

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

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Your directors present their report on the company for the financial year ended 30 June 2015.

#### **Directors**

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

Justin Mohamed (ceased November 2014)

**Matthew Cooke** 

Sandy Davies (commenced November 2014)

**Julie Tongs** 

**Dave Warrener** 

Christine Corby (ceased May 2015)

**Elizabeth Adams** 

John Singer

Vicki Holmes

Jason King

Donna Ah Chee (ceased June 2015)

**Janice Burns** 

**Marcus Clarke** 

Marelda Tucker

Marion Scrymgour (ceased June 2015)

Selena Lyons (ceased May 2015)

Neil Fong (ceased December 2014)

Sandra Bailey (commenced May 2015)

Val Keed (commenced May 2015)

Michelle Nelson-Cox (commenced January 2015)

## Operating Results

The profit of the company for the financial year after providing for income tax amounted to \$180,679. (2014: Loss \$348, 407).

#### **Review of Operations**

A review of the operations of the company during the financial year and the results of those operations found that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

## **Significant Changes in State of Affairs**

No significant changes in the state of affairs of the company occurred during the financial year.

#### **Principal Activity**

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and wellbeing.

The comprises the running of the National Secretariat and the provision of secretarial services to the National Executive Committee and the full membership. No Significant change in the nature of these activities occurred during the year.

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

## NACCHO Financial Statements Director's Report

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### **Meetings of Directors**

During the financial year, 4 meetings of directors were held. Attendances by each director during the year were as follows:

DIRECTORS	DIRECTORS'	MEETINGS
	Number eligible to attend	Number attended
Justin Mohamed	4	2
Matthew Cooke	4	4
Sandy Davies	4	2
Julie Tongs	4	3
Dave Warrener	4	4
Christine Corby	4	0
Elizabeth Adams	4	4
John Singer	4	2
Vicki Holmes	4	3
Jason King	4	3
Donna Ah Chee	4	3
Janice Burns	4	2
Marcus Clarke	4	0
Marelda Tucker	4	3
Marion Scrymgour	4	1
Selena Lyons	4	0
Neil Fong	4	1
Sandra Bailey	4	1
Val Keed	4	1
Michelle Nelson-Cox	4	1

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 a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2015, the total amount that members of the company are liable to contribute if the company is wound up is \$10.

#### Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2015 has been received.

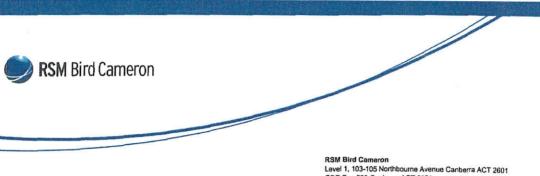
Signed in accordance with a resolution of the Board of Directors:

Matthew Cooke (Chairperson)

Dated: 21 SEPTEMBEL 2015







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#### **AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

**RSM BIRD CAMERON** 

GED STENHOUSE Director

Canberra, Australian Capital Territory
Dated: 25 Syttember 2015



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	NOTES	2015 \$	2014 \$
Revenue from ordinary activities	3	6,097,249	7,912,104
Employee benefits expense		(2,402,924)	(3,003,514)
Depreciation and amortisation expenses	4(b)	(60,651)	(39,589)
Other expenses from ordinary expenses	4(a)	(3,452,995)	(5,217,408)
Profit from ordinary activities		180,679	(348,407)
Other Comprehensive Income		-	-
Total Comprehensive Income		180,679	(348,407)



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	NOTES	2015	2014
		\$	\$
CURRENT ASSETS			
Cash assets	5	2,201,212	2,535,727
Investments	6	95,438	92,404
Receivables/Other Receivable	7	408,355	337,520
TOTAL CURRENT ASSETS		2,705,005	2,965,651
NON-CURRENT ASSETS			
Property, plant and equipment	8	219,590	249,846
TOTAL NON-CURRENT ASSETS		219,590	249,846
TOTAL ASSETS	a	2,924,595	3,215,497
CURRENT LIABILITIES			
Payables	9	645,225	1,113,838
Employee provisions	10	100,817	212,257
Other	11	1,033,154	914,957
TOTAL CURRENT LIABILITIES		1,779,196	2,241,052
NON-CURRENT LIABILITIES			
Employee provisions	10	-	9,725
TOTAL NON-CURRENT LIABILITIES	-	-	9,725
TOTAL LIABILITIES	-	1,779,196	2,250,777
NET ASSETS		1,145,399	964,720
EQUITY		amamaa yoo aa a	
Retained profits	12	1,145,399	964,720
TOTAL EQUITY		1,145,399	964,720
	-		



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2015

	Retained	Total
	Earnings	
	\$	\$
Balance at 1 July 2013	1,313,127	1,313,127
Profit for the year	(348,407)	(348,407)
Balance at 30 June 2014	964,720	964,720
Profit for the year	180,679	180,679
Balance at 30 June 2015	1,145,399	1,145,399



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	NOTES	2015	2014
		\$	\$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		708,928	825,156
Operating grant receipts		5,332,683	4,880,936
Payments to suppliers and employees		(6,391,289)	(8,139,602)
Interest received		38,712	101,466
Net cash provided by/(used in) operating activities	14(b)	(310,966)	(2,332,044)
CASH FLOW FROM INVESTING ACTIVITIES			To the second se
Payment for property, plant and equipment		(20,515)	(201,597)
Investment in Term Deposits		(3,034)	2,101,473
Net cash used in investing activities		(23,549)	1,899,876
Net decrease in cash held		(334,515)	(432,168)
Cash at beginning of financial year		2,535,727	2,967,895
Cash at end of financial year	14(a)	2,201,212	2,535,727



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, 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.

#### **Accounting Policies**

#### (a) Income Tax

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

#### (b) Property, Plant and Equipment

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

#### Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount.

Plant and equipment that have been contributed at no cost or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired.

#### Depreciation

The depreciable amount of all fixed assets are depreciated over their estimated useful lives to the company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of fixed asset	Depreciation rates	Depreciation basis
Office Equipment	3 – 18%	Straight-Line
Furniture Fixtures and Fittings	9 – 15%	Straight-Line
Computer Equipment	10 – 24%	Straight-Line
Improvements	10 – 24%	Straight-Line
Plant & Equipment	25%	Straight-Line

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





NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT)

#### (c) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits arising from wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled within 12 months are measured at the amounts expected to be paid when the liabilities are settled. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wages increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on corporate bond rates with terms to maturity that match the expected timing of cash flows.

Contributions are made by the company to an employee superannuation fund and are charged as expenses when incurred.

#### (d) 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, and bank overdrafts.

#### (e) Revenue

Grants are recognized as revenue to the extent that the monies have been applied in accordance with those conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

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

Other revenue is recognised when the right to receive the revenue has been established.

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

#### (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 recognized 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.

#### (g) New, revised or amending accounting standards and interpretations adopted

The entity has not adopted any new or revised any accounting standards in the year.

#### (h) Comparative Figures

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



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#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT)

#### (i) Financial Instruments

#### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised in profit or loss immediately.

#### Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

#### Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in fair value (i.e. gains or losses) being recognised in profit or loss.

#### Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

#### Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

#### Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with changes in such fair value (ie gains or losses) recognised in other comprehensive income (except for impairment losses and foreign exchange gains and losses). When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

#### Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.





NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

### NOTE 2: NEW STANDARDS AND INTERPRETATIONS ISSUED BUT NOT YET EFFECTIVE

At the date of this financial report the following standards and interpretations, which may impact the entity in the period of initial application, have been issued but are not yet effective:

Reference	Title	Summary	Application date (financial years beginning)	Expected Impact
AASB 2015-3	Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality	The Standard completes the AASB's project to remove Australian guidance on materiality from Australian Accounting Standards.	1 July 2015	Minimal impact expected
AASB 2014-4	Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation	This Standard amends AASB 116 and AASB 138 to establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset, and to clarify that revenue is generally presumed to be an inappropriate basis for that purpose.	1 January 2016	Minimal impact expected
AASB 2015-1	Amendments to Australian Accounting Standards – Annual Improvements to Australian Accounting Standards 2012- 2014 Cycle	The Standard makes amendments to various Australian Accounting Standards arising from the IASB's Annual Improvements process, and editorial corrections.	1 January 2016	Minimal impact expected
AASB 2015-2	Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101	The Standard makes amendments to AASB 101 Presentation of Financial Statements arising from the IASB's Disclosure Initiative project.	1 January 2016	Disclosures only



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## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
NOTE 3: REVENUE		
Operating activities		
Grant funding	5,332,683	7,060,496
Other income	725,854	750,142
Interest income	38,712	101,466
	6,097,249	7,912,104
NOTE 4: EXPENDITURE		
(a) Expenses		
Consultancy fees	951,163	1,304,384
Meetings, workshops & seminar costs	488,256	806,736
Rent & other occupancy costs	345,563	364,127
Telephone	58,385	61,830
Computer expenses	147,894	173,745
Advertising and promotion	154,483	469,128
Provision for bad debt	49,956	-
Entertainment costs	10,935	22,963
Legal fees	31,029	10,333
Management fees	232,987	325,914
Postage, printing and stationary	61,758	140,553
Publications	23,714	7,299
Repairs and maintenance	7,792	4,133
Staff costs	74,386	93,370
Training & development	22,123	6,943
Travel expenses	616,137	1,264,736
Other Expenses	176,434	161,214
	3,452,995	5,217,408
(b) Depreciation of non-current assets		
- Plant and equipment	60.054	20.505
- Flant and equipment	60,651	39,589
	60,651	39,589
(c) Auditors Remuneration		
- Audit services	17,250	17,000
	17,250	17,000



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#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

	NOTE	2015 \$	2014
NOTE 5: CASH ASSETS		Φ	\$
Cash on hand		204	0.000
		281	2,268
Cash at bank		2,200,931	2,533,459
	_	2,201,212	2,535,727
NOTE 6: INVESTMENTS			
Term deposits		95,438	92,404
	-	95,438	92,404
NOTE 7: RECEIVABLES			
CURRENT			
Trade debtors		397,560	235,454
Less provision for doubtful debts		(26,983)	=
Other current assets	1/2	37,778	102,066
		408,355	337,520





NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2015	2014
	\$	\$
Plant and equipment – at cost	139,486	133,193
Less accumulated depreciation	(38,637)	(21,333)
	100,849	111,860
Motor vehicles – at cost	31,395	36,181
Less accumulated depreciation	(4,168)	(12,631)
	27,227	23,550
Office equipment – at cost	72,250	62,828
Less accumulated depreciation	(23,118)	(6,479)
	49,132	56,349
Computer equipment – at cost	124,698	119,898
Less accumulated depreciation	(82,316)	(61,811)
	42,382	58,087
Total property, plant and equipment	219,590	249,846

#### **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 & equipment	Motor vehicles	Office equipment	Computer equipment	Total
	\$	\$	\$	\$	\$
2015					
Balance at the beginning of the year	111,860	23,550	56,349	58,087	249,846
Additions/Disposals	6,294	(4,786)	9,422	4,800	15,730
Depreciation expense	(17,305)	8,463	(16,639)	(20,505)	(45,986)
Carrying amount at end of year	100,849	27,227	49,132	42,382	219,590



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
NOTE 9: PAYABLES		
CURRENT		
Trade creditors	585,445	547,720
Unspent grant funds payable	12	416,616
Sundry creditors & Accruals	59,780	149,502
	645,225	1,113,838
NOTE 10: PROVISIONS		
CURRENT		
Employee benefits- Annual Leave	75,086	152,061
Employee benefits- Long service Leave	11,247	_
Employee benefits- Time in Lieu	14,484	60,196
	-	
TOTAL CURRENT	100,817	212,257
NON-CURRENT		
Employee benefits- Long service Leave	-	9,725
TOTAL NON-CURRENT	-	9,725
NOTE 11: OTHER LIABILITIES		
CURRENT		
Unspent grants	1,033,154	914,957
	2015	2014
	\$	\$
NOTE 12: RETAINED PROFITS	Ψ	Φ
Total retained profits at the beginning of the financial year	964,720	1,313,127
Net profit/(loss) for the year	180,679	(348,407)
Total retained profits at the reporting date	1,145,399	964,720
Frame of ma tabatima auto	1,175,599	304,120





#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### **NOTE 13: RELATED PARTY TRANSACTIONS**

No material related party transactions took place during the year.

#### **Key Management Personnel**

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

	2015	2014
	\$	\$
Key management personnel compensation:		
<ul> <li>Short term benefits</li> </ul>	454,407	499,261
<ul> <li>Post-employment benefits</li> </ul>	37,652	-
<ul> <li>Other long term benefits</li> </ul>	-	
<ul> <li>Termination benefits</li> </ul>	-	17,874
	429,581	517,135

The annual stipend paid by National Aboriginal Community Controlled Health Orgnisation in respect of services provided by the Chairman, and costs associated with providing those services, during the financial year was \$150,000.



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTE 14: CASH FLOW INFORMATION

	2015	2014
	\$	\$
(a) Reconciliation of cash		
Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	281	2,268
Cash at bank	2,200,931	2,533,459
	2,201,212	2,535,727
(b) Reconciliation of cash flow from operations with (loss)/profit from ordinary activities after income tax		
Profit/(Loss) from ordinary activities after income tax	180,679	(348,407)
Non-cash flows in profit from ordinary activities		
Depreciation	60,651	39,589
Disposal of property, plant & equipment	(9,880)	-
Changes in assets and liabilities		
(Increase)/decrease in receivables	(135,123)	1,163,769
(Increase)/decrease in other assets	64,288	65,394
Increase/(decrease) in grants received in advance	118,197	(3,268,315)
Increase/(decrease) in payables	(473,493)	(37,615)
Increase/(decrease) in employee provisions	(116,285)	53,541
Cash flows from operations	(310,966)	(2,332,044)





#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 15: FINANCIAL INSTRUMENTS

The company's financial instruments consist mainly of cash and deposits at bank, trade debtors, trade creditors and secured commercial credit facilities. The Board of directors meet on a regular basis to assist the company in meeting its financial targets, whilst minimising potential adverse effects on financial performance. The total of each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to these financial statements, are detailed below:

	2015	2014
	\$	\$
Financial Assets		
Cash and cash equivalents	2,201,212	2,535,727
Investments	95,438	92,404
Trade and other receivables	408,355	337,520
	2,705,005	2,965,651
Financial Liabilities		
Trade and other payables	645,225	1,113,838
	645,225	1,113,838

#### (a) Interest Rate Risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

#### (b) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss for the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilization of systems for the approval, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counter parties), ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment.

Risk id also minimized through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the executive committee has otherwise cleared as being financially sound.

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

The company has no significant concentrations of credit risk exposure to any single counterparty or group of counterparties.



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 15: FINANCIAL INSTRUMENTS (CONT)

#### (c) Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The company manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

#### **NOTE 16: COMMITMENTS**

Lease Commitments - Finance	2015 \$	2014 \$
Committed at the reporting date and recognised as liabilities, payable:		
Within one year	2,932	
One to five years	6,963	_
	9,895	

Finance lease commitment relates to a lease taken out on a motor vehicle secured under a finance lease expiring within one to five years.

#### Lease Commitments - Operating

Operating leases as lessee (office space and car parking)

Non-cancellable operating lease rentals are payable as follows:

	19	10 10 10 A	
		692,024	994,296
Late than 5 years		(5.)	-
One to five years		379,172	692,024
Within one year		312,851	302,272

The company moved into the premises in 2014. The Company leases the office and car parking spaces under non-cancellable operating leases expiring within five years.





NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

#### NOTE 17: COMPANY DETAILS

The registered office of the company is: National Aboriginal Community Controlled Health Organisation Level 3, 221 London Circuit CANBERRA ACT 2601

#### **NOTE 18: CONTINGENT LIABILITIES**

#### Dispute of Tri-partite Deed

The Community Services & Health Industry Skill Council (CS & HISC) has alleged that there is a breach of National Workforce Development Fund (NWDF) Tri-partite Deed. The Tri-partite Deed was between NACCHO, CS & HISC and Improvement Foundation, It is alleged by CS & HISC that a breach occurred when NACCHO engaged three registered training providers (RTOs) that were not party to the Tri-partite deed. CS & HISC further stated that NACCHO had failed to provide documentary proof that the training had been provided by these 3 RTOs and therefore the monies paid to NACCHO were to be repaid to CS & HISC.

NACCHO disputes the above allegations on the basis that the three RTOs were subcontracted to provide the services and NACCHO had provided documentary evidence that the training did take place and all monies received from CS & HISC has been duly paid to the three RTOs.

NACCHO is currently negotiating with CS & HISC to resolve this matter.

#### Bank Guarantee

NACCHO has a bank guarantee with Commonwealth Bank favouring Namazzi Pty Limited for the amount of \$82,403.75.



#### **DIRECTORS' DECLARATION**

The directors of the company declare that in the directors' opinion:

- (a) 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
- (b) the financial statements and notes satisfy the requirements of the Australian Charities and Notfor-profits Commission Act 2012.

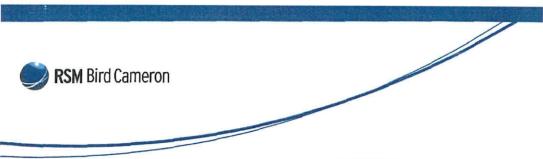
Signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profit Commission Regulation 2013.

Director

Matthew Cooke (Chairperson)

Dated this 2 I day of Septemgev 2015





RSM Bird Cameron evel 1, 103-105 Northbourne Avenue Canberra ACT 2601 GPO Box 200 Canherra ACT 2601 T+61 2 6247 5988 F+61 2 6247 3703 www.rsmi.com.au

#### INDEPENDENT AUDITOR'S REPORT

#### TO THE MEMBERS OF

#### NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

We have audited the accompanying financial report of National Aboriginal Community Controlled Health Organisation ("the entity"), which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

#### Directors' Responsibility for the Financial Report

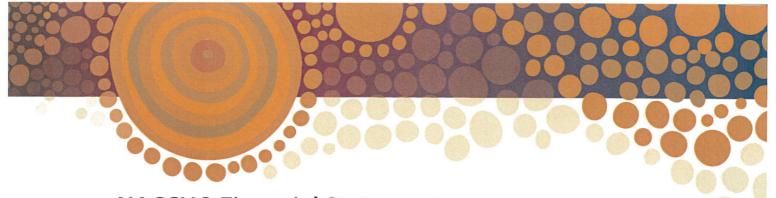
The directors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profit Commission Act 2012, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the 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.



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION ABN 89 078 949 710

#### Opinion

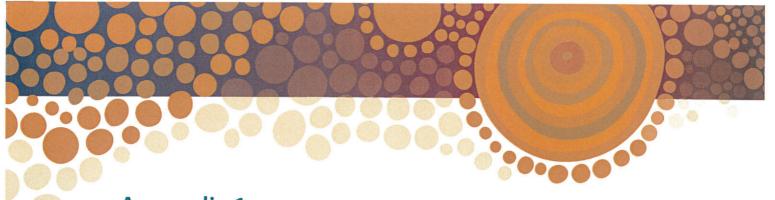
In our opinion the financial report of National Aboriginal Community Controlled Health Organisation is in accordance with the Australian Charities and Not-for-profit Commission Act 2012, including:

- Giving a true and fair view of the entity's financial position as at 30 June 2015 and of its performance for the period ended on that date; and
- Complying with Australian Accounting Standards and the Australian Charities and Not-for-profit Regulation (b)

RSM BIRD CAMERON

Canberra, Australian Capital Territory
Dated: 25 September 29/5

**GED STENHOUSE** Director



## **Appendix 1**

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

#### **Committee Name**

ABS - ATSI Demographic Statistics Expert Advisory Group

ABS - Rountable on ATSI Statistics

AIHW Burden of Disease Indigenous Reference Group

AMLA Australian Primary Care Collaboratives APCC Quality Improvement Programs Advisory Group

**ASHM Expert Reference Group** 

ASHM Health Expert Ref Group National HIV Testing Policy

ASHM National HBV Reference Committee

**ATSIHRTONN** 

**ATSIHWWG** 

Aust Chlamydia Control Effectiveness Pilot Advisory Committee

Aust Indigenous HealthInfoNet Advisory Board

Aust Injecting and Ilicit Drug Users League National Aboriginal Program Reference Group

Aust Medical Assoc Indigenous Health Task Force

Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum

Burden of Disease Indigenous Reference Group

Cancer Australia

Cancer Framework

Centre for Excellence in Indigenous Tobacco Control Advisory Group

Chronic Disease Campign (Social Marketing) Technical Reference Group (Tobacco ICDP measure)

Close the Gap Steering Committee

Close the Gap Targets Committee

COAG Mental Health Expert Reference Committee

COAG Workforce Campaign Technical Reference Group

Community Services and Health Industry Skills Council (Training Package Advisory Group)

Conversation Maps Steering Committee

DOH - Australian Health Protection Principal Committee - Blood Borne Viruses and STI Standing Committee

eMHPrac eMental Health in Practice Project

**Expert Advisory Group on Medicines** 

General Practice Education and Training (GPET)

Good Medicines Better Health Project Steering Committee



# Appendix 1 (cont.)

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

Governance Enhancement Working Group (GEWG)

Health Benefits of Work (HBOW) Signatory Steering Group

Indigenous Chronic Disease Package (COAG) Evaluation and Monitoring Framework Reference Group

Industry Skills Council Training Package Advisory Committee

International Network of Indigenous Health Knowledge Network (INIHKD) - International Steering Group

KidsMatter - Advisory Group for KidsMatter Framework

Kirby Institute - Trachoma Surveillance and Control Reference Group

Medicare Telehealth Technical Advisory Group

NACCHO Aboriginal Male Health Advisory Committee

NACCHO Sexual Health, Reproductive Health and Blood Borne Virus' Advisory Committee

NACCHO Tackling Smoking Advisory Committee (NTSAC)

National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC)

National Aboriginal and Torres Strait Islander Leadership in Mental Health

National Aboriginal and Torres Strait Islander Women's Alliance

National Advisory Committee for Cardiovascular Disease absolute risk assessment

National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID)

National Aged Care Alliance

National Committee Medical Specialist Outreach Assistance Program (MSOAP) Eye Health Teams for Rural Australia

National e-Health Independent Advisory Group

National Eye Health Survey Steering Committee

National Health and Medical Research Council Preventative Health Committee

National Health Foundation Aboriginal and Torres Strait Islander Health Advisory Committee

National Health Leadership Forum

National Health Performance Authority - Child and Maternal Health Report Advisory Committee

National Health Performance Authority - Immunisation Report Advisory Committee

National Health Performance Authority - PAH Report Advisory Committee

National Health Performance Authority - Child Immunisation Report Advisory Committee

National Immunisation Committee

National Indigenous Drug and Alcohol Committee (NIDAC)





National Indigenous Health Equality Council

National Justice Coalition

National Key Performance Indicators (NKPI) Advisory Working Group

National Lead Clinicians Group

National Medicines Policy Forum

National Relay Services

National Rural Health Alliance

National Rural Health Alliance Board

NJC

NPS MedicineWise

OCHREStreams Advisory Group

Pharmaceutical Society of Australia

Practice Incentive Payment (PIP) Advisory Group

Practice Nurse Incentive Reference Group

Program of Experience in the Palliative Approach (PEPA) Reference Group

**QUMAX Program Reference Group** 

**QUMAX Reference Group** 

RAGP - NACCHO Reference Group for the National Guide

RAGP Aboriginal and Torres Strait Islander Faculty Board

**RAGP Medical Specialist Access** 

Recent Advances in Otitis Media (ROAM)

Research Excellence in Aboriginal Community Controlled Health (REACH) Centre for Clinical Research Excellence

Talking About The Smokes (TATS) Research Project Reference Group - Menzies School of Health Research Project

The Alliance

The George Institute - Secondary Prevention Alliance

Trachoma Surveillance and Control Reference Group

University of Melbourne - Indigenous Eye Health eHealth and Technology Roundtable

Vision 2020 Australia - Aboriginal and Torres Strait Islander Committee

Workforce Expansion and Training Technical Advisory Committee

# **Abbreviations and Acronyms**

ABS	Australian Bureau of Statistics	AMSANT	Aboriginal Medical Services Alliance Northern Territory
AC	Aboriginal Corporation or Congress	ANCD	80.000 p. 60.000
<b>ACCHRTOs</b>	RTOs Aboriginal Community Controlled Health Registered Training Organisations	ANCD	Australian National Council on Drugs
		APHC	Aboriginal Primary Health Care
ACCH	Aboriginal Community Controlled Health	APHCRI	Australian Primary Health Care Research Institute
ACCHOs		APY	Anangu Pitjantjatjarra Yunkatjatjarra
ACCHOS	Aboriginal Community Controlled Health Organisations	ASOS	Asthma Spacers Ordering Scheme
ACRRM	Australian College of Rural and Remote Medicine	ATSIC	Aboriginal and Torres Strait Islander Commission
ADNs	Aboriginal Disability Networks	ATSIHWWG	Aboriginal and Torres Strait islander Health Workforce Working Group
AF	Asthma Foundation	ATSIHRTONN	Aboriginal and Torres Strait
AGM	Annual General Meeting	AISIMITONIN	Islander Health Registered Training
AHAC	Aboriginal Health Advisory Committee		Organisation National Network
AHCSA	Aboriginal Health Council of South Australia	ATSIOW	Aboriginal Torres Strait Islander Outreach Worker
AHCWA	Aboriginal Health Council of Western Australia	ATQF	Australian Training Quality Framework
		BBV	Blood borne virus
AHMRC	Aboriginal Health and Medical Research Council of NSW	CCAHP	Collaborative Centre for Aboriginal Health Promotions
AHMAC	Australian Health Ministers Advisory Council	CCHS	Community Controlled Health Services CCSS Care coordination and
AHS	Aboriginal Health Service		supplementary services program
AHW	Aboriginal and Torres Strait Islander	CEO	Chief Executive Officer
	Health Worker	COAG	Council of Australian Governments
AIHW	Australian Institute of Health and Welfare	CRCAH	Cooperative Research Centre for Aboriginal Health
AIDA	Australian Indigenous Doctors Association	CRIAH	Coalition for Research to Improve Aboriginal Health
AIDS	Acquired Immune Deficiency Syndrome	CS&HISC	Community Services and Health Industry Skills Council
AIRC	Australian Industrial Relations Commission	CSTDA	Commonwealth, State and Territory Disability Funding Agreement
AMA	Australian Medical Association	DAAs	Dosage administration aids
AMSs	Aboriginal Medical Services	DoHA	Department of Health and Ageing
	- T		,



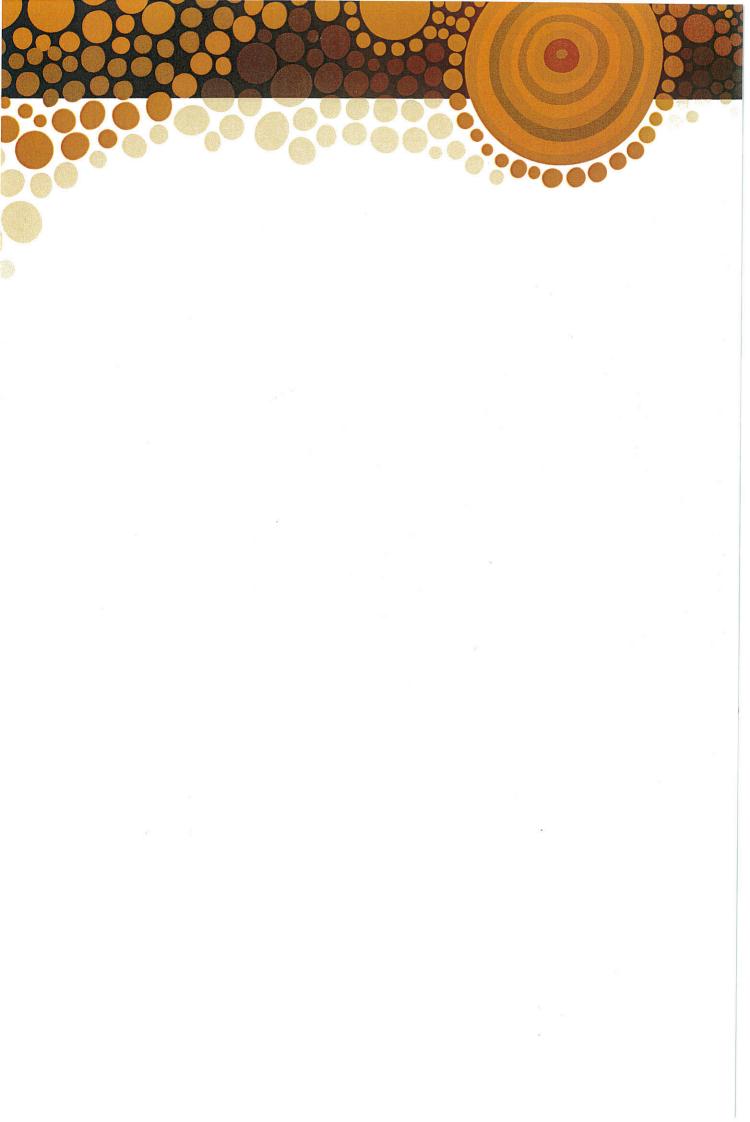
EPC	Enhanced Primary Care	IPON	Indigenous Peoples' Organisations Network of Australia	
FACSIA	Department of Family and Community Services and Indigenous Affairs	KPI	Key Performance Indicators	
FTE	Full Time Equivalent	MA	Medicare Australia	
GMBH	Good Medicines, Better Health Project	MAAPs	Medication Access and Assistance	
GP	General Practitioner		Packages	
НА	Hepatitis Australia	MACASHH	Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis	
H&DAC	Health and Dental Aboriginal Corporation	MACBBVS	Ministerial Advisory Committee on Blood Borne Viruses and Sexually	
НВ	Health Board		Transmitted Infections	
НС	Health Council	M&DHAC	Medical and Dental Health Aboriginal Corporation	
HIV	Human Immunodeficiency Virus	MBS	Medical Benefits Schedule	
HPF	Health Performance Framework	MSOAP	Medical Specialist Outreach Assistance	
HREOC	Human Rights and Equal Opportunity Commission		Program	
HFL	Healthy for Life	MSOAP-ICD	Medical Specialists Outreach Access Program-Indigenous Chronic Disease	
HLSW	Healthy Lifestyle Workers	MOU	Memorandum of Understanding	
HOMER	Harmonisation of Multi Centre Ethical Review Project	NACCHO	National Aboriginal Community Controlled Health Organisation	
HREC	Human Research Ethics Committees	NAGATSIHID	National Advisory Group for	
HS	Health Service		Aboriginal and Torres Strait Islander Health, Information and Data	
HSTAC	Human Services Training Advisory Council	NAHS	National Aboriginal Health Strategy 1989	
HWPC	Health Workforce Principle Committee	NAIHO	National Aboriginal and Islander	
ICESCR	International Covenant on Economic, Social and Cultural Rights	NAPSAs	Health Organisation  Notional Agreements Preserving State	
IOWs	Indigenous Outreach Workers		Awards	
ISC	Community Health Services Industry Skills Council	NATSIHC	National Aboriginal and Torres Strait Islander Health Council	
IASHC	Indigenous Australian Sexual Health Committee	NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan	
INILLIAD	International Naturals of Indiana	NCHECE		
INIHKD	International Network of Indigenous Health Knowledge Network	NCHECR	National Centre for HIV Epidemiology and Clinical Research	



NCIRS	National Centre for Immunisation Research and Surveillance	RACGP	Royal Australian College of General Practitioners
NES	National Employment Standards	RACP	Royal Australian College of Physicians
NHHR	National Health and Hospital Reform	RDAA	Rural Doctors Association of Australia
NHMRC	National Health and Medical Research Council	RTO	Registered Training Organisation
NIDAC		RWA	Rural Workforce Agency
NIDAC	National Indigenous Drug and Alcohol Committee	SAMSIS	Secure Aboriginal Medical Services Information Systems
NIHEC	National Indigenous Health Equality Council	SAR	Service Activity Reporting
nKPIs	National Key Performance Indicators	SBO	State Based Organisations of the GP Divisions
NPS	National Prescribing Service	SCARF	Support, Collection, Analysis and
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health		Reporting Function of the Healthy for Life Program
OATSIH	Office of Aboriginal and Torres Strait	SDRF	Service Development Reporting Framework
	Islander Health	SEWB	Social and Emotional Well Being
OIPC	Office of Indigenous Policy Coordination	SFA	Single Funding Agreement
OSCAR	OATSIH Support Collection, Analysis	STI	Sexually Transmitted Infection
	and Reporting	TAC	Tasmanian Aboriginal Centre
PBAC	Pharmaceutical Benefits Advisory Committee	TAW	Tobacco Action Workers
PBS	Pharmaceutical Benefits Scheme	UN	United Nations
PCEHR	Personally Controlled Electronic Health Record	VACCHO	Victorian Aboriginal Community Controlled Health Organisation
PGA	Pharmacy Guild of Australia	WACRRM	Western Australian Centre for Remote and Rural Medicine
PHCAP	Primary Health Care Access Program	WELL	Workplace English Language and
PIP	Practice Incentive Payment		Literacy
PIRS	Patient Information Recall System	WIPO	Workforce Issues Policy Officer
QAIHC	Queensland Aboriginal and Islander Health Council	WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework
QUM	Quality Use of Medicine		

Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders

QUMAX







## **Contact**

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## **Connect**

Stay connected, engaged and informed with NACCHO











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