ANNUAL REPORT 2024-25

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LIMITED

trading as

Gidgee Healing

Delivering health services for our people

Gidgee Healing acknowledges the traditional custodians of this land and throughout Australia, and their connections to land, sea, and community.

We pay our respect to Elders past, present and emerging and acknowledge their spiritual connection to Country.

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GIDGEE HEALING IS CONTRIBUTING TO BETTER HEALTH FOR ABORGINAL AND TORRES STRAIT ISLANDER PEOPLE AND COMMUNITIES

Doing it our way – for our people, for our future

Work with, walk with people and communities on health and wellness journeys

The Gidgee tree is of great importance in relation to how we operate – it is resilient, medicinal, providing protection and wellbeing for its communities

OUR HISTORY

In 1998, the need to provide tailored health care services for Aboriginal and Torres Strait Islander peoples led to the formation of the Yapatjarra Aboriginal & Torres Strait Islander Corporation for Health Services, supported by Injilinji as the sponsoring body.

Yapatjarra's mission was clear; to provide culturally appropriate, holistic primary healthcare services that addressed the specific needs of Aboriginal and Torres Strait Islander peoples in North West Queensland.

The establishment of the Milne Medical Centre (Burke Street) in 1999, marked a significant milestone, providing a permanent facility for health clinics that had previously been held at Injilinji.

By 2006, Yapatjarra had achieved its goal of becoming a recognised healthcare provider and gained independence from Injilinji.

In 2008, the service formally became the Mount Isa Aboriginal Community Controlled Health Services Ltd and following extensive community consultation, adopted our culturally significant name Gidgee Healing, in tribute to the Gidyea or Gidgee tree. Native to Mount Isa and other arid regions of Australia, the Gidgee tree has special significance to our traditional owners who have used it extensively for generations.

Today, we remain the key healthcare provider in the region, continuing to deliver health care to all and culturally informed, holistic care for Aboriginal and Torres Strait Islander peoples across the region.

COMMUNITY FOCUSED HEALING

Gidgee Healing is and always will be an Aboriginal organisation, providing health and wellbeing services for our people, in all the First Nations we represent and service.

We are an Aboriginal Community Controlled Health Organization, and each of those words have special meaning:

- Our services include being the primary health care provider for Aboriginal people in each of our locations.
- We partner with local communities to deliver health outcomes that are truly 'closing the gap'. Those last three are not just words to Gidgee, our peoples' health should be equal to anywhere in Australia and that is what we seek to provide.
- We are led by a full board of Elders who lead our culture and are providing high level governance for Gidgee Healing.
- We provide a range of services that look after our people's health, including GP services, wellbeing services, at home and in our facilities.
- We are a single organisation of **people,** all working toward the same goals.

SERVICE AREA

Our services are provided by 131 staff working in 11 sites across Gidgee Healing's footprint, and supported by a range of visiting GP and Nursing staff.

Over 60% of our staff are Indigenous, a remarkable statistic that many organizations would love to boast, with all our clinics being Aboriginal Health Practitioner-led.

Our non-Indigenous staff are proud to be working for an organization that has Aboriginal health and family wellbeing as our core responsibility.

Gidgee Healing is the largest ACCHO in Queensland and the fifth largest in Australia.

First Nations in Gidgee's service area

OUR FUNDING PARTNERS

To perform our role, we are funded by and partner with most of Australia's and Queensland's major health funding bodies and programs (key programs listed):

- **Commonwealth Department of Health, Disability and Ageing** (Indigenous Australians Health Program, Connected Beginnings)
- **National Indigenous Australians Agency** (Normanton Recovery Centre)
- **Queensland Health** (Making Tracks, Northwest Health and Hospital Service)
- **Queensland Department of Families, Seniors, Disability Services and Child Safety** (Family Wellbeing Services)
- **National Aboriginal Community Controlled Health organization** (Elder Care Support, Cultural Care Support)
- **Western Queensland Primary Health Network** (Nukal Murra, headspace)

Australian Government

Queensland Government

DELIVERING FOR QUEENSLAND | Queensland Government

National Indigenous Australians Agency

phn WESTERN QUEENSLAND
An Australian Government Initiative

NACCHO
National Aboriginal Community Controlled Health Organisation
www.naccho.org.au

Together with our partners, Gidgee Healing is contributing to healthy lives.

- from babies to youth
- to adults and Elders
- supporting healthy communities and country.

PRIMARY HEALTH CARE

Leanne Bellamy ("Andy")

Practice Manager Burke Street Primary Health Care Clinic and Senior Aboriginal Health Practitioner

As a Jingili descendant residing and working in Mount Isa on the lands of the Kalkadoon peoples, I am part of a family with a strong tradition in Aboriginal and Torres Strait Islander health.

Born and raised in Mount Isa, my extended family spans Northwest Queensland and the Northern Territory. I am a mother of three and a grandmother of three.

Many members of my family, including myself, have built careers as Aboriginal Health Practitioners, Nurses, and Midwives.

My experience encompasses Aboriginal and Torres Strait Islander Health, Aged Care, Mental Health, and the NDIS.

I am dedicated to supporting and promoting improved health outcomes in Aboriginal and Torres Strait Islander communities.

In particular, I am committed to mentoring newly qualified practitioners and health workers, sharing knowledge and expertise to encourage ongoing professional development, extending my skills and experience just as I have benefitted from the guidance of others throughout my career.

I believe that for Gidgee Healing, it is important that our people are met at the clinics by qualified Aboriginal Health Workers or Practitioners, so that our people feel culturally safe while they receive high quality health care.

I love the fact that I am just one of the many professional Aboriginal people providing health care in our communities.

WHAT DOES PRIMARY HEALTH CARE MEAN?

Primary health care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention to treatment and management of acute and chronic conditions.

Primary health care is the 'gateway' service to the broader health system but is also the key service in the prevention and management of health conditions. As such, Primary health Care is 'comprehensive', in that it addresses a broad range of conditions from preventative health to chronic disease management.

The organisations listed below are Gidgee Healing's key funding partners in providing Primary Health Care. Each partner provides funding to ensure high-quality, professional health care is delivered by culturally appropriate organisations, of which Gidgee Healing is proud to be one.

WHY IS THIS IMPORTANT TO HEALTH EQUITY?

Our funding is provided under various initiatives and programs which are designed to help with Closing the Gap in health equity outcomes between Indigenous and non-Indigenous Australians.

For Gidgee Healing, this is our core objective, to improve the health and wellbeing for all of our people, leading to healthier communities.

OUR PARTNERS AND PROGRAMS

In the Primary Health Care space, we thank our partners for their ongoing support through the following programs:

Indigenous Australians Health Programme, Connected Beginnings (Commonwealth Department of Health and Ageing)

Making Tracks (Queensland Department of Health)

Nukal Murra Integrated Health Care (Western Queensland Primary Health Network)

We also acknowledge our ongoing liaison and work in Primary Health Care in conjunction with the Northwest Hospital and Health Service, NACCHO, CRHD, ESR – Cancer Care Connect-Vaccinations Program, Culture Care Connect and Elder Care Connect

ALLIED HEALTH

Allied Health includes a range of services supporting our primary health care practice, including podiatry, exercise physiologists, occupational therapy and optometry services.

Clients are usually referred with a GP Care Plan from our clinics and other programs, allowing Gidgee Healing to provide a holistic health and wellbeing service to our people and communities.

Gidgee Healing is fortunate to have a strong funding partner in Checkup Australia, which promotes the reduction of health inequities in communities through funding for allied health service provision, including Aural (ear health) and Optometry (eye health) services.

Our team has provided consistency in Allied Health services throughout the Lower Gulf region, where we have increasingly been able to offer the same specialist across the year in the respective communities.

NUKAL MURRA

Nukal Murra is a program that aims to improve the way chronic diseases are managed for Aboriginal and Torres Strait Islander people in Western Queensland, which includes the Lower Gulf and Mount Isa.

The program is funded by the Western Queensland Primary Health Network, who support the region through a range of programs including some run by Gidgee Healing.

The Nukal Murra program includes attention to:

- Social and Emotional Wellbeing (SEWB);
- Drugs and Alcohol recovery (AOD); and
- Integrated Team Care.

The program is aligned with our broader SEWB and AOD programs, with Integrated Team Care closely aligned with our clinical services.

Gidgee Healing provides clients with a range of services including obtaining mobility aids, footwear, spectacles, all with the aim of helping clients to better manage chronic health conditions.

FAMILY WELLBEING

Gidgee Healing's Family Wellbeing service (FWS) is a highly valued part of our community services offering. The program works to ensure the safety and wellbeing of children in their family home and community, specifically to reduce the risk of our children entering the broader justice system.

FWS is a preventative and restorative program, funded by our partner the Queensland Government's Department of Families, Seniors, Disability Services and Child Safety.

The service is provided in Mount Isa, Normanton and Doomadgee, linking closely with our primary health care, allied health and youth mental health programs.

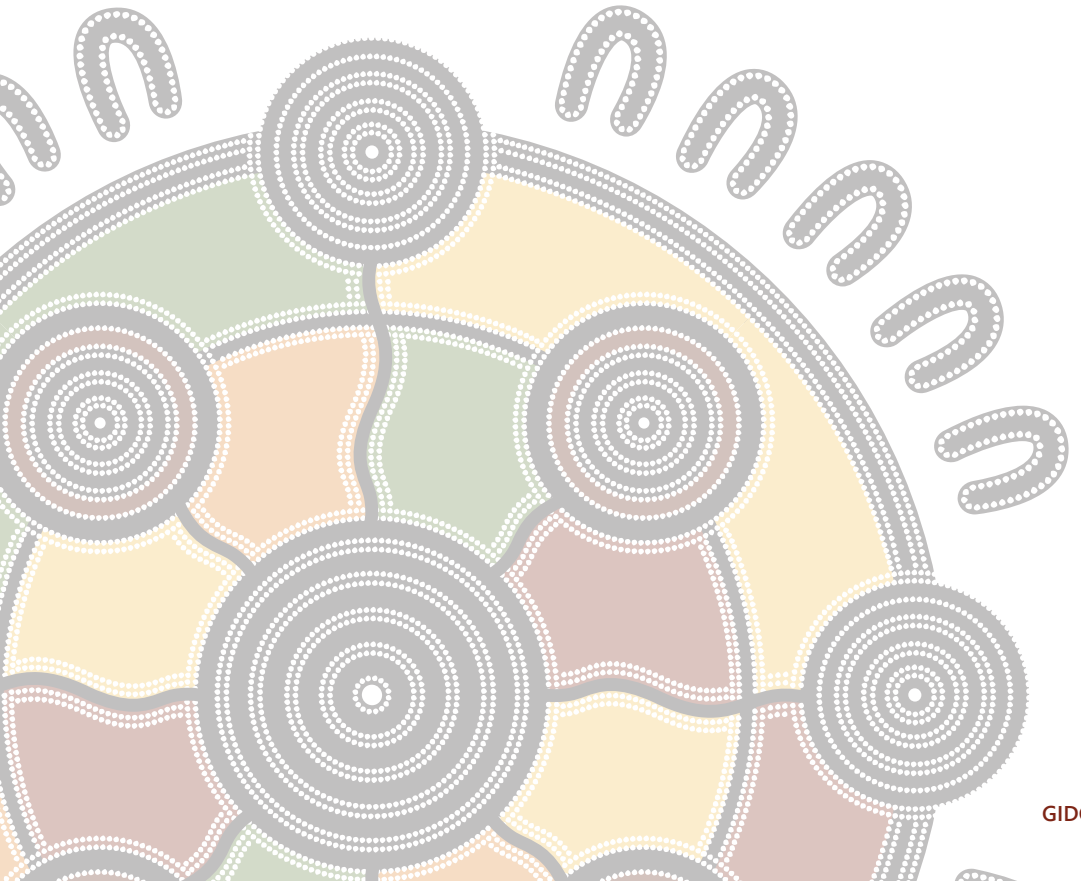
Family Wellbeing reflects Gidgee's core values of health individuals, families and community. Accordingly, the program has a critical role in honouring our peoples' tradition and culture while allowing Gidgee to promote the social determinants of our community health and wellbeing.

SOCIAL AND EMOTIONAL WELLBEING

Social and Emotional Wellbeing (SEWB) is a term that is often misused. Gidgee Healing believes the term should be applied as we have always intended: to provide a service that honours the strengths and resilience of Aboriginal culture that has sustained our communities through intergenerational trauma and historic experiences.

The program seeks to operate with Aboriginal ways of knowing, being and doing working to lead our broader health program. The SEWB program stems from the belief that mental health is a critical part of our peoples' overall wellbeing and needs to be balanced with primary health care to ensure healing when needed.

Gidgee Healing's SEWB services bring together a combination of our clinical, family wellbeing, mental health and allied health programs, and accordingly, are funded from various sources including the SEWB-specific funding from Western Queensland PHN.



RECOVERY SERVICES

The Normanton Recovery Centre offers a range of services for Aboriginal people seeking support in their transition from other correctional and community services back to their normal lives.

The service is funded by the National Indigenous Australians Agency, a longstanding partner of Gidgee.

Our services include:

- drug and alcohol clinical services;
- psychosocial recovery;
- education programs;
- vocational training support; and
- cultural connection.

In addition to supporting individuals in their recovery, we provide overall community wellbeing services.

Individuals are supported by a dedicated team of case workers, clinicians, a dedicated, nutrition-focused chef and other support staff.

We are proud of our clinical and cultural governance focus, overseeing our accommodation and program services for all clients; men, women and couples.

MENTAL HEALTH FOR YOUNG PEOPLE

Our *headspace* program is a critically important service for all Mount Isa young people, providing free mental health care and support services.

This service is funded by our partners in Western Queensland Primary Health Network and is supported with our Individual Placement and Support (IPS) program funded by the Commonwealth Department of Social Services.

Mental illness often first occurs in adolescence and early adulthood. It is estimated that about 75 per cent of mental health disorders have developed by the age of 25. Headspace provides a safe space for young people needing help with physical and/or mental health, in addition to pathways for other health services, and bespoke work and study support.

The IPS program provides a tangible link between the headspace program and local employers. Mental illness for young people has been proven to impact negatively on educational attainment and transition to the workforce. Many teenagers and young adults with a mental health condition do not complete Year 12, and are at high risk of long-term labour market disadvantage and of welfare dependency.

CORPORATE SERVICES

My Name is Georgia Sowden and I was born and raised in Mount Isa. I identify as Gudanji/Wakaya, Garawa and Kalkadoon.

After leaving high school, I began my career with Gidgee Healing and Young People Ahead through a Community Services traineeship. This traineeship gave me the opportunity to spend time across different departments and programs within Gidgee Healing.

It was truly a privilege to learn and experience firsthand the level of care that goes into delivering our programs to our people.

During this time, I also spent time with Corporate Services, where I saw the background work that supports our dedicated staff. This experience inspired the path to my current role in the Finance team at Gidgee Healing, where I work in Accounts Payable.

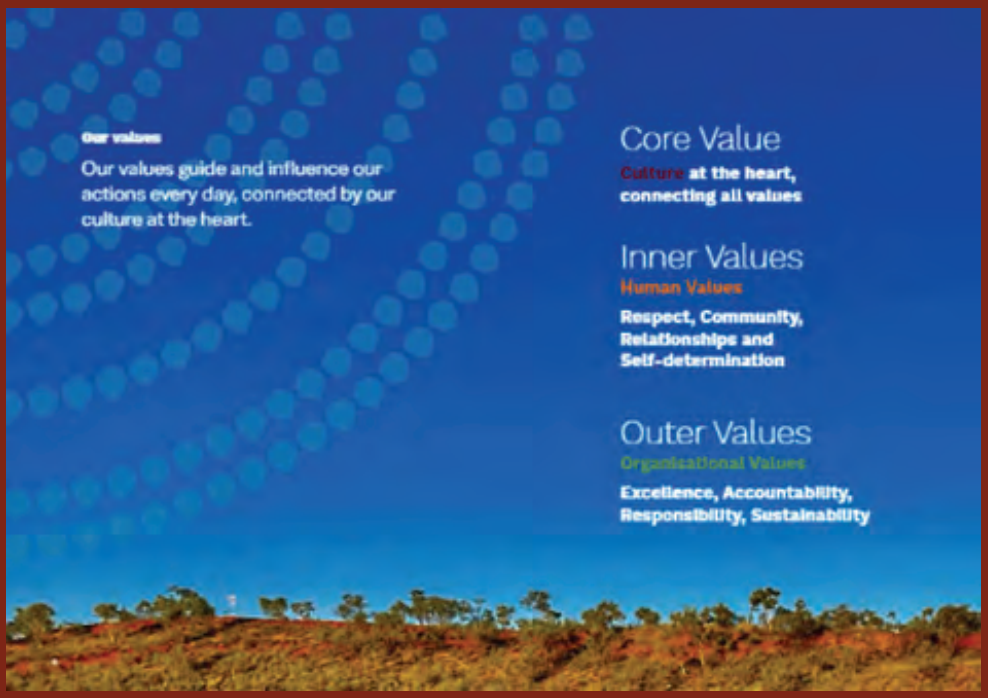
In my role, I support our front-line clinical and program staff and contribute to the smooth running of the organisation by maintaining accurate and timely financial records, nurturing healthy supplier relationships, and ensuring payments are managed efficiently.

In Corporate Services, we are the support team for everyone else, all of our work is intended to provide the necessary administrative, financial, compliance, human resources, information technology, governance and reporting services that are required to 'keep the lights on', keep the funding coming in, and attend to payroll and account payments, for example. Corporate Services also provides liaison between Gidgee Healing's clinical and program staff and our external stakeholders.

I am proud to be part of this work and knowing that my role and those of my Corporate Services colleagues are providing the support services to enable our broader Gidgee Healing team to perform their critical work.

The preceding pages are intended to provide a snapshot of some key people at Gidgee and our relationship to funding partners.

We are proud of our role in providing Aboriginal-led primary health services, and through us, placing Aboriginal people and voices at the centre of healthcare service design and delivery in north-west Queensland.



OUR VISION

Our vision is to see Aboriginal and Torres Strait Islander culture leading the improved health outcomes for our families and communities.

OUR PURPOSE

To improve the wellbeing of our Aboriginal and Torres Strait Islander people and to achieve and enjoy the highest levels of health and wellness.

Our approach (to deliver on our purpose)

- Honour traditions and cultures
- Work with our people and communities on their health and wellness journey
- Deliver holistic health services that address physical, social, emotional and cultural wellbeing
- Advocate on the social, cultural, economic and political determinants of health.

OUR VALUES

CULTURE

We acknowledge culture is a vital and unique part of the lives of Aboriginal and Torres Strait Islander people. We recognise the cultural diversity of our region and seek to incorporate the cultural values, rights and traditions into our holistic approaches to health care.

HUMAN VALUES

Self-determination:

We respect and uphold the right to self-determination and supporting communities to make decisions about their cultural, social and emotional wellbeing needs.

Respect:

We understand the importance of respecting each other's differences and the different roles we all play in health care.

Relationships:

We believe in the importance of relationships founded on trust, honesty and connection through shared values.

Community:

As a community controlled Aboriginal health service, we honour our connection to community, families and Elders, we value connection and ensure our focus always aligns with their values, priorities and perspectives.

ORGANISATIONAL VALUES

Responsibility:

We accept that taking responsibility to ensure high quality services means to act with integrity, honesty, reliability and to lead by example.

Sustainability:

We believe a culture of sustainability must balance operating efficiency and profitability while maximising access to health care, a skilled workforce and high-quality services.

Excellence:

We always strive to do the very best we can, to continuously improve our standards, processes and frameworks to deliver high quality programs, clinical and corporate governance.

Accountability:

We promote a healthy culture of accountability and transparency, not laying blame, making excuses or avoidance. We are accountable to our communities first and foremost.

BOARD OF GIDGEE HEALING

WILLIAM BLACKLEY
BOARD CHAIR

William Blackley is a proud Kalkutungu, Yulluna, Birri Gubba and Torres Strait Islander man. Originally from Palm Island, North Queensland, William has lived and worked in Mount Isa for the past 21 years. William has strong cultural and community connections to the Mount Isa region and is actively involved with reconnecting the Aboriginal community to their cultural identity.

VALERIE CRAIGIE
BOARD DEPUTY CHAIR

Valerie is a local Kalkadoon woman actively involved in the community. Valerie is the current Chairperson of the National Indigenous Radio Service (NIRS) and is still active on a number of boards and committees for several Aboriginal and Torres Strait Islander organisations. She was also part of the Aboriginal & Torres Strait Islander Women's Task Force on Violence from 1998 to 2000.

BOARD OF GIDGEE HEALING

PATTIE LEES AM
DIRECTOR

Pattie Lees AM is CEO and long term Board member of Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services which provides after school care, youth support and aged care support.

A resident of Mount Isa since 1976, Pattie is deeply embedded in the local community and has vast experience in advocating for, and on behalf of, Aboriginal and Torres Strait Islander peoples at local, state, national and international levels, including as a delegate at several United Nations forums.

PATRICIA RICHARDS
DIRECTOR

Patricia is a Waluwarra woman from the Georgina River. She is deeply involved with the local Mount Isa community and works within the Department of Aboriginal and Torres Strait Islander Partnership. Patricia's community involvement is one of her greatest assets. She volunteers with various sporting organisations, working across remote communities within the North West region to build strong relationships and partnerships with government, non-government and private sectors within these communities.

BOARD OF GIDGEE HEALING

JACOB TAKURIT DIRECTOR

Jacob Takurit is a proud Torres Strait Islander from the Magaram tribe of Murray Island, and an accomplished radio presenter at MOB FM, where he has worked for more than 16 years. In his spare time he works hard in the administration of a diverse range of organisations addressing social justice issues and advocating for better outcomes for Aboriginal and Torres Strait Islanders. Jacob is also a Director of Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services and North West Indigenous Catholic Social Services. Jacob is actively and enthusiastically involved in the Mount Isa community and is a significant part of many community events where he brings his personal charisma, emcee skills, singing skills, and his music abilities to many local events.

MARGARET SENDEN DIRECTOR

Margaret Senden AKA "Tommy" was born and raised in Cloncurry. She is a valued member of the Gidgee Healing board, as an active member within the community and a passion for improving the health outcomes of Aboriginal and Torres Strait Islanders. Margaret is also a member of the Mitakoodi Aboriginal Corporation, the Cloncurry State School Indigenous Elder's Group, the Cloncurry Community Advisory Committee and is a volunteer for PCYC. Margaret formally worked as a registered nurse in Health Services for 45 years.

BOARD OF GIDGEE HEALING

IKEA SPEECHLEY
DIRECTOR

Ikea joined the Gidgee Healing Board as a Casual Director and seeks election at the 2025 AGM. Ikea is a local Aboriginal woman with a passionate ambition to lead youth advocacy for her community.

Ikea was educated at Spinifex State College in Mount Isa and has subsequently worked in community services, youth support services and the Australian Public Service.

Ikea recently attended the NACCHO Youth Wellbeing Gathering in Canberra and looks forward to providing the Gidgee Healing Board with a greater focus on mental health and wellbeing for ATSI youth

BOARD CHAIR REPORT

WILLIAM BLACKLEYS

As Chair of Gidgee Healing for the past two years, I am pleased to present this report on our work and achievements over the past year.

Our mission to provide comprehensive and culturally appropriate primary health care to the Aboriginal and Torres Strait Islander communities of North West Queensland and the Lower Gulf remains at the heart of everything we do.

It is through deep cultural engagement, active listening to our communities, and a clear vision for the future that we have continued to make strides in improving the health and well-being of our people.

Since my last report, Gidgee Healing has undergone substantial change and improvement in our operations. In late 2024, the Board became concerned about the number of and value of consultants and contractors utilised by our Organisation, and that Gidgee Healing was not receiving appropriate value for money.

The Board resolved to form the Management Committee which consists of myself, Deputy Chair Valerie Craigie and Pattie Lees. This is a significant step for any Board to take, and involves the Committee having direct engagement in Gidgee Healing's operations. We felt this was necessary to correct what the Board perceived to be a need for better governance and controls within the operations.

The financial delegations for the executives were reduced and instructions provided that all employment contracts, and other financial commitments exceeding $10,000 were to be approved by the Management Committee. These restrictions remain in place.

This step was necessary to correct the balance between services to our community and corporate governance. The Management

Committee systematically worked through all external contractors and consultants.

Finance operations including Medicare claiming were moved back in-house, to be provided by qualified employees, as were communications and human resource management, training and development.

In the second half of 2024, Dr Manjit Sekhon was recruited to fulfil the duties of Chief Medical Officer (CMO) and resides in Mount Isa. Dr Sekhon proved to be a most valuable acquisition for Gidgee Healing and went on to be appointed to the position of Chief Executive Officer in December 2024.

Dr Sekhon's visions for a highly effective primary health care service have driven the organisation forward in a way that previous CMO's had failed to manage. The workload Dr Sehon continues to carry as both CEO and CMO is complimented by her seeing patients as a General Practitioner in Mount Isa and the Lower Gulf.

Tracy Porter was engaged as Chief Operations Officer (COO), and also resides in Mount Isa, with extensive travel to the Gulf Communities. Tracy, as a Registered Nurse, provides exceptional clinical direction for our Clinics as well as overseeing Headspace, Family Wellbeing and the Normanton Recovery Centre.

The Finance team had been well led by Melanie Woodward who departed Gidgee Healing in May 2025, with Finance Management taken over by Stacey Margaret. In September 2025, we were joined by Brad Allen as Chief Strategy Officer (CSO), overseeing key areas of Finance, Compliance, and Governance. As a former Grants Administrator, Brad had good knowledge of Gidgee Healing and is vastly experienced in management, finance and governance.

Our previous outsourced financial management had led to years of not being able to obtain audited financial statements. With the improvements implemented by Melanie and Stacey, during 2025 we have obtained audited financial statements for FY23, FY24, and FY25 **years**.

In view of the above, Gidgee Healing's financial governance has been the focus of our valued funding partners. However, I am pleased to report that Gidgee Healing expects to commence 2026 with a clean slate in regard to governance, finance, acquittals and reports. This is a major achievement and confirms the value of the steps taken by the Board and Management Committee over the past twelve months.

On the ground, the reopening of Burke Street Clinic in March 2025, achieved without any additional funding, has been a significant achievement this year. The clinic provides Aboriginal people with a modern health facility based in a location of high need, taking a lot of pressure off the local hospital Emergency Department and adding to Gidgee Healing's objectives of directly improving the lives of our people.

I look forward to the next twelve months and wish members good health and wellbeing.

CHIEF EXECUTIVE REPORT

DR MANJIT SEKHON

I am immensely proud of the work we have done over the last 12 months to embed long term change in the delivery of health care for Aboriginal and Torres Strait Islander people in Mount Isa and the Lower Gulf regions. Much of the 2024-2025 period was spent consolidating the growth of previous years to build our organisational maturity and further develop the services we provide to our regional communities.

This has meant listening more to those communities and their needs, as well as looking inwards a lot, to evolve our organisational culture and consider what it means for Gidgee Healing to be an Aboriginal employer of choice.

This year has seen Gigee Healing evolve more fully as an Aboriginal Community Controlled Health Organisation (ACCHO). We are confident that we provide a model of health care that considers individuals and communities holistically.

The opportunity to serve as Chief Medical Officer (CMO) at Gidgee Healing after having provided Locum GP services previously was exciting for me. To then advance to the position of Chief Executive Officer (CEO) combined with the CMO role has afforded me the great responsibility of leading Gidgee Healing through a transformational change to ensure high quality primary health care for our people in Mount Isa and the Gulf communities.

Ensuring we have a clinical service that is capable and has capacity to provide these crucial services is what has driven me in my first year as CEO.

A restructure of our executive team has enabled the recruitment of appropriately skilled professionals in senior management positions with strong emphasis placed on

upholding high clinical, ethical, moral, and cultural standards.

During the course of this year, all Executive positions have seen a restructuing with strong commitment from operational and clinical executives to residing in Mount Isa.

We are proud to share that several members of our organisation have been recognised for their outstanding contributions to community service and inclusion. At the 10th Annual Mithangkaya Nguli YPA Indigenous Corporation Community Services Ball (May 2025), the following nominations were received by Gidgee Healing and its people:

Headspace – for the Inclusive Support Care Award

Aunty Pattie Lees and Aunty Valerie Craigie – for the Community Services Lifetime Achievement Award

Aunty Valerie Dempsey and Kara Rudken – for Community Services Leader of the Year

These nominations reflect the incredible commitment, compassion, and leadership shown by our Board members, team and partners in supporting Aboriginal and Torres Strait Islander communities.

I also congratulate **Desley Dempsey**, Social Worker & Coordinator at the Mount Isa, Boulia

& Inlands Social Emotional Family Wellbeing Centre, on receiving the Cultural Leadership Award at the QATSICPP Awards in March.

This award honours individuals who demonstrate exceptional cultural leadership and mentoring within their workplace and/or community. This award recognises those who keep the rights and needs of Aboriginal and Torres Strait Islander children, young people, and families at the forefront of their work, promoting self-determination and embodying cultural values in all aspects of their practice

We **celebrate and acknowledg**e the incredible work Headspace is doing in **collaboration with community stakeholders** to support young people in areas that significantly impact their health and wellbeing. Our Headspace team is actively engaging in initiatives such as the **Esports Project**, which promotes **safe and inclusive online gaming spaces** for young people. This is just one example of how they are contributing to important conversations and efforts that directly affect the lives of young people in our communities.

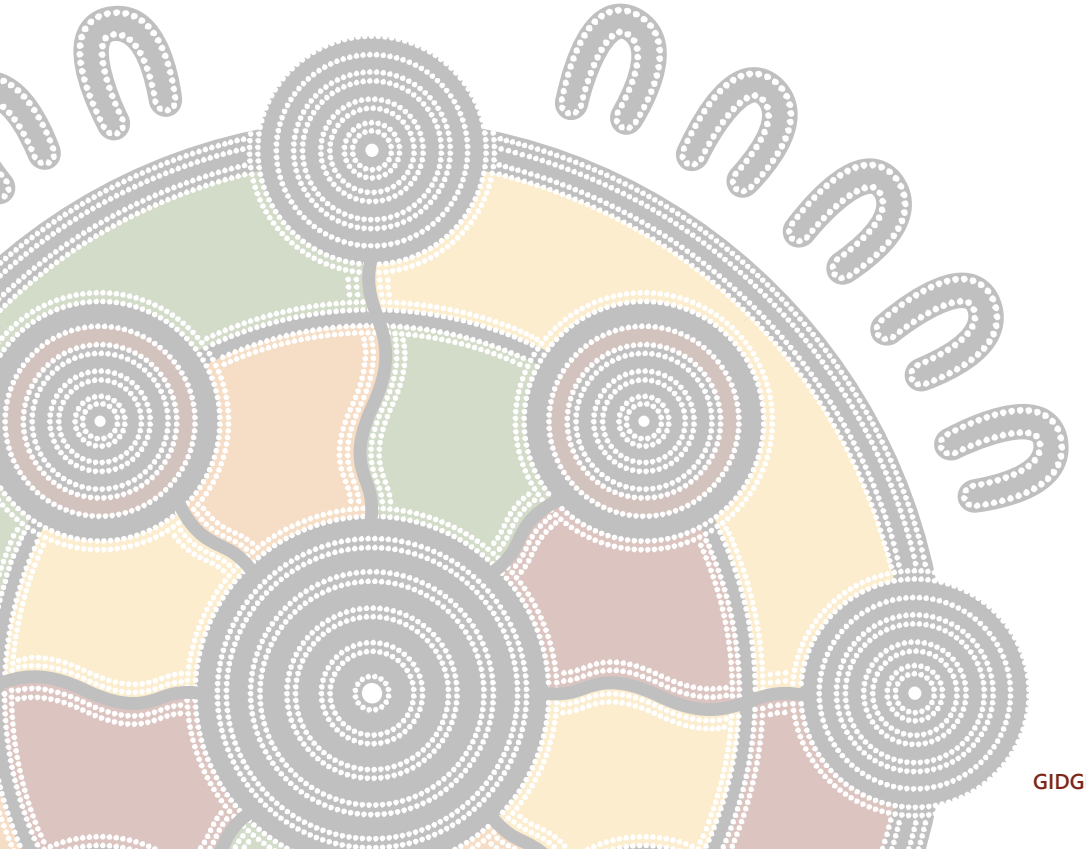
Gidgee Healing would like to extend our congratulations to Ngarnal Aboriginal Community Controlled Health Service on the official opening of their new health service building, which took place on Mornington Island on Wednesday, 28th May 2025.

This is a significant achievement and a proud moment for the Ngarnal team and the Mornington Island community. It reflects their dedication to delivering culturally safe, community-led health care and strengthening health outcomes for Aboriginal and Torres Strait Islander people.

Gidgee Healing has provided strong support for Ngarnal since its inception, leading to development of a transition plan for Ngarnal to take over primary health care on Mornington Island. Both organisations are working closely with the Commonwealth Department of Health and Queensland Health to ensure a smooth transition of services on 1 July 2026.

Gidgee Healing's role in the transition has chiefly been to ensure that clients are fully informed of what is proposed and have the opportunity to decide on their future care. We look forward to continuing our role on Mornington Island until the end of June.

Finally, I wish to thank the Management Committee and at large Board, and staff of Gidgee Healing for your support during the past 12 months. It has been a challenging and testing and I am proud of the extraordinary effort everyone has made, and for the appreciation shown by our wonderful clients.



CHIEF MEDICAL OFFICER REPORT

DR MANJIT SEKHON

As noted above, this has been a year of immense change for Gidgee Healing, including many changes to clinical practice and integrated our primary health care service into other program areas.

Our Medicare billing has improved markedly during the year, having suffered from a lack of attention and quality in the past. Medicare and related incentive revenue important to allow Gidgee Healing to function as a professional health service, providing scope for expanding our operations and funding our necessary administrative, compliance and governance activities.

In **Primary Health Care**, the year has seen vast improvements in service delivery, providing a quality of care that has been much appreciated by clients in all our PHC clinics. This has been reflected in increased patronage and further acceptance within all communities of Gidgee Healing's key role as the primary health provider in our region.

We have recently welcomed new General Practitioners on long term contracts with blended models such as F2F and telehealth services, which is helping us provide consistency of care that is becoming more and more rare in remote locations such as ours. A lot of work has been done to improve our electronic records management system Communicare. There has been lots of work done on improving our recalls and service delivery policies and we have also strengthened our risk management and responses procedures.

In the **Allied Health** space, the Social and Emotional Wellbeing (SEWB) Program and the Culture Care Connect Suicide Prevention Program have continued to deliver culturally safe, community-driven support across Mount Isa and surrounding regions. We thank our funding partners (DCSSDS, NACCHO and

WQPHN) for their continuing support of Gidgee Healing in delivering these important services.

The SEWB Program has provided individual counselling, case management, and outreach services to remote communities, ensuring access to holistic mental health and wellbeing support.

Complementing this, the Culture Care Connect Suicide Prevention Program has strengthened community awareness to the available responses to suicide and aftercare through coordinated postvention planning, workforce training, and partnerships with local stakeholders.

Our **headspace** program also continues to evolve, with increased appointments and enquiries from young people and referral pathways. As one of only four First Nations-led headspace centres across Australia, we are heavily committed to providing ATSI youth with culturally appropriate care (noting that our service is open to all young people). Nationally, headspace has supported over 11,000 ATSI youth with their mental health, showing how critical the service is to our communities. We are currently working on a major enhancement to our ATSI service, with details to be announced early in 2026.

Together, the above programs have focused on building resilience, reducing stigma, and improving service pathways for Aboriginal and Torres Strait Islander communities, ensuring timely and culturally responsive care for individuals, families, and communities impacted by mental health challenges or suicide.

Some of our key achievements this year have included:

- Expanded Outreach Services
  Delivered consistent outreach to Dajarra, Camooweal, Normanton, Doomadgee, and Mornington Island, ensuring equitable access to mental health and wellbeing services for remote communities.

- Postvention Mapping & Response Planning
  Developed and implemented a comprehensive Suicide Postvention Mapping Framework, enabling coordinated responses across health, education, and community sectors during critical incidents.

- Increased Workforce Capacity
  Recruited additional social workers and provided staff training in Aboriginal and Torres Strait Islander Mental Health First Aid, enhancing culturally responsive care.

- Community Engagement & NAIDOC Partnerships
  Collaborated with schools, councils, and local organizations to co-design youth-focused activities, including NAIDOC 2025 events, school wellbeing programs, and Men's Group revitalization in Dajarra.

- Strengthened Stakeholder Partnerships
  Established referral pathways with local police, primary health networks, and AOD services to improve response times for high-risk individuals.

CHRONIC DISEASE CARE.

Our Nukal Murra Integrated Team Care (ITC) program continues to deliver improved outcomes for Aboriginal and Torres Strait Islander people through better access to multidisciplinary care and improved access to culturally appropriate services in mainstream primary care services. The service aligns with our primary health care delivery and is a showcase for Gidgee Healing's enhanced client care.

RHEUMATIC HEART DISEASE (RHD)

Members may recall sorry business surrounding RHD over the past five years, leading to an inquiry by the Queensland Coroner and an investigation by the Queensland Health Ombudsman. Each of these led to recommendations for Gidgee and the Northwest Health and Hospital Service (NWHHS).

Having responded to the many recommendations, particularly in the past year, we were recently informed by the Health Ombudsman that Gidgee Healing had met all the recommendations. We also note our continued and ongoing cooperation with the NWHHS across these and many other areas.

CHIEF OPERATIONS OFFICER REPORT

TRACY PORTER

Since commencing with Gidgee Healing in January 2025, I have been delighted to implement a program to improve our clinical expertise in all of our clinics. The aims of the program have been to provide our clients with consistency of care and that appropriate clinical systems and processes are always maintained.

The addition of Kimi Purukamu as General Manager – Clinics, was a welcome boost to the management of our five clinic operations. Kimi joined Gidgee Healing with a wealth of experience in remote location health delivery and provides high level support to facility managers and staff, in addition to being a member of Gidgee Healing's senior leadership team.

On the Programs side of our operation, we were also joined by Belinda Stopforth as General Manager – Programs. Belinda has hit the ground running and has provided Gidgee Healing with a renewed focus on service delivery across our many (34) programs. Working closely with our Corporate Services team, Belinda has focused on ensuring Gidgee Healing is honouring and reporting on all our programs, whilst implementing fundamental changes to delivery of services that are aligned with stronger operational and clinical governance.

I would like to highlight a couple of our key programs for the benefit of members:

FAMILY WELLBEING

Our Family Wellbeing program was established in 2018 and is dedicated to preventing Aboriginal and Torres Strait Islander children entering the child protection system. It provides families with access to culturally responsive support to help with their social, emotional, physical and spiritual wellbeing, and to build the capacity for parents to safely care for and protect their children.

In conjunction with our funding partner – the Queensland Department of Families, Seniors, Disability Services and Child Safety - the service assists families to keep safe by providing holistic case management and therapeutic support. Our work integrates with Gidgee's clinical services and extends across our entire footprint. During the year, we have worked to increase awareness of these services within community and with other service providers, highlighting effective strategies for early intervention supports being available and accessible to families and communities.

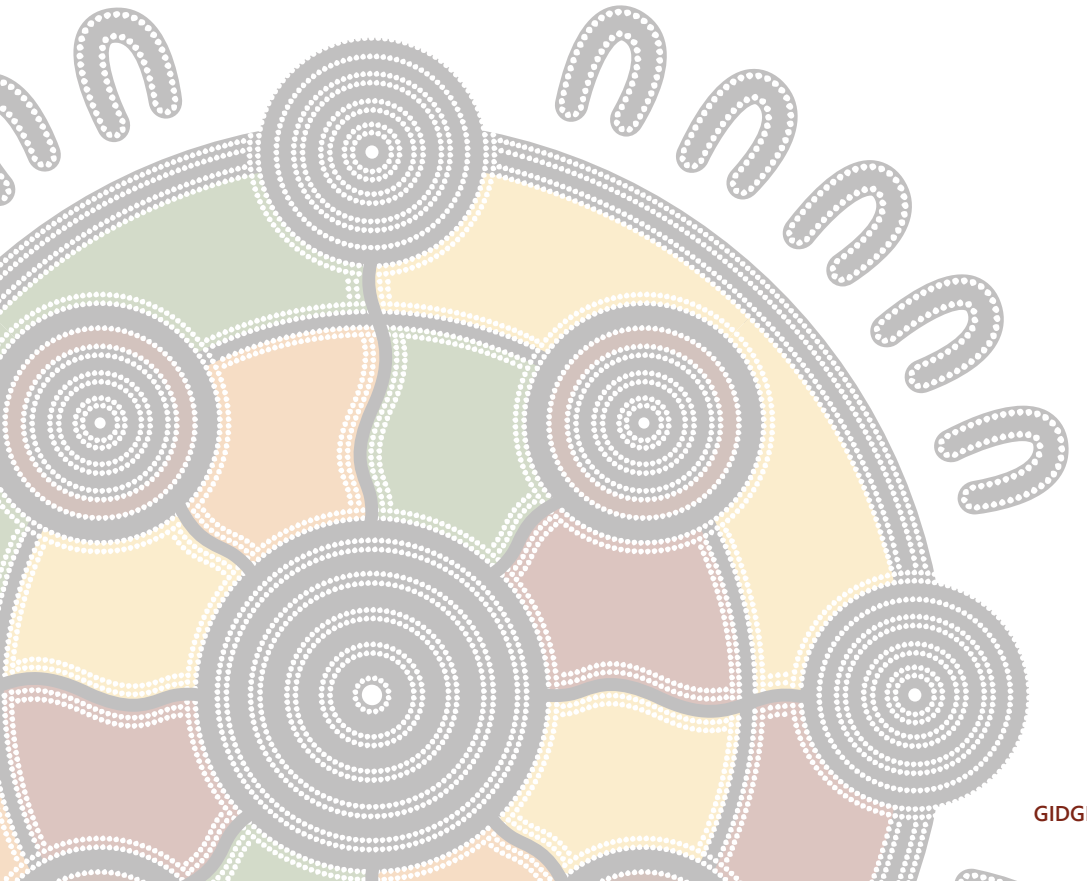
NORMANTON RECOVERY CENTRE

The NRC is a critical community service and is a cornerstone of Gidgee Healing's operations. In conjunction with our funding partner, the National Indigenous Australians Agency (NIAA), significant steps are being taken to improve this service.

The service offers non-clinical rehabilitation and recovery support offered in a residential setting, providing much-needed structure and support to residents through a 6-12 week residential program and follow-up support.

The residential program aligns to Indigenous models of social and emotional wellbeing i.e. personal, social and family wellbeing; connections to culture and community; healthy lifestyle choices and balance; education and employment.

The service links with Gidgee Healing's integrated service system through, such as Primary Health Care, Allied Health Services, Family Wellbeing and other medical, social and mental health programs.



CHIEF STRATEGIC OFFICER (CSO) REPORT

BRAD ALLEN

As the most recent executive to join Gidgee Healing (September 2025), I am very pleased to report on the work of the Corporate Services division which I lead.

But first, you may be asking - what is a Chief Strategic Officer? In our case, I am one of the three executives on Gidgee Healing's staff, responsible for corporate services functions including finance, governance, compliance, information technology and...strategy.

The role is titled CSO because the Board and CEO sought an executive who would drive their major organisational priorities. These included: continuing the improvements in financial governance that the Management Committee has demanded over the past year; supporting the CEO/COO in implementing their changes across clinics and programs; advising the Board on strategic priorities; and ensuring that Gidgee Healing's governance in relation to regulatory requirements and funding agreements is high quality and future-proofed.

The role is about ensuring the organisation is run well today and is positioned for success tomorrow.

That all sounds interesting, and it is! As a former Grants Administrator at a range of ACCHO's, aged care facilities and other organisations over the past ten years, I have seen many common areas that can be easily improved, to ensure better community control and less intervention by funding bodies. At Gidgee Healing, I saw an opportunity to assist the exciting changes being implemented by a committed Board and CEO.

The work of the Corporate Services team is sometimes overlooked, especially given the

outstanding work being performed in Gidgee Healing's clinics and programs. However, we do ensure the lights stay on, that people are paid for their tireless work, that funding partners receive accurate and timely reports, and that in a digital age, we have the people and tools to transform our operations for maximum benefit of our people and clients and that we stay safe doing that by ensuring cyber security.

On the latter, during the year we introduced some technology changes that – didn't go so well. Sadly this isn't uncommon in society with many new and wonderful software applications not leading to the streamlined and perfect world that was promised. In our case, the introduction of the 'Employment Hero' software and associated changes to employment agreements has led to difficulties for frontline staff. This has taken a great deal of time and effort from the Corporate Services team to overcome, we apologise where errors have been made and thank all staff for your patience while we recognised and fixed the problems.

We have introduced new procedures and practices in relation to recruitment and procurement, to substantially improve Gidgee Healing's financial governance and overcome some of the concerns of our funding partners. Whilst this has imposed tighter controls and more oversight on spending, members will

be assured that these changes have been implemented to ensure Gidgee Healing always receives value for money, that conflicts of interest are managed professionally and that we employ the best available people in our many roles.

From an 'external' strategy viewpoint, the most significant organisation-wide change has been the ongoing transition program assisting the 'Ngarnal' group to take over primary health care services on Mornington Island. Whilst we have rightly been proud of the services Gidgee Healing has provided in this location and continue to support our clients there, the transition is entirely within Gidgee Healing's philosophy of supporting local community control.

It is a pleasure in assisting the Gununa community to implement their own ACCHO and eventually provide services. We look forward to working with Ngarnal and our funding partners to ensure a smooth transition for clients on 1 July next year.

Notwithstanding the above, Gidgee Healing's strategy remains to provide our services in Mount Isa and the Lower Gulf communities. We will always listen to our communities in terms of their needs and desires.

Internally, a key strategy for Gidgee Healing this year and continuing into the new year is the engagement and retention of a longer-term workforce. All remote communities suffer from the blight of 'Fly In Fly Out' workforce, and Gidgee Healing's area is no different, as one of the most remote in Australia. However, the great work of our CEO and COO over the past year has led to a high level of interest from professional staff (particularly GPs and Nurses) in working direct for Gidgee Healing, rather than through high-cost agencies.

This achievement is significant and has a direct impact on our finances through reducing agency costs but also more importantly on our ability to provide a consistent face to our clients and communities. In turn, this is leading to higher levels of engagement by clients and better health and wellbeing for our communities.

Overleaf you will find our **FY25** financial report. I wish to acknowledge the work done in the past 18 months by Melanie Woodward (former Chief Finance Officer) and recently our General Manager – Finance, Stacey Margaret. To receive three years of audited financial statements in a single year is not a precedent anyone would wish to repeat, but it is an outstanding result and has taken a huge amount of work to rectify years of poor financial governance.

Stacey continues to assist our new auditors (Crowe Partners) with the FY25 audit and is laying a foundation for getting the audit process onto a 'normal' timeframe for FY26.

Thank you to the Board, Management Committee and CEO for your support and guidance through what has been a trying time for Gidgee Healing. We can honestly say Gidgee Healing may not have survived without the ongoing support, guidance and commitment from the community.

Finally, I would like to thank my Corporate Services staff members for your hard work through some very difficult times during this year, and in some cases over many years. Our work is leading to better outcomes for our wider staff cohort, clients and funding partners alike.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Financial Statements

For the Year Ended 30 June 2025

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Contents

For the Year Ended 30 June 2025

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Directors' Report

30 June 2025

The directors present their report on Mount Isa Aboriginal Community Controlled Health Services Limited for the financial year ended 30 June 2025.

Directors

The names of the directors in office at any time during, or since the end of, the year are:

Name, qualifications and special responsibilities	Experience
William Blackley Board Chair since 1 June 2023, Elected Director, Management Committee Member since 5 July 2024	Manager, NWQICSS. Managing Director Malkarri Cultural Centre Limited. Member, DSDSATSIP Local Community Advisory Council. Co-Chair, Local Community Education Board Spinifex State High School. Cultural trainer. Previous Chair, Kalkadoon Native Title Aboriginal Corporation. Previous board member, NWQICSS.
Valerie Craigie Bachelor of Arts Board Deputy Chair, GANC Chair to 6 August 2024, Management Committee Member since 5 July 2024, Elected Director	A local Kalkadoon woman actively involved in the community for over 30 years. Sits on several Boards and Committees for organisations on a Local, State and National level
James Cripps Graduate Diploma in Health - Substance Misuse; Graduate Diploma in Health Promotion – Social Emotional Wellbeing FARM Chair to 15 July 2024, Elected Director to 29 May 2025	Queensland Health, Senior Prevention Officer, Mental Health and Alcohol, Tobacco and other drugs. Twenty years of experience working in health and health related matters for Indigenous people. QAIHC Director 2020 to 2022. Converge International, Principal Consultant & First Nations Lead. Provides: Employee Assistance Program, Professional Supervision, Group Supervision, Counselling, Return to Work, Coaching & Mentoring, Product design, Proposal and customer design, Engagement and Community Support, Rapid Response onsite deployment and Trainer. Private practice: James Cripps Consultants & Mediators Provides: Employee Assistance Program, Professional Supervision, Group Supervision, Counselling, Return to Work, Coaching & Mentoring, Product design, Proposal and customer design, Engagement and Community Support, Rapid Response onsite deployment, Trainer and industrial mediation both government and non-government.
Patricia Lees AM Certificate in Finance Elected Director, Management Committee Member since 5 July 2024	CEO and long-term board member of Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services. Significant experience in advocating for Aboriginal and Torres Strait Islander peoples at local, state, national and international levels, including as a delegate at several United Nations development forums. Became a Member of the Order of Australia in 2017 for significant service to the Indigenous community of Mount Isa, and to youth, aged care, legal and health organisations.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Directors' Report

30 June 2025

Patricia Richards Diploma in Government Elected Director since 20 March 2019	Community connector for the Local Thriving Communities Reform acting as the interface between the communities and the Commonwealth and Queensland Governments to coordinate service delivery for our communities accross our geological footprint.
Margaret (Tommy) Senden Registered Nursing [General] Elected Director since 7 December 2023	Retired. Worked in Health Services for 45 years. Helped to establish the Aboriginal Health Program in Cloncurry in the late 70s. Main role of responsibility focused on Indigenous Health and Wellbeing. Chronic Disease organisations and committees.
Jacob Takurit Elected Director since 7 Dec 2023	Broadcaster and Program Director. Mount Isa Aboriginal Media Association - Mob FM. Board Member, Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services; Board Member, NWQICSS; LCED Member, Spinifex State College
Ikea Speechley Elected Director since 30 Oct 2025	A Waluwarra woman with experience in advocacy, governance, and community services. Ikea sits on the board of the Aboriginal Islander Development Women's Recreational Association and work as a Youth Support Worker with Injilinji. Ikea previously served as a Community Foundation Skill Program Coordinator at PCYC, delivering youth and community programs. She is committed to strengthening Aboriginal and Torres Strait Islander communities through culturally informed leadership and service

Names	Appointed	Resigned
William Blackley	14/04/2023	
Valerie Craigie	09/12/2021	
James Cripps	16/12/2019	29/05/2025
Patricia Lees AM	09/12/2021	
Patricia Richards	20/03/2019	
Margaret (Tommy) Senden	07/12/2023	
Jacob Takurit	07/12/2023	
Ikea Speechley	30/10/2025	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Directors' Report

30 June 2025

Directors' Meetings

During the financial year, 12 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
William Blackley	12	10
Valerie Craigie	12	12
James Cripps (ceased 29 May 2025)	11	5
Patricia Lees AM	12	11
Patricia Richards	12	10
Margaret (Tommy) Senden	12	12
Jacob Takurit	-	-
Ikea Speechley	12	8

Principal activities

The principal activity of Mount Isa Aboriginal Community Controlled Health Services Limited during the financial year was to provide high quality, sustainable and comprehensive primary health care services comprising a balance of clinical and population health programs for treatment, prevention and education.

There were no significant changes in the nature of the activities of the Company during the year.

Objectives and stategies

The Company's vision is ‘to make a significant and growing contribution towards achieving equity in health outcomes for the Aboriginal and Torres Strait Islander peoples of Mount Isa and in the lower Gulf of Carpentaria region.

The objectives and strategies of Mount Isa Aboriginal Community Controlled Health Services Limited are to:

- Provide services that are culturally safe, responsive to community needs, and integrated with other complementary service providers.
- Broaden its scope of services to support patients and clients in the areas of mental health and emotional and social wellbeing, drug and alcohol and substance misuse, aged care, family support and child safety; where these services contribute to improving health outcomes for Aboriginal and Torres Strait Islander peoples.

Members' guarantee

Mount Isa Aboriginal Community Controlled Health Services Limited is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to $ 10, subject to the provisions of the company's constitution.

At 30 June 2025 the collective liability of members was $ 2,090 (2024: $ 1,250).

Review of operations and results of those operations

Overview of the Company

These financial statements are general purpose financial statements prepared in accordance with Australian Accounting Standards - Simplified Disclosures.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Directors' Report
30 June 2025

Review of operations and results of those operations (continued)

Operating results

The profit of the Company after providing for income tax amounted to $ 1,281,224 (2024: $ 663,203). The Directors are satisfied with the performance and operations of the Company during the financial year.

Other items

Environmental issues

The Company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

The Company monitors compliance with environmental regulations. The Company is aware of any significant breaches during the period covered by their report.

Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Company during the year.

Events after the reporting date

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

Likely developments

Information about likely developments in the operations of the Company and the expected results of those operations in future financial years has not been included in this report because disclosure of the information would be likely to result in unreasonable prejudice to the Company.

Auditor's declaration

The lead auditor's independence declaration under section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012.* is set out on page 5 for the half-year ended 30 June 2025.

Signed in accordance with a resolution of the Board of Directors:

Director: .....

Dated this .....6..... day of .....February..... XXX 2026

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Auditor's Independence Declaration under Section 60-40 of the Charities and Not-for-profits Commission Act 2012 to the Directors of Mount Isa Aboriginal Community Controlled Health Services Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2025, there have been:

(i) no contraventions of the auditor independence requirements as set out in section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Crowe Audit Australia

Crowe Audit Australia

John Zabala FCA
Partner

6 February 2026
Brisbane

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
Revenue	4	**32,116,822**	38,257,783
Employee benefits expense	5	**(20,601,677)**	(22,994,625)
Other expenses	6	**(8,516,835)**	(12,763,875)
Depreciation and amortisation expense	7	**(1,863,673)**	(2,021,205)
Profit from Operations		**1,134,637**	478,078
Finance income	8	**201,608**	287,633
Finance expenses	8	**(55,021)**	(102,508)
Net Finance Income	8	**146,587**	185,125
Profit for the year		**1,281,224**	663,203
Other comprehensive income for the year		**-**	-
Total comprehensive income for the year		**1,281,224**	663,203

The accompanying notes form part of these financial statements.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Statement of Financial Position

As At 30 June 2025

	Note	2025 $	2024 $
Assets			
Current Assets			
Cash and cash equivalents	9	**7,179,719**	6,503,333
Trade and other receivables	10	**502,539**	145,466
Other financial assets		**51,838**	50,838
Prepayments		**368,178**	117,502
Accrued Income	11	**5,309,341**	2,629,831
Total Current Assets		**13,411,615**	9,446,970
Non-Current Assets			
Property, plant and equipment	12	**3,321,592**	3,343,131
Right-of-use assets	13	**743,113**	1,540,465
Total Non-Current Assets		**4,064,705**	4,883,596
Total Assets		**17,476,320**	14,330,566
Liabilities			
Current Liabilities			
Trade and other payables	14	**2,609,800**	1,996,338
Deferred revenue	15	**5,575,987**	3,122,726
Employee benefits	16	**407,968**	618,545
Lease liabilities	13	**623,730**	1,124,679
Total Current Liabilities		**9,217,485**	6,862,288
Non-Current Liabilities			
Employee benefits	16	**176,390**	357,346
Lease liabilities	13	**148,048**	457,759
Total Non-Current Liabilities		**324,438**	815,105
Total Liabilities		**9,541,923**	7,677,393
Net Assets		**7,934,397**	6,653,173
Equity			
Retained earnings		**7,934,397**	6,653,173
		7,934,397	6,653,173
Total Equity		**7,934,397**	6,653,173

The accompanying notes form part of these financial statements.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Statement of Changes in Equity
For the Year Ended 30 June 2025

2025

	Note	Retained Earnings	Total
		$	$
Opening balance 1 July 2024		**6,653,173**	**6,653,173**
Profit for the year		**1,281,224**	**1,281,224**
Transactions with owners in their capacity as owners			
Balance at 30 June 2025		**7,934,397**	**7,934,397**

2024

	Note	Retained Earnings	Total
		$	$
Balance at 1 July 2023		5,989,970	5,989,970
Profit for the year		663,203	663,203
Transactions with owners in their capacity as owners			
Balance at 30 June 2024		6,653,173	6,653,173

The accompanying notes form part of these financial statements.

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Statement of Cash Flows

For the Year Ended 30 June 2025

	Note	2025 $	2024 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**31,371,325**	39,115,327
Payments to suppliers and employees		**(28,964,438)**	(37,317,812)
Interest received		**201,608**	287,633
Interest paid		**(55,021)**	(102,508)
Net cash provided by/(used in) operating activities		**2,553,474**	1,982,640
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		**(435,339)**	(3,078,503)
Purchase of investments		**(1,000)**	(255)
Net cash provided by/(used in) investing activities		**(436,339)**	(3,078,758)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Repayment of lease liabilities		**(1,440,749)**	(1,237,143)
Net cash provided by/(used in) financing activities		**(1,440,749)**	(1,237,143)
Net increase/(decrease) in cash and cash equivalents held		**676,386**	(2,333,261)
Cash and cash equivalents at beginning of year		**6,503,333**	8,836,594
Cash and cash equivalents at end of financial year	9	**7,179,719**	6,503,333

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2025

The financial report covers Mount Isa Aboriginal Community Controlled Health Services Limited as an individual entity. Mount Isa Aboriginal Community Controlled Health Services Limited is a not-for-profit Company, registered and domiciled in Australia.

The principal activities of the Company for the year ended 30 June 2025 were to provide high quality, sustainable and comprehensive primary health care services comprising a balance of clinical and population health programs for treatment, prevention and education.

The functional and presentation currency of Mount Isa Aboriginal Community Controlled Health Services Limited is Australian dollars.

The financial report was authorised for issue by those charged with governance as of the date on the Directors' Declaration.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012.*

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Material accounting policy information relating to the preparation of these financial statements are presented below, and are consistent with prior reporting periods unless otherwise stated.

2 Material Accounting Policy Information

(a) Revenue and other income

Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of control of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services.

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Grant revenue

Where grant income arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied. If there are performance obligations attached to the agreement which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred as unexpended funds until those performance obligations are satisfied.

Grant income arising from non-enforceable contracts or those without sufficiently specific performance obligations is recognised on receipt unless it relates to capital grants which meet certain criteria.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Services

Medicare, practice incentives and checkup income is measured based on the consideration specified in an agreement with a customer. Revenue is recognised when the services are delivered and have been accepted by the customer. Invoices for services are issued on a fortnightly basis and are usually payable within 30 days.

Interest income

Interest revenue is recognised using the effective interest rate method.

2 Material Accounting Policy Information (continued)

(a) Revenue and other income (continued)

Gain on disposal of non-current assets

When a non-current asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

(b) Income tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(d) Property, plant and equipment

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

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the assets to a working condition for their intended use, the costs of dismantling and removing the items and restoring the site on which they are located.

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Company. Ongoing repairs and maintenance are expensed as incurred.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment (calculated as the difference between the net proceeds from disposal and the carrying amount of the item) is recognised in profit or loss.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Company, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	10% - 30%
Motor Vehicles	12.5% - 25%
Leasehold improvements	10% - 20%
Right-of-Use - Buildings	Per lease term
Right-of-Use - Motor Vehicles	Per lease term

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

2 Material Accounting Policy Information (continued)

(e) Leases

At inception of a contract, the Company assesses whether a lease exists.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model, depreciated over the lease term on a straight-line basis.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments, including in-substance fixed payments;
- variable lease payments that depend on an index or a rate, initially measured using the index or rate as at the commencement date;
- amounts expected to be payable under a residual value guarantee; and
- the exercise price under a purchase option that the Company is reasonably certain to exercise, lease payments in an optional renewal period if the Company is reasonably certain to exercise an extension option, and penalties for early
- termination of a lease unless the Company is reasonably certain not to terminate early.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

The Company presents "right-of-use assets" and "lease liabilities" in the statement of financial position.

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(f) Financial instruments

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following categories, those measured at:

2 Material Accounting Policy Information (continued)

(f) Financial instruments (continued)

Financial assets (continued)

- amortised cost
- fair value through profit or loss - FVTPL

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position. All other financial assets and financial liabilities are initially recognised when the Company becomes a party to the contractual provisions of the instrument.

A financial asset (unless it is a trade receivable without a significant financing component) or financial liability is initially measured at fair value plus, for an item not at fair value through profit or loss (FVTPL), transaction costs that are directly attributable to its acquisition or issue. A trade receivable without a significant financing component is initially measured at the transaction price.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade payables and lease liabilities.

(g) Impairment of non-financial assets

At the end of each reporting period the Company determines whether there is evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

The recoverable amount of an asset is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

Notes to the Financial Statements

For the Year Ended 30 June 2025

2 Material Accounting Policy Information (continued)

(h) Employee benefits

Provision is made for the Company's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(i) Provisions

Provisions are recognised when the Company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(j) Economic dependence

The financial statements have been prepared on a going concern basis, which contemplates the realisation of assets and settlement of liabilities in the ordinary course of business.

Mount Isa Aboriginal Community Controlled Health Services Limited is dependent on the Departments of both the State and Commonwealth Governments for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Departments of both the State and Commonwealth Governments will not continue to support Mount Isa Aboriginal Community Controlled Health Services Limited.

The ability of the Company to continue as a going concern is dependent on grant funders not recalling spent grant funding and the continued provision of grant funding.

The Board of Directors have performed an assessment of the Company’s ability to continue as a going concern which includes the assumption that these Departments will continue to support Mount Isa Aboriginal Community Controlled Health Services Limited through the continued provision of grant funding and not recalling spent grant funding.

(k) Adoption of new and revised accounting standards

The Company has adopted all standards which became effective for the first time at 30 June 2025, the adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

3 Critical Accounting Estimates and Judgments (continued)

Key estimates - grant income

For many of the grant agreements received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with a number of parties at the Company, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions.

Grants received by the Company have been accounted for under both AASB 15 and AASB 1058 depending on the terms and conditions and decisions made.

If this determination was changed then the revenue recognition pattern would be different from that recognised in these financial statements.

4 Revenue

The Company generates revenue primarily to provide high quality, sustainable and comprehensive primary health care services comprising a balance of clinical and population health programs for treatment, prevention and education.

In the following table, revenue from contracts with customers is disaggregated by primary geographical market, major products and service lines and timing of revenue recognition.

	2025	2024
	$	$
Revenue from contracts with customers		
- Government Grants	**27,505,126**	32,776,530
- Private Grants	**408,114**	779,347
- Medicare Income	**2,817,412**	3,107,476
- Checkup Income	**491,323**	538,774
- Practice Incentives	**368,724**	423,033
- Other Revenue	**526,123**	632,623
Total Revenue	**32,116,822**	38,257,783

5 Employee benefits expenses

	2025	2024
	$	$
Salaries and wages	**11,599,092**	11,762,958
Superannuation contributions	**1,326,149**	1,223,278
Locum expense	**7,421,693**	9,191,428
Other employment expenses	**254,743**	816,961
Total employee benefits expense	**20,601,677**	22,994,625

Notes to the Financial Statements
For the Year Ended 30 June 2025

6 Other expenses

	2025	2024
	$	$
Client support costs	**888,973**	1,303,520
Computer and IT expense	**574,698**	620,417
Contractor expenses	**254,799**	52,806
Medical services and supplies	**383,976**	331,499
Occupancy expense	**2,178,004**	2,484,830
Professional fees	**1,252,525**	3,780,866
Repairs and maintenance	**262,608**	232,551
Telephone expenses	**754,785**	1,044,738
Travel expenses	**1,452,211**	2,160,404
Other expenses	**493,608**	669,959
Loss on disposal of assets	**20,648**	82,287
Total	**8,516,835**	12,763,877

7 Depreciation expenses

	2025	2024
	$	$
Right-of-use assets	**1,427,442**	1,216,741
Property, plant and equipment	**436,231**	804,464
Total depreciation expenses	**1,863,673**	2,021,205

8 Finance Income and Expenses

Finance income

	2025	2024
	$	$
Interest income	**201,608**	287,633

Finance expenses

Interest expense	**-**	5,533
Interest expense on lease liability	**55,021**	96,975
Total finance expenses	**55,021**	102,508

Notes to the Financial Statements
For the Year Ended 30 June 2025

9 Cash and Cash Equivalents

	2025	2024
	$	$
Cash on hand	**50**	50
Bank balances	**7,179,669**	6,503,283
	7,179,719	6,503,333

10 Trade and Other Receivables

	2025	2024
	$	$
CURRENT		
Trade receivables	**484,574**	135,896
Expected credit loss provision	**(7,921)**	(32,459)
Other trade receivables	**25,886**	42,029
Total current trade and other receivables	**502,539**	145,466

11 Contract assets

	2025	2024
	$	$
CURRENT		
Accrued Income	**5,309,341**	2,629,831

Additional note disclosure required. The following is a guide:

At reporting date, accrued income comprises amounts relating to.

- grant funding of $5,309,341 has been withheld pending completion and approval of grant acquittals in accordance with the terms of the funding agreements including funds held by grant administrator.

These amounts will be recognised as income when all conditions have been satisfied and funds are released.

Notes to the Financial Statements
For the Year Ended 30 June 2025

12 Property, Plant and Equipment

PLANT AND EQUIPMENT		
Plant and equipment		
At cost	**1,852,695**	1,794,278
Accumulated depreciation	**(1,483,079)**	(1,418,985)
Total plant and equipment	**369,616**	375,293
Motor vehicles		
At cost	**787,472**	787,472
Accumulated depreciation	**(787,472)**	(709,378)
Total motor vehicles	**-**	78,094
Leasehold Improvements		
At cost	**5,451,346**	5,120,629
Accumulated depreciation	**(2,499,370)**	(2,230,885)
Total leasehold improvements	**2,951,976**	2,889,744
Total plant and equipment	**3,321,592**	3,343,131
Total property, plant and equipment	**3,321,592**	3,343,131

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:

	Plant and Equipment	Motor Vehicles	Leasehold Improvements	Total
	$	$	$	$
Year ended 30 June 2025				
Balance at the beginning of year	**375,294**	**78,094**	**2,890,110**	**3,343,498**
Additions	**94,146**	**-**	**344,054**	**438,200**
Disposals	**(15,110)**	**-**	**(8,766)**	**(23,876)**
Depreciation expense	**(84,714)**	**(78,094)**	**(273,422)**	**(436,230)**
Balance at the end of the year	**369,616**	**-**	**2,951,976**	**3,321,592**

13 Leases

Company as a lessee

The Company has leases over a range of assets including buildings and motor vehicles.

The leases typically run for a period of 2-5 years, with an option to renew the lease after that date.

13 Leases (continued)

Right-of-use assets

	Buildings	Motor Vehicles	Total
	$	$	$
Year ended 30 June 2025			
Balance at beginning of year	**1,221,583**	**318,883**	**1,540,466**
Depreciation charge	**(1,035,157)**	**(392,285)**	**(1,427,442)**
Additions to right-of-use assets	**311,724**	**-**	**311,724**
Reductions in right-of-use assets due to changes in lease liability	**94,887**	**223,478**	**318,365**
Balance at end of year	**593,037**	**150,076**	**743,113**

Lease liabilities

The maturity analysis of lease liabilities based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	> 5 years	Total undiscounted lease liabilities	Lease liabilities included in this Statement Of Financial Position
	$	$	$	$	$
2025					
Lease liabilities	**701,188**	**101,484**	**10,950**	**813,622**	**771,778**
2024					
Lease liabilities	1,175,332	484,452	-	1,659,784	1,582,438

The right-of-use asset is measured using the cost model, depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

Extension options

A number of the building leases contain extension options which allow the Company to extend the lease term by up to twice the original non-cancellable period of the lease.

The Company includes options in the leases to provide flexibility and certainty to the Company operations and reduce costs of moving premises and the extension options are at the Company's discretion.

At commencement date and each subsequent reporting date, the Company assesses where it is reasonably certain that the extension options will be exercised.

There are $1,343,637 in potential future lease payments which are not included in lease liabilities as the Company has assessed that the exercise of the option is not reasonably certain.

13 Leases (continued)

Statement of Profit or Loss and Other Comprehensive Income

The amounts recognised in the statement of profit or loss and other comprehensive income relating to interest expense on lease liabilities and short-term leases or leases of low value assets are shown below:

	2025	2024
	$	$
Interest expense on lease liabilities	**55,021**	96,975
Expenses relating to short-term leases	**177,998**	590,113
Expenses relating to leases of low-value assets	**286,892**	235,067
	519,911	922,155

14 Trade and Other Payables

	Note	2025	2024
		$	$
CURRENT			
Trade payables		**904,325**	700,773
GST payable		**774,267**	83,108
Employee benefits		**270,136**	215,694
Sundry payables and accrued expenses		**538,223**	484,895
Payroll withholding		**122,848**	511,871
		2,609,799	1,996,341

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

15 Other Financial Liabilities

	2025	2024
	$	$
CURRENT		
Government grants	**5,575,987**	3,122,726

Unexpended funds consist of unearned income relating to grants received in advance for the provision of services to be rendered by the Company. Any unspent funds at the end of a financial year may be required to be returned to the funder in future years. If the unspent funds are not required to be returned, they are transferred to the profit or loss to cover expenses as they are incurred, as costs are a measure of services provided.

Notes to the Financial Statements
For the Year Ended 30 June 2025

16 Employee Benefits

	2025	2024
	$	$
Current liabilities		
Provision for employee benefits	**378,274**	592,377
Long service leave	**29,694**	26,168
	407,968	618,545
Non-current liabilities		
Long service leave	**176,390**	357,346
	176,390	357,346

17 Financial instruments

The following table shows the carrying amounts of financial assets and financial liabilities.

	2025	2024
	$	$
Financial assets		
Held at amortised cost		
Cash and cash equivalents	**7,179,719**	6,503,333
Trade and other receivables	**502,539**	145,466
Term deposits	**51,838**	50,838
Total financial assets	**7,734,096**	6,699,637
Financial liabilities		
Financial liabilities measured at amortised cost	**2,609,799**	1,996,341
Total financial liabilities	**2,609,799**	1,996,341

18 Members' Guarantee

The Company is registered with the *Australian Charities and Not-for-profits Commission Act 2012* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of $ 10 each towards meeting any outstanding obligations of the Company. At 30 June 2025 the number of members was 209 (2024: 125). The combined total amount that members of the Company are liable to contribute if the Company is wound up is $2,090 (2024: $1,250).

19 Auditors' Remuneration

	2025	2024
	$	$
Remuneration of the auditor Crowe Audit Australia, for:		
- fees for assurance services and agreed-upon-procedures not required by legislation to be provided by the auditor	**29,980**	-
Remuneration of prior auditors KPMG for:		
- auditing or reviewing the financial statements	**75,473**	30,500
Total	**105,453**	30,500

Notes to the Financial Statements
For the Year Ended 30 June 2025

20 Key Management Personnel Disclosures

Key management personnel comprise the Board of Directors and senior executives, including the Chief Executive Officer (CEO), Chief Financial Officer (CFO), and Chief Operating Officer (COO) and Executive Managers, who are responsible for the strategic direction and operational management of the organisation.

The remuneration paid to key management personnel of the Company is $ 2,342,511 (2024: $ 1,735,085).

21 Related Parties

The Company's main related parties are as follows:

Key management personnel - refer to Note 20.

Other related parties include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

The following transactions occurred with related parties:

	Purchases $	Balance outstanding Owed by the company $
Entities which are related to or in the control of Board Members		
Mt Isa Aboriginal Media Asscn.	7,340	-
Injilinji Aboriginal & Torres	101,160	-
Malkarri Cultural Centre Limited	2,712	-
Deadly Sounds Ent	3,300	-
Entities which are related to or in the control of Key Management		
2 Fingers Cleaning & Maintenance	49,183	1,158
Shape Workforce PTY LTD	144,871	13,764

22 Contingencies

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2025 (30 June 2024:None).

The Company has received grant funding which has been utilised during the year. Based on the grant agreements, there is a possibility that the spent grant funding may be recalled. However, it is impracticable for the Directors to quantify any potential recall at year-end, as well as the likelihood of amounts being recalled.

23 Events After the End of the Reporting Period

The financial report was authorised for issue on the date of signing the Directors' Declaration.

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

Notes to the Financial Statements
For the Year Ended 30 June 2025

24 Statutory Information

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

Mount Isa Aboriginal Community Controlled Health Services Limited
28 Miles Street
MOUNT ISA QLD 4825

Mount Isa Aboriginal Community Controlled Health Services Limited

ABN: 96 130 300 355

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Responsible person William Blackley, Chairperson Gidgee Healing Responsible person .....

Dated 06/02/26

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Independent Auditor's Report

To the Members of Mount Isa Aboriginal Community Controlled Health Services Limited

Report on the Audit of the Financial Report

Qualified Opinion

We have audited the financial report (the financial report) of Mount Isa Aboriginal Community Controlled Health Services Limited (the Company), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the declaration by those charged with governance.

In our opinion, except for the effects of the matter described in the *Basis for Qualified Opinion* section of this report, the accompanying financial report of the Company is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* (the ACNC Act), including:

(a) Giving a true and fair view of the Company's financial position as at 30 June 2025 and of its financial performance for the year then ended.

(b) Complying with *Australian Accounting Standards – Simplified Disclosures* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022* (the ACNCR).

Basis for Qualified Opinion

The prior year comparative financial information was audited by KPMG, who issued a qualified opinion on those financial statements in respect of accuracy of the 1 July 2024 opening balance of the unexpended grant funds. Since the opening balance enters into the determination of the statement of profit or loss and other comprehensive income and equity movement of the Company for the year ended 30 June 2024, any adjustments that may exist on the opening balance would have a consequential effect on the statement of profit or loss and other comprehensive income and statement of changes in equity for the year ended 30 June 2024.

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 Company in accordance with the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information contained in the Company's Directors report for the year ended 30 June 2025 but does not include the financial report and our auditor's report thereon.

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

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

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

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

Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with *Australian Accounting Standards – Simplified Disclosures Framework*, the *ACNC Act* and *ACNCR* and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Company'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 intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

Crowe Audit Australia

Crowe Audit Australia

John Zabala FCA
Partner

6 February 2026
Brisbane

Gidgee Healing

gidgeehealing.com