



Ipswich Hospice Care Ltd

Annual Report

2024-2025

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**Cover Art by
Sally Harrison | The story of "Homecoming" 2021**

This work was inspired by my favourite photo of Ipswich which I took in 2005 - a symbol of Homecoming and Acceptance in Ipswich after a lifetime of moving from state to state, never settling in one place for more than a few years since I joined the Royal Australian Air Force in 1968.

I have always loved these majestic old hoop pines and jacarandas that stand like sentinels, welcoming me back, reminding me of the hoop pines that I walked past every day on my way to school and the peace, serenity and solace of The Green Hills of Home and "purple rain" of the jacaranda trees in the old schoolyard.

My aim was to capture those feelings and imbue them in this painting. The empty garden seat is an invitation to sit down and commune with lost loved ones through the roses - symbols of love and fidelity. The Ipswich Hospice Logo represents respite, kindness, understanding as well as practical mental, emotional and spiritual support. The single butterfly represents The Pure Spirit released from pain and suffering.



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ABOUT IPSWICH HOSPICE

OUR STORY

Built on the foundations of community comradery and volunteerism - the loss of a daughter and the experience of a special kind of social caring - the inception of Ipswich Hospice was driven through a vision and foresight that remain ever strong today.

From the first idea to build a hospice for the community in the 1980's, to its opening in 1995, the community of Ipswich and surrounds committed their time and efforts to see this community asset come to fruition. The story of Ipswich Hospice is built on the belief that every person and their family have the right to choose how they die, and to enjoy their life to the full, right through until their final breath. Our compassionate and caring staff know how important this is, and are committed to this driving principle to this very day.

At Hospice, we create a place where everyone is welcome, everyone has a voice, and everyone is part of our community. Our home-like environment creates feelings of warmth, trust and friendship, supporting every guest and their family to feel connected, peaceful, and safe.

OUR MISSION

To provide dignified, compassionate end-of-life care, and to support families and bereaved members of the community and their preference to be 'at home'

OUR VISION

A community where all people have access to personalised, high quality end-of-life care and bereavement services in ways that matter most to them.

OUR VALUES

COMPASSION

Defined through attributes of dignity, humanity, respect and empathy, compassionate behaviour requires sensitivity to another person's true nature and value, combined with responding in ways that are most meaningful to them. Compassion is highly reciprocal in how we work with one another and how we care for others.

INCLUSION

People and their families are the centre of all care; we respect that each of us faces death in our own way, as uniquely as we lead our lives, and are committed to respecting individual autonomy and cultural needs through how we communicate, care and work. We recognise that community is the fundamental fabric of society, and the foundation of all connections that build strong, diverse, and lasting partnerships.

PARTNERSHIP

We actively encourage family, friends, volunteers and other organisations to be partners in care, and we stay connected to the communities in which we serve.

TEAMWORK

We are committed to teamwork. Caring for guests and their families involves a multidisciplinary team of nursing, medical and allied health staff, support staff, volunteers and partners focused on personalised physical, spiritual, psychosocial and mental well-being.

2024-25 Board of Directors



Ms Melinda Parcell

Director since March 2021

Board Chair since September 2023

GAICD, Master of Management (Innovation & Change), Bachelor of Health Management, Registered Nurse & Midwife

Corporate Governance & Risk Management Committee Member

A Health Care Executive, Virtual Health Transformation Specialist, with 30 years of experience in nursing and midwifery. Is passionate about healthcare and the provision of clinical services that are consumer focused. Has served on several health service and community not-for-profit boards and committees in the local region.



Ms Patricia Evatt OAM

Director since September 2014

BAppSc (Psych), Dip Psych, MOP, AICD Dip

Corporate Governance & Risk Management Committee Chair

Worked as a psychologist in the disability sector before moving into the corporate sector where she specialised in organisational psychology. Pat was Director of Livingstones Australia for over 15 years and has held numerous board positions in a variety of organisations, including the West Moreton Medicare Local and the West Moreton Hospital & Health Services Board.



Mr Gary Gilchrist

Director since Nov 2021

Vice Chair since Dec 2022

Grew up in Ipswich and began working life in Ipswich City Council as a Cadet Civil Draftsman. Forty year involvement in the sport of Volleyball holding numerous board positions at both state and national level. Forty plus year history of volunteer involvement with various community groups.



Dr Robert Illingworth

Director since March 2021

MBBS, MMed (Pain Mgmt), BSc, FACRRM

Clinical Council Member

A General Practitioner working in Pain and Musculoskeletal Medicine in private practice in Brisbane and as a Senior Medical Officer at the Princess Alexandra Hospital Pain Rehabilitation Clinic. Rob has been a Visiting Medical Officer for Ipswich Hospice since 2019 and continues to be involved in the Ipswich medical community.



Ms Rosemary Laidlaw

Director since September 2017

ICU/CCU/PC Cert, Dip Nursing Admin, Grad Dip Hospital Admin, Grad Dip Gerontology, Master of Gerontology

Safety & Quality Committee Member

With over 50 years in healthcare across two states, Rosie came to Queensland in 1995 and worked at Ipswich Hospital for 18 years in Nursing Services before moving to the Metro South team. She has a broad and diverse clinical background with specialities in cardiac, intensive care, studies in palliative care and gerontology. Rosie has travelled widely with health including being part of a World Health team researching diabetes. In the later years of her career, she introduced Advance Care Planning into the health arena in Queensland.



Ms Pamela Lane

Director since September 2000,
Secretary from September 2012 to February 2020

Diploma of Applied Science Nursing and Unit Management, Bachelor of Administration (Nursing), Certificate in Quality Management, Masters of Health Administration, Graduate Certificate in Interprofessional Leadership AICD

Safety & Quality Committee Chair

Was the District CEO of the Darling Downs West Moreton Health Service District and held senior leadership positions within the public health system for 17 years. Pam has a clinical background in Nursing and Midwifery and a commitment to the continuous improvement of the quality of health services. Has also been involved in many community activities and a Member of the Zonta Club of Ipswich since 1995.



Ms Julie McNeill

Director since November 2024

BPhty Hons 1, GC HealthMgt, GC Soc.Sc

Julie has over 40 years of experience working in health-care with a clinical background in Physiotherapy. In more recent years, Julie has worked in senior health management roles within West Moreton Health, predominantly in Ambulatory Care services and is passionate about improving patient access to quality, safe and equitable health care services. Julie has always lived in Ipswich and has been an active Member of many community associations including the Ipswich Girls' Grammar School Old Girls Association.



Mr Gerard Pender

Director since September 1994

Chairperson for eight years until September 2008

GAICD

Corporate Governance & Risk Management Committee Member

Is a former partner in the region's largest legal firm, Walker Pender Group, and has been actively involved in community affairs for many years, participating in numerous community organisations. He is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. Gerard has held board positions on a number of organisations. He has a passion for and strong interest in community affairs in the Ipswich region.



Mr Paul Saba

Director and Treasurer since September 2016

BCom CPA (Retired)

Corporate Governance & Risk Management Committee Member

Retired from a career in public accounting that spanned almost 35 years. Commencing as an employee in local and Brisbane based firms before commencing as a sole practitioner in the Ipswich area and then merging his practice with RW Ramsey & Co where he became a practicing partner for approximately 17 years. Paul brings business and accounting knowledge together with an ethic of service to the community through his membership in Rotary for over 40 years.

**Dr Mark Waters**

Director February 2017 - November 2024

Chairperson from September 2018 to September 2021

MBBS, FRACGP, MHA, FRACMA, Dip RANZCOG

Over thirty years' experience in both public and private health sector management, including various positions at Ipswich General Hospital. Mark and his family lived in Ipswich for eighteen very enjoyable years during which time he was involved with the community through both schools and sporting organisations.

**Narelle Spithill**

Company Secretary

Narelle joined the Ipswich Hospice Care Business Team in February 2022 and was appointed as Company Secretary in August 2022. Narelle has previously worked in the areas of banking, finance and education and has qualifications in business, accounting and not-for-profit governance.



"Together, we have built...a legacy of compassion and community spirit that will endure for decades to come."

This year, Ipswich Hospice proudly marks 30 years since the opening of our inpatient facility in 1995 - a milestone that invites us to reflect on our journey, celebrate our achievements and reaffirm our values.

The story of Ipswich Hospice began in 1985 with a community vision: to improve access to end-of-life care and assist in relieving carer burden for people in the Ipswich region. That vision inspired a dedicated group of volunteers and supporters who, through passion and persistence, established Ipswich Hospice Care in 1988. From those early days of community and home-based support, our Hospice grew through a successful capital campaign, leading to the opening of our purpose-built inpatient facility in 1995.

Over the past three decades, Ipswich Hospice has expanded its services and deepened its impact. The introduction of Hilda's House provided vital bereavement support to families and the wider community, while our nurse practitioner-led outreach services extended care beyond our walls and into people's homes. Through all these developments, our focus has remained steadfast: to provide high-quality, compassionate palliative and end-of-life care in a nurturing, home-like environment.

We are grateful to receive regular Government funding, which provides an important foundation for our services. However, we are especially humbled by the extraordinary generosity of our local community. Philanthropic giving - through donations, fundraising, and partnerships - makes up a significant portion of our operational costs. It is this community support that sustains our mission and ensures that care is available to all who need it. Ipswich Hospice is, in every sense, a community coming together with a single purpose: to care for people with dignity, respect and compassion at the end-of-life.

At the heart of this mission are our volunteers, who have been the heart-beat of Ipswich Hospice since its beginnings. Their commitment, warmth and generosity of spirit touch every aspect of our work - from direct patient care to family support, from fundraising to governance. Quite simply, our volunteers make the difference between being a service and being a family.

The demand for end-of-life care has continued to grow significantly, as has the size of our community. Sadly, this has meant that many families in our region have been unable to access Hospice care during their time of greatest need. This reality strengthens our resolve and is precisely why we must set a bold vision for the future - to ensure that Ipswich Hospice can meet the growing demand and extend our reach to more families.

I also wish to thank my fellow Board members, who have been wise and faithful stewards of Ipswich Hospice, ending the year again in a financially stable position. Their leadership has not only safeguarded the Hospice's legacy but also set a bold course for the future. Equally, I extend heartfelt gratitude to our CEO/DON Gail Rogers, Business Manager Tyson Walker and all our staff, whose skill, dedication, and compassion continue to ensure that Ipswich Hospice is recognised for excellence. Their daily commitment embodies our mission and values, providing comfort and dignity to those we serve.

As a community-owned and managed charitable organisation, we remain grounded in our mission and values. We are here to ensure that every person receives care that honours their dignity, respects their choices and offers comfort to both them and their loved ones. These values have guided us for 30 years and will continue to shape our future.

On behalf of the Board, I extend deep gratitude to our Visiting Medical Officers, staff, volunteers, donors, Government supporters, and community partners - past and present - whose dedication has continued to sustain Ipswich Hospice. Together, we have built not only a service but a legacy of compassion and community spirit that will endure for decades to come.

As we celebrate this 30-year milestone, we recommit ourselves to the vision that inspired our founders: to walk alongside families at the most vulnerable times of life, with kindness, respect, and care.

MELINDA PARCELL
BOARD CHAIR



2024-25 REPORT FROM THE CEO/DON

"You matter because of who you are.
You matter to the last moment of **your life**,
and we will do all we can,
not only to help you die peacefully,
but also to **live until you die**"

-Dame Cecily Saunders



It has been my honour to serve as Chief Executive Officer and Director of Nursing at Ipswich Hospice for most of the past financial year. Each day, I am deeply moved by the unwavering commitment of our extraordinary team of staff and volunteers. Their dedication to compassionate care is the heartbeat of our organisation.

This year, 2025, marks a significant milestone - 30 years of providing overnight care to the Ipswich and West Moreton community. This achievement is a testament to the countless individuals who have worked and volunteered at Ipswich Hospice since its inception in 1987. Their collective efforts have shaped the legacy we celebrate today.

Our 30th anniversary has offered a wonderful opportunity to reconnect with former staff and volunteers, share stories, and reflect on our journey together. We've begun compiling a collection of volunteer stories and contributions, alongside a collaborative effort to document the history of Ipswich Hospice, led by Ian Wallace. The rediscovery of old documents and photographs, the generous loan of information, and the donation of memorabilia have been both enlightening and heart-warming.

Over the past three decades, roles and responsibilities have evolved - some fading, others emerging - but the profound sense of purpose and dedication remains unchanged. It is especially rewarding to work in an environment where compassion and empathy are at the forefront of every action, and it is truly uplifting to witness this each day.

I extend my heartfelt gratitude to the Ipswich Hospice Board for their warm welcome during my first year, and for their ongoing guidance, wisdom, and support. The diversity of skills among our Board members brings tremendous depth to our strategic decision-making, helping to ensure the Hospice remains strong and responsive.

As reflected in our Guest Wing Inpatient Data, we are currently not meeting the full need for inpatient care in the Ipswich and West Moreton community. We are actively developing both short-term and long-term plans to address this gap and expand our services.

Ipswich Hospice is well supported by the Ipswich and West Moreton community, and we are proud to partner with many local businesses and organisations. Our work is partly funded by Commonwealth and State Governments, but it is the generosity of our community that enables us to provide the full extent of our services. To everyone who continues to support us - thank you. Your help means the world to us.

Key Highlights from the past year

Strategic Developments

- **Facility Expansion:** Planning is underway to expand our current facility, ensuring we can better meet the needs of our growing community.
- **Logo Refresh & Tagline Launch:** We unveiled a refreshed logo and introduced our new tagline: "Compassionate care, every step of the way."

Quality & Safety

- **National Re-Accreditation:** Successfully achieved Re-Accreditation under the National Safety and Quality Health Standards.
- **Safety Enhancements:** Following a comprehensive review by the Queensland Police Service's Community Safety Branch, we implemented key safety upgrades. These included the installation of gates to the rose garden, proudly manufactured and installed by The Men's Shed at Bundamba.
- **Consumer Feedback Implementation:** Feedback forms are now available to guests, families, and counselling recipients to support continuous service improvement.

Community Engagement

- **Cuddle Bed Donation:** We gratefully welcomed the addition of a cuddle bed, made possible through the generous support of Jenny Jenner, Kalbar Sunflowers, Ipswich RSL Sub-Branch, Club Services Ipswich (CSI), and an anonymous donor.
- **Chaplaincy Services:** Weekly visits from a non-denominational chaplain commenced, thanks to the extended chaplaincy service from Ipswich Hospital Chaplains.
- **Workplace Giving Program:** Our refreshed workplace giving program has been extended to community organisations and businesses. We thank JBS for their continued partnership - celebrating 30 years of support.

Staff & Volunteer Recognition

- **Australia Day Awards:** Ryan White was honoured as Young Citizen of the Year, and Jan White as Senior Citizen of the Year by Ipswich City Council.
- **Queensland Volunteering Awards:** Ipswich Hospice was proudly represented with nominations for:
Gerard Pender, Board Director
Warren Martens, long-time volunteer
Pam Lane, Board Director – Finalist in the "Lifetime of Volunteering" category

Facilities & Guest Experience

- **Outdoor Veranda Completion:** Our new outdoor veranda area is now complete and well-utilised by guests, families, and staff - providing a peaceful space for connection and reflection.

30th Birthday Celebrations

A Memorable First Step: Walk to Remember 2025

On May 25th, 2025, the Ipswich Cycle Track welcomed our very first Walk to Remember. Though registration numbers were modest, the atmosphere was anything but - 140 enthusiastic attendees came together to enjoy a relaxed stroll, browse the vibrant plant stall, indulge in delicious offerings from food trucks, and explore a range of merchandise.

The event was expertly hosted by Greg Hinks, whose energy and charm, paired with the soulful sounds of country singer Kayla Rose, kept spirits high and the program flowing smoothly.

A highlight of the morning was Ryan White, a proud alumnus of St Edmund's College, who blazed around the bike circuit in his eye-catching 'Skool to Skoolies' Lycra, showcasing speed and school pride.

In a touching tribute, Dr Geoff Mitchell and his wife Anne released butterflies into the sky, during the heartfelt reading of the poem "Celebrating Life's Flight" by former Nursing Director Jan White - an emotional moment that beautifully captured the spirit of the day.

Turn Ipswich Purple

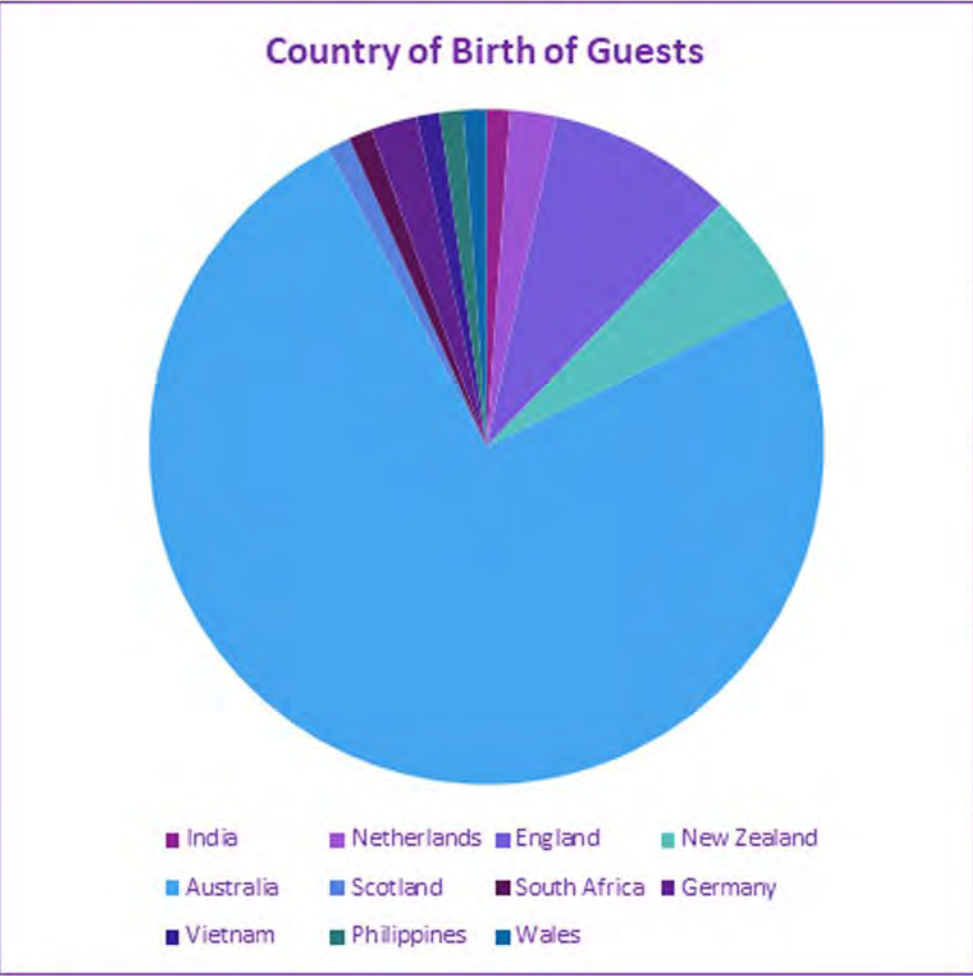
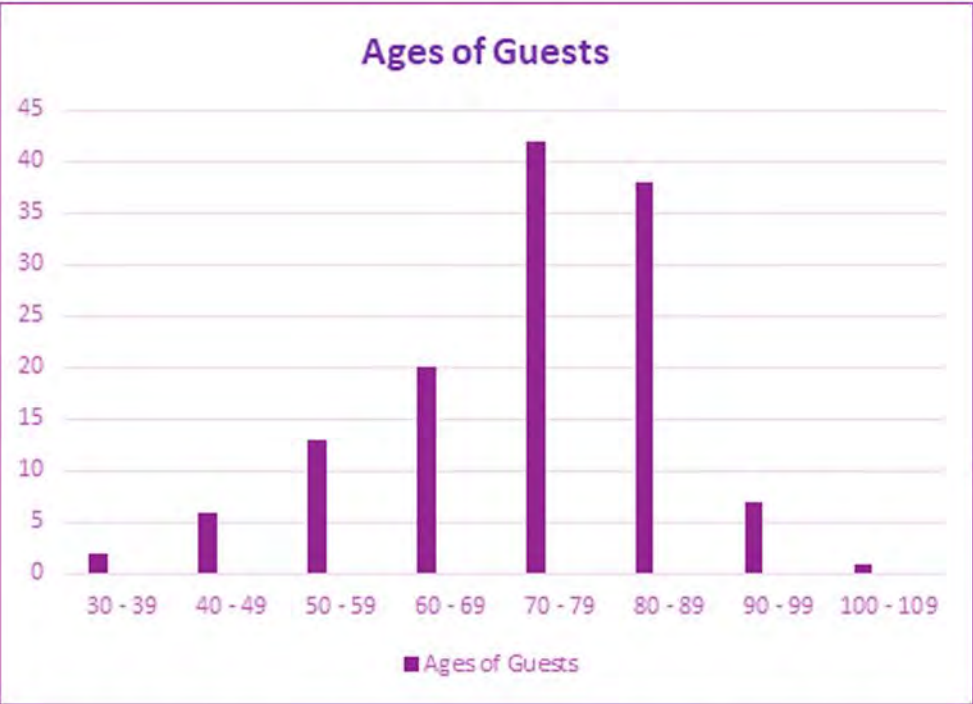
From 16th to 22nd June 2025, we proudly marked Turn Ipswich Purple for Hospice - a week dedicated to honouring three decades of compassionate service. The celebrations began with a heartfelt visit from the Kambu Elders Group and concluded with a vibrant morning tea in the Rose Garden.

Throughout the week, representatives from Ipswich City Council, the State Government, former staff members, and valued business partners came together to commemorate this milestone. The ceremonial cake cutting was led by Board Chair Melinda Parcell, joined by former Palliative Care Consultant Dr Judith McEniery and former Nursing Director Jan White.

Ipswich City Mayor Teresa Harding presented a special certificate, recognising 30 years of dedicated care and service to the community.



Guest Wing Inpatient Data



Guest Wing
Occupancy
93.7 %

Average Length
of Stay
18 days

Guests identifying as
Indigenous
4

Average Age
73 Years

Malignancy Rates

Malignant
87%

Non-Malignant
13%

Diagnoses of Guests



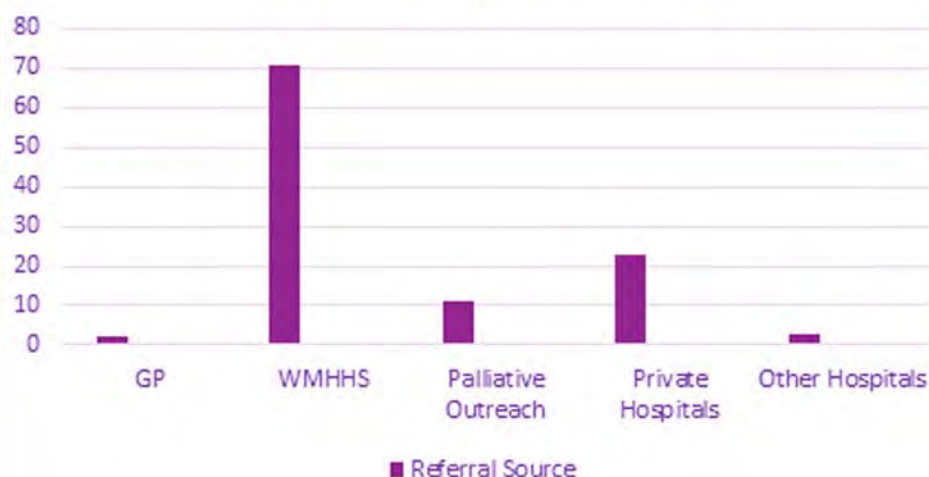
- | | | |
|-------------------------------|--------------------------|---------------------------------|
| ■ Lung Cancer | ■ Colorectal Cancer | ■ Pancreatic Cancer |
| ■ Prostate Cancer | ■ Haematological Cancers | ■ Gastrointestinal Cancer |
| ■ Gynaecological Cancer | ■ Skin Cancer | ■ Head and Neck Cancer |
| ■ Bone and Soft Tissue Cancer | ■ Urological Cancer | ■ Central Nervous System Cancer |
| ■ Breast Cancer | ■ Other Cancers | ■ Respiratory Failure |
| ■ Cardiovascular Disease | ■ Kidney Disease | ■ Motor Neurone Disease |
| ■ Multi-Organ Failure | ■ Dementia | ■ Other Conditions |

Admission Source

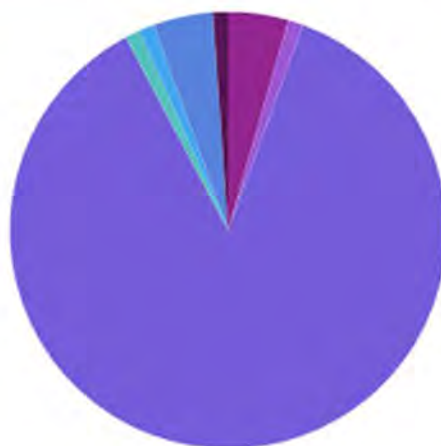
WMHHS - 64.5%
Private Hospitals - 20.9%
Palliative Care Outreach - 10%
Other - 4.6%

Number of guests who were referred but died before a bed became available
74

Source of Accepted Referrals

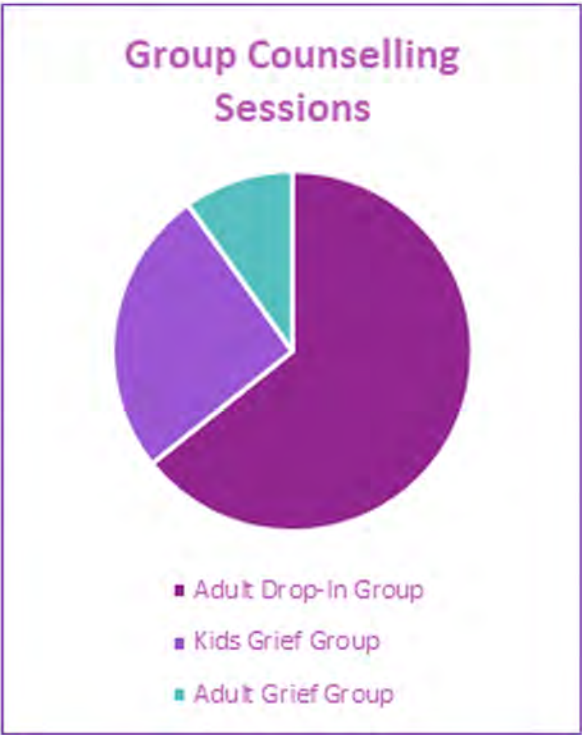
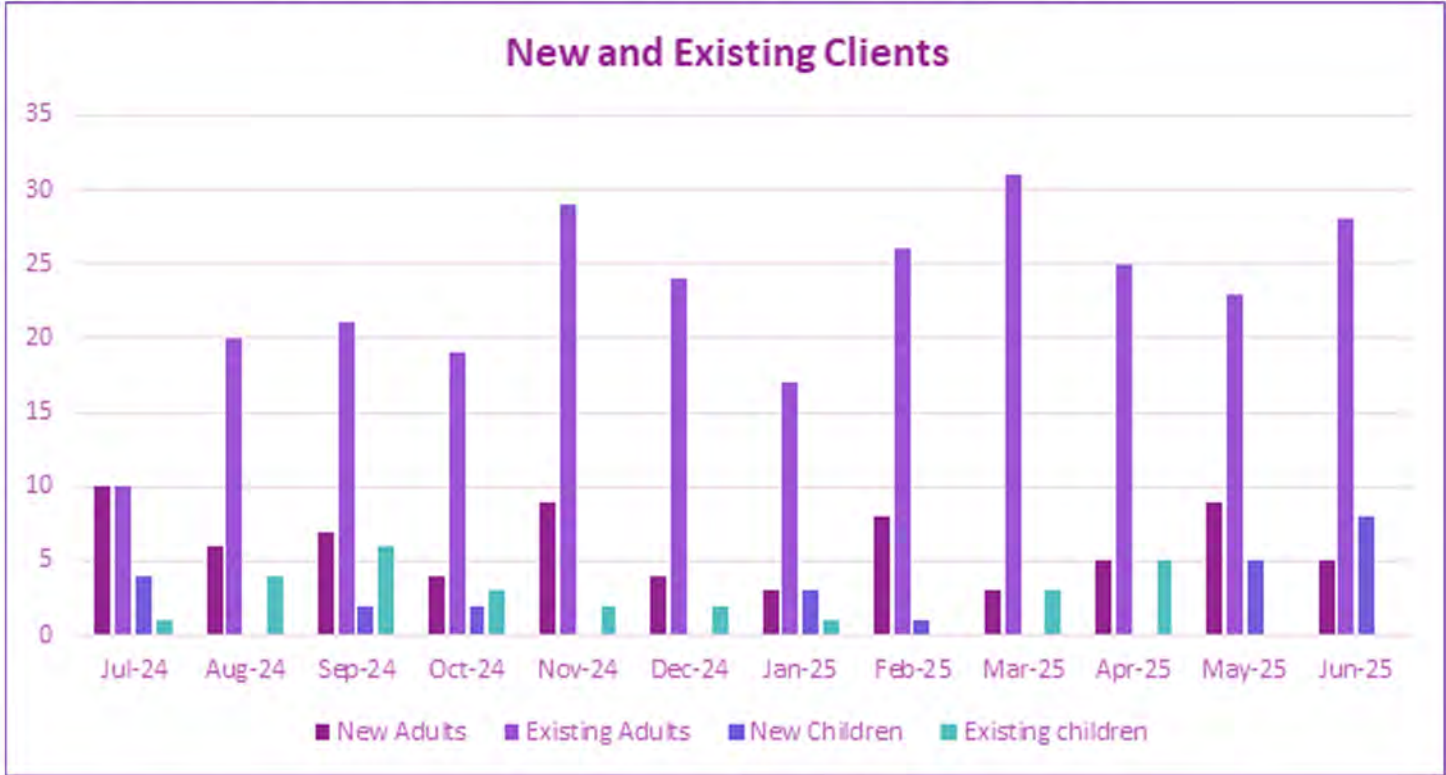


Local Government Areas Guests received from -



- | | | | |
|-------------------------|-------------------|----------------------------|------------|
| ■ Greater Brisbane Area | ■ Gympie Region | ■ Ipswich and West Moreton | ■ Redlands |
| ■ Scenic Rim | ■ Somerset Region | ■ Toowoomba | |

Grief and Bereavement Counselling Services



I am proud that the mission of Ipswich Hospice continues to be upheld by our exceptional team of staff and volunteers. Their commitment ensures that the compassionate work initiated by our founders in 1987 remains at the heart of everything we do.

Over the past year, we have remained true to the original purpose and intent -providing dignified, person-centred care to those in need. This enduring legacy is reflected not only in the services we deliver but also in the culture of empathy, respect, and community that defines Ipswich Hospice.

GAIL ROGERS
CHIEF EXECUTIVE OFFICER/ DIRECTOR OF NURSING

2024-25

REPORT FROM THE TREASURER



“The Statement of Financial Position shows a strong net equity position of \$7,745,408 compared to \$7,376,053 last year”

It gives me great pleasure to deliver the Treasurer's Report for the year ended 30 June 2025. The following figures have been extracted from the annual accounts.

Statement of Profit & Loss (pp 8 Financial Report)

	2025	%	2024	%
Revenue	3,705,879	100	4,803,058	100
Total Income	\$3,705,879	100	\$4,803,058	100
Depreciation	151,602	4.09	141,315	2.94
Employee Benefits	2,559,798	69.07	2,391,752	49.8
Other Expenses	625,124	16.87	484,788	10.09
Total Expenses	\$3,336,524	90.03	\$3,017,855	62.83
Net Surplus for the year	\$369,355	9.97	\$1,785,203	37.17

Income & Expenses: (pp 20 Financial Report)

Grant income, both State and Federal, totalled \$2,392,892. This represents 64.57% of total income and 71.72% of total expenditure. Although this funding sets the floor for our service; Hospice could not function without ongoing community support in the form of donations and fundraising.

I take this opportunity to offer my sincere thanks to the many individuals, community groups and business organisations who have seen fit to contribute both time and money to Ipswich Hospice during the year.

The major contributors include:

•McMahons Soft Drinks (Total Sales)	\$24,958
•Golf Day and Trivia Night	\$24,737
•St Edmund's College, 'Skool to Skoolies' event	\$30,000
•JBS Australia, employee payroll deductions	\$64,567
•Brothers Leagues Club Ipswich	
Carolyn Smith Scholarship Award	\$2,392
• Cecily Reibelt	\$10,000

Major Donations in Memory:

•Conny Koenderman in memory of Elise Koenderman	\$10,000
•Tara Grennell in memory of Nicole Waerea	\$10,000

Major Bequests:

•The Estate of the Late Erica Watson	\$57,331
•The Estate of the Late Shirley Barnes	\$208,506

Major Donations towards purchases:

•Robyn Ballis, purchase of new recliner chair and TVs for guest rooms	\$8,200
•Ipswich RSL Sub Branch, towards the purchase of a cuddle bed	\$11,500

Expenses totalled \$3,336,524 (90.03% of income) this year compared to \$3,017,855 (62.83% of income) last year; an increase of \$318,669 (or 10.56%) which is a testament to the inflationary pressures experienced during this year.

It should be noted that although expenses have increased, total expenses represent a higher percentage of total income due to reduced income.

Payroll & on costs:

Employee benefits represent 69.07% of total income (49.80% last year). This increased ratio is more a factor of reduced income than increased expenditure.

Although this is undoubtedly our major cost, it should be noted that this expenditure is on our major asset, our Staff.

I take this opportunity to thank all Staff of Ipswich Hospice for the professional and caring way they conduct themselves in attending to their daily duties.

Overall, the net surplus of \$369,355 is an excellent result given the uncertainties confronted during the year.

It should be noted that our net surplus after adjusting for bequest income totalling \$265,837 gave a net surplus of \$103,518.

I consider this to be a very good result in difficult economic conditions.

Statement of Financial Position (pp 9 Financial Report)

The Statement of Financial Position shows a strong net equity position of \$7,745,408 compared to \$7,376,053 last year.

The measure of a company's immediate health is its ability to pay its debts as and when they fall due. This is generally measured by the excess of current assets over current liabilities which at 30 June 2025 was as follows:

Current Assets	\$4,119,455
Current Liabilities	\$384,641
Excess Current Assets:	\$3,734,814

This excess, coupled with a Line of Credit facility of \$200,000, demonstrates that Ipswich Hospice is in a strong liquid asset position and able to pay its debts as and when they fall due.

I also refer you to page 20 Note 4; Cash & Cash Equivalents:
You will notice that term deposits at 30 June 2025 totalled \$3,034,487.

This healthy position is due in part to the Board's decision to invest all bequests into term deposits until an appropriate form of capital expenditure is determined. This level of investment certainly gives Ipswich Hospice both opportunity and flexibility for the future.

I would also like to inform members of the Board's thinking in relation to establishing these term deposits. We have an Employee Benefits Reserve Fund totalling \$284,343, which as the name implies, is set aside to cover Employee Benefits owing. At 30/6/2025, as per page 22 Note 9, Employee Benefits totalled \$217,676.

Some years ago, the Board thought it prudent to establish a Contingency Reserve Fund, which would be contributed to from profits as and when available. It was hoped to build this fund into a corpus; equivalent to half of the Hospice expense budget, which this year would be \$1,668,262. It is hoped that this reserve fund will provide the necessary resilience to Ipswich Hospice in times of adversity.

The term deposits other than the Employee Benefits Fund represent the Contingency Reserve Fund of \$2,750,144. This amount is made up of the Contingency Reserve Fund term deposit of \$967,419 and Bequest Fund term deposits of \$1,782,725. These funds are set aside for use in emergency situations or if a project is deemed worthy of support.

I congratulate the Board for their determination in this matter and for having the foresight to implement this strategy. I also thank those who have seen fit to bequeath funds to Ipswich Hospice because it is their generosity that has allowed us to achieve this goal.

In Conclusion:

I take this opportunity to thank the Board for its guidance, and the Staff and Volunteers for their continued effort, which has contributed to Ipswich Hospice being in this position of strength.

This Board instils a great level of confidence in me personally, and I thank fellow Board Members for their diligence, professionalism and enthusiasm.

It is a pleasure to work with committed individuals, whether they be Volunteers, Staff or Board Members, all striving toward a common goal.

I also offer a sincere thank you to Tyson Walker, Narelle Spithill and the Business Team, with whom I have a close working relationship, for their support and assistance during the year.

My thanks also go to Staff and Volunteers for their efforts, which I know are held in high esteem throughout the community.



PAUL SABA, BOARD TREASURER

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Financial Report

For The Year Ended 30 June 2025

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Directors Report

Your directors present this report on the company for the financial year ended 30 June 2025.

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

- Paul Saba
- Patricia Evatt
- Gary Gilchrist
- Robert Illingworth
- Rosemary Laidlaw
- Pamela Lane
- Melinda Parcell
- Gerard Pender
- Julie McNeill
- Mark Waters

Principal activities

During the year, the principal activity of the Company was to operate a seven-bed private healthcare facility to provide end-of-life care and support for people and their families in the community. This activity included palliative care nursing and bereavement counselling support.

There have been no significant changes in the nature of these activities during the year.

Key objectives

The principal object of the Company is to provide dignified, compassionate end of life care and to support families and bereaved members of the community.

The Company's key objectives are to:

- Deliver excellence in patient and family centred care, encouraging and empowering patients, clients, and families in all aspects of care
- Develop our people and capabilities to meet all challenges of future clinical needs and disease management
- Model best practice and create a learning environment as leaders of end of life palliative care
- Grow sustainably through opportunities to extend our services to meet community demand and need

Strategy for achieving key objectives

- To achieve these objectives, the Company has adopted the following strategies:
- Instil a culture of person and family centre care
- Effective engagement with the patient and their family to enhance the patient's experience
- Ensure safe, high quality and culturally sensitive end of life palliative care
- Feature a highly skilled workforce into our palliative care model of service delivery
- Grow our people to create a workforce where staff and volunteers are valued and excel
- Embed the required quality and safety standards into all services for patients, clients, and families
- Maximise information technology to assist service delivery
- Strive to provide a sustainable financial model to enable investment in future business
- Take every opportunity to network and work collaboratively with other healthcare facilities to serve the greater community and provide an arena for new service opportunities and external investment for growth
- Actively manage relationships with organisations representing funding opportunities to ensure maximum access to funding
- Promote Ipswich Hospice Care as the Charity of Choice for Ipswich and surrounding community

Directors Particulars**Ms Melinda Parcell, Board Chair**

Director since March 2021, Board Chair since September 2023

GAICD, Master of Management (Innovation & Change), Bachelor of Health Management, Registered Nurse & Midwife

Corporate Governance & Risk Management Committee Member

A Health Care Executive, Virtual Health Transformation Specialist, with 30 years of experience in nursing and midwifery. Is passionate about healthcare and the provision of clinical services that are consumer focused. Has served on several health service and community not-for-profit Boards and committees in the local region.

Ms Patricia Evatt OAM

Director since September 2014

BAppSc (Psych), Dip Psych, MOP, AICD Dip

Corporate Governance & Risk Management Committee Chair

Worked as a psychologist in the disability sector before moving into the corporate sector where she specialised in organisational psychology. Pat was Director of Livingstones Australia for over 15 years and has held numerous Board positions in a variety of organisations, including West Moreton Medicare Local and the West Moreton Hospital & Health Services Board.

Mr Gary Gilchrist, Vice Chair

Director since November 2021, Vice Chair since December 2022

Grew up in Ipswich and began working life in Ipswich City Council as a Cadet Civil Draftsman. Forty year involvement in the sport of Volleyball holding numerous Board positions at both state and national level. Forty plus year history of volunteer involvement with various community groups.

Dr Robert Illingworth

Director since March 2021

MBBS, MMed (Pain Mgmt), BSc, FACRRM

Clinical Council Member

A General Practitioner working in Pain and Musculoskeletal Medicine in private practice in Brisbane and as a Senior Medical Officer at the Princess Alexandra Hospital Pain Rehabilitation Clinic. Rob has been a Visiting Medical Officer for Ipswich Hospice since 2019 and continues to be involved in the Ipswich medical community.

Directors Report

Ms Rosemary Laidlaw

Director since September 2017

ICU/CCU/PC Cert, Dip Nursing Admin, Grad Dip Hospital Admin, Grad Dip Gerontology, Master of Gerontology

Safety & Quality Committee Member

With over 50 years in healthcare across two states, Rosie came to Queensland in 1995 and worked at Ipswich Hospital for 18 years in Nursing Services before moving to the Metro South team. She has a broad and diverse clinical background with specialities in cardiac, intensive care, studies in palliative care and gerontology. Rosie has travelled widely with health including being part of a World Health team researching diabetes. In the later years of her career, she introduced Advance Care Planning into the health arena in Queensland.

Ms Pamela Lane

Director since September 2000, Secretary from September 2012 to February 2020

Diploma of Applied Science Nursing and Unit Management, Bachelor of Administration (Nursing), Certificate in Quality Management, Masters of Health Administration, Graduate Certificate in Interprofessional Leadership AICD

Safety & Quality Committee Chair

Was the District CEO of the Darling Downs West Moreton Health Service District and held senior leadership positions within the public health system for 17 years. Pam has a clinical background in Nursing and Midwifery and a commitment to the continuous improvement of the quality of health services. Has also been involved in many community activities and a Member of the Zonta Club of Ipswich since 1995.

Mr Gerard Pender

Director since September 1994, Chairperson for eight years until September 2008

GAICD

Corporate Governance & Risk Management Committee Member

Is a former partner in the region's largest legal firm, Walker Pender Group, and has been actively involved in community affairs for many years, participating in numerous community organisations. He is a former Councillor with the Ipswich City Council and has been the President of the Rotary Club of Ipswich North. Gerard has held Board positions on a number of organisations. He has a passion for and strong interest in community affairs in the Ipswich region.

Mr Paul Saba, Board Treasurer

Director and Treasurer since September 2016

BCom CPA (Retired)

Corporate Governance & Risk Management Committee Member

Retired from a career in public accounting that spanned almost 35 years. Commencing as an employee in local and Brisbane based firms before commencing as a sole practitioner in the Ipswich area and then merging his practice with RW Ramsey & Co where he became a practicing partner for approximately 17 years. Paul brings business and accounting knowledge together with an ethic of service to the community through his membership in Rotary for over 40 years.

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Directors Report

Dr Mark Waters

Director since February 2017, Chairperson from September 2018 to September 2021
MBBS, FRACGP, MHA, FRACMA, Dip RANZCOG

Over thirty years' experience in both public and private health sector management, including various positions at Ipswich General Hospital. Mark and his family lived in Ipswich for eighteen very enjoyable years during which time he was involved with the community through both schools and sporting organisations.

Julie McNeill

Director since November 2024

Over 40 years of experience working in healthcare with a clinical background in Physiotherapy. In more recent years, Julie has worked in senior health management roles within West Moreton Health, predominantly in Ambulatory Care services and is passionate about improving patient access to quality, safe and equitable health care services. Julie has always lived in Ipswich and has been an active member of many community associations including the Ipswich Girls' Grammar School Old Girls Association.

Directors attendance at Directors' meetings

	Meetings eligible to attend	Meetings Attended
Paul Saba	16	16
Patricia Evatt	16	9
Gary Gilchrist	11	10
Robert Illingworth	15	8
Rosemary Laidlaw	22	21
Pamela Lane	22	15
Melinda Parcell	17	15
Gerard Pender	16	13
Julie McNeill	9	8
Mark Waters	4	4

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2025, the total amount that members of the company are liable to contribute if the company is wound up is \$620 (2024: \$600).

Directors Report

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under Section 307C of the Corporations Act 2001 is set out on page 6.

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



.....
Chairperson: Melinda Parcell



.....
Treasurer: Paul Saba

Dated: 01 October 2025



Auditor's Independence Declaration

Under Section 60-40 of the Australian Charity and Not-for-profits Commission Act 2012 to the Directors of Ipswich Hospice Care Ltd

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

- (i) No contraventions of the auditor's independence requirements of any applicable code of professional conduct in respect of the review.

CARBON IPSWICH

**NS HARDING
IPSWICH QLD**

Dated: 01 October 2025

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Statement of Profit or Loss and Other Comprehensive IncomeFor the year ended 30 June 2025

	2025	2024
	\$	\$
INCOME		
Fundraising income	138,262	147,496
Gifts and donations	559,275	1,391,153
Grant income	3 2,392,892	2,515,976
Interest received	156,287	75,403
Other income	17,400	20,685
Service income	441,763	652,345
TOTAL INCOME	3,705,879	4,803,058
EXPENSES		
Advertising	10,325	5,807
Assets purchased < \$1,000	8,767	11,129
Audit fees	10,400	6,800
Bank charges	430	541
Client support expense	79,337	70,258
Computer expense	82,657	79,160
Consultancy expense	78,366	7,245
Credit card/merchant fees	3,402	3,307
Depreciation	151,602	141,315
Fees and permits	6,417	1,866
Fundraising expense	52,268	53,335
General expenses	9,075	8,195
Health and safety	1,918	3,133
Interest paid	-	1
Loss on assets disposal	15,640	-
Meeting expense	3,521	2,123
Membership fees	9,243	12,089
Motor vehicle expense	3,073	2,662
Payroll and oncost	2,559,798	2,391,752
Postage	3,518	3,298
Printing and stationery	17,974	14,625
Publication and info resources	1,180	1,436
Service expense	221,624	191,855
Telephone	5,989	5,923
TOTAL EXPENSES	3,336,524	3,017,855
NET SURPLUS/(DEFICIT)	369,355	1,785,203
Income tax expense	-	-
NET SURPLUS/(DEFICIT) AFTER INCOME TAX	369,355	1,785,203
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME	369,355	1,785,203

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Statement of Financial PositionAs at 30 June 2025

	Note	2025	2024
		\$	\$
CURRENT ASSETS			
Cash and cash equivalents	4	3,807,957	3,184,422
Trade and other receivables	5	277,683	496,426
Other current assets	6	33,815	20,812
TOTAL CURRENT ASSETS		<u>4,119,455</u>	<u>3,701,660</u>
NON-CURRENT ASSETS			
Property, plant and equipment	7	4,067,681	4,128,384
TOTAL NON-CURRENT ASSETS		<u>4,067,681</u>	<u>4,128,384</u>
TOTAL ASSETS		<u>8,187,136</u>	<u>7,830,044</u>
CURRENT LIABILITIES			
Trade and other payables	8	179,413	162,652
Provisions	9	160,589	155,417
Other current liabilities	10	44,639	47,182
TOTAL CURRENT LIABILITIES		<u>384,641</u>	<u>365,251</u>
NON-CURRENT LIABILITIES			
Provisions	9	57,087	88,740
TOTAL NON-CURRENT LIABILITIES		<u>57,087</u>	<u>88,740</u>
TOTAL LIABILITIES		<u>441,728</u>	<u>453,991</u>
NET ASSETS		<u>7,745,408</u>	<u>7,376,053</u>
EQUITY			
Retained earnings		4,908,275	4,538,920
Reserve		2,837,133	2,837,133
TOTAL EQUITY		<u>7,745,408</u>	<u>7,376,053</u>

The accompanying notes form part of these financial statements.

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Statement of Changes in EquityFor the year ended 30 June 2025

	Retained Earnings	Assets Revaluation Reserve	Total
Balance at 1 July 2023	2,753,717	2,837,133	5,590,850
Surplus/(deficit) from operating activities	1,785,203	-	1,785,203
Other comprehensive income	-	-	-
Balance at 30 June 2024	4,538,920	2,837,133	7,376,053
Balance at 1 July 2024	4,538,920	2,837,133	7,376,053
Surplus/(deficit) from operating activities	369,355	-	369,355
Other comprehensive income	-	-	-
Balance at 30 June 2025	<u>4,908,275</u>	<u>2,837,133</u>	<u>7,745,408</u>

The accompanying notes form part of these financial statements.

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Statement of Cash FlowsFor the year ended 30 June 2025

	Note	2025 \$	2024 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from operations		4,015,834	4,634,728
Payments to suppliers and employees		(3,442,048)	(3,047,813)
Interest received		156,287	75,403
interest paid		-	(1)
Net cash generated from / (used in) operating activities	12(b)	<u>730,073</u>	<u>1,662,317</u>
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	-
Payment for property, plant and equipment		<u>(106,538)</u>	<u>(357,474)</u>
Net cash generated from / (used in) investing activities		<u>(106,538)</u>	<u>(357,474)</u>
CASH FLOW FROM FINANCING ACTIVITIES			
Proceeds from borrowings		-	-
Repayments of borrowings		<u>-</u>	<u>-</u>
Net cash generated from / (used in) investing activities		<u>-</u>	<u>-</u>
Net increase/(decrease) in cash held		623,535	1,304,843
Cash at the beginning of the financial year		<u>3,184,422</u>	<u>1,879,579</u>
Cash at the end of the financial year	12(a)	<u>3,807,957</u>	<u>3,184,422</u>

The accompanying notes form part of these financial statements.

Notes to the Financial StatementsFor the year ended 30 June 2025

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report covers Ipswich Hospice Care Ltd as an individual entity. Ipswich Hospice Care Ltd is a company limited by guarantee, incorporated and domiciled in Australia and is a registered charity with the Australia Charities and Not-for-profits Commission.

The financial statements were authorised for issue on 01 October 2025 by the Directors of the Company.

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

Accounting policies**a) Income tax**

Ipswich Hospice Care Ltd is a not-for-profit organisation as defined under the Commonwealth's Income Tax Assessment Act 1997 and accordingly they are income tax exempt.

b) Property, plant and equipment

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

Property

Freehold land and buildings are presented at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic valuations by external independent valuers or directors' assessments.

Plant and equipment

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

The carrying amount of plant and equipment is reviewed annually by directors 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.

Notes to the Financial StatementsFor the year ended 30 June 2025

The cost of fixed assets constructed within the company 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 company and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are charged against fair value reserves directly in equity; all other decreases are charged to the income statement.

Depreciation

The depreciable amount of all fixed assets including building and capitalised lease assets, but excluding freehold land, is depreciated on the basis presented below and over their useful lives to the company commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

<u>Class of Fixed Asset</u>	<u>Depreciation Rate</u>	<u>Depreciation Method</u>
Buildings	2.5%	Straight line
Plant and equipment	10-25%	Diminishing value
Motor vehicle	20%	Diminishing value

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet 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 or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c) Financial instruments

Initial recognition and measurement

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

Classification and subsequent measurement

Financial 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.

Notes to the Financial StatementsFor the year ended 30 June 2025

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.

(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, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(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.

Loans and receivables are included in current assets, except for those which are not expected to mature within 12 months after the end of the reporting period, which will be classified as non-current assets.

(iii) Held-to-maturity investments

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

Held-to-maturity investments are included in non-current assets, except for those which are expected to mature within 12 months after the end of the reporting period.

If during the period the company sold or reclassified more than an insignificant amount of the held-to-maturity investments before maturity, the entire held-to-maturity investment would be tainted and reclassified as available-for-sale.

(iv) 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.

Available-for-sale financial assets are included in non-current assets, except for those which are expected to be disposed of within 12 months after the end of the reporting period.

Notes to the Financial StatementsFor the year ended 30 June 2025

(v) Financial liabilities

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

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At the end of each reporting period, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the statement of comprehensive income.

Derecognition

Financial assets are derecognised where the contractual rights 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 expired. The difference between the carrying value of the financial liability, which is 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.

d) Impairment of assets

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

Where the future economic benefits of the asset are not primarily dependent upon 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 assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong. Where an impairment loss on a revalued asset is identified, this is debited 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 same class of asset.

Notes to the Financial StatementsFor the year ended 30 June 2025

e) Employee benefits

Short-term employee benefits

Provision is made for the company'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, salaries and annual leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as a part of current trade and other payables and provisions in the statement of financial position.

Other long-term employee benefits

Provision is made for employees' leave entitlements not expected to be settled wholly within 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 incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The company's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

f) Provisions

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

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 short-term borrowings in current liabilities on the balance sheet.

h) Revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value

Notes to the Financial StatementsFor the year ended 30 June 2025

directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

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

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

i) Borrowing costs

Borrowing costs directly attributable to the acquisition, construction or production of assets that necessarily take a substantial period of time to prepare for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use of sale.

All other borrowing costs are recognised in income in the period in which they are incurred.

j) Concessionary lease

The Company does not recognise, as a lessee, a concessionary lease (also known as peppercorn lease), being a lease that has significantly below-market terms and conditions principally to enable the lessee to further its objective, in the financial statements on the basis that the value of the concessionary lease, measured at cost as allowed under AASB 2018-8 Amendments to Australian Accounting Standards, would be immaterial and therefore, would not be able to provide financial information that is relevant and useful to the users of the financial statements. Instead, additional information in relation to the concessionary lease is disclosed as notes to the financial statements in accordance with the disclosure requirements of AASB 2018-8.

k) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of 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 component of investing and financing activities, which are disclosed as operating cash flows.

l) Comparative figures

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

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

Notes to the Financial StatementsFor the year ended 30 June 2025

m) Critical accounting estimates and judgements

The company evaluates estimates and judgments incorporated into the financial report 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 company.

n) Economic dependence

Ipswich Hospice Care Ltd is dependent on Qld Health for the majority of its funding used to operate the business. At the date of this report the Board has no reason to believe Qld Health will not continue to support Ipswich Hospice Care Ltd.

o) Fair value of assets and liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

“Fair value” is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

p) New and amended accounting standards and policies adopted by the organisation

AASB 2022-6: Amendments to Australian Accounting Standards – Non-current liabilities with covenants

The Entity adopted AASB 2022-6 Amendments to Australian Accounting Standards – Non-current liabilities with covenants which amends AASB 101 to improve the information an entity provides in its financial statements about liabilities from loan arrangements for which the entity's right to defer settlement of those liabilities for twelve months after the reporting period is subject to the entity complying with conditions specified in the loan arrangement.

Notes to the Financial StatementsFor the year ended 30 June 2025

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2023-3 Amendments to Australian Accounting Standards – Disclosure of Non-current Liabilities with Covenants – Tier 2

AASB 2023-3 amends AASB 1060 to align the disclosure requirements of Tier 2 entities with the Tier 1 equivalents in AASB 2020-1 and AASB 2022-6AASB 2023-3 amends AASB 1060 to:

1. clarify that a liability is classified as non-current if an entity has the right at the reporting date to defer settlement of the liability for at least twelve months after the reporting date;
2. clarify the reference to settlement of a liability by the issue of equity instruments in classifying liabilities; and
3. require the disclosure of information that enables users of the financial statements to understand the risk that non-current liabilities with covenants could become repayable within twelve months.

The adoption of the amendment did not have a material impact on the financial statements.

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Notes to the Financial StatementsFor the year ended 30 June 2025

	2025 \$	2024 \$
NOTE 2: AUDITOR REMUNERATION		
Remuneration paid to the auditor for providing the following services:		
> auditing or reviewing the financial report	8,000	6,800
> other advisory service	-	-
	<u>8,000</u>	<u>6,800</u>
NOTE 3: GRANT INCOME		
Grants (Cwlth) Operating Recur	132,927	288,432
Grants (Local) Oper. Non-Recur	841	139,526
Grants (Local) Oper. Recur	416,159	436,100
Grants (Other) Capital	8,864	10,218
Grants (State) Operating Recur	1,834,101	1,641,700
	<u>2,392,892</u>	<u>2,515,976</u>
NOTE 4: CASH AND CASH EQUIVALENTS		
Cash on hand	950	3,688
Cash at bank	772,520	954,753
Term deposits	3,034,487	2,225,981
	<u>3,807,957</u>	<u>3,184,422</u>
NOTE 5: TRADE AND OTHER RECEIVABLES		
Current		
Accounts receivable	114,167	372,626
Other receivables	27,527	-
Accrued income	135,989	123,800
	<u>277,683</u>	<u>496,426</u>
NOTE 6: OTHER CURRENT ASSETS		
Prepayments to suppliers	33,815	20,812
	<u>33,815</u>	<u>20,812</u>

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Notes to the Financial StatementsFor the year ended 30 June 2025

	2025 \$	2024 \$
NOTE 7: PROPERTY, PLANT & EQUIPMENT		
<u>Land and buildings</u>		
Freehold land at valuation*	420,000	420,000
Buildings at valuation	3,718,507	3,718,507
Accumulated depreciation	(389,774)	(296,811)
	<u>3,328,733</u>	<u>3,421,696</u>
Total land and buildings	<u>3,748,733</u>	<u>3,841,696</u>
<u>Plant and equipment</u>		
Plant and equipment at cost	981,070	1,005,257
Accumulated depreciation	(670,313)	(728,807)
	<u>310,757</u>	<u>276,450</u>
Motor vehicles at cost	24,216	24,216
Accumulated depreciation	(16,025)	(13,978)
	<u>8,191</u>	<u>10,238</u>
Total plant and equipment	<u>318,948</u>	<u>286,688</u>
Total property, plant and equipment	<u>4,067,681</u>	<u>4,128,384</u>

*A mortgage is registered on the freehold land interest to Heritage Bank. For further details refer to Note 11.

Movements in carrying values

	Balance at beginning of the year	Additions/ Revaluation	Disposal/Revaluation	Depreciation Expense	Carrying amount at year end
2024					
Land and buildings	3,671,692	259,585	-	(89,581)	3,841,696
Plant and equipment	227,735	97,889	-	(49,174)	276,450
Motor vehicle	12,798	-	-	(2,560)	10,238
Total	<u>3,912,225</u>	<u>357,474</u>	<u>-</u>	<u>(141,315)</u>	<u>4,128,384</u>
2025					
Land and buildings	3,841,696	-	-	(92,963)	3,748,733
Plant and equipment	276,450	106,538	(15,639)	(56,592)	310,757
Motor vehicle	10,238	-	-	(2,047)	8,191
Total	<u>4,128,384</u>	<u>106,538</u>	<u>(15,639)</u>	<u>(151,602)</u>	<u>4,067,681</u>

Ipswich Hospice Care Ltd

ABN 63 563 946 327

Notes to the Financial StatementsFor the year ended 30 June 2025

	2025	2024
	\$	\$
NOTE 8: TRADE AND OTHER PAYABLES		
Accounts payable	35,701	35,382
Accrued expenses	99,956	92,196
GST liability	17,423	8,590
PAYG withholding liability	26,333	26,484
	<u>179,413</u>	<u>162,652</u>
NOTE 9: PROVISIONS		
Employee benefits		
Balance at 1 July	244,157	188,264
Additional provisions raised during the year	-	55,893
Amounts used	(26,481)	-
Balance at 30 June	<u>217,676</u>	<u>244,157</u>
<u>Analysis of provisions</u>		
Current	160,589	155,417
Non-current	57,087	88,740
	<u>217,676</u>	<u>244,157</u>
NOTE 10: OTHER CURRENT LIABILITIES		
Income in advance	44,639	47,182
	<u>44,639</u>	<u>47,182</u>

Notes to the Financial StatementsFor the year ended 30 June 2025

NOTE 11: FINANCE ARRANGEMENT

	2025	2024
	\$	\$
(i) Line of credit with bank		
Credit limit	200,000	200,000
Amount utilised	-	-
Unused credit	<u>200,000</u>	<u>200,000</u>

The line of credit facility with Heritage Bank is secured by a mortgage registered on the freehold land interest (Note 7).

	2025	2024
	\$	\$
NOTE 12: CASH FLOW INFORMATION		
(a) Reconciliation of cash		
Cash on hand	950	3,688
Cash at bank	772,520	954,753
Term deposits	<u>3,034,487</u>	<u>2,225,981</u>
	<u>3,807,957</u>	<u>3,184,422</u>
 (b) Reconciliation of cash flow operations with surpluses after income tax		
Surplus after income tax	369,355	1,785,203
 Non cash flows in profit from ordinary activities		
Depreciation	151,602	141,315
Movements in provisions	(26,481)	55,893
Loss on assets disposal	15,640	-
 Changes in assets and liabilities		
(Increase)/decrease in trade and other receivables	205,740	(259,783)
Increase/(decrease) in trade and other payables	<u>14,217</u>	<u>(60,311)</u>
	<u>730,073</u>	<u>1,662,317</u>

Notes to the Financial Statements

For the year ended 30 June 2025

NOTE 13: FINANCIAL INSTRUMENTS**(a) Financial Instrument Composition**

	Weighted Average Effective Interest Rate		Variable Interest Rate		Non Interest Bearing		Total	
	2025	2024	2025	2024	2025	2024	2025	2024
	%	%	\$	\$	\$	\$	\$	\$
Financial Assets								
Cash on hand	0.00%	0.00%	-	-	950	3,688	950	3,688
Cash at bank	1.00%	1.00%	772,520	954,753	-	-	772,520	954,753
Cash at bank	4.65%	4.00%	3,034,487	2,225,981	-	-	3,034,487	2,225,981
Trade and other receivable	0.00%	0.00%	-	-	114,167	372,626	114,167	372,626
Total financial assets			3,807,007	3,180,734	115,117	376,314	3,922,124	3,557,048
Financial Liabilities								
Trade and other payables	0.00%	0.00%	-	-	35,701	35,382	35,701	35,382
Total financial liabilities			-	-	35,701	35,382	35,701	35,382

(b) Financial Risk Management

Financial instruments consist largely of deposits with financial institutions. The risk in these investments is considered very low.

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

The company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the company.

(c) Net Fair Values

The net fair values for financial assets and liabilities approximate their carrying value. No financial assets and financial liabilities are readily traded on organised markets in a standardised form other than listed investments.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and the notes to and forming part of the accounts.

Notes to the Financial StatementsFor the year ended 30 June 2025

(d) Sensitivity Analysis

A sensitivity analysis has been prepared in relation to the company's exposure to interest rate risk at balance date. This sensitivity analysis demonstrates the effect on current year results and equity which could change in this risk.

At 30 June 2025, the effect on profit and equity as a result of changes in the interest rate, with all other variables remaining constant would be as follows:

	2025	2024
	\$	\$
Change in profit		
• increase in interest rate by 2%	76,140	63,615
• decrease in interest rate by 2%	(76,140)	(63,615)
Change in equity		
• increase in interest rate by 2%	76,140	63,615
• decrease in interest rate by 2%	(76,140)	(63,615)

NOTE 14: FAIR VALUE MEASUREMENT

The Board has the following assets, as set out in the table below, that are measured at fair value on a non-recurring basis after initial recognition.

		2025	2024
Non - recurring fair value measurements	Note	\$	\$
Non-financial assets			
Property – land and buildings	7	3,748,733	3,841,696
Total non- financial assets recognised at fair value		<u>3,748,733</u>	<u>3,841,696</u>

The Board, having reviewed the fair value of the land and buildings taking into account recent market conditions and a professional valuation in 2023, determined that the land and buildings were carried in the financial statements at their fair value at the reporting date.

The Board does not measure any liability at fair value either on a recurring or non-recurring basis after initial recognition.

Notes to the Financial StatementsFor the year ended 30 June 2025

NOTE 15: CONCESSIONARY LEASE

The company's registered office and operational facility are constructed on land owned by the local health authority, with right of use granted to the company under a concessionary lease. The company is dependent on the lease to further its charitable objectives and continue the provision of hospice service.

The lease agreement was granted for 50 years commencing 11 March 1994 at a nominal annual rent of \$10 if demanded by the lessor. Included in the key requirements of the lease are that the land should be used for the purposes of the accommodation and care of the sick and the related administration as well as that the hospice is operating as a not-for-profit organisation.

The lease of reserve of 37 Chermside Rd Eastern Heights, was granted under the Land Act between the hospice and West Moreton Health.

NOTE 16: CONTINGENT LIABILITIES AND ASSETS

There have been no contingent liabilities and/or assets against the company that have not been disclosed elsewhere throughout this report. The company is not currently being sued or suing in its own right nor is it aware of any intentions to do so.

NOTE 17: EVENTS AFTER THE REPORTING PERIOD

There have been no events subsequent to balance date that would materially influence the financial position, performance or stability of the company.

NOTE 18: COMPANY DETAILS

The registered office and the principal place of business of the company is at 37 Chermside Rd, Eastern Heights, Qld 4305.

Directors' Declaration

For the year ended 30 June 2025

The directors of Ipswich Hospice Care Ltd declare that:

1. the financial statements including the Statement of Profit or Loss and Other Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows and the Notes to the Financial Statements, are in accordance with the ACNC Act 2012 and:
 - a. comply with Australian Accounting Standards – Simplified Disclosures applicable to the entity and the Australian Charities and Not-for-profits Commission Regulation 2013; and
 - b. give a true and fair view of the financial position as at 30 June 2025 and performance for the year ended on that date of the company;
2. in the Directors' opinion there are reasonable grounds to believe that the Ipswich Hospice Care Ltd will be able to pay its debts as and when they become due and payable.

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



.....
Melinda Parcell
Chairperson



.....
Paul Saba
Treasurer

Dated: 01 October 2025



Independent Audit Report To the Members of Ipswich Hospice Care Ltd

Opinion

We have audited the financial report of Ipswich Hospice Care Ltd, which comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by those charged with governance.

In our opinion the accompanying financial report of Ipswich Hospice Care Ltd is in accordance with the ACNC Act 2012, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2025 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards – AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and 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 a basis for our opinion.

Other Information

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

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

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

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

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

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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



CARBON IPSWICH

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NEIL S HARDING
Partner

Dated: 01 October 2025
IPSWICH QLD