and timing of revenue recorded in the profit and loss statement.

The following accounting pronouncements are also issued but not effective for the 2017-18 reporting period. At this stage, the preliminary assessment suggests they may have insignificant impacts on public sector reporting.

- AASB 2016-5 Amendments to Australian Accounting Standards – Classification and Measurement of Share-based Payment Transactions
- AASB 2016-6 Amendments to Australian Accounting Standards – Applying AASB 9 Financial Instruments with AASB 4 Insurance Contracts
- AASB 2017-1 Amendments to Australian Accounting Standards – Transfers of Investment Property, Annual Improvements 2014-2016 Cycle and Other Amendments
- AASB 2017-3 Amendments to Australian Accounting Standards – Clarifications to AASB 4
- AASB 2017-4 Amendments to Australian Accounting Standards – Uncertainty over Income Tax Treatments
- AASB 2017-5 Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections
- AASB 2017-6 Amendments to Australian Accounting Standards – Prepayment Features with Negative Compensation
- AASB 2017-7 Amendments to Australian Accounting Standards – Long-term Interests in Associates and Joint Ventures
- AASB 2018-1 Amendments to Australian Accounting Standards – Annual Improvements 2015 – 2017 Cycle
- AASB 2018-2 Amendments to Australian Accounting Standards – Plan Amendments, Curtailment or Settlement

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
NOTES TO THE FINANCIAL STATEMENTS  
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	<i>Note</i>	<b>2018</b>	<b>2017</b>
		<b>\$</b>	<b>\$</b>
<b>2. REVENUE</b>			
<i>Revenue from Operating Activities</i>			
Patient Fees		375,760	300,736
Residential Fees		1,176,867	1,193,465
Government Subsidies		2,498,790	2,366,484
Meals		18,169	25,191
Interest		195,290	171,083
Retentions		8,913	17,266
Rent		44,159	60,552
Other Income		278,743	259,422
<i>Subtotal Revenue from Operating Activities</i>		4,596,691	4,394,199
<i>Revenue from Non-Operating Activities</i>			
Federal and Community Funding		121,805	285,701
Donations Received		273,583	71,995
<i>Subtotal Revenue from Non-Operating Activities</i>		395,388	357,696
<b>Total Revenue</b>		<b>4,992,079</b>	<b>4,751,895</b>
<b>3. EMPLOYEE BENEFITS EXPENSES</b>			
Salaries & Wages		3,200,824	2,843,283
Staff Training		12,742	5,568
Superannuation		277,017	260,207
Workcover		33,555	84,415
		<b>3,524,138</b>	<b>3,193,473</b>
<b>4. DEPRECIATION</b>			
Buildings		186,940	174,086
Independent Living Units		10,809	10,809
Property Improvements		15,468	15,393
Plant and Equipment		74,961	77,031
Motor Vehicles		26,246	24,329
Furniture & Fixtures		24,960	23,418
		<b>339,384</b>	<b>325,066</b>
<b>5. OPERATIONAL EXPENSES</b>			
Administration		316,913	319,546
Food		169,316	169,667
Insurance		29,014	34,668
Medical		86,670	87,186
Repairs and Maintenance		168,815	154,611
Utilities		93,358	87,487
Bad & Doubtful Debts		-	(7,213)
Other		38,155	39,487
		<b>902,241</b>	<b>885,439</b>

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*NAGAMBIE HEALTHCARE INC.  
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	<i>Note</i>	<i>2018</i> \$	<i>2017</i> \$
<b>6. CASH &amp; CASH EQUIVALENTS</b>			
Cash at bank and on hand		1,768,140	1,113,727
		<u>1,768,140</u>	<u>1,113,727</u>
Reconciliation of cash			
Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:			
Cash on Hand		1,396	566
Cash & Cash Equivalents		<u>1,766,744</u>	<u>1,113,161</u>
		<u>1,768,140</u>	<u>1,113,727</u>
<b>7. RECEIVABLES</b>			
Trade Receivables		124,342	134,823
Other Receivables		34,276	42,060
Less Provision for Doubtful Debts			
- Trade Receivables		<u>-</u>	<u>-</u>
		<u>158,618</u>	<u>176,883</u>
<b>Movement in Allowance for Doubtful Debts</b>			
Balance at beginning of year		-	38,272
Amounts written off during the year		-	(31,059)
Increase/(Decrease) in allowance recognised in net result		-	(7,213)
<b>Balance at end of year</b>		<u>-</u>	<u>-</u>
<b>8. INVESTMENTS AND OTHER FINANCIAL ASSETS</b>			
<b>Loans and Receivables</b>			
Term Deposits			
Aust. Dollar Term Deposits		<u>6,900,000</u>	<u>6,900,000</u>
		<u>6,900,000</u>	<u>6,900,000</u>

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.  
NOTES TO THE FINANCIAL STATEMENTS  
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	<i>Note</i>	<b>2018</b>	<b>2017</b>
		<b>\$</b>	<b>\$</b>
<b>9. PROPERTY, PLANT AND EQUIPMENT</b>			
<b>(a) Gross carrying amount and accumulated depreciation</b>			
Land at Fair Value		3,375,000	3,375,000
		<u>3,375,000</u>	<u>3,375,000</u>
Buildings at Fair Value		7,837,184	7,456,116
less Accumulated Depreciation		(748,056)	(550,308)
		<u>7,089,128</u>	<u>6,905,808</u>
Property Improvements at Cost		173,059	171,821
less Accumulated Depreciation		(51,570)	(36,102)
		<u>121,489</u>	<u>135,719</u>
Plant & Equipment at Cost		1,089,981	1,069,812
less Accumulated Depreciation		(746,039)	(671,040)
		<u>343,942</u>	<u>398,772</u>
Motor Vehicles at Cost		116,650	116,650
less Accumulated Depreciation		(70,153)	(43,906)
		<u>46,497</u>	<u>72,744</u>
Furniture and Fixtures at Cost		313,240	292,866
less Accumulated Depreciation		(182,474)	(157,550)
		<u>130,766</u>	<u>135,316</u>
Work In Progress		-	86,434
Total Property, Plant & Equipment		<u><b>11,106,822</b></u>	<u><b>11,109,793</b></u>

*The net result for the year ended 30 June 2018, prior to comprehensive items amounted to*



# 2017/2018 FINANCIAL REPORT

**NAGAMBIE HEALTHCARE INC.**  
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**9. PROPERTY, PLANT AND EQUIPMENT (Continued)**  
**(b) Movements in Carrying Amounts**

Movement in the carrying amounts for each class of Property, Plant and Equipment between the beginning and the end of the current financial year.

Year Ended 30 June 2017	<i>Land</i>	<i>Buildings</i>	<i>Independent Living Units</i>	<i>Property Improvements</i>	<i>Plant &amp; Equipment</i>	<i>Furniture &amp; Fixtures</i>	<i>Motor Vehicles</i>	<i>Works in Progress</i>	<i>Total</i>
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at beginning of year	3,375,000	6,113,985	625,602	148,554	443,561	142,275	85,722	125,990	11,060,689
Additions	-	351,116	-	2,558	32,242	16,458	11,352	(39,556)	374,170
Disposals	-	-	-	-	-	-	-	-	-
Depreciation Expense	-	(174,086)	(10,809)	(15,393)	(77,031)	(23,418)	(24,329)	-	(325,066)
Carrying amount at the end of year	3,375,000	6,291,015	614,793	135,719	398,772	135,315	72,745	86,434	11,109,793

Year Ended 30 June 2018	<i>Land</i>	<i>Buildings</i>	<i>Independent Living Units</i>	<i>Property Improvements</i>	<i>Plant &amp; Equipment</i>	<i>Furniture &amp; Fixtures</i>	<i>Motor Vehicles</i>	<i>Works in Progress</i>	<i>Total</i>
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at beginning of year	3,375,000	6,291,015	614,793	135,719	398,772	135,315	72,745	86,434	11,109,793
Additions	-	381,066	-	1,238	20,131	20,412	-	(86,434)	336,413
Disposals	-	-	-	-	-	-	-	-	-
Depreciation Expense	-	(186,940)	(10,809)	(15,468)	(74,961)	(24,960)	(26,246)	-	(339,384)
Carrying amount at the end of year	3,375,000	6,485,141	603,984	121,489	343,942	130,767	46,499	-	11,106,822

**Land and Buildings carried at valuation**

An independent valuation of land and buildings was performed by David McKenzie certified practising valuer AAPI, CPV of Opteon (Goulburn North East Vic) Pty Ltd. The valuation which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments and was adopted by the Committee effective 30 June 2014.

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**NAGAMBIE HEALTHCARE INC.**  
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**9. PROPERTY, PLANT AND EQUIPMENT (Continued)**

(c) Fair value measurement hierarchy for assets as at 30 June 2018	Carrying amount as at 30 June 2018	Fair value measurement at end of reporting		
		Level 1 (i)	Level 2 (i)	Level 3 (i)
<b>Land at fair value</b>				
Specialised land	3,375,000	-	-	3,375,000
Total of land at fair value	3,375,000	-	-	3,375,000
<b>Buildings at fair value</b>				
Specialised buildings	6,485,141	-	-	6,485,141
Independent Living Units	603,984	-	-	603,984
Property Improvements	121,489	-	-	121,489
Total of building at fair value	7,210,614	-	-	7,210,614
<b>Plant and equipment at fair value</b>				
Plant and Equipment at fair value				
- Furniture & Fixtures	130,767	-	-	130,767
- Motor Vehicles	46,499	-	46,499	-
- Plant and equipment	343,942	-	-	343,942
Total of plant, equipment and vehicles at fair value	521,208	-	46,499	474,709

(i) Classified in accordance with the fair value hierarchy, see Note 1

There have been no transfers between levels during the period.

Fair value measurement hierarchy for assets as at 30 June 2017	Carrying amount as at 30 June 2017	Fair value measurement at end of reporting		
		Level 1 (i)	Level 2 (i)	Level 3 (i)
<b>Land at fair value</b>				
Specialised land	3,375,000	-	-	3,375,000
Total of land at fair value	3,375,000	-	-	3,375,000
<b>Buildings at fair value</b>				
Specialised buildings	6,291,015	-	-	6,291,015
Independent Living Units	614,793	-	-	614,793
Property Improvements	135,719	-	-	135,719
Total of building at fair value	7,041,527	-	-	7,041,527
<b>Plant and equipment at fair value</b>				
Plant and Equipment at fair value				
- Furniture & Fixtures	135,315	-	-	135,315
- Motor Vehicles	72,745	-	72,745	0
- Plant and equipment	398,772	-	-	398,772
Total of plant, equipment and vehicles at fair value	606,832	-	72,745	534,087

(i) Classified in accordance with the fair value hierarchy, see Note 1

There have been no transfers between levels during the period.

**Specialised land and specialised buildings**

The market approach is also used for specialised land and specialised buildings although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the assets being valued. Specialised assets contain significant, unobservable adjustments; therefore these assets are classified as Level 3 under the market based direct comparison approach.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement, and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land would be classified as Level 3 assets.

For Nagambie Healthcare Inc., the depreciated replacement cost method is used for the majority of specialised buildings, adjusting for the associated depreciation. As depreciation adjustments are considered as significant and unobservable inputs in nature, specialised buildings are classified as Level 3 for fair value measurements.

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**9. PROPERTY, PLANT AND EQUIPMENT (Continued)**

**Plant and equipment**

Plant and equipment is held at carrying value (depreciated cost). When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, the depreciated replacement cost is used to estimate the fair value. Unless there is market evidence that current replacement costs are significantly different from the original acquisition cost, it is considered unlikely that depreciated replacement cost will be materially different from the existing carrying value.

There were no changes in valuation techniques throughout the period to 30 June 2018.

For all assets measured at fair value, the current use is considered the highest and best use.

**(d) Reconciliation of Level 3 fair value as at 30 June 2018**

	2018		
	Land	Buildings	Plant and equipment
<b>Opening Balance</b>	3,375,000	7,041,527	534,087
<b>Purchases (sales) &amp; Reclassifications</b>	-	1,238	40,543
<b>Transfers in (out) of Level 3</b>	-	-	-
Gains or losses recognised in net result			
- Depreciation	-	(213,217)	(99,921)
- Impairment loss	-	-	-
<b>Closing Balance</b>	<b>3,375,000</b>	<b>6,829,548</b>	<b>474,709</b>

There have been no transfers between levels during the period.

**Reconciliation of Level 3 fair value as at 30 June 2017**

	2017		
	Land	Buildings	Plant and equipment
<b>Opening Balance</b>	3,375,000	6,888,141	585,836
<b>Purchases (sales) &amp; Reclassifications</b>	-	2,558	48,700
<b>Transfers in (out) of Level 3</b>	-	-	-
Gains or losses recognised in net result			
- Depreciation	-	(200,288)	(100,449)
- Impairment loss	-	-	-
<b>Subtotal</b>	<b>3,375,000</b>	<b>6,690,411</b>	<b>534,087</b>
Items recognised in other comprehensive income			
- Revaluation	-	-	-
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Closing Balance</b>	<b>3,375,000</b>	<b>6,690,411</b>	<b>534,087</b>

There have been no transfers between levels during the period.

# 2017/2018 FINANCIAL REPORT

## NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018

	<i>Note</i>	<i>2018</i>	<i>2017</i>
<b>10. PAYABLES</b>		\$	\$
Trade Payables		64,965	47,435
PAYG Payable		28,432	29,952
GST Payable		(12,518)	8,301
Other Payables		29,879	-
		<b>110,758</b>	<b>85,688</b>
<b>11. OTHER LIABILITIES</b>			
<b>CURRENT</b>			
Independent Living Unit Loans		706,674	737,334
Residential accommodation bonds		5,998,689	5,787,412
Other Deposits Held		1,500	2,000
Prepaid Income		18,116	-
		<b>6,724,979</b>	<b>6,526,746</b>
Residential accommodation bonds are represented by the following assets:			
Term Deposits		5,998,689	5,787,412
		<b>5,998,689</b>	<b>5,787,412</b>
<b>12. PROVISIONS</b>			
<b>Current</b>			
Employee Benefits	12a	594,642	412,285
<b>Non Current</b>			
Employee Benefits	12a	122,642	117,821
		<b>717,284</b>	<b>530,106</b>
<b>12a. EMPLOYEE BENEFITS</b>			
<b>Current</b>			
Annual Leave - at nominal value		202,092	195,385
Long Service Leave - at present value		25,000	25,000
Long Service Leave - at nominal value		138,545	86,777
Accrued Salaries & Wages		229,005	105,123
		594,642	412,285
<b>Non Current</b>			
Long Service Leave - at present value		122,642	117,821
		<b>717,284</b>	<b>530,106</b>

### Provision for Long-term Employee Benefits

A provision has been recognised for non-current employee benefits relating to long service leave for employees. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits has been included in Note 1.



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	<i>Note</i>	<i>2018 \$</i>	<i>2017 \$</i>
<b>13. RESERVES</b>			
Retention Reserves (refer note 13a)		103,685	103,685
Asset Revaluation Reserve	13b	4,878,356	4,878,356
		<b>4,982,041</b>	<b>4,982,041</b>
<b>13a. RETENTION RESERVES</b>			
Movement during the year:			
Opening Balance		103,685	103,685
Transfer from accommodation bonds		8,913	17,266
Transfer to profit and loss statement		(8,913)	(17,266)
		<b>103,685</b>	<b>103,685</b>
<i>Accommodation bond retentions are required to be set aside and expended in meeting capital works costs, retiring of debt, or in improving the quality and range of aged care. This reserve represents the amount set aside but not expended for these purposes</i>			
<b>13b. ASSET REVALUATION RESERVE</b>			
Opening Balance		4,878,356	4,878,356
Revaluation Movements			
- Land		-	-
- Buildings		-	-
		4,878,356	4,878,356
Represented by:			
- Land		3,110,000	3,110,000
- Buildings		1,768,356	1,768,356
		<b>4,878,356</b>	<b>4,878,356</b>
<i>Asset revaluation reserve represents the accumulation of movements in Land &amp; Buildings after recognising their current fair value as assessed by a registered valuer.</i>			
<b>13c. RETAINED EARNINGS</b>			
Movement during the year:			
Opening Balance		7,215,147	6,874,930
Net Gain/(Loss)		221,416	340,217
		<b>7,436,563</b>	<b>7,215,147</b>
<b>14. AUDIT FEES</b>			
Auditing of Financial Statements		4,900	7,700
		<b>4,900</b>	<b>7,700</b>

**15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS**

The Board of Management was not aware of any contingent assets as at 30 June 2018.

The Board of Management was not aware of any contingent liabilities as at 30 June 2018.

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*NAGAMBIE HEALTHCARE INC.  
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	2018 \$	2017 \$
<b>16. COMMITMENTS FOR EXPENDITURE</b>		
<b>Lease Commitments</b>		
Commitments in relation to leases contracted for at the reporting date:		
Operating Leases	7,503	11,596
<b>Total Lease Commitments</b>	<b>7,503</b>	<b>11,596</b>
<b>Operating Leases</b>		
Operating lease exists for a photocopier		
<i>Non-Cancellable</i>		
Not later than one year	4,092	4,092
Later than 1 and not later than 5 years	3,411	7,504
<b>TOTAL</b>	<b>7,503</b>	<b>11,596</b>
<b>Total commitments for expenditure (inclusive of GST)</b>	<b>7,503</b>	<b>11,596</b>
Less GST recoverable from the Australian Taxation Office	682	1,054
<b>Total commitments for expenditure (exclusive of GST)</b>	<b>6,821</b>	<b>10,542</b>

**17. EVENTS AFTER THE BALANCE SHEET DATE**

There have been no major events after 30 June 2018 that affect the figures reported in the financial statements.

**18. RELATED PARTY TRANSACTIONS**

**a. Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the association, directly or indirectly, including its committee members, is considered key management personnel.

	2018 \$	2017 \$
Key management personnel compensation		
- Short term benefits	159,820	159,820
- Post employment benefits	15,180	15,180
	<b>175,000</b>	<b>175,000</b>

**b. Other Related Parties**

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel, individually or collectively with their close family members.

There were no transactions with other related parties for the reporting period.

There were no transactions with related parties during the year.

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	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
<b>19. CASH FLOW INFORMATION</b>		
	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
<b>Reconciliation of Cash Flow from Operations with Profit from Operations</b>		
Profit from Operations	221,416	340,217
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit		
- Depreciation	339,384	325,066
- Allowance for Doubtful Debts	-	(38,272)
- Retention on Accommodation Bonds	(8,913)	(17,266)
Changes in assets and liabilities		
- (Increase)/Decrease in Trade & Other Receivables	42,960	1,280
- (Increase)/Decrease in Inventories	1,681	(1,641)
- (Increase)/Decrease in Prepayments	(401)	(1,205)
- Increase/(Decrease) in Trade & Other Payables	18,491	(43,843)
- Increase/(Decrease) in Provisions	187,178	15,524
	<b>801,796</b>	<b>579,860</b>

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## **20. FINANCIAL RISK MANAGEMENT**

### **(a) Financial Risk Management Policies**

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, short term investments, accounts receivable and payable.

The Association does not have any derivative instruments at 30 June 2018.

### **Treasury Risk Management**

A finance committee consisting of senior committee members meet on a regular basis to analyse financial risk exposure and to evaluate treasury management strategies in the context of the most recent economic conditions and forecasts.

### **Financial Risk Exposure and Management**

The main risks the Association is exposed to throughout its financial instruments are interest rate risk, liquidity risk and credit risk.

### **Interest Rate Risk**

The Association does not have any debt financing and therefore is not exposed to fluctuations in interest rates.

### **Foreign Currency Risk**

The Association is not exposed to fluctuations in foreign currencies.

### **Liquidity Risk**

The Association manages liquidity risk by monitoring forecast cash flows and ensuring that adequate unutilised borrowing facilities are maintained.

### **Credit Risk**

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements. The Association does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the association.

There are no material amounts of collateral held as security at 30 June 2018.

Credit risk is managed by the Association and reviewed regularly by the finance committee. It arises from exposures to customers as well as through deposits with financial institutions.

The Association monitors the credit risk by actively assessing the rating quality and liquidity of counterparties:

- Only banks and financial institutions with a minimum 'BBB' rating are utilised.
- Only accredited fund managers linked to minimum 'BBB' rated financial institutions are used.
- The credit standing of counterparties is reviewed monthly for liquidity and credit risk.

The trade receivables balances at 30 June 2018 and 30 June 2017 do not include any counterparties with external credit ratings. Customers are assessed for credit worthiness using the criteria detailed above.

### **Price Risk**

The Association is not exposed to any material commodity price risks.

### **Sensitivity Disclosure Analysis**

Taking into account past performance, future expectations, economic forecasts, and management's knowledge and experience of the financial markets, Nagambie Healthcare Inc. believes the following movements are 'reasonably possible' over the next 12 months (base rates are sourced from the Reserve Bank of Australia).

- A shift of 100 basis points up and down in market interest rates (AUD) from year-end rates of 2.64%; and
- A parallel shift of +1% and -1% in inflation rate from year-end rates of 1.23%.

The following table discloses the impact on net operating result and equity for each category of financial instrument held by Nagambie Healthcare Inc. at year end as presented to key management personnel, if changes in the relevant risk occur.



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**NAGAMBIE HEALTHCARE INC.**  
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## 20. FINANCIAL RISK MANAGEMENT (Continued)

### (b) Credit Risk

Nagambie Healthcare Inc.'s exposure to credit risk and effective weighted average interest rate by ageing periods is set out in the following table. For interest rates applicable to each class of asset refer to individual notes to the financial statements.

#### Interest rate exposure and ageing analysis of financial assets as at 30/6/2018

	Weighted Average Effective Interest Rates %	Total Carrying Amount \$	Fixed Interest Rate \$	Variable Interest Rate \$	Non Interest Bearing \$	Not Past due and not impaired \$	Less than 1 Month \$	1 - 3 Months \$	3 Months - 1 Year \$	Impaired Financial Assets \$
<b>2018</b>										
<b>Financial Assets</b>										
Cash and Cash Equivalents	0.60%	1,768,140	-	1,766,744	1,396	1,768,140	-	-	-	-
Short-Term Deposits	2.41%	6,900,000	6,900,000	-	-	6,900,000	-	-	-	-
Trade & Other Receivables (i)	0.00%	158,618	-	-	158,618	-	61,357	42,181	20,804	-
<b>Total Financial Assets</b>		<b>8,826,758</b>	<b>6,900,000</b>	<b>1,766,744</b>	<b>160,014</b>	<b>8,668,140</b>	<b>61,357</b>	<b>42,181</b>	<b>20,804</b>	<b>-</b>
<b>2017</b>										
<b>Financial Assets</b>										
Cash and Cash Equivalents	0.60%	1,113,727	-	1,113,161	566	1,113,727	-	-	-	-
Short-Term Deposits	2.37%	6,900,000	6,900,000	-	-	6,900,000	-	-	-	-
Trade & Other Receivables (i)	0.00%	176,883	-	-	176,883	-	61,634	44,513	31,454	-
<b>Total Financial Assets</b>		<b>8,190,610</b>	<b>6,900,000</b>	<b>1,113,161</b>	<b>177,449</b>	<b>8,013,727</b>	<b>61,634</b>	<b>44,513</b>	<b>31,454</b>	<b>-</b>

(i) The carrying amount excludes types of statutory financial assets (i.e. GST input tax credit)

### (c) Liquidity Risk

The following table discloses the contractual maturity analysis for Nagambie Healthcare Inc.'s financial liabilities.

#### Interest rate exposure and maturity analysis of financial liabilities as at 30/6/2018

	Total Carrying Amount \$	Interest Rate Exposure			Weighted Average Effective Interest Rates %	Contractual Cash Flows \$	Maturity Dates			
		Fixed Interest Rate \$	Variable Interest Rate \$	Non Interest Bearing \$			Less than 1 Month \$	1 - 3 Months \$	3 Months - 1 Year \$	Perpetual \$
<b>2018</b>										
<b>Payables (i)</b>										
Trade creditors and accruals	123,276	-	-	123,276	0.00%	123,276	123,276	-	-	-
Independent Living Unit Bonds	706,674	-	-	706,674	0.00%	706,674	-	-	-	706,674
Resident Accommodation Bonds	5,998,689	-	-	5,998,689	0.00%	5,998,689	-	-	-	5,998,689
<b>Total Financial Liabilities</b>	<b>6,828,639</b>	<b>-</b>	<b>-</b>	<b>6,828,639</b>		<b>6,828,639</b>	<b>123,276</b>	<b>-</b>	<b>-</b>	<b>6,705,363</b>
<b>2017</b>										
<b>Payables (i)</b>										
Trade creditors and accruals	77,387	-	-	77,387	0.00%	77,387	77,387	-	-	-
Independent Living Unit Bonds	737,334	-	-	737,334	0.00%	737,334	-	-	-	737,334
Resident Accommodation Bonds	5,787,412	-	-	5,787,412	0.00%	5,787,412	-	-	-	5,787,412
<b>Total Financial Liabilities</b>	<b>6,602,133</b>	<b>-</b>	<b>-</b>	<b>6,602,133</b>		<b>6,602,133</b>	<b>77,387</b>	<b>-</b>	<b>-</b>	<b>6,524,746</b>

(i) The carrying amount excludes types of statutory financial liabilities (i.e. GST payable)

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**NAGAMBIE HEALTHCARE INC.**  
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**20. FINANCIAL RISK MANAGEMENT (Continued)**

**(d) Market Risk**

**Sensitivity Analysis**

	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1% Profit	Equity	+1% Profit	Equity	-1% Profit	Equity	+1% Profit	Equity
2018	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial Assets</b>									
Cash and Cash Equivalents	1,768,140	(17,681)	(17,681)	17,681	17,681	-	-	-	-
Short Term Deposits	6,900,000	(69,000)	(69,000)	69,000	69,000	-	-	-	-
Loans and Receivables	158,618	-	-	-	-	-	-	-	-
<b>Financial Liabilities</b>									
Trade Creditors and Accruals	123,276	-	-	-	-	-	-	-	-
Other Liabilities (i)	6,705,363	-	-	-	-	-	-	-	-

	Carrying Amount	Interest Rate Risk				Other Price Risk			
		-1% Profit	Equity	+1% Profit	Equity	-1% Profit	Equity	+1% Profit	Equity
2017	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial Assets</b>									
Cash and Cash Equivalents	1,113,727	(11,137)	(11,137)	11,137	11,137	-	-	-	-
Short Term Deposits	6,900,000	(69,000)	(69,000)	69,000	69,000	-	-	-	-
Loans and Receivables	176,883	-	-	-	-	-	-	-	-
<b>Financial Liabilities</b>									
Trade Creditors and Accruals	77,387	-	-	-	-	-	-	-	-
Other Liabilities (i)	6,524,746	-	-	-	-	-	-	-	-

(i) The carrying amount excludes types of statutory financial assets and liabilities (i.e. GST input tax credit and GST payable)

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**NAGAMBIE HEALTHCARE INC.**  
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## **20. FINANCIAL RISK MANAGEMENT (Continued)**

### **(e) Net Fair Values**

The net fair values of listed investments have been valued at the quoted market bid price at balance date adjusted for transaction costs expected to be incurred. For other assets and other liabilities the net fair value approximates their carrying value.

No financial assets and liabilities are readily traded on markets in standardised form other than listed investments.

Financial assets where the carrying amount exceeds net fair values have not been written down as the entity intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to the financial statements.

### **Aggregate net fair values and carrying amounts of financial assets and financial liabilities at balance date**

	Carrying Amount 2018 \$	Net Fair Value 2018 \$	Carrying Amount 2017 \$	Net Fair Value 2017 \$
<b>Financial Assets</b>				
Cash on Hand	1,396	1,396	566	566
Cash at Bank	1,766,744	1,766,744	1,113,161	1,113,161
Term Deposits	6,900,000	6,900,000	6,900,000	6,900,000
Trade & Other Receivables	158,618	158,618	176,883	176,883
<b>Total Financial Assets</b>	<b>8,826,758</b>	<b>8,826,758</b>	<b>8,190,610</b>	<b>8,190,610</b>
<b>Financial Liabilities</b>				
Trade & Other Payables	110,758	110,758	85,265	85,265
Resident Accommodation Bonds	5,998,689	5,998,689	5,787,412	5,787,412
ILU Loans	706,674	706,674	737,334	737,334
<b>Total Financial Liabilities</b>	<b>6,816,121</b>	<b>6,816,121</b>	<b>6,610,011</b>	<b>6,610,011</b>

# 2017/2018 FINANCIAL REPORT

**NAGAMBIE HEALTHCARE INC.**  
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## 21. SEGMENT REPORTING

The Nagambie Healthcare Inc. has two business segments being residential aged care & other hospital services and only operates in Nagambie, Victoria.

	Residential Aged Care		Hospital Services		Consolidated	
	2018	2017	2018	2017	2018	2017
	\$	\$	\$	\$	\$	\$
Segment revenue from outside	3,768,023	3,665,554	1,028,766	915,258	4,796,789	4,580,812
Interest Revenue	195,290	171,083	-	-	195,290	171,083
<b>Total Revenue</b>	<b>3,963,313</b>	<b>3,836,637</b>	<b>1,028,766</b>	<b>915,258</b>	<b>4,992,079</b>	<b>4,751,895</b>
Allocated Segment Expense	3,480,904	3,270,096	950,375	816,516	4,431,279	4,086,612
Depreciation and amortisation	271,508	260,053	67,877	65,013	339,384	325,066
<b>Total Expense</b>	<b>3,752,411</b>	<b>3,530,151</b>	<b>1,018,252</b>	<b>881,529</b>	<b>4,770,663</b>	<b>4,411,678</b>
Net Result from ordinary activities	210,902	105,394	10,514	33,729	221,416	340,217
<b>Net Result for year</b>	<b>210,902</b>	<b>105,394</b>	<b>10,514</b>	<b>33,729</b>	<b>221,416</b>	<b>340,217</b>
Segment Assets	10,709,878	10,719,605	9,261,747	8,620,123	19,971,625	19,339,728
<b>Total Assets</b>	<b>10,709,878</b>	<b>10,719,605</b>	<b>9,261,747</b>	<b>8,620,123</b>	<b>19,971,625</b>	<b>19,339,728</b>
Segment Liabilities	7,139,000	6,834,643	414,021	307,897	7,553,021	7,142,540
<b>Total liabilities</b>	<b>7,139,000</b>	<b>6,834,643</b>	<b>414,021</b>	<b>307,897</b>	<b>7,553,021</b>	<b>7,142,539</b>
Acquisition of property, plant & Equipment	14,279	351,116	322,134	23,054	336,413	374,170

## 22. ENTITY DETAILS

The registered office of the entity is:

Nagambie Healthcare Inc.  
22 Church Street, Nagambie, Victoria, 3608

The principal places of business is:

Nagambie Healthcare Inc.  
22 Church Street, Nagambie, Victoria, 3608

# 2017/2018 FINANCIAL REPORT

*NAGAMBIE HEALTHCARE INC.*

## *BOARD OF MANAGEMENT STATEMENT*

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In the opinion of the Board of Management the financial report as set out on the preceding pages:

1. Presents a true and fair view of the financial position of Nagambie Healthcare Inc. as at 30 June 2018 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.
2. At the date of this statement, there are reasonable grounds to believe that Nagambie Healthcare Inc. will be able to pay its debts as and when they fall due.

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:

  
.....  
**BOARD MEMBER**  
.....  
**BOARD MEMBER**

Dated this 9<sup>th</sup> day of October 2018.





