

FINANCIAL REPORT for the year ended

30th JUNE 2013

The Catholic Church in Australia

Providing the healing care of the hands of Jesus



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75 hospitals and 550 aged care facilities are operated by different bodies of the Catholic Church within Australia. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services. Further detail on Catholic Health Australia can be obtained at www.cha.org.au

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Key Contributions on behalf of CHA Members

The Association Rules of Catholic Health Australia state its vision is to:

- Take a leadership role in supporting and strengthening its membership to develop individually and collaboratively to ensure the healing ministry flourishes as an integral part of the mission of the Catholic Church; and
- Promote a just system of health and aged care delivery that has at its heart an imperative for those who are poor and marginalised as the unified public voice for the members on matters of common interest.

In the 2012/13 year, CHA has fulfilled this vision by:

- Ongoing leadership on discussion of the social determinants of health in Australia, including initiation
 of a Senate Inquiry into the social determinants, which adopted CHA's key recommendations, and
 driving the establishment and launch of the Social Determinants of Health Alliance in February 2013.
- Representing the CHA family on a number of groups advising the Government and the Department of Health and Ageing, including in the areas of workforce, pathology, hospital pricing and performance, chemotherapy and aged care reform.
- The launch of the Perinatal Palliative Care website in conjunction with CHA member hospitals and related services and assisting in the hosting of the first gathering of the Perinatal Society of Australia and New Zealand's perinatal palliative care special interest group.
- Coordination of Catholic hospitals' response to Commonwealth funding cuts to public hospital services and to the national medical internship shortage, including identifying internship places within Catholic hospitals – public and private.
- Representation on a number of advisory committees, including in the areas of workforce and financing, during the rollout of aged care reforms unveiled in April 2012 and eventually passed in Parliament in June 2013.
- Advocating on behalf of members for Minister for Ageing Mark Butler to allow Catholic Development
 Funds to continue to hold aged care bonds as deposits following a Treasury proposal to cease the
 practice. The Minister determined the Treasury proposal would not proceed.
- Hosting the biennial CHA governance conference, Stewards of the Mission, and mandating a 10-year strategic plan for Catholic leader formation.
- Hosting the Australian visit of Archbishop Zygmunt Zimowski, president of the Pontifical Council for Health Care Workers, who attended the Stewards of the Mission conference and visited a number of CHA member services in Sydney and Perth.
- Leading a Catholic Health Australia study tour to the Catholic Health Association (USA) national assembly in June 2013.
- Continuation of the Nurse and Midwifery Unit Manager professional development grants, thanks to sponsorship from Australian Catholic University.



Chair and Chief Executive Officer's Report

As we gather for the Catholic Health Australia annual general meeting, we also gather less than two weeks before the 2013 federal election and mindful of the work that has been carried out on behalf of members in the past year and during this parliamentary session. In health, aged care, not-for-profit reform and a range of other key policy areas, CHA has been a respected voice in the public domain and the shaping of public policy.

The past year has been another busy one for CHA's national office, with a number of highlights that we reflect on below.

One of the milestones of the past 12 months was the release of the CHA Health Blueprint, outlining what we think the priorities are in the years ahead to ensure that the Australian health system can deliver the best possible care for all Australians. It is that Blueprint that is serving as our yardstick against which parties' election platforms are being measured as Australians prepare to choose our next Government.

The Blueprint looks at six crucial areas and calls for:

- Addressing the social determinants of health in order to reduce the gap in health outcomes between the most and least disadvantaged;
- Increased focus on preventative health and health promotion;
- Strengthening primary and community care;
- Improved integration and transition from silos to a system;
- Facilitation of consumer engagement, empowerment and resourcing;
- Reform of health system governance.

Without diminishing the importance of other items on that list, work on the social determinants continues to be a major focus for CHA. We were the key driver of efforts to establish a Senate Inquiry into the social determinants, which was announced during our national conference in 2012. That Inquiry tabled its report in March 2013, adopting CHA's key recommendations, including Australian adoption of the World Health Organisation's action plan on social determinants – which we will continue to fight for in the new Parliament. CHA was also a founding member of the Social Determinants of Health Alliance, launched by then-Social Inclusion Minister Mark Butler in February 2013 with the goal of sparking governments into action on health inequity, which is a growing concern in Australia. CHA continues to chair the Alliance.

Another collaborative effort flowing out from the ideas put forward in the CHA Health Blueprint is the Mend Medicare alliance, which CHA helped to form in recent weeks. The group is calling on political parties to outline how they plan to fix a broken Medicare system that is failing millions of Australians because they are seeing their out-of-pocket health costs increase while the level of care they receive is not improving and, in some cases, getting worse.

In the area of aged care reform, while the previous couple of years had been about making the case for what reforms should be implemented to deliver the best possible care for older Australians, the past 12 months has been a period during which CHA has worked to fine-tune the policies that the then-Gillard Government announced in April 2012. Just as CHA had been a major player in the lead-up to that announcement, we have continued to have a seat at the table of many of the Government's advisory bodies that shaped the legislation that would eventually be passed in the Parliament's final sitting days of 2013. One such group was for the Workforce Compact, which sought to find the best way to improve wages for those working in aged care – something CHA wanted all aged care staff to enjoy, not just a portion of the aged care workforce. The work CHA has carried out will help aged care providers deliver on the reforms and ensure the quality of care.



Chair and Chief Executive Officer's Report

CHA's work on behalf of our members in discussions with Government ministers and departments was as important as ever in 2012-13, with that work – beyond that outlined above in aged care – extending into the areas of pathology, chemotherapy, safety and quality, hospital pricing, the performance of the health system and workforce, to name just a few. When the Commonwealth announced it was going to remove \$1.6 billion from public health funding, CHA worked quickly with our members to try to find solutions. When chemotherapy and pathology services were under threat because of government belt-tightening, CHA worked with members to achieve the best possible outcomes for providers and consumers.

In the specific area of workforce, CHA represented the Catholic hospital community in high-level discussions that sought to find a solution for the lack of internship places for a record number of medical graduates. Dozens of places were made available in Catholic hospitals, both public and private, at short notice to help keep trainee doctors in this country. While the 2013 predicament was eventually solved, CHA has continued to work with governments – Commonwealth, state and territory – and remind them of the role Catholic hospitals have played in the training of doctors in years past and can continue to play into the future.

CHA has also been part of advisory groups analysing the challenges that lie ahead, with Australia staring down the barrel of shortfalls in the number of doctors, allied health professionals and, most significantly, nurses by 2025. That is taking place alongside CHA's internal workforce initiatives with hospitals and aged care services to consider how those demands might be met in the years ahead.

Those are pieces of work that many other health and aged care organisations are carrying out. But CHA is also conducting very important work in what makes our services unique: The mission of Catholic health and aged care.

Following on from our work in producing the *Guide for Understanding the Governance of Catholic Health and Aged Care Organisations* and the *Mission Discernment Resource*, the Mission in Focus webcast series is an important tool in explaining the "why" of Catholic health and aged care as much as the "how". More episodes in that series will soon be released. And at this conference, we will launch a new resource, *Continuing the Mission*, which offers a framework of expectations for trustees, board directors and executives.

And in April this year, more than 100 leaders from the CHA family gathered in Sydney for the Stewards of the Mission conference, at which the challenges facing our services in the area of mission – as well as the opportunities we enjoy – were examined and developed.

That conference was also a great opportunity for CHA because we were able to welcome Archbishop Zygmunt Zimowski, president of the Pontifical Council for Health Care Workers, to Australia, to show him some of the great work that our members are doing. We were also able to give the man who is essentially the Vatican's Health Minister an insight into how the healing ministry of Jesus is being continued in this part of the world – both around boardroom tables and on the wards and in the rooms of our services.

The visit strengthened the already close relationship that exists between the Vatican and the Catholic Health Australia family, which was underlined by CHA being given a seat on the new International Committee of Catholic Health Care Institutions that was established earlier this year.

Elsewhere in the area of mission, CHA has demonstrated its ongoing commitment to assisting senior mission leaders and pastoral care workers around the CHA family. Following the endorsement of the delegates at the Stewards of the Mission conference – and support from the Australian Catholic Bishops Conference



Chair and Chief Executive Officer's Report

and Catholic Religious Australia – CHA will establish a 10-year plan for the formation of senior leaders in Catholic health and aged care services. CHA has also established the Leader Formation Taskforce to focus on this important area of work and has formed a partnership with the Broken Bay Institute to present a short course entitled Contemporary Catholic Governance. The Pastoral Care Special Interest Group has also been established and meets quarterly.

On behalf of the CHA membership, across 75 hospitals and more than 550 aged care services, we would like to express our thanks to the volunteers members of the CHA Stewardship Board, who offer their wisdom, leadership and commitment to the cause of Catholic health and aged care services in the governance of the national office and the broader CHA family. The members of the board work diligently to make the voices of their services heard, but always with an eye to the bigger picture of the ongoing work of the healing ministry of Jesus around Australia.

We would like to acknowledge the leadership of Tracey Batten, who has served on the CHA Health Committee, including as chair for the past two years, and also on the Stewardship Board over those two years. Dr Batten has made a great contribution to CHA through those roles and she will be a loss to our national office and to the broader Catholic health and aged care family. We are grateful, also, to Michael Walsh, who has stepped into the role of chair of the Health Committee.

As we compile this report, we're in the shadow of the feast day of that great woman, Australia's first saint, Mary of the Cross MacKillop. As she said decades ago, "Never see a need without doing something about it." We are proud of the work being done around the country to do something about the great needs that are being faced every day, following in the footsteps of people like Mary MacKillop, like Catherine McAuley, like Mary Aikenhead, like Mother Cabrini, like Jesus himself.

Thank you to all who make Catholic health and aged care services such an asset to the Church in Australia and, as Archbishop Zimowski told us, an asset to the Church around the world. May God continue to bless our members in their work in the year ahead and long into the future.

Rowena McNally Chair

Martin Laverty
Chief Executive Officer

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CHA Policy Committees as at 30 June 2013

Aged Care Committee

Ms Valerie Lyons (Chair)

Chief Executive Officer, Villa Maria Society

Mr John Bonnici

Executive Officer, Office of Aged Care Administration, Catholic Archdiocese of Sydney

Mr Paul Bradley

National Director, Aged Care & Retirement, LCM Health Care

Mr John Fogarty

Chief Operating Officer, Mercy Health, Richmond VIC

Mr Peter Jardine

Chief Executive Officer, Mercy Aged Care Services, Banyo QLD

Mr John Leahy

Regional Chief Executive Officer, St Vincent's Health and Aged Care Ltd, Bowen Hills QLD

Mr Paul McMahon

Chief Executive Officer, Southern Cross Care (NSW & ACT)

Ms Janis Redford

General Manager, Catholic Community Services

Mr Marcus Riley

Chief Executive Officer, Queensland Hibernian Friendly Society (Ltd)

Directors of Nursing Committee

Associate Professor Kate Birrell (Chair)

Group Director, Nursing, St John of God Health Care

Ms Cheryl Clayton

Director of Nursing, Mater Private Hospital

Ms Sue Cantwell

Director of Nursing, Mercy Hospital Mount Lawley

Sr Kathleen Cotterill

Director, Inpatient Services, Hawkesbury District Health Services

Ms Susan O'Neill

Director of Nursing, Cabrini



CHA Policy Committees as at 30 June 2013

Ms Janine Loader

Chief Nursing Officer, St Vincent's and Mercy Private, Melbourne

Ms Sue Hanson

Group Clinical Director, Little Company of Mary Health Care

Ms Alison Patrick

Executive Director of Nursing and Midwifery, Mercy Health

Ms Mish Hill

Nursing Director, Mater Health Services

Mr Shane Combs

Director of Nursing, Mater Misericordiae Hospital, Mackay

Health Committee

Dr Tracey Batten (Chair)

CEO, St Vincent's Health Australia (National)

Ms Brenda Ainsworth

National Director of Public Hospitals, Little Company of Mary Healthcare (Calvary Healthcare)

Mr Stephen Cornelissen

CEO, Mercy Health

Dr John O'Donnell

CEO, Mater Misericordiae Health Services, Brisbane, Qld

Mrs Lynne Sheehan

COO, Mercy Health and Aged Care, Central Queensland

Dr Michael Stanford

Group CEO, St John of God Health Care

Dr Michael Walsh

CEO, Cabrini Health, Melbourne, Victoria



CHA Policy Committees as at 30 June 2013

Mission and Identity Committee

Ms Jennifer Stratton (Chair)

Group Director Mission, St John of God Health Care

Ms Julia Abrahams

Director of Mission and Chief Counsel, Catholic Healthcare Limited

Ms Catherine Garner

Executive Director Mission Integration, Cabrini Health

Ms Madonna McGahan

Executive Director Mission Leadership, Mater Health Services, Brisbane

Ms Marcelle Mogg

Acting Group Mission Leader, St Vincent's Health Australia

Fr Cormac Nagle ofm

Ethicist, Mercy Healthcare Melbourne

Leo Tucker

National Director of Mission, Little Company of Mary Health Care





FINANCIAL REPORT

for the year ended

30th JUNE 2013



COMMITTEE'S REPORT

Your committee members submit the financial report of the Catholic Health Australia Incorporated for the financial year ended 30 June 2013.

Committee Members

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

Ms Rowena McNally (Chair) Most Rev Joseph Oudeman, OFM Cap DD Dr Tracey Batten Mr Mike Roche (appointed 19/8/2012)

A/Prof. Kate Birrell Br Joseph Smith

Mr Brendan Bowler Ms Jennifer Stratton (appointed 19/8/2012)

Mr Stephen Cornelissen (19/8/2012) Dr Michael Walsh

Ms Valerie Lyons Mr Patrick Bugden (resigned 19/8/2012)
Professor John McAuliffe Ms Madonna McGahan (resigned 19/8/2012)
Sr Antoinette Baldwin, RSJ Dr Michael Stanford (resigned 19/8/2012)
Mr Herbie O'Flynn Mr Tony Wheeler (resigned 19/8/2012)

Principal Activities

The principal activities of the association during the financial year were to promote justice and compassion in health care, influence public policy and strengthen the presence and influence of Catholic health and aged care within the Australasian health care system.

Significant Changes

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

Operating Result

The result from ordinary activities amounted to a net surplus of \$75,262 (2012: surplus \$78,531) Signed in accordance with a resolution of the Members of the Committee.

Mr Herbie O'Flynn, Member

Ms Valerie Lyons, Treasurer

Dated this 21st day of August 2013



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013 \$	2012 \$
Revenue	2	2,676,668	2,576,379
Employee benefits expense		(1,564,201)	(1,482,893)
Depreciation and amortisation expenses		(25,181)	(15,907)
Conference expense	3	(361,445)	(284,589)
Consultancy fees	3	(34,378)	(102,311)
Rent Expense	3	(68,152)	(66,786)
Travel Expense	3	(129,689)	(115,768)
Other expenses		(418,360)	(429,594)
Surplus from operations		75,262	78,531
Other comprehensive income		-	-
Total comprehensive income attributable to the r	members	75,262	78,531



BALANCE SHEET AS AT 30 JUNE 2013

	Note	2013	2012
		\$	\$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	176,983	198,33
Accounts receivable and other debtors	6	89,115	165,12
Other current assets	7	170,861	76,102
Investments	9	2,200,203	2,279,839
TOTAL CURRENT ASSETS		2,637,162	2,719,40
NON CURRENT ASSETS			
Property, plant and equipment	8	43,940	54,51
TOTAL NON-CURRENT ASSETS		43,940	54,51
TOTAL ASSETS		2,681,102	2,773,910
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	11	256,944	473,700
Employee benefits	12	234,791	202,912
TOTAL CURRENT LIABILITIES		491,735	676,612
NON CURRENT LIABILITIES			
Employee benefits - Long Service Leave Provision	12	46,628	29,82
TOTAL NON CURRENT LIABILITIES		46,628	29,82
TOTAL LIABILITIES		538,363	706,439
NET ASSETS		2,142,739	2,067,47
EQUITY			
Retained surplus		2,142,739	2,067,47
TOTAL EQUITY		2,142,739	2,067,47



STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2013

	Retained Earnings \$	Total
Balance at 1 July 2011	1,988,946	1,988,946
Surplus attributable to members Transfer(to)/from reserves	78,531 -	78,531
Balance at 30 June 2012	2,067,477	2,067,477
Surplus attributable to members Transfer(to)/from reserves	75,262	75,262
Balance at 30 June 2013	2,142,739	2,142,739



STATEMENT OF CASH FLOWS FOR YEAR ENDED 30 JUNE 2013

	Note	2012 \$	2011 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from members		2,834,630	2,496,694
Payments to suppliers and employees		(3,060,573)	(2,671,168)
Interest received		137,523	139,266
Net cash from operating activities	14	(88,420)	(35,208)
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment		(14,606)	(57,088)
Purchase of investments		(157,454)	_
Proceeds from investments		239,124	-
Net cash (used in) investing activities		67,064	(57,088)
Net increase/(decrease) in cash held		(21,356)	(92,296)
Cash at beginning of financial year		198,339	290,635
Cash at end of financial year	5	176,983	198,339



This financial report covers Catholic Health Australia Incorporated as an individual entity. Catholic Health Australia Incorporated is an association incorporated in the ACT under the Associations Incorporations Act (ACT) 1991.

NOTE 1: Summary of Significant Accounting Policies

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the Associations Incorporations Act (ACT) 1991.

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

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

(a) Income Tax

Catholic Health Australia Incorporated is exempted from income tax due the exemption granted under section 6.2 of section 50-30 of the Income Tax Assessment Act 1997.

(b) 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.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by the committee to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

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 held ready for use.

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

Class of Fixed Asset Depreciation Rate
Motor Vehicles 10% - 33%
Office equipment 10% - 33%



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

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

(c) Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the association are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amount equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest exense for the period.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or ownership over the term of the lease.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(d) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the association becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and subsequent measurement

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



Amortised cost is calculated as: (i) the amount at which the financial asset or financial liability is measured at initial recognition; (ii) less principal repayments; (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

The association does not designate any interests in associates or joint venture entities as being subject to the requirements of accounting standards specifically applicable to financial instruments.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss. The association has not held any financial assets at fair value through profit or loss in the current or comparative financial year.

(ii) Loans and receivables

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

(iii) Available-for-sale financial assets

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

(iv) Financial Liabilities

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

Impairment

At the end of each reporting period, the association assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.



In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the association recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(e) 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 that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount 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 entity 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.



(f) Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. These cash flows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

(g) Cash and Cash Equivalents

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

(h) Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Revenue from the sale of goods is recognised at the point of delivery as this corresponds to the transfer of significant risks and rewards of ownership of the goods and the cessation of all involvement in those goods.

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the membership period.

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

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

(j) Comparative Figures

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



Where the association has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

(k) 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.

(I) Critical Accounting Estimates

The Association evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the organisation. No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.



(m) New Standard And Interpretations Issued But Not Yet Effective

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

Reference	Title	Summary	Application date (financial years beginning)	Expected Impact
AASB 9	Financial Instruments	Replaces the requirements of AASB 139 for the classification and measurement of financial assets. This is the result of the first part of Phase 1 of the IASB's project to replace IAS 39.	1-Jan-15	Minimal Impact
2009-11	Amendments to Australian Accounting Standards arising from AASB 9	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12 as a result of the issuance of AASB 9.	1-Jan-15	Minimal Impact
2010-7	Amendments to Australian Accounting Standards arising from AASB 9 (December 2010)	Amends AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127 for amendments to AASB 9 in December 2010	1-Jan-15	Minimal Impact
2011-7	Amendments to Australian Accounting Standards arising from AASB 10,11,12,127,128	Amends AASB 1,2,3,5,7,9,2009- 11,101,107,112,118,121,124,132,133,136 ,138,139,1023 & 1038 and Interpretations 5,9,16 & 17 as a result of the issuance of AASB 10, 11, 12, 127 and 128	1-Jan-14	Minimal Impact
AASB 13	Fair Value Measurement	Provides a clear definition of fair value, a framework for measuring fair value and requires enhanced disclosures about fair value measurement.	1-Jan-13	Minimal Impact
2011-8	Amendments to Australian Accounting Standards arising from AASB 13	Amends AASB 1, 2, 3, 4, 5, 7, 9, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132 as a result of issuance of AASB 13 Fair Value Measurement.	1-Jan-13	Minimal Impact
AASB 119	Employee Benefits	The amendments to this Standard eliminates the option for defined benefit plans to use the corridor approach to defer the recognition of actuarial gains and losses and introduce enhanced disclosures about defined benefit plans. The amendments also incorporate changes to the accounting for termination benefits.	1-Jan-13	Minimal Impact



2011-10	Amendments to Australian Accounting Standards arising from AASB 119	Amends AASB 1, 8, 101, 124, 134, 1049, 2011-8 & Interpretation 14 as a result of the issuance of AASB 119 Employee Benefits.	n-13 Minimal Impact
2011-4	Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclose Requirements	This Standard amends AASB 124 Related Party Disclosures to remove all the individual key management personnel (KMP) disclosures contained in Aus paragraphs 29.1 to 29.9.3.	y-13 Disclosure only
2012-2	Amendments to Australian Accounting Standards – Disclosures – Offsetting Financia Assets and Financia		n-13 Disclosure only
2012-3	Amendments to Australian Accounting Standards – Offsetting Financia Assets and Financ Liabilities		n-14 Minimal Impact
2012-5	Amendments to Australian Accoun Standards arising from Annual Improvements 200 2011 Cycle	116, 132, 134 & Interpretation 2 as a result from 2009-2011	n-13 Minimal Impact
2012-6	Amendments to Australian effective date of AASB 9 Financial Instruments so that AASB 9 is Standards – required to be applied for annual reporting periods beginning on or after 1 January 2015 instead of 1 January 2013.		n-13 Minimal Impact
2012-10	to Australian Accounting Standards - Transition Guidance and Other Amendments for	mends AASB 10, AASB 11 and related andards with respect to transition guidance to arify the circumstances in which adjustments to a entity's previous accounting for its involvement th other entities are required and the timing such adjustments. In addition amends these andards so that they apply mandatorily to not-r-profit entities from 1 January 2014, with early oplication permitted for not-for-profit entities ally from 1 January 2013.	Jan-13 Minimal Impact



		2013	2012
		\$	\$
NOTE 2	2: REVENUE AND OTHER INCOME		
Reveni	ue		
_	Membership subscription	1,842,977	1,770,403
_	Workshop and conference	543,099	486,863
_	Sale of goods	39,555	26,558
_	Interest received	137,523	139,266
_	Reimbursement of employee cost	79,423	118,289
_	Sponsorship	34,091	35,000
Total re	evenue	2,676,668	2,576,379
NOTE 3	s: SURPLUS		
Exp	enses		
_	Travel expense	129,689	115,768
_	Rent expense	68,152	66,786
_	Consultation expense	34,378	102,311
Sigr	nificant Revenue and Expenses		
The foll	owing significant revenue and expense items are relevant		
in expla	aining financial performance:		
Cost o	f Seminars to promote activities of the association	361,445	284,589
NOTE 2	4: Auditors' Remuneration		
Remur	neration of the auditor of the association for:		
_	Auditing or reviewing the financial report	12,750	11,500
_	Accounting services	2,500	2,500
		15,250	14,000



	2013 \$	2012 \$
NOTE 5: CASH AND CASH EQUIVALENTS		
Cash at bank and in hand	176,983	198,339
NOTE 6: ACCOUNTS RECEIVABLE AND OTHER RECEIVABLES CURRENT		
Trade receivable	72,193	162,687
Less: Provision for doubtful debt	(1,833)	_
	70,360	162,687
GST receivable	18,755	2,434
Total current trade and other receivables	89,115	165,121
NOTE 7: OTHER CURRENT ASSETS CURRENT		
Accrued income	57,401	25,001
Other receivables and prepayments	113,460	51,101
	72,193 (1,833) 70,360 18,755 bles 57,401 113,460 170,861 PMENT 34,438 (29,208)	76,102
NOTE 8: PROPERTY, PLANT AND EQUIPMENT Motor Vehicle		
At cost	34,438	34,438
Accumulated depreciation	(29,208)	(27,463)
	5,230	6,975
Plant & Equipment		
At cost	247,940	233,334
Accumulated depreciation	(219,500)	(200,686)
	28,440	32,648



	2013 \$	2012 \$
NOTE 8: PROPERTY, PLANT AND EQUIPMENT cont		
Fixtures & Fittings		
At cost	30,860	30,860
Accumulated depreciation	(20,590)	(15,968)
	10,270	14,892
Total property, plant and equipment	43,940	54,515

Movements in carrying amounts

Movement in carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Motor Vehicle \$	Plant & Equipment \$	Furniture & Fittings	Total \$
Balance at 1 July 2011	9,300	-	4,034	13,334
Additions	-	42,424	14,664	57,088
Disposals	-	-	-	-
Depreciation expense	(2,325)	(9,776)	(3,806)	(15,907)
Carrying amount at 30 June 2012	6,975	32,648	14,892	54,515
Additions	-	14,606	-	14,606
Disposals	-	-	-	-
Depreciation expense	(1,745)	(18,814)	(4,622)	(25,181)
Carrying amount at 30 June 2013	5,230	28,440	10,270	43,940



	2013 \$	2012 \$
NOTE 9: INVESTMENTS Investments – term deposit	2,200,203	2,279,839
	2,200,203	2,279,839

NOTE 10: RELATED PARTY TRANSACTIONS

The Committee Members of the Association throughout the year were as follows:

Ms Rowena McNally (Chair) Most Rev Joseph Oudeman, OFM Cap DD

Dr Tracey Batten Mr Mike Roche A/Prof. Kate Birrell Br Joseph Smith Mr Brendan Bowler Ms Jennifer Stratton Dr Michael Walsh Mr Stephen Cornelissen Ms Valerie Lyons Mr Patrick Bugden Professor John McAuliffe Ms Madonna McGahan Dr Michael Stanford Sr Antoinette Baldwin, RSJ Mr Tony Wheeler Mr Herbie O'Flynn

With the exception of Bishop Joseph Oudeman, each of the above represented religious congregations or organisations who were members of Catholic Health Australia or were employees of organisations who were sponsored by the religious congregations or organisations who were members of Catholic Health Australia.

NOTE 10: RELATED PARTY TRANSACTIONS

During the year, membership fees and other fees were paid by the congregations or organisations, or the health and aged care facilities sponsored by the religious congregations or organisations, at the normal rate that applied to all members of Catholic Health Australia for the 2012/13 year.



		2013	2012	
		\$	\$	
NOTE 11: ACCOU	INTS PAYABLE AND OTHER PAYABLES			
Trade and other	payables	126,487	159,674	
Funds held for p	rograms	36,219	34,699	
Income in advance	ce	94,238	279,327	
		256,944	473,700	
NOTE 12: EMPLO	YEE BENEFITS			
CURRENT				
Annual Leave		135,553	133,030	
Long Service Leave	ave	99,238	69,882	
		234,791	202,912	
NON CURRENT				
Long Service Lea	ave	46,628	29,827	
Total Employee	Benefits	281,419	232,739	
NOTE 13: CAPITA	AL AND LEASING COMMITMENTS			
a. Operati	ng Lease Commitments			
Non-car	ncellable operating leases contracted for but not			
capitalis	ed in the financial statements			
Payable	— minimum lease payments:			
- not la	ater than 12 months	55,473	77,466	
betw	reen 12 months and 5 years	15,860	71,333	
		71,333	148,799	

The property lease is a non-cancellable lease with a three-year term, with rent payable monthly in advance.

The photocopier lease is a non-cancellable lease with a five-year term, with lease payable monthly in advance.



	2013 \$	2012 \$
NOTE 14: CASH FLOW INFORMATION		
Reconciliation of Cash Flow from Operations		
with profit after income tax		
Profit after income tax	75,262	78,531
Cash flows excluded from profit attributable to operating activities		
Non-cash flows in profit:		
- interest	(34,436)	(120,441)
depreciation	25,181	15,907
Changes in assets and liabilities, net of the effects of		
purchase and disposal of subsidiaries:		
 Decrease/(increase) in accounts receivable and other receivable 	76,006	(63,688)
 Decrease/(increase) in prepayments 	(62,357)	15,609
 (Decrease)/increase in accounts payable and other payables 	(216,756)	(3,667)
 (Decrease)/increase in employee benefits 	48,680	42,541
Net cash from operating activities	(88,420)	(35,208)

NOTE 15: FINANCIAL RISK MANAGEMENT

The Association's financial instruments consist mainly of deposits with banks, local money market instruments, investments in listed shares, receivables and payable, and leases liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2013 \$	2012 \$
Financial assets			
Cash and cash equivalents	5	176,983	198,339
Accounts receivable and other debtors	6	241,221	238,789
Investments	9	2,200,203	2,279,839
		2,618,407	2,716,967



	Note	2013 \$	2012 \$
Financial liabilities Financial liabilities at amortised cost: — Accounts payable and other payables	11	256,944	473,700
		256,944	473,700

Financial Risk Management Policies

The association's Treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The Treasurer monitors the association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk, and interest rate risk.

The committee members' overall risk management strategy seeks to ensure that the association meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

The main risks the association is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and other price risk. There have been no substantive changes in the types of risks the association is exposed to, how these risks arise, or the Committee's objectives, policies and processes for managing and measuring the risks from the previous period.

a. Liquidity risk

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

- preparing forward-looking cash flow analysis in relation to its operational, investing and financing activities;
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid subscriptions.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle finance leases reflect the earliest contractual settlement dates.

b. Credit risk

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



Credit risk is managed through maintaining procedures (such as the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposure against such limits, and monitoring of the financial stability of significant customers and counterparties) ensuring, to the extent possible, that members and counterparties to transactions are of sound credit worthiness.

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

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the balance sheet.

There is no collateral held by the association securing trade and other receivables.

The association has no significant concentration of credit risk with any single counterparty or group of counterparties.

c. Market risk

Interest rate risk

The association is not exposed to any significant interest rate risk since cash balances are maintained at variable rates.

Sensitivity Analysis

The following table illustrates sensitivities to the association's exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible.

These sensitivities assume that the movement in a particular variable is independent of other variables.



Year ended 30 June 2013	Profit \$	Equity \$
+/- 1% in interest rates	26,184	26,184
Year ended 30 June 2012	Profit \$	Equity \$
+/- 1% in interest rates	27,170	27,170

No sensitivity analysis has been performed on foreign exchange risk, as the association has no significant exposure to currency risk.

There have been no changes in any of the assumptions used to prepare the above sensitivity analysis from the prior year

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. 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.

Fair value may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices.



Financial assets		2013		2012	
	Footnote	Net Carrying Value	Net Fair Value \$	Net Carrying Value	Net Fair Value \$
Cash and cash equivalents	(i)	176,983	176,983	198,339	198,339
Investments – term deposit	(i)	2,200,203	2,200,203	2,279,839	2,279,839
Accounts receivable and other receivables	(i)	241,221	241,221	238,789	238,789
Total financial assets		2,618,407	2,618,407	2,716,967	2,716,967
Financial liabilities					
Accounts payable and other payables	(i)	256,944	256,944	473,700	473,700
Total financial liabilities		256,944	256,944	473,700	473,700

The fair values disclosed in the above table have been determined based on the following methodologies:

i) Cash on hand, accounts receivable and other debtors, and accounts payable and other payables are short-term instruments in nature whose carrying amount is equivalent to fair value. Accounts payable and other payables exclude amounts relating to the provision for annual leave, which is outside the scope of AASB 139.



NOTE 16: ASSOCIATION DETAILS

The registered office of the association is: Catholic Health Australia Incorporated Level 1 Rowland House 10 Thesiger Court DEAKIN ACT 2600

The principal place of business is: Catholic Health Australia Incorporated Level 1 Rowland House 10 Thesiger Court DEAKIN ACT 2600

NOTE 17: BANK GUARANTEE

A Bank Guarantee of \$18,367 is held by the National Australia Bank, equal to three months' rent for the leased property as a condition of the property lease. As at 30 June 2013 this guarantee has not been called upon.

NOTE 18: FUNDING AGREEMENT

In the prior year, Catholic Health Australia Incorporated entered into contractual funding agreements with the Department of Health and Ageing to provide funding to eligible participants for the Specialist Training program and Bringing Nurses Back into the Workforce program. Under the terms of the agreement, Catholic Health Australia Incorporated acts as an agent for the Department of Health and Ageing. Catholic Health Australia Incorporated does not receive any economic benefit from the funding agreement. Therefore, the revenue and expenditure directly related to the funding agreement are not disclosed in the Statement of Comprehensive Income. This agreement ended during the prior year and no income or expenditure was incurred during the current period.



STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee, the attached financial report:

- Presents a true and fair view of the financial position of Catholic Health Australia Incorporated as at 30 June 2013 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- 2. At the date of this statement, there are reasonable grounds to believe that Catholic Health Australia Incorporated will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the committee and is signed for and on behalf of the committee by:

Mr Herbie O'Flynn, Member

Ms Valerie Lyons, Treasurer

Dated this 21st day of August 2013





RSM Bird Cameron

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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

CATHOLIC HEALTH AUSTRALIA INCORPORATED

We have audited the accompanying financial report of Catholic Health Australia Incorporated ("the entity"), which comprises the balance sheet as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and committees' declaration.

Committee's Responsibility for the Financial Report

The committee members are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and Associations Incorporation Act (ACT) 1991, and for such internal control as committee members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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



Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion the financial report presents fairly, in all material respects, the financial position of the Catholic Health Australia Incorporated as at 30 June 2013 and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards and the Associations Incorporation Act (ACT) 1991.

RSM BIRD CAMERON

GED STENHOUSE Director

Canberra, Australian Capital Territory Dated: 21 August 2013



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