



Euroa Health

Quality Individualised care within
our community.



Our Values

Respect
Compassion
Professionalism
Team Work
Trust

ANNUAL REPORT
2018/19



Euroa Health

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EUROA HEALTH MANAGEMENT PERSONNEL

Chief Executive/Executive Nursing Officer:	Wayne Sullivan
Accountant:	Stan Gibney
Aged Care Manager:	Janet Shankland
Acute Nurse Manager:	Hannah Capstick
Community & Allied Health Services Manager:	Heather Houston
Maintenance Manager:	David McKay
Executive Chef:	Peter Kumar
Quality Manager:	Hannah Capstick

BOARD OF DIRECTORS

Board Meetings

	Date Appointed	Term Expiry	A	B
Michael Bell	2016	2019	7	7
Paul Halliday	2018	2021	3	4
Caroline Keenan	2017	2020	6	7
James Perry (Chair)	2018	2021	5	7
James Shovelton	2016	2019	6	7
Sarah Treloar	2018	2021	6	7
Georgia Ward	2016	2019	6	7

A – Number of meetings attended

B – Number of meetings held during the time the director held office during the year

CREDENTIALLED VISITING MEDICAL PRACTITIONERS

Dr Malcolm Altson

Dr Ching-Chih Jimmy Huang

Dr David Kelly

Dr Zhi Su

Dr Hogan Chen

EXTERNAL CORPORATE SUPPORT SERVICES

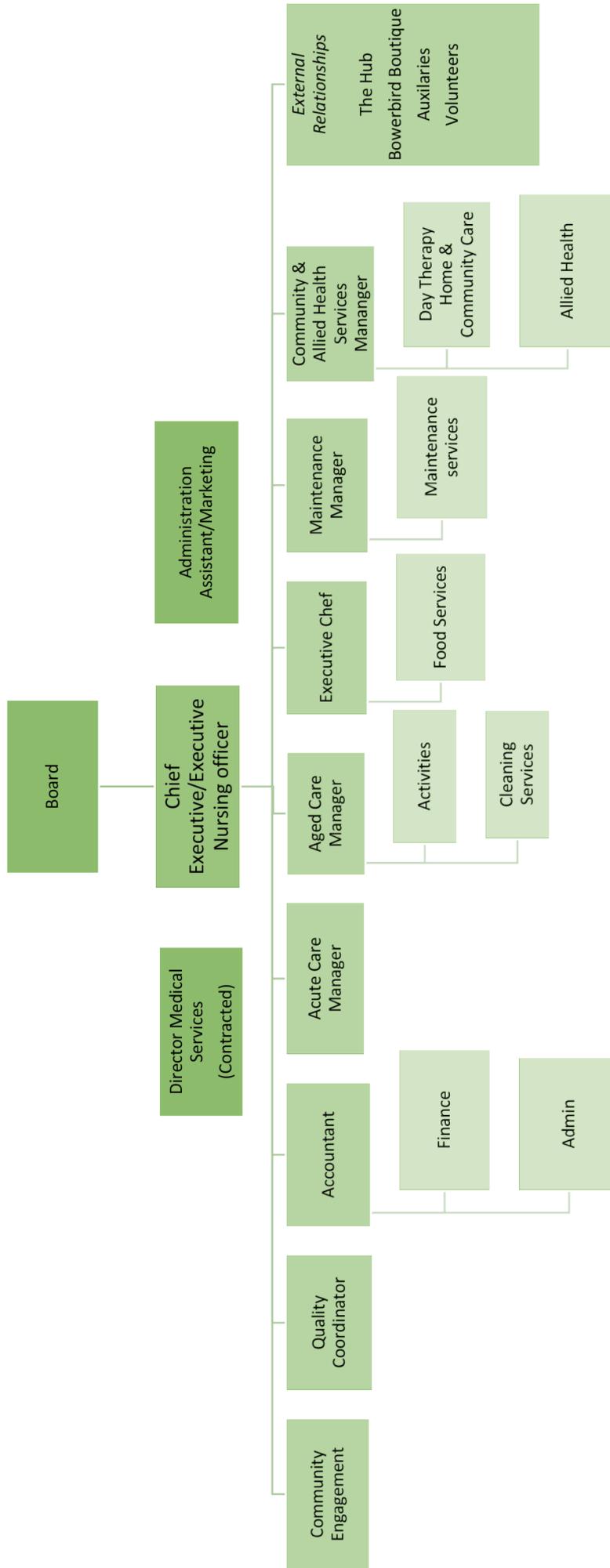
Auditors:

AASB Accounting & Audit Solutions
Bendigo

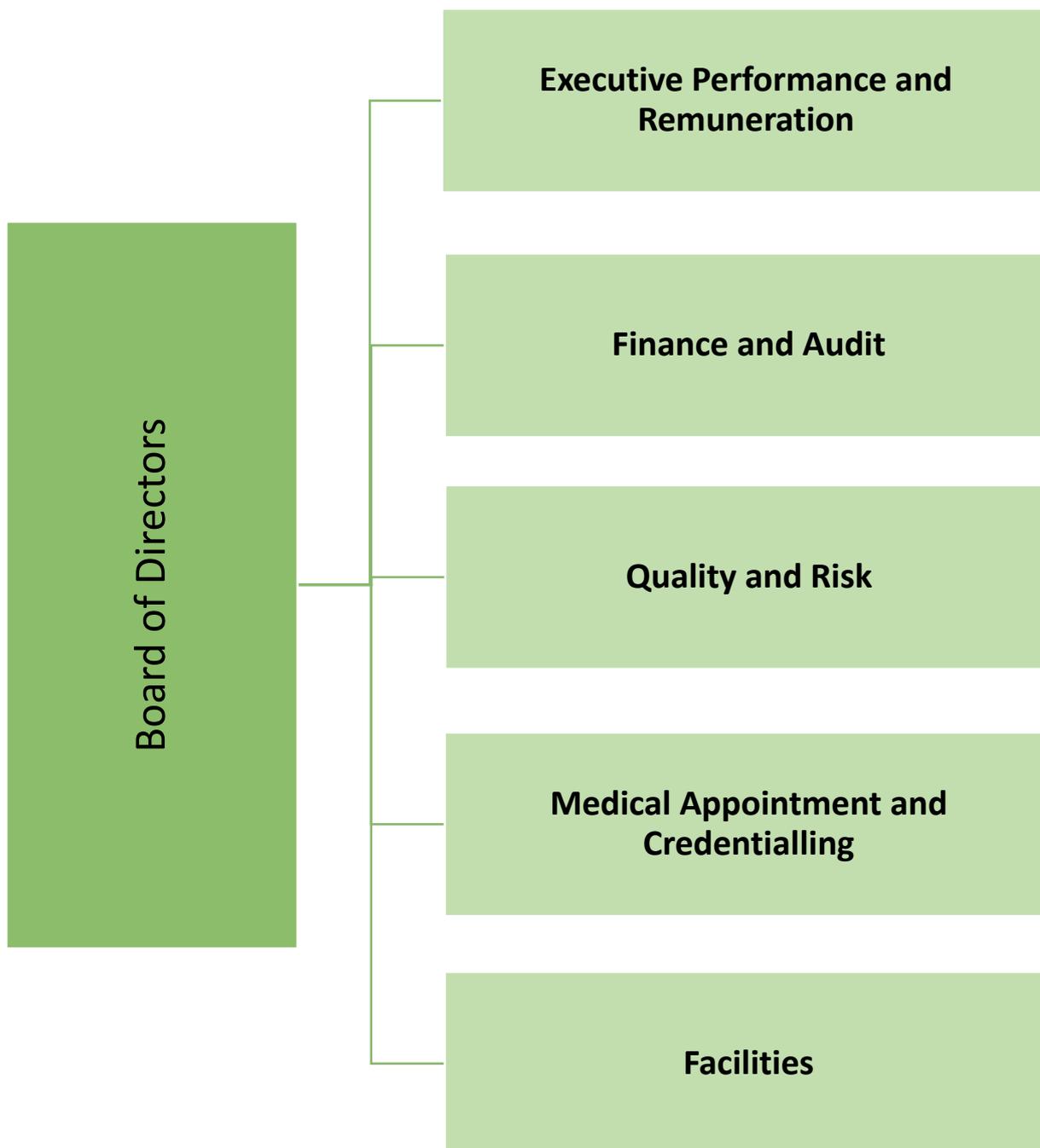
Solicitors:

Tehan George & Co

ORGANISATIONAL STRUCTURE



COMMITTEE STRUCTURE



EMPLOYEE SERVICE RECOGNITION 2018-2019 FINANCIAL YEAR

20 years

Thelma Goodwin

10 years

Vicki Boyd

Nicole McNair

Margaret Moir

Maree Pritchard

Leanne Zuydam

5 years

Lee Blakeman

Kristine Byrnes

Troy Follett

Hayley Gunther

Tracy Kent

David McKay

MESSAGE FROM OUR CHAIR

Welcome to Members, Guests and Staff to the 2019 Annual General Meeting of Euroa Health Inc.

Trends in Health Industry

Because of various factors, including, legislative changes, reductions in government funding and wage increases, it is becoming a difficult environment in which to run a small rural community owned Acute Hospital and an Aged care facility of 75 beds. As you will see in the financial report Euroa Health we are pleased to be able to record a reasonable profit for the 2018/19 year, this is a credit to our CEO Wayne Sullivan and his Managers.

Regardless of being a not for profit organisation, we obviously need to make a financial surplus, both to maintain our existing assets and also to allow the organisation to add or improve facilities/services on behalf of and for our community.

Euroa Health Inc is a very small player in the health industry and to remain viable, innovation and change are essential. Sometimes actions which change the way the organisation functions will not appeal to everyone, but it is important that changes are supported by staff, our members, volunteers and the community. Changes are only made in the best interests of Euroa Health and to enable a viable and quality driven ongoing service.

Staff

I would like to express on behalf of the Board our appreciation to all members of staff who work to provide a caring, safe and a happy environment to all our patients and residents. These ladies and men under the excellent leadership of Wayne and his managers are wonderful ambassadors for Euroa Health Inc.

As you would be aware, since the end of the financial year, the Board regretfully accepted the resignation of our CEO, Wayne Sullivan. In his time with us Wayne has made significant changes to Euroa Health including the completion and commissioning of GraniteHill, successfully negotiating the supply of funding for public beds, putting Euroa Health in a stable financial position and he has implemented significant improvements and changes to our infrastructure and systems. He will be missed and the Board takes this opportunity to thank him and to wish him the very best in the future.

Volunteers

On behalf of the Board, I would like to express our gratitude to the army of Volunteers who work in many areas of the organisation. Activities range from assisting with care and activities in GraniteHill and Gilburn to assisting with garden maintenance, fundraising committees, working at the Bower Bird Op Shop, the information centre at the Euroa Information Centre, serving as members of the board and those that assist on the board committees.

Often tasks carried out by you as our volunteers are tedious and are performed with little thanks, please accept our wholehearted thanks as without all your generous support the organisation could not exist.

Public Beds

This time last year we reported that the promised funding for Public Beds would be made available on an ongoing basis. During this previous 12 months the allocated funding has proved adequate for local demand for public beds.

Our Old Buildings

Arrangements have been made for the Board to develop a new Strategic Plan in the 2019/2020 year, this will follow a consultation with community groups who will have the opportunity to give their opinion on the way forward for Euroa Health. Considerations will include development of further accommodation for senior citizens in our community. It is expected that this process will give the information needed to facilitate the modification or not of the old buildings of Amaroo and Euroaville

Discussions continue with the Strathbogie Shire Council, RSL, and retired Service Men from the Armed Forces, Police and Emergency Services regarding the possibility of housing a Post-Traumatic Stress Wellness Centre to assist in rehabilitating ex-Servicemen and/or those who have served in Emergency Services. The Federal Government has committed some funds to provide seed capital for a formal feasibility study into this project.

EHI Board

At this meeting we have three members retiring, this is in line with the rules of Euroa Health Inc. James Shovelton is not eligible to stand for re-election at this meeting, Michael Bell and Georgia Ward are able to offer themselves for re-election.

James Shovelton has completed 9 years on the Board, during which time he has given service as Chairman of the Board and has served on several sub-committees of the Board, his last roll being chairman of the Quality and Risk Committee. We thank James for his significant contribution to the well being of Euroa Health.

We welcomed two new board members during the year, they were appointed to fill the vacancies left by the retirement of two board members at the 2018 AGM. They are Paul Halliday and Dianne McKinlay. Paul is a former solicitor and businessman who recently retired to Euroa and he brings extensive expertise in commercial and administrative law and has previous experience as company director. Dianne is a former teacher, having been a school principal for 15 years. During this time her focus was to create environments that allowed her students to achieve full potential. Her transferable skills will support the future development of Euroa Health.

Many thanks to our CEO Wayne and all the members of the board for your support and hard work throughout the year.

Jim Perry



Board Chair



We are sympathetic and conscious of others distress. We actively try to alleviate it.

Compassion



MESSAGE FROM OUR CEO

In the message from the Chair he has outlined some notable achievements for the 2018-19 year, which included the Public Beds and the progress in regards to the development of the decanted buildings of Euroville and Amaroo. My report as per previous reports should be read in conjunction with the Board Chair's Report for succinctness as I will not be over-viewing the events or performances raised within the Chair's report.

I would however reiterate the Chair's comments re our ongoing thanks and gratitude to Staff, Volunteers and Board Members whose commitment and expertise underpins our work.

Within the body of this year's annual report you will find the Quality Outcomes Report as prepared by our Quality Manager Hannah Capstick. Of note and within the report is that the hospital section of Euroa Health successfully undertook their Organisational Wide Accreditation Survey which was undertaken by the Australian Council of Health-care Standards in August 2018 and was assessed as either meeting or be above all the required outcomes and there were no recommendations.

Additionally, I am pleased to now advise that we also met our Private Hospitals Accreditation in 2019 and this was a great effort to Hannah Capstick and all the staff involved.

A key activity undertaken in 2019 was the revision of our Mission and Values and the development of above and below the line behaviours. This was undertaken with community, staff, board member input and involved a consultation day and a number of feedback sessions.

The revised Mission and Values are featured throughout this Report and the above and below behaviours are as follows. All Staff, Volunteers and Board Members have been requested to sign the same so that we can be consistent in our expectation of both paid and unpaid staff in our interactions within the

community that we service.

MISSION

"Quality individualised care within our community"

VALUES

Respect

- due regard for the feelings, wishes or rights of others
- politeness, honour and care shown towards someone or something that is considered important

Compassion

- sympathetic consciousness of others distress together with a desire to alleviate it

Professionalism

- the competence or skill expected as a professional

Team Work

- the combined action of a group, especially when effective and efficient
- cooperative or coordinated effort on the part of a group or persons acting together as a team or in the interests of a common cause
- The combined actions of a group of people working together effectively to achieve a goal

Trust

- firm belief in the reliability, truth or ability of someone or something reliance on the integrity, strength, ability, surety etc of a person or thing; confidence

ABOVE/BELOW BEHAVIOURS

Above

1. Respect
2. Professionalism
3. Positiveness
4. Teamwork
5. Acknowledging others
6. Communication
7. Courteous/good manners
8. Approachable
9. Honesty
10. Inclusiveness

Below

1. Gossiping
2. Aggressive tone and Behaviour
3. Deflecting responsibility
4. Disrespectful
5. Moodiness
6. Bullying
7. Dishonest
8. Ignoring someone
9. Lack of communication
10. Negative attitude



In the Aged Care Sector, the Royal Commission which was launched in early 2019 which has seen the bringing to the fore many issues/incidents/concerns that residents, their families and other community members have experienced. Many of the stories that are presented in the Commission are shocking to hear but from a Euroa Health prospective I can assure our community that they are not reflective of the care that we deliver nor of the majority of the Aged Care industry. Having said that, it is none the less evident that change needs to occur and given that the Royal Commission has now requested a further six months, it will be able to investigate further and thus hand down recommendations that are much greater informed. We look forward to the recommendations of the Commission and being able to review the same as to how we at Euroa Health can improve our level of service.

In the past year, we have received a Grant from the Department of Health and Human Services for \$217,108.00 and we are extremely grateful for assistance of the Victorian Government to enable us to address damp course issues in the hospital building and to paint both the interior and exterior of the hospital. There was also money to facilitate the refurbishment of a small number of bathrooms which supplement funds provided by the Friends of the Hospital for additional bathrooms and we are truly appreciative of this level of support.

Additionally, we are able to self-fund the refurbishment of the Bowerbird Op-shop and members of the community who visit there will note the new and extended layout. The feedback received has been very positive both from the Community and from our Volunteers who do a fantastic job in promoting, operating and marketing our Op-shop to the broader community.

The Op-shop facilitates the generation of funds to undertake projects that we would not normally be in a financial position to do, the walkway between the Hospital and GraniteHill

In February 2019 the Board of Management undertook a Strategic Planning Day which was facilitated by external consultants. Further work has been undertaken in regards to the same and it is envisaged that in the later half of 2019 a new Strategic Plan will be facilitated which will guide Euroa Health over the next 5-10 years.

In late 2018 and in response to an extensive survey of Residents and Patients the Board of Management decided to enter into a partnership with an external food services provider known as Community Chef. The catalyst for this was that in the aforementioned Residents Survey the majority of services we provide were rated very highly however it was evident that the Food Services was an area that needed significant improvement. Issues such as presentation, variety of meals, temperature of meals etc were all brought up as issues of concerns for Residents and Patients.

We also appointed a Chef to oversee the preparation of food and to lift the standards of the meal experience for Residents and Patients. We will be surveying Residents and Patients in late 2019 so that we can compare our results previously with the results now. Information from Resident Meetings and Patient information would suggest that the overall satisfaction has increased and thus the survey will enable us to quantify this.

In early 2019, we had discussions with a Dentist Dr Tom Hudson who has had multiple dental practices and currently operates a dental practice at Romsey who was wanting to establish a dental surgery in Euroa. Since that time we have been able to facilitate the development of a three chair dental clinic in the hospital building and we believe that this will develop into a multifaceted dental clinic providing care from childhood to senior life and that it will attract a number of specialities who Dr Hudson has already had discussions with.

Euroa Health will continue to explore opportunities where we can join with other parties to extend the range of services offered at Euroa Health to the community of Euroa and district. One such area we continue to explore at the political and commercial level is medical imaging. Unfortunately, the private provider did not believe the continuation of the service was commercially viable. A review of the numbers going through the radiology would validate the same. None the less we are working with Government and other parties to explore options that maybe available to Euroa Health and its community which would see the re-establishment of such services.

Euroa Health has implemented several key points under the Marketing Plan adopted by the Board of Management with a re-developed and comprehensive website which we believe will provide more information in a more user friendly format. Additionally our social media presence has also lifted and feedback from families of Residents within GraniteHill has been very positive.

Wayne Sullivan



Chief Executive Officer



We act with competence and the skill expected
of a professional.

Professionalism



Euroa Health

QUALITY REPORT

Euroa Health's mission is to provide Quality individualised care within our community. We have been working hard to strengthen Euroa Health's organisational and clinical governance framework. This includes a monthly Accountability Framework Scorecard covering; Efficiency & Productivity, Access & Equity and Quality Outcomes. The scorecard report is benchmarked against industry benchmark indicators and Euroa Health's monthly average and offers a transparent reflection of the health services operations and outcomes for patients and residents.

The accountability report also provides evidence for staff and quality driven initiatives aimed at improving outcomes for residents and patients. This is all part of how Euroa Health supports ongoing quality improvement.

Euroa Health is fortunate to now have two Consumer Representatives appointed as members of EHI's Clinical Governance Board Sub-Committee. These representatives are assisting the organisation to promote consumer participation in all aspects of our activities, including clinical staff training.

The year's quality achievements include the following infection prevention measures:

- Successful water testing and certification of Legionella-free status
- Cleaning and hand hygiene audits consistently above standard quality measures, and
- The absence of any hospital-acquired infections or catheter-associated infections.

Initiatives to decrease medication errors are ongoing and we have achieved a trend reduction in all medication errors. We attribute the trend reduction to an improved reporting culture.

We have noted a similar reduction falls.

Staff have been actively involved in conducting regular risk assessment patrols and Work Health and Safety meetings, which are matched with a robust program of maintenance and hazard reduction.

Overall this has been a year of persistent hard work with results showing some solid improvements.

HOSPITAL:

Patient Satisfaction Survey

Very positive feedback was received from patients about the care and services provided. It was noted that staff were great at communicating and the facilities were clean and tidy. Patients said they would be extremely likely to choose Euroa Health for their care again in the future. Some awesome recognition for staff!

Advanced Care Planning

In conjunction with Euroa Medical Clinic, we implemented processes to recognise and support the person-centred end of life care. This included a completed Advance Care Directive for all patients at Euroa Health. We looked at how we could work with patients and the community to best achieve this result and implemented a universal document that is used by both the Nursing staff and Doctors. Staff have undertaken education on Advanced Care Directive, with information sessions for the community to be organised.

Bedside Handover

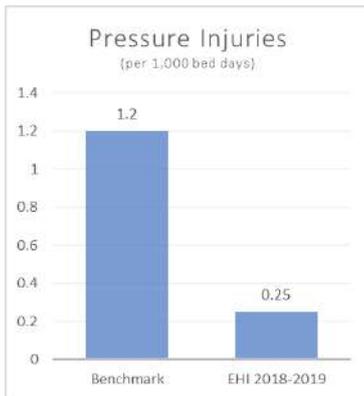
Euroa Hospital continues to complete patient handover at the bedside. We continue to receive positive feedback from the patients/family and staff and have also noted that incidents, be them medication/falls/Pressure injuries have decreased. We are continuing to look at ways to improve our communication with our consumers, including implementing communication boards in all patient rooms. These boards will be helpful for patients/families and staff to communicate.

Accreditation

To ensure compliance with best practice standards of care for our patients and residents Euroa Health participates in accreditation against the Aged Care, the Australian Council on Healthcare Standards (ACHS) and National Safety and Quality Health Service (NSQHS). Last year was a busy year with the Hospital undertaking their full accreditation, passing with nil recommendations and the NSQHS bringing in new standards on January 1 2019. The new NSQHS standards have a big focus on Consumer Directed Care and the Quality team have been working hard to update and implement policies and procedures to mirror this.

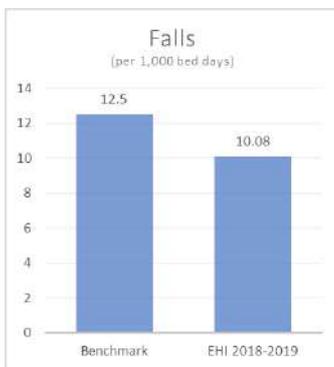
AGED CARE:

Pressure Injuries



Immobility, such as extended bed rest in hospital or residents who are unable to move freely, can cause pressure injuries. Euroa Health’s residents experience very low numbers of pressure injuries. This has been achieved through high standards of care and the implementation of evidence-based strategies. Results from regular audits of Pressure Injury Prevention Strategies are reported to the Quality and Risk Committee with resulting initiatives such as purchasing new equipment and engagement with patients, residents and families to develop individualised strategies to reduce risks.

Falls Monitoring



Falls related injury is one of the leading causes of morbidity and mortality in older Australians. Falls Risk assessment tools and falls minimisation plans are developed with the help of the patient/resident and family to minimise falls or harm from falls.

Medication Management

Delivering medication safely depends on providing the right medication to the right patient in the right dose at the right time. Euroa Health has an active approach to monitoring incidents in relation to drug administration and recognises contributing factors for errors that have occurred. Whilst there have been no identified adverse outcomes for residents or patients in relation to medication errors the potential risk of harm is still a focus.

Unplanned Weight Loss



When people become inactive as they age, there is usually a degree of weight and muscle loss. When someone has a rapid weight loss it is described as ‘unintentional’ and is due to causes other than inactive ageing. It is important to manage unintentional weight loss as the resident or patient is at a greater risk of infections or pressure injuries.

A routine risk assessment is completed for all patients and residents. Staff closely monitor food intake and monthly weights and have support from a dietician to tailor the individual’s nutritional needs.

Education

At Euroa Health we strive ourselves to deliver safe Clinical Care to our Residents and Patients with staff competency being an essential component.

Compulsory education is provided through the Victorian Regional Health Services eLearning Network (ReHseN) with practical assessment completed on campus. ReHseN also provides a portal for education that all staff can access to improve their knowledge and skills base.

Staff also complete practical competencies on-site and are invited to attend any sessions run by external providers. We are currently exploring new avenues to provide staff with more opportunities to further their education, including having guest speakers attend the Euroa Health Campus.

In addition, we work closely with local training providers to develop training plans specific to EHI’s expectations for high standards of care and a passion for care delivery. This results in EHI recruiting trainees who are ‘workplace ready’ and keen to work within the values of the health service.

Hannah Capstick

Quality Manager



We willingly combine actions and work together to achieve common goals. We believe the combined actions of a group of people working together effectively
achieve a goal.

Teamwork



COMMUNITY & ALLIED HEALTH SERVICES REPORT – (GILBURN)

Under the Commonwealth Home Support Program Euroa Health has provided therapy or social support for 264 clients across the Strathbogie Shire and Gilburn Centre is open Monday to Friday with a wide range of services offered to clients.

Our community programs are available to elderly people who reside in the Strathbogie Shire and the aim of these programs is to facilitate socialisation; integration into the community; maintenance and regaining of strength to improved quality of life.

The My Aged Care referral system is fully operational and allows us to provide the following Allied Health Services at a reduced fee;

- Occupational Therapy,
- Exercise Physiologist,
- Physiotherapy,
- Diversional therapy,
- Social Support

The past year has seen an expansion of our role in the community sector. We can now provide home and community care for both private and clients funding on packages. We also support clients to stay at home under the National Disability Insurance Scheme. We have trained staff now providing professional care to assist clients to maintain their independence and achieve their goals.

Our Exercise Physiology team headed by Claudia Callagher has developed and expanded programs into the community with sessions running at the 3rd Age Club, at Currie Park as well as in the Euroa Health Gym and Gilburn Centre and these programs aim to improve overall health and wellbeing.

There are exciting developments planned for the gym area at Euroa Health which will see further expansion of programs with additional space for Allied Health practitioners to complete assessments.

Kelly Hill provides all our Occupational Therapy services for CHSP and NDIS and has been extremely busy this year with 291 individual services to clients in our Shire. There has been an increase in home assessments, home modifications, individual assessments for mobility including support aids with individual care plans.

Physiotherapy is provided by Liz Bickerton which includes balance assessments, falls risk assessments/prevention and general health maintenance.

The Social Support groups are led by Enid Mawson who completed 259 sessions providing an opportunity for clients to attend and participate in social interactions which are conducted away from the client's home and in a community-based setting.

Heather Houston

Community and Allied Health Services Manager

FRIENDS OF EUROA HOSPITAL

The past year has been a busy one for us and as a result quite successful financially.

The first of our fundraisers was our soup – sandwich - and film day. The film “The Guernsey Literary and Potato Peel Society” proved very popular with 140 people attending and we raised \$2,959.00.

Our Christmas raffle resulted in \$1,273.00 being raised and the St. Patricks day ‘green’ raffle raised \$957.00. A Saturday morning on the Rotary barbeque at the Farmers Market saw another \$350 go into our account.

Lately we have seen the bathrooms renovated with funds that were donated last year. This year we have been working towards a new infusion pump and a vital sign monitor as requested by the Chief Executive Officer and we presented these to the hospital. While these things are not what we usually work for they are needed by the hospital to help it function successfully.

Our garden which we planted last year is flourishing after surviving the hot dry summer. There is still work to be done by lowering the ferns and trimming the forest pansies and we also hope to improve the garden at the new entrance.

The trolley is still functioning well with everyone doing their bit and we hope to introduce more “freebies” on to the trolley in the form of current magazines, toiletries etc in the forthcoming year. The original purpose of Friends of the Hospital was to provide comforts for the patients, and we have felt we have strayed from this path.

I would like to thank all members for your help with the fundraisers – your donations for raffles – and for giving time to the trolley and the garden. We only have 24 members and desperately need more if we are to survive.

Joan Sargood

President, Friends of the Hospital.

BOWERBIRD OP SHOP

It is my distinct pleasure to present a short report on the operations of the Bowerbird Op-Shop for the past twelve months. The op-shop has had a very successful twelve months raising a substantial amount of funds which I am sure will be reflected in the hospital's financial statement.

The re-furbishment of the shop has been, and remains, to be a great success for both our clientele and volunteers whom work in our shop.

We constantly receive compliments from clients and visitor that our shop is very clean and well laid out which has become a drop in shopping point for many people coming through Euroa.

Of course this would not be possible without the generosity of so many donators to our operations, and it keeps on astounding us as to the volume and class of goods that are donated for us to raise funds with at the shop.

All of this would not be possible of course without the hard dedicated work of our volunteers whom repair, clean and prepare all the goods for sale and staff the shop seven days a week.

I do not minimise anything that is done by all of our volunteers but it would be remiss of me to not mention the excellent and invaluable service provided by very few weekend workers whom step in when no one else wishes to open the shop of a weekend, these weekends incidentally average \$600 to \$700+ and are of great value to us.

At the conclusion of this report may I personally thank all of our dedicated volunteers whom without we could not run this shop and raise the funds so necessary to do those extra things which the proceeds allow us to do.

I feel privileged to be the co-ordinator of a group of hard working and dedicated workers, may I wish all a very enjoyable and successful coming twelve months.

Thank you

Corrie Dingemans

Bower Bird Op Shop Coordinator

WOMEN OF EUROA

"Women of Euroa" is auspiced under Euroa Health Inc. and is a positive contribution to the health of the community. The group began in 1993 and have been operating for 26 years as a wonderful platform for newcomers to the community to meet new friends and network socially.

Dinner meetings are held quarterly with interesting guest speakers who this year have included;

Seema Abdullah who spoke of her life journey since her childhood in Islamabad, completion of a Masters Degree in Business Administration which lead her to win a Commonwealth Scholarship to study in London. She now resides in Shepparton with her husband and family and has become a Councillor for the Greater Shepparton City Council.

Amanda Elliot who spoke proudly of her early days born and raised in Tabilk and attended the Tabilk Primary School. Amanda went on to study at the University of Melbourne and to relocate to Scotland where she started a woollen making business. On return to Australia she was elected to the Victorian Racing Committee and became the first female chair in its 155 year history in 2016 which saw her involved in the completion of the new grandstand at Flemington.

Amanda also spoke of the role of women in the community and that for communities to prosper a team approach between males and females is vital.

The Women of Euroa look forward to more inspiring guest speakers and friendships

Nola Dudley

Convenor



Our integrity and trustworthiness are the greatest things we have to offer. We strive to act in a manner that **builds trust.**

Trust



OUR DONORS TO THE EUROA HEALTH 2018-2019 FINANCIAL YEAR

Bowerbird Op Shop	of Mrs IC Harvey	James Ryan
Ivor & Edna Brook	JJ & RP McCarthy - In Memory	Robyn Sheenan
Ross & Rachael Carrington	of Mr L Wignell	RJ & JE Sloan
Christine Chittick	R McGregor - In Memory	Tony, Christine and Damien Thomson
Pat & John Dale - In Memory of Mr L Wignell	of Mr L Wignell	David Toy - In Memory
DPR Insurance Brokers	Greg Marcon	of Mr L Wignell
Drymarsh Livestock Services	J & T Morphett - In Memory	S Treloar
The Elston Family	of Mr L Wignell	H Van-Maanenberg
Friends of the Hospital	SB Myers	G Wallace & A Beare
Kathy & Terry Grigg	RW & KA Newnham	Estate Ian J. R Williams deceased
Donald & Fay Hall	John Nielson	William Angliss Charitable Fund
Bruce Hargrave	Noel & Robyn O'Meara	
LL & OM Harvey - In Memory	Penna Oil Co	
	J Perry	

*In conjunction with these donations, funds have also been raised via various raffles,
auctions and book sales. . Many thanks to all contributors.*

THE YEAR IN REVIEW VIA SOCIAL MEDIA

Euroa Health
Published by Katie Hill (9) · May 31 · 🌐

🎵🎵 The wheels on our bus go round and round all day long 🎵🎵..... ..but where did it go??

We went to Shepparton to Peppermill Hotel for lunch and then to visit to the Car Museum. Our residents had a fantastic time and the Car Museum it brought back so many precious memories

#yourstoriesareourstory #euroahealthinc @euroahealthinc #36kennedysteuroa #lovestrathbogie #granitehilleuroa #newfriendsnewmemories #gentlemanandcars



Euroa Health
Published by Katie Hill (9) · August 20 · 🌐

Euroa Hospital was delighted to receive a donation from the Friends of the Hospital to purchase a brand new Intravenous Medication Pump and an Observations Machine.

These machines have both been greatly accepted by the staff who were eager to use the new machines and Mr Bernard Darcy has been a grateful recipient of the direct use the Intravenous Medication Pump recently as an inpatient at Euroa Health.

The CEO of Euroa Health Inc, Wayne Sullivan said the organisation is proud of its long association with the Friends of the Hospital and donations like these allow us to buy new equipment which is pivotal for our organisation as it continues as a community owned Bush Nursing facility.

#yourstoriesareourstory #lovestrathbogie #euroahealthinc @euroahealthinc #36kennedysteuroa #granitehilleuroa #newfriendsnewmemories



Euroa Health
Published by Katie Hill (7) · August 15 · 🌐

On Sunday we had the Euroa Senior Citizens Band come and provide a lovely afternoon of music.

To our surprise they also cleverly matched the music to the scenes from the Lion King. Thank you to all involved, it was a perfect way to spend a cold day.

#yourstoriesareourstory #lovestrathbogie #euroahealthinc @euroahealthinc #36kennedysteuroa #granitehilleuroa #newfriendsnewmemories





Euroa Health

Published by Katie Hill [?] · May 27 ·

An afternoon indoors today full of toe tapping and smiles at Granite Hill, with a visit by Shepparton Splinter Group who brought back many memories of community dances/balls, the music, the dresses and of course the gentleman asking "could I have this dance".

#yourstoriesareourstory #euroahealthinc #36kennedysteuroa #lovestrathbogie #granitehilleuroa



Euroa Health

Published by Katie Hill [?] · June 21 ·

Do you know that Euroa Bowls Club donate their time to us??

Whilst the bowling seems a bit irrelevant at times to the hot cups of tea and biscuits being enjoyed from the side lines on these cold mornings, this month the friendly atmosphere was tested with our first ever dead heat - cue the measuring tapes, head scratching and some serious consultations.

Thank you Euroa Bowls Club we really enjoy your company.

These ladies are just thrilled to take part in our newest activity of "knitting by the fire". There is so much enthusiasm for their group project to knit assorted squares which will be joined together to make into a blanket for the Euroa Show.

While their hands are busy, we are lucky enough to have heard stories of their past knitting projects. Thankyou to our volunteer Ine who travels all the way from Seymour to help us bring this idea to life.

#yourstoriesareourstory #lovestrathbogie #euroahealthinc @euroahealthinc #36kennedysteuroa #granitehilleuroa #newfriendsnewmemories



Euroa Health

Published by Katie Hill [?] · April 23 ·

We have held our Anzac Day Remembrance Service this morning outside in the sun and would like to share this beautiful poem read at the Service.

THE FARMER REMEMBERS THE SOMME*

Will they never fade or pass!

The mud, and the misty figures endlessly coming
In file through the foul morass,
And the grey flood-water ripping the reeds and grass,
And the steel wings drumming.

The hills are bright in the sun:

There's nothing changed or marred in the well-known places;
When work for the day is done
There's talk, and quiet laughter, and gleams of fun
In the old folks' home.

I have returned to these:

The farm, and the kindly Bush, and the young calves lowing;
But all that my mind sees

Is a quaking bog in a mist - stark, snapped trees,

And the dark Somme flowing*

Vance Palmer enlisted AIF, March 1918
(Australia, 1920)

LEST WE FORGET

Thank you Euroa RSL and Euroa Secondary College for attending.

#yourstoriesareourstory #strathbogie #GraniteHillEuroa #EuroaHealthinc #36KennedyStreetEuroa #livingwellinEuroa #newfriends #anzac #lestweforget #RSL #lovestrathbogie





Euroa Health
Published by Katie Hill [?] · June 4 · 🌐

Euroa Health is so proud of its partnership with Euroa Garden Club who generously donate their time and their own gorgeous flowers on the first Tuesday of every month.

Our residents get busy and arrange vases of flowers for both their own rooms and around the buildings. Looking at the faces at this table there are decades of gardening experience and they are enjoying every moment of this wonderful activity.

#yourstoriesareourstory #lovestrathbogie #euroahealthinc @euroahealthinc #36kennedysteuroa #granitehilleuroa #newfriendsnewmemories



Euroa Health
Published by Katie Hill [?] · July 2 · 🌐

These ladies are just thrilled to take part in our newest activity of "knitting by the fire". There is so much enthusiasm for their group project to knit assorted squares which will be joined together to make into a blanket for the Euroa Show.

While their hands are busy, we are lucky enough to have heard stories of their past knitting projects. Thankyou to our volunteer Ine who travels all the way from Seymour to help us bring this idea to life.

#yourstoriesareourstory #lovestrathbogie #euroahealthinc @euroahealthinc #36kennedysteuroa #granitehilleuroa #newfriendsnewmemories



Euroa Health
Published by Katie Hill [?] · 17 hrs · 🌐

You may recall back in June we cooked breakfast for the Euroa Men's Shed to discuss joining forces (as we thought that a full stomach would help with some decision making 😊).

Well we are so pleased to update that the partnership is now up and running with a number of sessions having already taken place in our Men's Lounge.

Our Informer, who has asked to remain anonymous, spilt the beans to tell there's a far bit of chatter and lots of laughs going on behind these doors and there is even talk of a field trip.

We think this has been another great addition to the activities program for our men at Granite Hill and we thank all the staff and volunteers as they say from little things big things grow!

#euroa
#yourstoriesareourstory #lovestrathbogie #euroahealthinc
@euroahealthinc
#36kennedysteuroa #granitehilleuroa #newfriendsnewmemories
#euroamenshedandeuroahealthinc





We have regard for the feelings, wishes and rights of others. We demonstrate politeness, honor and care.

Respect



EUROA HEALTH INC
MINUTES OF THE ANNUAL GENERAL MEETING OF MEMBERS
HELD AT GRANITEHILL, KENNEDY STREET EUROA
FRIDAY 9th NOVEMBER 2018

The meeting was declared open at 2:05pm

Meeting Chairman: Jim Perry

Present: W.Sullivan, J.Perry, N.Dudley, R.McGeehan, S.Treloar, J.Shovelton, D.Rutledge, C.Keenan, G.Ward, M.Bell, D.McKinlay, P.Halliday, K.Newnham, J.Sweddle, D.Warren, M.Atkinson, S.McKay, J.Eddy, J.Shankland, N.Sullivan, E.Mercer, J.Halliday, V.Duncan, E.Duncan, I.Souta, C.Carracher, H. Houston, K.McKendrick, M.Manning, K.Hill, R.Cumming, S.Perry, J.Simpson, C.Simpson, L.Kubiel, J.Gates, M.Rigg, R.Day, C.Halsan, G.McCombe, Y.Hargreaves, K.Grigg, V.Smith, C.Cameron, A.Shovelton, G.Mulley, S.Pilcher, M.Davidson, G.Davidson, M.Williams, M.Edwards, A.Edwards, B.Stapleton, J.Sullivan, B.Harrison, E.Harrison, M.Dean, M.Cavanagh, M.Cavanagh, M.Fraudstein, K.Chatterton, S.Lloyd, B.Jungwirth, F.Jungwirth, V.Tehan, C.Allen, A.Suzgamos, S.Smith, J.Stringer, F.Ireland, S.Gibney, N.Williams, M.Watters, J.Lewin, B.Hobbs, J.Lemur, E.Actlock, B. Beadle.

Apologies:

R.Newnham, C.McGowan, S.Crawcour, D.Drum, G.Wheaton, M.Sharp, E.Cameron, M.Carter, B&V.Chaston, J&N.Clifton, M.Cook, E.Doyle, M.Haines, C.Halliburton, M&O.Hill, J.Little, J.Lomer, E.Lund, G&L.McWhirter, R.Morphet, R&K.Newnham, M.Rennie, B.Siede and C.Williams.

Jim Perry welcomed everyone to the Euroa Health AGM; members of the public, Euroa Health staff and residents and a special welcome to CEO of Honeysuckle Regional Health, CEO of Nagambie Health and Michael Tehan from the board of Goulburn Valley Health.

Guest Speaker

Sarah Treloar was invited to introduce the guest speaker for the day, Clare Keenan.

Clare started her speech with the story of "Bonus Time" and how she has lived her life and how it all accumulated from one moment in time from her early 20's. Going back to her near-death experience and what happened to her that day was harrowing and amazing to listen too, she captivated us as an audience.

Clare's story was one that depicted her character and how she has not let that day define her as a person that she is not the "victim" but the "survivor".

The guest speaker was thanked by Michael Bell.

Business

MOTION: *To approve the Minutes of the Annual Meeting held on 23 October 2017:*

Moved: M Bell

Seconded: J Shovelton

Carried

Annual Report Presentation

Message from the Chairman

Jim Perry presented the 2017/18 Annual Report and addressed the highlights and challenges that Euroa Health has faced over the last year, as well as our plans for the future.

The Chair spoke of the commitment being made by the Labour Government for funding of the Public beds and that this has been announced as ongoing.

The Chair, on behalf of the board, extended thanks to all Euroa Health staff and volunteers, and in particular the CEO — Wayne Sullivan.

Jim touched on the new values and mission statement that had been adopted.

The chair also thanked retiring Board Members Nola Dudley and Richard McGeehan for their contribution over the years.

Message from the Chief Executive Officer

Wayne Sullivan spoke about Euroa Health's future and addressed the issues faced by health providers and populations within more rural communities, such as Euroa. The CEO noted that Euroa Health had received aged accreditation with all 44 outcomes being successfully met.

The CEO also thanked our volunteers and staff.

Presentation of Financial Statements

David Rutledge presented the financial statements for Euroa Health for the year 2017/18

MOTION: *That the Financial Statements and Chairman and CEO report be accepted.*

Moved: D Rutledge

Seconded: N Dudley

Carried

Appointment of Auditors

It was the recommendation of the Board to this meeting that the current auditors, Crowe Horwarth, be replaced by the Accounting and Audit Solutions Bendigo.

MOTION: *That Accounting and Audit Solutions Bendigo be appointed as the external auditors for Euroa Health for the 2018/2019 year.*

Moved: J Perry

Seconded: J Shovelton

Carried

Election of new Board Members

Wayne Sullivan assumed the chair and announced that:

- Three positions were declared vacant— Jim Perry, Nola Dudley and Richard McGeehan .
- Three nominations were received by Dianne McKinlay, Paul Halliday and Jim Perry.

MOTION: Recommendation of the Board to appoint all three nominations

Moved: M Bell

Seconded: S Treloar

Carried

Presentation of Staff Service Certificates

Wayne Sullivan and Jim Perry presented service certificates to Coral Williams (40 years), Elvira Guggemos (20 years), Frances Ireland (20 years), Denise Anderson (15 years), Christine Carracher and Margaret Watters (10 years) in recognition of their loyal service to Euroa Health.

Meeting Close

Jim Perry thanked everyone for their attendance and closed the meeting.

Meeting declared closed at 2.42 pm



James Perry - Chairman

21/11/2018

Date

EUROA HEALTH INC.

ABN : 92 619 716 188

FINANCIAL STATEMENTS

**for the year ended
30 June 2019**

EUROA HEALTH INC.
BOARD OF DIRECTORS REPORT

Your Board of Management present the financial report of Euroa Health Inc. for the financial year ending 30 June 2019.

BOARD OF DIRECTORS

The names of Board Members throughout the year and at the date of the report are:

James Perry - Chairperson	James Shovelton
Michael Bell - Deputy Chairperson	Georgia Ward
Caroline Keenan	Sarah Treloar (appointed August 2018)
Paul Halliday (appointed November 2018)	Dianne McKinlay (appointed November 2018)
David Rutledge (resigned December 2018)	Nola Dudley (did not stand for re-election)
Richard McGeehan (did not stand for re-election)	

PRINCIPAL ACTIVITIES

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

“Provision of professional high quality care to residents of our Accredited Residential Aged Care Facility and to patients in our Acute Facility.”

SIGNIFICANT CHANGE IN OPERATIONS

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

OPERATING RESULT	2019	2018
	\$	\$
Total Comprehensive Income for the year.	774,827	835,942

COMMITTEE OF MANAGEMENT BENEFITS

Since the end of the previous financial year, no Board Member has received or become entitled to receive a benefit other than :

- (a) a benefit, if any, included in the aggregate amount of emoluments received or due and receivable by board Members shown in the accounts; or
- (b) the fixed salary of a full time employee of the entity of a related corporation

by reason of a contract by the entity or a related corporation with the Board Member or with a firm that has a substantial financial interest.

Signed on behalf of the Board of Directors


BOARD MEMBER


BOARD MEMBER

EUROA HEALTH INC.
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue from Operating Activities	(2)	8,356,665	8,777,147
Revenue from Non-Operating Activities	(2)	531,575	276,417
Employee Expenses	(3)	(5,846,943)	(5,924,329)
Depreciation & Amortisation	(4)	(668,737)	(669,369)
Impairment expense- Buildings	(5)	-	(251,822)
Other Expenses	(5)	(1,597,733)	(1,555,276)
Net Result for the Year		774,827	652,768
Other Comprehensive Income			
Items that will not be reclassified to Net Result			
Changes to Property, Plant and Equipment Revaluation Surplus		-	183,174
Total Other Comprehensive Income		-	183,174
Total Comprehensive Income for the year		774,827	835,942
Total Comprehensive Income to Members of the Entity		774,827	835,942

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

**EUROA HEALTH INC.
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019**

	<i>Note</i>	2019 \$	2018 \$
CURRENT ASSETS			
Cash & Cash Equivalents	(6)	9,243,598	3,924,423
Trade & Other Receivables	(7)	405,871	599,183
Inventories		35,083	46,684
Other Financial Assets	(8)	5,163,717	7,435,475
Prepayments		36,469	31,782
		<hr/>	<hr/>
TOTAL CURRENT ASSETS		14,884,738	12,037,547
		<hr/>	<hr/>
NON-CURRENT ASSETS			
Property, Plant and Equipment	(9)	18,827,977	19,455,230
		<hr/>	<hr/>
TOTAL NON-CURRENT ASSETS		18,827,977	19,455,230
		<hr/>	<hr/>
TOTAL ASSETS		33,712,715	31,492,777
		<hr/>	<hr/>
CURRENT LIABILITIES			
Trade & Other Payables	(10)	647,407	590,360
Employee Benefits	(11)	606,042	630,858
Other Liabilities	(12)	10,356,898	8,951,330
		<hr/>	<hr/>
TOTAL CURRENT LIABILITIES		11,610,347	10,172,548
		<hr/>	<hr/>
NON CURRENT LIABILITIES			
Employee Benefits	(11)	169,056	161,744
		<hr/>	<hr/>
TOTAL NON CURRENT LIABILITIES		169,056	161,744
		<hr/>	<hr/>
TOTAL LIABILITIES		11,779,403	10,334,292
		<hr/>	<hr/>
NET ASSETS		21,933,312	21,158,485
		<hr/>	<hr/>
EQUITY			
Asset Revaluation Reserve		574,003	574,003
Government Funding Reserve		36,846	29,202
Op Shop Surplus Reserve		268,223	128,265
Accommodation Bond Reserve		3,162,157	3,162,157
Retained Earnings		17,892,083	17,264,858
		<hr/>	<hr/>
TOTAL EQUITY		21,933,312	21,158,485
		<hr/>	<hr/>
Contingent Liabilities & Contingent Assets	(13)		
Commitments for Expenditure	(14)		

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



EUROA HEALTH INC.
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Retained Earnings	Asset Revaluation Reserve	Government Funding Reserve	Op Shop Surplus Reserve	Accommodation Bond Reserve	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2017	16,243,656	390,829	102,747	423,154	3,162,157	20,322,543
Net Result for the Year	652,768	-	-	-	-	652,768
Total Other Comprehensive Income	-	183,174	-	-	-	183,174
Transfer to/(from) Reserves	368,434	-	(73,545)	(294,889)	-	-
Balance at 30 June 2018	17,264,858	574,003	29,202	128,265	3,162,157	21,158,485
Net Result for the Year	774,827	-	-	-	-	774,827
Total Other Comprehensive Income	-	-	-	-	-	-
Transfer to/(from) Reserves	(147,602)	-	7,644	139,958	-	-
Balance at 30 June 2019	17,892,083	574,003	36,846	268,223	3,162,157	21,933,312

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

**EUROA HEALTH INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants and Funding from Government		4,403,262	4,343,046
Receipts from Customers		4,370,966	4,317,547
Interest Received		385,719	200,523
Payments to Suppliers and Employees		(7,525,368)	(7,846,689)
GST Received From/(Paid to) ATO		40,609	118,621
Net Cash Flows from/(used in) Operating Activities	(18)	1,675,188	1,133,048
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for Property, Plant and Equipment		(68,467)	(737,077)
Proceeds from Sale of Property, Plant and Equipment		21,952	3,884
Net Redemption/(Purchases) of Investments		2,271,758	(1,210,826)
Net Cash Flows from/(used in) Investing Activities		2,225,243	(1,944,019)
CASH FLOWS FROM FINANCING ACTIVITIES			
Bonds/Refundable Deposits Received		3,359,000	4,327,280
Bonds/Refundable Deposits Paid		(1,946,722)	(3,148,544)
Increase/(Decrease) in Resident Trust Monies		6,466	(3,984)
Net Cash Flows from/(used in) Financing Activities		1,418,744	1,174,752
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		5,319,175	363,781
Cash and Cash Equivalents at Beginning of Period		3,924,423	3,560,642
CASH AND CASH EQUIVALENTS AT END OF PERIOD	(17)	9,243,598	3,924,423

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

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Euroa Health Inc. ("Euroa Health" or the Association) as an individual entity, incorporated and domiciled in Australia.

Basis of preparation

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

The financial statements, except for cash flow information, have been prepared on an accrual 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.

Where necessary, comparative figures have been reclassified to facilitate comparisons.

Accounting Policies

(a) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of 3 months or less and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities in the Statement of Financial Position.

For the Statement of Cash Flows presentation purposes, cash and cash equivalents includes bank overdrafts.

(b) Receivables

Receivables and other debtors include amounts due from members as well as receivables from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

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

(c) Inventories

Inventories are measured at the lower of cost and net realisable value.

(d) Financial Instruments

Financial instruments arise out of contractual agreements that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. Due to the nature of the Association's activities, certain financial assets and financial liabilities arise under statute rather than a contract. Such financial assets and financial liabilities do not meet the definition of financial instruments in *AASB 132 Financial Instruments*: Presentation.

From 1 July 2018, the Association applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB 9

Financial assets at amortised cost

Financial assets are measured at amortised costs if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Association to collect the contractual cash flows, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The Association recognises the following assets in this category:

- cash and deposits;
- receivables (excluding statutory receivables);
- term deposits; and
- managed investments.

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(d) Financial Instruments (Continued)

Debt investments are measured at fair value through other comprehensive income if both of the following criteria are met and the assets are not designated as fair value through net result:

- the assets are held by the Association to achieve its objective both by collecting the contractual cash flows and by selling the financial assets, and
- the assets' contractual terms give rise to cash flows that are solely payments of principal and interests.

Equity investments are measured at fair value through other comprehensive income if the assets are not held for trading and the Association has irrevocably elected at initial recognition to recognise in this category.

These assets are initially recognised at fair value with subsequent change in fair value in other comprehensive income.

Upon disposal of these debt instruments, any related balance in the fair value reserve is reclassified to profit or loss. However, upon disposal of these equity instruments, any related balance in fair value reserve is reclassified to retained earnings.

Financial assets at fair value through net result

Equity instruments that are held for trading as well as derivative instruments are classified as fair value through net result. Other financial assets are required to be measured at fair value through net result unless they are measured at amortised cost or fair value through other comprehensive income as explained above. However, as an exception to those rules above, the Association may, at initial recognition, irrevocably designate financial assets as measured at fair value through net result if doing so eliminates or significantly reduces a measurement or recognition inconsistency ('accounting mismatch') that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases.

The Association recognises listed equity securities as mandatorily measured at fair value through net result and designated all of its managed investment schemes as well as certain 5-year government bonds as fair value through net result.

Categories of financial assets previously under AASB 139

Loans and receivables and cash are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment).

The Association recognises the following assets in this category:

- cash and deposits; and
- receivables (excluding statutory receivables).

Financial liabilities at amortised cost are initially recognised on the date they are originated.

They are initially measured at fair value plus any directly attributable transaction costs.

Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initial recognised amount and the redemption value being recognised in profit and loss over the period of the interest bearing liability, using the effective interest rate method. The Association recognises the following liabilities in this category:

- payables (excluding statutory payables); and
- other liabilities

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the rights to receive cash flows from the asset have expired.

Derecognition of financial liabilities: A financial liability is derecognised when the obligation under the liability is discharged, cancelled or expires.

Impairment of financial assets

At the end of each reporting period, the Association assesses whether there is objective evidence that a financial asset or group of financial assets is impaired. All financial instrument assets, except those measured at fair value through profit or loss, are subject to annual review for impairment.

The allowance is the difference between the financial asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136 *Impairment of Assets*.



EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(e) Property, Plant and Equipment

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

In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

The cost of fixed assets constructed by the Association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Association and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in the profit or loss during the financial period in which they are incurred.

(f) Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset's useful life commencing from the time the asset is available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful life of the improvements.

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

	2019	2018
Buildings	Up to 40 Years	Up to 40 Years
Plant & Equipment	Up to 20 Years	Up to 20 Years

(g) Impairment of Assets

At the end of each reporting period, the Association assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less cost of disposal and value-in-use, to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is immediately recognised in profit or loss.

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

Where it is not possible to estimate the recoverable amount of an individual asset, the Association estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(h) Revaluations of Non-current Physical Assets

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

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

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

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

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

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(i) Payables

Payables represent the liability outstanding at the end of the reporting period for goods and services received by the Association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(j) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(k) Goods & Services Tax

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 (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Statement of Financial Position.

Cash flows are represented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(l) Employee Benefits

Short-term employee benefits

Provision is made for the Association's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Association's obligations for short-term employee benefits such as wages and salaries are recognised as a part of the current trade and other payables in the Statement of Financial Position.

Other long-term employee benefits

Provision is made for employees' annual leave entitlements not expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments are measured at present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to end-of-reporting-period market yields or Government bonds that have maturity dates approximating the terms of the obligations. Any remeasurements of other long-term employee benefit obligations due to changes in assumptions are recognised in profit or loss in the periods in which the exchanges occur.

The Association's obligations for long-term employee benefits are presented as non-current provision in the Statement of Financial Position, except where the Association does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are present as current provisions.

On-Costs

Employee benefit on-costs, such as superannuation and workers compensation are recognised together with the provisions for employee benefits.

Superannuation

Contributions to contribution superannuation plans are expensed when incurred.



**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

(m) Income Recognition

Revenue is recognised in accordance with AASB 118 *Revenue*. Income is recognised as revenue to the extent it is earned. Unearned income at reporting date is reported as income in advance. Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

Grants are recognised as income when Euroa Health Inc gains control of the underlying assets. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as income when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Patient and Resident Fees

Patient and Resident fees are recognised as revenue at the time invoices are raised, except for private patient fees which are recognised as the service is provided (accrued) and then subsequently invoiced.

Donations and Bequests

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

Interest

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

Other Income

Other income is recognised as revenue when the cash is received.

(n) New Accounting Standards for Application in Future Periods

The AASB has issued a number of new and amended Accounting Standards that have mandatory application dates for future reporting periods, some of which are relevant to the Association. The Association has decided not to early adopt any of the new and amended pronouncements. The Association's assessment of the new and amended pronouncements that are relevant to the Association but applicable in future reporting periods is set out below:

Standard / Interpretation	Summary	Applicable for reporting periods beginning on	Impact on Associations Annual Statements
AASB 16 <i>Leases</i>	The key changes of AASB 16 requires an entity to recognise a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets), depreciation of right-of-use assets in line with AASB 116 <i>Property, Plant and Equipment</i> in profit and loss and unwinding of the liability in principal and interest components and inclusion of additional disclosure requirements.	1 January 2019	When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 17 <i>Leases</i> and related interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. This standard is not expected to have an impact on the Association's financial statements.
AASB 1058 <i>Income of Not-for-Profit Entities</i> .	The standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations.	1 January 2019	Although members of the committee anticipate that the adoption of AASB 1058 may have an impact on the Association's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.
AASB 15 <i>Revenue from Contracts with Customers</i>	The standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations.	1 January 2019	Although members of the committee anticipate that the adoption of AASB 1058 may have an impact on the Association's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019	2018
	\$	\$
2. REVENUE		
Revenue from Operating Activities		
Government funding/subsidies - operating	4,316,722	4,237,702
Government Grants - Other	249,888	231,103
Resident & Client Fees	3,396,776	3,846,822
Recoveries	37,834	56,861
Retentions Recouped	4,740	10,951
Meals	22,665	32,745
Op-Shop Sales	177,916	169,423
Other Revenue	150,124	191,540
Revenue from Operating Activities	<u>8,356,665</u>	<u>8,777,147</u>
Revenue from Non-Operating Activities		
Interest and Investment Income	360,593	199,033
Donations & Bequests	170,591	61,319
Member Subscriptions	5,422	12,181
Profit/(Loss) on Disposal of Property, Plant & Equipment	(5,031)	3,884
Revenue from Non-Operating Activities	<u>531,575</u>	<u>276,417</u>
TOTAL REVENUE	<u>8,888,240</u>	<u>9,053,564</u>
3. EMPLOYEE EXPENSES		
Salaries & Wages	5,200,980	5,290,638
Superannuation	461,471	463,380
WorkCover	176,457	159,038
Staff Expenses	8,035	11,273
TOTAL EMPLOYEE EXPENSES	<u>5,846,943</u>	<u>5,924,329</u>
4. DEPRECIATION & AMORTISATION		
Buildings & Improvements	447,928	452,273
Plant & Equipment	219,609	217,014
Leasehold Improvements Amortisation	1,200	82
TOTAL DEPRECIATION	<u>668,737</u>	<u>669,369</u>
5. OPERATIONAL EXPENSES		
Impairment Expense		
Buildings	-	251,822
Total Impairment Expenses	<u>-</u>	<u>251,822</u>



EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
5. OPERATIONAL EXPENSES (Continued)		
Administration Expenses		
Accounting & Legal	15,085	34,829
Audit Fees	15,859	23,450
Bad & Doubtful debts	-	45,391
Consultants	4,325	75,045
Fundraising	6,870	442
Insurances	55,026	44,120
Total Administration Expenses	97,165	223,277
Direct Expenses		
Food & Catering	299,527	217,775
Op-Shop	35,824	38,983
Supplies & Consumables	172,134	164,622
Allied Health & Related Services	190,096	173,117
Other Expenses	327,011	326,891
Total Direct Expenses	1,024,592	921,388
Occupancy Expenses		
Laundry & Linen	58,314	68,756
Rates	1,106	-
Repairs & Maintenance	192,104	146,000
Utilities	224,452	195,855
Total Occupancy Expenses	475,976	410,611
TOTAL OPERATIONAL EXPENSES	1,597,733	1,555,276
6. CASH & CASH EQUIVALENTS		
Cash on Hand	3,020	2,302
Cash at Bank	9,240,578	3,922,121
TOTAL CASH & CASH EQUIVALENTS	9,243,598	3,924,423
<i>represented by:</i>		
Monies in Trust - Resident Funds	43,264	36,798
Accommodation Bonds/Refundable Accommodation Deposits	5,149,917	1,479,057
Operating Funds	4,050,417	2,408,568
	9,243,598	3,924,423
7. TRADE & OTHER RECEIVABLES		
Trade Receivables	344,184	558,377
Less Provision for Impairment	(116,816)	(116,816)
	227,368	441,561
GST Receivable from ATO	24,306	15,582
Accrued Income	154,197	142,040
TOTAL TRADE & OTHER RECEIVABLES	405,871	599,183

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

	2019 \$	2018 \$
8. OTHER FINANCIAL ASSETS		
Managed Investments	5,163,717	-
Term Deposits	-	7,435,475
	<u>5,163,717</u>	<u>7,435,475</u>
TOTAL OTHER FINANCIAL ASSETS	<u>5,163,717</u>	<u>7,435,475</u>
<i>represented by:</i>		
Accommodation Bonds/Refundable Accommodation Deposits	5,163,717	7,435,475
	<u>5,163,717</u>	<u>7,435,475</u>
9. PROPERTY, PLANT & EQUIPMENT AND LEASED ASSETS		
Land at Fair Value	1,265,000	1,265,000
Buildings Improvements at Fair Value	17,305,729	17,305,729
less Accumulated Depreciation	(447,928)	-
	<u>16,857,801</u>	<u>17,305,729</u>
Plant & Equipment	3,265,712	3,234,215
less Accumulated Depreciation	(2,565,252)	(2,355,630)
	<u>700,460</u>	<u>878,585</u>
Leasehold Improvements	5,998	5,998
less Accumulated Amortisation	(1,282)	(82)
	<u>4,716</u>	<u>5,916</u>
	<u>18,827,977</u>	<u>19,455,230</u>
TOTAL PROPERTY, PLANT & EQUIPMENT AND LEASED ASSETS	<u>18,827,977</u>	<u>19,455,230</u>

Land and Buildings are valued at Fair Value. The valuation which conformed to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments by Preston Rowe Paterson, registered property valuers of Shepparton, Victoria, at 30 June 2018. The Amaroo building (the former aged care building) was valued by Directors independently, at the same time.



EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

9. PROPERTY, PLANT AND EQUIPMENT (Continued)

Reconciliation of carrying values of all asset classes at the beginning and end of the current and prior financial years is set out below.

	Land \$	Buildings \$	Plant & Equipment \$	Leasehold Improvements \$	Total \$
Carrying Amount at 1/07/2017	1,073,900	17,520,731	928,484	-	19,523,115
Additions	-	497,019	167,115	5,998	670,132
Revaluation Increment/(Decrement)	191,100	(7,926)	-	-	183,174
Impairment Expense	-	(251,822)	-	-	(251,822)
Disposals	-	-	-	-	-
Depreciation /Amortisation	-	(452,273)	(217,014)	(82)	(669,369)
Carrying amount at 30/06/2018	1,265,000	17,305,729	878,585	5,916	19,455,230
Additions	-	-	68,467	-	68,467
Revaluation Increment/(Decrement)	-	-	-	-	-
Impairment Expense	-	-	-	-	-
Disposals	-	-	(26,983)	-	(26,983)
Depreciation Expense	-	(447,928)	(219,609)	(1,200)	(668,737)
Carrying amount at 30/06/2019	1,265,000	16,857,801	700,460	4,716	18,827,977

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 \$	2018 \$
10. TRADE & OTHER PAYABLES		
Trade Creditors	151,090	173,163
Amounts Payable to ATO	59,247	60,826
Accruals	437,070	356,371
	<u>647,407</u>	<u>590,360</u>
11. EMPLOYEE BENEFITS		
Current		
Annual Leave - <i>at present value</i>	358,873	355,990
Long Service Leave - <i>at nominal value</i>	239,214	267,320
Rostered Days Off	7,955	7,548
	<u>606,042</u>	<u>630,858</u>
Non Current		
Long Service Leave - <i>at nominal value</i>	169,056	161,744
	<u>169,056</u>	<u>161,744</u>
TOTAL EMPLOYEE BENEFITS	<u>775,098</u>	<u>792,602</u>
12. OTHER LIABILITIES		
Current		
<i>Monies Held In Trust</i>		
Resident's Funds	43,264	36,798
Accommodation Bonds/Refundable Accommodation Deposits	10,313,634	8,914,532
	<u>10,356,898</u>	<u>8,951,330</u>
TOTAL OTHER LIABILITIES	<u>10,356,898</u>	<u>8,951,330</u>
<i>Represented by:</i>		
Cash at Bank	5,193,181	1,515,855
Other Financial Assets	5,163,717	7,435,475
	<u>10,356,898</u>	<u>8,951,330</u>

Euroa Health has adopted \$1,550,000 (2018: \$1,550,000) as the minimum liquidity amount to hold to enable refunds of accommodation bonds and refundable accommodation deposits. This is based on estimated payouts within the next 12 months. The remaining balance of \$8,763,634 (2018: \$7,364,532) is estimated to be payable after 12 months.

Reconciliation : Accommodation Bonds/Refundable Accommodation Deposits

Balance at 1 July	8,914,532	7,866,088
New Bonds/Deposits Received	3,359,000	4,226,280
Bonds/Deposits Refunded	(1,946,722)	(3,148,544)
Retentions from Bonds	(4,740)	(11,860)
Other Fees/Charges Deducted	(8,436)	(17,432)
	<u>10,313,634</u>	<u>8,914,532</u>
Balance at 30 June	<u>10,313,634</u>	<u>8,914,532</u>

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

13. CONTINGENT LIABILITIES & CONTINGENT ASSETS

The Association has a contingent liability regarding the grant funding provided from the Department of Health for the new residential aged care facility. Should the Association cease to provide residential aged care at Granite Hill, or transfer ownership or effective control of the property or demolish the building, within 20 years of the project completion date, the Association may be required to repay all, or part, of the grant. The project was completed during the 2017 financial year.

The Directors were not aware of any other contingent liabilities as at 30 June 2019.

The Directors were not aware of any contingent assets as at 30 June 2019.

14. COMMITMENTS FOR EXPENDITURE

	2019	2018
	\$	\$
a) Operating Lease Commitments		
Payable - minimum lease payments (inc GST)		
- Not later than one year	24,036	11,982
- Later than 1 year but not less than 5 years	<u>17,567</u>	<u>22,197</u>
	<u>41,603</u>	<u>34,179</u>

b) Other Operating Commitments

There were no operating commitments at 30 June 2019.

15. EVENTS OCCURRING AFTER BALANCE DATE

Since 30 June 2019, there have been no events that would materially effect the Financial Statements at balance date.

16. RELATED PARTY TRANSACTIONS

	2019	2018
	\$	\$
a) Key Management Personnel		
Any person(s) having responsibility and authority for planning, directing and controlling the activities of the Association, directly or indirectly, including the Board of Directors, is considered Key Management Personnel.		
	2019	2018
	\$	\$
Key Management Personnel Compensation		
Total Remuneration	<u>440,099</u>	<u>447,731</u>
Total Number of executives	<u>9</u>	<u>10</u>

b) Other Related Parties

There were no related party transactions required to be disclosed for Euroa Health Inc. Board of Directors and Key Management Personnel in 2019 (2018: \$0).

17. RECONCILIATION OF CASH

For the purpose of the Statement of Cash Flows, Cash and Cash Equivalents comprise the following at 30 June:

	Note	2019	2018
		\$	\$
Cash & Cash Equivalents - Operational Funds	(6)	9,243,598	3,924,423
		<u>9,243,598</u>	<u>3,924,423</u>
TOTAL CASH		<u>9,243,598</u>	<u>3,924,423</u>

**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

18. CASH FLOW INFORMATION

Net Result for the Year	774,827	652,768
Non- Cash Movements		
Depreciation & Amortisation	668,737	669,369
Net (Gain)/Loss from Disposal of Non-Financial Physical Assets	5,031	(3,884)
Retentions and Other Fees/Charges withheld	(13,176)	(29,292)
Impairment of Buildings	-	251,822
Movements in Assets and Liabilities		
(Increase)/decrease in Trade & Other Receivables	193,312	(211,570)
(Increase)/decrease in Inventories	11,601	(6,851)
(Increase)/decrease in Prepayments	(4,687)	(4,744)
Increase/(decrease) in Trade & Other Payables	57,047	(100,054)
Increase/(decrease) in Employee Benefits	(17,504)	(84,516)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	<u>1,675,188</u>	<u>1,133,048</u>

19. ASSOCIATION DETAILS

The principal place of business is:

36 Kennedy Street
Euroa Vic 3666



**EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

20. FINANCIAL RISK MANAGEMENT

Financial Risk Management Objectives and Policies

Euroa Health Inc.'s principal financial instruments comprise of deposits with banks, Term Deposits, managed investments and accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with *AASB 9* as detailed in the accounting policies to these financial statements, are as follows:

	Note	2019 \$	2018 \$
Financial Assets - at amortised cost			
Cash & Cash Equivalents	(6)	9,243,598	3,924,423
Trade & Other Receivables	(7)	381,565	583,601
Other Financial Assets	(8)	5,163,717	7,435,475
Total Financial Assets		14,788,880	11,943,499
Financial Liabilities - at amortised cost			
Trade & Other Payables	(10)	151,090	173,163
Other Liabilities	(12)	10,356,898	8,951,330
Total Financial Liabilities		10,507,988	9,124,493

Specific Financial Risk Exposures and Management

(a) 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 to Euroa Health Inc.

The Association does not have any material credit risk exposures.

Credit risk exposures

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.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality.

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

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

20. FINANCIAL RISK MANAGEMENT (Continued)

(b) Liquidity Risk

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

- preparing forward-looking cash flow analysis in relation to its operational, investing and financing activities; and
- only investing surplus cash with major financial institutions.

The table below discloses the contractual maturity analysis for Euroa Health Inc.'s financial liabilities.

Financial liability and financial assets maturity analysis

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2019	2018	2019	2018	2019	2018	2019	2018
	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities due for payment								
Trade & Other Payables	151,090	173,163	-	-	-	-	151,090	173,163
Other Liabilities	1,593,264	1,596,828	8,763,634	7,354,502	-	-	10,356,898	8,951,330
Total contractual outflows	1,744,354	1,769,991	8,763,634	7,354,502	-	-	10,507,988	9,124,493
Total expected outflows	1,744,354	1,769,991	8,763,634	7,354,502	-	-	10,507,988	9,124,493
Financial Assets - Cash flow realisable								
Cash & Cash Equivalents	9,243,598	3,924,423	-	-	-	-	9,243,598	3,924,423
Trade & Other Receivables	381,565	583,601	-	-	-	-	381,565	583,601
Other Financial Assets	5,163,717	7,435,475	-	-	-	-	5,163,717	7,435,475
Total anticipated inflows	14,788,880	11,943,499	-	-	-	-	14,788,880	11,943,499
Net (outflow)/inflow on financial instruments	13,044,526	10,173,508	(8,763,634)	(7,354,502)	-	-	4,280,892	2,819,006

EUROA HEALTH INC.
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

20. FINANCIAL RISK MANAGEMENT (Continued)

(c) Market Risk

(i) Interest rate risk

The financial assets of Euroa Health Inc are not exposed to any significant interest rate risk since cash balances are maintained at various fixed interest rates.

Interest rate risk refers to the risk that the value of a financial instrument or cash flows associated with the instrument will fluctuate due to changes in market interest rates. Interest rate risk arises from interest bearing financial assets and liabilities that are used.

The interest rate exposure on the debt portfolio is managed by appropriate budgeting strategies and by managing in accordance with target maturity profiles.

(ii) Price risk

Price risk relates to the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices.

Euroa Health Inc is exposed to price risks in relation to its 'Other Financial Assets'. This balance is represented by an investment with Perpetual Investment Wrap.

Euroa Health Inc is exposed to insignificant foreign currency risks.

Sensitivity analysis

The following table illustrates sensitivities to the Association's exposure to changes in interest rates. The table indicates the impact on how profit at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

- A parallel shift of + 1% and -2% in market interest rates (AUD).

	Profit \$	Equity \$
Year ended 30 June 2019		
+1% in interest rates	92,436	92,436
-2% in interest rates	(184,871)	(184,871)

No sensitivity analysis has been performed on foreign exchange risk as the Association is not exposed to foreign currency fluctuations.

Net Fair Values

Fair value estimation

The fair values of financial assets and liabilities are presented in the following table and can be compared to their carrying values as presented in the Statement of Financial Position. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the Association. Most of these instruments which are carried at amortised cost (i.e. trade receivables, loan liabilities) are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the Association.

Net Fair Value

	Carrying Amount 2019 \$	Fair Value 2019 \$	Carrying Amount 2018 \$	Fair Value 2018 \$
Financial Assets				
Cash & Cash Equivalents	9,243,598	9,243,598	3,924,423	3,924,423
Trade & Other Receivables	381,565	381,565	583,601	583,601
Other Financial Assets	5,163,717	5,163,717	7,435,475	7,435,475
Total Financial Assets	14,788,880	14,788,880	11,943,499	11,943,499
Financial Liabilities				
Trade & Other Payables	151,090	151,090	173,163	173,163
Other Liabilities	10,356,898	10,356,898	8,951,330	8,951,330
Total Financial Liabilities	10,507,988	10,507,988	9,124,493	9,124,493

EUROA HEALTH INC.

Annual Statements Give True and Fair View of Financial Position and Performance

The Responsible Persons declare that in the Responsible Persons' opinion:

1. The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and:

(a) comply with Australian Accounting Standards; and

(b) give a true and fair view of the financial position of the registered entity as at 30 June 2019 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

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



DIRECTOR



DIRECTOR

Dated this 11th day of October 2019.



Independent Audit Report to the Members of

EUROA HEALTH INC.



Unqualified Opinion

We have audited the accompanying financial report, being a general purpose financial report, of the Euroa Health Inc., which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended and notes comprising a summary of the significant accounting policies and other explanatory information, and the certification by members of the Board on the annual statements giving a true and fair view of the financial position of the Association.

In our opinion, the financial report of the Euroa Health Inc. has been prepared in accordance with the Div. 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- i. Giving a true and fair view of the Association's financial position as at 30 June 2019 and of its performance for the year ended on that date; and
- ii. Complying with Australian Accounting Standards and Div. 60 of the *Australian Charities and Not-for-Profits Commission regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibility under those standards are further described in the *Auditors Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the code.

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

Information Other Than the Financial Report and Auditor's Report Thereon

The Board of the Association is responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report the fact. We have nothing to report in this regard.

Liability limited by a scheme approved under Professional Standards Legislation

POSTAL PO Box 5092 Sandhurst East VIC 3550

PH 03 54 444 417 FAX 03 54 444 427 // E info@asbendigo.com.au // W www.asbendigo.com.au

Our Mission "quality individualised care within our community"
Respect – Professionalism – Trust – Compassion – Team Work



ACCOUNTING & AUDIT SOLUTIONS BENDIGO

Responsibilities of the Board for the Financial Report

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

In preparing the financial report, the Board is responsible for assessing the Association's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion, The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures by the Board.
- Conclude on the appropriateness of the Boards' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report, or if disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease or continue as a going concern.

Liability limited by a scheme approved under Professional Standards Legislation

POSTAL PO Box 5092 Sandhurst East VIC 3550

PH 03 54 444 417 FAX 03 54 444 427 // E info@asbendigo.com.au // W www.asbendigo.com.au



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- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report presents the underlying transactions and events in a manner that achieves fair presentation.

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

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Catherine Gaskell

Dated: 31st Day of October 2019

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Our Mission "quality individualised care within our community"
Respect – Professionalism – Trust – Compassion – Team Work



36 Kennedy Street (PO Box 126)
Euroa VIC 3666
T (03) 5795 0200 **F** (03) 5795 0240
E eh@euroahealth.com.au
W www.euroahealth.com.au



Euroa Health