

ANNUAL REPORT

2019



BETTER HOSPITALS
CHANGING LIVES.



DID YOU KNOW?

100 PERCENT OF DONATIONS ARE ALLOCATED TO MEDICAL RESEARCH OR THE SPECIFIED AREA OF PATIENT CARE BECAUSE THE FOUNDATION'S ADMINISTRATION EXPENSES ARE PROVISIONED THROUGH OUR INVESTMENT RETURNS. SO, IF YOU DONATE TO CCF, YOU CAN BE ASSURED THAT EVERY CENT IS APPLIED TO ADVANCING RESEARCH AND HEALTHCARE FOR THE POPULATION OF OUR COMMUNITY.

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FROM THE CEO + CHAIR

It is with pleasure we present the Annual Report on the activities of the Clifford Craig Foundation for 2019.

If there was ever a time for our community to realise the importance of medical research and having an acute care hospital in their region, it is now. As we prepare our combined report for the Annual Report, the outbreak of COVID-19 has spread across the world and never has medical research been so important. So too, the well-deserved community appreciation for the dedicated medical professionals who work in our hospitals.

Accordingly, the significance of the Clifford Craig Foundation is highlighted as we continue to support the Launceston General Hospital and facilitate investment in translational health research, vital medical equipment, health staff education initiatives, health promotion and patient care. This aligns with our branding tag line “Better Hospitals, Changing Lives”.

We are extremely proud of the achievements of the Foundation. In 2020 we announced funding for five new projects to the value of \$314,007. Two previously funded projects received further funding to the value of \$248,550. The areas of research include stroke, antenatal care, lung disease, renal disease, diabetes and the effects of vaccines. Two of our funded researchers – Ianthe Boden and Dr George Razay had their work published in a prestigious British Medical Journal (the BMJ), an indication of the worldwide importance of the work we fund.

Three new neurologists – Dr Matt Lee-Archer, Dr Lauren Giles and Dr Aaron De Souza were recruited to the hospital during the year. This was a welcome outcome as the northern region had undergone many years without neurology services. Upon the arrival of the new team of neurologists, we launched a Neurology Research Fund to support their research endeavours. Pleasingly, the fund has attracted the generous philanthropic support of three family & community foundations, resulting in a \$100,000 commitment over three years.

The advantage of the unique CCF research model, assisted by our Research Program Development Fellow, our Biostatistician and research nurses is a strong factor in attracting, retaining and helping our clinicians. Moreover, this assistance extends to our students, advanced trainees and allied health workers, many of whom we subsequently welcome back as valued clinical staff at the Launceston General Hospital.

Education and training are an important component of our activities and during 2019 we conducted a series of professional lectures including the Dare Shott Public Lecture, the Neil Gollan Memorial Lecture, the David Huish Memorial Lecture, the weekly Medical Grand Round Lectures and the Refresh Breakfast Series with our partner St Luke’s Health Insurance. The lecture program enhances the knowledge of our medical professionals and provides community and business leaders with an insight into medicine.

A further example of our work was the commitment to raise funds to purchase a Fibroscan for the Hepatology unit at the LGH. This machine gives valuable information in the assessment of liver disease, non-invasively and often negating the need for a liver biopsy, a painful and



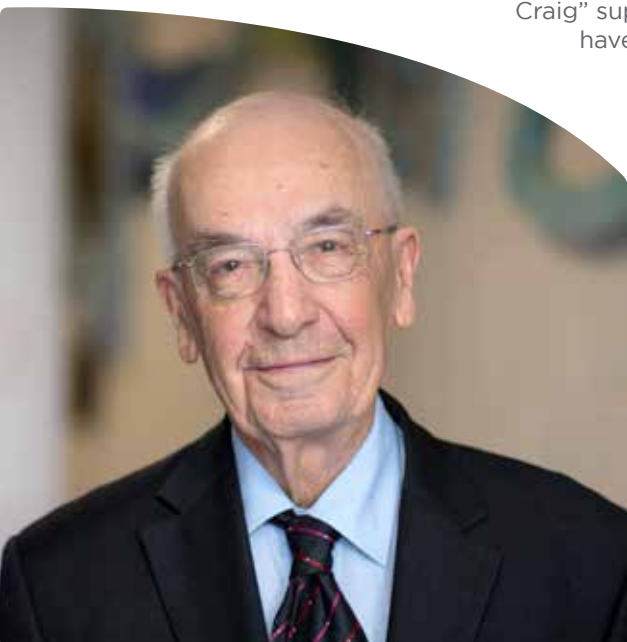
BETTER HOSPITALS. CHANGING LIVES.

sometimes hazardous procedure. At the time of writing this report, we have pleasingly raised the necessary \$175,000 to purchase the device and dramatically improve liver care treatments.

The year 2019 could well be reflected upon as a milestone year in the development of the Foundation whereby we cast the building blocks to ensure a strategic and sustainable future for the organisation. Our Board of Directors completed the preparation of the new five-year strategic plan and commenced the process of implementing the recommendations from the extensive Governance Review that was completed in late 2018.

An important component of the Governance Review was the Director assessment process which addressed the recognised skills, experience, tenure and diversity required collectively for the Board to effectively fulfil its role. Accordingly, we were delighted to welcome four new Directors to our Board with the appointments of Judith Watson, Lyndal Kimpton, Neroli Ellis and John Batten.

The “Friends of Clifford Craig” support group have once again displayed their



commitment during 2019. Their fundraising activities during the year raised nearly \$30,000 for the Foundation. We love the passion of “The Friends” and their support is simply immeasurable.

Together, as Chairman and CEO of the Clifford Craig Foundation, it has been a privilege for both of us to watch the Foundation grow into a well-established and trusted professional charity delivering upon its commitments. We are very fortunate to have a passionate Board of Directors and hard-working administration team, and together we have built a sustainable business model through partnerships and fundraising. Thank you to each and every one of them for their contribution.

In 2020, the tenure of our longstanding Secretary/Treasurer, Jill Dearing will come to an end and she will retire from the Board at this AGM. Thank you Jill, for many years of voluntary work in supervising our financial accounts. You can look back with pride at the enormous growth of the Foundation as a tribute to your hard work.

Most importantly, to our many donors, supporters, partners, sponsors and volunteers we thank you for your continued trust and confidence in the Clifford Craig Foundation to deliver 100 percent of donations to medical research and clinical care initiatives which are providing both short and long-term health benefits to our community.

Together we can and are making a difference in people's lives.

Peter Milne
CEO

Don McTaggart AM
Chair

THE BOARD

The Foundation is governed by a voluntary Board of Directors who are charged with making policy and exercising fiduciary responsibility for the organisation.

During the year the Board implemented the recommendations from the extensive governance review, which included a Board succession plan and the recruitment of four new Directors.

The Foundation is extremely grateful for Directors leadership, expertise and commitment to our mission.



Chairman
Associate Professor Don McTaggart AM

Cardiologist,
Professor University of Tasmania
MBBS, FRACP, FCSANZ, DDU



Vice Chairman
Mr Geoff Arnott

Partner, Douglas
and Collins. LL.B



Vice Chairman
Mr Michael Roberts

ICT Manager, Island Care,
BAppComp



**Company Secretary
Accountant**
Mrs Jill Dearing

Tax Agent, B Bus



Non-Executive Director
Mr Ian Routley

Former Alderman of the City
of Launceston. Director and
committee member of several
community service and charitable
organisations



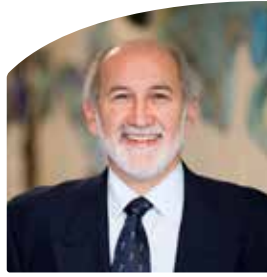
Non-Executive Director
Mr Ken Bassett

Retired senior executive in a variety
of financial sectors including
trustee services, funds management
and banking, Retired Justice of the
Peace, DipFS(FP)



Non-Executive Director
Mr Tom O'Meara

Business and Government
Affairs Consultant



Non-Executive Director
Dr James Markos

Respiratory and Sleep Physician.
Fellow of the Australian College
of Physicians, MBBS, FRACP



Non-Executive Director
Mr Mark Baker

Chief Executive Officer,
Northern Tasmania Development
Corporation. BA & MA



Non-Executive Director
Mr Eric Daniels

Chief Executive - Hospitals N/NW
Fellow of the Australian College
of Nursing Australia, FACN, SRN,
RSCN, ORNC, B Adm



Non-Executive Director
Dr John Wettenhall OAM

Retired Gastroenterologist and
Physician. B.MED.SC, MBBS, MRACP,
FRACP



Non-Executive Director
Mr John Batten AM

Retired Orthopaedic Surgeon.
MBBS, FRACS Orth, FAOrthA,
GAICD



Non-Executive Director
Dr Judith Watson

General Practitioner. FRNZCGP,
MRACGP



Non-Executive Director
Mrs Neroli Ellis

Deputy President Tasmanian
Industrial Commission, Fellow of
Australian Institute of Company
Directors, BN, MBA



Non-Executive Director
Mrs Lyndal Kimpton

Partner, Ruddicks Chartered
Accountants. Accountant/Tax
Agent, Member of Australian
Institute of Company Directors

THE TEAM

The Foundation team is a dedicated group who take great pride in “making a difference” by raising funds to fulfil the organisation’s mission to fund local medical research and education, provide support for hospital facilities, and ultimately, improve the health outcomes for the people of our region.

We strive to continually develop and strengthen our activities by working closely with our clinicians, donors, volunteers and the community to develop a culture of philanthropy.

Peter Milne

Chief Executive Officer

Rebecca Biggelaar (part-time)

Events and Communications

Sally Hutchins (part-time)

Executive Assistant, Research and Committees

Kate Clark (part-time)

Donor Relations and Finance

Dearne Pearce (part-time)

Administration and Donor Relations

RESEARCH SUPPORT TEAM

Dr Iain Robertson

Biostatistician

Dr Kath Ogden

Research Development Fellow

Jane Neikamp

Research Nurse

Monika O'Connor

Research Nurse

Angela Toohey

Research Nurse

Shelley Davey

Research Assistant





SUB - COMMITTEES

RESEARCH COMMITTEE

Ass/Prof
Don McTaggart - Chair
Dr John Wettenhall
Dr Jim Markos
Dr Girish Pande
Mr Mike Monsour
Dr Stan Gauden
Dr Rajesh Raj
Dr Terry Hannan
Mark Baker - Lay Member

INVESTMENT COMMITTEE

Jill Dearing - Chair
Ken Bassett
Brian Faulkner
Lou Johnson
Clive Holyman

NORTHERN TASMANIAN CHILDREN'S FUND

Tom O'Meara - Chair
Ian Routley

FINANCE, AUDIT & RISK COMMITTEE

Ken Bassett - Chair
Jill Dearing

DID YOU KNOW?

HEART DISEASE KILLS 125 PEOPLE IN AUSTRALIA EVERY DAY AND STATISTICS HIGHLIGHT THAT TASMANIA SUFFERS FROM THE HIGHEST RATE OF CARDIOVASCULAR IN AUSTRALIA. THE RISK OF HEART DISEASE CAN BE DECREASED BY REGULAR PHYSICAL ACTIVITY AND IMPROVED LIFESTYLE CHOICES. THE CLIFFORD CRAIG FOUNDATION IS COMMITTED TO SAVING LIVES AND IMPROVING THE HEART HEALTH OF NORTHERN TASMANIANS WITH OUR ANNUAL RUN & WALK FOR YOUR HEART CAMPAIGN EACH SEPTEMBER. PLUS, THE FUNDS RAISED ARE DESIGNATED FOR CARDIAC RESEARCH.



ABOUT US

The Clifford Craig Foundation is a health promotion charity that supports the Launceston General Hospital, the acute referral hospital for north and northwest Tasmania.

Established in 1992, the purpose of the Foundation is to improve the health of the community that we serve through the provision of funding for innovative medical research, education of health professionals, funding of medical equipment and patient facilities within the hospital.

Medical research is a priority focus for the Foundation and we enable our research teams to find better treatments and ways to cure the health related issues that are important to Tasmanians. Importantly, the research and educational opportunities that we provide are intended to help attract and retain medical specialists, researchers and higher degree students to work here in Northern Tasmania.

The Clifford Craig Foundation is situated on level five of the Launceston General Hospital where it houses a research centre to support the extensive research program that it facilitates within the hospital. The Foundation conducts an annual research-funding grant round to enable innovative research opportunities for clinicians. Scholarship support is also offered for advanced trainees, including Medical and Nursing Honours scholarships.

The Foundation was named in honour of Dr Clifford Craig who was an outstanding surgeon and administrator at the Launceston General Hospital.



OUR PRIMARY FOCUSES



COMMUNITY

Everyone benefits from the outcomes of enhanced patient care through medical research, particularly when that research paves the way to better prevention, better treatments, and even cures for conditions once thought incurable.



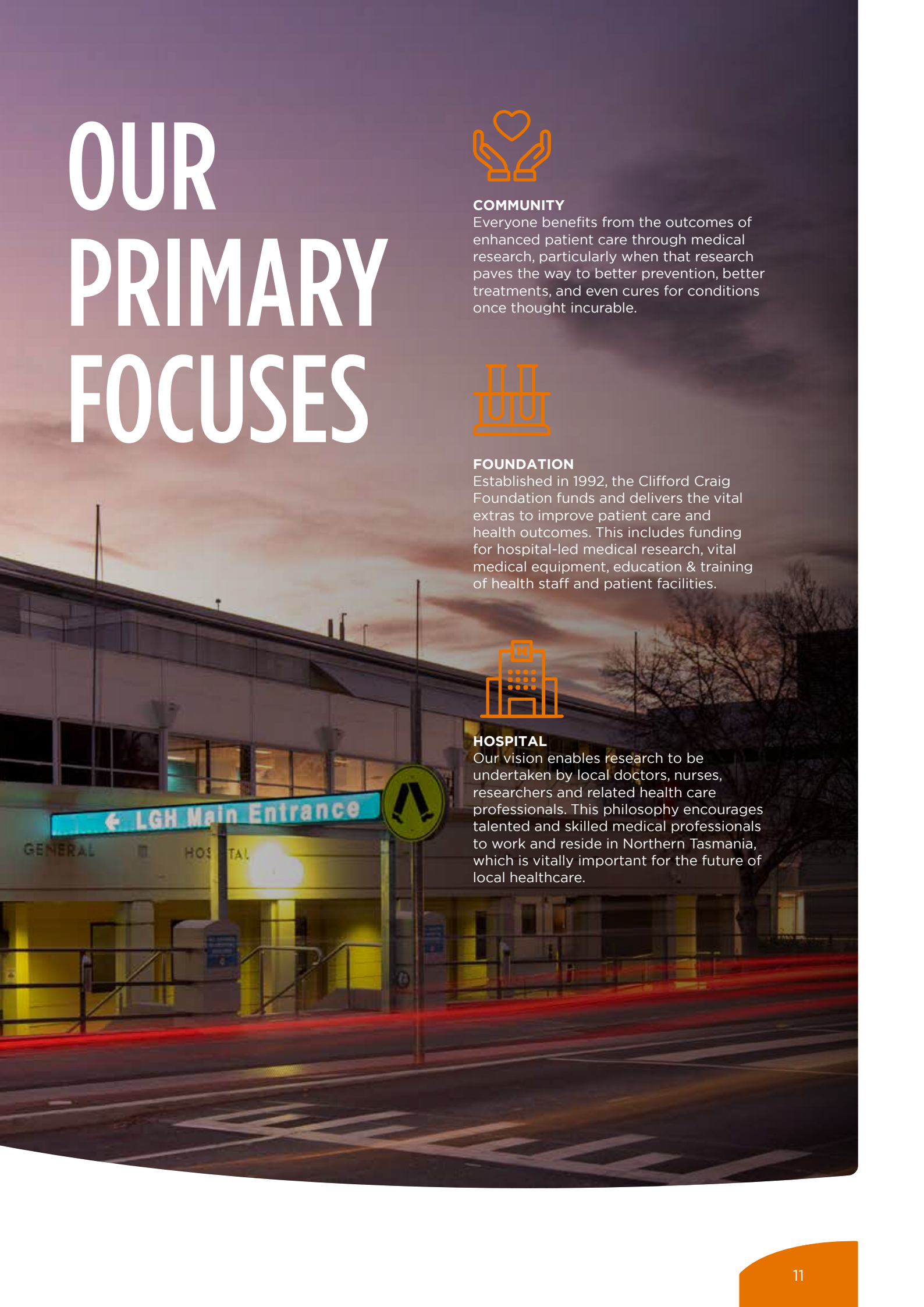
FOUNDATION

Established in 1992, the Clifford Craig Foundation funds and delivers the vital extras to improve patient care and health outcomes. This includes funding for hospital-led medical research, vital medical equipment, education & training of health staff and patient facilities.



HOSPITAL

Our vision enables research to be undertaken by local doctors, nurses, researchers and related health care professionals. This philosophy encourages talented and skilled medical professionals to work and reside in Northern Tasmania, which is vitally important for the future of local healthcare.



RESEARCH



DID YOU KNOW?

THE CLIFFORD CRAIG FOUNDATION IS TOTALLY COMMUNITY FUNDED AND **DOES NOT** RECEIVE GOVERNMENT FUNDING. OUR MISSION IS TO ADD VALUE TO HOSPITAL HEALTH SERVICES ACROSS NORTHERN TASMANIA BY FILLING THE FUNDING GAP TO ENABLE THE DOCTORS, NURSES, RESEARCHERS AND ALLIED HEALTH PROFESSIONALS TO ACHIEVE OPTIMAL PATIENT OUTCOMES BY PROVIDING SUPPORT FOR MEDICAL RESEARCH, PURCHASE OF MEDICAL EQUIPMENT AND PROFESSIONAL DEVELOPMENT OF STAFF THAT MAY NOT OTHERWISE BE AFFORDED THEM DUE TO BUDGETARY CONSTRAINTS.

RESEARCH GRANTS AWARDED IN 2019

GRANT	RESEARCHER	PROJECT TITLE	AMOUNT FUNDED
2019 Grant	Dr Matt Lee-Archer	Randomised controlled Trial of Exenatide versus standard care in Acute Ischemic Stroke (TEXAIS) Multicentre stroke trial	\$57,031
2019 Grant	A/Prof Stephen Tristram	Enhancement and further in-vitro validation of a potential probiotic to reduce ear and lung infections caused by Haemophilus influenzae	\$19,965
2019 Grant	Dr Stephen Myers	What drives the regulation of the zinc transporter ZIP7 in insulin-resistant skeletal muscle? Implications for the treatment of insulin resistance and type 2 diabetes	\$19,368
2019 Grant	Mrs Sharon Luccisano	Multidisciplinary approach to antenatal care to improve the health of pregnant women and their offspring: Healthy Outcomes for the Future (HOFF) program North West Regional Hospital	\$62,606
2019 Grant	Dr Sukhwinder Sohal	Establishment of a Tasmanian lung cancer registry. A north and north-west collaborative initiative	\$80,000
2019 Grant	Dr Jonathan Mulford	Australian Surgical Antimicrobial Prophylaxis (ASAP) Trial Multicentre surgical trial	\$30,000
2019 Grant	Dr Elisa Bongetti	Extended analysis of serum proteins in severe kidney disease for clues regarding symptoms: A pilot study	\$17,281
2019 Extension Grant	Professor Katie Flanagan	Heterologous effect of diphtheria, tetanus, acellular pertussis vaccination on influenza vaccine challenge in the elderly (VITAL)	\$200,000
2019 Extension Grant	Professor Katie Flanagan	Understanding immunity to influenza in kids	\$48,550
2019 Medical Honours Scholarship	Ms Jasveen Kaur	Influenza immune response in children	\$7,500
2019 Nursing Honours Scholarship	Ms Sarah Mineall	What are the experiences of critical care staff in the provision of care to patients during the COVID-19 pandemic	\$5,000
TOTAL RESEARCH FUNDING APPROVED			\$547,316

**DR MATT
LEE-ARCHER**

\$57,031

RANDOMISED CONTROLLED TRIAL OF EXENATIDE VERSUS STANDARD CARE IN ACUTE ISCHEMIC STROKE (TEXAIS)

Stroke is one of Australia's biggest killers and a leading cause of disability. Stroke kills more women than breast cancer and more men than prostate cancer. In 2017 there were more than 56,000 new and recurrent strokes – that is one stroke every nine minutes.

This project will enable the Launceston General Hospital to participate in a Neurology multi-centre trial that includes 15 hospitals in Australia, New Zealand and Finland. The trial will investigate Exenatide, a commonly used diabetes drug that increases insulin secretion.

In many acute diseases, there are worsening clinical outcomes for patients with elevated blood sugar levels, known as hyperglycaemia. In acute ischaemic stroke, post-stroke hyperglycaemia (PSH) occurs in up to 50% patients, reduces the efficacy of stroke thrombolysis with increased risk of bleeding, increases stroke size, and results in worse clinical outcomes and death.

At this stage, Insulin-based therapies have not proved beneficial in treating PSH as they are difficult to implement and maintain, cause frequent hypoglycaemia and have not shown to reduce mortality or improve clinical outcomes. It is hoped that an alternative, simple to use, treatment for PSH, such as Exenatide, may therefore have a significant impact for acute stroke care.

Exenatide is a commonly used diabetes drug, that among its effects, increases insulin secretion. Importantly, this action is glucose dependent – as blood sugar levels decrease, its stimulatory effect on insulin secretion subsides with a very low risk of hypoglycaemia.

A previous pilot study of 17 consecutive, unselected patients with acute ischaemic stroke compared subcutaneous Exenatide for 5 days versus routine standard care. The blood glucose levels remained consistently lower (and less variable) in the treatment group, most noticeably in those stroke patients with known diabetes. Exenatide was safe and well tolerated by all patients, with no symptomatic hypoglycaemia.

TEXAIS is a 3-year Phase 2, multi-centre, prospective, randomised, open label, blinded end-point trial comparing subcutaneous Exenatide to Standard Care. The number of patients to be recruited is 528 patients (264 in each group) with a primary end point of early neurological improvement at 7 days, and secondary end points of recovery at 90 days. Continuous glucose monitors will track the intra-day dynamic variability of glucose in acute stroke in all trial patients (treatment and standard care). These results will be important in informing the planning of a larger phase 3 study.

This will be the first research project undertaken by the new team of neurologists at the Launceston General Hospital.



UNDERSTANDING IMMUNITY TO INFLUENZA IN KIDS

PROF. KATIE FLANAGAN
EXTENSION GRANT
\$48,550

Millions of people each year get infected with the influenza virus or flu, many of whom die. Young children are particularly susceptible to severe disease and death from flu. This is likely to be due to differences in the child's immune system compared to adults who are less susceptible, however very little is known about children's immune responses to flu.

Flu vaccination is currently the best protection against the virus, however it provides 60% protection at best and only works against certain types of flu. Therefore, better vaccines are needed, particularly for vulnerable children. We can only develop better vaccines if we understand what parts of the immune response to flu are important in protecting us.

This study aims to provide this information by studying the immune cells in blood, tonsils and adenoids of healthy children in order to understand how their immunity to flu differs from that of adults. Obtaining matched blood and tissue samples from humans is rare in immunology studies, even more so when derived from children, making this a very unique sample biobank.

Recruitment for the project in the first year (2019) was excellent with blood and tonsil tissue collected from most of the recruited participants. The samples have contributed to one recent publication in the Journal of Immunology. The Clifford Craig Foundation has agreed to provide extension funding to enable the project to continue for a further year and allow the research team to recruit up to 150 participants.



We can only develop better vaccines if we understand what parts of the immune response to flu are important in protecting us.

DEMENTIA STUDY PUBLISHED IN THE BRITISH MEDICAL JOURNAL OPEN

An extensive dementia research study undertaken by Launceston General Hospital physician Dr George Razay, and funded by the Clifford Craig Foundation, has developed a diagnostic tool to help medical practitioners to diagnose a treatable form of dementia.

The study, published in the BMJ Open, found that Idiopathic Normal Pressure Hydrocephalus (INPH) may be more common than has been previously thought.

Idiopathic normal pressure hydrocephalus (INPH) is one of the few potentially treatable causes of dementia, but it is difficult to diagnose in older people, with patients often misdiagnosed with Alzheimer's disease or vascular dementia. The condition has previously been viewed as a rare condition.

INPH causes not only memory problems and dementia, but also balance and walking difficulties and urinary incontinence. The condition is diagnosed by brain CT scan showing enlarged ventricles (cavities of the brain). This probably results from difficulty in draining away cerebrospinal fluid, leading to build-up of fluid in the ventricles causing them to enlarge. Diagnosis is important because it can be treated by inserting a fine tube called a shunt in the ventricle to drain away excess fluid from the ventricles to the abdomen. Once the shunt inserted, it remains in place and regulate the flow of fluid from the ventricles.

The results of the Launceston Idiopathic Normal Pressure Hydrocephalus study, investigated the incidence of INPH, developed a simple diagnostic tool to help medical practitioners to diagnose the condition, and looked at the effect of shunting on cognitive, balance, gait and urinary functioning.

The study included 408 participants with memory problems, who attended the memory disorders clinic, the only clinic in Northern Tasmania.

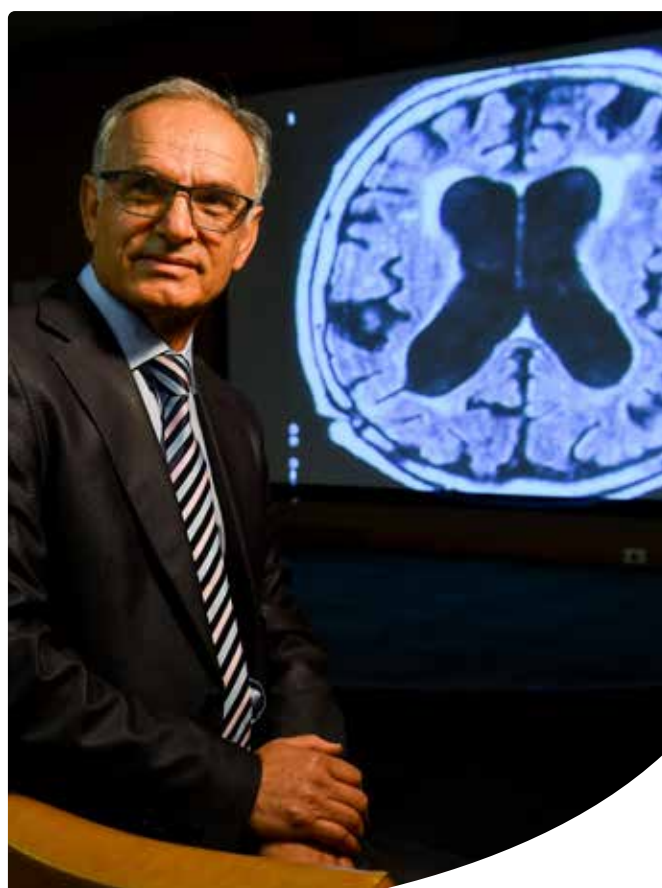
This study is the first world-wide to report that INPH is more common than has been previously thought, and that at least 15% of participants with memory problem have INPH. Moreover, only 55% of patients with memory problems have dementia, of whom 40% had Alzheimer's disease and 10% had mixed dementia. In comparison to other studies, the study diagnosed less with Alzheimer's disease and other dementia syndrome, but more of INPH.

The study developed a simple assessment to help the diagnosis of INPH in a non-specialised setting.

The presence of balance and gait disorder with difficulty of standing on toes and heels, fear of falling, urinary urgency, nocturnal frequency and incontinence, enlarged ventricles with Evans ratio more than the combined diagnostic threshold strongly predict the diagnosis of INPH in patients with memory problems. Moreover, patients who had shunt surgery, showed improvement in cognition, balance, gait and urinary functions. In this study, 56% improved by at least 50% in mini-mental state examination and balance and gait functions in the first year.

There are currently an estimated 447,115 Australians with dementia and almost 50 million people worldwide. Based on the results of Dr Razay's research, it is estimated that INPH affects 67,067 of Australians with dementia and 7.5 million worldwide. There are, therefore, many patients with dementia who may have INPH, and they are denied a treatment that may improve cognitive, balance and gait functions and quality of life, and may delay institutionalization.

As the baby boomer generation reaches old age, the number of cases of dementia and INPH will grow significantly, but the good news is that INPH can be diagnosed and treated.



CLIFFORD CRAIG RESEARCHER WINS INTERNATIONAL AWARD

WORLD-LEADING CLINICAL TRIAL SLASHES HOSPITAL PNEUMONIA RATES

Launceston General Hospital physiotherapist, Ianthe Boden, was the recipient of a major international award in 2019, which recognises clinical trials that significantly improve patient care and health.

Ianthe accepted the 'PEDro' prize for Best Trial at the World Confederation of Physical Therapy (WCPT) Congress held in Geneva, Switzerland.

Funded by the Clifford Craig Foundation, the trial set out to see if providing patients with double the amount of physiotherapy in the first week after major emergency surgery would prevent pneumonia and improve recovery. "With over half a million patients operated on every year, abdominal surgery is the most common major surgery type performed in hospitals around Australia. Here at the LGH we operate on about 450-500 patients a year," Ianthe said.

"Pneumonia is unfortunately common after these operations, with around one in three patients developing this complication. This means over 100 000 patients Australia wide are affected every year. We'd previously conducted a successful study on the impact of extra physiotherapy on people before elective abdominal surgery however, until now, there have been no clinical trials at all in how to improve outcomes for emergency surgery patients."

"This is the first study of its kind in the world looking at how to prevent pneumonia and improve recovery in patients who have undergone emergency abdominal surgery," Ianthe, the trial's lead investigator, said.

The trial, named ICEAGE (Incidence of Complications following Emergency Abdominal Surgery - Get Exercising), was conducted over three years (2015-2018) and involved 288 patients. "The trial took place at the Launceston General Hospital, at North East Health Wangaratta hospital in regional Victoria and the Princess Alexandra Hospital in Brisbane, so this involves a diverse range of patients and hospital settings which adds strength to our findings."

The project involved teaching breathing exercises and giving twice as much rehabilitation in the first week after surgery to the 'treatment' group. The 'placebo' group received normal levels of post-operative physio care.

The trial found intense ward-based chest physiotherapy and early rehabilitation in the first week after emergency surgery has a profound positive impact

and significantly cuts pneumonia rates. "We found patients receiving the extra physio were half as likely to get pneumonia, were in hospital for three days less, were half as likely to need a stint on a formal rehabilitation ward, felt stronger and healthy on leaving hospital, and had almost returned to normal three months after surgery," Ianthe said.

"Without the financial assistance from Clifford Craig and support from within the LGH there's no way we could conduct this type of research in Tasmania - it just wouldn't happen. This is research that saves and improves peoples' lives," Ianthe said.

The improved post-operative care benefits the patient, but also the hospital and wider community, according to the Chief Executive Officer of the Clifford Craig Foundation, Peter Milne.

"This highly effective treatment developed through funding from Clifford Craig will save the health system around half a million dollars a year in overall hospital costs, and that ultimately benefits the entire community. That's why Clifford Craig funds medical research being conducted here in Tasmania, by Tasmanians, for Tasmanians, and with global impact."

"We congratulate Ianthe and her team on this award, and also for recently receiving a highly commended award at the Australian College of Anesthetics Annual Scientific meeting - the first time a non-anesthetist has received the award," Peter said.

"It great to see ongoing recognition for medical research occurring here, under our noses."

Ianthe Boden briefing journalists Jessie Gilmour (7 Tasmania News) and Jessica Willard (Examiner).



PROFESSIONAL LECTURES

DARE SHOTT LECTURE



**Professor
Shyamali Dharmage**

2019 was a milestone year for the annual Dare Shott Lecture, being the 21st staging of the public medical lecture. The focus of the 2019 lecture was “Allergy & Lung Health” and was presented by Professor Shyamali Dharmage, Professor of Epidemiology and Head of the Allergy and Lung Health Unit, at the University of Melbourne.

Professor Dharmage is the principal investigator (PI) of two of the world’s key longitudinal studies in allergies and lung health, the Tasmanian Longitudinal Health Study and the Melbourne Atopy Family Cohort Study. She is also the PI of the Australian Centre of RHINESA, a three-generation international study of asthma and allergies and Australian Centre of Ageing Lungs in European Cohorts (ALEC).

She has secured over 60 million Australian Dollars for her research program and published over 350 peer reviewed articles including in Lancet, Lancet Respiratory Medicine, Nature Genetics, American Journal of Respiratory and Critical Care Medicine, and BMJ.

Her major interests include causes and consequences of lung function and asthma trajectories over the full life span, early life origins of COPD, transgenerational risk factors for poor lung health and lifetime predictors of sleep disordered breathing.

DAVID HUISH MEMORIAL LECTURE



**Associate Professor
Penny Blomfield**

The title of the 2019 annual David Huish Memorial Lecture was “Advances in the care of women with Gynaecological Cancer.

Associate Professor Blomfield is a Gynaecological Oncologist who specialises in the care of women with gynaecological cancers and those who need complex benign pelvic surgery. She is the Chair of Australasian Society of Gynaecological Oncology and a member of the Cancer Australia Advisory Council. She served as the Director of Gynaecological Oncology in Tasmania 2000 - 2016 and Clinical Associate Professor UTAS 2000 - 2018.

She carried out her basic medical training and subsequent specialist certification in Obstetrics and Gynaecology in the UK and emigrated to Australia in 1994. She initially worked as a Gynaecological Oncologist at the Mercy Hospital for Women in Melbourne and moved to the Royal Hobart Hospital in Tasmania in 2000.

The Clifford Craig Foundation organise the annual lecture in conjunction with the LGH Department of Surgery in memory of Mr David Huish, a General/Thoracic Surgeon at the LGH throughout the 70’s, 80’s & 90’s.



DID YOU KNOW?

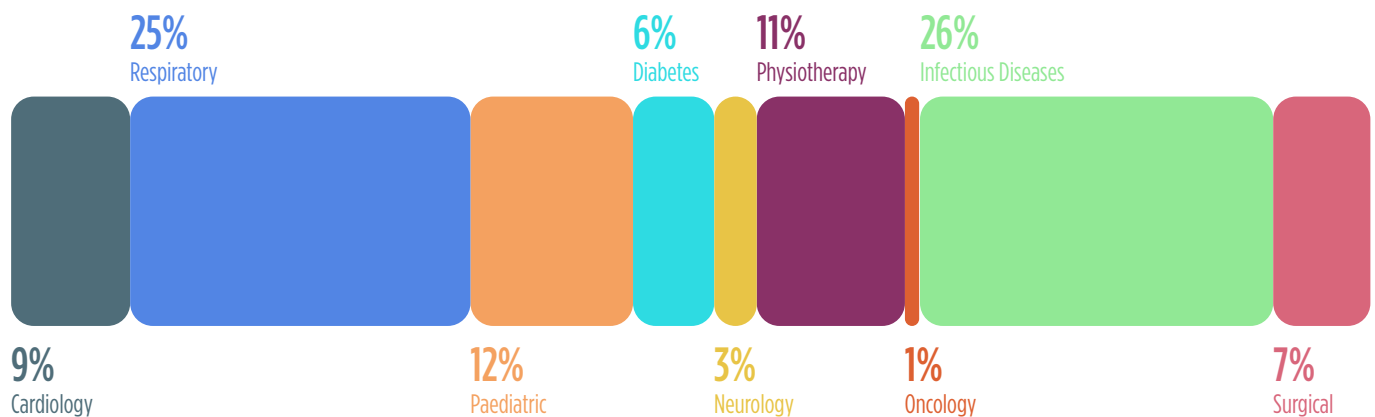
LOCALLY LED, LOCALLY CONDUCTED CLINICAL RESEARCH IS AN ASSET FOR THE NORTHERN TASMANIAN COMMUNITY BECAUSE IT TRANSLATES TO A BETTER UNDERSTANDING OF DISEASE MANAGEMENT, MEDICAL PROCEDURES AND HEALTHCARE. THE RESEARCH PROGRAM FUNDED THROUGH THE CLIFFORD CRAIG FOUNDATION ENABLES RESEARCH TO BE TRANSLATED INTO CLINICAL PRACTICE AND SUPPORTS THE RECRUITMENT AND RETENTION OF MEDICAL PROFESSIONALS IN OUR HOSPITALS.

FUNDING BREAKDOWN

WHERE OUR FUNDS CAME FROM IN 2019



RESEARCH FUNDED IN 2019



FUNDRAISING ACTIVITIES



DID YOU KNOW?

49 PERCENT OF THE TASMANIAN POPULATION LIVE IN THE NORTHERN HALF OF THE STATE. THE REGION IS SERVED BY THREE MAIN PUBLIC HOSPITALS IN LAUNCESTON, BURNIE AND LATROBE, WITH THE LAUNCESTON GENERAL HOSPITAL BEING THE ACUTE REFERRAL HOSPITAL FOR PEOPLE WHO RESIDE IN NORTH AND NORTH-WEST TASMANIA.

CHARITY BALL

“Grease is the Word” was the theme for the 2019 Clifford Craig Charity Ball and once again, the event was sold out with over 350 guests enjoying a wonderful night celebrating their hospital and medical research. Always a fun night with great theming, excellent entertainment, food, wine and socialising with friends.



Our annual “heart health” promotion attracted over 400 participants on the first Sunday of October. Despite overnight rain, the weather cleared, and it was fantastic to see so many people turn out to participate and make a commitment to towards better heart health.

INTERNATIONAL WOMEN'S DAY LUNCHEON

An enthusiastically supported luncheon on our events calendar, the 2019 speaker was Gillian Triggs, former president of the Human Rights Commission. Gillian provided an interesting insight into her role which attracted relentless political pressure and media scrutiny.





CHRISTMAS CONVERSATIONS

Three-time AFL premiership captain for the Brisbane Lions, Alastair Lynch was the guest speaker for the annual Christmas Conversations Luncheon. Alastair provided guests with an insight into the story of his career - threatening struggle with Chronic Fatigue Syndrome.



LADIES DAY OUT

Over 200 ladies enjoyed a wonderful afternoon tea in August that featured gourmet platters, cakes and sweet treats, gala fashion show and boutique shopping market. Not only was it great fun, nearly \$5,000 was raised for research and the hospital.



FRIENDS OF CLIFFORD CRAIG

Our wonderful volunteer fundraising group, the Friends of Clifford Craig provided a significant contribution of nearly \$30,000 to the Foundation from their fundraising activities during the year.



GARDEN FETE

The home of John and Sandra Fardon at Perth was the location for the annual garden fete in 2019. The day was a fantastic success with wonderful numbers at the event enjoying the magnificent gardens, wide variety of stalls, entertainment and delicious Devonshire teas.



SOUP & SANDWICH

Whilst this annual event is held in the middle of winter, our guests were certainly warmed up with some delicious home-made soup and servings of scrumptious sandwiches. The guest speaker was retired GP, Dr Frank Madill.

MELBOURNE CUP LUNCHEON

It was yet another successful event to celebrate the “first Tuesday in November” with the Melbourne Cup Luncheon at Drysdale Restaurant. There were plenty of happy faces and thanks to everyone who attended the 27th staging of the luncheon.

Nearly \$30,000 to the Foundation
from their fundraising activities
during the year.

FINANCIAL REPORT

FOR THE YEAR ENDED 31 DECEMBER 2019



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DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 31 December 2019.

Directors

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

Associate Professor D R McTaggart AM	
Mr M J Roberts	
Mr G W Arnott	
Mrs J Dearing	
Mr I J N Routley	
Mr K Bassett	
Mr T M O'Meara	
Dr J Markos	
Mr M Baker	
Mr E Daniels	
Dr J Wettenhall OAM	
Mr J Batten AM	Appointed 30 October 2019
Dr J Watson	Appointed 30 October 2019
Mrs N Ellis	Appointed 30 October 2019
Mrs L Kimpton	Appointed 30 October 2019

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

Significant Changes in the State of Affairs

No significant changes in the company's state of affairs occurred during the financial year.

Principal Activities

The principal activities of the company during the financial year were:

The principal activities of the Clifford Craig Foundation Ltd during the financial year were to facilitate high quality medical research in Northern Tasmania in general, and the Launceston General Hospital in particular, to provide inquiry and ongoing improvement in health related issues of relevance to Tasmanians.

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

Objectives

The short term objectives of the Clifford Craig Foundation Ltd are to:

- Provide funding for medical research that will help attract researchers, higher degree students and specialist doctors to work in our region.
- Undertake regular activities to raise funds for research projects.
- Maintain a strong reputation as a respected community-based medical research organisation that focuses on the health needs of Northern Tasmania.

The long term objectives of the Clifford Craig Foundation Ltd are to:

- Raise funds for our work
- Grow our research opportunities
- Tell people who we are and what we do

To achieve these objectives, the company has adopted the following strategies:

- Proactively build our research funds and strong partnerships with organisations and researchers that share our values in order to open future research opportunities.
- Create ongoing communications activity to increase awareness of the organisation and showcase the medical research being undertaken and funded by the company.
- Maintain strong bonds between the teaching hospitals and health education establishments in our region.
- Broaden and build relationships with volunteers, donors, potential funding sources and the corporate sector to achieve continued fundraising growth.

Director Information

Associate Professor D R McTaggart AM Qualifications	Chairman Cardiologist, Professor University of Tasmania MBBS, FRACP, FCSANZ, DDU
Mr G W Arnott Qualifications	Vice Chairman Partner, Douglas and Collins. LL.B.
Mr M J Roberts Qualifications	Vice Chairman ICT Manager, Island Care, BAppComp
Mrs J Dearing Qualifications	Company Secretary Accountant/Tax Agent, B Bus
Mr I J N Routley Qualifications	Non-Executive Director Former Alderman of the City of Launceston. Director and committee member of several community service and charitable organisations
Mr K R Bassett Qualifications	Non-Executive Director Retired senior executive in a variety of financial sectors including trustee services, funds management and banking, Retired Justice of the Peace, DipFS(FP)
Mr T M O'Meara Qualifications	Non-Executive Director Business and Government Affairs Consultant
Dr J Markos Qualifications	Non-Executive Director Respiratory and Sleep Physician. Fellow of the Australian College of Physicians, MBBS, FRACP
Mr M Baker Qualifications	Non-Executive Director Chief Executive Officer, Northern Tasmania Development Corporation. BA & MA
Mr E Daniels Qualifications	Non-Executive Director Executive Director of Operations (N/NW) Tasmanian Health Service, Fellow of the Australian College of Nursing Australia, FACN, SRN, RSCN, ORNC, B Adm
Dr J M Wettenhall OAM Qualifications	Non-Executive Director Retired Gastroenterologist and Physician. B.MED.SC, MBBS, MRACP, FRACP
Mr J Batten AM Qualifications	Non-Executive Director Retired Orthopaedic Surgeon. MBBS, FRACS Orth, FAOrthA, GAICD
Dr J Watson Qualifications	Non-Executive Director General Practitioner. FRNZCGP, MRACGP

Director Information

Mrs N Ellis
Qualifications

Non-Executive Director
Deputy President Tasmanian Industrial Commission,
Fellow of Australian Institute of Company Directors, BN

Mrs L Kimpton
Qualifications

Non-Executive Director
Partner, Ruddicks Chartered Accountants.
Accountant/Tax Agent, Member of Australian Institute of
Company Directors

Company Secretary

The following person held the position of Company secretary at the end of the financial year:

Mrs Jillian Dearing

Meetings of Directors

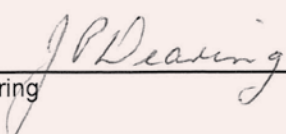
During the financial year, 12 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings	
	Eligible to attend	Number attended
Associate Professor D R McTaggart	12	12
Mr Ken Bassett	12	9
Mr Geoff Arnott	12	11
Mrs Jill Dearing	12	8
Mr Ian Routley	12	9
Mr Michael Roberts	12	10
Mr Tom O'Meara	12	9
Dr Jim Markos	12	11
Mr Mark Baker	12	11
Mr Eric Daniels	12	5
Dr John Wettenhall	12	11
Mr John Batten	2	1
Dr Judith Watson	2	1
Mrs Neroli Ellis	2	2
Mrs Lyndal Kimpton	2	1

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under section 60 of the Australian Charities and Not-for-profits Commission Act 2012 is set out at page 21.

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



J Dearing

30 March 2020

Date

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER 2019

	Note	2019 \$	2018 \$
INCOME			
Donations	2	2,198,422	519,403
Fundraising	2	191,352	201,171
Grant income	3	23,500	-
Investment income	2	748,422	781,566
Sponsorship		8,000	8,000
		<u>3,169,696</u>	<u>1,510,140</u>
LESS EXPENDITURE			
Depreciation and amortisation	4	17,506	22,003
Donations and fundraising expenditure		208,838	183,300
Employee costs		277,668	269,296
Lectures and professional development of medical staff		6,729	6,695
Other operating expenses		258,441	188,803
Research expenditure	4	506,543	527,654
		<u>1,275,725</u>	<u>1,197,751</u>
NET OPERATING SURPLUS			
		<u>1,893,971</u>	<u>312,389</u>
Other comprehensive income:			
Items that will be reclassified subsequently to profit or loss			
Net fair value gains/(losses)		<u>591,624</u>	<u>(454,036)</u>
Total other comprehensive income for the year		<u>591,624</u>	<u>(454,036)</u>
Total comprehensive income/(loss) for the year		<u><u>2,485,595</u></u>	<u><u>(141,647)</u></u>

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report.

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	1,626,611	1,034,818
Trade and other receivables	7	445,102	233,022
Inventories	8	1,617	1,649
TOTAL CURRENT ASSETS		2,073,330	1,269,489
NON-CURRENT ASSETS			
Financial assets	9	8,903,345	7,089,607
Property, plant and equipment	10	80,410	92,940
TOTAL NON-CURRENT ASSETS		8,983,755	7,182,547
TOTAL ASSETS		11,057,085	8,452,036
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	142,137	30,830
Provisions	12	53,996	32,106
TOTAL CURRENT LIABILITIES		196,133	62,936
NON-CURRENT LIABILITIES			
Provisions	12	11,791	25,534
TOTAL NON-CURRENT LIABILITIES		11,791	25,534
TOTAL LIABILITIES		207,924	88,470
NET ASSETS		10,849,161	8,363,566
EQUITY			
Retained earnings		10,849,161	8,363,566
TOTAL EQUITY		10,849,161	8,363,566

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 31 DECEMBER 2019

	Retained Earnings \$	Total \$
Balance at 1 January 2018	8,505,214	8,505,214
Comprehensive income		
Surplus for the year	312,389	312,389
Other comprehensive income for the year	(454,037)	(454,037)
Balance at 31 December 2018	<u>8,363,566</u>	<u>8,363,566</u>
Balance at 1 January 2019	8,363,566	8,363,566
Comprehensive income		
Surplus for the year	1,893,971	1,893,971
Other comprehensive income for the year	591,624	591,624
Balance at 31 December 2019	<u>10,849,161</u>	<u>10,849,161</u>

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2019

	Note	2019 \$	2018 \$
Cash flows from operating activities			
Receipts from operations		2,397,774	728,574
Payments to suppliers & employees		(632,190)	(757,203)
Dividends received		290,570	670,184
Interest received		35,546	30,248
Grants received		23,500	-
GST received		54,063	46,942
Bequest trust income		40,542	40,328
Payments for research and research services		(602,538)	(527,654)
Property trust receipts		123,451	142,845
Net cash provided by operating activities		1,730,718	374,264
Cash flows from investing activities			
Proceeds from sale of investment		1,286,660	1,720,935
Acquisition of property, plant and equipment		(4,976)	(6,649)
Acquisition of investments		(2,420,609)	(1,836,080)
Net cash provided by (used in) investing activities		(1,138,925)	(121,794)
Net cash provided by financing activities			
		-	-
Net increase (decrease) in cash held		591,793	252,470
Cash and cash equivalents at beginning of financial year		1,034,818	782,348
Cash and cash equivalents at end of financial year		1,626,611	1,034,818

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2019

The financial statements cover Clifford Craig Foundation Ltd as an individual entity. Clifford Craig Foundation Ltd is a company domiciled in Launceston, Tasmania. The company is a not for profit entity and is primarily involved in the facilitation of high quality medical research.

The financial statements were authorised for issue on 25 March 2020 by the directors of the company.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards' reduced disclosure requirements of the Australian Accounting Board (AASB) and the Australian Charities and Not for Profits Commission Act 2012.

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

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

The accounting policies that have been adopted in the preparation of the financial statements are as follows:

(a) Income Tax

The company is exempt from income tax pursuant to section 50-5 of the Income Tax Assessment Act.

(b) Fair Value of Assets and Liabilities

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

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

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

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

These notes should be read in conjunction with the attached compilation report.

(c) Inventories

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

(d) Property, Plant and Equipment

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

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated using diminishing value or prime cost over the asset's useful life to the company commencing from the time the asset is held ready for use.

Leasehold improvements and office equipment are carried at cost less, where applicable accumulated depreciation and impairment losses.

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

Class of Fixed Asset:	Depreciation Rate
Plant and equipment	2.5% - 66.7%
Motor vehicles	25%
Research Centre	2% - 50%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

(e) Financial Instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into equity instruments at fair value through other comprehensive income (FVOCI).

These notes should be read in conjunction with the attached compilation report.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Classifications are determined by both:

- The entities business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets

Subsequent measurement financial assets

Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividend from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital.

(f) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the nominal amounts expected to be paid when the liability is settled, plus any related on-costs. Employee benefits payable later than one year have been measured at present value of the estimated future cash outflows to be made for those benefits.

(g) 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.

Provisions are measured using the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(h) Cash and Cash Equivalents

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

(i) Revenue and Other Income

Donations and fundraising income is recognised as income in the income statement as and when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Dividend revenue is recognised when the right to receive a dividend has been established.

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

(j) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the company that remain unpaid at the end of the reporting period. The balance is recognised as a current liability.

Trade and other payables are initially measured at their fair value and subsequently measured at amortised cost using the effective interest method.

(k) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

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

(l) Comparative Figures

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

(m) New, Revised or Amending Accounting Standards and Interpretations Adopted

The company has adopted all of the new, revised or amending Accounting Standards and interpretations issued by the AASB that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

- AASB 16: Leases (applicable to annual reporting periods beginning on or after 1 January 2019).

This Standard replaces the previous accounting requirements applicable to leases in AASB 117: Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard include:

- recognition of a right-to-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-to-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components;
- variable lease payments that depend on an index or a rate are included in the initial measurement of the lease liability using the index or rate at the commencement date;
- by applying a practical expedient, a lessee is permitted to elect not to separate non-lease components and instead account for all components as a lease; and
- additional disclosure requirements.

The directors have elected to record right-of-use assets at cost.

The company has a peppercorn lease with Launceston General Hospital for 25 years commencing 8 June 2001. Clause 3 of the lease agreement requires a payment of \$1 per annum, if demanded. No payment has been demanded as at 31 December 2019.

- AASB 1058: Income of Not for Profit Entities

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. AASB applies when the Foundation enters into transactions in which the consideration to acquire an asset is significantly less than the fair value of the asset, and where the asset is principally to enable the Foundation to further its objectives. After adopting the standard on 1 January 2019 the board confirms the standard has not had a material impact on the transactions and balances recognised in the financial statements for the year ended 31 December 2019.

These notes should be read in conjunction with the attached compilation report.

(n) Research and Expenditure

Expenditure on research is recognised when incurred.

(o) Functional and presentation currency

These financial statements are presented in Australian dollars, which is the company's functional currency.

(p) Use of estimates and judgements

The preparation of financial statements 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. The directors exercise judgement in the allocation of designated donations to appropriate research projects.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2019

	2019 \$	2018 \$
2. REVENUE		
Donations		
Appeal	73,466	43,104
Bequests	1,517,351	195,682
General	101,420	100,616
Major gifts	456,185	141,001
Trusts and foundations	50,000	39,000
	<u>2,198,422</u>	<u>519,403</u>
Fundraising		
Functions and raffles	<u>191,352</u>	<u>201,171</u>
Investment income		
Bequest trust income	40,542	40,328
Dividends	428,070	631,699
Interest	40,822	30,248
Net gain/(loss) on sale of investments	88,165	(63,554)
Trust distributions	150,822	142,845
	<u>748,422</u>	<u>781,566</u>
3. GRANT INCOME		
<p>The company acts as the auspicing body for the Launceston General Hospital Visual Arts Committee, who are not incorporated and unable to be the applicant organisation for grants. The funds received are held on behalf of the committee and do not represent funds controlled by the company.</p> <p>The committee directs the company on how the funds are to be disbursed in accordance with their expenditure. The funds received are fully unexpended at 31 December 2019.</p>		
4. EXPENSES		
Depreciation and amortisation		
Amortisation of leasehold improvements	5,803	6,893
Depreciation - plant & equipment	6,583	8,282
Depreciation - motor vehicles	5,120	6,828
	<u>17,506</u>	<u>22,003</u>
Research expenditure		
Prior year grants refunded	(4,553)	(10,223)
Research program expenditure	175,255	142,447
Research grants paid	335,841	395,430
	<u>506,543</u>	<u>527,654</u>

These notes should be read in conjunction with the attached compilation report.

	2019 \$	2018 \$
5. KEY MANAGEMENT PERSONNEL COMPENSATION		
Total compensation	<u>126,053</u>	<u>124,754</u>
Other Key Management Personnel Transactions		
Amounts paid to company secretary	<u>1,260</u>	<u>900</u>
6. CASH AND CASH EQUIVALENTS		
Cash on hand	200	200
Tasmanian Perpetual Trustees - long term fund	1,246,488	249,210
JBWere cash management account	221,567	424,284
NAB - benefits plus	5,235	5,428
NAB - cheque account	66,748	68,655
NAB - salary sacrifice	5,000	5,000
NAB - cash maximiser	44,862	262,384
NAB - wages account	36,511	19,657
	<u>1,626,611</u>	<u>1,034,818</u>
7. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade receivables	143,880	64,977
Dividends and trust distributions receivable	27,371	19,483
	<u>171,251</u>	<u>84,460</u>
Goods and services tax	-	4,324
Franking credits receivable	273,851	144,238
	<u>445,102</u>	<u>233,022</u>
8. INVENTORIES		
CURRENT		
At cost:		
Books - at cost	<u>1,617</u>	<u>1,649</u>
9. FINANCIAL ASSETS		
NON-CURRENT		
Shares in listed corporations	4,443,474	3,566,693
Shares in listed trusts	4,459,871	3,522,914
	<u>8,903,345</u>	<u>7,089,607</u>

These notes should be read in conjunction with the attached compilation report.

	2019	2018
	\$	\$
10. PROPERTY, PLANT AND EQUIPMENT		
Plant and equipment	153,705	152,736
Less accumulated depreciation	<u>(124,545)</u>	<u>(117,962)</u>
	<u>29,160</u>	<u>34,774</u>
Motor vehicles	50,072	50,072
Less accumulated depreciation	<u>(34,709)</u>	<u>(29,590)</u>
	<u>15,363</u>	<u>20,482</u>
Research Centre	1,003,037	999,032
Less accumulated amortisation	<u>(967,150)</u>	<u>(961,348)</u>
	<u>35,887</u>	<u>37,684</u>
Total property, plant and equipment	<u><u>80,410</u></u>	<u><u>92,940</u></u>
11. TRADE AND OTHER PAYABLES		
CURRENT		
Goods and services tax	904	-
Trade creditors	116,222	17,722
Other creditors	3,540	7,343
Superannuation payable	3,786	2,745
Payroll deductions payable	<u>17,686</u>	<u>3,020</u>
	<u><u>142,138</u></u>	<u><u>30,830</u></u>
12. PROVISIONS		
CURRENT		
Provision for annual leave	31,198	32,106
Provision for long service leave	<u>22,798</u>	<u>-</u>
	<u><u>53,996</u></u>	<u><u>32,106</u></u>
NON-CURRENT		
Provision for long service leave	<u><u>11,791</u></u>	<u><u>25,534</u></u>

13. EVENTS AFTER THE REPORTING PERIOD

The spread of the coronavirus COVID-19 in early 2020 has had a material impact on the value of the Clifford Craig Foundation's investments, with an unrealised decline in value of 4.1% noted as at the date of the Directors' Report.

There is also likely to be an impact on Clifford Craig Foundation operations as a result of COVID-19. At the date of signing the Directors' Report, the financial impact could not be quantified accurately but Directors do not believe it will affect the Foundation's capacity to remain a going concern for the foreseeable future.

Other than the above development, no other item, transaction or event of a material and unusual nature is likely, in the opinion of the Directors of the Company, to affect significantly the operations of the Foundation, the results of those operations, or the state of affairs of the Foundation, in future financial years.

These notes should be read in conjunction with the attached compilation report.

2019 2018
\$ \$

14. RELATED PARTY TRANSACTIONS

Transactions with related parties

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

15. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

In the opinion of the Directors, the company did not have any contingencies at 31 December 2019 (31 December 2018: None)

16. FINANCIAL RISK MANAGEMENT

The company's financial instruments consist mainly of deposits with banks, listed investments, accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with AASB 9 Financial Instruments as detailed in the accounting policies to these financial statements, are as follows:

Financial Assets

Cash and cash equivalents	1,626,611	1,034,818
Receivables	445,102	233,023
Financial assets	8,903,345	7,089,607
Total Financial Assets	10,975,058	8,357,448

Financial Liabilities

Trade and other payables	142,138	30,830
Total Financial Liabilities	142,138	30,830

17. COMPANY DETAILS

The registered office and principal place of business of the company is:
Clifford Craig Foundation Ltd
Level 5
Launceston General Hospital
Launceston TAS 7250

18. FUTURE EXPENDITURE COMMITMENTS

(a) Research expenditure commitments

The research expenditure committed below relates to all research projects for which a grant acceptance form has been authorised and returned to the company by the parties undertaking the research.

Research expenditure

Not later than 1 years	438,187	101,220
between 1 year and 5 years	181,777	381,639
	619,964	482,859

These notes should be read in conjunction with the attached compilation report.

18. FUTURE EXPENDITURE COMMITMENTS (CONT'D)

(b) Reconciliation of committed research

Project Description	Balance 1/01/2019 \$	Adjustments \$	Less Paid \$	Plus Committed \$	Balance 31/12/2019 \$
P145 - CC Vaccine Trial - Dr Flanagan	81,818	-	81,818	181,818	181,818
P155 - Blood Injections - Dr Mulford	6,480	-	6,480	-	-
P169 - Improving Bariatric Surgery Outcomes - Mercer	18,102	-	18,102	-	-
P171 - Transition in Idiopathic Pulmonary Fibrosis - Sohal	21,979	-	21,979	-	-
P174 - Low level laser therapy and Heart Attack Recovery - Barthwal	39,491	-	25,000	-	14,491
P181 - The REACH IT Project: Platform Development and Feasibility Study	9,091	-	9,091	-	-
P182- Evaluation of New Therapeutic Targets in (IPF)	72,727	-	36,364	-	36,364
P183 - Radiostereometric Analysis (RSA) of two uncemented tibial components in total knee arthroplasty- Mulford	-	-	-	-	-
P184 - Zinc Activation of Enzymes - Myers	21,944	-	21,944	-	-
P185 - Chest Infection Prevalence Following Surgery - Boden	36,364	-	36,364	-	-
P186 - Immunity to Influenza - Flanagan	39,950	-	39,950	44,136	44,136
P187 - Prevalence of (ACOS) in North-West Tasmanian population - Sohal	50,414	-	25,207	-	25,207
P188 - Childhood Asthma in North West Tasmania - an in-depth study - Weber	49,500	-	-	-	49,500
P190 - Regulation of the Zinc Transporter in Insulin-Resistant Skeletal Muscle	-	-	-	17,853	17,853
P191 - Establishment of a Tasmanian Lung Cancer Registry - Sohal	-	-	-	72,727	72,727
P192 - Enhancement of a Potential Probiotic to Reduce Ear and Lung Infections - Tristram	-	-	-	18,150	18,150
P193 - Trial of Exenatide in Acute Ischaemic Stroke (TEXAIS) - Lee Archer	-	-	-	52,093	52,093
P194 - Limiting birth weight in pregnancy - Luccisano	-	-	-	56,915	56,915
Project 195 - Plasma Proteome in Advanced Kidney Disease - Bongetti	-	-	-	15,710	15,710
Advance Trainee Research scholarships	15,000	(10,000)	-	10,000	15,000
Honours Scholarship	15,000	-	7,500	7,500	15,000
Nursing Honours Scholarship	5,000	-	-	-	5,000
	482,859	(10,000)	329,798	476,902	619,964

These notes should be read in conjunction with the attached compilation report.

19. DESIGNATED DONATIONS

(a) Research expenditure commitments

From time to time, donations are received for specific research projects and included in the profit/(loss) from ordinary activities in the year of receipt. Whilst these amounts are earmarked for expenditure on specific projects, they are not formally committed for expenditure until a grant acceptance form has been authorised and returned to the company by the parties undertaking the research.

As a result, included in the balance of retained earnings at year end are donations and allocations made in current and previous years towards specific research projects.

The Victoria League grant designated donation includes an adjustment for notional interest earned at 2% less an administration fee of 1%. The P Hewitt Scholarship Fund designated donation includes an adjustment for notional interest of 2%. The above are special arrangements approved by the board of directors.

Details of movements in the designated donations included in retained profits for the year ended 31 December 2019 are as follows:

	Balance 1/01/2019	Specific Donations	Expenditure	General Allocations	Balance 31/12/2019
	\$	\$	\$	\$	\$
Allied Health	500	-	500	-	-
Cancer Research	377,504	5,000	-	-	382,504
Cancer Research - Victoria League	304,211	-	-	2,008	306,219
Gerontology General	20,013	-	-	-	20,013
NW Projects General	361,284	156,404	25,207	-	492,480
Paediatrics	47,560	-	39,950	-	7,610
Prostate Cancer	127,462	230	-	-	127,692
Tas Wound Care	10,000	-	-	-	10,000
Addisons	400	-	-	-	400
Parkinsons Disease	150	-	-	-	150
Cardiovascular Disease	25,451	-	25,000	-	451
Ovarian Cancer	9,500	-	-	-	9,500
Renal	3,000	-	-	-	3,000
Respiratory	200	50,020	36,364	-	13,856
Diabetes	4,031	-	4,031	-	-
Infectious Diseases	5,044	-	-	-	5,044
Mental Health	10,000	117	-	-	10,117
Palliative Care	10,570	46,227	-	-	56,798
Neurology	-	50,050	-	-	50,050
LGH Equipment	150	31,925	-	-	32,075
P Hewitt Memorial Scholarship	114,067	-	-	1,894	115,961
D Huish Memorial Lecture 2009-18	36,321	-	2,669	-	33,652
	1,467,416	339,972	133,720	3,901	1,677,569

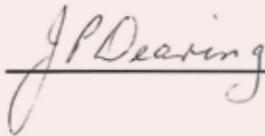
These notes should be read in conjunction with the attached compilation report.

DIRECTORS' DECLARATION

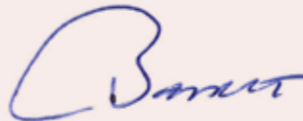
In the opinion of the directors of Clifford Craig Foundation Ltd ('the Company'):

- 1 the Company is not publicly accountable;
- 2 The financial statements and notes as set out on pages 6 to 20 are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012, including:
 - (i) presents fairly in all material respects of the company's financial position as at 31 December 2019 and of its performance, for the calendar year ended on that date; and
 - (ii) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013; and
- 3 There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Director



Director



30 March 2020



Auditor's Independence Declaration under subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012

To: the Directors of Clifford Craig Foundation Limited

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 31 December 2019 there have been:

- i. no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

Heather Hicks

Partner

Hobart

6 April 2020



Independent Auditor's Report

To the members of Clifford Craig Foundation Ltd

Report on the audit of the Financial Statements

Opinion

We have audited the **Financial Statements** of Clifford Craig Foundation Ltd (the Company).

In our opinion, the accompanying Financial Statements presents fairly, in all material respects, the financial position of Clifford Craig Foundation Ltd as at 31 December 2019, and of its financial performance for the year then ended, in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission (ACNC) Act 2012*.

The **Financial Statements** comprise:

- Statement of financial position as at 31 December 2019
- Statement of comprehensive income, Statement of changes in equity, and Statement of cash flows for the year then ended
- Notes including a summary of significant accounting policies
- Directors' Declaration of the company.
- *Clifford Craig Foundation Ltd (the Company)* and the entities it controlled at the year-end or from time to time during the financial year.

Basis for opinion

We conducted our audit in accordance with *Australian Auditing Standards*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Statements* section of our report.

We are independent of the Company in accordance with the ethical requirements of the *Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the *Financial Statements* in Australia. We have fulfilled our other ethical responsibilities in accordance with the Code.



Other Information

Other Information is financial and non-financial information in *Clifford Craig Foundation Ltd's* annual reporting which is provided in addition to the Financial Report and the Auditor's Report. The Directors are responsible for the Other Information.

The Other Information we obtained prior to the date of this Auditor's Report was the Directors' Report.

Our opinion on the Financial Report does not cover the Other Information and, accordingly, we do not/the auditor does not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the Financial Report, our responsibility is to read the Other Information. In doing so, we 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.

We are required to report if we conclude that there is a material misstatement of this Other Information, and based on the work we have performed on the Other Information that we obtained prior to the date of this Auditor's Report we have nothing to report.

Responsibilities of the Directors for the Financial Report

The Directors are responsible for:

- preparing the Financial Report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosures Requirements and the ACNC Act 2012
- implementing necessary internal control to enable the preparation of the Financial Report that is free from material misstatement, whether due to fraud or error
- assessing the Company's ability to continue as a going concern and whether the use of the going concern basis of accounting is appropriate. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.



Auditor's responsibilities for the audit of the Financial Report

Our objective is:

- to obtain reasonable assurance about whether the Financial Report as a whole is free from material misstatement, whether due to fraud or error; and
- to issue an Auditor's Report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with *Australian Auditing Standards* will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Financial Report.

A further description of our responsibilities for the audit of the Financial Report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our Auditor's Report.

KPMG

Heather Hicks
Partner

Hobart

6 April 2020

BETTER HOSPITALS.
CHANGING LIVES.



Clifford Craig
FOUNDATION

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