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# ABOUT GIDGEE HEALING

## OUR GOAL, VISION AND VALUES

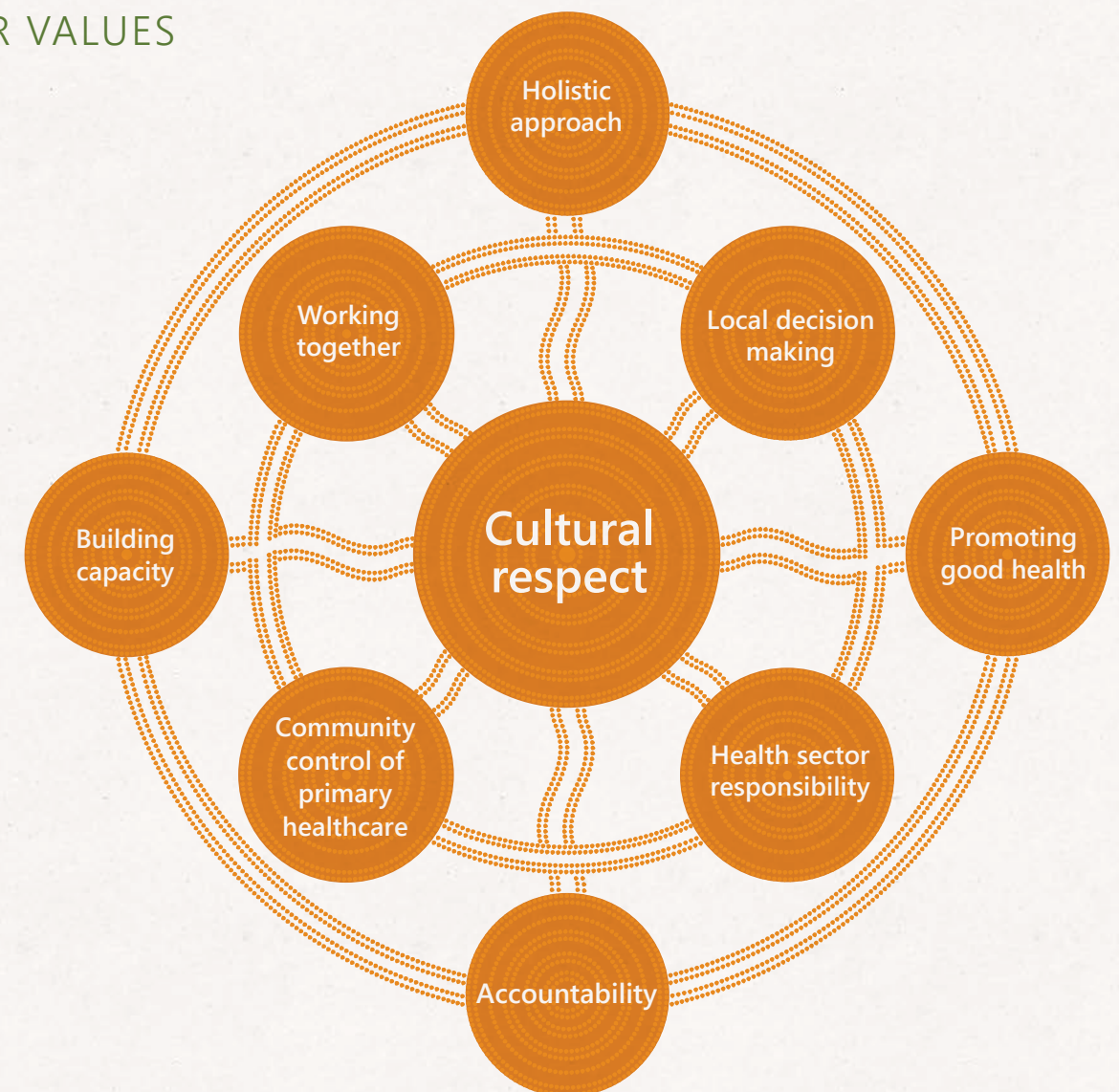
### OUR GOAL

To make a significant and growing contribution towards achieving equity in health outcomes for Aboriginal and Torres Strait Islander peoples of Mount Isa and the other communities in our geographic service area.

### OUR VISION

To provide high quality, sustainable and comprehensive primary healthcare services that are culturally safe, responsive to community needs and integrated with complementary service providers.

### OUR VALUES







## OUR ROLE IN THE COMMUNITY

Gidgee Healing is an Aboriginal community-controlled health service based in Mount Isa. We are dedicated to making a long term positive impact on the health and wellbeing of the Aboriginal and Torres Strait Islander people in the service region.

We provide a range of comprehensive primary healthcare services, including health checks; chronic disease management; maternal and child health; coordination of visiting specialist and allied health services; healthy lifestyle promotion and education; and day-to-day health services delivered by our on-site doctors and nurses.

Our clients and their communities can also connect with other healthcare organisations through established referral pathways to access services in aged care, mental health, social and emotional and wellbeing, drug and alcohol misuse, and family support. With patients' consent, we aim to ensure that all other services are delivered in a holistic, integrated way so that each patient's health is as good as it can be. Whether accessing the clinic or one of the non-clinic based services, we aim to provide culturally safe and appropriate care at all times.



## GOVERNANCE

Gidgee Healing is the trading name of Mount Isa Aboriginal Community Controlled Health Services Limited, a public company limited by guarantee. Gidgee Healing is also a registered charity.

Gidgee Healing is subject to the *Corporations Act* and the *Australian Charities and Not-for-profits Commission Act*. Both of these laws and the company constitution outline the duties, rights and responsibilities of the company, its directors, and its members. A copy of the company constitution is available on request.

Gidgee Healing members have voting rights depending upon their membership class. Membership is open to individuals and organisations.

Gidgee Healing is community controlled, which means that eligible members of the community can have a say in how the organisation is governed. Members can participate in general meetings, nominate candidates for election to the Board, and participate in Board elections.

The general control and management of Gidgee Healing is the responsibility of the Board, which delegates management responsibilities to the Chief Executive Officer.

The Board is made up of Elected Directors and Skills-Based Directors. All Directors must meet the eligibility criteria outlined in the company constitution.

Elected Directors are nominated and elected by the members and serve two-year terms. The Skills-Based Directors are appointed by the Elected Directors to meet the specific needs of the company at the time they are appointed and serve a one-year term. All Directors are eligible for re-election or re-appointment at the end of each term.



## BOARD OF DIRECTORS



Shaun Solomon,  
Chairperson



James Cripps,  
Deputy Chairperson



Ronald Page,  
Elected Director



Darren Walden,  
Elected Director



Mona Phillips,  
Independent Director



Michael Martin OAM,  
Independent Director

Ms Leann Shaw was a director as at 30 June 2014 and resigned on 17 July 2014.

For information about Board Members' qualifications and experience, please refer to the financial report.





## CHAIRPERSON'S MESSAGE



As Chairperson of Mount Isa Aboriginal Community Controlled Health Services Limited (Gidgee Healing), I'm delighted to present our annual report for the 2013–14 financial year. It's a significant milestone for us to have produced this, our first consolidated and professionally produced annual report, and it is a testimony to how far we've come in the last year.

The year to 30 June 2014 was a full and rewarding time for Gidgee Healing as we worked towards our commitment to improve health outcomes for Aboriginal and Torres Strait Islander people in our community.

For the first six months of the year, July to December 2013, the Gidgee Healing Board focussed on delivering concrete improvements to the way the service operates, with the aim of enhancing the clinic experience for patients and the community. As a result of these efforts, much has been achieved to embed long term improvements to the clinic and services offered, including:

- **A larger clinical team**
- **Medical staff recruited and appointed on a permanent basis**
- **Reduced frequency of locum visits**
- **Regular schedules for visiting specialists and allied health professionals**
- **Renewal or maintenance of clinic accreditations as required**

Interim CEO Kelly McTaggart, who was with the organisation until January 2014, was integral to the improvement process. The Board is sincerely grateful to Kelly – and the whole team under his leadership – for the successful growth and stabilisation of clinic operations. Anyone who visits the clinic now will see a busy, vibrant service.

During the second six months of the year, January to June 2014, the Board was able shift its focus to building Gidgee Healing's relationships with other organisations. These links are essential to improving our community's access to high-quality, culturally appropriate medical and allied health services.

During that period we also appointed a new, permanent Chief Executive Officer, Dallas Leon, previously of the Queensland Aboriginal and Islander Health Council (QAIHC). Since joining Gidgee Healing, Dallas has continued the terrific work of the clinic team, and made some great gains in building strong relationships with partner organisations across the region and across disciplines. These partnerships will further improve access to the services that will ensure improved health outcomes for individuals and for the community as a whole.

Throughout the year the Board and management team have focussed on continuous improvement of the organisation, refining the structure and operations – with a particular focus on good governance – to ensure that they are representative of our current stage of organisational maturity and progress.

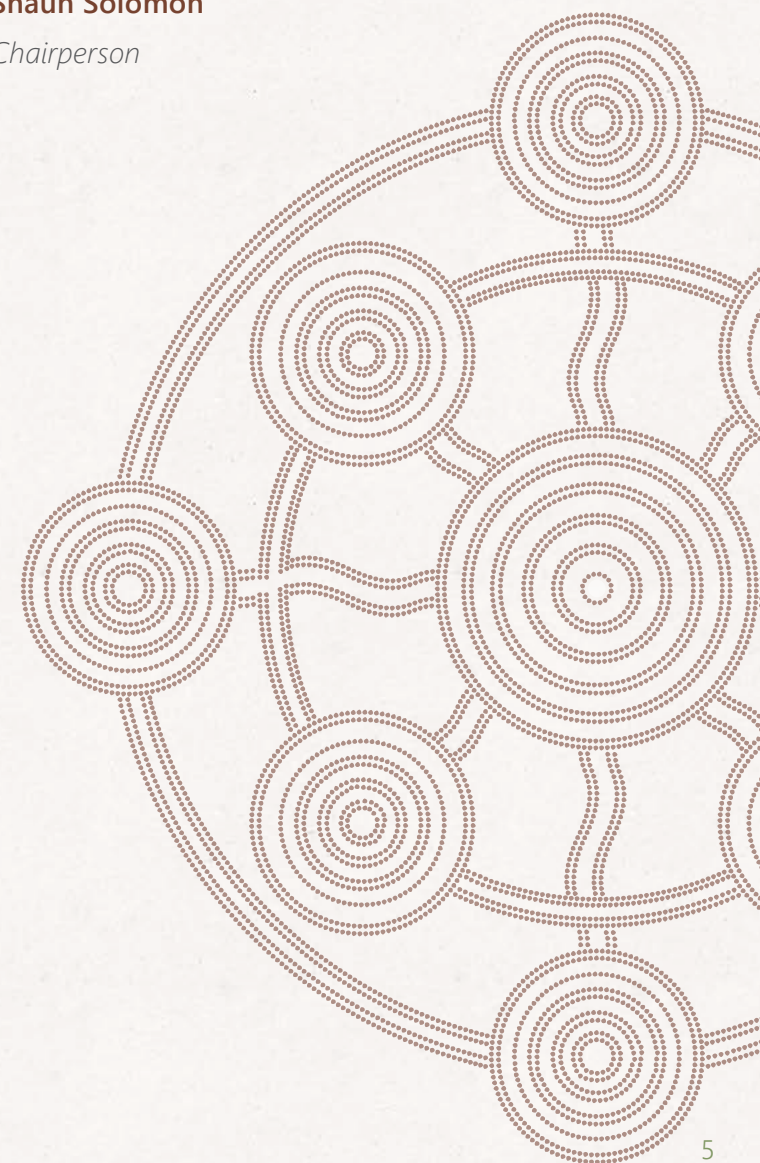
## HIGHLIGHTS FOR THE YEAR INCLUDE:

- The newly formed Audit and Risk Committee (established in June 2013) quickly found its feet, meeting at least once each quarter. The Committee reviews all financial reports in detail and monitors the external operating environment to ensure Gidgee Healing remains current with regards to developments in the legal, governance and regulatory environment. The Audit and Risk Committee has no independent decision-making authority, and is empowered to make recommendations to the Board.
- The Board took an active role in governing the organisation, ensuring that every decision undergoes appropriate review and consideration by the right people. This review process is designed to give members the confidence that decisions are made in the best interests of the company as a whole.
- QAIHC recognised our ongoing commitment to improvement in governance practice, and awarded Gidgee Healing the *QAIHC Governance Improvement Award 2013*. It was presented at the QAIHC Hall of Fame in Brisbane on 28 November 2013, and reflected the work of successive boards over the previous three years.
- At the annual general meeting held in November 2013, minor changes were made to the company's constitution to bring it in line with best practice standards.
- The management structure was modified to support the operational needs of the organisation.
- Regular community meetings and events were introduced so that all members and the broader community can meet with Board and management representatives face-to-face. This will be an ongoing program.
- Continued engagement of a professional, qualified Company Secretary to provide the Board with independent guidance on good governance.

Gidgee Healing continues to gain considerable benefit from the combination of community representation and independent expertise on the Board of Directors. As Chairperson, I extend my thanks to the Directors for their commitment to excellence and contributions to Gidgee Healing.

In closing, on behalf of the Board, I extend special thanks to the staff, management and members of Gidgee Healing. This organisation exists solely to improve health outcomes for Aboriginal and Torres Strait Islander people, which would not be possible without your commitment.

**Shaun Solomon**  
Chairperson







# CEO'S REPORT



It is with pride that I write this, my first annual summary as CEO of Gidgee Healing. It holds even greater significance as being part of the first annual report we have produced as an organisation and a sign of even greater things to come.

I started with Gidgee Healing on 6 January 2014, coming back to the area after some years away. I quickly settled back in and, along with my family, am enjoying the return to Mount Isa. I've spent much of the time since joining the organisation familiarising myself with current operations, services and programs.

Before I came on board at Gidgee Healing, Kelly McTaggart had been appointed as Interim CEO just prior to the beginning of the 2013-14 financial year. Kelly did great work to grow the clinic team so that more services could be provided to patients. He provided strong and stable leadership through this growth period and continues to provide support and advice.

From this solid change platform, Gidgee Healing has propelled itself to make some great achievements this year.

## OPERATIONS

During the year, Gidgee Healing's administrative function relocated from the Burke Street clinic to a new office in Miles Street. This has allowed us to separate our clinical and non-clinical staff, freeing up much-needed additional space for clinic operations. Our Tackling Smoking and Healthy Lifestyle Program activities are now run from the new Miles Street office.

Towards the end of the financial year, Queensland Aboriginal and Islander Health Council reviewed Gidgee Healing's IT System and Security to ensure our systems are sufficiently robust to accommodate the existing and new services and the expansion we're about to undertake. We are well placed to ensure business continuity is maintained into the future.

Our operational policies and procedures are reviewed regularly under our continuous improvement program. This review process is a key element of sound operational practices and good governance, as well as being an important part of ensuring we maintain the licences and accreditations that permit us to operate. We have maintained our AGPAL accreditation, independent evidence that we comply with the industry standards for general practices, and we are progressing towards ISO accreditation.

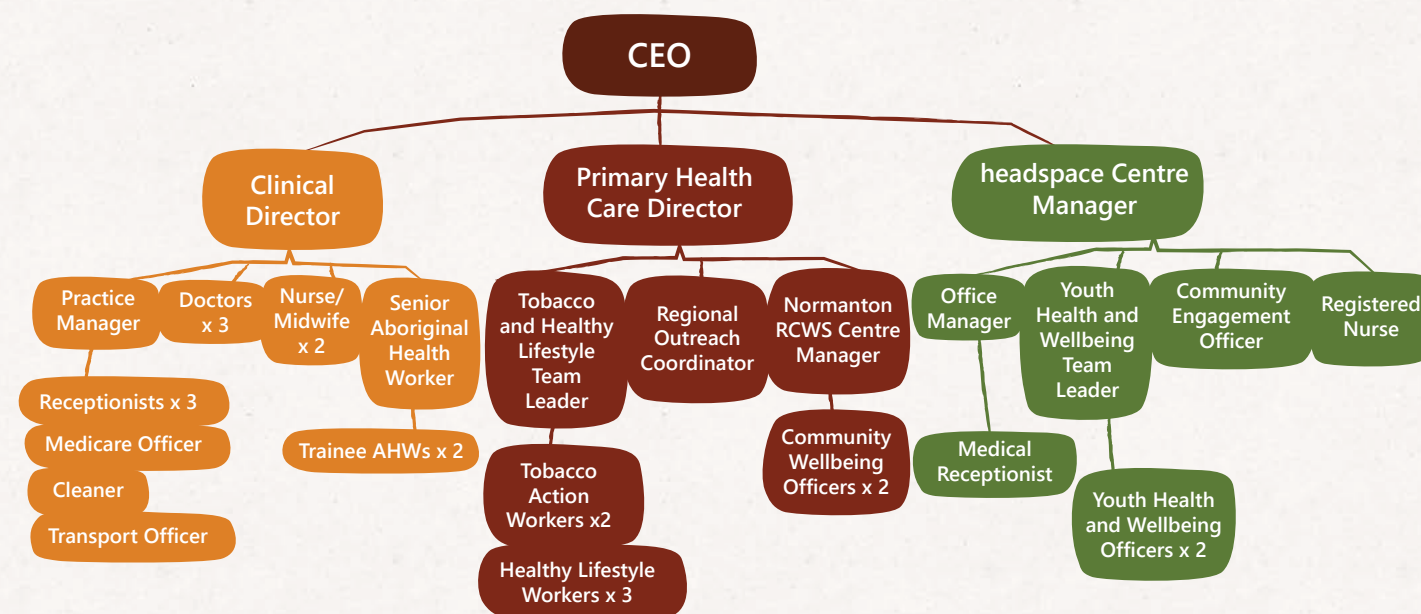


## THE ORGANISATION

A new organisational structure was implemented early in 2014 to better support existing programs and services, and to sustain the growth ahead. The revised arrangement incorporated a number of new roles, including the creation of two additional senior management positions: Clinical Director and Primary Health Care Director. The Clinical Director will be responsible for clinical activities across the organisation, including leading a team

of doctors, nurses, Aboriginal Health Workers, medical receptionists, and a practice manager. The Primary Health Care Director will lead our staff in the development and implementation of primary health care activities. We've already welcomed a number of new faces to the Gidgee Healing team this year, and we're looking forward to having a full complement of staff to support the growth of the organisation as we move forward.

## ORGANISATIONAL CHART





IMPACTS

It's great to see uptake of the services offered by the Indigenous Diabetes Eyes and Screening (IDEAS) van, for which the Gidgee Healing clinic is one of the nine state-wide hubs. Launched in February 2014, there has been strong utilisation of this service from across the community, bringing us closer to the ultimate goal of having no incidence of preventable blindness in the Aboriginal and Torres Strait Islander community. For more detail on the IDEAS project and uptake data, please refer to the Services and Programs section of this report.

Our Deadly Choices program, which was launched in parallel with the IDEAS van service, has made some fantastic achievements in a short period of time. As an integral part of our Tackling Smoking and Healthy Lifestyle program we are particularly pleased to have seen an increase in the number of health checks completed since Deadly Choices commenced. Health checks play a significant role in the early identification and prevention of chronic disease in our community. The Deadly Choices School program is also seeing positive outcomes with the number of participating schools and students steadily growing. The Services and Programs section of this report provides further information about Deadly Choices and the Tackling Smoking and Healthy Lifestyle program.

Gidgee Healing has achieved positive media coverage during the year and we continue to foster our good relationships with the *North West Star* and local radio stations which cover our activities and events. Continued involvement of the Deadly Choices ambassadors Scott Prince and Jharal Yow Yeh will continue to embed these relationships and increase general awareness and knowledge of Gidgee Healing's work. This coverage is integral to increasing our community profile.

COMMUNITY ENGAGEMENT

In the year to 30 June 2014, Gidgee Healing commenced regular community engagement meetings designed to create opportunities for members and the broader community to meet our Board members and staff, learn more about Gidgee Healing's operations, and provide input and feedback to the team. There have been two community engagement meetings to date and they will continue to be held on a regular basis.

Gidgee Healing has also hosted and participated in the following community events as part of the Tackling Smoking and Healthy Lifestyles program,:

EVENT	DATE
Deadly Choices Community Day and IDEAS Van Launch	17 February 2014
Injilnji Open Day	4 April 2014
Close the Gap Community Day	19 March 2014
Mornington Island Health Expo	27 March 2014
World No Tobacco Day	31 May 2014
Mt Isa All Blacks Softball Competition	7 & 8 June 2014

LOOKING AHEAD

During the year to 30 June 2014, Gidgee Healing began work on a number of important initiatives that will improve health outcomes for our community starting during the 2014-15 year.

We commissioned two mobile clinic vans to expand access to culturally appropriate health services right across our service area and the Lower Gulf. The vans commenced operations in July 2014, with a first visit to Normanton, and outreach services will continue and grow in the coming 12 months.

The Commonwealth Department of Health engaged Gidgee Healing as the lead agency to deliver a residential drug and alcohol rehabilitation service in Normanton. The Salvation Army will be our main partner on this initiative, and it will be a significant expansion of the services we offer and our community reach. The establishment of this new service is close to finalisation.

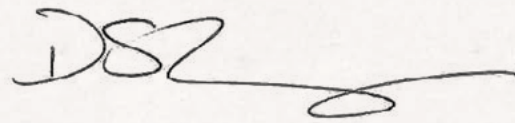
Gidgee Healing has also been appointed as the lead agency to deliver **headspace**, a youth mental health service, in Mount Isa. The service will be delivered by a consortium of partners under our leadership, and is expected to open in the latter half of 2014.

Another initiative in early stages is the work we are doing with other Aboriginal Community Controlled Health Services in the North and North West Queensland region to establish a RAICCHO (Regional Aboriginal and Islander Community Controlled Health Organisation). Once up and running, it is intended that this new body will facilitate collaboration between Aboriginal Community Controlled Health Services across the region to advocate and lobby for funding and services that meet the specific needs of the NNWQ region. Gidgee Healing will be responsible for identifying and meeting needs local to Mount Isa.

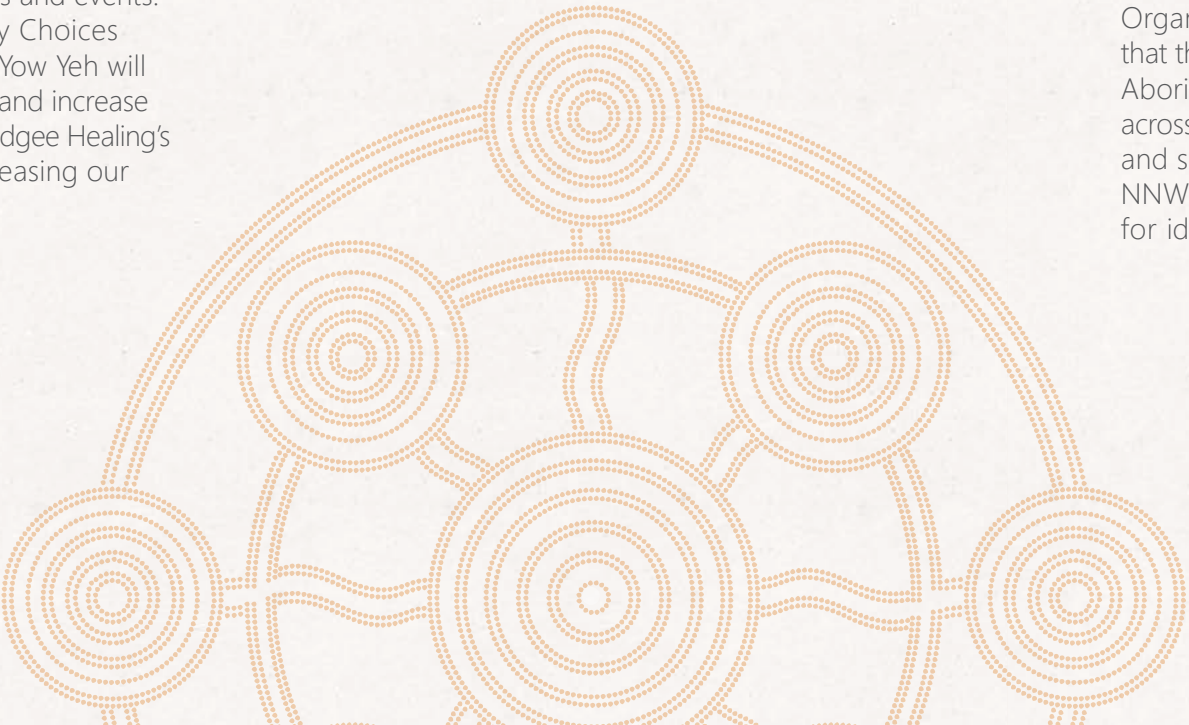
On a financial footing, Gidgee Healing receives significant program funding from the Commonwealth Department of Health, and generates independent funds through Medicare billings and delivery of service contracts. Our self-generated funds have grown over the past year and we intend to continue to grow that revenue stream to strengthen Gidgee Healing's financial sustainability and independence.

Like any organisation we are presented with some ongoing challenges, such as operating within an uncertain funding environment, and attracting and retaining staff in a remote geographical area. However, I am optimistic about the future of Gidgee Healing and the improvements we can make to the health and wellbeing of Aboriginal and Torres Strait Islander people in our local area.

As an Aboriginal Community Controlled Health Service, Gidgee Healing's aspiration is to provide a service that meets the needs of the communities it serves. That aspiration brings challenges associated with ensuring we understand those needs and monitoring them as they change over time, but it is our guiding principle in all our operations. I'm looking forward to working with the Board, staff and community to continue to provide primary health care services that meet the needs of our patients and their families.



Dallas Leon  
Chief Executive Officer





# SERVICES AND PROGRAMS

## PRIMARY HEALTH CARE

Gidgee Healing takes a comprehensive primary health care approach to providing its services to Aboriginal people in Mount Isa and the surrounding areas.

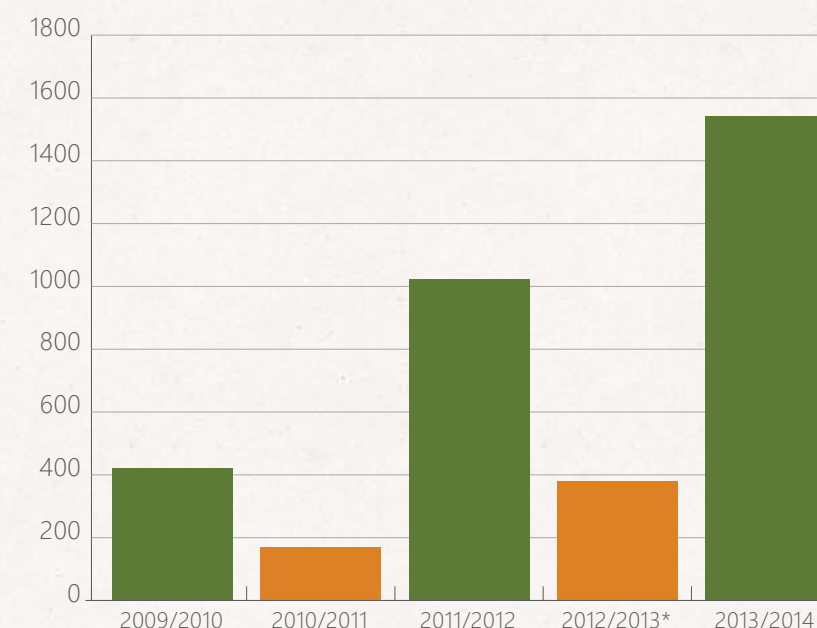
Fundamental to this model is community control and engagement, along with input into service design by local Aboriginal people. The service is comprehensive in that it is centred on relationships with other health services while also linking this care to the social and emotional wellbeing of each patient and their family members. Aboriginal Health Workers play an important role in the service and are a crucial part of our delivery model. Other key components of the operating model include a robust governance and management framework, alongside funding, resources, IT systems, and continuous improvement processes.

Over the last financial year, Gidgee Healing has consolidated the Primary Health Care services it offers from the Burke Street clinic. We now employ three full time GPs and are very pleased to be able to provide greater continuity and cycle of care between GP and patient. Our primary health care model revolves around proactive management of health through regular reviews and annual health checks. Our Healthy Lifestyles Team actively encourages good healthy eating, physical activity and quitting smoking. We have seen a marked increase in health checks in the clinic, which is an encouraging indicator that the community is becoming more proactive in its attitude to health care. Through regular health checks, patients and their GP can identify and develop management plans for any health issues that require ongoing attention, for example chronic diseases like diabetes.



We have also established a schedule of regular visits from specialists such as an endocrinologist; ear, nose and throat specialist; dermatologist; optometrist; cardio outreach team; and the IDEAS van. Allied health workers who visit the clinic include a podiatrist, dietician, diabetes educator, exercise physiologist, and psychologist.

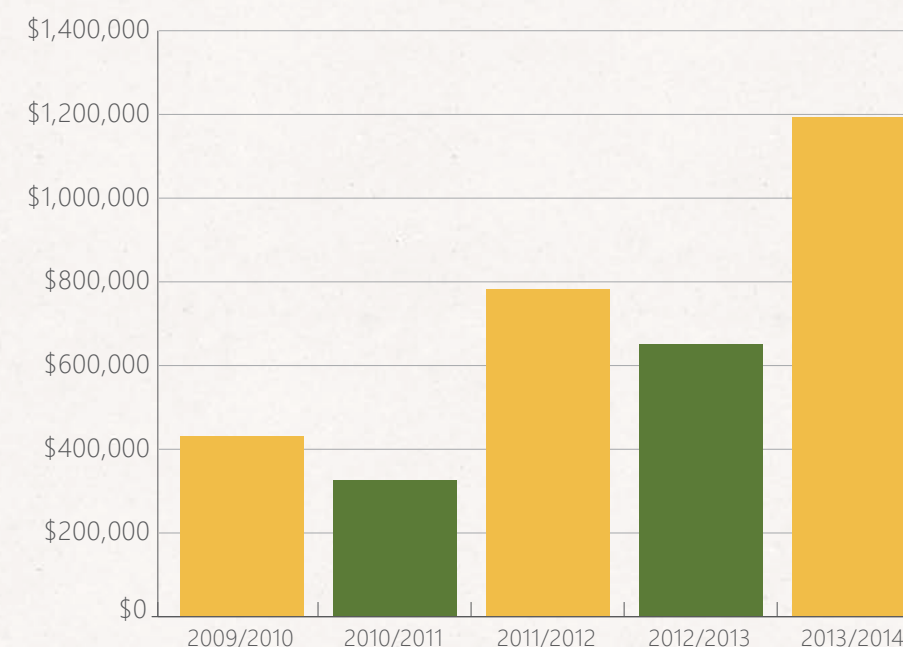
NUMBER OF HEALTH CHECKS



*\*Note: 2012/13 data has been estimated due to challenges with data collection and analysis during that year and should be interpreted with caution.*

Along with the increase in health checks, we have also seen an increase in the number of patients seeking services, which is reflected in Medicare income.

MEDICARE INCOME



Through partnerships with local agencies and facilities, Gidgee Healing also offers strong links back to the community for ongoing support and care that helps address social and other aspects of health such as family, home/housing, employment, education and the like.



## MUMS AND BUBS

The overall goal of our Mums and Bubs program (funded under the Commonwealth Department of Health's New Directions program) is to work towards achieving an equal start in life for Aboriginal and Torres Strait Island children.

This program, initially up and running at the beginning of the reporting period, faltered and then re-commenced early in 2014 upon recruitment of a Midwife/Child Health Nurse who has additional qualifications in Sexual Health and Women's Health. With a highly experienced Midwife now permanently based at the clinic, we can offer a comprehensive women's and children's health service across a range of speciality areas including:

- Immunisation
- Pre and post natal care
- Paediatric referrals
- Pap smears
- Practical support, advice and assistance with breastfeeding and nutrition
- Women's Health
- Clinical monitoring
- Education and advice on substance control in pregnancy

Looking forward, we plan to build the program by enhancing our existing services and by increasing the number of mums presenting for antenatal care in the first trimester of pregnancy.



## TACKLING SMOKING AND HEALTHY LIFESTYLE

Gidjee Healing tackles smoking and promotes healthy lifestyles through a comprehensive primary health care model that has both a preventative and management/treatment arm.

The preventative arm is delivered mainly through the Deadly Choices program, developed by the Institute for Urban Indigenous Health. The management/treatment arm is delivered through the clinic. These two services – prevention and management/treatment – operate in a complementary fashion to help address current and prevent future smoking and lifestyle related illness.

The Deadly Choices program aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. The program is delivered in schools and across the broader community and informs participants about healthy lifestyle choices and how they can influence the prevention and management of chronic disease in Aboriginal and Torres Strait Islander communities. It also nurtures leadership and encourages participants to become positive mentors and role models in their community.

The main focus of Deadly Choices is to encourage Aboriginal and Torres Strait Islander people to have regular health checks and to be aware of chronic disease, which often requires both education and intervention. Notably, there has been a significant increase in the number of health checks undertaken at Gidjee Healing since the establishment of the Tobacco and Healthy Lifestyle team and implementation of the Deadly Choices program. Over the 2013–14 financial year the total number of health checks completed increased twelve fold compared to the previous year. Since the launch of the program in February 2014, a total of 746 Health Checks have been completed, 50% of the total for the year.

Since the program commenced in February 2014, four schools completed and graduated from the program and the team has made significant progress in:

- **Raising awareness of tobacco and healthy lifestyle issues.**
  - » Gidjee Healing's Tobacco and Healthy Lifestyle team held eight community and other events during the last financial year including a major World No Tobacco Day event on 31 May with than 400 attendees.
- **Coordinating social media and awareness campaigns.**
  - » This included MOB FM radio broadcasts and the placement of two Deadly Choices TV commercials on Imparja which ran over three months with a focus on reducing tobacco use in pregnancy and promoting healthy lifestyles.
- **Working collaboratively with community and stakeholders.**
  - » This work includes tobacco and healthy lifestyle health promotion sessions with Topsy Harry Homeless and Crisis Centre and running 'Good Quick Tukka' sessions in schools with participation rates as high as 200 students.
- **Building the Tobacco and Healthy Lifestyles team capacity to deliver the program.**







## IDEAS VAN HUB

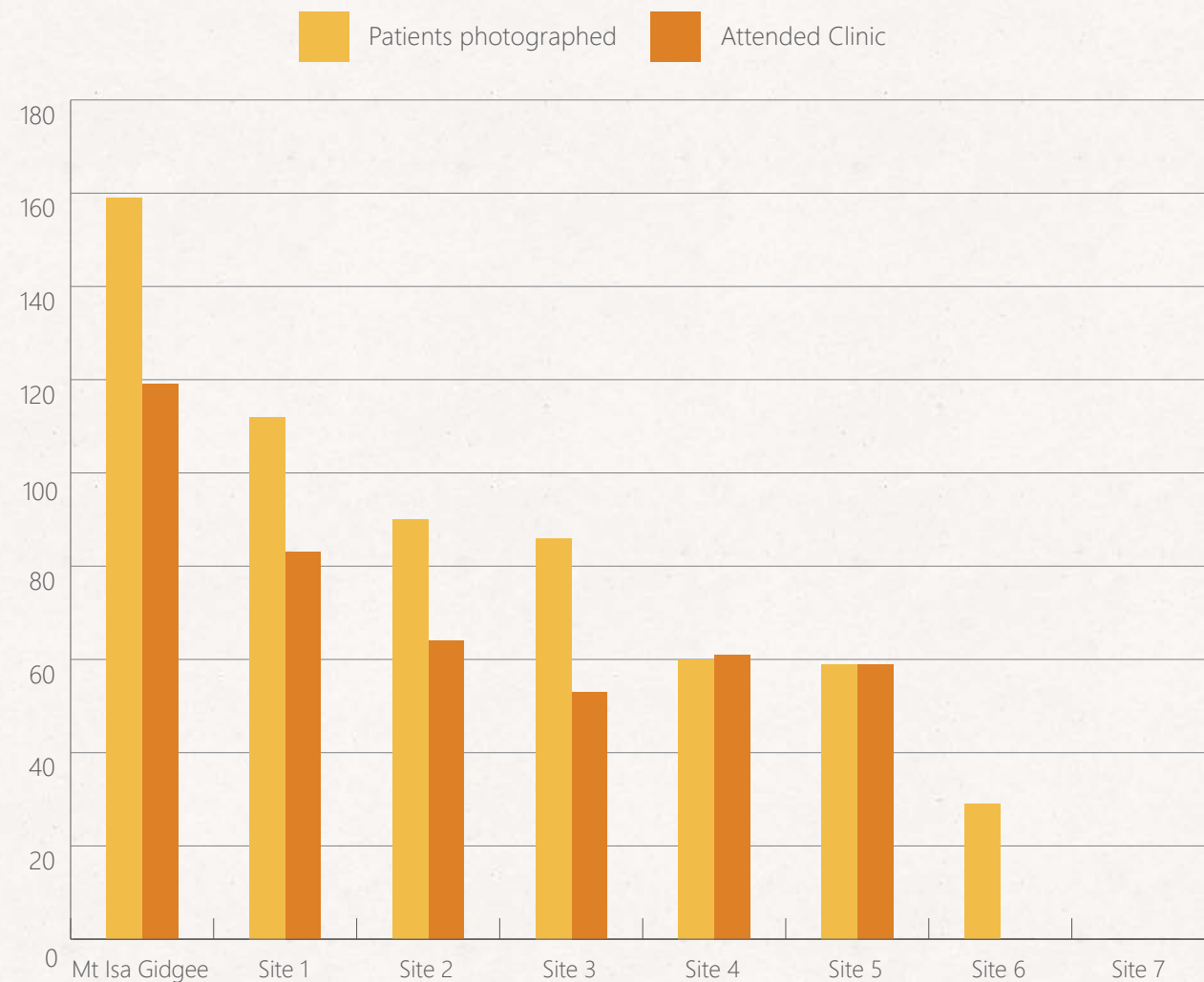
Gidgee Healing is proud to be providing facilities as an Indigenous Diabetes Eyes and Screening (IDEAS) Hub – a one year pilot project funded by the Queen Elizabeth Diamond Jubilee Trust Australia, in partnership with the Queensland Aboriginal and Islander Health Council.

The initiative is focussed on reducing blindness and visual impairment among Aboriginal and Torres Strait Islander people with diabetes in Queensland. The project provides education, equipment and specialist clinical support to rural and remote Aboriginal Medical Services in Queensland.

Gidgee Healing is one of eight regional hubs across Queensland which commenced operations in February and March 2014. The IDEAS Van visits each regional

hub every four to five weeks for approximately two days providing specialist ophthalmologists, endocrinologists, optometrist and diabetes educator services (locally based and visiting). As part of the service network, Gidgee Healing has been provided with a diabetic retinopathy screening (DRS) camera so that health workers within the service can conduct pre-screening on all of our at-risk patients.

The following graph depicts the uptake for the IDEAS Van service. For Gidgee Healing, the significant number of DRS photos has led to increased treatment referrals. The resounding early success of the IDEAS Van project has resulted in funding being extended for a further three years.



*\*Statistics provided by the IDEAS Van project.*





Gidgee  
Healing

# FINANCIAL REPORT

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED  
HEALTH SERVICES LTD TRADING AS GIDGEE HEALING

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ABN: 96 130 300 355  
ANNUAL FINANCIAL STATEMENTS  
FOR YEAR ENDED 30 JUNE 2014  
PREPARED BY BUSINESS QUALITY CENTRE



**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**DIRECTORS' REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2014**

Your directors present this report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2014 and the auditor's report thereon. This financial report has been prepared in accordance with Australian Accounting Standards.

**Directors**

The names of the directors in office during or since year end are:

Shaun Solomon (Chairperson)  
 James Cripps (Deputy Chairperson)  
 Ronald Page  
 Darren Walden  
 Leann Shaw - resigned 17 July 2014  
 Mona Phillips  
 Michael Martin OAM

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

**Principal Activities**

The principal activity of the entity during the financial year was the provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region.

**Operating Results**

The entity recorded a surplus of \$1,016,914 (2013: \$682,829)

**Description of Objectives (Short Term and Long Term)**

Provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region.

**Strategy for Achieving Objectives**

Gaining more funding and employing more staff.

**How Activities Assist in Achieving Objectives**

Employing more staff so that a broader and greater range of Primary Health Care Services can be rolled out.

**Key Performance Indicators**

To help evaluate whether the activities of the corporation achieved their short-term and long term objectives, the corporation uses the following key performance indicators to measure, analyse and monitor its performance:

Community feedback and the Quality of services provided.

**Information on Directors**

<b>Shaun Solomon</b>	<b>Chairperson</b>
Qualifications	Graduate Diploma of Indigenous Health Promotion; Certificate III Aboriginal Primary Health Care.
Experience	Fellow, Australian Rural Leadership Foundation; Board Member (Secretary) Young People Ahead; Member, Australian Health Promotion Association.

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**DIRECTORS' REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2014**

**James Cripps**

Qualifications

Experience

**Ronald Page**

Qualifications

Experience

**Darren Walden**

Qualifications

Experience

**Leann Shaw**

Qualifications

Experience:

**Mona Phillips**

Qualifications

Experience

**Michael Martin OAM**

Qualifications

Experience

**Deputy Chairperson**

Graduate Diploma Indigenous Health; Dip Psychophysical Integration Therapy; Australasian Academy of Natural Science certified; Certificate II Business Management.  
 Board Member, Federation Aboriginal and Torres Strait Islander Languages Culture (Corp); Board Member, Turkindi Indigenous Information Network Association SA; Member, Port Adelaide Enfield City Council Aboriginal Advisory Panel SA; Member, Aboriginal Health Research Ethics Committee SA.

**Elected Director**

Diploma in Case Management.  
 Kalkadoon Elder; 50 years experience with Aboriginal People; Member, North West Health Services Board.

**Elected Director**

Health Worker / Support Worker; Train the Trainer; Safety and Emergency Technician.  
 Former Board Member, Prescribed Body Corporate Waanyi; Former Board Member, North Gawalanja Aboriginal Corporation Waanyi.

**Elected Director – resigned 17 July 2014**

Associate Degree, Indigenous Community Management and Development; Diploma, Aboriginal Studies; Certificate III Community Services; United Nations Diplomacy Training Course; various courses in Mental Health, Alcohol and Drug Services.  
 Project Officer, Anyinginyi.

**Independent Director**

B App Sc Indigenous Community Management and Development; Certificate IV Health Promotion; Certificate IV Training and Assessment; Alcohol and Drug Treatment training; Alcohol and Drug Basic and Advanced Counselling Skills; Train the Trainer; Domestic and Family Violence; Adult Child of an Alcoholic; Mental Health First Aid; Certificate IV Mental Health TAFE Mount Isa; Tracey Westerman Certificate in Mental Health; Strengths Based Training Approach and Supervision Policy and Practice; Rape and Domestic Violence Supervision Aboriginal DV and FV case work; Reporting Child Abuse and Neglect and Mandatory Reporting of DV and FV.  
 Adjunct, JCU Mount Isa Centre for Rural and Remote Health; 35 years experience working voluntarily in Aboriginal organisations.

**Independent Director**

Graduate Diploma Administration, B A, B Commerce, FCPA, GAICD.  
 Board Member, Top End Health Services Board NT; Chairman, Advanced Training International; Partner, MDS Partners Management Consultancy; Managing Director, Top Hospital Executive Management Consultancy Services.



**DIRECTORS' REPORT**  
**FOR THE YEAR ENDED 30 JUNE 2014**

**Meetings**

Director	Directors Meetings	
	No. eligible to attend	No. attended
Shaun Solomon	11	11
James Cripps	11	10
Ronald Page	11	6
Darren Walden	11	4
Leann Shaw	11	4
Mona Phillips	11	10
Michael Martin OAM	11	10

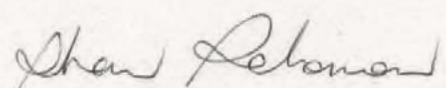
**Member Contribution on Windup**

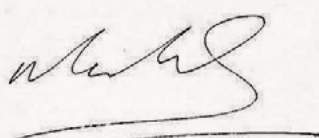
The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2014, the number of members was 17. The combined total amount that members of the company are liable to contribute if the company is wound up is \$170.

**Auditor's Independence Declaration**

A copy of the auditor's independence declaration under Section 307C of the Corporations Act 2001 in relation to the audit for the financial year is provided with this report.

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

Director: 

Director: 

Dated this 25th day of September 2014.

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KEN OGDEN  
NIGEL FISCHER  
TERESA HOOPER  
MARK NICHOLSON  
PETER CAMENZULI  
JASON EVANS  
CHRIS BALL  
IAN JONES  
KYLIE LAMPRECHT  
NORMAN THURECHT  
BRETT HEADRICK  
WARWICK FACE  
NIGEL BATTERS  
ADELE TOWNSEND  
COLE WILKINSON

The Directors  
Mt Isa Aboriginal Community Controlled  
Health Services Limited  
8 Burke St  
MOUNT ISA QLD 4825

**Auditor's Independence Declaration**

As lead auditor for the audit of Mount Isa Aboriginal Community Controlled Health Services Limited for the year ended 30 June 2014, I declare that, to the best of my knowledge and belief, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

PITCHER PARTNERS

  
J.J. EVANS  
Partner

Brisbane, Queensland  
25 September 2014



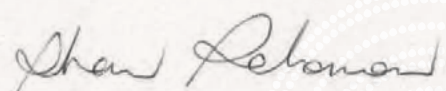
**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

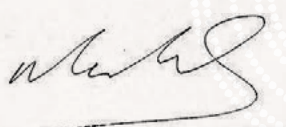
**DIRECTORS' DECLARATION**  
**FOR THE YEAR ENDED 30 JUNE 2014**

The Directors of Mount Isa Aboriginal Community Controlled Health Services Ltd declare that:

1. The financial statements and the notes set out in the attached are in accordance with the Corporations Act 2001, including:
  - (a) Comply with the Accounting Standards - Reduced Disclosure Requirements, the Corporations Regulations 2001 and other mandatory professional reporting requirements, and
  - (b) Give a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the financial year ended on that date, and
  - (c) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director:  .....

Director:  .....

Dated this 25th day of September 2014.

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>Notes</u>	<u>2014</u> \$	<u>2013</u> \$
Revenue	2	3,951,452	2,125,903
Other income	2	1,493,020	863,065
Employee benefits expense	3	(2,035,622)	(1,328,246)
Depreciation expenses	3	(119,163)	(123,470)
Travel, accommodation and conference expenses		(308,059)	(117,611)
Medical services and supplies		(289,572)	(104,894)
Finance costs	3	—	—
Bad & doubtful debts	3	—	(1,963)
Repairs, maintenance & vehicle running expenses		(134,776)	(67,288)
Rent expense	3	(149,974)	(98,951)
Audit, legal & consultancy expense		(501,307)	(250,617)
Other expenses		(889,085)	(213,099)
<b>Net Surplus</b>		<b>1,016,914</b>	<b>682,829</b>
<b>Plus: Other Comprehensive Income</b>		<b>—</b>	<b>—</b>
<b>Total Comprehensive Income</b>		<b>1,016,914</b>	<b>682,829</b>

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.



**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2014**

	<u>Notes</u>	<u>2014</u> \$	<u>2013</u> \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	4	1,085,988	1,552,298
Trade and Other Receivables	5	37,078	9,489
Other Assets	6	17,681	32,429
Financial Assets held to Maturity (Term Deposits)	7	1,500,000	—
<b>TOTAL CURRENT ASSETS</b>		<b>2,640,747</b>	<b>1,594,216</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	8	945,625	574,910
<b>TOTAL NON-CURRENT ASSETS</b>		<b>945,625</b>	<b>574,910</b>
<b>TOTAL ASSETS</b>		<b>3,586,372</b>	<b>2,169,126</b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	9	447,080	142,002
Provisions	10	26,572	26,413
Unexpended Grant Funds	13	469,388	374,784
<b>TOTAL CURRENT LIABILITIES</b>		<b>943,040</b>	<b>543,199</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	10	4,476	3,985
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>4,476</b>	<b>3,985</b>
<b>TOTAL LIABILITIES</b>		<b>947,516</b>	<b>547,184</b>
<b>NET ASSETS</b>		<b>2,638,856</b>	<b>1,621,942</b>
<b>EQUITY</b>			
Retained Surplus		2,638,856	1,621,942
<b>TOTAL EQUITY</b>		<b>2,638,856</b>	<b>1,621,942</b>

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>Retained Earnings</u> \$
<b>Balance at 1 July 2012</b>	<b>939,113</b>
Total Comprehensive Income	682,829
<b>Balance at 30 June 2013</b>	<b>1,621,942</b>
Total Comprehensive Income	1,016,914
<b>Balance at 30 June 2014</b>	<b>2,638,856</b>

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.



**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>Notes</u>	<u>2014</u> \$	<u>2013</u> \$
<b>Cash Flows from Operating Activities:</b>			
Receipts from Customers		5,711,735	2,812,421
Payments to Suppliers and Employees		(4,232,919)	(2,481,036)
Interest Received		44,752	39,429
<b>Total Cash from Operating Activities</b>	11	<u>1,523,568</u>	<u>370,814</u>
<b>Cash Flows from Investing Activities:</b>			
Payments for Asset Purchases		(489,878)	(417,619)
Investments made in Term Deposits		(1,500,000)	-
<b>Total Cash from Investing Activities</b>		<u>(1,989,878)</u>	<u>(417,619)</u>
<b>Net Cash Increase / (Decrease) in Cash and Cash Equivalents</b>		<b>(466,310)</b>	<b>(46,805)</b>
Cash and Cash Equivalents at beginning of year		<b>1,552,298</b>	<b>1,599,103</b>
<b>Cash and Cash Equivalents at end of year</b>	4	<u><b>1,085,988</b></u>	<u><b>1,552,298</b></u>

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

**Note 1: Statement of Significant Accounting Policies**

This financial report is for Mount Isa Aboriginal Community Controlled Health Services Ltd ("the Corporation") as an individual entity, incorporated and domiciled in Australia. Mount Isa Aboriginal Community Controlled Health Services Ltd is a company limited by guarantee incorporated under the Corporations Act 2001. The company is a not-for-profit entity for the purpose of preparing financial statements.

**Basis of Preparation**

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Corporations Act 2001. The Corporation is a not-for-profit entity for the purpose of preparing the financial statements.

The financial statements of the Corporation comply with Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs. The report is presented in Australian dollars, which is the functional and presentation currency of the entity.

**a. Revenue**

Grant revenue is recognised in the Statement of Comprehensive Income when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the Statement of Financial Position as a liability until such conditions are met or services provided.

Interest revenue is recognised on an accruals basis.

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

All revenue is stated net of the amount of goods and services tax (GST).

**b. Property, Plant and Equipment**

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

Property, Plant & Equipment is brought to account at cost for individual items over \$500 and are depreciated at rates based on their economic life to the entity.

**Depreciation**

The depreciable amount of all property, plant and equipment are depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Depreciation expense is charged to the Statement of Comprehensive Income.



**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

The depreciation rates used for each class of depreciable assets are:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Motor Vehicles	12.5–25%
Plant & Equipment	10–30%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance date.

Asset classes carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the Statement of Comprehensive Income.

**c. Impairment of Assets**

At each reporting date, the entity reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the Statement of Comprehensive Income.

Where the future economic benefits of the asset are not primarily dependent upon on the assets ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

**d. Employee Benefits**

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to balance date.

Liabilities arising in respect of wages and salaries, annual leave, long service leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

**e. Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within current liabilities on the statement of financial position.

**f. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST. Cash flows are presented inclusive of GST. Any GST incurred or charged on investing or financing activities is included within operating cash flows.

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

**g. Unexpended Grants**

The entity receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the entity to treat grants monies as unexpended grants in the Statement of Financial Position where the entity is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

**h. Income Tax**

No provision for income tax has been raised as the entity is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

**i. Provisions**

Provisions are recognised when the entity 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.

**j. Comparative Figures**

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

**k. Economic Dependence**

Mount Isa Aboriginal Community Controlled Health Services Ltd 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 Board of Directors has reason to believe these Departments will continue to support Mount Isa Aboriginal Community Controlled Health Services Ltd.

**l. Capital Management**

The board of directors is responsible, through delegated representatives, for the capital management of the entity. The primary purpose of the entity is to deliver community services, not to maximise the return on investments. As a result, the committee adopts a risk-averse capital management strategy that aims to place surplus funds on deposit with reputable financial institutions.

**m. Significant Estimates and Judgements**

The preparation of the financial report requires estimation and judgement in certain areas. The Directors make estimates and judgements based on historical information about the entity and estimates about what is likely to occur in the future. The following key estimates and judgements were used in the preparation of the financial statements:

i) Depreciation rates, as disclosed in Note 1(b)

ii) Employee Provisions; to calculate long-term provisions, the entity estimates future inflation of wages and appropriate discount rates. Inflation rates are based on official Australian Government statistics and discount rates are based on Reserve Bank of Australia government bond rates.

**n. Operating Leases**

Where the company enters into a lease agreement and substantially all the risks and rewards of ownership remain with the lessor, the lease is recognised as an operating lease.



NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

Rental paid and payable under operating leases are charged to profit and loss when incurred.

**o. Financial Instruments**

**Classification**

The entity classifies its financial assets into the following categories: financial assets at fair value through profit and loss, loans and receivables, held-to-maturity investments, and available-for-sale financial assets. The classification depends on the purpose for which the instruments were acquired. Management determines the classification of its financial instruments at initial recognition.

**Non-derivative financial**

Non-derivative financial instruments consist of trade and other receivables, cash and cash equivalents and trade and other payables.

Non-derivative financial instruments are initially recorded at fair value, plus directly attributable transaction costs (if any), except for instruments recorded at fair value through profit and loss. After initial recognition, non-derivative financial instruments are measured as described below:

**Fair Value Through Profit and Loss**

Assets used for short-term trading are classified as fair-value-through-profit-and-loss and are recognised at fair value. The only such asset in this category at reporting date is Cash and Cash Equivalents.

**Loans and receivables**

Loans and receivables are measured at the face value of the amount due from the counterparty, comprising the original receivable less principal payments received.

**Financial liabilities**

Financial liabilities include trade payables and other creditors.

Non-derivative financial liabilities are recognised at the face value of the amount owing, comprising original debt less principal payments made.

**Held to Maturity Assets**

The Corporation classifies investments as held to maturity if:

- they are non-derivative financial assets
- they are quoted in an active market
- they have fixed or determinable payments and fixed maturities
- the Corporation intends to, and is able to, hold them to maturity.

Held-to maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period, which would be classified as current assets.

Loans and receivables and held-to-maturity investments are subsequently carried at amortised cost using the effective interest method.

**p. New and amended Standards adopted by the Corporation**

The Corporation has applied the following standards and amendments for the first time for their annual reporting period commencing 1 July 2013:

- AASB 13 Fair Value Measurement and AASB 2011-8 Amendment to Australian Accounting Standards arising from AASB 13
- AASB 119 Employee Benefits (September 2011) and AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011)
- AASB 2012-5 Amendments to Australian Accounting Standards arising from Annual Improvements 2009-2011 Cycle, and
- AASB 2012-2 Amendments to Australian Accounting Standards - Disclosures – Offsetting Financial Assets and Financial Liabilities.

NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2014

The adoption of AASB 13 and AASB 119 resulted in changes in accounting policies but no material adjustments recognised in the financial statements. AASB 2012-5 and AASB 2012-2 only affected the disclosures in the notes to the financial statements.

**q. New standards and interpretations not yet adopted**

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2014 reporting periods and have not been early adopted by the Corporation. The Corporation's assessment of these new standards and interpretations is set out below:

**AASB 9 Financial Instruments**

Change of Standard addresses the classification, measurement and derecognition of financial assets and financial liabilities. Since December 2013 it also sets out new rules for hedge accounting.

The directors do not believe that the introduction of this standard will have a significant effect on the Corporation's financial statements.

Changes to AASB 9 must be applied for financial years commencing on or after 1 January 2017.

The Corporation currently does not undertake any hedging transactions or hold any hedged assets or liabilities.

There are no other standards that are not yet effective and that are expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

**Note 2: Revenue and Other Income**

**Revenue**

Revenue from government grants		
– State / federal government grants	3,906,700	2,086,474
Other revenue		
– Interest received	44,752	39,429
<b>Total revenue</b>	<b>3,951,452</b>	<b>2,125,903</b>

**Other income**

Medicare receipts	1,435,572	846,488
Gain on sale of asset	–	–
Other	57,449	16,577
<b>Total other income</b>	<b>1,493,020</b>	<b>863,065</b>
<b>Total revenue and other income</b>	<b>5,444,472</b>	<b>2,988,968</b>

<u>2014</u>	<u>2013</u>
\$	\$



**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>2014</u>	<u>2013</u>
	\$	\$
<b>Note 3: Expenses</b>		
<b>Surplus for the year has been determined after including the following significant expenses:</b>		
<b>Employee benefit expense</b>		
– Wages	1,660,635	608,378
– Super	114,194	47,934
– Medical Fees – Locum	260,793	346,045
– Medical Fees – Contractor	–	276,268
– Other	–	49,621
<b>Total employee benefit expense</b>	<b>2,035,622</b>	<b>1,328,246</b>
<b>Depreciation &amp; Amortisation</b>		
– Depreciation	119,163	123,470
<b>Total depreciation</b>	<b>119,163</b>	<b>123,470</b>
<b>Finance costs</b>		
– ATO interest expense	–	–
<b>Total finance costs</b>	<b>–</b>	<b>–</b>
<b>Bad &amp; Doubtful Debts</b>		
– Bad debts	–	1,963
<b>Total bad &amp; doubtful debts</b>	<b>–</b>	<b>1,963</b>
<b>Rent Expense</b>		
– 8 Burke Street	57,203	49,180
– 52 & 54 Simpson Street	43,198	45,760
– Other	49,573	4,011
<b>Total rent expense</b>	<b>149,974</b>	<b>98,951</b>
<b>Note 4: Cash and Cash Equivalents</b>		
Westpac Bank – General Account	302,740	153,177
Westpac Bank – High Interest Bearing Account	783,198	1,399,071
Westpac Bank – Front Office Account	50	50
<b>Total Cash and Cash Equivalents</b>	<b>1,085,988</b>	<b>1,552,298</b>

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>2014</u>	<u>2013</u>
	\$	\$
<b>Note 5: Trade and Other Receivables</b>		
<b>Current</b>		
Trade Receivables	1,693	111
GST Receivable	–	3,136
Sundry Receivables	35,385	6,242
<b>Total Trade and Other Receivables</b>	<b>37,078</b>	<b>9,489</b>
<b>Note 6: Other Current Assets</b>		
Prepayments	17,681	32,429
<b>Total Other Current Assets</b>	<b>17,681</b>	<b>32,429</b>
<b>Note 7: Financial Assets Held to Maturity</b>		
Westpac Bank – Term Deposit expiring 30/07/2014 3.50%	300,000	–
Westpac Bank – Term Deposit expiring 30/11/2014 3.60%	700,000	–
Westpac Bank – Term Deposit expiring 18/10/2014 3.50%	500,000	–
	3.55%	–
	<b>1,500,000</b>	<b>–</b>
<b>Note 8: Property, Plant and Equipment</b>		
Motor Vehicles – at cost	413,144	214,492
Less: Accumulated Depreciation	(190,487)	(146,628)
	<b>222,657</b>	<b>67,864</b>
Plant & Equipment – at cost	1,129,417	838,191
Less: Accumulated Depreciation	(406,449)	(331,145)
	<b>722,968</b>	<b>507,046</b>
<b>Total Property, Plant and Equipment</b>	<b>945,625</b>	<b>574,910</b>



**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>2014</u>	<u>2013</u>
	\$	\$
<b>Note 8: Property, Plant and Equipment (continued)</b>		
<b>Reconciliation of written down values</b>		
<u>Motor Vehicles</u>		
Opening written down value	67,864	104,572
Additions	198,652	—
Disposals	—	—
Gain on Sale	—	—
Depreciation	(43,859)	(36,707)
Closing written down value	<u>222,657</u>	<u>67,864</u>
<u>Plant &amp; Equipment</u>		
Opening written down value	507,046	120,989
Additions	291,226	472,819
Disposals	—	—
Depreciation	(75,304)	(86,762)
Closing written down value	<u>722,968</u>	<u>507,046</u>
<b>Note 9: Trade and Other Payables</b>		
<b>Current</b>		
Trade Creditors	286,383	64,297
Accrued Expenses	19,130	39,941
GST Payable	66,169	—
PAYG Tax Payable	56,822	31,027
Superannuation Payable	13,199	5,974
Westpac Bank - Credit Cards	5,377	763
<b>Total Trade and Other Payables</b>	<u>447,080</u>	<u>142,002</u>

**MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD**  
**ABN: 96 130 300 355**

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

	<u>2014</u>	<u>2013</u>
	\$	\$
<b>Note 10: Provisions</b>		
<b>Current Liabilities</b>		
Provision for annual leave	26,572	26,413
<b>Total Current Provisions</b>	<u>26,572</u>	<u>26,413</u>
<b>Non-Current Liabilities</b>		
Provision for long service leave	4,476	3,985
<b>Total Non-Current Provisions</b>	<u>4,476</u>	<u>3,985</u>
<b>Total Provisions</b>	<u>31,047</u>	<u>30,398</u>
<b>Note 11: Reconciliation of Surplus for the Year to Cashflow from Operations</b>		
Surplus for the year	1,016,914	682,829
Depreciation and amortisation	119,163	123,470
Gain in sale of assets	—	—
Change in unexpended grants at end of year	94,604	(315,016)
Change in trade receivables	(27,589)	227
Change in other assets	14,748	(7,983)
Change in trade payables	305,078	(122,803)
Change in other provisions	650	10,090
<b>Net cash inflow / (outflow) from operating activities</b>	<u>1,523,568</u>	<u>370,814</u>
<b>Non-cash financing activities</b>		
There are no non-cash financing transactions		
<b>Note 12: Operating Lease Commitments</b>		
Non-cancellable operating leases contracted for but not capitalised in the financial statements		
Payable – minimum lease payments		
– not later than 12 months	99,454	88,184
– later than 12 months but not later than 5 years	3,813	95,073
– greater than 5 years	—	—
	<u>103,267</u>	<u>183,257</u>



**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2014**

**Note 12: Operating Lease Commitments (continued)**

These lease commitments represent premises at 8 & 9 Burke Street, 52 & 54 Simpson Street and 1/95 East Street Mount Isa. For Burke Street and Simpson Street the commencement date for the leases are 1 August 2013. They are non-cancellable operating leases contracted for but not capitalised in the financial statements all with two-year terms expiring 31 July 2015. East Street commenced September 14, 2013 with a six month lease with an additional 6 month extension signed in the year. No capital commitments exist in regards to the operating lease commitments at year-end.

**Note 13: Unexpended Grants Schedule**

	Balance 1/07/2013	Receipted 2013/14	Monies Repaid	Expended 2013/14	Balance 30/06/2014
	\$	\$	\$	\$	\$
<b>OATSIH</b>					
Primary Health	-	1,238,542	-	(1,460,125)	-
Closing the Gap	12,057	544,892	-	(335,000)	221,948
Accreditation	-	7,232	-	(7,232)	-
New Directions	64,410	474,579	-	(496,944)	42,045
Tackling Smoking - Setup	-	214,784	-	(214,784)	-
Tackling Smoking - Recurrent	-	861,426	-	(682,828)	178,598
Tackling Smoking - Marketing	-	100,000	-	(77,799)	22,201
Normanton	-	805,000	-	(800,404)	4,596
Burke Street Refurbishment	95,000	-	95,000	-	-
Miles Street Clinic	150,000	-	150,000	-	-
<b>Total</b>	<b>321,467</b>	<b>4,246,454</b>	<b>245,000</b>	<b>(4,075,116)</b>	<b>469,388</b>

**Note 14: Events After the Reporting Date**

The financial report was authorised for issue on 25 September 2014 by the Board.

The Board has the power to amend and re-issue the financial report.

There are no other events that occurred after the reporting date that require disclosure in the financial report.

**Note 15: Related Party Transactions**

During the year, independent skills based director Michael Martin was paid a total of \$26,500 plus GST via Top Hospital Executive Management. A balance of \$2,500 plus GST remains outstanding as of 30 June 2014 (2013: \$21,000 and \$6,000 respectively).

Other than the above there were no transactions with any related entities during the year.

**Note 16: Key Management Personnel**

During the year, the total remuneration paid to Key Management Personnel was \$311,401 including super (2013: \$152,495).

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IAN JONES  
KYLIE LAMPRECHT  
NORMAN THURECHT  
BRETT HEADRICK  
WARWICK FACE  
NIGEL BATTERS  
ADELE TOWNSEND  
COLE WILKINSON

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MT ISA ABORIGINAL  
COMMUNITY CONTROLLED HEALTH SERVICES LIMITED**

We have audited the accompanying financial report of Mt Isa Aboriginal Community Controller Health Services Limited, which comprises the statement of financial position as at 30 June 2014, 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, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

*Directors' Responsibility for the Financial Report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

*Auditor's Responsibility*

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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



### Independence

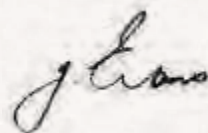
In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

### Opinion

In our opinion, the financial report of Mt Isa Aboriginal Community Controlled Health Services Limited is in accordance with the *Corporations Act 2001*, including:

- a) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Corporations Regulations 2001*.

PITCHER PARTNERS  
Chartered Accountants



J.J. EVANS  
Partner

Brisbane, Queensland  
25 September 2014



# Gidgee Healing

## OUR NEW LOGO

A new Gidgee Healing logo was developed in late 2013 and launched early in 2014. The new logo is a visual representation of Gidgee Healing's expansion beyond the Burke Street clinic and into new services for the communities we serve.

The previous logo, by Kerwyn Smith, represented the healing properties of the Gidgee tree and the Gidgee Healing clinic. It was well recognised and much loved, so our brief to artist Sid Domic emphasised the continuing significance of the Gidgee tree, in particular the strength of the wood which is long-burning and symbolises long life.

We really wanted a piece of art that built on this concept and incorporated the colours of the Gidgee tree. At the same time, the new logo needed to have broad application across a range of print and digital media and signage for use with our broader range of services and locations.

We are thrilled with what Sid has produced for us, which encapsulates the essence of our country, culture, and family.

The centre circle of the logo represents the Gidgee Healing organisation. The smaller outlying circles represent the communities in the region that Gidgee Healing currently supports and those it will grow to incorporate as we move forward. These circles are connected by culture, family ties and geography. The 'U' shapes around the outside represent the individuals and family groups supported by Gidgee Healing now and in the future.

Enhancing the use of colour was a key focus of the artwork. The colours portray the reach of Gidgee Healing services within the community, and the development of our public profile across the region.

The red/ochre symbolises the land.

The yellow symbolises the Gidgee flower.

The orange symbolises the sun.

The green symbolises the leaves of the Gidgee tree.

We believe this new visual identity will carry us far into the future.

### ABOUT SID DOMIC

Sid Domic has been practicing Aboriginal artwork since 1996. Although raised in Western society, Sid is of Aboriginal descent – specifically Kalkadoon – and since experiencing an awakening to his culture in his early twenties has been exploring his heritage. Sid has undertaken this journey of discovery through extensive research, conversation with his grandmother, and the practice of Aboriginal art.

Sid designed the 2010 and 2011 NRL Indigenous All Stars jerseys, as well as the 2013 South Sydney Rabbitohs and Brisbane Broncos Close the Gap jerseys.

Galleries in Australia, London and around the UK have hosted exhibitions of Sid's work.

<http://www.siddomicart.com/>



