



And now these 3 remain: faith, hope & love. But the greatest of these is



I Corinthians 13:13

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 in 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."
- Heart of FRANCISCAN Spirit lesus Reverence for Life Staff Christ conceive, birth Right Relationships





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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

As I write this short message for the Annual Report, I am very aware Assisi Hospice stands at a critical time of transition as we respond to the Singapore community's needs by building our new Assisi Hospice next door. Amidst the massive present challenges, Assisi Hospice is rooted in the spirit of St Francis and St Clare of Assisi and our FMDM sisters who have served in Singapore for over 60 years.

Saints Francis and Clare spoke by their lives and their teaching of compassionate, respectful care for the most vulnerable people of their time; they reached out to their brothers and sisters in love and deep reverence and proclaimed the gospel with joy. Assisi Hospice has been, and always will be, a mirror of this same spirit. Whatever our role in Assisi - staff, volunteers, supporters, management, boards members, FMDM trustees - we are called to mirror these same Franciscan values as we minister to those with life-limiting illness and their families.

I am also very conscious that this ministry is not 'one-way traffic' and I would like to acknowledge the extraordinary gift our patients and their families are to all who serve in Assisi. The gift of vulnerability and powerlessness is often not recognised in our societies today. Yet those who are vulnerable and powerless bear witness to values we all so desperately need - trust, inter-dependence, hope, selflessness and a peaceful acceptance of what is.

I am also very aware that, through the mission of Assisi, we reach out to a much wider circle of people in Singapore. Those in this broader community who see what is happening at Assisi, and are touched by it, so generously donate their time, money and expertise to support this ministry. As Congregational Leader of the FMDM sisters, I am humbled and deeply grateful for the extraordinary support Assisi receives and I hope and pray that each one is enriched by their connection, however small, with Assisi Hospice.

The challenge today, as we expand, is to keep returning to the heart of our Franciscan spirit and charism and allow it to permeate everything we do. This ensures that, whatever the pressures, Assisi will continue to be a place where CARING FOR LIFE is central, as this is what makes Assisi Hospice the unique and graced place that it is.

May the God bless all who read this report and all who, in any way, are associated with the privileged ministry of Assisi Hospice. Let us support one another on the journey ahead and be a beacon of light to our sisters and brothers throughout Singapore.

"Assisi Hospice stands at a critical time of transition as we respond to the Singapore community's needs by building our new Assisi Hospice next door."





Message from Mr Ronny Tan

Chairman, Board of Directors

As we are about to bid farewell to 2014 and begin 2015, it is hard to believe that our new and bigger hospice could be a reality late next year. We are asking ourselves if we are ready for that qualitative leap to be fit for the future: how do we, with the new facility, transform palliative care and add value to the community we serve.

Palliative care is a relatively new field in many countries in our region. Until recently, palliative care in Singapore was provided by the private or non-profit sectors, with the government continuing to focus on acute care in hospitals. Today, even as we witness its evolution and transition from the fringe into the mainstream healthcare system, there is still much to be done in growing capacity and capability, preparing the industry to adopt best practices, and helping the community to understand the scope and benefits of such care.

We know that one in three of about 19,000 people who died in Singapore last year received palliative care. As Senior Minister of State for Health Dr Amy Khor has highlighted some time ago, the demand for hospice and palliative care will double by 2020. This is inevitable as our population ages and the incidence of cancer and chronic illnesses increase. Awareness of palliative care is still low and there is a need for patients to make informed decisions about their care support plans.

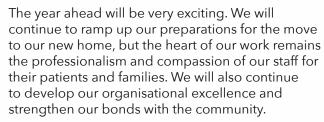
In Assisi Hospice, we focus on the clinical approach and constantly ask what is the best way to care for the patient. Caring for them requires a multidisciplinary team of medical doctors, nurses, therapists, social workers and volunteers. Our model of care will evolve over time as we explore new partnerships to enhance our clinical care.

As we prepare ourselves for the move to our new facility, and to cope with a tight work force, we will increasingly harness technology to increase clinical staff productivity, enhance patient safety, and improve communications for patients and visitors.

Another challenge we face is financial sustainability, so that we can continue to extend and widen our care to everyone who needs palliative care, including children and dementia patients. We will need to formulate a more structured and systematic model away from traditional and ad-hoc fund raising avenues. We also plan to manage our cost base effectively through collaboration with other institutions.

In 2014, we welcomed Ms Kwok Wai Ling to the board. She took over as Chair of Finance Committee in early 2015 as we bade goodbye to Mr Michael Tan after seven years of dedicated service on the board, as well as with the Finance and Audit Committees. Michael not only helped to strengthen Assisi Hospice as an organisation, but also oversaw the establishment of our Finance Department.

We also thank our Medical Director, Dr Tan Yew Seng, for his outstanding service during his nine years with Assisi Hospice. With his passion for palliative care, Dr Tan has contributed significantly to the growth of Assisi in the provision of compassionate, personalised and high-quality palliative care. Dr Tan has also imparted his passion towards palliative care to the many volunteers that he has helped to train. We are also grateful to have A/Prof Koo Wen Hsin as our Medical Director from late 2014.



On behalf of the Board of Directors, I take this opportunity to thank our community of donors, supporters and volunteers for their staunch support over the years.

"We will continue to ramp up our preparations for the move to our new home, but the heart of our work remains the professionalism and compassion of our staff for their patients and families."



Message from Associate Professor Premarani Kannusamy

Chief Executive Officer

For Assisi Hospice, 2014 has been a year of renewal of the Franciscan values. Guided by our core values of Service, Reverence for Life, Humility, Joyfulness and Stewardship, we continue to commit our efforts to provide compassionate, personalised and quality care for our patients with life-limiting illnesses.

This year, we introduced evidence-based care to drive more positive patient outcomes in the Inpatient wards. An example was train-the-trainer workshops and roadshows for the prevention of pressure ulcers, with an incidence of pressure ulcers eventually falling to nil in August 2014.

Over the year, we also tapped on many community partners to improve the quality of life for our patients. One such example was the enhancement of the Assisi Hospice garden, which was made possible by a corporate partner, Tropical Environment, and staff volunteers from Khoo Teck Puat Hospital. With the opening of the garden on Nurses' Day celebration on 1 August 2014, patients can now enjoy more greenery in the garden.

Our other asset is our volunteers. In July 2014, we introduced the 'No One Dies Alone' (NODA@ Assisi) programme, a volunteer-based programme where our Volunteer Carers keep vigil with patients who would otherwise die without any family or friends by their side. NODA@Assisi is unique as our volunteers befriend and build connections with NODA patients once they are admitted, so that it is more meaningful for them to be there during the patient's final hours.

We are also pleased to share that a new milestone in the new hospice construction was achieved as we completed the foundation work of our new hospice building in September 2014 and work has started on the building itself. We are on time to complete construction and begin operations in the new building by the end of 2016.

In the year ahead, we will prepare ourselves for the new building, including a HR Planning & Management of Human Capital strategy to ensure that we have sufficient manpower to meet the increased demands in palliative care. At the same time, the IT Strategy will focus on building a resilient infrastructure with adequate wireless access for patients and their families, as well as a robust clinical information system that will seamlessly integrate clinical functions such as safe administration of medications, access to medical records of patients and our HR and Finance functions.

We are well-positioned to take on the challenges in the future, as demand for palliative care continues to increase. The work we do is not possible without the support and dedication of our donors, staff and volunteers. Thank you for your strong support.



Board of Directors



Mr Ronny Tan Chairman



Ms Anita Fam Deputy Chairman



Sr Cyrilla M Baptist FMDM



Dr Chong Yoke Sin



Mr Francis Heng



Mr Gerard Koh



Sr Barbara Pereira **FMDM** (till 01/07/2014)



Sr Elizabeth Lim **FMDM** (w.e.f. 01/07/2014)



A/Prof Cynthia Goh 24/05/2014 - 15/11/14



Mr Jeffrey Seah



Ms Kwok Wai Ling (w.e.f. 02/01/2014)



Mr Michael Tan



Mr Paul Lee



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 (IPCs). 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), 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 The Congregational Leader and her Council have the right to appoint up to half of the members of the Board. The remaining members of the Board are appointed by ordinary resolution of the company.
- 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 three consecutive terms with the exception of the Finance Committee Chairman whereby there is 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 four members, including the NRC Chairman.
- 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 The NRC ensures the Board renewal by nominating changes to the Board composition, including the re-nomination of existing directors whose terms expire and where appropriate, to FMDM directly.
- 5.6 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 Chairman.
- 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 Mr Michael Tan and comprises six members, including the FC Chairman.
- 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 financial 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 Ms Anita Fam and comprises five 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 eight 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 2014

1 NOMINATION AND REMUNERATION COMMITTEE

- Mr Ronny Tan (Chairperson)
- Mr Francis Heng
- Mr Gerard Koh
- Sr Barbara Pereira (till 01/07/14)
- Sr Elizabeth (w.e.f. 01/07/14)

2 AUDIT COMMITTEE

- Mr Paul Lee (Chairperson)
- Mr Ronny Tan
- Ms Angela Ee
- Mrs Mimi Ho (till 31/01/14)
- Mr Michael Tan (till 31/01/14)
- Ms Pat Lynn Leong (w.e.f. 06/03/14)
- Mr Thomas Teo (w.e.f. 06/03/14)

3 FINANCE COMMITTEE

- Mr Michael Tan (Chairperson)
- Mr Joseph Wong
- Ms Catherine Loh
- Ms Kwok Wai Ling
- Ms Maureen Ding
- Mr Francis Heng (till 04/01/14)
- Ms Mimi Ho (w.e.f. 01/02/14)

4 PROGRAMME AND SERVICES COMMITTEE

- Ms Anita Fam (Chairperson)
- A/Prof Cynthia Goh
- Dr Chong Yoke Sin
- Ms Maureen Fung (w.e.f. 01/04/14)Dr Vasanthi Rajalingam (w.e.f. 28/11/14)

5 FUNDRAISING COMMITTEE

- Mr Jeffrey Seah (Chairperson)
- Sr Agnes Tan Gek Choo
- Mr Aloysius Lee
- 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 2014 is shown below:

Name of Directors	Number of Board Meetings	Attendance			
Mr Ronny Tan	4	4			
Ms Anita Fam	4	4			
Sr Barbara Pereira (till 01/07/14)	2	2			
Sr Elizabeth Lim (w.e.f. 01/07/14)	2	2			
Sr Cyrilla M Baptist	4	4			
Mr Francis Heng	4	4			
Mr Michael Tan	4	4			
Mr Gerard Koh	4	3			
Mr Paul Lee	4	3			
Mr Jeffrey Seah	4	2			
Dr Chong Yoke Sin	4	4			
Ms Kwok Wai Ling (w.e.f. 02/01/14)	4	4			
A/Prof Cynthia Goh (w.e.f. 24/5/14 till 15/11/14)	3	3			

All information are correct and up-to-date as of 31 December 2014.

Non-Board Level Committees

FACILITY MEDIFUND COMMITTEE

- Mr Kenneth Ling Yew Cheng (Chairperson) (till 08/01/14)
- Mr Krishnasamy Ravendran (Chairperson) (w.e.f. 09/01/14)
- Sr Agnes Tan Gek Choo
- Sr Angelo Tan Guay Khim
- Ms Janet Chan Poh Goon
- Ms Rose Lu Soo Ying
- Ms Linda Auyong (w.e.f. 20/08/14)

2 QUALITY ASSURANCE COMMITTEE

- A/Prof Cynthia Goh (Chairperson)
- Dr Hum Yin Mei, Allyn (Vice Chairperson) (till 30/09/14)
- Mrs Helen Yeo

3 HOSPICE DEVELOPMENT COMMITTEE

- Mr Francis Heng (Chairperson)
- Dr Chng Nai Wee
- Mr Edward D'Silva
- Ms Ow Peck Har
- Mr Billy Wong
- Ms Mavis Seow
- Mr Hoong Bee Lok

4 HOSPICE DEVELOPMENT COMMITTEE - HUMAN RESOURCE

- Mr Gerard Koh (Chairperson)
- Dr Chong Yoke Sin
- Dr Christopher CheokMs Esther Lim Mien Leng
- Ms Mimi Ho (w.e.f. 01/02/14)

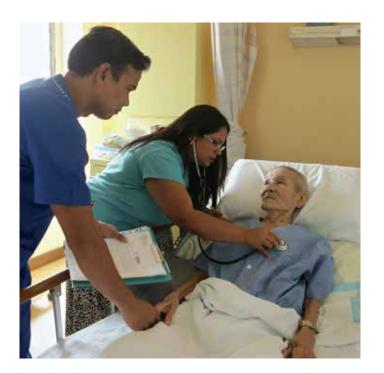
5 INFORMATION TECHNOLOGY STEERING COMMITTEE (ITSC)

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



Inpatient Care

At Assisi Hospice, our 24-hour inpatient care is available for patients who cannot be cared for at home. Here, our patient care focuses on managing their illnesses' symptoms so they can be as physically comfortable as possible. When their pain and suffering are alleviated, our social workers and pastoral care counsellors can support their psychosocial and spiritual needs, to improve their quality of life and allow them to live the end of their days with peace and dignity.



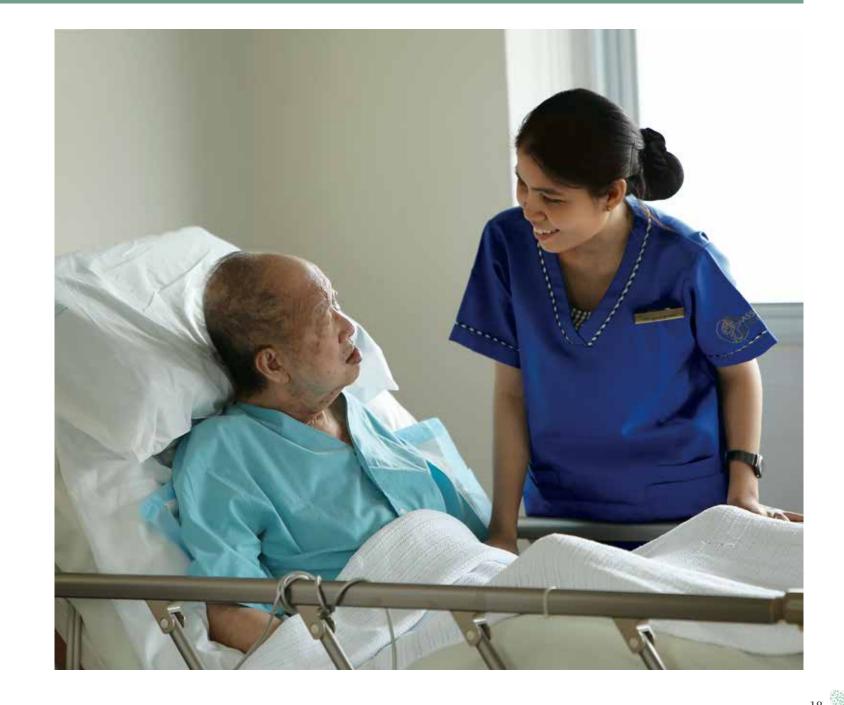
At the hospice, no one regarded him as a nuisance. The language of love they communicated with us transcended race, culture and religion. To put a loved one in Assisi Hospice is not an act of abandonment. It is putting him in a second home where he can get the

best love and attention.

Mdm Chng (December 2014)

"I really appreciate the Assisi Hospice
staff and nurses there for helping to
take care of my father through his
last days. I also like to thank them
for assisting my father to listen to my
phone call. And it really means a lot to
my father and me as my father knew
that I did not leave him alone at all."

Tan Kai Tong (March 2014)





A Husband's Dedication

When Surjeet was diagnosed with cancer in 2006, Mr Singh knew he had to take on the role of caregiver for his wife. In his 60s then, he started to learn to cook, clean and take care of her every physical need. He hardly left her side, except to hurry to the supermarket for groceries. The only other place he knew, besides home and the supermarket, was the National Cancer Centre.

He did this for eight years all on his own as the couple had neither kids nor family support. This eventually took a toll on him as he did not eat and sleep well. When he started to have health issues of his own, he had no choice but to see the doctor. At one point, he thought that he might have cancer as well. It was only then he started to worry about the caregiving duties for his beloved Surjeet. Should anything happen to him, who would take care of his wife?

At her doctor's referral, Surjeet was referred to Assisi Hospice. When the home care team visited the couple at their home for the first time and assured him that they would be able to help, Mr Singh merely nodded. He was very sceptical and wondered why anyone would help him.

Surjeet was eventually admitted to Assisi Hospice as a respite care patient as Mr Singh had difficulties caring for her. For weeks leading up to her passing, Mr Singh continued to stay by her side, watching out for her and springing to his feet at any sign of her discomfort. But he did not worry anymore, as he knew that Surjeet was in the good hands of the Assisi Hospice team. They took great care of her and him too. He was heartened that his beloved wife received the end-of-life care and support she needed. In his own words, Assisi Hospice was God's answer to his prayer.







Day Care

Our Day Care centre provides a safe and supportive environment for patients who require care in the day while their family members are at work or school. It allows them social and recreational opportunities, and respite for their caregivers. Each patient's treatment plan is unique and personalised based on his or her prognosis, potential to regain function, as well as personal motivation to participate.

Our team works very closely with patients, families and volunteers to implement daily activities and programmes that are meaningful for our patients, so that their feelings of self-worth and dignity are supported and affirmed. Patients also take part in regular outings organised by Assisi Hospice volunteers or supporters. This year, our Day Care patients had the opportunity to try their hand at fresh flowers arrangement and even visited the new River Safari. Activities like these give them a chance to experience a sense of normalcy.

A very big thank you for the quality of

love and fun my mother received.

Linda Tan (April 2014)





"Thank you for blessing our mother's life with your prayers. Our family is touched by your kind words and support."

Mdm Woo (December 2014)



Home Care

The Assisi Hospice Home Care provides a critical option for patients who prefer to be cared for at home. Our team of doctors, nurses, counsellors and medical social workers work together to provide a network of support services to help them cope.



their patients, always busy,

darting in and out of patients'

rooms, ready with a word of

encouragement, and saying a

much needed prayer of comfort.

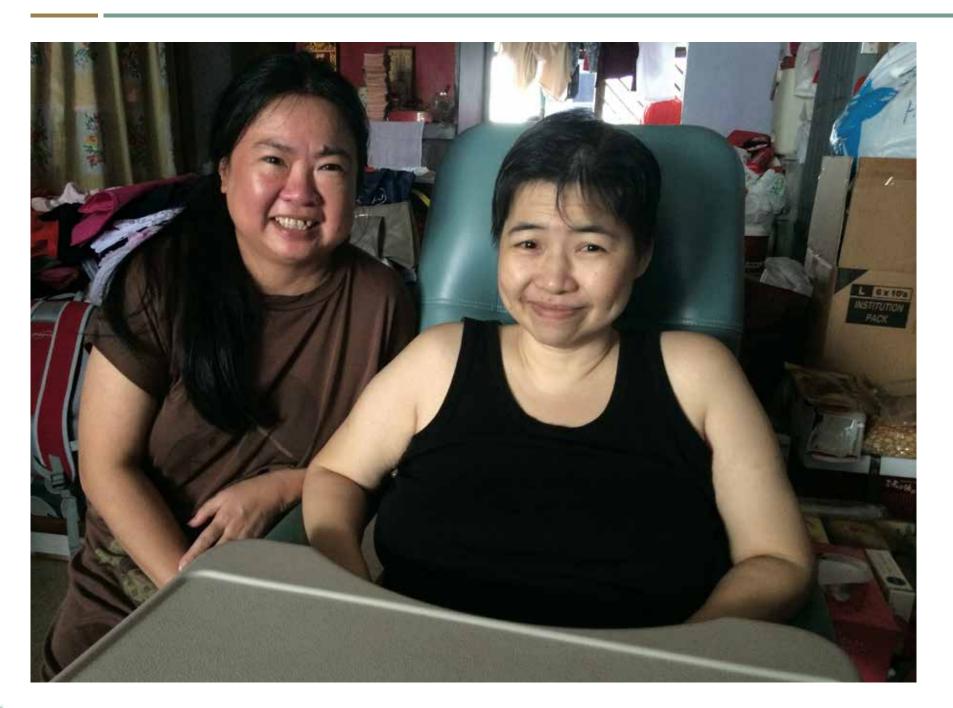
Mrs Tan & family (July 2014) oood care and professional treatment
rendered to my father during our
difficult period. You all are truly a
very special group of people - very
caring and compassionate.

Carole Liew (February 2014)

heroes who came to the aid of helpless
families to care for their loved ones
during their final days. No words can
express our heartfelt thanks.

Annie Yeo & family (June 2014)





"We have a friend in Assisi!"

Joyce was a conscientious office worker at a multinational corporation and like all of us, she had plans for the future. But everything changed in 2007 when she was diagnosed with Muscular System Atrophy, a neurodegenerative disorder that has no cure and will severely limit her movement, balance and quality of life. She was only 41 years old then.

As the illness took its toll, Joyce lost her mobility and her ability to work. Her savings dwindled as she needed various treatments to control her symptoms. When Joyce became bedbound and needed help with daily tasks like bathing, hygiene and feeding, her sister, Stephanie, decided to take on the caregiving role, despite her own health issues.

A closely-knit pair, Stephanie would constantly worry about Joyce's well-being should anything happen to her. Yet, all Joyce wanted was a peaceful death and the last thing she wanted was to burden her family, especially her sister who had devoted energy and time to care for her.

When the Assisi Home Care team met Joyce and Stephanie in 2013, a strong friendship was quickly established. The team provided a much-needed listening ear to the both of them, while managing Joyce's symptoms at the same time. At times, they would even go out of their way to ease her suffering and make her comfortable at home.

Today, the sisters find joy and comfort in Assisi Hospice. Besides ensuring that Joyce remains comfortable in her last days, they also helped connect them to other communities and even facilitated them in seeking financial and legal assistance.

In their own words, "we are not alone; we have a friend in Assisi!"



Psychosocial Support

The Psychosocial Support (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 too. The team also journeys with them and provides bereavement support as they cope with their loss.

for Kareen. She was very patient with

Kareen despite her many difficult

requests. She had managed to persuade

Kareen to take her dinner and fed her.

Dennis Ling

(July 2014)



Art Therapy

In palliative care, art therapy uses the creative process to improve a patient's overall well-being. The process offers patients the possibilities of growth, opportunities for coping and for self-actualization. This year, we extended the art therapy programme to Assisi Hospice's inpatient, day care and home care services and it has been a source of comfort and an agent for personal reconciliation for our patients. Difficult feelings that arise from experiencing the uncertainties of a life-limiting disease can be expressed through the use of symbol and metaphor where they can be safely managed through the containing power of the artwork and the therapeutic relationship. The art and creative work has also led to enduring legacy projects, where the artworks contain messages of hope and love for their loved ones.

Pushcart Project

Working closely with patients and families, the PSS team has the opportunity to innovate and create new projects and initiatives. One such initiative was the Pushcart Project which was launched in July 2014.

The pushcart is a traditional grocery store on wheels. It carries a wide range of snacks, sweets, ice-cream, magazines, toys and daily necessities. It is assembled and operated by the staff and volunteers who wheel the pushcart from room to room. Patients are encouraged to buy any items they like with the 'Assisi Dollars' given. The process and items usually help to stimulate recollection of their memories, allowing them to reminisce about the good old days and generate conversation and smiles as they recall their younger days. Some patients began to open up and share their life experiences with their children or grandchildren.

This project not only helps to create a sense of togetherness but more importantly, it gives the patients a sense of empowerment. Patients realise that despite their life-limiting illnesses and incapacitation, they still have the capacity to make decisions and complete transactions on their own.



"I feel accepted at Assisi."

To Raj, or Ivan as he was known later, life was never easy. Despite the challenges he faced in school and at home, Raj never gave up - he was almost 30 years old when he returned to school to pursue his diploma and subsequently, his degree.

Just when he thought that his life had taken an upturn, Raj had to put his degree on hold due to financial difficulties and returned to work. Then he was diagnosed with cancer. His body was weakening by the day until he could no longer work nor take care of himself. He had nowhere to go and nobody to turn to. It was at this critical juncture in his life that Raj was admitted to Assisi Hospice.

Assisi became more than a place where Raj had lived out the end of his days. It was home, and he received the care and love that he had always wanted. He said, "The kindness from everyone makes me feel at home at Assisi. I feel accepted." Raj also found his Creator at Assisi and had committed his life into His loving hands. And just a day before breathing his last, Raj was overjoyed to have the reassuring presence of his father and brother by his bed side and to be able to bid farewell to them. In the end he was with love and was surrounded with love.

Raj had hoped to share his brief life journey as a way of expressing his heartfelt gratitude to Assisi. He believed that if his story is able to touch someone's heart and prompts them to support the hospice, he would not have lived in vain.





Clinical Pastoral Care

"Illness and dying are essentially spiritual processes in that they often provoke deep questions of meaning, purpose, and hope."

Christine Puchalski and Betty Ferrell (Integrating Spirituality into Patient Care, Templeton Press. 2010, p3)

Illness, ageing and the prospect of dying can trigger people to ask and question their identity, the meaning of their life, what will become of them now and after their death and even how they would be remembered. These questions have the same importance in the lives of patients as do questions about treatment.

The Clinical Pastoral Care (CPC) team helps to facilitate the re-connection to what gives meaning to life and value to patients; creating space for them

to tell their stories. We offer companionship and support as they reclaim their dignity and wholeness as human beings.

In its work, the CPC team also collaborates closely with other teams such as the Psychosocial Support Services team, for example, to fulfil the final wishes of some of our patients. During their interaction with patients, the team picks up on patients' desires and work in collaboration to fulfil these desires. One such case that touched many lives was the fulfilment of a patient's wish to witness his favorite niece's wedding before he passed on.

In providing holistic care, we recognise that illness and dying is not just a medical and physiological occurrence. It is a profound emotional, social, cultural and spiritual occurrence; and support is needed in each of these dimensions.





Thank you for the caring clinical and pastoral care you have given to my dearest friend through her difficult illness.

Gladys and Renate Wilson (July 2014)

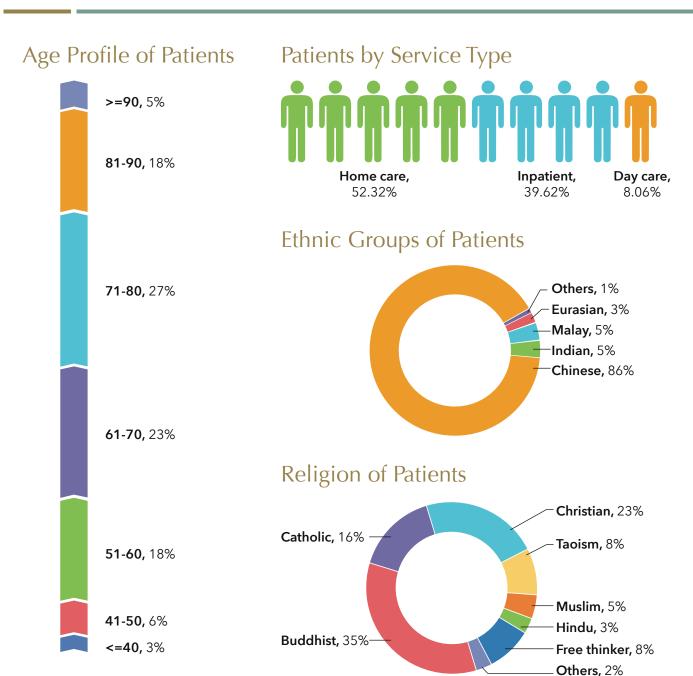
I will also like to specially thank Mr William Lim from Clinical Pastoral Care. William had been a pillar of strength during my brother's stay in the Hospice. He went the extra mile to fulfill one of my brother's wishes by arranging an advance tea ceremony in June 2014 (for my niece's wedding which was held in November 2014). His advice and assistance for my brother's funeral arrangements had relieved our family tremendously. With his support, our friends and relatives had also witnessed our unity in prayers and our thanksgiving to the Lord. William is just God-sent and we will definitely love to keep him as our great friend too!

Sherlin, sister of the late Albert Teo

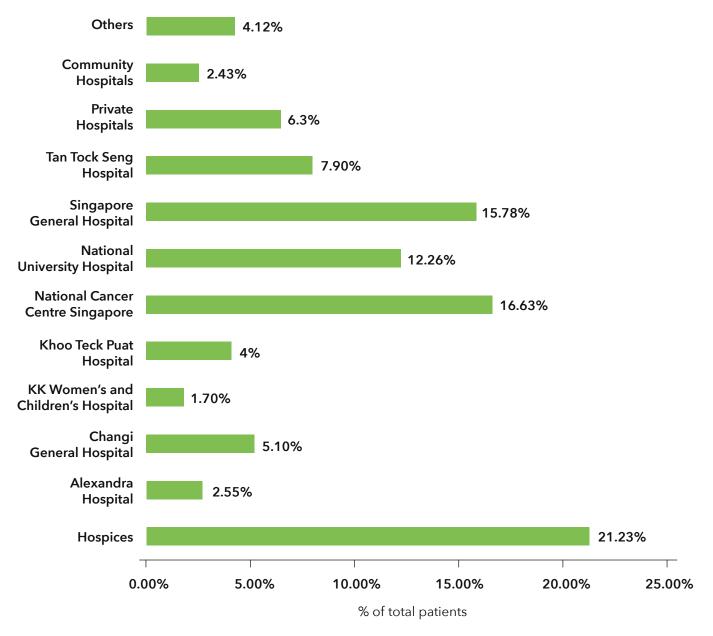




Patient Profile for 2014



Source of Referrals



Staff Development & Accolades

Assisi Hospice believes in building a culture of continuous learning and upgrading to spur our staff to improve their skills, knowledge and capabilities so as to provide personalised and quality palliative care and services to our patients.

Since 2013, we have sponsored 8 staff for the Specialist Diploma in Palliative Care Nursing offered by Ngee Ann Polytechnic. In 2015, another 7 staff will be sponsored for the same programme.

To further enhance the clinical team's palliative care capabilities and experience, we also collaborated with the National Cancer Centre Singapore for attachment opportunities in its Palliative Department. In 2014, we continued to facilitate clinical attachment for palliative and end-of-life care for 281 trainees (186 medical, 92 nursing and 4 allied health) from the National University of Singapore, Duke-NUS Medical Graduate School, Singapore Institute of Technology, Nanyang Polytechnic and Ngee Ann Polytechnic.

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

Staff Recognition

The Assisi Living Our Values Award (ALOVA) was started in 2014 to encourage staff to practise the Assisi Service Values in the provision of personalised and quality care to patients and their families. It recognises staff who live the Assisi Values of Service, Reverence for Life, Humility, Joyfulness and Stewardship. Staff are nominated by their Heads of Departments and all nominations will go through a selection panel for approval. In 2014, we gave out the ALOVA Award for Reverence for Life, Humility and Joyfulness. We will be giving out the ALOVA Award for Service and Stewardship in 2015.

Besides the ALOVA Award, we also give out monthly Assisi Star Service Award (A-STAR) to recognise staff who go the extra mile to provide excellent services to both our internal and external customers. Since the inception of the award in 2013, we have given out more than 20 A-STAR awards to our staff.

Accolades

Liew Swee Fong, a Senior Staff Nurse with about 16 years of healthcare experience, was awarded the Nurses' Merit Award from the Ministry of Health in 2014. The award is given to nurses who have demonstrated consistent and outstanding performance for the past three years, participated in professional development and have made contributions to promote the nursing profession.

Lai Mee Horng, a Senior Nurse Clinician with more than 30 years of healthcare experience, is a passionate advocate of the patients for whom she provides home-based palliative care. She is compassionate towards her patients and their family members and empathetic of their experiences and goes out of her way to fulfil their last wishes.

In May 2014, she received the Healthcare Humanity Award from the Courage Fund. The award recognises healthcare workers for traits such as exemplifying Courage, Extraordinary Dedication, Selflessness, Steadfastness in Ethics along with Compassion and Humanity.

Sukhdev Kaur d/o Ranjit Singh, our Senior Staff Nurse with about 16 years of healthcare experience, received the Courage Fund Bursary Award to pursue a Bachelor of Nursing course. The Bursary Award provides nurses the opportunity to upgrade their professional knowledge through formal education.

Both Mee Horng and Sukhdev also received the Service Quality Gold Award and Silver Award respectively, under the Intermediate and Long-Term Care (ILTC) Excellence Awards 2014. The award recognises and celebrates the contributions of individuals who have demonstrated exemplary performance and made significant contributions in the areas of clinical and service quality, and embrace productivity and innovation in the ILTC sector.







Senior Nurse Clinician Mee Horng



Senior Staff Nurse Sukhdev



Project Next Door

In line with the Ministry of Health Palliative Care Plan to enhance the accessibility of palliative care in Singapore, the new Assisi Hospice will support the growing needs of adults and children who have life-limiting illnesses. Construction of the new Assisi Hospice is well under way. Construction began in the first quarter of 2014 and piling works were completed by August. In September 2014, Soilbuild Construction Group was appointed as the main building contractor.

In the months that follow, excavation of land was also on time. On 31 December 2014, our management and staff, together with the FMDM sisters, came together to place the figurines of Saint Joseph, the Holy Infant Jesus and the Immaculate Heart of Mary medal into the construction grounds of the new hospice and prayed for the successful construction and completion of the new building so that Assisi Hospice can continue to do His work in the community. Structural works for the building will be completed in 2016.

Some new features of the new six-storey hospice will include 85 inpatient beds, an expanded Day Care Centre to double the capacity to 50 patients, a 16-bed dementia-friendly ward, a 5-bed Paediatric Palliative Care Ward, a Centre for Palliative Care Education & Therapy, a Chapel and Multipurpose Hall. One of the highlights of the new building will be the Paediatrics and Dementia wards. As Singapore's first dedicated paediatrics and dementia wards, it is vital to ensure that the hospice feels like a home, so that patients both young and old can have a tranquil and peaceful place to spend their last days. The facility will be built with a homely atmosphere, adapting a "kopitiam" type dining area for patients and

their family to share communal living space and a balcony in every room.

"The five private rooms in the Paediatrics Palliative Care Ward will take on a warm, colourful and cheerful theme. Sofa-beds will also be placed in the rooms so the child's parents can stay over", said Mr Desmond Sim, the Project Manager for Project Next Door.

Besides caring for our patients, we also support their caregivers and families as they navigate the many issues on grief and moving forward after their loved ones have passed on. To meet the psychosocial needs of patients and their families, a new Centre for Palliative Care Education & Therapy will also be dedicated to education and training in palliative and bereavement care for staff, volunteers and carers.

The design of the new hospice is to provide consistent and continuity of care for patients, families and caregivers. It also aims to create an amicable environment and supportive culture among caregivers, staff and volunteers interacting at the hospice every day. With that in mind, we have planned for gardens located on the Ground floor and Level 4 for that quiet withdrawal into privacy, and psychosocial support for the families and caregivers to walk the end of life journey with their loved ones and move beyond their bereavement process.

The building would be completed by the fourth guarter of 2016.



Inpatient Ward (Artist's impression)



Day Care (Artist's impression)





Community Engagement – Volunteering

Our volunteers are a critical resource - they give their time and effort to serve our cause, whether it is serving meals, feeding patients, acting as van escorts, befriending patients or even offering their services in administrative arenas. We are grateful to more than 200 volunteers who have helped Assisi Hospice in their own ways. We are also proud of our volunteers who received their long service awards from the National Council of Social Service in 2014.

Long Service Awards 2014 Recipients:

Yvonne Leung (20 years) Pauline Teo (15 years) Mary Chua (10 years) Linda Gan-Sethi (5 years) Michael Phoon (5 years) Dr Ng PL (5 years)





A Volunteer's Journey

Louisa Ng has been a volunteer with Assisi Hospice since 2012. A woman of many pursuits, she also enjoys music and plays the guitar and ukulele well. But little did Louisa know that music would soon play an integral role in building a friendship with one of the patients.

Philip Tan was admitted into the hospice in October 2014. A great lover of singing and the ukulele, music took a backseat because of his health and other personal commitments. He did not think he would have the chance to play his beloved instrument again, until he met Louisa at the hospice.

Louisa and Philip formed an immediate connection and bonded over their love for music. They teamed up and became a ukulele-playing duo, and were scheduled to perform together at the Christmas Light Up. Philip was eager to put on his best show. But alas, on that day, he became unwell and had to pull out.

Realising his deep disappointment, Louisa made special arrangements with a choral group so that Philip could perform with them at the Day Care Centre in mid-December. On that day, he managed to sing and play his favourite Christmas carol - O Holy Night - to the patients, staff and volunteers at the centre. People cheered him on for several rounds of encore and Philip was more than happy to accede to their requests.

He continued to play for volunteers and visitors that came to visit him at his ward, delighting and enthralling them with his lovely singing. Philip was supposed to perform during Chinese New Year with the choral group, but he was not well enough to do so. He passed away on 18 March 2015.

Through Louisa, Philip was able to reconnect with his love for music and performing in his final days. From their time together, she learnt how he was a loving husband who cared for his wife deeply. He was a firm believer of not worrying about tomorrow, and she attributed that to his strong faith in Christ. His positive outlook to life right till the very end has helped reaffirm her faith in Christ, and that gives her the strength to continue to help others in their last days.



The Greatest of these is **Ove**

Jenny was admitted shortly after Assisi Hospice launched the No One Dies Alone programme (NODA@Assisi). When she came, she struck everyone as a bright, articulate and independent lady. Single and in her fifties, she didn't have much family. Jenny was invited to be on the NODA programme and she readily agreed as she didn't want to die alone.

Jenny quickly became more than just the first NODA patient. NODA is supported by a group of committed volunteers who are all experienced Assisi Hospice Volunteer Carers. They would spend time with her during their weekly volunteering shifts, and would even surprise her with random visits just to be with her. At times, she would talk about her anger, frustrations and regrets. Other times, they would just sit in silent communion.

Jenny became considerably weaker over a short period of time. It was on a Saturday when her condition began to deteriorate rapidly. When her breathing changed, it became clear to the nursing staff that she would not live much longer. The NODA volunteers immediately activated the first NODA@ Assisi vigil shift schedule with the purpose of sitting with Jenny until she has died.

One of the volunteers who took the first shift recounted that although Jenny was unconscious, she believed Jenny knew that she was there. With somebody familiar by her side, Jenny passed away peacefully a short while later. NODA@Assisi promised Jenny that she would not be alone when she dies, and she wasn't.

After Jenny died, her nephew told Assisi Hospice that his aunt's life was hard and often lonely. Yet it amazed her that in her last months in life, when things were really difficult, there was so much love and care for and around her.

The volunteers later gathered at a simple remembrance ceremony for Jenny. Tears flowed as they remembered her, shared stories, wished her well and lamented a life cut short. For the volunteers, Jenny's willingness to let them into her life and final journey has been a privilege and a gift. The things that she has taught and demonstrated – bravery, honesty and grace – will continue to live on through those she has touched.



Community Engagement – Fundraising

"For it is in giving that we receive" – The prayer of St Francis

Assisi Hospice continues to be blessed with the generous and strong support of our donors and sponsors. In 2014, we received a total of \$6.69 million in donation, in support of our operating expense. This had helped us meet our operating cost and ensured continuity in our services to our patients.

	Amount Raised (\$)	Total (\$)
General donations	2,775,406	
Fundraising activities by Assisi Hospice	3,075,496	
Fundraising activities by supporters	845,561	
Sub-total		6,696,463
Donations to New Hospice	5,309,457	5,309,457
Total		12,005,920

We are mindful of the trust placed in us and have been careful with our costs. The average cost/income ratio for the three signature Assisi events was 6.6.



		Amount Raised (\$)	Expenses (\$)	Cost/ Income Ratio
1	Charity Fun Day - 15 Jun 2014	1,013,329	77,865	7.7
2	Charity Dinner - 02 Nov 2014	818,000	46,545	5.7
3	Christmas Light Up - 28 Nov 2014	471,065	28,593	6.1

Charity Fun Day – Sunday 15 June 2014

The Assisi Hospice Charity Fun Day is the first of our signature community events and is always well-received by our well-wishers. More than 2,000 volunteers and supporters all chipped in to make this year's fun fair a rousing success! Funds raised also exceeded \$1 million for the first time.

As with all our fairs, it was a community affair as many of our supporters came with their families to renew friendships and reconnect. There was so much joy and happiness and excitement - they were especially excited when our Guest of Honour, Madam Halimah Yacob, the Speaker of Parliament, made her rounds to present the Certificates of Appreciation.

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

- 1. City Developments Ltd and CBM Pte Ltd, our co-organisers, for helping to plan the event and operated their mega stalls which raised some of the highest funds.
- 2. SJI International School, our venue sponsor, as well as their staff who let themselves be dunked in the name of charity.
- 3. Sembcorp Industries Ltd, whose staff provided almost round-the-clock support over three days. They helped with moving and set-up of stalls and stayed to help with the tear-down after the event too!



Charity Dinner – Sunday 2 November 2014

Held on 2 November 2014, our annual Charity Dinner was graced by Mr Lawrence Wong, Minister for Culture, Community and Youth & Second Minister for Ministry of Communications and Information.

Our gracious host and generous sponsor Pan Pacific ensured that guests had an enjoyable evening with the sumptuous food. Donors and guests also enjoyed the wonderful performances put up by Lauren Tse and Leia Tse from Methodist Girls' School; Michaela and Friends; as well as our very own FMDM Sister Linda Sim, Dr Ong Yew Jin, Mr Alan Smith and our Home Care patient, Mr Jolly Wee. We raised more than \$800,000 through the sale of tables, donations and charity auctions.

For the first time, we also organised an electronic silent auction, where bidders could enter their bid amounts via a wireless device.

We are grateful to following sponsors for their long history of continued support of our hospice:

- 1. The Pan Pacific Singapore, our host and auction sponsor
- 2. Vinum Fine Wines, wine and auction donor
- 3. JP Capital Pte Ltd, auction donor
- 4. Xpress Print, our print sponsor



Christmas Light Up – Friday 28 November 2014

Every year, the Asissi Hospice Christmas Light Up bears special meaning for many of our patients as it could be their last. This year, the event was especially important as it was the first joint Light Up for Mount Alvernia Hospital and Assisi Hospice.

Our sponsor, Sembcorp Ltd, continued their tradition of support and took great effort to ensure that our patients and their families had a joyous and unforgettable time. We thank our donors for ending our year on a wonderful note.



Other notable partnerships during the year include:

Mr Han Jok Kwang, who celebrated his 60th birthday with a Charity Cycle event and raised \$109,500 for Assisi Hospice. We thank him and his friends for their support.

The golfing fraternity - **Keppel Club, Singapore Island and Country Club** and **Tractors Singapore Limited**, for organising various golfing events to support us.

Vocaluptuous, Singapore's premier acapella group who took on the task of putting together a concert at the Esplanade Concert Hall to raise funds for our needy patients. Their concert was well received and we raised more than \$300,000 through their efforts.



Schools:

- 1. Catholic Junior College, for raising funds for Assisi Hospice every year. In the last two years, they set about raising funds to enable us to replace our old beds with ergonomically-friendlier beds which are more comfortable for our patients and kinder to the backs of our nursing staff.
- 2. Temasek Junior College, for a long-time partnership which dates back more than 20 years. The school has always dedicated their Go Green Day for charity and Assisi Hospice is fortunate to be one of the beneficiaries. This year, they aim to replace our obsolete oxygen concentrators so that we can loan them to more patients.
- 3. ITE College West, for their first-time partnership with us. As part of the YMCA-Citibank Youth for Causes initiative, the students supported Assisi Hospice by evaluating our needs and raising their fundraising targets. They sold umbrellas at various venues over many weeks forsaking vacation internships and income.

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





FINANCIAL STATEMENTS

Year ended 31 December 2014

Directors' Report Year ended 31 December 2014

We are pleased to submit this annual report to the members of Assisi Hospice (the Company) together with the audited financial statements of the Company for the financial year ended 31 December 2014.

Directors

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

Ronny Tan Chong Tee Jeffrey Seah Ting Han Dr Chong Yoke Sin Anita Fam Siu Ping Francis Heng Hang Song Kwok Wai Ling (Appointed on 2 January 2014) Sister Elizabeth Lim Gerard Koh Keng Swee (Appointed on 1 July 2014) Sister Cyrilla Baptist Ho Mimi Sze (Appointed on 16 February 2015) Paul Lee Seng Meng D'Silva Edward Alec (Appointed on 1 April 2015)

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

As the Company is a company limited by guarantee and has no share capital, the statutory information required to be disclosed by the directors under Section 201(6)(q) and Section 201(12) of the Companies Act, Chapter 50 does not apply.

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.

Since the end of the last financial year, no director has received or become entitled to receive, a benefit by reason of a contract made by the Company or a related corporation with the director or with a firm of which he is a member or with a company in which he has a substantial financial interest.

Auditors

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

On behalf of the Board of Directors

Anita Fam Siu Ping

Director

Sister Elizabeth Lim, FMDM

Director



21 May 2015

Statement by Directors Year ended 31 December 2014

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 state of affairs of the Company as at 31 December 2014 and the results 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.

On behalf of the Board of Directors

Anita Fam Siu Ping

Director

Sister Elizabeth Lim, FMDM

Director

21 May 2015

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 2014, 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 profit and loss accounts and balance sheets 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.

Independent Auditors' Report (cont'd)

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

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 to give a true and fair view of the state of affairs of the Company as at 31 December 2014 and the results 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.

kpmb wf

KPMG LLP

Public Accountants and Chartered Accountants

Singapore

21 May 2015

Balance Sheet As at 31 December 2014

	Note	2014	2013
Non-current assets	3	\$ 8,907,301	\$ 1,731,671
Property, plant and equipment	4	8,004,826	8,775,900
Investments	4	16,912,127	10,507,571
investments		10,712,127	10,507,571
Current assets	4	2,018,625	-
Investments	5	1,523,684	453,142
Trade and other receivables	6	38,620,574	31,867,460
Cash and cash equivalents		42,162,883	32,320,602
Total assets		59,075,010	42,828,173
Funds			
Restricted funds			
Community Silver Trust Fund	7	6,801,120	2,844,406
Development Fund	8	225,548	676,645
Medical Equipment Fund	9	106,342	76,768
Paediatric Palliative Care Programme	10	633,587	633,587
Patient Assistance Fund	11	65,397	57,220
Project Next Door Fund	12	10,948,337	6,327,091
Renovation Fund	13	10,725	10,725
Respectance Fund	14	193,746	217,436
Ambulatory Treatment Unit	15	409,899	255,988
Unrestricted funds			
Accumulated Fund		31,615,309	29,127,678
Staff Welfare Fund	16	323,454	274,713
Salaries Adjustment Fund	17	863,764	146,745
Total funds		52,197,228	40,649,002
Current liabilities			
Trade and other payables	18	2,539,778	1,465,395
Deferred income	19	4,338,004	713,776
Total liabilities		6,877,782	2,179,171
Total funds and liabilities		59,075,010	42,828,173



Statement of Financial Activities Year ended 31 December 2014

	< Unrestricted 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		2,609,362	83,303	-	-	-	44,894	-	10,956	5,309,457	-	-	-	5,365,307	8,057,972
 Donation from Mount Alvernia Hospital Grant/Sponsorship received/ 	20	588,000	-	-	-	-	-	-	-	-	-	-	-	-	588,000
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	21	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

Statement of Financial Activities (cont'd) Year ended 31 December 2014

	< 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		Ф	Φ	Ф	Φ	Ф	J.	Þ	Þ	Þ	Φ	Φ	Þ	Φ	Φ
Cost of generating funds															
- Fundraising expenses		309,811		-	-		-	-	-	-	-	-	-	-	309,811
Charitable activities															
Salaries and related costsContributions to defined		4,816,506	-	430,467	824,676	-	-	-	-	288,865	-	-	88,439	1,201,980	6,448,953
contribution plan		448,651	_	47,168	102,354	-	-	_	-	20,450	-	-	13,011	135,815	631,634
- Programme expenses		2,362,123	53,310		240,842	451,097	15,320	-	2,779	925,536	-	23,690	14,260	1,673,524	4,111,149
Expenditure on charitable activities	22	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	23	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	26	-	_	_	-	-	-	-	-	-	-	-	-	-	-
Net income/(expenditure) for the year	24	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 Financial Activities (cont'd) Year ended 31 December 2014

Income from generated fund Voluntary income Population Populat		>
As at 1/1/2013 25,591,759 225,768 - 1,698,413 1,127,741 74,994 633,587 19,882 1,738,700 10,725 218,882 - 5,522,924	Year ended 31/12/2013	Renovation Respectance Treatment Restricted Total Fund Fund Unit Funds Funds
Income from generated fund Voluntary income Condition from general public Condition from general public Condition from general public Condition from Mount Alvernia Condition fr	As at 1/1/2013	
Voluntary income - Donation from general public - Donation from Mount Alvernia Hospital - Grant/Sponsorship received/ receivable - 1,287,928 - 705,267 - 2,000,000 - 10,000 - 64,619 - 4,588,300 4,662,919 - 67,000	Income	
- Donation from general public - Donation from Mount Alvernia Hospital - Grant/Sponsorship received/ receivable - 1,287,928 - 705,267 - 2,000,000	_	
Hospital 20 588,000	•	4,662,919 7,167,
receivable	Hospital	588,
4,282,723 97,988 705,267 2,000,000 - 10,000 - 64,619 4,588,300 - 286,224 6,949,143 Income from fundraising activities 4,346,179		286,224 2,286,224 4,279,
Income from generated fund 8,628,902 97,988 705,267 2,000,000 - 10,000 - 64,619 4,588,300 286,224 6,949,143 Income from charitable activities		
Income from charitable activities	Income from fundraising activities	4,346,
	Income from generated fund	286,224 6,949,143 16,381,3
- Government grants 1,739,950	Income from charitable activities	
	- Government grants	1,739,
- Patient fees 754,018	- Patient fees	754,
Income from charitable activities 2,493,968	Income from charitable activities	2,493,
Other income	Other income	
- Investment income 21 906 177		177 1,
Gross transfers between funds (166,258) - 166,258	Gross transfers between funds	
Total income 10,957,518 97,988 871,525 2,000,000 - 10,000 - 64,619 4,588,477 286,224 6,949,320	Total income	286,224 6,949,320 18,876,



Statement of Financial Activities (cont'd) Year ended 31 December 2014

	nds>		Restricted Funds								>				
Year ended 31/12/2013	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		335,148	-	-	-	-	<u>-</u>	-	-	-	_	_	-	-	335,148
Charitable activities - Salaries and related costs - Contributions to defined contribution plan		4,034,266 423,063	-	677,462	571,826 69,625	-	-	-			-	-	18,900 3,024	590,726 72,649	5,302,454
- Programme expenses Expenditure on charitable activities	22	2,503,338 6,960,667	49,043 49,043	18,688 696,150	212,556 854,007	451,096 451,096	8,226 8,226	<u>-</u>	27,281 27,281	_	<u>-</u>	1,446 1,446	8,312 30,236	708,917 1,372,292	3,279,986 9,078,152
Governance costs - Professional fees - Insurance - Others Total governance costs	23	58,900 22,575 13,199 94,674	- - - -	28,630 - - 28,630	- - - -	- - - -	- - - -	- - - -	- - -	- - 86 86	- - -	- - - -	- - - -	- - 86 86	87,530 22,575 13,285 123,390
Other costs - Investment management cost		31,110	_	-	-	-	-	-	_	_	_	-	_		31,110
Total expenditure		7,421,599	49,043	724,780	854,007	451,096	8,226	-	27,281	86	-	1,446	30,236	1,372,378	9,567,800
Net income/(expenditure) before tax expense Income tax expense	26	3,535,919	48,945	146,745	1,145,993	(451,096)	1,774	-	37,338	4,588,391	-	(1,446)	255,988	5,576,942	9,308,551
Net income (ax expense Net income/(expenditure) for the year	24	3,535,919	48,945		1,145,993	(451,096)	1,774	<u>-</u>	37,338	4,588,391		(1,446)	255,988	5,576,942	9,308,551
As at 31/12/2013		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



Statement Of Cash Flows Year ended 31 December 2014

	Note	2014 \$	2013 \$
Cash flows from operating activities			
Net income for the year		11,548,226	9,308,551
Adjustments for:			
Depreciation of property, plant and equipment	3	609,315	585,164
Write-off of property, plant and equipment	3	_	4,779
Loss/(Gain) on disposal of property, plant and equipment	24	4,449	(1,638)
Investment income	21	(332,797)	(1,083)
		11,829,193	9,895,773
Changes in working capital:			
Trade and other receivables		(1,064,574)	248,685
Trade and other payables		1,074,383	489,358
Deferred income		3,624,228	713,776
Net cash from operating activities		15,463,230	11,347,592
Cash flows from investing activities			
Interest received from time deposits		133,977	82,623
Interest received from investments		249,654	263,510
Placement of time deposits with maturity of more than three month with financial institutions	ns	(5,516,295)	(5,582,213)
Proceeds from disposal of property, plant and equipment		_	3,000
Purchase of property, plant and equipment		(7,789,394)	(399,722)
Proceeds from disposal of investments		6,296,619	13,067,412
Purchase of investments		(7,600,972)	(12,818,490)
Net cash used in investing activities		(14,226,411)	(5,383,880)
Net increase in cash and cash equivalents		1,236,819	5,963,712
Cash and cash equivalents at beginning of the year		10,590,310	4,626,598
Cash and cash equivalents at end of year	6	11,827,129	10,590,310

Notes to the Financial Statements Year ended 31 December 2014

These notes form an integral part of the financial statements.

The financial statements were authorised for issue by the Board of Directors on 21 May 2015.

1 Domicile and activities

Assisi Hospice (the Company), 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.

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 reliably.

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.

Deferred income

Grants related to property, plant and equipment are taken to deferred income or to statement of financial activities for assets which are written off in the year of purchase. Such grant recognised in deferred income is recognised in statement of financial activities over the periods necessary to match the depreciation and write off the property, plant and equipment purchased with the related grants. Upon the disposal of the property, plant and equipment, the balance of the related deferred income is recognised in statement of financial activities to reflect the net book value of the assets disposed.

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 an	d equipme	ent Fumiture and	Office and other	Motor	Plant and	Medical	Computer	Assets under	
	Building \$	Renovations	fittings \$	equipment	vehicles \$	machinery \$	equipment \$	equipment	construction	Total \$
Cost	·	·	·	·	•	•	·	·	·	•
At 1 January 2013	1,365,752	121,421	33,831	16,984	17,155	16,187	75,749	302,898	240,766	2,190,743
Additions	-	106,525	8,831		67,923	5,650	33,600	7,996		399,722
Disposals	-	_	(8,086)	-	-	-	(3,521)	(28,387)	-	(39,994)
Write-offs	-	_	-	(1,900)	-	-	-	-	(2,879)	(4,779)
Reclassification			-	=	_	107,350	=		(107,350)	
At 31 December		007.047	2457/	45.004	05.070	400 407	405.000	000 507	000 704	0.545.400
2013 Additions	1,365,752		34,576 67,956	•	85,078	129,187	105,828 99,157	282,507	299,734 7,503,274	2,545,692 7,789,394
Disposals	_				(1,880)	-	(9,107)	91,867 -		(12,623)
At 31 December			(1,054)	(2)	(1,000)		(7,107)			(12,023)
2014	1,365,752	253,036	100,898	17,132	83,198	129,187	195,878	374,374	7,803,008	10,322,463
Accumulated depreciation										
At 1 January 2013 Depreciation	170,719	24,014	6,367	4,666	7,623	3,804	7,418	42,878	-	267,489
charge for the										
year	342,348		12,088		20,926	36,589	22,116	103,310	-	585,164
Disposals At 31 December			(7,883)	_	-		(2,362)	(28,387)	=	(38,632)
2013	513,067	67,075	10,572	9,392	28,549	40,393	27,172	117,801	=	814,021
Depreciation	,	•	,	,	•	•	,	•		,
charge for the	0.44.00=			0.050		0= 1=1				
year	341,095		18,725		16,981	37,671	29,057	109,783	-	609,315
Disposals At 31 December			(1,606)		(1,878)	_	(4,690)		=	(8,174)
2014	854,162	119,128	27,691	13,342	43,652	78,064	51,539	227,584	-	1,415,162
Carrying amounts										
At 1 January	1 105 022	07.407	27.444	12 210	0 522	10 202	40 221	240.020	240 744	1 000 054
2013 At 21 December	1,195,033	97,407	27,464	12,318	9,532	12,383	68,331	260,020	240,766	1,923,254
At 31 December 2013	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

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

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

	Note	2014	2013
		\$	\$
Carrying amount of computer equipment purchased under Community Silver Trust Fund	7	31,293	78,484
Carrying amount of building purchased under Development Fund	8	225,548	676,645
Carrying amount of medical equipment purchased under Medical Equipment Fund	9	77,448	39,040

4 Investments

	\$	\$
Non-current		
At 1 January	8,775,900	8,868,598
Additions	5,582,347	12,818,490
Disposals	(6,353,421)	(12,911,188)
At 31 December	8,004,826	8,775,900
Current		
At 1 January	-	508,150
Additions	2,018,625	-
Disposals		(508,150)
At 31 December	2,018,625	_

2014

2013

As at 31 December 2014, investments comprising unquoted debt securities are stated at cost and bear interest rates ranging from 0.25% to 4.84% (2013: 0.94% to 4.84%) per annum, and mature in 1 to 8 years.

Trade and other receivables 2014 2013 \$ \$ Trade receivables 180,549 249,921 Allowance for doubtful trade receivables (6,894)(6,894)Net receivables 173,655 243,027 Goods and Services Tax (GST) receivable 184,571 Government subvention due from MOH 640,471 Fund receivable from third parties 150,000 103,000

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.

16,948

1,165,645

261,028

50,590

46,421

1,523,684

235

346,262

23,135

44,622 39,123

453,142

There was no additional impairment loss recognised or reversed in respect of trade and other receivables during the year.

Other receivables

Interest receivable

Deposits

Prepayments

Cash and cash equivalents	2014 \$	2013 \$
Cash at bank and in hand	11,827,129	10,590,310
Time deposits with financial institutions	26,793,445	21,277,150
	38,620,574	31,867,460
Less: Time deposits with financial institutions with maturity		
of more than three months from the date of placement	(26,793,445)	(21,277,150)
Cash and cash equivalents in the statement of cash flows	11,827,129	10,590,310

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 0.40% (2013: 0.35%). Interest rates reprice at intervals of one, three, six, nine and twelve months.

Included in the time deposits with financial institutions with maturity of more than three months from the date of placement are balances of \$17,222,203 (2013: \$10,455,954) which are subject to usage restriction imposed by the donors. These balances include the donation for specified use imposed by the donor (Notes 7 to 17).

Community Silver Trust Fund

Community Sliver Trust Fund	2014 \$	2013 \$
Balance at 1 January	2,844,406	1,698,413
Receipts from the Community Silver Trust - matching gra	ant 5,124,586	2,000,000
Expenditure	(1,167,872)	(854,007)
Balance at 31 December	6,801,120	2,844,406
The fund is represented by:		
Non-current asset		
Computer equipment	6,400	_
Current asset		
Cash and cash equivalents	6,794,720	2,844,406
	6,801,120	2,844,406

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 2014 includes the utilisation of \$53,591 (2013: \$49,569) to match the depreciation charge for the Ingot Information System and utilisation of \$927,030 (2013: \$641,451) for staff related costs for doctors, nurses and allied healthcare workers.

8 Development Fund 2014 2013 \$ \$ The fund is represented by: Non-current asset Building 225,548 676,645

This fund was set up in 1991 for the purpose of development of a new premise for the Company. The fund is now being written back to income over the remaining life of the building. Amortisation charges amounted to \$451,097 (2013: \$451,096) for the year ended 31 December 2014.

9 Medical Equipment Fund

The fund is represented by:	2014 \$	2013 \$
Non-current asset Medical equipment	77,448	39,040
Current asset Cash and cash equivalents	28,894 106,342	37,728 76,768

This fund was set up in 2002 for the purchase of medical equipment.

During the year, the Company received donations amounting to \$44,894 (2013: \$10,000) and charged depreciation of \$15,320 (2013: \$8,226) to the fund for the medical equipment.

10 Paediatric Palliative Care Programme 2014 2013 \$ The fund is represented by: Current asset Cash and cash equivalents 633,587 633,587

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	2014 \$	2013 \$
	The fund is represented by:		
	Current asset		
	Cash and cash equivalents	65,397	57,220

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 received donations amounting to \$10,956 (2013: \$64,619) and utilised amounts totalling to \$2,779 (2013: \$27,281) from the fund to help needy patients.

T.

12	Project Next Door Fund	2014 \$	2013 \$
	The fund is represented by:	Ψ	•
	Non-current asset		
	Assets under construction	7,790,638	299,735
	Current assets		
	Cash and cash equivalents	7,975,983	6,027,356
	Goods and Services Tax (GST) receivable	184,571	-
	Current liabilities		
	Accrued operating expenses	(1,110,955)	-
	Deferred income	(3,891,900)	-
		10,948,337	6,327,091

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 amounting to \$5,856,136 (2013: \$4,588,477) and utilised amounts totalling to \$1,234,890 (2013: \$86) from the fund.

13	Renovation Fund	2014	2013
	The fund is represented by:	\$	\$
	Current asset Cash and cash equivalents	10,725	10,725
	'		

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

14	Respectance Fund	2014	2013
	The fund is represented by:	\$	>
	Current asset Cash and cash equivalents	193,746	217,436

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 \$23,690 (2013: \$1,446) from the fund to help needy families.

15	Ambulatory Treatment Unit	2014 \$	2013 \$
	The fund is represented by:	·	·
	Non-current assets		
	Renovation	49,950	49,950
	Medical equipment	28,016	-
	Current asset		
	Cash and cash equivalents	331,933	206,038
		409,899	255,988

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 inpatient admission.

During the year, the Company received donations amounting to \$Nil (2013: \$1 million) and patient fees of \$1,949 (2013: \$Nil). \$267,672 (2013: \$286,224) was recognised as grant income and the Company utilised \$115,710 (2013: \$30,236) from the fund to set up the ATU to provide ambulatory care. The remaining \$446,104 (2013: \$713,776) was deferred for recognition (Note 19).

16 Staff Welfare Fund 2014 2013 \$ \$ The fund is represented by: Current asset Cash and cash equivalents 323,454 274,713

The fund was set up during the period from January 2012 to June 2012. The objective of the fund was 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 amounting to \$102,051 (2013: \$97,988) and utilised amounts totalling to \$53,310 (2013: \$49,043) from the fund for group activities and cooking lessons for the staff.

17	Salaries Adjustment Fund	2014 \$	2013 \$
	The fund is represented by:		
	Current asset		
	Cash and cash equivalents	863,764	146,745

The fund was from MOH 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 \$1,216,846 (2013: \$705,267) and utilised amounts totalling to \$499,827 (2013: \$724,780) from the fund.

18 Trade a	and other payables	2014 \$	2013 \$
Govern	ment subvention received in advance	-	173,343
Amoun	t due to Mount Alvernia Hospital	75,845	84,393
Patients	s' deposits	1,400	400
Trade p	payables	92,054	82,214
Accrue	d operating expenses	2,370,479	1,125,045
		2,539,778	1,465,395

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

19 Deferred income		
	2014	2013
	\$	\$
At cost	4,891,900	1,000,000
Less:		
Accumulated amortisation:		
At 1 January	286,224	_
Amortisation for the year	267,672	286,224
At 31 December	553,896	286,224
Net amount	4,338,004	713,776
Represented by:		
Fund donated by Lien Foundation	446,104	713,776
Grant by MOH	3,891,900	-
	4,338,004	713,776

Deferred income relates to grants received for the purposes of the construction of a new hospice building and addition of medical equipment.

20 Donation from Mount Alvernia Hospital

Donation from Mount Alvernia Hospital of \$588,000 (2013: \$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 (2013: \$Nil) donated at the Charity Dinner.

21 Investment income

	2014	2013
	\$	\$
Interest income from time deposits	139,945	89,499
Net gains/(losses) from investments	192,852	(88,416)
	332,797	1,083

22 Charitable activities

Expenditure on charitable activities under Accumulated Fund comprises the following:

2014	Programme expenses \$	Salaries and related costs	Contributions to defined contribution plan \$	Total \$
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
2013				
Hospice services	1,556,503	2,397,448	220,170	4,174,121
Long term hospice services	99,099	109,315	9,721	218,135
Day care services	473,334	470,045	52,064	995,443
Home care services	374,402	1,057,458	141,108	1,572,968
Total	2,503,338	4,034,266	423,063	6,960,667

23	Professional fees		
		2014	2013
		\$	\$
	External audit fees	32,375	30,900
	Internal audit fees	24,000	28,000
	Others	1,875	28,630
		58,250	87,530

24 Net income/(expenditure) for the year

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

	Note	2014 \$	2013 \$
Supplies and consumables		375,903	371,688
Loss/(Gain) on disposal of property, plant and equipment		4,449	(1,638)
Write-off of property, plant and equipment		-	4,779
Depreciation of property, plant and equipment	3	609,315	585,164
Repairs and maintenance		180,212	145,861
Mount Alvernia Hospital's support costs to the hospice (Note a)		266,400	528,000
Agency manpower services		584,038	504,427
Utilities		113,410	137,020
Staff costs		7,080,587	5,798,166
Contributions to defined contribution plans, included in staff costs	_	631,634	495,712

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 fundraising events in 2014.

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.

25 Employee benefits

Employee benefits during the year were as follows:

2014	2013
\$	\$
6,448,953	5,302,454
631,634	495,712
7,080,587	5,798,166
	\$ 6,448,953 631,634

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 \$9,581,139 (2013: \$11,249,162) were received during the year.

The Company enjoys a concessionary tax treatment whereby qualifying donors are granted 250% 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:

	2014	2013
	\$	\$
Short-term employee benefits	446,657	460,425

28 Related parties (cont'd)

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

	2014 \$	2013 \$
Below \$100,000		
\$100,000 to \$150,000		
\$150,000 to \$250,000		2 2
		2 2

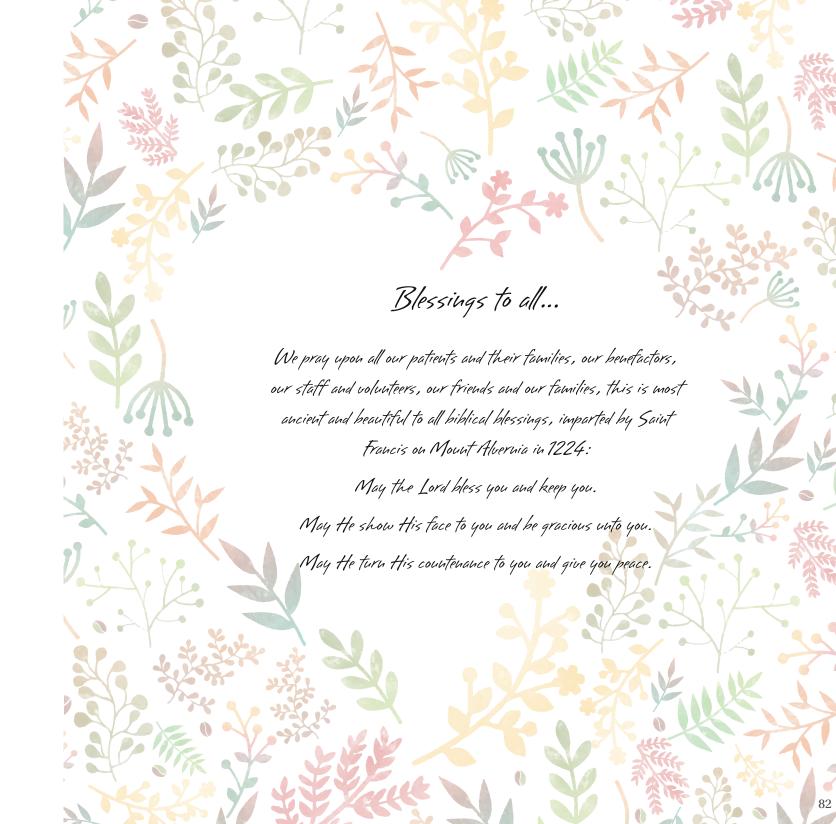
The directors did not receive compensation for their services rendered to the Company.

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

	2014	2013
	\$	\$
Purchase of food and provision, medical supplies and clinical consumables		
from Mount Alvernia Hospital	425,762	419,290

29 Subsequent event

On 2 March 2015, the Company agreed for the closure of the Ambulatory Treatment Unit (ATU). The unutilised amount is to be returned to Lien Foundation.







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