



ANNUAL REPORT 2015

ASSISI HOSPICE • ANNUAL REPORT 2015

“AND LET US NOT BE WEARY IN WELL DOING:
FOR IN DUE SEASON WE SHALL REAP..”

- GALATIANS 6:9



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Franciscan Values



Assisi Hospice, established in 1969 by the Franciscan Missionaries of the Divine Motherhood Sisters, dedicates her work to caring for the sick, the dying and the poor. Our guiding principles in living our mission of care takes root in the Franciscan values as lived by our Patron Saint, St Francis of Assisi.

Francis was born the son of a wealthy merchant, but he gave up his life of comfort to follow God's calling to lead a life of brotherly love and peace, caring for the poor, the sick and the marginalised. He was a lover of nature and revered all forms of life as God's creation.

At Assisi we strive to emulate the example set by our Patron Saint in serving all who are in need of our care, with humility and joy, treating everyone with respect and compassion.

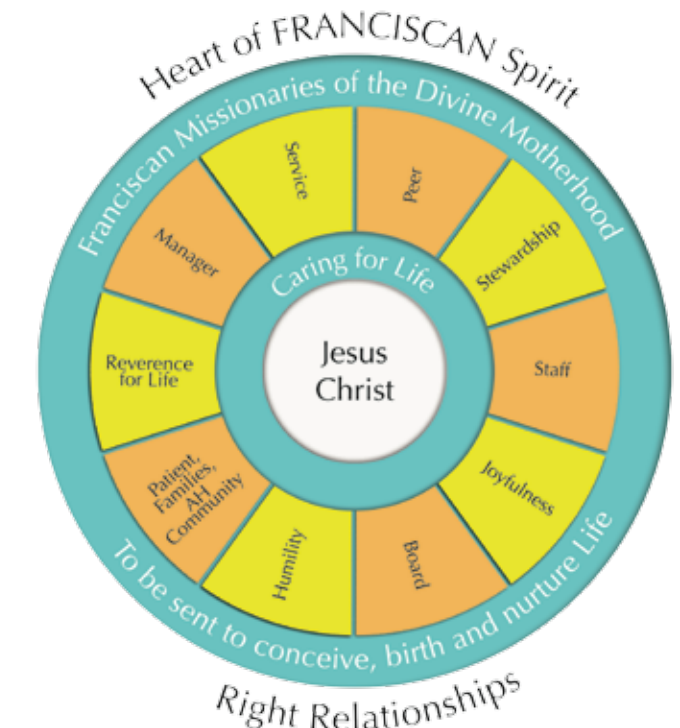
We care not only for our patients, but also their families, to provide support for their physical, emotional, psychosocial and spiritual needs. We welcome people of all faiths, age, race and financial position. No one will ever be denied of our care because of who they are or what they can afford.

The life and teachings of St Francis have much relevance to us at Assisi, as we come face-to-face with a multitude of people from all walks of life, who are in need of our support and care.

May we continue to serve this mission in the spirit of St Francis as we live out his prayer:

THE PRAYER OF SAINT FRANCIS

"Lord, make me an instrument of Thy Peace.
Where there is hatred, let me sow love
Where there is injury, pardon
Where there is doubt, faith
Where there is despair, hope
Where there is darkness, light, and
Where there is sorrow, joy.
Oh Divine Master,
grant that I may not so much seek
to be consoled as to console
to be understood as to understand
to be loved as to love.
For it is in giving that we receive
It is in pardoning that we are pardoned,
and it is in dying that we are born to Eternal Life."



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Our Patron

Ms Ho Ching

Our Vision

To be the Leader and Centre of Excellence for
Compassionate and Personalised Palliative Care.

Our Mission

The Assisi Hospice is a Catholic charity providing
compassionate, personalised and quality
palliative care to adults and children with life-
limiting illnesses through our inpatient, home
and day care services.

Our Service Values



Service:

We accept our positions as servants to those who are in need of our care by providing a healing experience, in an environment that is comfortable, welcoming and assuring.



Reverence for Life:

We cherish life and respond to all beings with respect and compassion, by enhancing and preserving the dignity of all beings throughout life, and at its natural cessation in death.



Joyfulness:

We rejoice in life and all the experiences that each day brings by sharing joyfulness with our patients, their families, and anyone in touch with the Hospice.



Humility:

We employ our skills, opportunities and talents humbly in the service of our fellow beings by improving ourselves as individuals and as a team to serve others better.



Stewardship:

We manage the resources and relationships that are entrusted upon us wisely, fairly and responsibly by allocating our resources to serve those most in need.

Message from Sister Jane

Congregational Leader, Franciscan Missionaries of the Divine Motherhood



At this time, when I think of Assisi Hospice, I think of 'GROWTH'! Growth comes in many forms. There is physical growth, such as the construction of a building – from the foundation to the first and second floors and right up to the sixth floor. This physical growth requires materials, technology, equipment – things we almost take for granted these days.

But, for a building to serve its purpose, we need so much more. We need to look at management expertise, the right skill sets, community partnerships, team work, coordination, finance capabilities and more. Yet this is still not enough. Growing and nurturing our new hospice building into a place that encapsulates our motto 'Caring for Life' is even more demanding and challenging than the building construction. It requires, first of all, a dream, a vision, a deep belief in what is the best care possible for those nearing the end of life.

We, the FMDM sisters, share this dream and vision and we do not under-estimate the challenge of passing on our core values – the hallmark of our Franciscan charism – to those who are, and will be, part of Assisi Hospice. As the building grows, we must ensure that these values also grow in tandem and continue to lie at the heart of all that we do.

We can never keep a dream or a vision alive on our own; we need our sisters and brothers around us.

St Francis of Assisi was only too aware of this. His dream for a joy-filled, simple, gospel life became more real when the brothers and St Clare came to join him. As I watch Assisi Hospice grow, I am deeply conscious of the huge circle of support we experience – from the staff, leadership, volunteers, Board members and the wider community of Singapore. Each person is sharing the dream and the vision and I hope and pray each person receives something of the gifts of this dream and vision to enrich their own lives.

When we work together for something, the efforts become so much more than the sum of the parts. However small or large our contribution – donations big and small; volunteering for a few hours or being a full time staff member; serving as Board members or special advisors – each one is a unique piece of the Assisi Hospice dream and vision; each one is contributing to the growth of something special, something so much more than a building; something which will bring circles of life-giving energy, hope, consolation, encouragement to so many of our community at a time when darkness, fear and loss can be overwhelming.

As I conclude this message, I would like to thank Mr Ronny Tan who completes his term as Chairman of Assisi Hospice Board in July this year. Ronny has held the dream and worked tirelessly with the team around him to bring us to where we are today and

“WE CAN NEVER KEEP A DREAM OR A VISION ALIVE ON OUR OWN; WE NEED OUR SISTERS AND BROTHERS AROUND US.”

we, as FMDM, would like to publicly express our deep gratitude and wish him and those he loves every blessing in the future.

May God bless our dream, our vision, our work as we carry the original Assisi Hospice dream to the new building 'next door' and may each of you associated with Assisi Hospice in any way, hear the greeting of St Francis: 'May the Lord give you peace.'



Message from Mr Ronny Tan

Chairman, Board of Directors

In 2015, the Assisi Hospice family joined all Singaporeans in celebrating and reflecting upon our 50 years of independence. Founded in 1969, Assisi Hospice (which began as Assisi Home) is nearly as old as modern Singapore. Over the years, the FMDM Sisters and staff have remained true to the mission of providing quality and personalised care for our pioneers, the poor and marginalised, the sick and the dying.

Come this July, I would have served nine years on the Board, eight of them as Chairman. In 2007, Mr JY Pillay handed the baton to me. The best part of this role is the opportunity to interact with and learn from an amazing group of people - the FMDM Sisters, our Patron, the Board, the executive team and staff, and not least of all, our patients and their families. Over the last four years, we have dreamt, debated and lost sleep over how we can step up to serve the community's palliative care needs.

Death is a natural stage of life and we want to go through it with dignity and surrounded by love. To this end, we have embarked on the boldest move in our history - to build the largest and most comprehensive hospice in Singapore, with a modern home-like environment for patients and their families to spend time in privacy and comfort.

Our new home will be ready before the end of 2016. When fully operational, it will have 85

inpatient beds, a Day Care Centre for 50 patients, and a larger Home Care team.

There are many challenges in the healthcare sector but the most daunting one continues to be a manpower crunch. In July 2015, Assisi Hospice partnered the National Cancer Centre Singapore (NCCS) to develop clinical support, leadership and training in the areas of palliative care. This step has given us greater confidence to undertake our expansion project, but we still need more nurses and allied health professionals. Beside recruitment, we are also exploring collaborations with other institutions, particularly in specialised fields such as dementia and paediatric services.

In the first half of 2015, we welcomed Mimi Ho and Edward D'Silva to the Board. Both members have served on the Board committees. At the same time, we bade goodbye to Sr Elizabeth Lim from the Board.

In November 2015, Assisi Hospice welcomed a new Chief Executive Officer, Choo Shiu Ling, who has a strong track record in the healthcare sector, including hospice care. She left a successful corporate role to answer a calling in the charity sector. We are also grateful to A/Prof Premarani Kannusamy who has returned to the Ministry of Health upon completion of her three-year contract. Prema has laid a strong foundation for Assisi

“START BY DOING WHAT’S NECESSARY,
THEN WHAT’S POSSIBLE AND SUDDENLY,
YOU’LL BE DOING WHAT’S IMPOSSIBLE”

- ST FRANCIS OF ASSISI

Hospice to be a leader in a multi-disciplinary approach to palliative care, as well as the construction of the new hospice. We thank her for her service during the last eight years, including five years as a board member.

The next chairperson will be Ms Anita Fam. She is no stranger to Assisi Hospice, having served on the Board as Deputy Chairperson for many years.

As we look forward to the possibilities our new building may bring, the heart of our work will always remain our Franciscan sense of mission and values, the professionalism of our staff, and the warmth and compassion of our people in caring for our patients and their families. When all is done, may our work be for the glory of His Holy name.

An exciting and busy time awaits us as we ready ourselves for the transformational move. On behalf of the Board of Directors, I thank all our donors, supporters, volunteers and staff for being such a big part of our mission so that Assisi Hospice can do more to serve the community.



Message from Ms Choo Shiu Ling

Chief Executive Officer

I am fortunate and delighted to be part of Assisi Hospice and journey with this exceptional and growing organisation with a reputation of caring for life. A lot has been accomplished and much work remains before our new and bigger facility can serve the diverse needs of many more patients and their families.

As we look forward in 2016 in preparation for the new Assisi, it will be about making the new Assisi dream a reality. The board and management team has laid a strong foundation by going far enough in setting the standards, and creating the facility which will support a new baseline of palliative care for our community. For our staff and volunteers, Assisi Hospice will help create space for everyone to grow and express themselves, individually and as a team, to be the best of ourselves in service to our patients and families.

Assisi Hospice is supported by the community and exists for the community. It is clear that as we seek to broaden our programmes and services, and develop the capabilities for paediatric and dementia palliative care, Assisi Hospice relies on many partners in the community to meet the needs of our patients and families. We are deeply grateful to continue to experience support from our friends and partners that is passionate, expert, generous, kind and gracious. With this, the Assisi Team finds encouragement and courage to set new standards,

express our egalitarian hearts in meeting each individual's need for love and compassion during the final journey.

We have a new tagline 'Every One Matters. Every Moment Counts'. It sounds good. How much the better that we make this dream a reality and progress steadily so that each staff, volunteer, patient and family member knows this to be true. This is a wonderful calling for the Assisi Team and we commit to grow and evangelise the Franciscan way through love and compassion for all around us.

"BE STRONG AND COURAGEOUS.
DO NOT BE AFRAID;
DO NOT BE DISCOURAGED,
FOR THE LORD YOUR GOD WILL BE
WITH YOU WHEREVER YOU GO."

- JOSHUA 1:9



Board of Directors ✿



Mr Ronny Tan
Chairman



Ms Anita Fam
Deputy Chairman
(till 30/06/2015)



Sr Cyrilla M Baptist
FMDM



Sr Elizabeth Lim
(till 05/07/2015)



A/Prof Cynthia Goh
(w.e.f. 04/05/2015)



Dr Chong Yoke Sin



Mr Francis Heng



Mr Edward D'Silva
(w.e.f. 01/04/2015)



Ms Mimi Ho
(w.e.f. 16/02/2015)



Ms Kwok Wai Ling



Mr Paul Lee



Mr Gerard Koh



Mr Jeffrey Seah

Governance Report

Assisi Hospice is committed to practices that ensure good governance and management with specific reference to the principles of the Code of Governance for Charities and Institutions of a Public Character (IPC's). Assisi Hospice takes great effort in improving its governance and management practices and is making steady progress.

1. Board Governance

- 1.1 The Board oversees Assisi Hospice's business affairs. The key matters for board oversight include:
- (a) approving broad policies, strategies and objectives of the Hospice.
 - (b) monitoring management performance.
 - (c) overseeing the processes for evaluating the adequacy of internal controls, financial reporting and compliance.
 - (d) approving annual budgets.
 - (e) assuming responsibility for corporate governance.
- 1.2 To assist in the execution of its responsibilities, the board has established five Board committees, namely, the Nomination and Remuneration Committee (NRC), Audit Committee (AC), Programme and Services Committee (PSC), Finance Committee (FC) and the Fundraising Committee (FRC).
- 1.3 The board meets four times a year. The frequency of meetings and the attendance of each director at every board meeting are disclosed in this Report.

2. Board Composition and Balance

- 2.1 The Board comprises 11 directors, all of whom are non-executive.

- 2.2 Each director has been appointed on the strength of his/her calibre, experience and potential to contribute to the Hospice.
- 2.3 The Board considers that the present Board size facilitates effective decision-making and is appropriate for the nature and scope of the Hospice.

3. Chairman and Chief Executive Officer (CEO)

- 3.1 The roles of the Chairman and CEO are separate and their responsibilities are clearly defined to ensure a balance of power and authority within the Hospice.
- 3.2 The Chairman manages the business of the Board and the Board committees, and monitors the translation of the Board's decisions and wishes into executive action.
- 3.3 The Chairman approves the agendas for Board meetings and exercises control over the quality, quantity and timeliness of information flow between the Board and management.
- 3.4 The CEO manages the business of the Hospice and implements the Board's decisions. The CEO is assisted by a management team.

4. Board Membership

- 4.1 All members of the Board are appointed by the Congregational Leader and her Council, acting on behalf of the FMDM Congregation.

- 4.2 The Chairman is appointed for a term of three years by the Congregational Leader and her Council. A member may serve as the Chairperson for two consecutive terms. Under special circumstances, this could be extended to a third and final term.
- 4.3 The Board members are appointed for a term of three years. A member may serve for two consecutive terms. Under special circumstances, this could be extended to a third and final term with the exception of the Finance Committee Chairman whereby there shall be a maximum term limit of four consecutive years.

5. Nomination and Remuneration Committee (NRC)

- 5.1 The NRC is chaired by Mr Ronny Tan, the Chairman of the Hospice. It comprises three Board members, including the NRC Chairperson.
- 5.2 The NRC recommends all appointments and re-appointments of the directors to the Board, Board committees and senior management. All appointments and re-appointments to the Board are approved by the Congregational Leader and her Council.
- 5.3 The NRC reviews the composition of the Board and the Board Committees annually and ensures that the Board members provide the diversity of expertise and experience required to meet the Hospice's mission and goals.
- 5.4 The NRC also decides how the Board's performance may be evaluated and proposes objective measures of performance.
- 5.5 Frequency of meetings: as and when required, subject to at least once a year.

6. Audit Committee (AC)

- 6.1 The AC is chaired by Mr Paul Lee and comprises five members including the AC Chairperson.
- 6.2 The AC ensures that a review of the effectiveness of the organisation's material

- internal controls, including financial and compliance controls, and that risk management is conducted periodically.
- 6.3 The AC ensures the compliance with the Code of Governance for Charities and IPCs.
- 6.4 The AC meets with the external and internal auditors a least twice annually and reviews the independence of the external and internal auditors annually.
- 6.5 The annual audit of the Hospice's financial accounts is carried out by an approved firm, KPMG.
- 6.6 The internal audit is performed by an approved firm, Deloitte & Touche.
- 6.7 Frequency of meetings: at least twice a year.

7. Finance Committee (FC)

- 7.1 The FC is chaired by Ms Kwok Wai Ling and comprises six members, including the FC Chairperson.
- 7.2 The FC advises the Board on all financial matters. Specifically, the Committee reviews the annual budget before it is tabled to the Board. The FC will also carry out a mid-year review of the actual results.
- 7.3 The FC also ensures compliance with the Code of Governance with regard to financial matters.
- 7.4 The FC reviews and recommends suitable investment policies to the Board for endorsement, before submitting to the General Council in UK for approval.
- 7.5 Frequency of meetings: at least three times a year.

8. Programme and Services Committee (PSC)

- 8.1 The PSC is chaired by A/Prof Cynthia Goh and comprises eight members, including the PSC Chairperson.
- 8.2 The PSC is responsible for the entire programme and service content of Assisi Hospice and monitors its effectiveness,



- ensuring the goals and objectives are being met.
- 8.3 Frequency of meetings: at least four times a year.

9. Fundraising Committee (FRC)

- 9.1 The FRC is chaired by Mr Jeffrey Seah and comprises seven members, including the FRC Chairperson.
- 9.2 The FRC has overall responsibility for the development of a fundraising strategy for AH to achieve targets agreed with the Board; monitoring and evaluation of fundraising efforts by AH and ensuring that ethical fundraising practices are in place in AH and that fundraising efforts are cost-effective.
- 9.3 The FRC reports regularly to the Board on its activities.
- 9.4 Frequency: at least four times a year.

10. Conflict of Interest

- 10.1 Board members operate under a conflict of interest disclosure process.
- 10.2 Annual conflict of interest disclosure statements are undertaken by all members.

11. Reserve Policy

- 11.1 The Board established a Reserve Policy of not more than five years of operating expenditure to meet its operational needs.

12. Disclosure and Transparency

- 12.1 Annual reports are prepared, which include up-to-date information on its programmes, activities, performance and finances as well as a listing of the Board's key office-bearers.
- 12.2 Audited financial information is available at Assisi Hospice's website as required by the Commissioner of Charities.

Assisi Hospice Board Committees 2015

1. NOMINATION AND REMUNERATION COMMITTEE

- Mr Ronny Tan (Chairperson)
- Mr Francis Heng
- Mr Gerard Koh
- Sr Elizabeth Lim (till 05/07/2015)

2. AUDIT COMMITTEE

- Mr Paul Lee (Chairperson)
- Mr Ronny Tan
- Ms Angela Ee
- Ms Pat Lynn Leong
- Mr Thomas Teo

3. FINANCE COMMITTEE

- Mr Michael Tan (Chairperson till 15/02/15)
- Ms Kwok Wai Ling (Chairperson w.e.f. 16/02/2015)
- Mr Joseph Wong
- Ms Catherine Loh
- Ms Maureen Ding
- Ms Mimi Ho
- Ms Celestine Khoo (w.e.f. 15/08/2015)

4. PROGRAMME AND SERVICES COMMITTEE

- Ms Anita Fam (Chairperson till 30/06/2015)
- A/Prof Cynthia Goh (Chairperson w.e.f. 01/07/2015)
- Dr Chong Yoke Sin
- Ms Maureen Fung
- Dr Vasanthi Rajalingam
- A/Prof Premarani K. (till 22/11/2015)
- Ms Choo Shiu Ling (w.e.f. 23/11/2015)
- Dr Patricia Neo (w.e.f. 02/01/2015)
- Ms Karen Poon (w.e.f. 22/06/2015)

5. FUNDRAISING COMMITTEE

- Mr Jeffrey Seah (Chairperson)
- Sr Agnes Tan Gek Choo
- Mr Aloysius Lee (till 23/01/2015)
- Mr Krishnasamy Ravendran
- Mr Yeong Wai Cheong
- Ms Diana Ee-Tan
- Ms Eunice Tan
- Mrs Susie Koh

The Board Member's attendance at Board Meetings for the period January To December 2015 is shown below:

Name of Directors	Number of Board Meetings	Attendance
Mr Ronny Tan	4	3
Ms Anita Fam (till 30/06/2015)	2	2
Sr Elizabeth Lim (till 05/07/2015)	2	2
Sr Cyrilla M Baptist	4	4
Mr Francis Heng	4	3
Mr Gerard Koh	4	2
Mr Paul Lee	4	4
Mr Jeffrey Seah	4	4
Dr Chong Yoke Sin	4	4
Ms Kwok Wai Ling	4	4
Ms Mimi Ho (from 16/02/2015)	4	2
Mr Edward D'Silva (from 01/04/2015)	3	3
A/Prof Cynthia Goh (from 04/05/2015)	3	3

Non-Board Level Committees

1. FACILITY MEDIFUND COMMITTEE

- Mr Krishnasamy Ravendran (Chairperson)
- Sr Agnes Tan Gek Choo
- Sr Angelo Tan Guay Khim
- Ms Janet Chan Poh Goon
- Ms Rose Lu Soo Ying
- Ms Linda Auyong

2. QUALITY ASSURANCE COMMITTEE

- A/Prof Cynthia Goh (Chairperson)
- Mrs Helen Yeo
- A/Prof Ong Yew Kuang, Simon (w.e.f. 01/08/2015)
- Ms Lian Swee Bee (w.e.f. 01/08/2015)
- Ms Terina Tan Pei Yin (w.e.f. 01/08/2015)

3. HOSPICE DEVELOPMENT COMMITTEE

- Mr Francis Heng (Chairperson till 02/03/2015)
- Mr Edward D'Silva (Chairperson w.e.f. 03/03/2015)
- Mr Hoong Bee Lock (Co-Chairperson w.e.f. 03/03/2015)
- Dr Chng Nai Wee
- Ms Ow Peck Har
- Mr Billy Wong
- Ms Mavis Seow
- Mr Paul Lee (w.e.f. 03/03/2015)
- Ms Anita Fam (w.e.f. 03/03/2015)
- Mr Ronny Tan (w.e.f. 01/07/2015)

4. HOSPICE DEVELOPMENT COMMITTEE - HUMAN RESOURCE

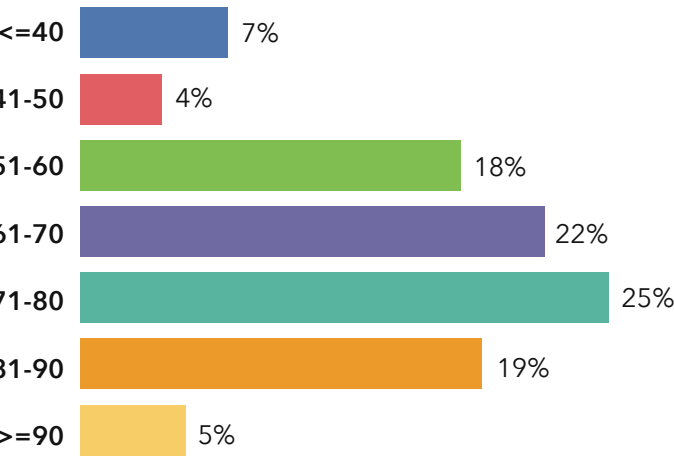
- Mr Gerard Koh (Chairperson)
- Dr Chong Yoke Sin
- Dr Christopher Cheok
- Ms Esther Lim Mien Leng
- Ms Mimi Ho

5. INFORMATION TECHNOLOGY STEERING COMMITTEE (ITSC)

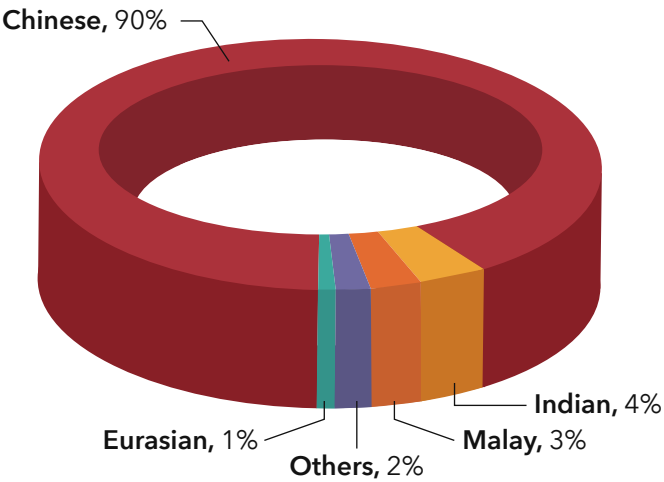
- Dr Chong Yoke Sin
- Ms Helen Ma
- Mr Tan Shong Ye
- Mr Tom Ng

Patient Profile for 2015

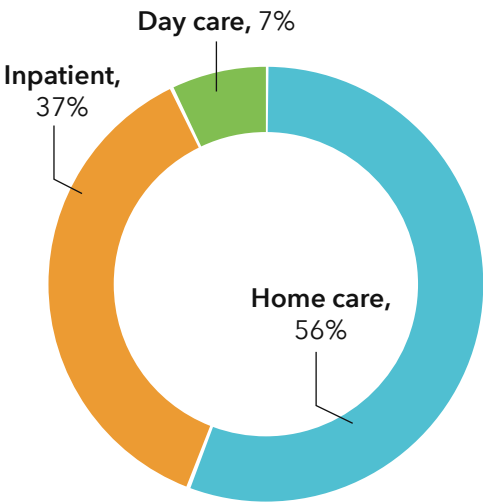
Age Profile of Patients



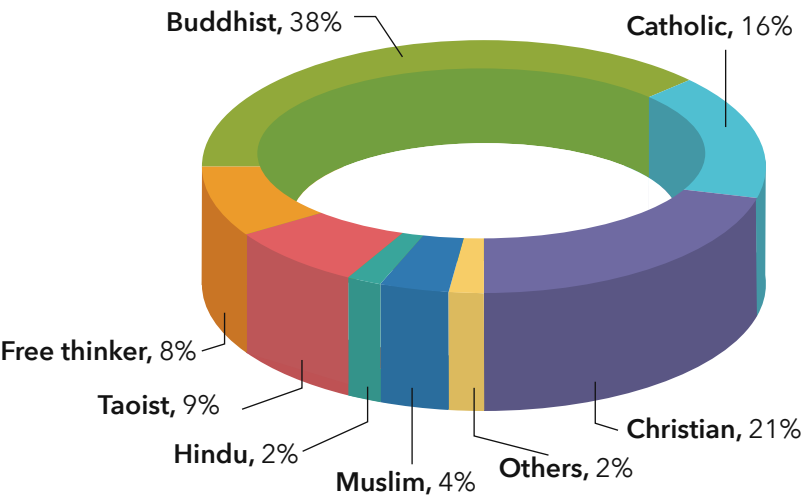
Ethnic Groups of Patients



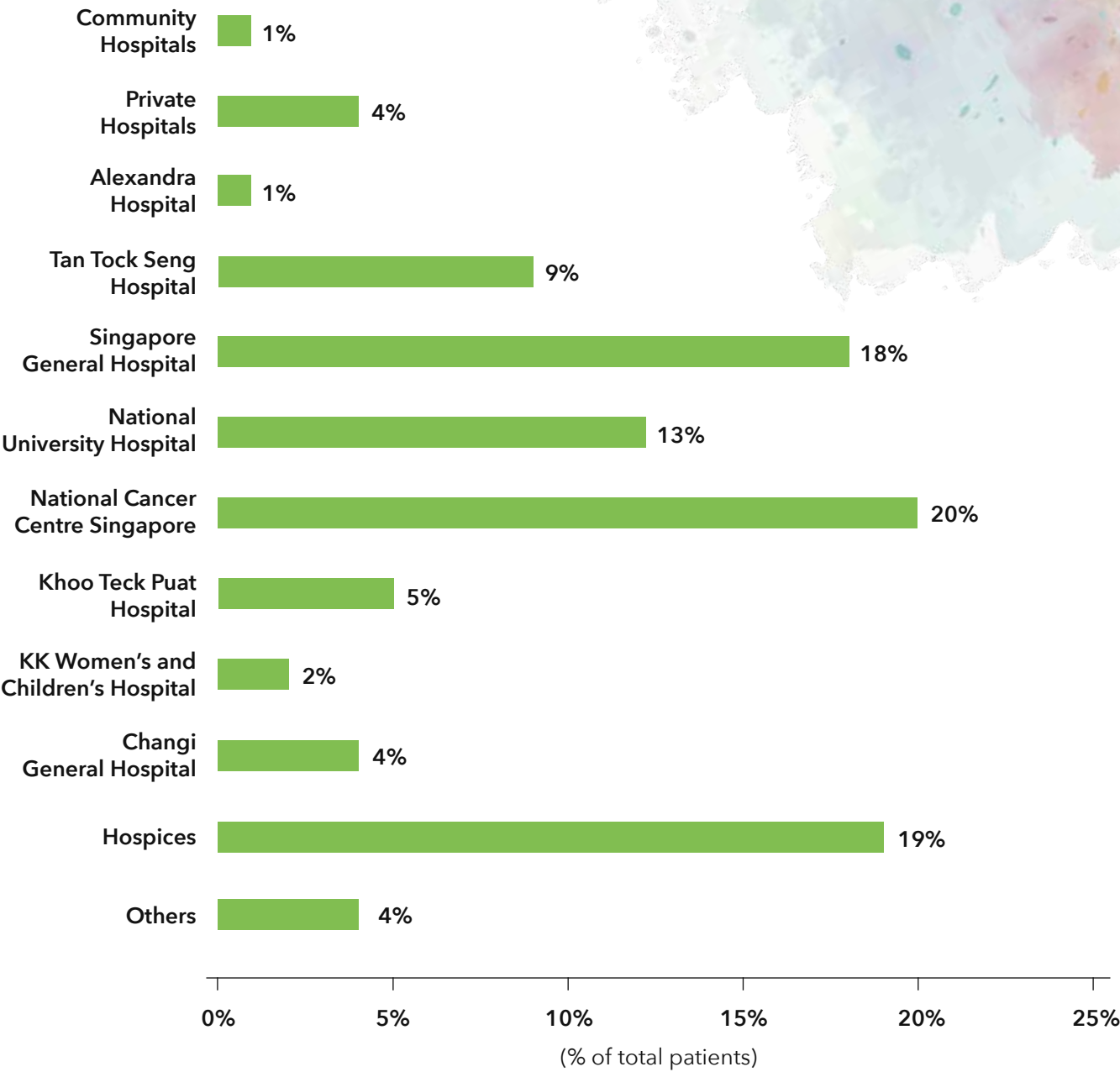
Patients by Service Type



Religion of Patients



Source of Referrals



Palliative Care

An approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illnesses, through the prevention and relief of pain and symptoms by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.

Source: World Health Organisation



Inpatient Care

At Assisi Hospice, our inpatient care is available for patients who need specialist care and cannot be cared for at home. Our patient care focuses on managing their symptoms and pain so they can be as physically comfortable as possible. Our social workers and clinical pastoral care counsellors also offer a support system to help patients and their families to manage their psychosocial and spiritual needs.

“ Thank you for being so sensitive to her needs... talking to her in case she was lonely, encouraging her even when she was down and tired and in her final hours, ensuring that she was not left alone. ”

Family of the late Choo Choo Neo
(November 2015)



Milestone

Adopted the National Guidelines for Palliative Care and participated in the nationwide National Guidelines for Palliative Care pilot audit



“ My mum, who was there every day to visit (my father), was also very well taken care of. She was given much positive encouragement and support during the difficult phase... the generous, compassionate and comforting nature of the staff truly impressed my mum. ”

Angeline Antoine
(September 2015)

“ Let each day bring the love and compassion of your caregivers, as they have given my wife who spent her last days at the hospice. And thank you for listening to me, whenever I felt the need to talk. ”

Chen Nan Fong
(November 2015)



Never Alone at the End

Life had not been easy for Mr Loong. With only a few years of primary education, he started working at the age of 14, taking on various odd jobs including peddling ice-cream on the street and construction work. The work was hard but he was glad to have a stable source of income. Alone for most of his life, Mr Loong met his wife at the age of 40 and she became his only kin. When she suffered a massive stroke and passed away 10 years later, he found himself on his own again. He ploughed on, choosing to stay in rental flats to keep expenses low and only stopped working when he could not do so anymore.

Terminally-ill and alone, Mr Loong was admitted to Assisi Hospice in May 2015. Our doctors and nurses cared for him and helped to ease his symptoms and pain. Knowing that he did not have any family support, the Medical Social Workers and volunteers rallied around him, building a close bond over time. Every day, Mr Loong would work with the therapist to regain some mobility in his legs in the hope that he could head out for some hawker fare. When the staff and volunteers learnt about this, they organised a simple get-together and went to great lengths to find his favourite hawker dishes, including a rare carrot cake dish!

When Mr Loong passed away peacefully on 28 August 2015, he was not alone. Assisi Hospice is privileged to be his last home and to be able to care for him.



Home Care

The Assisi Hospice Home Care service provides a critical option for patients who prefer to be cared for at home. Our team of doctors, nurses, medical social workers and clinical pastoral care counsellors work together to support families in caring for the patient at home as long as they can, by helping them manage the symptoms of advanced illnesses. Our team is also contactable on the phone, 24 hours a day, to address any urgent concerns.

“ We are very touched by the selfless giving of all your medical staff and we are overwhelmed that there is no charge for the services. In today's world where there is a price in everything, this is indeed an unbelievably humbling act of humanity. ”

Mr Lim Kim Hai
(April 2015)

“ We are indebted to Assisi Hospice for the unconditional support and care that has helped us greatly and brought us comfort. Your good work will continue to benefit many other families in Singapore. ”

Chew Soon Tuan
(August 2015)

Milestone

- Adopted the National Guidelines for Palliative Care and participated in the nationwide National Guidelines for Palliative Care pilot audit
- Implemented new protocol on nursing bag management, to reduce cross infection risk
- Facilitated training attachments for Home Care nurses, to encourage lifelong learning and improvement





Madam Ang with Senior Medical Social Worker Ivey Tee.

Finding Support in Assisi

Madam Ang was diagnosed with lung cancer in 2004, and the cancer cells had spread to the spine. Despite the pain this caused in her lower limbs, she continued to care for her family. When she was divorced in 2007, the cancer-stricken mother was left to fend for herself and her daughter. Determined to see her daughter through school, Madam Ang held on to her job as a warehouse assistant and took on tailoring jobs, even as her condition declined. In October 2013, she lost power in both lower limbs and became wheelchair bound. It was then she was referred to Assisi Hospice.

When our Home Care team met Madam Ang, she was suffering from severe pain and other conditions associated with her illness. Knowing that it was important to her that she could still care for her home, the Assisi Hospice medical team quickly helped to manage Madam Ang's symptoms and ease her suffering so she could do so. They sourced for home equipment such as a hospital bed, air mattress and a transferring board which facilitated her movements at home, and arranged for them to receive supermarket vouchers to ease the financial strain.

When Madam Ang decided to seek refuge in Buddhism, the Medical Social Worker contacted a Buddhist nun who visited her at home, bringing her spiritual comfort. The Medical Social Worker also provided a much-needed listening ear and guided Madam Ang through her grief over the recent loss of her parents, as well as her own impending death, giving her peace and acceptance.

Despite all that she has been through, Madam Ang was positive and wanted to share her story to encourage others. Grateful for the support Assisi Hospice has given her, she said, "Without Assisi, I wouldn't know how to cope with this cancer and the inevitable end. Thank you, Assisi."



Day Care

Our Day Care Centre provides a safe and supportive environment for patients who require care during the day while their family members are at work or school. Daily activities and therapeutic programmes, such as art therapy and movement therapy, are organised by our staff and volunteers. These provide our patients social and recreational opportunities, and respite for their caregivers. Patients also take part in regular outings organised by Assisi Hospice volunteers or supporters.



Milestone

- Developed a set of guidelines for corporate and group volunteers to help them engage and assist patients, thus improving the experience for both and increasing patient safety
- Improved flow efficiency and reduce waiting time while ferrying patients to and fro the Centre
- Organised a series of SG50 Care Workshops to educate the community members on elderly care
- Organised more varied outings for patients e.g. Ya Kun, Kranji Turf Club

“ We are so touched by your kind, warm and gentle caring towards our mother and enormous support to our father. A big thank to you and more! ”

Monica Chia
(March 2015)

“ Dad was very happy at Assisi. He enjoyed the half-hour foot massage by the Japanese volunteers. He repeatedly showed the thumbs-up sign. ”

Family of the late Mr Quek
(April 2015)

Caring Beyond the Patient

Like all mothers, Madam Tan wanted the best for her family. She was contented living in a 4-room HDB flat with her husband and two sons. However, their lives all took a turn when she was diagnosed with nasopharyngeal cancer, or nose cancer, in 2008. Despite radiotherapy, Madam Tan started to experience numbness on her face and soon lost her part of her hearing and sight in her left eye.

With the couple's older son serving his National Service and the younger one still in school, the main caregiving role fell on Madam Tan's husband, a lorry driver who was also the sole breadwinner of the family. As the heavy medical bills took its toll on the family, it was not long before they had to sell their home and move to a 2-room rental flat. In September 2014, Madam Tan's husband was retrenched because of his frequent absence from work to accompany her to medical appointments.

Upon her doctor's referral, Madam Tan came to Assisi Hospice Day Care. A strong-willed and independent woman, Madam Tan did not want to trouble anyone during her time in Day Care even though her health had weakened. The nurses would constantly monitor her condition and symptoms closely to ensure that she was not in pain. If she needed to see the doctor, she would be accompanied by volunteers. To ease the family's financial burden, Assisi Hospice extended financial support to Madam Tan including transport subsidies for her medical appointments and supermarket vouchers for their groceries.

Now, Madam Tan is calm and cheerful despite her condition and participates actively in the daily social activities at the Day Care Centre. More importantly, Madam Tan's husband no longer worries about leaving her at home in the day and he can focus on his job search. They can finally start to put their lives back together.

As Madam Tan said, "Assisi Hospice has helped to lighten our burden and given us a peace of mind. Thank you, Assisi!"



Madam Tan with Counsellor Jaclyn Lee.

Psychosocial Support Services

The Psychosocial Support Services (PSS) team plays an important role in providing psychosocial and emotional support to patients. Their assistance extends to the families in easing the burdens of household needs, schooling and making known their loved one's hopes and wishes, as well as preparing them for the impending loss. Very often, they take on the facilitating role between family members and advocating role on behalf of the family. The team also provides bereavement support and counselling to the patient's families and loved ones.

" We are grateful to the social workers who had put in an effort to play and sing my mother's favourite tune to her, not just once but twice. It really touched our hearts. "

Family of the late Mdm Tan Lan Ing
(May 2015)



Art Therapy for Children

In palliative care, art therapy offers patients the possibilities of growth, opportunities for coping and self-actualisation through the creative process. Our programme has been a source of comfort and an agent for personal reconciliation and legacy work for our patients. This year, the programme was extended to children who are going through or have experienced anticipatory grief and bereavement. Patients' feelings of fear, anger, confusion, anxiety and withdrawal can sometimes impact their children. Through the use of art, these feelings are worked through with the use of symbols and metaphors where they can be safely managed through the containing power of the artwork and the therapeutic relationship.

Patients' artwork

Gallery of Patient's Artwork and Stories

As part of our World Hospice and Palliative Care Day celebrations, the PSS team put together a showcase of our patients' artwork, accompanied by their life stories and experiences. Open to the public, it was an opportunity to understand the patient-centric work at Assisi Hospice, as well as a platform for patients and families to share their journeys.

" Your line of duty is very noble and honourable, putting others before self. Your efforts allow patients to live with dignity as far as possible to the very end. "

Shang May & Jannie
(November 2015)



Clinical Pastoral Care

Cherishing Each Moment of Loving Connection

Pastoral Care is the language of being human and relating as honestly as possible in a human manner. With skilled Pastoral Care, we enable our patients to accept their vulnerabilities.

The Clinical Pastoral Care (CPC) team journey with patients and families during what is possibly the most difficult and stressful times of their lives. Though we know that each of us will eventually die; the reality and challenges of death seems greater than any preparations they have made. For many, it takes time and processing before they can accept that their loved one is leaving them. Through these times, the CPC counsellors support them by

listening deeply, encouraging them to share their stories and helping them through painful emotions and confronting issues, especially in facing the patients' transition from active living to the final stage of dying.

Very often, the CPC team helps patients and their loved ones find closure - an intense journey but one in which they experience the fruit of reconciliation and rekindled love. Patients often wonder if they have loved and done enough for their spouse, children and loved ones. On the other hand, their loved ones feel lost for words and perplexed about how they can reassure the patients that it did not matter because they simply appreciate the time they shared. At times like these, the CPC counsellors become the bridge to facilitate healing and peace.

The presence and support provided by Clinical Pastoral Care may be difficult to describe, but can be greatly felt by patients and their families.



Mr Cheng with CPC Counsellor William Lim.



“Dear William, I can't thank you enough for the care and attention you gave my dad over the last few months of his stay at Assisi Hospice. This has been a difficult time for my family and it could have been much worse without your dedication and expertise. My family and I are truly grateful for the level of care you were able to administer to my dad. We are also grateful for the time you took to communicate with us to help us better understand my dad's progress and development. My family and I will never forget what you have done for him. Thank you very much!”

Julie Cheng, daughter of the late Mr Cheng Siong Yu
(June 2015)



Community Engagement – Volunteering

At Assisi Hospice, we recognise the valuable role our volunteers play. Their service is a labour of love that goes a long way to support our mission to provide quality palliative care to patients and their families. More than 400 volunteers clocked in more than 13,000 volunteering hours in our three services, as well as fundraising events in 2015. We are also proud of our 13 volunteers who received their long service awards from the National Council of Social Service in 2015.

Recipients of NCSS Long Service Award 2015

Ivy Wong (20 years)
Angela Kwek (15 years)
Helen Wee (15 years)
Jasmine Ee (15 years)
Marvis Wong (15 years)
See Luan Johnson (15 years)
Wong Kwai Mei (15 years)
Kwok Wai Loy (10 years)
Anthony Soh (5 years)
Chris Ho (5 years)
Isabel Yeo (5 years)
Pay Ah Yan (5 years)
Stancy Thamarajan (5 years)



Helen Wee, with Dr Patricia Neo, at the Volunteer Appreciation Nite.

Japanese Association Singapore (JAS) Volunteers

The JAS volunteers, made up of predominantly Japanese expatriate spouses, is one of our key volunteer groups. The group has served Assisi Hospice's patients for the past 20 years. The group is divided into two sub-groups and each sub-group will visit on either Tuesday and Thursday. On Tuesdays, the volunteers conduct music therapy sessions with our day care patients and on Thursdays, they provide feet and shoulder massages for our inpatient and day care patients. Both initiatives bring much joy and comfort to our patients.



Catholic Junior College

This year, as part of their volunteering stint, a group of 25 Catholic Junior College students went through the Assisi Hospice volunteer orientation and training session where they learnt how to operate a wheelchair safely, tips on infection control and patient oral feeding. Between May-July, these students had the opportunity to apply their new knowledge when they embarked on their journey as our inpatient volunteers. Every Saturday, the students assisted the nurses with meal service, helped out with chores and befriended our patients – enriched by the experience, they shared their thoughts:

“ Dear patients of Assisi.

It's been a pleasure to be able to share these experiences with you all. it has also been a great privilege to be able to meet all of you and talk to you all. Even though the time was short, I really appreciate everything that happened there. ”

Kennard

“ Dear Mr W,

Thank you for allowing me to wheel you around the garden and sharing your life with me. Your stories inspire me to live life to my fullest and i remember you telling me that life shouldnt be taken too seriously, as long as i enjoy the process and live without regrets. Thank you. ”

HaoWei

Community Engagement – Fundraising

As a charity, Assisi Hospice depends heavily on public donations to meet our operating expenses. In 2015, our operating expense was \$12.4m – the increase was due to the ramp-up of our capabilities and preparation for the move to the new hospice building.

In 2015, we received a total of \$7.55m in support of our operating cost.

Mindful of our Stewardship service value and the trust placed in us, we have been careful with our fundraising costs. The average cost/income ratio for the three signature events was 5.5.

	Amount Raised (\$)	Total (\$)
General donations	2,954,391	
Fundraising activities by Assisi Hospice	3,925,526	
Fundraising activities by supporters	672,938	
Sub-total		7,552,855
Donations towards the new Hospice building		3,741,000
Total		11,293,855

	Amount Raised (\$)	Expenses (\$)	Cost/Income Ratio
Charity Fun Day – 14 June 2015	1,011,137	78,322	7.7
Charity Dinner – 25 October 2015	1,259,442	53,932	4.3
Christmas Light Up – 27 November 2015	644,401	26,602	4.1

“FOR IT IS IN GIVING THAT WE RECEIVE”
THE PRAYER OF ST FRANCIS

We continue to be blessed with the generous support of our donors and sponsors. Their support means all patients can receive the care they need, regardless of their financial position. Our partners and volunteers have also contributed in every way possible to support our increasing fundraising needs for the near future, as well as to ensure sustained growth, including:

- Lending time and effort during our Charity Fun Day sales at churches on weekends
- Connecting us to new donors and sponsors

As our services and the number of patients we care for continue to grow, we will need to widen our donor base and increase the efficiency of our operations. To this end, we will be revamping our donor management system in 2016, placing us in a better position to face the challenges ahead.



Charity Fun Day – Sunday, 14 June 2015

The Assisi Hospice Charity Fun Day was our biggest signature community event, bringing together 10,000 visitors and 1,500 volunteers. With the support and goodwill of our well-wishers, we were able to raise more than \$1 million.

Attended by Guest-of-Honour Mr Baey Yam Keng (Member of Parliament for Tampines GRC), the fair was also a platform to raise awareness for palliative care. This year, we reached out to the youth audience with a special segment featuring stars from the movie ‘Ah Boys to Men: Frogmen’ that attracted many fans. Another crowd favourite was Mr Marcus Chin – host of the evergreen MediaCorp’s Golden Age Talentime programme – who entertained with his upbeat evergreen Mandarin tunes.

It was another enjoyable get-together for our community of supporters who came with their families and friends, contributing to the wonderful atmosphere with their camaraderie and efforts to welcome other special needs groups who joined us that day.

We would like to thank all our friends and supporters, especially:

1. City Developments Ltd and CBM Pte Ltd, our co-organisers, for their help in planning the event, running their mega stalls to raise some of the highest funds and contributing stage prizes and goody bags for our elderly groups.
2. SJI International School, our venue sponsor and host, for opening their large and beautiful campus for our cause; and their staff for the support.
3. Sembcorp Industries Ltd, whose staff provided almost round the clock support over three days, helping with the move-in, set up and tearing down of stalls.



Assisi Hospice Charity Dinner

25 October 2015

Charity Dinner – Sunday, 25 October 2015



Held on 25 October 2015, our annual Charity Dinner was graced by Mrs Josephine Teo (Senior Minister of State, Prime Minister's Office, Ministry of Transport and Ministry of Foreign Affairs) and attended by Archbishop William Goh. More than \$1.25 million was raised.

It was a night of great fun and entertainment from the get-go. Guests were entertained by the jazzy tunes of Windworkz - The Big Band and Justin Misson who took on hosting and auctioneer duties for the evening. His efforts and antics had many of our guests in stitches, including Mrs Teo with whom he had a witty exchange. Our gracious host and generous

sponsor Pan Pacific Singapore also put in extra effort to ensure that we had an enjoyable evening with their good food and hospitality.

We are grateful to our sponsors, many of whom are long-time supporters of our cause:

1. The Pan Pacific Singapore, our generous host and auction sponsor
2. Vinum Fine Wines, wine sponsor for the evening and auction sponsor
3. JP Capital Pte Ltd
4. Mr Jimmy Seah
5. Mr H Salholt
6. Mrs Kwan Lui of At-Sunrice GlobalChef Academy Pte Ltd
7. Airbnb
8. Mr Yap Wenshan of My Art Space

Christmas Light Up – Friday, 27 November 2015

Organised and sponsored by Sembcorp Industries, the annual Christmas Light Up party is particularly poignant for many patients and families, as it could be their last. With this in mind, Sembcorp management and staff went to great lengths to make it a special one for them. Besides showering their wonderful care and hospitality, the Sembcorp team also prepared thoughtful and practical gifts for our patients and families. Through our year-end appeal, we also raised \$644,401.

We thank our generous sponsor as well as our Guest of Honour, Mr Chee Hong Tat (Minister of State, Ministry of Communications and Information & Ministry of Health) who met and chatted with our patients and their families.



Other notable partnerships during the year include:



1. Keppel Club
2. Sentosa Golf Club
3. Tractors Singapore Limited
4. Mrs Veronica Tay
5. My Art Space
6. Chef Tony Khoo
7. Ultra Marathoners of Sembcorp
8. ITE College West
9. Catholic Junior College
10. Temasek Junior College
11. British Association
12. Lagardère Travel Retail Singapore Pte Ltd
13. Acre Aces Ltd
14. Save Our Street Dogs
15. Dr & Mrs Mark Leong



Chef Tony at a culinary demonstration for our patients

To all our donors, supporters, partners and volunteers, we pray that you and your families will be blessed abundantly.

The New Assisi Hospice

In 2015, construction of the new Assisi Hospice was on schedule and well under way. In March, Context Architect Pte Ltd was appointed as the Interior Design firm and the design was finalised by August. The team also achieved its milestone to complete construction of the basement in September and by December, work had already started on the third floor of the new building.

Work also commenced to ready the hospice operations for the move. This include planning of services and operations, sourcing and evaluation of new vendors and equipment and even the redesigning of our fire emergency plans.

By end 2016, Assisi Hospice will move into a new purpose-built hospice, marking a new chapter in its history and a big leap in palliative care in Singapore. The new facility will see an increase in capacity, allowing us to serve more than two times the current number of patients every year.



Single Ward



Paediatric Ward



Dementia Ward



Day Care



Communal Dining Area

Built for The Future

- 6-storey purpose built hospice
- 85 inpatient beds, up from existing 37 beds
- Expanded Day Care Centre to double capacity to 50 patients
- Double the number of Home Care patients we can care for
- Patient-centric, to cater to patients and families' needs
- Meets ageing community's needs

Purpose Built Infrastructure

- Space to implement dignity-in-care initiatives for patients
- Environment that facilitates safety and efficiency of staff and patients
- Use of IT and technology for better patient care

Paediatric Ward

- 5 paediatric beds for children with life-threatening illnesses
- Stand-alone ward with family facilities

Dementia Ward

- 16-bedded dementia-friendly ward

Family Oriented

- A comforting home-like environment that improves patients' quality of life
- Family rooms to cater to loved ones who wish to stay over
- Cosy communal spaces for patients and families to interact
- Private spaces for families who wish to grieve



Staff Development & Accolades

At Assisi Hospice, our staff is our greatest asset. We believe in building a culture of continuous learning and upgrading of skills and knowledge, so as to enhance our capabilities in delivering personalised and quality palliative care to our patients, especially in the new Assisi Hospice.

In 2015, we sponsored six nursing staff for the Specialist Diploma in Palliative Care Nursing offered by Ngee Ann Polytechnic, bringing the total number of staff sponsored to 14. In 2016, another five nurses will be sponsored for the same programme.

To further enhance the clinical team's palliative care abilities and experience, we also collaborated with National Cancer Centre and tertiary institutions for attachment placements in palliative care. This year, we hosted 427 student attachments in Assisi Hospice - 216 medical, 177 nursing and 34 allied health. These included students from National University of Singapore, DUKE-NUS Medical Graduate School, Singapore Institute of Technology, Nanyang Polytechnic and Ngee Ann Polytechnic.

Besides formal education and attachments, there are also journal clubs, staff tutorial sessions and multidisciplinary meetings for the clinical team where cases are discussed and information shared.

OVERSEAS ATTACHMENTS

In July 2015, Juliet Ng (Head, Communications & Community Engagement) spent two weeks at St. Christopher's Hospice and St. Ann's Hospice in United Kingdom - two well-established hospices in the United Kingdom with highly sophisticated outreach programmes - where she learnt about their fundraising, volunteer management and community engagement practices.

What struck her was that the warm receptionist, the café server and the tireless gardener - they were all hospice volunteers, and that the hospice is, first and foremost a community space, rather than just a medical institution. Juliet found the experience useful, especially in understanding the programme design for community engagement and volunteer management and hopes to adopt similar practices so we can be more effective in our community outreach and education efforts.

SINGAPORE IRELAND FUND

In 2015, The Singapore Ireland Fund donated \$100,000 in sponsorship of four senior nurses' attachment to hospices in Ireland and United Kingdom, so as to support our mission and staff development.

The first nurse to benefit from the donation was Liu Fang (Senior Nurse Educator) who spent two weeks at Northern Ireland Hospice and two weeks at Marymount Hospital and Hospice. The attachment was enriching and fulfilling as it gave her new insights and an opportunity to reflect and improve our current services and care delivery models in Assisi Hospice.

ACCOLADES

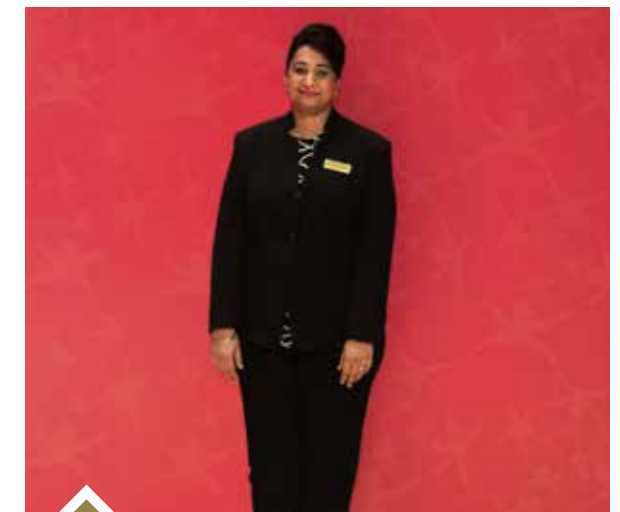
We are extremely proud of our colleagues' achievements and would like to extend our heartfelt congratulations to the following:

Sukhdev Kaur D/O Ranjit Singh, our Nurse Manager, received the Healthcare Humanity Award. The Healthcare Humanity Awards are given to outstanding healthcare workers who are inspirational role models in going the extra mile to offer care and comfort to the sick and infirmed. Winning the award brought immense pride and honour to Sukhdev, who shared she will continue to put in extra effort to support the patients she cares for.

Liu Fang, Senior Nurse Educator and one of our six staff sponsored for the Specialist Diploma in Palliative Care Nursing programme, was awarded the Dover Park Hospice Prize for the Top Graduating Student - a deserving recognition of her outstanding academic performance in the course.



Senior Nurse Educator Liu Fang



Nurse Manager Sukhdev Kaur

Financial Statements

Year ended 31 December 2015

▼ Directors' Statement Year ended 31 December 2015

In our opinion:

- (a) the financial statements set out on pages FS1 to FS22 are drawn up so as to give a true and fair view of the balance sheet of the Company as at 31 December 2015 and the financial performance and cash flows of the Company for the year ended on that date in accordance with the provisions of the Singapore Companies Act, Chapter 50, the Singapore Charities Act, Chapter 37 and Singapore Charities Accounting Standards; and
- (b) at the date of this statement, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they fall due.

The Board of Directors has, on the date of this statement, authorised these financial statements for issue.

Directors

The directors in office at the date of this statement are as follows:

Ronny Tan Chong Tee
Francis Heng Hang Song
Gerard Koh Keng Swee
Sister Cyrilla Baptist
Paul Lee Seng Meng
Jeffrey Seah Ting Han
Dr Chong Yoke Sin
Kwok Wai Ling
A/Prof Cynthia Goh
Ho Mimi Sze
D'Silva Edward Alec

Under Article 9 of its Memorandum of Association, the members of the Company guarantee to contribute a sum not exceeding \$1 each to the assets of the Company in the event of it being wound up. The members of the Company are Sister Teresa Anne Mitchell, Sister Barbara Anne Pereira, Sister Leonida Lee Siew Lian, and Sister Gwendoline Mary Cyrilla Baptist.

Directors' interests

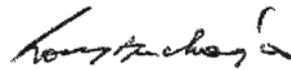
The Company has no share capital and its member's liability is limited by guarantee.

Neither at the end of, nor at any time during the financial year, was the Company a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Company to acquire benefits by means of the subscription to or acquisition of debentures of the Company or any other body corporate.

Auditors

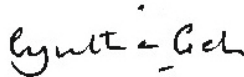
The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Directors



Ronny Tan Chong Tee
Director

19 May 2016



A/Prof Cynthia Goh
Director

Independent Auditors' Report

Members of the Company Assisi Hospice (A Company Limited by Guarantee)

Report on the financial statements

We have audited the accompanying financial statements of Assisi Hospice (the Company), which comprise the balance sheet as at 31 December 2015, the statement of financial activities and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages FS1 to FS22.

Management's responsibility for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Singapore Companies Act, Chapter 50 (the Act), the Singapore Charities Act, Chapter 37 (the Charities Act) and Singapore Charities Accounting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

Auditors' responsibility

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

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

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

Opinion

In our opinion, the financial statements are properly drawn up in accordance with the provisions of the Act, the Charities Act and Singapore Charities Accounting Standards so as to give a true and fair view of the balance sheet of the Company as at 31 December 2015 and the financial performance and cash flows of the Company for the year ended on that date.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required by the Act to be kept by the Company have been properly kept in accordance with the provisions of the Act.

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

- (a) the use of the donation moneys was not in accordance with the objectives of the Company as required under Regulation 16 of the Charities (Institutions of a Public Character) Regulations; and
- (b) the Company has not complied with the requirements of Regulation 15 (fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations.

KPMG LLP

Public Accountants and
Chartered Accountants

Singapore
19 May 2016

Balance Sheet As at 31 December 2015

	Note	2015 \$	2014 \$
Non-current assets	3	20,000,518	8,907,301
Property, plant and equipment	4	6,888,357	8,004,826
Investments		26,888,875	16,912,127
Current assets	4	3,264,920	2,018,625
Investments	5	11,436,144	1,523,684
Trade and other receivables	6	44,016,780	38,620,574
Cash and cash equivalents		58,717,844	42,162,883
Total assets		85,606,719	59,075,010
Funds			
Restricted funds			
Community Silver Trust Fund	7	12,019,643	6,801,120
Development Fund	8	-	225,548
Medical Equipment Fund	9	112,696	106,342
Paediatric Palliative Care Programme	10	633,587	633,587
Patient Assistance Fund	11	65,324	65,397
Project Next Door Fund	12	29,093,478	10,948,337
Renovation Fund	13	10,725	10,725
Respectance Fund	14	188,933	193,746
Ambulatory Treatment Unit	15	-	409,899
Singapore Ireland Fund	16	79,124	-
Unrestricted funds			
Accumulated Fund		36,566,601	31,615,309
Staff Welfare Fund	17	418,866	323,454
Salaries Adjustment Fund	18	2,341,734	863,764
Total funds		81,530,711	52,197,228
Current liabilities			
Trade and other payables	19	4,076,008	2,539,778
Deferred income	20	-	4,338,004
Total liabilities		4,076,008	6,877,782
Total funds and liabilities		85,606,719	59,075,010

The accompanying notes form an integral part of these financial statements.



Statement of Financial Activities

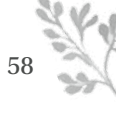
Year ended 31 December 2015

←----- Unrestricted Funds ----->								-----> Restricted Funds ----->								
Year ended 31/12/2015	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Singapore Ireland Fund \$	Total Restricted Funds \$	Total Funds \$
As at 1/1/2015		31,615,309	323,454	863,764	6,801,120	225,548	106,342	633,587	65,397	10,948,337	10,725	193,746	409,899	-	19,394,701	52,197,228
Income																
Income from generated fund																
Voluntary income																
- Donation from general public	21	2,821,893	84,941	-	-	-	24,693	-	-	3,741,000	-	-	-	-	3,765,693	6,672,527
- Donation from Mount Alvernia Hospital		588,000	-	-	-	-	-	-	-	-	-	-	-	-	-	588,000
- Grant/Sponsorship received/receivable		210,481	82,902	1,542,746	9,740,763	-	-	-	-	15,678,723	-	-	446,104	100,000	25,965,590	27,801,719
		3,620,374	167,843	1,542,746	9,740,763	-	24,693	-	-	19,419,723	-	-	446,104	100,000	29,731,283	35,062,246
Income from fundraising activities		4,521,417	-	-	-	-	-	-	-	-	-	-	-	-	-	4,521,417
Exchange gain		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income from generated fund		8,141,791	167,843	1,542,746	9,740,763	-	24,693	-	-	19,419,723	-	-	446,104	100,000	29,731,283	39,583,663
Income from charitable activities																
- Government grants		1,712,754	-	-	-	-	-	-	-	-	-	-	-	-	-	1,712,754
- Patient fees		675,491	-	-	-	-	-	-	-	-	-	-	-	-	-	675,491
Income from charitable activities		2,388,245	-	-	-	-	-	-	-	-	-	-	-	-	-	2,388,245
Other income																
- Investment income	22	429,941	-	-	-	-	-	-	-	124	-	-	-	-	124	430,065
Total income		10,959,977	167,843	1,542,746	9,740,763	-	24,693	-	-	19,419,847	-	-	446,104	100,000	29,731,407	42,401,973

←----- Unrestricted Funds -----→								----- Restricted Funds -----→								
Year ended 31/12/2015	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Singapore Ireland Fund \$	Total Restricted Funds \$	Total Funds \$
Expenditure																
Cost of generating funds																
- Fundraising expenses		343,302	-	-	-	-	-	-	-	-	-	-	-	-	-	343,302
Charitable activities																
- Salaries and related costs		2,088,729	-	-	4,178,859	-	-	-	-	212,335	-	-	67,509	-	4,458,703	6,547,432
- Contributions to defined contribution plan		478,866	-	-	149,299	-	-	-	-	27,290	-	-	2,550	-	179,139	658,005
- Programme expenses		3,104,334	72,431	64,776	194,082	225,548	18,339	-	73	1,035,057	-	4,813	161,763	20,759	1,660,434	4,901,975
Expenditure on charitable activities	23	5,671,929	72,431	64,776	4,522,240	225,548	18,339	-	73	1,274,682	-	4,813	231,822	20,759	6,298,276	12,107,412
Governance costs																
- Professional fees	24	65,882	-	-	-	-	-	-	-	-	-	-	-	-	-	65,882
- Insurance		33,560	-	-	-	-	-	-	-	-	-	-	-	-	-	33,560
- Others		3,868	-	-	-	-	-	-	-	24	-	-	-	117	141	4,009
Total governance costs		103,310	-	-	-	-	-	-	-	24	-	-	-	117	141	103,451
Other costs																
- Investment management cost		34,412	-	-	-	-	-	-	-	-	-	-	-	-	-	34,412
Total expenditure																
		6,152,953	72,431	64,776	4,522,240	225,548	18,339	-	73	1,274,706	-	4,813	231,822	20,876	6,298,417	12,588,577
Net income/(expenditure) before tax expense																
Income tax expense	27	4,807,024	95,412	1,477,970	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	214,282	79,124	23,432,990	29,813,396
		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year																
	25	4,807,024	95,412	1,477,970	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	214,282	79,124	23,432,990	29,813,396
Transfers																
- Gross Transfer between funds		144,268	-	-	-	-	-	-	-	-	-	-	(144,268)	-	-	-
- Fund close out		-	-	-	-	-	-	-	-	-	-	-	(479,913)	-	-	(479,913)
		144,268	-	-	-	-	-	-	-	-	-	-	(624,181)	-	-	(479,913)
Net Movement in funds																
		4,951,292	95,412	1,477,970	5,218,523	(225,548)	6,354	-	(73)	18,145,141	-	(4,813)	(409,899)	79,124	22,808,809	29,333,483
As at 31/12/2015																
		36,566,601	418,866	2,341,734	12,019,643	-	112,696	633,587	65,324	29,093,478	10,725	188,933	-	79,124	42,203,510	81,530,711



←----- Unrestricted Funds -----→						----- Restricted Funds -----→									
Year ended 31/12/2014	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Total Restricted Funds \$	Total Funds \$
As at 1/1/2014		29,127,678	274,713	146,745	2,844,406	676,645	76,768	633,587	57,220	6,327,091	10,725	217,436	255,988	11,099,866	40,649,002
Income															
Income from generated fund															
Voluntary income															
- Donation from general public	21	2,609,362	83,303	-	-	-	44,894	-	10,956	5,309,457	-	-	-	5,365,307	8,057,972
- Donation from Mount Alvernia Hospital		588,000	-	-	-	-	-	-	-	-	-	-	-	-	588,000
- Grant/Sponsorship received/receivable		220,686	18,748	1,216,846	5,124,586	-	-	-	-	546,555	-	-	267,672	5,938,813	7,395,093
		3,418,048	102,051	1,216,846	5,124,586	-	44,894	-	10,956	5,856,012	-	-	267,672	11,304,120	16,041,065
Income from fundraising activities		3,982,474	-	-	-	-	-	-	-	-	-	-	-	-	3,982,474
Exchange gain		21	-	-	-	-	-	-	-	-	-	-	-	-	21
Income from generated fund		7,400,543	102,051	1,216,846	5,124,586	-	44,894	-	10,956	5,856,012	-	-	267,672	11,304,120	20,023,560
Income from charitable activities															
- Government grants		2,397,927	-	-	-	-	-	-	-	-	-	-	-	-	2,397,927
- Patient fees		418,875	-	-	-	-	-	-	-	-	-	-	1,949	1,949	420,824
Income from charitable activities		2,816,802	-	-	-	-	-	-	-	-	-	-	1,949	1,949	2,818,751
Other income															
- Investment income	22	332,673	-	-	-	-	-	-	-	124	-	-	-	124	332,797
Total income		10,550,018	102,051	1,216,846	5,124,586	-	44,894	-	10,956	5,856,136	-	-	269,621	11,306,193	23,175,108





←----- Unrestricted Funds -----→							----- Restricted Funds -----→								
Year ended 31/12/2014	Note	Accumulated Fund \$	Staff Welfare Fund \$	Salaries Adjustment Fund \$	Community Silver Trust Fund \$	Development Fund \$	Medical Equipment Fund \$	Paediatric Palliative Care Programme \$	Patient Assistance Fund \$	Project Next Door Fund \$	Renovation Fund \$	Respectance Fund \$	Ambulatory Treatment Unit \$	Total Restricted Funds \$	Total Funds \$
Expenditure															
Cost of generating funds															
- Fundraising expenses		309,811	-	-	-	-	-	-	-	-	-	-	-	-	309,811
Charitable activities															
- Salaries and related costs		4,816,506	-	430,467	824,676	-	-	-	-	288,865	-	-	88,439	1,201,980	6,448,953
- Contributions to defined contribution plan		448,651	-	47,168	102,354	-	-	-	-	20,450	-	-	13,011	135,815	631,634
- Programme expenses		2,362,123	53,310	22,192	240,842	451,097	15,320	-	2,779	925,536	-	23,690	14,260	1,673,524	4,111,149
Expenditure on charitable activities	23	7,627,280	53,310	499,827	1,167,872	451,097	15,320	-	2,779	1,234,851	-	23,690	115,710	3,011,319	11,191,736
Governance costs															
- Professional fees	24	58,250	-	-	-	-	-	-	-	-	-	-	-	-	58,250
- Insurance		26,205	-	-	-	-	-	-	-	-	-	-	-	-	26,205
- Others		4,989	-	-	-	-	-	-	-	39	-	-	-	39	5,028
Total governance costs		89,444	-	-	-	-	-	-	-	39	-	-	-	39	89,483
Other costs															
- Investment management cost		35,852	-	-	-	-	-	-	-	-	-	-	-	-	35,852
Total expenditure		8,062,387	53,310	499,827	1,167,872	451,097	15,320	-	2,779	1,234,890	-	23,690	115,710	3,011,358	11,626,882
Net income/(expenditure) before tax expense															
		2,487,631	48,741	717,019	3,956,714	(451,097)	29,574	-	8,177	4,621,246	-	(23,690)	153,911	8,294,835	11,548,226
Income tax expense	27	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	25	2,487,631	48,741	717,019	3,956,714	(451,097)	29,574	-	8,177	4,621,246	-	(23,690)	153,911	8,294,835	11,548,226
As at 31/12/2014															
		31,615,309	323,454	863,764	6,801,120	225,548	106,342	633,587	65,397	10,948,337	10,725	193,746	409,899	19,394,701	52,197,228



Statement Of Cash Flows

Year ended 31 December 2015

	Note	2015 \$	2014 \$
Cash flows from operating activities			
Net income for the year		29,813,396	11,548,226
Adjustments for:			
Depreciation of property, plant and equipment	3	579,988	609,315
Loss on disposal of property, plant and equipment	25	163,234	4,449
Investment income	22	(430,065)	(332,797)
		30,126,553	11,829,193
Changes in working capital:			
Trade and other receivables		(9,890,798)	(1,064,574)
Trade and other payables		1,056,317	1,074,383
Deferred income		(4,338,004)	3,624,228
Net cash from operating activities		16,954,068	15,463,230
Cash flows from investing activities			
Interest received from time deposits		189,828	133,977
Interest received from investments		235,617	249,654
Placement of time deposits with maturity of more than three months with financial institutions		(1,689,458)	(5,516,295)
Purchase of property, plant and equipment		(11,836,439)	(7,789,394)
Proceeds from disposal of investments		2,895,042	6,296,619
Purchase of investments		(3,041,910)	(7,600,972)
Net cash used in investing activities		(13,247,320)	(14,226,411)
Net increase in cash and cash equivalents		3,706,748	1,236,819
Cash and cash equivalents at beginning of the year		11,827,129	10,590,310
Cash and cash equivalents at end of year	6	15,533,877	11,827,129



Notes to the Financial Statements

Year ended 31 December 2015

These notes form an integral part of the financial statements.
The financial statements were authorised for issue by the Board of Directors on [date of signing].

- 1 Domicile and activities**
Assisi Hospice (the Company) is a charitable organisation registered in the Republic of Singapore and has its principal place of business at 820 Thomson Road, Singapore 574623.
The principal activities of the Company are to provide in-patient nursing services for chronically sick and terminally ill patients as well as day care and home care services.
The Company is approved as an institution of a public character (IPC) under the provisions of the Income Tax Act. The Company is registered as a charity under the Singapore Charities Act, Chapter 37.

- 2 Summary of significant accounting policies**
2.1 Basis of preparation
The financial statements have been prepared in accordance with Singapore Charities Accounting Standards (CAS).
The financial statements have been prepared on the historical cost basis.
The financial statements are presented in Singapore dollars which is the Company's functional currency.
The preparation of financial statements in conformity with CAS requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.
Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.
- 2.2 Foreign currency
Foreign currency transactions
Transactions in foreign currencies are translated to Singapore dollars at the exchange rate at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are retranslated to the functional currency at the exchange rate at that date. Non-monetary assets and liabilities denominated in foreign currencies that are measured at fair value are retranslated to the functional currency at the exchange rate at the date that the fair value was determined. Foreign currency differences arising on retranslation are recognised in the statement of financial activities.

2 Summary of significant accounting policies (cont'd)

2.3 Property, plant and equipment

Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net in the statement of financial activities.

Subsequent costs

The cost of replacing a component of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the component will flow to the Company and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in the statement of financial activities as incurred.

Depreciation

Depreciation is based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation on property, plant and equipment is recognised in the statement of financial activities on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment.

The estimated useful lives are as follows:

Building	over the remaining useful life of 4 years
Renovations	5 years
Furniture and fittings	5 years
Office and other equipment	4 years
Motor vehicles	4 years
Plant and machinery	4 years
Medical equipment	6 years
Computer equipment	3 years

2 Summary of significant accounting policies (cont'd)

2.3 Property, plant and equipment (cont'd)

Assets under construction are stated at cost. Expenditure relating to assets under construction are capitalised when incurred. No depreciation is provided until the assets under construction are completed and the related property, plant and equipment are available for use.

Depreciation methods, useful lives and residual values are reviewed, and adjusted as appropriate, at each reporting date.

2.4 Trade and other receivables

Trade and other receivables excluding prepayments are initially recognised at their transaction price, excluding transaction costs, if any. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Prepayments are initially recognised at the amount paid in advance for the economic resources expected to be received in the future.

After initial recognition, trade and other receivables excluding prepayments are measured at cost less any accumulated impairment losses. Prepayments are measured at the amount paid less the economic resources received or consumed during the financial period.

2.5 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and in hand.

2.6 Investments

Investments are recognised at cost less any accumulated impairment losses. Investments comprise quoted bonds.

2.7 Trade and other payables

Trade and other payables excluding accruals are recognised at their transaction price, excluding transaction costs, if any, both at initial recognition and at subsequent measurement. Transaction costs are recognised as expenditure in the statement of financial activities as incurred. Accruals are recognised at the best estimate of the amount payable.

2.8 Employee benefits

Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial activities as incurred.



2 Summary of significant accounting policies (cont'd)

2.8 Employee benefits (cont'd)

Short-term employee benefits

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided.

A liability is recognised for the amount expected to be paid under short-term cash bonus or profit-sharing plans if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

2.9 Income

Income are included in the statement of financial activities when the following three factors are met:

- the Company becomes entitled to the income;
- the management are virtually certain that they will receive the income; and
- the monetary value can be measured with sufficient reliability.

Patient fees

Provided it is probable that the economic benefits will flow to the Company, and that the income and expenses, if applicable, can be measured reliably, income from patients and related services is recognised when the services are rendered. Revenue excludes goods and services taxes or other taxes.

Government grants

The Company's income mainly comprises grants from the government to meet the Company's operating expenses.

Grants from the government are recognised as income in the statement of financial activities where there is reasonable assurance that they will be received and the conditions attached to them will be complied with. Where uncertainty exists as to whether the Company can meet the conditions, the grants that are received are deferred as a liability until there is sufficient evidence that the conditions attached can be met.

Donation and fundraising income

Donations and revenue from fundraising are recognised as income in the accounting period in which they are received or receivable.

Donation in kind

Donation in kind are recorded as donation income at an amount equivalent to the estimated value of the items donated when the value can be reasonably and reliably estimated.

2 Summary of significant accounting policies (cont'd)

2.9 Income (cont'd)

Investment income

Investment income comprises interest income on funds invested, and net realised gains/losses on disposal of investments. Interest income is recognised on an accrual basis, using the effective interest method.

2.10 Expenditure

All expenditure is accounted for on an accrual basis and has been classified under headings that aggregate all cost related to that activity. Cost comprises direct expenditure including direct staff costs attributable to the activity. Where costs cannot be wholly attributed to an activity, they have been apportioned on a basis consistent with the use of resources. These include overheads like utilities, amortisation of leasehold improvements and support costs.

Costs of generating funds

Costs of generating funds include the costs of activities carried out to generate income, which will be used to undertake charitable activities.

Charitable activities

Charitable activities include both direct and related support costs relating to general running of the Company in generating funds and service delivery.

Governance costs

Governance costs include those costs associated with meeting constitutional and statutory requirements of the Company. It includes related staff cost, audit and professional fees related to the governance infrastructure and in ensuring public accountability of the Company.

2.11 Funds structure

Unrestricted funds are available for use at the discretion of the management in furtherance of the general objectives of the Company.

Restricted funds are subjected to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

3 Property, plant and equipment

	Building \$	Renovations \$	Furniture and fittings \$	Office and other equipment \$	Motor vehicles \$	Plant and machinery \$	Medical equipment \$	Computer equipment \$	Assets under construction \$	Total \$
Cost										
At 1 January 2014	1,365,752	227,946	34,576	15,084	85,078	129,187	105,828	282,507	299,734	2,545,692
Additions	-	25,090	67,956	2,050	-	-	99,157	91,867	7,503,274	7,789,394
Disposals	-	-	(1,634)	(2)	(1,880)	-	(9,107)	-	-	(12,623)
At 31 December 2014	1,365,752	253,036	100,898	17,132	83,198	129,187	195,878	374,374	7,803,008	10,322,463
Additions	-	-	45,533	1	-	-	43,812	19,200	11,727,893	11,836,439
Disposals	-	(95,550)	(19,477)	(2,050)	-	-	(94,193)	(343)	-	(211,613)
Reclassification	-	-	-	-	-	-	-	12,370	(12,370)	-
At 31 December 2014	1,365,752	157,486	126,954	15,083	83,198	129,187	145,497	405,601	19,518,531	21,947,289
Accumulated depreciation										
At 1 January 2014	513,067	67,075	10,572	9,392	28,549	40,393	27,172	117,801	-	814,021
Depreciation charge for the year	341,095	52,053	18,725	3,950	16,981	37,671	29,057	109,783	-	609,315
Disposals	-	-	(1,606)	-	(1,878)	-	(4,690)	-	-	(8,174)
At 31 December 2014	854,162	119,128	27,691	13,342	43,652	78,064	51,539	227,584	-	1,415,162
Depreciation charge for the year	341,095	37,724	21,406	2,319	16,981	34,502	28,053	97,908	-	579,988
Disposals	-	(27,016)	(6,784)	(598)	-	-	(13,644)	(337)	-	(48,379)
At 31 December 2015	1,195,257	129,836	42,313	15,063	60,633	112,566	65,948	325,155	-	1,946,771
Carrying amounts										
At 1 January 2014	852,685	160,871	24,004	5,692	56,529	88,794	78,656	164,706	299,734	1,731,671
At 31 December 2014	511,590	133,908	73,207	3,790	39,546	51,123	144,339	146,790	7,803,008	8,907,301
At 31 December 2015	170,495	27,650	84,641	20	22,565	16,621	79,549	80,446	19,518,531	20,000,518

Assets under construction primarily relates to cost incurred for the construction of a new hospice building amounting to \$19,518,531 (2014: \$7,790,638) as at 31 December 2015.

The following items have been included in the carrying amount of property, plant and equipment of the Company:

	Note	2015 \$	2014 \$
Carrying amount of computer equipment purchased under Community Silver Trust Fund	7	20,924	31,293
Carrying amount of building purchased under Development Fund	8	-	225,548
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	59,109	77,448
4 Investments		2015 \$	2014 \$
At 1 January		10,023,451	8,775,900
Additions		3,041,910	7,600,972
Disposals		(2,912,084)	(6,353,421)
At 31 December		10,153,277	10,023,451
Comprises			
Non-current		6,888,357	8,004,826
Current		3,264,920	2,018,625
		10,153,277	10,023,451

As at 31 December 2015, investments comprising unquoted debt securities are stated at cost and bear interest rates ranging from 0.94% to 4.84% (2014: 0.25% to 4.84%) per annum, and mature in 1 to 8 years.

The investments are managed by an external fund manager, Nikko Asset Management Asia Limited, for the period from 20 December 2012 to 19 December 2017 in accordance with the Company's approved investment guidelines.

5 Trade and other receivables

	2015 \$	2014 \$
Trade receivables	308,288	180,549
Allowance for doubtful trade receivables	(7,914)	(6,894)
Net receivables	300,374	173,655
Goods and Services Tax (GST) receivable	213,452	184,571
Amount due from Ministry of Health	10,304,098	640,471
Fund receivable from third parties	150,000	150,000
Other receivables	27,741	16,948
	10,995,665	1,165,645
Deposits	321,248	261,028
Interest receivable	72,252	50,590
Prepayments	46,979	46,421
	11,436,144	1,523,684

The Company's primary exposure to credit risk arises through its trade receivables and fund receivable from third parties. Concentration of credit risk relating to the trade receivables is limited due to the Company's many varied customers who are normally individuals. No significant risk exposure is expected to arise from the fund receivable from third parties. The Company's historical experience in the collection of accounts receivable falls within the recorded allowances. Due to these factors, management believes that no additional credit risk beyond the amounts provided for collection losses is inherent in the Company's trade receivables.

6 Cash and cash equivalents

	2015 \$	2014 \$
Cash at bank and in hand	15,533,877	11,827,129
Time deposits with financial institutions	28,482,903	26,793,445
	44,016,780	38,620,574
Less: Time deposits with financial institutions with maturity of more than three months from the date of placement	(28,482,903)	(26,793,445)
Cash and cash equivalents in the statement of cash flows	15,533,877	11,827,129

6 Cash and cash equivalents (cont'd)

The weighted average effective interest rate per annum relating to cash and cash equivalents at the reporting date is 0.51% (2014: 0.40%). Interest rates are re-priced at intervals of six, nine and twelve months.

Included in the cash and cash equivalents is an aggregate of \$16,923,862 (2014: \$17,222,203) which is subject to usage restriction imposed by the donors. This balance includes the donations for specified use imposed by the donors (Notes 7 to 18).

7 Community Silver Trust Fund

	2015 \$	2014 \$
Balance at 1 January	6,801,120	2,844,406
Receipts from the Community Silver Trust - matching grant	9,740,763	5,124,586
Expenditure	(4,522,240)	(1,167,872)
Balance at 31 December	12,019,643	6,801,120

The fund is represented by:

Non-current asset

Computer equipment	6,400	6,400
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Current asset

Amount due from Ministry of Health	9,740,763	-
Cash and cash equivalents	2,272,480	6,794,720
	12,019,643	6,801,120

The Community Silver Trust is a scheme whereby the government will provide a matching grant of one dollar for every donation dollar raised by eligible organisations. The objectives are to encourage more donations and provide additional resources for the service providers in the Intermediate and Long Term Care Sector and to enhance capabilities and provide value-added services to achieve affordable and higher quality care.

Expenditure incurred for the year ended 31 December 2015 includes the utilisation of \$38,089 (2014: \$53,591) to match the depreciation charge for the Ingot Information System and utilisation of \$4,328,158 (2014: \$927,030) for staff related costs for doctors, nurses, allied healthcare workers and operating expense.

8 Development Fund

	2015	2014
	\$	\$

The fund is represented by:

Non-current asset

Building	-	225,548
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This fund was set up in 1991 for the purpose of development of a new premise for the Company. The fund has been written back to income over the remaining life of the building. Amortisation charges amounted to \$225,548 (2014: \$451,097) for the year ended 31 December 2015.

9 Medical Equipment Fund

	2015	2014
	\$	\$

The fund is represented by:

Non-current asset

Medical equipment	59,109	77,448
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Current asset

Cash and cash equivalents	53,587	28,894
	<u>112,696</u>	<u>106,342</u>

This fund was set up in 2002 for the purchase of medical equipment.
During the year, the Company received donations amounting to \$24,693 (2014: \$44,894) and charged depreciation of \$18,339 (2014: \$15,320) to the fund for the medical equipment.

10 Paediatric Palliative Care Programme

	2015	2014
	\$	\$

The fund is represented by:

Current asset

Cash and cash equivalents	633,587	633,587
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The Paediatric Palliative Care Programme was established in 2005 primarily for the training of doctors, nurses and allied healthcare workers to provide paediatric palliative care to the terminally ill children and their families.

11 Patient Assistance Fund

	2015	2014
	\$	\$

The fund is represented by:

Current asset

Cash and cash equivalents	65,324	65,397
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The Patient Assistance Fund was set up in 2010 to assist lower income needy patients and their families with immediate needs such as, transportation including ambulance, food and milk feeds, consumables and any other needs as deemed necessary.
During the year, the Company utilised amounts totalling to \$73 (2014: \$2,779) from the fund to help needy patients.

12 Project Next Door Fund

	2015	2014
	\$	\$
The fund is represented by:		
Non-current asset		
Assets under construction	19,518,531	7,790,638
Current assets		
Cash and cash equivalents	10,859,502	7,975,983
Goods and Services Tax (GST) receivable	225,792	184,571
Deposits	288,753	-
Current liabilities		
Trade and other payables	(1,567,347)	-
Accrued operating expenses	-	(1,110,955)
Amount due to Ministry of Health	(231,753)	-
Deferred income	-	(3,891,900)
	<u>29,093,478</u>	<u>10,948,337</u>

This fund was set up in 2011 for the purpose of developing a new hospice building with inpatient capacity of 85 beds.

During the year, the Company received donations and grants amounting to \$19,419,723 (2014: \$5,856,136) and utilised amounts totalling to \$1,274,706 (2014: \$1,234,890) from the fund.

13 Renovation Fund

	2015	2014
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>10,725</u>	<u>10,725</u>

This fund was set up in 1998 for the purpose of renovating space meant for patients’ activities.

14 Respectance Fund

	2015	2014
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	<u>188,933</u>	<u>193,746</u>

The Respectance Fund was set up in 2011 with the objective of fulfilling patients’ wishes to pass away in their homes and also to provide help for needy families whose sole breadwinner has passed away.

During the year, the Company utilised amounts totalling to \$4,813 (2014: \$23,690) from the fund to help needy families.

15 Ambulatory Treatment Unit

	2015	2014
	\$	\$
The fund is represented by:		
Non-current assets		
Renovation	-	49,950
Medical equipment	-	28,016
Current asset		
Cash and cash equivalents	<u>-</u>	<u>331,933</u>
	<u>-</u>	<u>409,899</u>

The fund was donated by Lien Foundation which pledged \$1 million over a 3-year period. The Ambulatory Treatment Unit (ATU) which provides ambulatory care will help reduce the number of patients requiring in-patient admission.

During the year, the Company recognised \$446,104 (2014: \$267,672) as grant income and utilised \$376,090 (2014: \$115,710) from the fund to provide ambulatory care. On 2 March 2015, the Company agreed for the closure of the ATU and the remaining funds of \$624,181 (Note 19) will be managed as a new fund in the Statement of Financial Activities when it is used for future Lien Foundation approved projects.



16 Singapore Ireland Fund

	2015	2014
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	79,124	-

The fund was set up in 2015 with the objective to support palliative nursing care training. During the year, the Company received a donation of \$100,000 (2014: \$Nil) and utilised \$20,876 (2014: \$Nil) from the fund.

17 Staff Welfare Fund

	2015	2014
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	418,866	323,454

The fund was set up in 2012. The objective of the fund is to offer a one-off financial aid for the death of a spouse, child or parent of any staff, to help staff when there is an urgent and unexpected need, to set aside some funds for group activities and subscription of corporate membership to places of interest for staff.

During the year, the Company received donations and grants amounting to \$167,843 (2014: \$102,051) and utilised amounts totalling to \$72,431 (2014: \$53,310) from the fund for group activities and cooking lessons for the staff.

18 Salaries Adjustment Fund

	2015	2014
	\$	\$
The fund is represented by:		
Current asset		
Cash and cash equivalents	2,341,734	863,764

The fund was from Ministry of Health for the Intermediate and Long-Term Care (ILTC) sector salary adjustment exercise for healthcare professionals. The grant aims to narrow the salary gap between the healthcare professionals in the public acute sector and ILTC sector. The grant is for the period from April 2012 to June 2016.

During the year, the Company received grants amounting to \$1,542,746 (2014: \$1,216,846) and utilised amounts totalling to \$64,776 (2014: \$499,827) from the fund.

19 Trade and other payables

	2015	2014
	\$	\$
Amount due to Ministry of Health	231,753	-
Amount due to Mount Alvernia Hospital	40,097	75,845
Patients' deposits	1,000	1,400
Trade and other payables	1,737,851	92,054
Advance received from Lien Foundation	624,181	-
Accrued operating expenses	1,441,126	2,370,479
	4,076,008	2,539,778

The outstanding balance to Mount Alvernia Hospital is unsecured, interest-free and repayable on demand.

Trade and other payables included an amount of \$1,567,148 (2014:\$Nil) to the contractors for the Project Next Door construction.

Advance received from Lien Foundation will be used for future Lien Foundation approved projects.



20 Deferred income

	2015 \$	2014 \$
Balance at 1 January	4,338,004	713,776
Receipt during the year	-	3,891,900
Recognised in Statement of financial activity	(3,891,900)	(267,672)
Transferred to Ambulatory Treatment Unit	(446,104)	-
Balance at 31 December	-	4,338,004

During the year, the fund donated by Lien Foundation was closed as described in Note 15. Grant by Ministry of Health was reclassified to Statement of financial activities.

21 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital of \$588,000 (2014: \$588,000) represents amounts waived by Mount Alvernia Hospital in respect of support costs charged to the Company.

In addition, included in the income from fundraising activities is an amount of \$30,000 (2014: \$30,000) donated at the Charity Dinner.

22 Investment income

	2015 \$	2014 \$
Interest income from time deposits	211,490	139,945
Net gains from investments	218,575	192,852
	430,065	332,797

23 Charitable activities

Expenditure on charitable activities under Accumulated Fund comprises the following:

	Programme expenses \$	Salaries and related costs \$	Contributions to defined contribution plan \$	Total \$
2015				
Hospice services	1,825,196	3,140,932	258,703	5,224,831
Long term hospice services	91,574	130,872	10,779	233,225
Day care services	505,442	519,846	56,148	1,081,436
Home care services	682,122	1,396,265	153,236	2,231,623
Total	3,104,334	5,187,915	478,866	8,771,115
Less: Funded by CST Operating Expense Matching Grant	-	(3,099,186)	-	(3,099,186)
	3,104,334	2,088,729	478,866	5,671,929

2014

Hospice services	1,360,891	2,765,604	228,036	4,354,531
Long term hospice services	84,101	115,233	9,501	208,835
Day care services	448,127	520,061	55,873	1,024,061
Home care services	469,004	1,415,608	155,241	2,039,853
Total	2,362,123	4,816,506	448,651	7,627,280

24 Professional fees

	2015 \$	2014 \$
External audit fees	23,559	32,375
Internal audit fees	24,450	24,000
Others	17,873	1,875
	65,882	58,250



25 Net income/(expenditure) for the year

The following items have been included in arriving at net income/(expenditure) for the year:

	Note	2015 \$	2014 \$
Supplies and consumables		356,006	375,903
Loss on disposal of property, plant and equipment		163,234	4,449
Depreciation of property, plant and equipment	3	579,988	609,315
Repairs and maintenance		151,666	180,212
Mount Alvernia Hospital's support costs to the hospice	(a)	273,200	266,400
Agency manpower services		1,209,031	584,038
Utilities		89,822	113,410
Staff costs		7,205,437	7,080,587
Contributions to defined contribution plans, included in staff costs		658,005	631,634

a) Mount Alvernia Hospital charges the hospice for its share of the administrative costs in respect of services rendered by Mount Alvernia Hospital to the Company.

During the financial year, the Company received sponsorships from various donors to be used in its fund-raising events in 2015. Based on management's assessment, they are of the opinion that due to the nature of the sponsorships received, the exact value cannot be reliably or reasonably quantified. Thus, the sponsorships received have not been recognised as their values cannot be estimated reliably.

26 Income taxes

The Company is an approved charity organisation under the Singapore Charities Act, Chapter 37 and an institution of a public character under the Income Tax Act, Chapter 134. No provision for taxation has been made in the financial statements as the Company is a registered charity with income tax exemption.

27 Tax deductible donations

Tax deductible donations amounting to \$9,726,490 (2014: \$9,581,139) were received during the year.

The Company enjoys a concessionary tax treatment whereby qualifying donors are granted 300% tax deduction for the donations made to the Company.

28 Related parties

Key management personnel compensation

Key management personnel of the Company are those having authority and responsibility for planning, directing and controlling the activities of the Company. The Board of Directors and executive management team are considered key management personnel of the Company.

Key management personnel compensation comprised:

	2015 \$	2014 \$
Short-term employee benefits	336,853	446,657

Number of key management in remuneration bands on an annualised basis:

	2015 \$	2014 \$
\$100,000 to \$200,000	1	-
Above \$200,000	1	2
	2	2

The directors did not receive compensation for their services rendered to the Company.

Other than disclosed elsewhere in the financial statements, the transactions with related parties are as follows:

	2015 \$	2014 \$
Purchase of food and provision, medical supplies and clinical consumables from Mount Alvernia Hospital	379,244	425,762



Notes



BLESSINGS TO ALL...

*We pray upon all our patients and their families,
our benefactors, our staff and volunteers, our friends and
our families, this is most ancient and beautiful to all biblical
blessings, imparted by Saint Francis on Mount Alvernia in 1224:
May the Lord bless you and keep you.
May He show His face to you and be gracious unto you.
May He turn His countenance to you and give you peace.*

