



**Link Health and Community
Limited (formerly
Monashlink Community
Health Limited)**

ABN 12 136 877 702

Financial report
For the year ended 30 June 2017

Pitcher Partners
Level 19
15 William Street
Melbourne VIC 3000
Telephone (03) 8610 5000

TABLE OF CONTENTS

Directors' report	1 - 11
Auditor's independence declaration	12
Financial report	
Statement of profit or loss and other comprehensive income	13
Statement of financial position	14
Statement of changes in equity	15
Statement of cash flows	16
Notes to financial statements	17 - 29
Directors' declaration	30
Independent auditor's report	31 - 33

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)
ABN 12 136 877 702**

DIRECTORS' REPORT

The directors present their report together with the financial report of Link Health and Community Limited (formerly Monashlink Community Health Service Limited) for the year ended 30 June 2017 and auditor's report thereon. This financial report has been prepared in accordance with Australian Accounting Standards.

Directors names

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

Felicity Smith

Raffaele Ciccone

Sin Fong Chan

Anne Crawford

Greg Telley

Shree Vijayan

Suzi Chen

Phillip Mayers

The directors have been in office since the start of the year to the date of this report unless otherwise stated.

Results

The loss of the company for the year after providing for income tax amounted to \$544,973 (2016: Profit \$531,640)

Review of operations

The company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Short-term and long-term objectives and strategies

The company's short-term objectives are to:

- Expand into new services that will increase revenue.
- Strengthen Link Health and Community Limited's internal capability and infrastructure to support growth.
- Maintain and improve the quality and targeting of Link Health and Community Limited's services through strong service design.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

DIRECTORS' REPORT

Short-term and long-term objectives and strategies (Continued)

- Diversify Link Health and Community Limited's client base.

The company's long-term objectives are to:

- Position Link Health and Community Limited as an important partner and contributor to the development of a robust primary health system.
- Partner with consumers and our diverse community to design and build consumer focused services.
- Lead and participate in the improvement of health and wellbeing in the community.

To achieve its short-term and long-term objectives, the company has adopted the following strategies:

- Provide private health services.
- Partner with organisations.
- Enhance the workforce of the future (this includes all staff, volunteers and contractors).
- Upgrade IT systems.
- Enhance and expand Link Health and Community Limited's physical footprint.
- Improve the awareness of Link Health and Community Limited in the community and with our partners.
- Meet all requirements of funders.
- Link Health and Community Limited will adopt a 'No wrong door' initiative whereby individuals are able to engage with us and are able to connect with the services effectively and seamlessly throughout Melbourne.
- Review systems systematically.
- Improve and enhance corporate and clinical governance throughout the organisation.
- Expand services to the young population in Link Health and Community Limited's community.
- Cater to culturally diverse and high-need customer segments.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

DIRECTORS' REPORT

Principal activities

To provide comprehensive health and community services that are accessible, integrated and responsive to the communities within its catchment including the City of Monash.

To carry out the company's strategies and to achieve its short-term and long-term objectives, the company engaged in the following principal activities during the year.

- Signed a formal consortium with Connect Health and Community (formerly Bentleigh Bayside Community Health Service) and Central Bayside Community Health. The consortium is known as Southern Health Connect.
- The Southern Health Connect consortium are moving to the employment of an Executive Officer with Monash Health.
- Link Health and Community Limited engaged with the Shire of Cardinia to discuss issues of primary health within the shire.
- Link Health and Community Limited were engaged by the NDIA to provide ECEI services within the Inner East, Outer East and Inner Gippsland regions of Victoria.

Key performance indicators

To help evaluate whether the activities the company established during the year have achieved its short-term and long-term objectives, the company uses the following key performance indicators to measure, analyse and monitor its performance:

- Link Health and Community Limited is assessing its existing service profile but also in response to government policy.
- Link Health and Community Limited undertook a review of Family Violence and Counselling program areas to ensure they are delivering against funding agreements and optimising outcomes for clients.
- Quarterly risk management reports are presented to the Board's Audit & Risk Committee.
- Finance & service performance management reports are presented at every Finance & Investments Committee meeting.
- The internal Quality & Clinical Safety Committee provide a summarised report regarding clinical governance matters to the Board's Clinical Governance & Quality Committee at each meeting.
- An annual Business Plan based on the current Strategic Plan is presented to and approved by the Board and reports provided on progress on a six monthly basis
- Client file audits are undertaken to ensure compliance with the Privacy Act.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)
ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors

	<p>Board Chair Chair, Board Executive Committee Member of: - Board Executive Committee - Finance and Investments Committee - Clinical Governance and Quality Committee</p>
Felicity Smith	<p>Elected to the Board in 2000</p>
Qualifications	<p>Chisholm TAFE – Computer File Management Course Oakleigh Technical School – Economics Diploma (Night School)</p>
Experience	<p>Felicity is a Past President, Paul Harris Fellow and currently, Secretary of the Rotary Club of Oakleigh, President of the Monash Reconciliation Group, Past President of the Oakleigh District Historical Society, as well as an Honorary J.P. Felicity has worked in many fields including State and Federal Governments. Felicity has a wide range of experience in many community organisations including Kindergarten & School Communities, the Ratepayers Association, the Epilepsy Foundation of Victoria and a lifetime membership of a major political party over a period of 40 years and has held executive positions in many of them. She is passionate about creating a better and healthier community environment</p>
	<p>Vice Chair (from 28 November 2011) Chair, Finance and Investments Committee Current board committee membership: - Board Executive Committee - Audit and Risk Committee - Innovation and Business Development Committee Previous board committee membership: - Strategic Planning Committee - Clinical Governance & Quality Committee</p>
Raffaele Ciccone	<p>Elected to the Board in 2010</p>
Qualifications	<p>Bachelor of Arts (BA) Deakin University, Bachelor of Commerce (BCom) Deakin University, Bachelor of Arts (Honours) BA(Hons) University of Melbourne, Diploma of Business DipBus(Gov) Australian Institute of Community Directors.</p>
Experience	<p>Raff has worked hard at improving local health services by supporting greater investment in doctors and oral health, and programs to address the prevention of family violence and problem gambling. He works as an industrial officer representing some of the lowest paid workers in the country. His career also includes roles in Federal Government and the financial sector. Raff has lived in the Monash community for 34 years with his family, and is passionate about making our local community healthier.</p>

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors (Continued)

	Board Director
	Member of
	- Finance and Investments Committee
	- Clinical Governance and Quality Committee
	- Elected to the Board, 2000-2003, November 2012
Sin Fong Chan	
Qualifications	BSc (info Sc), Grad Dip Bus Admin (Marketing), Adv Dip Estate Agency, Cert IV TAE
	Teacher / Trainer
	Real Estate Vendor Advocate
	Software / Website Developer
Experience	<p>For almost four decades, Sin Fong has been a volunteer. He was either a founding member or a committee member in several community organisations including the Hong Kong Club, Chinese Association of Victoria, Asian Television Association of Australia, the first City of Monash Chinese Festival, and more recently U3A Wheelers Hill.</p> <p>In the mid-90s, Sin Fong became a Community Visitor with Waverley Community Health Services and continues to serve under Link Health and Community Limited. In addition, he also volunteers in three other aged care homes as a presenter of armchair travel, “bringing the outside to the inside”.</p> <p>Sin Fong is an educator and a prolific blogger. He imparts and shares his knowledge and life skills via the social media.</p>

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors (Continued)

	Board Director Chair, Clinical Governance and Quality Committee Member of: - Board Executive Committee - Clinical Governance and Quality Committee - Audit and Risk Committee Elected to the Board 2014
Anne Crawford	
Qualifications	GAICD, MPH (Health Administration), GDipMid, BNurs
Experience	Anne has lived in Monash for 10 years. She is a member of the Oakleigh Rotary Club and the Monash Reconciliation Group. Anne is also the Vice-President of the Southern Autistic School Council. Anne has worked in the health care environment for 25 years. This includes experience in aged care, community care and the acute care setting. She has also had experience in negotiating services for local communities with healthcare providers (including CEO's, Directors and other senior management) as well as local government, Victorian Government and Australian Government departments, philanthropists, General Practitioners and Specialists. She is currently the Principle Consultant at Exploring Healthcare. Exploring Healthcare provides people and their families with guidance through the initial diagnosis, treatment and ongoing care in chronic disease, disability, and aged care. Anne's qualifications in public health extends her understanding of the healthcare system from her nursing experience and research to the economic and political landscape. She is passionate about quality in health service provision ensuring the local community has access and professional services.
	Board Director Member of: - Innovation and Business Development Committee - Clinical Governance and Quality Committee Elected to the Board in January 2015
Greg Telley	
Qualifications	BA, Graduate Certificate in Management (Nepean University).
Experience	Greg is a member of Oakleigh Rotary, Mulgrave Football Club and the South Oakleigh Bowls Club. Greg is on the committee of CHERPA, a peak body representing white good providers. Greg worked for the Australian Government for 34 years, and is now the Manager of a disability employment service in Oakleigh and Moorabbin. He has a passion for helping people and a particular interest in mental health and its support mechanisms. Greg was born in Oakleigh and went to St Anthony's in Chadstone, Salesian College and Oakleigh High School. He played football and cricket with local clubs. He has been married for 36 years to a local girl and has 3 adult children.

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LIMITED)**

ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors (Continued)

	Board Director
	Chair, Audit and Risk Committee
	Member of: - Board Executive Committee
	- Finance and Investments Committee
	- Audit and Risk Committee
Shree Vijayan	Elected to the Board June 2015
Qualifications	B Comm (University of Southern Queensland). Member, CPA Australia
Experience	Shree has gained extensive Senior Management experience within the healthcare industry working as the Financial Controller of a state owned health organization specializing in compliancy, strategy, planning, and financial management and reporting. He is currently employed as a Director of Corporate Services of the Teaching Dental Clinic of the University of Melbourne. He has a wealth of knowledge on corporate governance, risk management, compliance and reporting with a special interest in developing primary care centres to cater for the needs of the community.
	Shree is a Member of CPA Australia and a resident of the City of Monash for over 20 years.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)
ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors (Continued)

	Board Director Chair, Innovation and Business Development Committee Member of: <ul style="list-style-type: none">- Board Executive Committee- Audit and Risk Committee- Innovation and Business Development Committee Elected to the Board May 2015
Suzi Chen	
Qualifications	Doctor of Philosophy (Medical Sciences) Advanced Diploma in Management Diploma in Project Management Diploma in Graphic Design Board Directorship - JCI Australia (2013 - current) Appoint to JCI UN & External Affairs Committee (2016) JCI Australia National President (2015)
Experience	<p>Suzi has been a member of Link Health and Community since 2013 and was a Community Visitor prior to joining the Board in 2015. Suzi currently chairs the Innovation and Business Development Committee.</p> <p>Suzi began her career at Dandenong Hospital as a medical researcher before accepting a management position in 2011, delivering multi-million dollar projects that improved capability of the Victorian fire services.</p> <p>Suzi is passionate about the non-profit sector and has designed and delivered many pro bono initiatives including programs for underprivileged children. She was the 2015 National President of Junior Chamber of International (JCI) Australia, an organisation that empowers young people to better communities.</p> <p>In 2016, Suzi's passion for social justice led to her 1-year appointment to JCI's United Nations and External Affairs Committee, which had a strong focus on advancing global development agenda. Part of her appointment, Suzi helped organised and facilitated the 2016 JCI Global Partnership Summit that took place at the UN Headquarters in New York City.</p> <p>Professionally, Suzi is a business strategist and manages Notonos Global, a consulting firm that specialises in strategy development through the lens of customer experience.</p>

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

DIRECTORS' REPORT

Information on directors (Continued)

	Board Director
	Member of:
	- Innovation and Business Development Committee
	Elected to the Board May 2015
Phillip Mayers	
Qualifications	Board Member of the Freemasons Foundation Victoria Chairman of Make-A-Wish Foundation Australia
Experience	Philip Mayers B.A., LL.B, is a Director of Dakin Mayers & Associates Pty Ltd – a Human Resources consulting firm. His specialist areas cover the community and not-for-profit sectors, which includes Aged Care, Disability, Community, Education and Professional Associations. Commencing his early career as a Solicitor, he subsequently became a Corporate Legal Advisor and later took up the position of CEO of Jewish Care, a major aged care provider.
	Over the past 25 years, Philip has built up a strong reputation in the not-for-profit sector across Make-A-Wish Foundation Australia, Deputy Chairman of RDNS, and Board Member of SouthPort Uniting Care.
	He is happily married to Rhona (a school teacher), and has two married sons with three beautiful grandchildren.

Meetings of directors

Directors	Directors' Meetings		Finance & Investment Committee Meetings		Audit & Risk Meetings		Innovation & Business Development Meetings		Clinical Governance and Quality Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Felicity Smith	9	9	10	8	-	-	-	2	5	5
Raffaele Ciccone	9	9	10	10	3	3	4	4	-	-
Sin Fong Chan	9	6	10	7	3	1	-	2	5	4
Anne Crawford	6	5	2	2	3	1	-	-	3	2
Greg Telley	9	8	-	-	-	-	4	4	5	5
Shree Vijayan	9	8	10	8	3	3	4	4	-	-
Suzi Chen	9	7	-	2	3	3	4	4	-	-
Phillip Mayers	9	7	-	2	-	-	4	4	-	-

Please note:

- Anne Crawford was on a leave of absence commencing the 27/09/2016 for six months
- Phillip Mayers was present at two Audit & Risk Committee meetings as these were joint meetings with the Innovation & Business Development Committee.
- Felicity Smith, Sin Fong Chan were present at two Innovation & Business Development Committee meetings as they were joint meetings with the Audit & Risk Committee.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

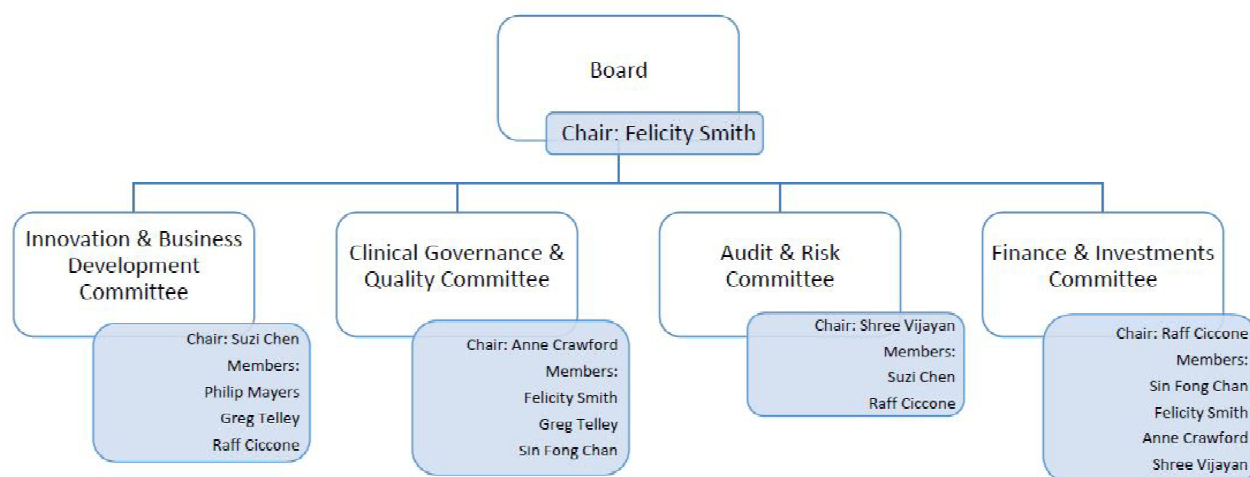
DIRECTORS' REPORT

Members guarantee

The company is incorporated under the *Australian Charities and Not for profits Commission Act 2012* and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstanding's and obligations of the company. At 30 June 2017, the number of members was 147. The combined total amount that members of the company are liable to contribute if the company is wound up is \$1,470.

Board Governance

The Board of Directors undertook a Board Evaluation exercise in early 2016 and as a result a new committee structure was put in place to provide greater governance capacity. The new committee structure sets out a committee governance focus into four distinct areas as set out below:



LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)

ABN 12 136 877 702

DIRECTORS' REPORT

Auditor's independence declaration

A copy of the audit independence declaration in relation to the audit of the financial year is provided with this report.

Signed in accordance with a resolution of the board of directors.



Director: _____

Felicity Smith



Director: _____

Raffaele Ciccone

Dated this 10th Day of October 2017

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)

ABN 12 136 877 702

AUDITOR'S INDEPENDENCE DECLARATION
TO THE DIRECTORS OF LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY
HEALTH SERVICE LIMITED)

In relation to the independent audit for the year ended 30 June 2017, to the best of my knowledge and belief there have been no contraventions of APES 110 *Code of Ethics for Professional Accountants*.



M J HARRISON

Partner



PITCHER PARTNERS

Melbourne

Date: 12 October 2017

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
Revenue and other income			
Service revenue		15,058,596	12,868,428
Other revenue		352,224	306,286
Contributions Received		<u>-</u>	<u>1,947,581</u>
	2	<u>15,410,820</u>	<u>15,122,295</u>
Less: expenses			
Professional fees		(40,228)	(17,829)
Consumables		(55,629)	(224,702)
Depreciation and amortisation expense	3	(533,703)	(504,439)
Employee benefits expense		(10,983,625)	(9,931,968)
Occupancy expense		(267,444)	(158,783)
Repairs and maintenance expense		(91,905)	(77,552)
Oral vouchers		(377,860)	(376,027)
Advertising expense		(172,311)	(100,341)
Finance costs		(10,757)	(5,762)
Medical supplies		(259,359)	(110,747)
Insurance		(70,332)	(54,856)
Telephone expenses		(193,518)	(117,392)
Printing and photocopying		(145,359)	(152,498)
Interpreter Services		(86,674)	(84,936)
Impairment loss	3	-	(1,002,884)
Memberships and subscriptions		(59,395)	(67,064)
Repairs and maintenance		(220,196)	(127,863)
Consultancy Expenses		(277,254)	(204,028)
Motor vehicle expenses		(38,569)	(29,496)
Contractors Fees		(927,161)	(481,732)
Electricity		(110,383)	(47,083)
Legal fees		(85,662)	(40,422)
Recruitment Costs		(208,430)	(72,785)
Computing Expenses		(112,327)	(96,498)
Cleaning		(97,210)	(86,829)
Other expenses		<u>(530,502)</u>	<u>(416,139)</u>
		<u>(15,955,793)</u>	<u>(14,590,655)</u>
Surplus/ (deficit) for the year		<u>(544,973)</u>	<u>531,640</u>
Total comprehensive income		<u><u>(544,973)</u></u>	<u><u>531,640</u></u>

The accompanying notes form part of these financial statements.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017**

	Note	2017 \$	2016 \$
Current assets			
Cash and cash equivalents	5	3,718,186	4,198,488
Receivables	6	82,625	104,444
Inventories	7	95,242	108,214
Other assets	8	<u>828,625</u>	<u>403,963</u>
Total current assets		<u>4,724,678</u>	<u>4,815,109</u>
Non-current assets			
Intangible assets	9	2,036,961	2,157,486
Property, plant and equipment	10	<u>8,870,824</u>	<u>8,801,124</u>
Total non-current assets		<u>10,907,785</u>	<u>10,958,610</u>
Total assets		<u>15,632,463</u>	<u>15,773,719</u>
Current liabilities			
Payables	11	989,361	801,017
Provisions	12	1,812,111	1,899,365
Other liabilities	13	<u>428,112</u>	<u>178,824</u>
Total current liabilities		<u>3,229,584</u>	<u>2,879,206</u>
Non-current liabilities			
Provisions	12	<u>540,164</u>	<u>486,825</u>
Total non-current liabilities		<u>540,164</u>	<u>486,825</u>
Total liabilities		<u>3,769,748</u>	<u>3,366,031</u>
Net assets		<u>11,862,715</u>	<u>12,407,688</u>
Equity			
Retained earnings		<u>11,862,715</u>	<u>12,407,688</u>
Total equity		<u>11,862,715</u>	<u>12,407,688</u>

The accompanying notes form part of these financial statements.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017**

	Reserves \$	Retained earnings \$	Total equity \$
Balance as at 1 July 2015	6,272,685	5,603,363	11,876,048
Surplus for the year	<u>-</u>	<u>531,640</u>	<u>531,640</u>
Total comprehensive income for the year	<u>-</u>	<u>531,640</u>	<u>531,640</u>
Transfer from revaluation reserve to retained earnings	<u>(6,272,685)</u>	<u>6,272,685</u>	<u>-</u>
Balance as at 30 June 2016	<u><u>-</u></u>	<u><u>12,407,688</u></u>	<u><u>12,407,688</u></u>
Balance as at 1 July 2016	-	12,407,688	12,407,688
Deficit for the year	<u>-</u>	<u>(544,973)</u>	<u>(544,973)</u>
Total comprehensive income for the year	<u>-</u>	<u>(544,973)</u>	<u>(544,973)</u>
Balance as at 30 June 2017	<u><u>-</u></u>	<u><u>11,862,715</u></u>	<u><u>11,862,715</u></u>

The accompanying notes form part of these financial statements.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
Cash flow from operating activities			
Receipts from customers		17,118,250	14,318,422
Finance costs		(10,757)	(5,762)
Payments to suppliers and employees		(17,205,692)	(14,143,598)
Donations received		-	7,462
Interest received		<u>92,105</u>	<u>133,629</u>
Net cash provided by / (used in) operating activities		<u>(6,094)</u>	<u>310,153</u>
Cash flow from investing activities			
Proceeds from sale of property, plant and equipment		61,947	7,291,280
Payment for property, plant and equipment		<u>(536,155)</u>	<u>(5,491,427)</u>
Net cash provided by / (used in) investing activities		<u>(474,208)</u>	<u>1,799,853</u>
Reconciliation of cash			
Cash at beginning of the financial year		4,198,488	2,088,482
Net increase / (decrease) in cash held		<u>(480,302)</u>	<u>2,110,006</u>
Cash at end of financial year		<u><u>3,718,186</u></u>	<u><u>4,198,488</u></u>

The accompanying notes form part of these financial statements.

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with the *Corporations Act 2001* and Australian Accounting Standards - Reduced Disclosure Requirements, Interpretations and other applicable authoritative pronouncements of the Australian Accounting Standards Board.

The financial report covers Link Health and Community Limited (formerly Monashlink Community Health Service Limited) as an individual entity. Link Health and Community Limited (formerly Monashlink Community Health Service Limited) is a company limited by guarantee, incorporated and domiciled in Australia. Link Health and Community Limited (formerly Monashlink Community Health Service Limited) is a not-for-profit entity for the purpose of preparing the financial statements.

The financial report was approved by the directors as at the date of the directors' report.

The following are the significant accounting policies adopted by the company in the preparation and presentation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Basis of preparation of the financial report

Historical Cost Convention

The financial report has been prepared under the historical cost convention, as modified by revaluations to fair value for certain classes of assets and liabilities as described in the accounting policies.

(b) Economic dependence

Link Health and Community Limited is dependent on the grant funding which comes from State, Federal and local sources for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the funding will not continue to support Link Health and Community Limited.

(c) Going Concern

The financial report has been prepared on a going concern basis.

(d) Revenue

Revenue from the rendering of services is recognised upon the delivery of the service to the customers.

Interest revenue is recognised when it becomes receivable on a proportional basis taking into account the interest rates applicable to the financial assets.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Client fee income is recognised when the fee in respect of services provided is receivable.

Reciprocal grants

Grants received on the condition that specified services being delivered, or conditions fulfilled, are considered reciprocal. Such grants are initially recognised as a liability and revenue is recognised as services are performed or conditions fulfilled.

Non-reciprocal grants

Revenue is recognised when the grant is received or receivable.

Donation and contribution revenue is recognised when received, at the fair value of the asset transferred unless designated for a specific purpose, where they are carried forward as prepaid income in the Statement of Financial Position.

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

(e) Cash and cash equivalents

Cash and cash equivalents include cash on hand and at banks, short-term deposits with an original maturity of three months or less held at call with financial institutions, and bank overdrafts.

(f) Inventories

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

(g) Financial instruments

Loans and receivables

Loans and receivables are measured at fair value at inception and subsequently at amortised cost using the effective interest rate method.

Donated financial assets

Financial assets donated to the group are recognised at fair value at the date the group obtains the control of the assets.

Financial liabilities

Financial liabilities include trade payables, other creditors and loans from third parties including inter-company balances and loans from or other amounts due to director-related entities.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(g) Financial instruments (Continued)

Non-derivative financial liabilities are subsequently measured at amortised cost, comprising original debt less principal payments and amortisation.

Financial liabilities are classified as current liabilities unless the group has an unconditional right to defer settlement of the liability for at least twelve months after the reporting period.

(h) Property, plant and equipment

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

Properties that are held for strategic purpose or to provide a social service and that generate cash inflows where the rental revenue is incidental to the purpose for holding the property, do not meet the definition of investment properties and are classified as properties in accordance with AASB 116.

Property

Freehold land and buildings are initially recorded at cost. Where freehold land and buildings were acquired at no cost or for a nominal amount, cost is deemed to be the fair value as at the acquisition date.

Freehold land and buildings are subsequently measured at revalued amounts, being the fair value at the date of the revaluation, less any subsequent accumulated depreciation and accumulated impairment losses. At each balance date the carrying amount of each asset is reviewed to ensure that it does not differ materially from the asset's fair value at reporting date. Where necessary, the asset is revalued to reflect its fair value.

Fair value is based on the deemed depreciable replacement cost as determined by AASB 136: Impairment of assets.

Plant and equipment

Plant and equipment is measured at cost. Where plant and equipment was acquired at no cost or for a nominal amount, cost is deemed to be the fair value as at the acquisition date.

Depreciation

Land is not depreciated. The depreciable amount of all property, plant and equipment is depreciated over their estimated useful lives commencing from the time the asset is held available for use, consistent with the estimated consumption of the economic benefits embodied in the asset.

Class of fixed asset	Depreciation rates	Depreciation basis
Land at cost	Nil	Straight line
Plant and equipment at cost	15-35%	Straight line
Motor vehicles at cost	20-25%	Straight line
Furniture, fixtures and fittings at cost	15%	Straight line
Computer equipment at cost	33.3%	Straight line
Clinical equipment at cost	25-35%	Straight line

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(i) Impairment of non-financial assets

Intangible assets not yet ready for use and intangible assets that have an indefinite useful life are not subject to amortisation and are therefore tested annually for impairment, or more frequently if events or changes in circumstances indicate that they might be impaired.

An impairment loss is recognised where the carrying amount of the asset exceeds its recoverable amount. The recoverable amount of an asset is defined as the higher of its fair value less costs to sell and value in use.

Where the future economic benefits of an asset are not primarily dependent on the asset's ability to generate net cash inflows and where the company would, if deprived of the asset, replace its remaining future economic benefits, the recoverable amount is assessed on the basis of the asset's depreciated replacement cost which is defined as the current replacement cost less accumulated depreciation calculated on the basis of such cost.

(j) Provisions

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

(k) Employee benefits

(i) Short-term employee benefit obligations

Liabilities arising in respect of wages and salaries, annual leave and any other employee benefits (other than termination benefits) expected to be settled wholly before twelve months after the end of the annual reporting period are measured at the (undiscounted) amounts based on remuneration rates which are expected to be paid when the liability is settled. The expected cost of short-term employee benefits in the form of compensated absences such as annual leave and accumulated sick leave is recognised in the provision for employee benefits. All other short-term employee benefit obligations are presented as payables in the statement of financial position.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(k) Employee benefits (Continued)

(ii) Long-term employee benefit obligations

The provision for other long-term employee benefits, including obligations for long service leave and annual leave, which are not expected to be settled wholly before twelve months after the end of the reporting period, are measured at the present value of the estimated future cash outflow to be made in respect of the services provided by employees up to the reporting date. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee turnover, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that are denominated in the currency in which the benefits will be paid, and that have terms approximating to the terms of the related obligation. For currencies in which there is no deep market in such high quality corporate bonds, the market yields (at the end of the reporting period) on government bonds denominated in that currency are used. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the change occurs.

Other long-term employee benefit obligations are presented as current liabilities in the statement of financial position if the entity does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur. All other long-term employee benefit obligations are presented as non-current liabilities in the statement of financial position.

(l) Goods and services tax (GST)

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

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

(m) Comparatives

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures.

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
NOTE 2: REVENUE AND OTHER INCOME		
Revenue from operations		
Grants	12,711,326	11,403,658
Client fees	2,268,530	1,390,282
Program charges	<u>78,740</u>	<u>74,488</u>
	<u>15,058,596</u>	<u>12,868,428</u>
Other revenue / (loss)		
Profit on sale of non current assets	30,554	(40,582)
Interest income	92,105	133,629
Other revenue	<u>229,565</u>	<u>213,239</u>
	<u>352,224</u>	<u>306,286</u>
Contributions received	<u>-</u>	<u>1,947,581</u>
	<u>15,410,820</u>	<u>15,122,295</u>

Income arising from the contribution of assets during FY16 is recognised as revenue based on the asset's fair value. The \$1,947,581 contribution received represents the value of the property at 8-10 Johnson Street, Oakleigh that was transferred to Link Health and Community Limited by the Department of Health and Human Services during the year.

NOTE 3: OPERATING PROFIT

Surplus / (deficit) has been determined including the effect of:

Finance costs		
Borrowing costs	10,757	5,762
Depreciation		
- buildings	65,508	54,064
- plant and equipment	31,173	29,261
- motor vehicles	147,987	119,074
- furniture and fittings	41,483	39,055
- computer equipment	99,876	107,515
- other capital assets	<u>49,035</u>	<u>56,559</u>
	435,062	405,528
Amortisation of non-current assets		
- right to occupy	98,641	98,911

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
NOTE 3: OPERATING PROFIT (CONTINUED)		
Bad debts		
- Bad debts written off	2,525	184
Impairment		
- Impairment losses	-	1,002,884

An impairment loss was recognised in FY16 for the property at 8-10 Johnson Street Oakleigh based on the carrying values exceeding the deemed depreciable replacement cost.

NOTE 4: KEY MANAGEMENT PERSONNEL COMPENSATION

Compensation received by key management personnel of the company

- short-term employee benefits	808,767	929,926
- post-employment benefits	66,327	62,422
- other long-term benefits	47,369	48,671
- termination benefits	-	18,629
	<u>922,463</u>	<u>1,059,648</u>

NOTE 5: CASH AND CASH EQUIVALENTS

Cash on hand	1,638	1,452
Cash at bank	516,259	439,667
Cash on deposit	3,191,182	3,748,262
Other cash	<u>9,107</u>	<u>9,107</u>
	<u>3,718,186</u>	<u>4,198,488</u>

NOTE 6: RECEIVABLES

CURRENT

Trade debtors	<u>82,625</u>	<u>104,444</u>
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NOTE 7: INVENTORIES

CURRENT

At cost

Finished goods	<u>95,242</u>	<u>108,214</u>
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**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
NOTE 8: OTHER ASSETS		
CURRENT		
Prepayments	110,583	113,070
Assets under construction	180,291	-
Accrued income	498,145	268,893
Other current assets	<u>39,606</u>	<u>22,000</u>
	<u><u>828,625</u></u>	<u><u>403,963</u></u>

NOTE 9: INTANGIBLE ASSETS

Right to occupy	2,401,491	2,401,491
Accumulated amortisation	<u>(417,646)</u>	<u>(319,005)</u>
	1,983,845	2,082,486
Goodwill - Brighton Practice	75,000	75,000
Accumulated amortisation and impairment	<u>(21,884)</u>	<u>-</u>
	<u>53,116</u>	<u>75,000</u>
Total intangible assets	<u><u>2,036,961</u></u>	<u><u>2,157,486</u></u>

(a) Reconciliations

Reconciliation of the carrying amounts of intangible assets at the beginning and end of the current financial year

Right to occupy at cost (a)

Opening balance	2,082,486	2,181,398
Amortisation expense	<u>(98,641)</u>	<u>(98,912)</u>
Closing balance	<u><u>1,983,845</u></u>	<u><u>2,082,486</u></u>

Goodwill - Brighton practice at cost

Opening balance	75,000	-
Additions	-	75,000
Amortisation expense	<u>(21,884)</u>	<u>-</u>
Closing balance	<u><u>53,116</u></u>	<u><u>75,000</u></u>

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

2017 **2016**
\$ **\$**

NOTE 9: INTANGIBLE ASSETS (CONTINUED)

(a) Reconciliations (Continued)

(a) The right to occupy relates to the Euneva Avenue Property in Glen Waverley, which is owned by the City of Monash. The Company contributed to the cost of acquisition and development of this site through an agreement with the Department of Health, however ownership will remain with the City of Monash. Currently the company has a peppercorn sub-lease for the term of 25 years with the Department of Health who in turn has a lease with the City of Monash. This was part of a two stage development that involved a project in Johnson Street Oakleigh which was completed in 2016.

NOTE 10: PROPERTY, PLANT AND EQUIPMENT

Land and buildings

Oakleigh at cost	9,157,144	9,059,866
Accumulated impairment loss	(1,002,884)	(1,002,884)
Accumulated depreciation	<u>(553,303)</u>	<u>(487,795)</u>
Total land and buildings	<u>7,600,957</u>	<u>7,569,187</u>

Plant and equipment

Plant and equipment at cost	529,104	493,238
Accumulated depreciation	<u>(404,699)</u>	<u>(373,436)</u>
	124,405	119,802
Motor vehicles at cost	1,088,346	972,058
Accumulated depreciation	<u>(431,737)</u>	<u>(400,556)</u>
	656,609	571,502
Furniture, fixtures and fittings at cost	475,376	458,687
Accumulated depreciation	<u>(311,563)</u>	<u>(270,080)</u>
	163,813	188,607
Computer equipment at cost	1,404,527	1,292,527
Accumulated depreciation	<u>(1,241,639)</u>	<u>(1,144,303)</u>
	162,888	148,224
Clinical equipment at cost	620,120	620,663
Accumulated depreciation	<u>(457,968)</u>	<u>(416,861)</u>
	<u>162,152</u>	<u>203,802</u>
Total plant and equipment	<u>1,269,867</u>	<u>1,231,937</u>
Total property, plant and equipment	<u>8,870,824</u>	<u>8,801,124</u>

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
NOTE 10: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)		
(a) Reconciliations		
Reconciliation of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year		
<i>Land and Buildings</i>		
Opening carrying amount	7,569,187	522,970
Additions	97,278	6,984,303
Transfer from Oakleigh development	-	1,125,294
Impairment (Oakleigh Site)	-	(1,002,884)
Depreciation	<u>(65,508)</u>	<u>(60,496)</u>
Closing carrying amount	<u><u>7,600,957</u></u>	<u><u>7,569,187</u></u>
<i>Plant and equipment</i>		
Opening carrying amount	119,802	76,911
Additions	35,776	72,152
Depreciation expense	<u>(31,173)</u>	<u>(29,261)</u>
Closing carrying amount	<u><u>124,405</u></u>	<u><u>119,802</u></u>
<i>Motor vehicles</i>		
Opening carrying amount	571,502	510,770
Additions	261,688	197,176
Disposals	(28,594)	(17,370)
Depreciation expense	<u>(147,987)</u>	<u>(119,074)</u>
Closing carrying amount	<u><u>656,609</u></u>	<u><u>571,502</u></u>
<i>Furniture, fixtures and fittings</i>		
Opening carrying amount	188,607	174,964
Additions	16,689	52,698
Depreciation expense	<u>(41,483)</u>	<u>(39,055)</u>
Closing carrying amount	<u><u>163,813</u></u>	<u><u>188,607</u></u>
<i>Computer equipment</i>		
Opening carrying amount	148,224	174,825
Additions	114,540	80,914
Depreciation expense	<u>(99,876)</u>	<u>(107,515)</u>
Closing carrying amount	<u><u>162,888</u></u>	<u><u>148,224</u></u>

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
NOTE 10: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)		
(a) Reconciliations (Continued)		
<i>Clinical Equipment</i>		
Opening carrying amount	203,802	202,164
Additions	10,184	58,197
Disposals	(2,799)	-
Depreciation expense	<u>(49,035)</u>	<u>(56,559)</u>
Closing carrying amount	<u><u>162,152</u></u>	<u><u>203,802</u></u>
<i>Total property, plant and equipment</i>		
Carrying amount	8,801,124	2,787,898
Additions - Plant and equipment	536,155	960,565
Additions - Donated land	-	1,947,581
Additions - Purchase of land	-	1,516,840
Additions - Oakleigh development	-	3,014,022
Depreciation	(435,062)	(405,528)
Disposals - plant and equipment	(31,393)	(17,370)
Impairment - Oakleigh site	<u>-</u>	<u>(1,002,884)</u>
Closing carrying amount	<u><u>8,870,824</u></u>	<u><u>8,801,124</u></u>
NOTE 11: PAYABLES		
CURRENT		
<i>Unsecured liabilities</i>		
Trade creditors	102,829	159,194
GST credits	235,765	168,968
Accrued expenses	515,447	354,417
Other current liabilities	<u>135,320</u>	<u>118,438</u>
	<u><u>989,361</u></u>	<u><u>801,017</u></u>

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)**
ABN 12 136 877 702

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

		2017	2016
		\$	\$
NOTE 12: PROVISIONS			
CURRENT			
Employee benefits	(a)	<u>1,812,111</u>	<u>1,899,365</u>
NON CURRENT			
Employee benefits	(a)	<u>540,164</u>	<u>486,825</u>
(a) Aggregate employee benefits liability		2,352,275	2,386,190

NOTE 13: OTHER LIABILITIES

CURRENT			
Other current liabilities		9,699	9,699
Grants received in advance		<u>418,413</u>	<u>169,125</u>
		<u>428,112</u>	<u>178,824</u>

NOTE 14: RELATED PARTY TRANSACTIONS

(a) No transactions with related parties were entered into during the year ended 30 June 2017.

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

Felicity Smith

Raffaele Ciccone

Sin Fong Chan

Anne Crawford

Greg Telley

Shree Vijayan

Suzi Chen

Philip Mayers

**LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)
ABN 12 136 877 702**

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

NOTE 15: EVENTS SUBSEQUENT TO REPORTING DATE

There has been no matter or circumstance, which has arisen since 30 June 2017 that has significantly affected or may significantly affect:

- a) the operations, in financial years subsequent to 30 June 2017, of the company, or
- b) the results of those operations, or
- c) the state of affairs, in financial years subsequent to 30 June 2017, of the company.

NOTE 16: COMPANY DETAILS

The registered office of the company is:

Link Health and Community Limited (formerly Monashlink Community Health Service Limited)
1 Jacksons Road
MULGRAVE VIC 3170

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE
LIMITED)
ABN 12 136 877 702

DIRECTORS' DECLARATION

The of the company declare that:

1. The financial statements and notes thereto, as set out on pages 13 - 29, are in accordance with the Australian Charities and Not for profits Commission Act 2012; and
 - (a) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not for profits Commissions Act 2012*; and
 - (b) giving a true and fair view of the financial position as at 30 June 2017 and performance for the year ended on that date of the company.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Director: _____



Director: _____

Raffaele Ciccone

Dated this 10th day of October 2017

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF LINK HEALTH AND COMMUNITY LIMITED**

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Link Health and Community Limited (formerly Monashlink Community Health Service Limited), "the Company", which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Link Health and Community Limited (formerly Monashlink Community Health Service Limited), is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* "ACNC Act" and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* "the Code" that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon.

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

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF LINK HEALTH AND COMMUNITY LIMITED**

Other Information (Continued)

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

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

LINK HEALTH AND COMMUNITY LIMITED (FORMERLY MONASHLINK COMMUNITY HEALTH SERVICE LIMITED)

ABN 12 136 877 702

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF LINK HEALTH AND COMMUNITY LIMITED**

Auditor's Responsibilities for the Audit of the Financial Report (Continued)

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

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


M J HARRISON

Partner

Date 12 October 2017


PITCHER PARTNERS

Melbourne