

Hand in Hand,
Adding Heart
to Days



Annual Report for the year
ended 31 March 2018

Hand,
Heart to Days



HCA's Year of Partnerships

From our humble beginnings as a small group of compassionate volunteers more than 30 years ago, HCA Hospice Care has now become Singapore's largest home hospice care provider.

Our path thus far has been paved in association with partners and friends who have lifted us in many ways, all with the common vision of helping those who wish to seek dignity and closure in their final lap. In our path forward, we will continue to explore alliances with like-minded partners, to strengthen our position and aid us in our endeavours to serve the community. These are the stories of how numerous people have helped us achieve these milestones.

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Adding He

About HCA

HCA Hospice Care (HCA) is Singapore's largest home hospice care provider and is a registered charity since 1989. The organisation provides comfort and support to patients with life-limiting illnesses regardless of age, religion, ethnicity, nationality and financial status.

HCA's core service, home hospice care, is provided at no charge to about 3,500 patients annually. Besides medical care for patients, this service also entails psychosocial support for patients and caregivers. A 24/7 hotline ensures help is available round-the-clock.

HCA is an NCSS Centre of Specialisation for palliative care and conducts palliative care training for its patients' caregivers. Its other services and programmes include day hospice care, paediatric palliative care (Star PALS), bereavement support and outreach programmes such as the Young Caregivers Programme.

Our Vision

To be the Centre of
Excellence for home
hospice care

Our Values

Compassion
Professionalism
Respect

Our Mission

HCA Hospice Care is committed to:

- Ensuring the best quality of life for our patients by delivering professional palliative care and providing compassionate support for their families
- Nurturing the dedicated individuals who make our work possible and serving our community through continued learning and development

01

in Hand,
art to Days





Corporate Partners

HCA has forged valuable relationships with numerous corporate organisations, which have been pivotal to extending the reach of our work.

From organising outings to sponsoring equipment for patients and kick-starting fundraising initiatives, HCA has received generous support from corporate partners – mutually beneficial relationships we hope to broaden and deepen over time.



*Mr Akash Mohapatra,
a volunteer from Deutsche
Bank, demonstrates the art
of prawning to one of our
patients at the Star PALS
Family Day 2018.*





Long-time volunteers from Deutsche Bank took our Star PALS patients and their families to BOUNCE for a fun day out in August 2017.

Corporate organisations have been one of the cornerstones of HCA's development – from institutionalising volunteerism within their culture to mobilising staff to participate in events.

Deutsche Bank has long been an ardent supporter of HCA and specifically our paediatric palliative care service, Star PALS. From sponsoring and volunteering for family-centred events to fundraising, Deutsche Bank's emphasis on community bonding resonates deeply with our Star PALS core values. Beyond patient care, Deutsche Bank employees have helped us develop meaningful events for the whole family – to enjoy a carefree day, away from the daily burden of caregiving.

HP Inc. is one such partner that has recently joined our volunteer fold in engaging with our patients. In contribution to HP's global initiative of 40 Days of Doing Good campaign, which encourages employees to support a cause close to their home and hearts, HP employees rendered their services and companionship to the elderly at the HCA Kang Le Day Hospice in August 2017.

The Lien Foundation is another partner who is aligned with HCA's end-of-life care philosophy. They have made generous provisions through their one-of-a-kind Respectance Fund, set up specifically to aid terminally-ill patients who wish to die at home. This fund provides financial relief to caregivers and families who may face dire circumstances at home – some caregivers have no other choice but to stop gainful employment to care for their ailing loved ones. This may severely impact their financial situation. This is where the Respectance Fund comes in. The fund can also provide for home nursing to 'patch' care services.



HCA found a generous partner in **OCBC Bank** when it included our beneficiaries in their support for the community under the #OCBCCares programme. Under the programme, OCBC Bank funded the purchase and installation of ceiling hoists in five homes. These specialised hoists, commonly found in hospitals, were customised for home use. The hoists alleviate the caregivers' burden of manual handling and lifting of patients and are a safe option for transferring patients to and from their beds. The use of these hoists has definitely contributed to the improvement in quality of life for both patient and caregiver. The equipment are also used as physiotherapy tools to assist patients in gait and balance training, thereby extending the home care concept.

Global port operator, **PSA** has been a long-time supporter of HCA. They have consistently provided one of the largest volunteer groups to support HCA events. The premise of their involvement was seeded in their concern for the increasing healthcare needs of Singapore. They formed the mutually-rewarding partnership with HCA through the PSA Health@Home (H@H) programme. This initiative was started in 2015 in celebration of SG50 and PSA expects to involve 500 volunteers over five years. The culture of volunteerism is inculcated among the staff by giving them time-off from work, transport allowance and the necessary training for working with the elderly.

It is with this commitment that sees PSA staff volunteering every month at our Day Hospice centres.

Last year, PSA's volunteer activities with HCA included cooking lunch for the day hospice patients, taking the patients out for a movie or to places of interest like Gardens by the Bay, and conducting handicraft workshops. Some 20 volunteers also participated in HCA's Family Foto Fair 2018, helping the patients and their families create lasting memories. Thirteen volunteer activities were organised for HCA in 2017, which involved about 200 PSA H@H volunteers.

Other than the monthly activities, the PSA H@H programme also provides a pool of 20 dedicated volunteer drivers who takes turns to drive the HCA Star PALS patients to and from their medical appointments. Besides volunteerism, PSA staff raised funds through the sale of local delicacies at PSA's annual fundraising event, PSA Charity Fair, with part of the total proceeds donated to HCA.

05

"PSA has consistently provided one of the largest volunteer groups to support HCA events."



The PSA volunteers turned up in full force at our Family Foto Fair event in June 2017, which provided an opportunity for patients and their families to capture precious moments together.





Healthcare Partners

HCA has been working closely with a number of healthcare institutions, spanning a series of partnerships which have not only enhanced our service delivery, but also enriched the lives of our patients.

Moving forward, HCA will work on deepening existing partnerships while branching out into new alliances, in order to facilitate more holistic and seamless care for our patients.



*A doctor from
Singapore General
Hospital interacts with
one of our patients
at HCA's Day Hospice
Centre while on
attachment with
HCA Hospice Care.*



The National Cancer Centre Singapore (NCCS) has been a long-term partner of HCA. We signed a five-year Memorandum of Understanding towards ensuring good clinical governance and accountability. The oversight provided by NCCS includes education and training, clinical audit and risk management.

Our team doctors have been able to access clinical placements in NCCS to learn advanced palliative care knowledge and skills. Representatives on our Clinical Review Committee, including nursing and pharmacy leaders from NCCS, have helped HCA to set up a framework for risk management through co-reviewing of policies and procedures. Advice on setting up a robust system to audit our clinical practices across medical, nursing and psychosocial services has also been generously shared.

One of the longest-serving groups is the Project Happy Apples team from **NUS Yong Loo Lin School of Medicine**. These committed medical students became involved with HCA back in 2012, starting off with our befriending programmes. Medical and nursing students from the School run two volunteer programmes at HCA – **Project Happy Apples** and **Project Caring Hearts**.

In 2017, the students organised a Life Stories Exhibition – themed “Adding Life to Days” – at the Toa Payoh Hub Atrium from 21 to 22 October. It featured an interactive telephone booth where visitors could listen in on a simulated decision-making process faced by those reaching the end of their life, and “Before-I-Die” boards where they can reflect on their life and pen their thoughts on end-of-life care. The medical students also run a PALsCare Patient Befriending Programme to provide psychological and social comfort to palliative patients, support their basic needs and plan activities requested by patients. Nursing students from the Alice Lee Centre for Nursing Studies (NUS Nursing) started Project Caring Hearts to enrich and support the lives of palliative patients and their families. Through regular visits, volunteers



A group of volunteers from NUS Nursing helped out at the Family Foto Fair in February 2018.

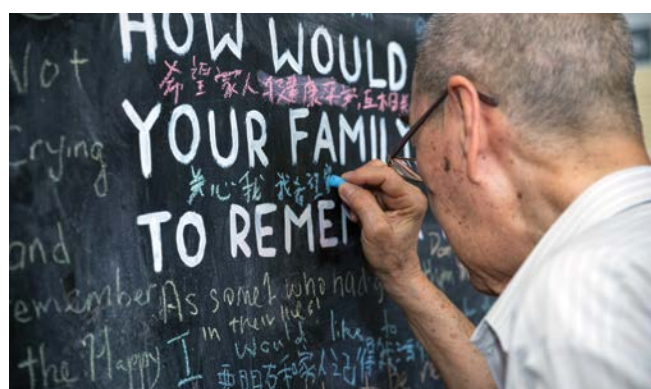


The volunteers from Project Happy Apples kick-started a Life Stories Exhibition in October 2017 to encourage members of the public to discuss end-of-life issues.

“...volunteers befriend and build rapport with terminally-ill patients and provide psychosocial care when the need arises.”

befriend and build rapport with terminally-ill patients and provide psychosocial care when the need arises. They also assist family members with basic caregiving and household chores, providing caregivers a much-needed respite from these duties. In addition, they volunteered at HCA's carnival-style events such as the Family Foto Fair, to bring fun and laughter back to the lives of patients and their families.

Another exciting development is our alliance with the **Outram Community Hospital (OCH)**, located on the Singapore General Hospital campus. OCH and HCA will establish a new Day Hospice within the complex. This Day Hospice will feature customised service offerings in a brand new setting and will experience all the benefits of the enhanced, integrated care model that OCH and the



An elderly man jots down his thoughts in response to the thought-provoking questions on the makeshift panels.

SingHealth Community Hospitals cluster offers. Patients can make a seamless transition from hospital to home hospice care as our HCA Nurses will be on hand to warmly meet and greet them while they are still in-patient at the hospital. Once the patients are safely discharged to their own homes, they would have already met their primary care nurse and be able to anticipate their visits. A friendly, familiar face will be there to guide patients and their families through the changeover of care. The stress and anxiety of the patient's adjustment will be much less due to the integration and proximity.

If the patients are safely mobile, they will be encouraged to attend our Day Hospice at OCH.





Community Partners

“Stronger together” is the foundational belief upon which HCA has built steadfast partnerships with our community – and indeed, the community is a large part of our care network. A patient’s care require many hands to palliate – emotionally and physically.

HCA’s community comprises volunteers from community outreach networks, grassroots organisations and other social service organisations. Over time, we have deepened our relationships on the ground and expanded our HCA family.

Members of the HCA family include formal volunteer groups such as Parents’ Action for Community and Education (UWCSEA PACE), Inner Wheel Club, and individual groups like Lim Mei Xiang and her friends, which contribute to HCA in myriad ways, including organising outings for patients, putting up performances at the Day Hospice and donating specialised medical equipment.

HCA has also been collaborating with grassroots organisations such as Marsiling RC Zone 1A, on gardening projects at their premises; and the Residents’ Committee of Rivervale Arc, which rallied their members to conduct activities for our Day Hospice patients. To enhance care for our patients, HCA also partners with other social service organisations in case management and referrals.



HCA volunteer
Lim Mei Xiang and her
group of friends visit
the Day Hospice on a
weekly basis to regale
our patients with well-
loved tunes.





Anson Ng (far left) and his group of friends at an outing for our Star PALS patients last year. He was the main sponsor of the event.

HAND IN HAND – BRINGING LOVE TO FINAL MOMENTS

This is a very special showcase of how our volunteers are driven by love and compassion to go beyond the extra mile for a patient.

Anson Ng and his group of friends have dedicated the past four years to cooking meals for our Day Hospice patients. This was followed by a recent mutual agreement that the time was right to deepen that relationship, to nurture them to further their journey.

New skills, new challenges

HCA worked with Anson and his 19-strong group of committed volunteers to enhance skills that enabled them to become a special group of home befrienders. The group was put through a two-day hands-on training course conducted by both our psychosocial and clinical teams. The 19 befrienders regrouped into five clusters of three or

more volunteers per group and started their befriending journey.

The Lee sisters and Ah Pek's journey

One of the most heartwarming stories was that of the Lee sisters, a group of three sisters who formed a befriending team. The Lee sisters – Bee Chin, Michelle and Stacy – were first brought into the picture by HCA's Medical Social Worker, Paul Bashyam. Under Paul's care was an 80-year-old man, Mr Chin Ah Bee (not his real name), also fondly known as Ah Pek to the volunteers.

Several years ago, Ah Pek was homeless and found living on the streets. He was placed in a shelter until he was diagnosed with cancer and admitted to a nursing home. HCA was called in to provide home hospice care as the nursing home was not equipped to adequately handle his needs. Ah Pek had no family to rely on – he was single and had lost touch with all his siblings. Loneliness and restlessness filled his days at the nursing home.

Paul explains, "When Nurse Liu Yan and I first visited Ah Pek, he appeared very dejected – he had no friends in the nursing home, no relatives that we knew of. We kept him company for a while, but we knew a better

solution was needed. That's when we thought of the befrienders. Our main aim was to improve his quality of life and ensure that he was coping with end-of-life issues." And so began the Lee sisters' journey with Ah Pek.

The friendly and helpful sisters visited Ah Pek every week and got to know all his favourite foods and haunts. Their outings would sometimes include grocery shopping.

Michelle, the middle sister, tells us, "I will always remember Ah Pek sitting at the nursing home's entrance, all dressed up, backpack across his chest and ready to go. He was always there waiting eagerly for us to arrive."

Despite their busy work schedules, the Lee sisters never failed to bring light and joy to Ah Pek's days. Paul had these observations about the impact the volunteers had on Ah Pek. "We could actually see that he started to find purpose and meaning in life. Before, he was dishevelled, disinterested and would not engage in any social activities. However, when he saw the sisters arriving from afar, he would brighten up visibly."

A Journey is Complete

One fateful day, after about three months of joyful visits and outings, Michelle got a call that changed everything. On that day, the sisters were at HCA Day Hospice, preparing lunch for our patients. The call came from Paul, who informed her that Ah Pek had passed on that morning.

Devastated by the news, the sisters were at a loss as to what to do – Ah Pek had no family to claim his body and no one to see that he

got the proper burial rites. After consultation with their mentor Anson, both Anson and Michelle decided to help to honour Ah Pek's wishes. They met Paul at the morgue, who claimed the remains. They then arranged for funeral rites and cremation services, the expenses of which were borne by Anson.

Paul recounts, "On one of my visits, I brought along our HCA Spiritual Care Counsellor, Irene Lee, to discuss end-of-life issues. Ah Pek spoke to us about what he wanted for his last rites and mentioned specifically that he wanted to be interred at Kong Meng San Phor Kark See Monastery. So, of course, we would honour his last wishes."

To fulfil Ah Pek's wishes, HCA paid for a niche at Kong Meng San Phor Kark See Monastery. The day after his funeral, Anson and Paul returned to the temple for the interment of ashes. Paul adds, "It takes a very special kind of person to do what these volunteers did – to journey with the patient even after he has passed on. They have exceeded our expectations and through them, we see that there is meaning in one's suffering and pain."

If there is heart, then love is boundless – HCA is privileged to partner with volunteers like Anson and the Lee sisters, who have demonstrated the true spirit of giving.

*"If there is Heart,
then love is
boundless..."*



The Lee sisters – Stacy (left), Bee Chin (middle) and Michelle (right) – befriended Ah Pek after HCA Hospice Care was called in to provide him with home hospice care.

Thank you for working
with us to do what
we do — better.



“KWSH is delighted to collaborate with HCA as a partner, working towards service excellence and enhancing the overall quality of care to better meet the varied needs of our seniors and clients.”

~ Dr Ow Chee Chung,
Chief Executive Officer,
Kwong Wai Shiu Hospital



“It was a blessing to be a part of Project Happy Apples. I learnt the most from the patient I befriended this year. Initially, I came in with the mindset of trying to do my best for her. Gradually, I began appreciating the meaning of befriending, which is about the rapport and friendship between us, and enjoying each other’s company. It was a great privilege to be a part of her journey and to understand the patient behind the disease.”

~ Tay Kuang Teck,
Head of Volunteer Training,
Project Happy Apples,
NUS Medicine



“There is an increasing weight on the palliative healthcare system, and volunteer support from corporate partners is important to provide assistance to the healthcare givers and psychosocial support for the patients. PSA Health@Home volunteers are tireless in their efforts to support this cause and it is heartening to know that our volunteer activities have brought joy and given renewed strength to many of HCA’s patients.”

~ Tan Chong Meng,
Group CEO,
PSA International



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“This is only the beginning of our journey and partnership with HCA. We are pleased with the opportunity to work together and give back to the community. I hope the endearing experiences at HCA have inspired our employees to do even more good and make a difference that matters.”

~ Ng Tian Chong,
*Vice President & General Manager
of Print Business,
Asia Pacific & Japan,
HP Inc.*



—
“Our work will never end, but together, with the many hands that come forward, we aspire to build a culture of relentless pursuit of improvement of care for those who are reaching the end of their lives. That is what will make us truly greater than the sum of its parts.”

~ Dr Angel Lee,
*Chairman,
Singapore Hospice Council*



—
“Together with like-minded partners and the support of our employees, we aim to make a positive impact by fostering a stronger community spirit in Singapore.”

~ Annie Yeo,
*Head of Corporate Social
Responsibility Asia,
Deutsche Bank*



DR TAN POH KIANG
PRESIDENT

“2018 is designated The Year of Partnership. The year when we focus our energies on forging mutually-beneficial partnerships with various organisations from corporate world, the community as well as the healthcare sector.”

As Singapore's demographic pattern shifts with a tremendous rise in the elderly sub-population, we face an unprecedented challenge in palliative care. In addition, there has been massive transformation in the way the health sector is organised and how the services are delivered. HCA has never faced a more demanding future.

That is why we have been in a strategic movement getting HCA to be future ready. Our leaders had decided some four years ago that what had brought us success in the past is inadequate to ensure that we thrive in the future. The permanent change in our operating landscape no longer allows us to serve well on our own. That conclusion has led us to develop a strategic plan to form alliances with partners together so that we can do what we cannot do ourselves.

2018 is designated The Year of Partnership. The year when we focus our energies on forging mutually-beneficial partnerships with various organisations from corporate world, the community as well as the healthcare sector.

Our partnerships with corporates continue to strengthen in the past year. We had 24 corporates which volunteered 255 hours with our patients. Companies like Bloomberg, Deutsche Bank, Government Investment Corporation, Hewlett-Packard, MediaCorp and PSA, contributed both time and financial resources in making a difference. Employees from these organisations found meaning as active citizens in bringing joy to our patients.

The next year is adventure-filled as we prepare to move out of 12 Jalan Tan Tock Seng to our new home in Kwong Wai Shui Hospital (KWSH) after 23 years. We will partner KWSH in the day hospice service and draw

on KWSH's rehabilitation facilities to improve our patients' overall experience.

By the end of 2019, we will establish our partnership with SingHealth merging our hospice services at Outram Community Hospital. Patients can look forward to holistic patient-centered care in which they will transit seamlessly from hospital- to home-care. A new day hospice centre tentatively named "Kang Le Club" will improve our current day hospice design and better fulfil meanings of dignity, diversity and development, for our patients.

The compassionate home hospice care that HCA renders to about 3,500 families each year has made a significant impact on our society. We have made it possible to end the journey of life in the comfort of one's own home and in the presence of loved ones.

It is extremely gratifying that our labour of love has been noticed by the larger community this past year when, once again, distinguished awards had been given to our caregiver, volunteer and staff member. Mdm Alicia Chia Kim Hwa was presented with the TTSH Singapore Patient Action Awards for her indefatigable care given to her husband and her father-in-law. Janice Soo, our Medi-Minder, and Carol Toh, our senior nurse were accorded the Healthcare Humanity Award 2018 in the volunteer and ILTC categories respectively.

The year 2019 marks an important milestone as we celebrate our 30th anniversary. The challenges before us are formidable. However, this is when we prove our mettle by rising to the occasion.

As the saying goes, 'If you want to go fast, go alone. If you want to go far, go together.' Let me take this opportunity to express our gratitude to our partners for their belief and confidence in HCA's mission. We look forward to closer collaborations with our partners. Through our alliances, we are more determined, more imaginative and more inspired to bringing dignity and comfort to those who are completing life's journey.

Dr Tan Poh Kiang
President

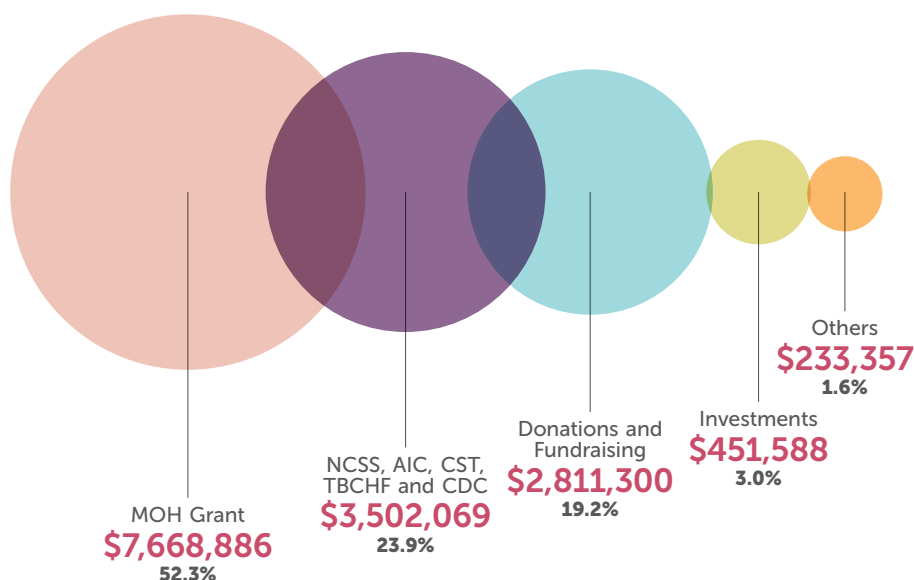
HCA at a Glance

Year ended 31 March 2018

HCA Hospice Care
Annual Report 2018

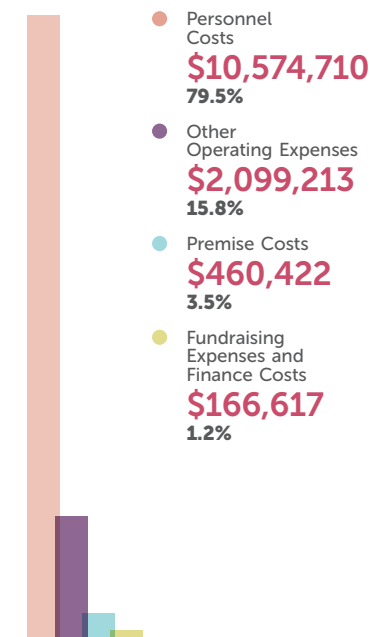
2018 INCOME

\$14,667,200



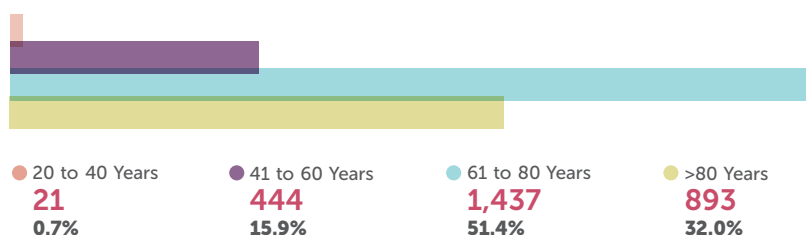
2018 EXPENDITURE

\$13,300,962



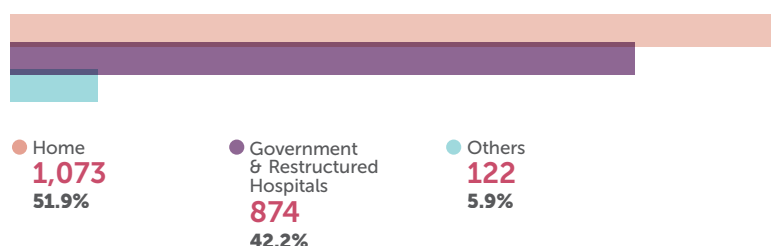
NEW PATIENTS BY AGE GROUP

2,795



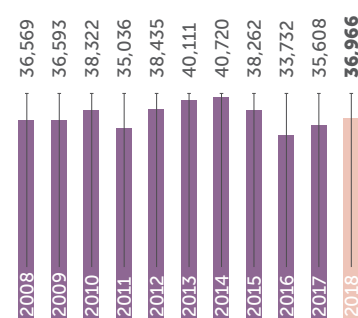
DISTRIBUTION PLACE OF DEATH

2,069



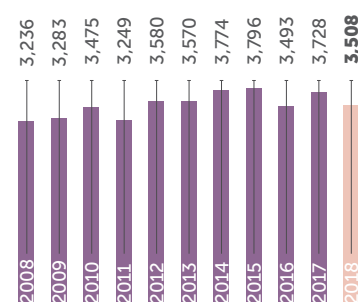
VISITS TO PATIENTS BY HCA HOME CARE TEAM

2008 to 2018



NUMBER OF PATIENTS

2008 to 2018



DAY HOSPICE (COMBINED)

2018



10,048
Total
Attendance



241
Total Number
of Patients

HCA DAY HOSPICE (HQ)

2018



7,153
Total
Attendance



169
Total Number
of Patients

KANG LE DAY HOSPICE

2018



2,895
Total
Attendance



72
Total Number
of Patients

SOURCE OF REFFERALS

2018

2,791

Changi General
Hospital

170

6.1%

Community
Hospitals/
Nursing Homes

106

3.8%

Hospices

9

0.3%

Khoo Teck Puat
Hospital

104

3.7%

KK Women's
and Children's
Hospital

83

3.0%

National Cancer
Centre

873

31.3%

National University
Hospital (NUH &
NUCIS)

442

15.8%

Ng Teng Fong
General Hospital

119

4.3%

Other Govt
Hospitals

17

0.6%

Private
Hospitals

30

1.1%

Singapore
General Hospital

318

11.4%

Tan Tock Seng
Hospital

378

13.5%

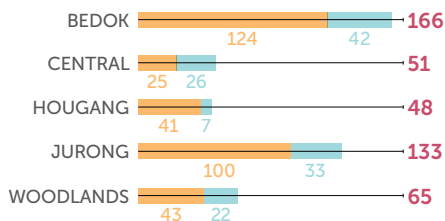
Others

142

5.1%

PARTICIPANTS IN CAREGIVERS TRAINING

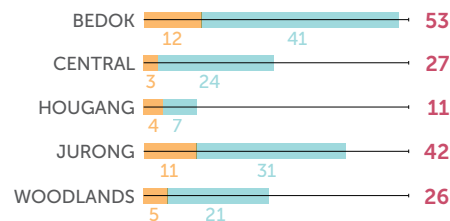
2018



● SATELLITE ● HOME-BASED

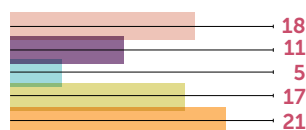
NUMBER OF CLASSES

2018

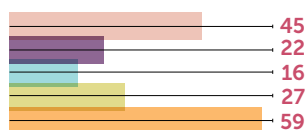


LENGTH OF SERVICE

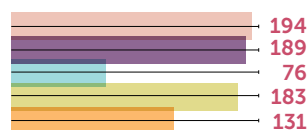
DHC KANG LE



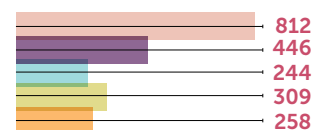
DHC HQ



HHC DISCHARGED



HHC DECEASED



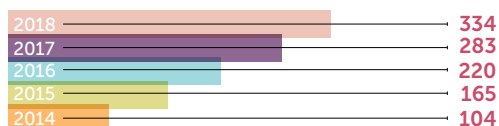
● <30 days ● 31 to 60 days ● 61 to 90 days ● 91 to 180 days ● >180 days

DHC: Day Hospice Centre
HHC: Home Hospice Care

STAR PALS

NUMBER OF PATIENTS (CUMULATIVE)

2014 to 2018



NUMBER OF HOME VISITS (CUMULATIVE)



No. of
Patients
334



Nurse's
Visit
12,292



Doctor's
Visit
2,804



Psychosocial
Visit
4,542

SOURCE OF REFERRALS (CUMULATIVE)

333

KK Women's And
Children's Hospital

133

40.0%

National
University Hospital
(NUH & NUCIS)

185

55.5%

National Cancer
Centre Singapore

3

0.9%

Ng Teng Fong
General Hospital

1

0.3%

Parkway Cancer
Centre

1

0.3%

Private
Pediatricians

7

2.1%

Singapore
General Hospital

3

0.9%



“This year, our focus is to calibrate, sharpen and align our strategic interests with like-minded partners.”

MS ANGELINE WEE
CHIEF EXECUTIVE OFFICER

Our efforts to strengthen our services have come to fruition. We have travelled the distance and are now further motivated to meet the challenges ahead.

However, the path ahead cannot be forged by our own efforts alone. This year, our focus is to calibrate, sharpen and align our strategic interests with like-minded partners. In order to move forward with our growth plans, we need the strategic alliances that will allow us to set our sights further.

While we have already started on a number of meaningful alliances, this year is about discerning, broadening and deepening relationships so as to achieve a shared vision. Our partners are in three main areas: **corporate, healthcare and community.**

We have already established close ties with Kwong Wai Shiu Hospital, soon being the anchor tenant at their newly renovated heritage wing. Our new headquarters will be housed within their 600-acre compound in the Serangoon area. More than just a location, HCA and Kwong Wai Shiu Hospital share inextricable values of compassion and care. Similarly, our interests in providing integrated healthcare to the community are aligned with the Outram Community Hospital, located within the Singapore General Hospital campus. This strategic alliance and location allows us to be part of the plan of providing seamless continuity of care.

The year ahead will also see us refining our services to better serve our community – current practices will be enhanced to cater to the changing needs of our beneficiaries, both for home and day hospice services. We remain steadfast in our mission to serve as many beneficiaries as we can, as best as we can.

As we roll out the planned changes, HCA and its stakeholders can look forward to an even more dynamic and productive future as we rise up to fulfil the responsibilities ahead.

Medical Director's Message

“What has not and will not change is our mission to serve.”

DR CHONG POH HENG
MEDICAL DIRECTOR



The healthcare landscape is changing rapidly. It is not just about the looming silver tsunami, with its anticipated swell of patients needing support at the end of life; or how our services are going to be funded and audited differently, as policymakers optimise outcomes over spending in the face of ever-rising healthcare costs.

With each new decade that HCA Hospice Care (HCA) continues to serve its clients since 1989, the profiles of each family that we have had the privilege to meet also shift, bringing along higher expectations and complex needs. What has not and will not change is our mission to serve.

The world can and will always move around us. However, with the singular goal of improving the lives of patients and families who are grappling with terminal illnesses, we have continued to innovate and rethink the way we care in the past year. Clinical staff like doctors and nurses in the home hospice teams have continued to hone their skills in expert symptom management without losing focus on other dimensions of our patients' wellbeing. Our psychosocial service staff adds to this philosophy of whole person care in the past year with additional elements like

art therapy and spiritual counselling, both offered in the privacy of the home.

Ongoing work to review how we run our day hospices will see its first pilot this year. From where the first day hospice in Singapore started back in 1995, we will move to new premises in Kwong Wai Shiu Hospital. Not only will we be rebranding ourselves in the process, the focus is on refreshing the whole experience of attending a day hospice centre, from the perspective of the patients (and their families). With fervent excitement, we look forward to putting ideas to the test, aiming to set yet another milestone in hospice and palliative care locally.

As our services continue to develop and mature, we have also set a target to expand nascent research and education efforts within the organisation. Invited experts from overseas, restructured hospitals and academics from local universities are supporting us through various collaborative partnerships. In time, our clinical staff would be able to better share their good work and rich experience with others who are just beginning the journey of starting a service – a journey we started almost 30 years ago. Please continue to support us in our many humble aspirations in whatever way that you can. Only together, can we succeed and do so much more!



Mr Lim Boon Heng
Patron
Date joined:
1 Sep 2005



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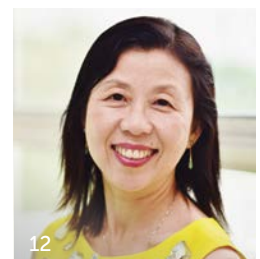
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HCA Hospice Care Council

1. Dr Tan Poh Kiang
President
Date joined:
1 May 2013

2. Ms Tan Soh Keng
Vice President
Date joined:
26 Jun 2014

3. Ms Wee Ai Ning
Vice President
Date joined:
15 Aug 2013

4. Ms Irene Png
Honorary Treasurer
Date joined:
24 Jun 2016

5. Ms Rita Chan
Honorary Secretary
Date joined:
28 Mar 2017

6. Dr Chua Jun Jin
Member
Date joined:
1 Aug 2014

7. Ms Yvonne Kong
Member
Date joined:
11 Jun 2017

8. Dr Caroline Lim
Member
Date joined:
29 Jan 2018

9. Mr Alvin Ong
Member
Date joined:
28 Mar 2017

10. Mr Freddy Orchard
Member
Date joined:
8 Mar 2012

11. Ms Cecelia Pang
Member
Date joined:
1 Jan 2011

12. Ms Matilda Woo
Member
Date joined:
22 Aug 2015

13. Dr Alethea Yee
Member
Date joined:
1 May 2016

HCA Hospice Care Management

Ms Angeline Wee

Chief Executive Officer
Date joined: 3 Dec 2015

Dr Chong Poh Heng

Medical Director
Date joined: 1 July 2008

HCA Hospice Care Committees & Members

Executive Committee

Dr Tan Poh Kiang - President
Ms Wee Ai Ning - Vice President
Ms Tan Soh Keng - Vice President
Ms Irene Png - Honorary Treasurer
Ms Rita Chan - Honorary Secretary

Audit and Risk Management Committee

Ms Matilda Woo - Chairperson
Ms Vivien Lee - Member
Mr Harold Quay - Member

Clinical Review Committee

Dr Alethea Yee - Chairperson
Ms Lita Chew - Member
Prof Chow Yeow Leng - Member
Dr Farid - Member
Dr Jane George - Member
Dr Lalit Krishnan - Member
Ms Evelyn Lim - Member
Dr Koh Pei Lin - Member
Ms Tan Yee Pin - Member
Ms Xu Yi - Member

Corporate & Community Relations Committee

Ms Cecilia Pang - Chairperson
Dr Caroline Lim - Co-opted Council Member
Ms Daphne Chern - Member
Mr Alwyn Chia - Member
Ms Emma Goh - Member
Ms Fiona Lee - Member

Fundraising & CSR Committee

Ms Wee Ai Ning - Chairperson
Ms Maria Ho - Member
Mr Desmond Soon - Member
Ms Pang Wai Yin - Member

Governance Committee

Ms Yvonne Kong - Chairperson
Mr Steven Lo - Member
Ms Irene Png - Member

Human Resource Committee

Ms Rita Chan - Chairperson
Ms Mary Ong - Member
Ms Siow Oi Lin - Member
Ms Amy Tan - Member

Information Technology Committee

Mr Alvin Ong - Chairperson
Mr Chai Chin Loon - Member
Mr Alan Lam - Member
Ms Pauline Sng - Member

Investment Committee

Mr Freddy Orchard - Chairperson
Mr Peter Chiang - Member
Mrs Tan Geok Lin - Member

Nominations Committee

Ms Mary Ong - Chairperson
Mr Freddy Orchard - Member
Ms Wee Ai Ning - Member

Projects Committee

Ms Tan Soh Keng - Chairperson
Mr Sety Ong - Project Advisor

Volunteer & Membership Committee

Dr Chua Jun Jin - Chairperson
Mr Jon Lin - Member
Ms Teo Swee Lian - Member



Home Hospice Care

Our dedicated multidisciplinary healthcare teams are on call round-the-clock, seven days a week, making more than 35,000 home visits island-wide every year. Besides serving from our central headquarters at Novena, we have four satellite centres spread across Woodlands, Hougang, Bedok and Jurong for more accessibility to patients.

Each team comprises a doctor, four to five nurses, one medical social worker, one Patient Care Administrator, as well as trained volunteers, who offer support and care at no charge based on their areas of expertise and the particular needs of the patients and their families. Also available are the services of Triage Nurses, Advance Practice Nurses and in-house Pharmacists. These teams provide services such as:

- Providing medical prescriptions
- Coaching families on how to care for their loved ones at home
- Assisting patients and their families with the emotional and social aspects of coping with death, grief and loss

HCA also provides an after-office-hours patient care help line to patients and caregivers.

Day Hospice Centres

Our day hospice centres see to a patient's needs away from home, catering to patients who are able to walk or are safely mobile in a wheelchair and do not require 24-hour nursing assistance.

HCA Hospice Care is currently operating two day hospice centres:

- HCA Day Hospice Centre (relocating to Kwong Wai Shiu Hospital by end 2018)
- Kang Le Day Hospice Centre

A third Day Hospice will open in 2020, located within the Outram Community Hospital.

At the Day Hospices, patients interact with others and engage in constructive and therapeutic activities. Our Day Hospice programmes are tailored according to the interests and abilities of each patient and include:

- Light exercises and physiotherapy
- Singing and music therapy
- Art and craft sessions
- Pet therapy
- Outings to places of interest

Psychosocial and Bereavement Support

The Psychosocial Services (PSS) team is dedicated to applying social work knowledge and skills competencies in palliative and end-of-life care to alleviate suffering and maximise quality of life for patients, their families and caregivers. Team members include an art therapist, a spiritual counsellor and medical social workers.

Besides managing social cases and providing individual and family counselling, the team actively networks with other agencies to provide holistic care and support to patients and their families.

Caregivers Support Programmes

The Psychosocial Services department organises specific programmes for adults and children that address the emotional well-being of caregivers and their loved ones. In addition, the PSS team also organises a special memorial service for patients' families, whose loved

ones have passed on. This thoughtful ceremony allows bereaved families to come together and pay tribute to their loved ones and provides a platform to seek closure.

Social Services and Counselling

During the progressive stages of life-limiting illness, we offer:

- Professional counselling for patients and their families on issues related to grief, death and loss
- Help with practical concerns like care planning, financial assistance and referrals to community resources
- Spiritual support for all faiths, cultures and beliefs

As the families journey through their grief, we offer support through:

- Bereavement counselling
- Remembrance and memorial services

Art Therapy

This service is tailored to the emotional needs of the individuals, for our patients, adults or children and their families, aiming to provide emotional support and relief. Participants need not be good in art or have any art experience. Supported by an art therapist, they can choose how they wish to use art materials to express and communicate.

Star PALS

Star PALS (Paediatric Advanced Life Support) is a free service by HCA dedicated to improving the quality of life for children aged 19 and below with life-limiting or life-threatening conditions. These range from neurological or congenital conditions to childhood cancers. By partnering with the children's families and primary physicians, our multidisciplinary team of doctors, nurses, counsellors and medical social workers provide a customised and holistic treatment plan through home visits and psychosocial support for the children and their families.

One special group unique to Star PALS is the **Medi Minders**. These specially-trained group of volunteers offer caregivers a few hours of respite, to care for the other children in the family, help family members run errands or simply provide the caregivers a few hours of relief to restore their own well-being.



Young Caregivers Programme (yCG)

HCA has a student outreach arm known as the Young Caregivers programme (yCG) which focuses on raising awareness of eldercare issues. This programme aims to inculcate in our youth the values and benefits of building meaningful relationships with the elderly and the elderly sick.

Since its inception in 2004, the yCG programme has reached out to over 135,000 youths. A complement to the academic curriculum, yCG supports the Ministry of Education's Social and Emotional Learning framework, which seeks to develop students in a holistic manner.

Other Services

Equipment Loan Service

We loan out equipment such as oxygen concentrators, wheelchairs, hospital beds, walking aids and commodes. These are available to patients free of charge, and they only need to put down a \$100 refundable deposit.

Palliative Caregivers Programmes

These programmes are to equip caregivers with the knowledge and skills they need to manage and care for patients in their own homes.



After having been at our headquarters at 12 Jalan Tan Tock Seng since 1995, HCA Hospice Care (HCA) has secured a new home for our headquarters. The search began several years before and we are pleased to co-locate and partner with the historic Kwong Wai Shiu Hospital (KWSH) to serve the community.

Beyond its central location, KWSH shares a common vision, being one of Singapore's oldest charitable healthcare institutions. HCA will occupy about one-and-a-half floors in the conserved colonial main building, occupying

more than 1,600 square metres. Beyond that, HCA also has access to some of the shared services on this six-acre compound.

This partnership is one of complementary services – HCA will enhance KWSH's current service offering with our home and day hospices, and our beneficiaries can seek respite in KWSH's rehabilitation and traditional Chinese medicine centres.

In addition, HCA will also tap into KWSH's catering and transportation services. Our Day Hospice patients will benefit from KWSH's fully-equipped industrial kitchen complemented by a nutritionist to oversee daily menus.

New Horizons in Service Excellence

This move to a new location is also a paradigm shift for us – we have recalibrated our services to accommodate the changes in hospice caregiving needs. Some of the new changes on the horizon:

Day Hospice

To meet the needs and increasingly higher expectations of patients and caregivers, we have relooked at our current operations model at our Day Hospices. We have recalibrated our service offering so as to better cater to their needs.

Firstly, for better cohesion, the naming convention will be consistent throughout our locations – here at the headquarters, in Marsiling and a future opening in the Outram Community Hospital. We will deem all our Day Hospices as “Clubs” to project a more lifestyle connotation, instead of the current perception of ‘sanatorium’ or ‘infirmary’.

To cater for an increasing demand and to widen our reach, our admission criteria will be widened to include patients with higher nursing needs. These include patients who may require medical equipment or oxygen support. Our new services will equip us to handle patients who have greater physical immobility, for example those who are totally reliant on wheelchairs.

Doorstep services will be available, to ensure smooth and safe transportation of patients who may be more frail or vulnerable.

Our patients will now enjoy a choice of programmes – they are free to select from an array of offerings, depending on their physical condition. We will start with two ‘streams’ – one for more active patients and another slower-paced programme for those who prefer a relaxed day.

Private Areas, Bigger Rooms

A new addition to our new premises will be the custom-built counselling rooms. These private spaces are catered for intimate family discussions, with families’ privacy and comfort in mind. Families who need a conducive area for family discussions about sensitive issues can find respite in these private spaces.

Internally, spaces are also catered for staff training – one of these rooms is equipped for recording purposes to capture role-play situations for learning and development.

Heritage Area

Looking to the past sets our path to the future – HCA recognises the value of conserving our legacy. In partnership with the Singapore Hospice Council, we will establish a Heritage Area where meaningful milestones in the national history of hospice care will be captured and displayed. Treasured memorabilia from the founding years will now be firmly ensconced and take pride of place in this special space.

Open Concept Spaces for Better Communication

In tandem with our open approach to care, all our office and pantry areas are open spaces. The purpose is to enhance interaction and communication, even between staff and visitors as the pantry is open to all.





- North West
- South West
- Central
- North East
- South East

HCA Hospice Care

Headquarters and Day Hospice
12 Jalan Tan Tock Seng
Singapore 308437
Call: (65) 6251 2561
Fax: (65) 6352 2030
contactus@hcahospicecare.org.sg
www.hca.org.sg

With effect from November
2018, HCA Hospice Care
Headquarters and Day Hospice
will be relocated to:

#03-01 Block A
Kwong Wai Shiu Hospital
705 Serangoon Road
Singapore 328127

HCA Bedok Centre

Blk 23 Bedok South Ave 1
#01-759
Singapore 460023

HCA Ci Yuan (Hougang) Centre

Blk 662 Hougang Ave 4
#01-411
Singapore 530662

HCA Loving Heart (Jurong) Centre

Blk 316 Jurong East St 32
#01-279
Singapore 600316

HCA Woodlands Centre

Blk 672 Woodlands Drive 71
#01-77
Singapore 730672

HCA Kang Le Day Hospice

Blk 2 Marsiling Drive
#01-21
Singapore 730002

HCA Hospice Care

12 Jalan Tan Tock Seng

Singapore 308437

T: 6251 2561 • F: 6352 2030

E: contactus@hcahospicecare.org.sg

www.hca.org.sg

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Member of:



Supported by:



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Financial Statements



Annual Report for the year
ended 31 March 2018

*in Hand,
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Donor List

HCA Hospice Care has compiled and updated the Governance Evaluation Checklist in the Charity Portal at www.charities.gov.sg.

All Council members were nominated and appointed to Council at the 28th Annual General Meeting held on 26 August 2017. One new council member was co-opted in January 2018. All Council members declared that they are neither undischarged bankrupts nor have they been convicted of any offence in a court of law.

The Council members, or people connected with them, have not received remuneration from the Society or from institutions connected with the Society.

There is no claim by the Council members for services provided to the Society, either by reimbursement to the Council members or by providing the Council members with an allowance or by direct payment to a third party.

HCA has adopted the Conflict of Interest Policy. The Conflict of Interest Policy and Declaration will be read by the council or subcommittee member upon his/her election or co-option to the Council as an acknowledgement of having understood the policy and that he/she will fully disclose to the Council when a conflict of interest arises.

The number of top three executives of the Society in remuneration bands is as follows:

Remuneration Bands	2018 Number of executives	2017 Number of executives
\$200,001 - \$300,000	0	1
\$300,001 - \$400,000	3	2

01

Note: All employees in these bands are medical doctors and senior management staff.

BANKS

DBS Bank Ltd
Standard Chartered Bank
Citibank
UBS AG, Singapore
Bank of China

AUDITORS

Deloitte & Touche LLP

FUND MANAGER

UOB Asset Management Ltd

We are pleased to report that the financial position of HCA Hospice Care remained positive in the financial year ended 31 March 2018. With a total income of S\$14.67 million (2017: S\$14.13 million) and total expenditure of S\$13.3 million (2017: S\$12.0 million), HCA achieved a surplus of S\$1.37 million (2017: S\$2.13 million) for the year.

Funding from MOH and other funding agencies amounted to S\$11.17 million (2017: S\$10.28 million) which is equivalent to 76.2% (2017: 72.7%) of the total income. The increase in income is mainly contributed by the Community Silver Trust fund of \$1.2 million. HCA continued to receive support from donors who gave generously in 2018. Income from donations and fundraising events amounted to S\$2.8 million (2017: S\$3.11 million). Funding from the Tote Board Community Healthcare Fund (TBCHF) for its Star PALS paediatric programme amounted to S\$0.4 million (2017: S\$0.70 million). The funding from TBCHF ceased at the end of October 2017 and was replaced by funding from MOH, which commenced from November 2017. The MOH funding for this programme received through end March 2018 amounted to S\$0.1 million. For the financial year ended March 2018, we recognised a total of S\$2.65 million (2017: S\$1.45 million) of the Community Silver Trust grant as income.

The reserve fund of HCA is managed by the HCA Investment Committee. In line with our investment objective of capital preservation and steady growth, this fund is mainly invested with external fund managers with conservative mandates. The assets held on our behalf are in quoted debt securities, quoted unit trusts and cash. During the financial year, the Investment Committee divested all the investments in quoted equities. The net investment income amounted to S\$0.37 million (2017: S\$0.13 million). This represents an income yield of 2.17% p.a.

Total expenditure increased by S\$1.3 million or 10.8% over the previous year to S\$13.3 million. This is largely due to an increase in personnel costs. Total personnel costs for 2018 increased by S\$1.51 million, from S\$9.06 million to S\$10.57 million. HCA also spent S\$0.87 million (2017: S\$0.44 million) on the purchase of fixed assets, much of it was spent on the purchase of a patient van and payment for our new patient management software.

At the close of the current financial year ended 31 March 2018, total funds and reserves stood at S\$29.02 million (2017: S\$27.48 million), an increase of 5.6% from a year ago. Cash and bank balance together with investments amounted to S\$31.12 million at the end of the financial year, maintaining a constant balance from the previous year. This strong financial position will enable HCA to provide a high standard of service to our patients and to further our vision of being the centre of excellence for home palliative care in Singapore.

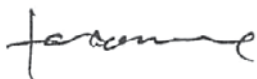
The Council presents their statement to the members together with the audited financial statements of HCA Hospice Care for the financial year ended 31 March 2018.

In the opinion of the Council,

- (a) the financial statements set out on pages 7 to 40 are drawn up in accordance with the provision of the Singapore Societies Act, Chapter 311 (the "Act"), the Singapore Charities Act, Chapter 37 and other relevant Regulations (the "Charities Act and Regulations") and Financial Reporting Standards in Singapore so as to give a true and fair view of the financial position of HCA Hospice Care (the "Organisation") as at 31 March 2018 and the financial performance, changes in funds and reserves and cash flows of the Organisation for the financial year then ended;
- (b) at the date of this statement, there are reasonable grounds to believe that the Organisation will be able to pay its debts when they fall due;
- (c) the Organisation has complied with Regulation 15 (Fundraising expenses) of the Charities (Institutions of a Public Character) Regulations;
- (d) the use of donation moneys is in accordance with the objectives of the Organisation as required under Regulation 11 (Use of donations) of the Charities (Institutions of a Public Character) Regulations; and
- (e) the accounting and other records required by the Charities Act to be kept by the Organisation have been properly kept in accordance with the provisions of the Charities Act.

ON BEHALF OF THE COUNCIL

03



Dr Tan Poh Kiang
President



Ms Irene Png
Treasurer

Singapore
25 July 2018

Independent Auditors' Report

to the Council Members of HCA Hospice Care

HCA Hospice Care
Annual Report 2018

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of HCA Hospice Care (the "Organisation") which comprise the statement of financial position of the Organisation as at 31 March 2018, and the statement of income and expenditure and other comprehensive income, statement of changes in funds and reserves and statement of cash flows of the Organisation for the financial year ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages 7 to 40.

In our opinion, the financial statements of the Organisation are properly drawn up in accordance with the provisions of the Societies Act, Chapter 311 (the "Societies Act"), the Charities Act, Chapter 37 and other relevant regulations (the "Charities Act and Regulations") and Financial Reporting Standards in Singapore ("FRSs") so as to present fairly, in all material respects, the state of affairs of the Organisation as at 31 March 2018 and of the financial performance, changes in funds and reserves and cash flows of the Organisation for the financial year ended.

Basis for Opinion

We conducted our audit in accordance with Singapore Standards on Auditing ("SSAs"). 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 Organisation in accordance with the Accounting and Corporate Regulatory Authority ("ACRA") *Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities* ("ACRA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Statements and Auditor's Report Thereon

Management is responsible for the other information. The other information comprises the information included in the annual report but does not include the financial statements and our auditor's report thereon.

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements 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.

Independent Auditors' Report

to the Council Members of HCA Hospice Care

Financial
Statements

Responsibilities of Management and Council for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the provisions of the Societies Act, the Charities Act and Regulations and FRSs, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud and error.

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

The Council's responsibilities include overseeing the Organisation's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are 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 SSAs 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 these financial statements.

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

- (a) Identify and assess the risks of material misstatement of the financial statements, 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.
- (b) 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 Organisation's internal control.
- (c) Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Independent Auditors' Report

to the Council Members of HCA Hospice Care

HCA Hospice Care
Annual Report 2018

Auditor's Responsibilities for the Audit of the Financial Statements (cont'd)

- (d) Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation'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 statements 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 Organisation to cease to continue as a going concern.
- (e) Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council 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.

Report on other Legal and Regulatory Requirements

In our opinion, the accounting and other records required to be kept by the Organisation have been properly kept in accordance with the provisions of the Societies Regulations enacted under the Societies Act, the Charities Act and Regulations.

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

- (a) The Organisation has not used the donation moneys in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and
- (b) The Organisation has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

Statement of Financial Position

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	2018	2017
		\$	\$
ASSETS			
Current assets			
Cash and bank balances	6	19,003,042	20,398,398
Receivables	7	4,393,994	1,629,603
Investments	9	441,558	6,383,553
Total current assets		23,838,594	28,411,554
Non-current assets			
Property, plant and equipment	8	1,724,346	1,793,461
Investments	9	11,679,927	4,780,527
Total non-current assets		13,404,273	6,573,988
Total assets		37,242,867	34,985,542
LIABILITIES, FUNDS AND RESERVES			
Current liability			
Payables and accruals	10	1,525,271	822,311
Non-current liability			
Deferred capital donations/grants	11	6,702,507	6,678,316
Funds and reserves			
Unrestricted funds	12	26,755,199	24,977,833
Restricted funds	13	2,400,594	2,467,896
Investment revaluation reserve		(140,704)	39,186
Total funds and reserves		29,015,089	27,484,915
Total liabilities, funds and reserves		37,242,867	34,985,542

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$
2018								
INCOME								
From MOH ⁽¹⁾ :								
MOH subvention	-	99,345	5,285,914	241,066	77,818	-	-	5,704,143
Salary adjustment exercise	-	-	1,427,318	-	-	-	-	1,427,318
Reimbursement of rental expenses	-	-	127,766	-	6,574	-	-	134,340
Post Graduate Training Grant	-	-	376,985	-	-	-	-	376,985
MOH other grants	-	-	26,100	-	-	-	-	26,100
Total	-	99,345	7,244,083	241,066	84,392	-	-	7,668,886
From NCSS ⁽²⁾ :								
NCSS funding – ComChest ⁽³⁾	-	-	-	-	-	106,733	85,206	191,939
Singtel sponsorship scheme	-	-	600	-	-	-	-	600
Total	-	-	600	-	-	106,733	85,206	192,539

⁽¹⁾ Ministry of Health ("MOH")

⁽²⁾ National Council of Social Service ("NCSS")

⁽³⁾ Community Chest ("ComChest")

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$

2018

From TBCHF, CST, AIC and Others:

TBCHF ⁽⁴⁾	-	403,161	-	-	-	-	-	403,161
CST ⁽⁵⁾	-	292,312	1,789,639	150,568	333,905	-	83,736	2,650,160
AIC ⁽⁶⁾	-	-	6,850	142,232	31,865	46,320	-	227,267
Others	-	-	28,942	-	-	-	-	28,942
Total	-	695,473	1,825,431	292,800	365,770	46,320	83,736	3,309,530

From donations and fundraising:

Restricted donations	14	-	-	20,000	-	-	-	20,000
Unsolicited donations		228,500	92,383	1,419,484	32,330	14,636	-	1,787,333
Donation in kind		-	-	30,113	-	-	-	30,113
Mailers		271,270	-	-	-	-	-	271,270
Other fundraising		702,584	-	-	-	-	-	702,584
Total		1,202,354	92,383	1,469,597	32,330	14,636	-	2,811,300

From investment:

Interest from fixed income instruments		317,780	-	-	-	-	-	317,780
Dividends from shares		80,612	-	-	-	-	-	80,612
Gain on sale of available-for-sale investments		5,096	-	-	-	-	-	5,096
Gain on foreign exchange hedges		612	-	-	-	-	-	612
Fair value gain in financial derivative instruments		47,488	-	-	-	-	-	47,488
Total		451,588	-	-	-	-	-	451,588

⁽⁴⁾ Tote Board Community Healthcare Fund ("TBCHF")

⁽⁵⁾ Community Silver Trust Fund ("CST")

⁽⁶⁾ Agency for Integrated Care ("AIC")

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$
2018								
From others:								
Programme fees	-	14,280	-	40,186	23,955	4,120	-	82,541
Membership fees	-	-	880	-	-	-	-	880
Miscellaneous income	-	-	149,936	-	-	-	-	149,936
Total	-	14,280	150,816	40,186	23,955	4,120	-	233,357
TOTAL INCOME	1,653,942	901,481	10,690,527	606,382	488,753	157,173	168,942	14,667,200

OPERATING EXPENDITURE

Personnel costs:								
Salaries and other benefits	83,264	709,465	6,439,344	434,339	363,353	104,346	65,533	8,199,644
Salaries and other benefits – CST	-	-	-	-	-	-	59,152	59,152
Central Provident Fund	16,510	100,388	752,038	55,194	39,142	19,144	17,410	999,826
Professional fees and services	-	-	1,100,411	480	82	-	-	1,100,973
Staff training and related expenses	-	7,172	161,814	551	697	-	-	170,234
Recruitment expenses	-	353	5,630	72	58	-	-	6,113
Volunteer development and recognition	-	-	38,768	-	-	-	-	38,768
Total	99,774	817,378	8,498,005	490,636	403,332	123,490	142,095	10,574,710

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$

2018

Premises costs:

Rental expense of premises	-	-	201,103	-	6,574	-	-	207,677
Repairs and maintenance	-	-	107,445	40,111	10,853	-	-	158,409
Utilities	-	-	46,094	14,752	9,365	-	-	70,211
Insurance	-	2,078	9,892	8,406	3,738	-	11	24,125
Total	-	2,078	364,534	63,269	30,530	-	11	460,422

Other operating expenses:

Caregiver support	-	-	492	-	-	1,372	-	1,864
Depreciation	-	16,966	904,535	8,896	7,938	-	385	938,720
Transport	620	42,519	234,877	14,082	11,991	4,769	-	308,858
Transport - CST	-	-	-	-	-	-	2,039	2,039
Postage and telephone	307	4,919	91,166	1,651	4,880	176	852	103,951
Repairs and maintenance	-	5,694	233,723	6,801	9,412	-	-	255,630
Patient care and medication	-	24,823	215,924	16,787	18,630	1,522	1,400	279,086
Supplies and materials	387	307	72,684	13,157	9,978	200	-	96,713
Public education expenses	-	3,762	-	-	-	9,625	-	13,387
Public education expenses - CST	-	-	-	-	-	-	22,545	22,545
Publicity	-	-	72,615	-	-	-	-	72,615
Miscellaneous expenses	-	-	3,805	-	-	-	-	3,805
Total	1,314	98,990	1,829,821	61,374	62,829	17,664	27,221	2,099,213

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$
2018								
Finance costs:								
Investment fee and other charges	84,915	-	-	-	-	-	-	84,915
Fundraising expenses:								
Mailers	7,312	-	-	-	-	-	-	7,312
Other fundraising	74,390	-	-	-	-	-	-	74,390
Total	81,702	-	-	-	-	-	-	81,702
TOTAL EXPENDITURE	267,705	918,446	10,692,360	615,279	496,691	141,154	169,327	13,300,962
SURPLUS (DEFICITS) FOR THE YEAR	1,386,237	(16,965)	(1,833)	(8,897)	(7,938)	16,019	(385)	1,366,238
Other comprehensive income (loss):								
<i>Items that may be reclassified subsequently to profit or loss:</i>								
Change in fair value of available-for-sale investments								(179,890)
OTHER COMPREHENSIVE LOSS FOR THE YEAR								(179,890)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR								1,186,348

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
	\$	\$	\$	\$	\$	\$	\$	\$

2017

INCOME

From MOH ⁽¹⁾:

MOH subvention	-	-	5,210,130	236,805	122,840	-	-	5,569,775
Salary adjustment exercise	-	-	1,931,611	-	-	-	-	1,931,611
Reimbursement of rental expenses	-	-	131,022	-	4,931	-	-	135,953
MOH other grants	-	-	17,400	-	-	-	-	17,400
Total	-	-	7,290,163	236,805	127,771	-	-	7,654,739

From NCSS ⁽²⁾:

NCSS funding – ComChest ⁽³⁾	-	-	1,392	-	-	103,963	82,861	188,216
NCSS VCF/OFA fund ⁽⁴⁾	-	-	5,600	716	219	-	-	6,535
Singtel sponsorship scheme	-	-	960	-	-	-	-	960
Total	-	-	7,952	716	219	103,963	82,861	195,711

⁽¹⁾ Ministry of Health ("MOH")

⁽²⁾ National Council of Social Service ("NCSS")

⁽³⁾ Community Chest ("ComChest")

⁽⁴⁾ Outcome Funding Agreement ("OFA")

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2017									
From TBCHF, CST, AIC and CDC:									
TBCHF ⁽⁵⁾		-	701,537	-	-	-	-	-	701,537
CST ⁽⁶⁾		-	81,829	896,306	138,569	243,683	-	93,617	1,454,004
AIC ⁽⁷⁾		-	-	28,761	124,292	70,140	35,420	-	258,613
CDC ⁽⁸⁾		-	-	6,749	1,260	4,040	-	-	12,049
Total		-	783,366	931,816	264,121	317,863	35,420	93,617	2,426,203

From donations and fundraising:

14

Restricted donations	14	-	-	29,000	-	-	-	-	29,000
Unsolicited donations		138,975	69,445	1,531,835	28,031	11,624	-	-	1,779,910
Charity Golf		434,466	-	-	-	-	-	-	434,466
Mailers		267,833	-	-	-	-	-	-	267,833
Other fundraising		602,119	-	-	-	-	-	-	602,119
Total		1,443,393	69,445	1,560,835	28,031	11,624	-	-	3,113,328

From investment:

Interest from fixed income instruments		317,529	-	-	-	-	-	-	317,529
Dividends from shares		104,064	-	-	-	-	-	-	104,064
Reversal of impairment loss on available-for-sale investments		104,450	-	-	-	-	-	-	104,450
Fair value gain in financial derivative instruments		27,005	-	-	-	-	-	-	27,005
Total		553,048	-	-	-	-	-	-	553,048

⁽⁵⁾ Tote Board Community Healthcare Fund ("TBCHF")

⁽⁶⁾ Community Silver Trust Fund ("CST")

⁽⁷⁾ Agency for Integrated Care ("AIC")

⁽⁸⁾ Community Development Council ("CDC")

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2017									
From others:									
Programme fees		-	24,110	-	39,670	23,412	3,850	-	91,042
Membership fees		-	-	860	-	-	-	-	860
Miscellaneous income		-	-	94,281	-	-	-	-	94,281
Total		-	24,110	95,141	39,670	23,412	3,850	-	186,183
TOTAL INCOME		1,996,441	876,921	9,885,907	569,343	480,889	143,233	176,478	14,129,212

OPERATING EXPENDITURE

Personnel costs:

Salaries and other benefits	14,000	680,406	5,546,903	387,586	358,221	96,804	62,945	7,146,865
Salaries and other benefits – CST	-	-	-	-	-	-	62,743	62,743
Central Provident Fund	-	88,940	695,110	51,747	38,622	17,622	18,881	910,922
Professional fees and services	-	-	786,178	2,640	3,500	-	-	792,318
Staff training and related expenses	-	6,034	112,394	797	219	-	75	119,519
Recruitment expenses	-	-	4,460	425	87	-	-	4,972
Volunteer development and recognition	-	-	25,193	-	-	-	28	25,221
Total	14,000	775,380	7,170,238	443,195	400,649	114,426	144,672	9,062,560

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2017									
Premises costs:									
Rental expense of premises		-	-	195,341	-	6,574	-	-	201,915
Repairs and maintenance		-	-	119,463	39,916	10,035	-	-	169,414
Utilities		-	-	44,922	15,440	8,449	-	-	68,811
Insurance		-	-	12,226	9,300	5,663	-	11	27,200
Total		-	-	371,952	64,656	30,721	-	11	467,340
Other operating expenses:									
Caregiver support		-	5,926	1,284	-	-	2,047	-	9257
Depreciation		-	10,751	908,781	17,642	34,252	-	385	971,811
Transport		-	43,649	226,482	10,925	12,065	6,105	-	299,226
Transport - CST		-	-	-	-	-	-	4,274	4,274
Postage and telephone		-	4,435	86,829	2,456	5,175	294	918	100,107
Repairs and maintenance		-	3,631	153,716	12,274	6,770	476	-	176,867
Patient care and medication		-	43,838	73,444	22,551	17,665	-	3	157,498
Supplies and materials		-	62	70,088	13,288	7,844	307	-	91,592
Public education expenses		-	-	-	-	-	12,100	-	12,100
Public education expenses – CST		-	-	-	-	-	-	26,600	26,600
Publicity		-	-	29,944	-	-	-	-	29,944
Loss on disposal of property, plant and equipment		-	-	1,073	-	-	-	-	1,073
Miscellaneous expenses		-	-	2,182	-	-	-	-	2,182
Loss on sale of available-for- sale investments		356,495	-	-	-	-	-	-	356,495
Foreign exchange hedges		65,777	-	-	-	-	-	-	65,777
Total		422,272	112,292	1,553,823	79,136	83,771	21,329	32,180	2,304,803

Statement of Income and Expenditure and Other Comprehensive Income

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Note	Fundraising and Investments	Star PALS Paediatric Programme	Home Hospice Programme	Day Hospice Programme	Marsiling Day Hospice Programme	Caregiver Support Service Programme	Young Caregivers Programme	Total
		\$	\$	\$	\$	\$	\$	\$	\$
2017									
Finance costs:									
Investment fee and other charges		77,050	-	-	-	-	-	-	77,050
Fundraising expenses:									
Mailers		3,627	-	-	-	-	-	-	3,627
Other fundraising		82,008	-	-	-	-	-	-	82,008
Total		85,635	-	-	-	-	-	-	85,635
TOTAL EXPENDITURE		598,957	887,672	9,096,013	586,987	515,141	135,755	176,863	11,997,388
SURPLUS (DEFICITS) FOR THE YEAR		1,397,484	(10,751)	789,894	(17,644)	(34,252)	7,478	(385)	2,131,824
Other comprehensive income (loss):									
<i>Items that may be reclassified subsequently to profit or loss:</i>									
Change in fair value of available-for-sale investments									358,991
OTHER COMPREHENSIVE INCOME FOR THE YEAR									358,991
TOTAL COMPREHENSIVE INCOME FOR THE YEAR									2,490,815

Statement of Changes in Funds and Reserves

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	Unrestricted funds \$	Restricted funds \$	Investment revaluation reserve \$	Total \$
Balance at 1 April 2017	22,214,997	2,603,943	(319,805)	24,499,135
Transferred to unrestricted funds from restricted funds (Note 14)	136,047	(136,047)	-	-
Total comprehensive income (loss) for the year:				
Surplus for the year	2,131,824	-	-	2,131,824
Other comprehensive income for the year	-	-	358,991	358,991
Total	2,131,824	-	358,991	2,490,815
Transferred from deferred capital donations/grants (Note 11)	494,965	-	-	494,965
Balance at 31 March 2017	24,977,833	2,467,896	39,186	27,484,915
Transferred to unrestricted funds from restricted funds (Note 14)	67,302	(67,302)	-	-
Total comprehensive income (loss) for the year:				
Surplus for the year	1,366,238	-	-	1,366,238
Other comprehensive loss for the year	-	-	(179,890)	(179,890)
Total	1,366,238	-	(179,890)	1,186,348
Transferred from deferred capital donations/grants (Note 11)	343,826	-	-	343,826
Balance at 31 March 2018	26,755,199	2,400,594	(140,704)	29,015,089

Statement of Cash Flows

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

	2018	2017
	\$	\$
Operating activities		
Surplus for the year	1,366,238	2,131,824
Adjustments for:		
Depreciation	938,720	971,811
Interest from fixed income instruments	(317,780)	(317,529)
Dividends from investments	(80,612)	(104,064)
Government grants	(11,170,955)	(10,276,653)
Loss on disposal of property, plant and equipment	-	1,073
Changes in fair value of financial derivative instruments	(47,488)	(27,005)
Reversal of impairment loss on available-for-sale investments	-	(104,450)
(Gain) Loss on sale of available-for-sale investments	(5,096)	356,495
Operating deficit before movements in working capital	(9,316,973)	(7,368,498)
Receivables	(2,764,391)	(485,638)
Payables and accruals	702,960	(13,672)
Deferred capital donations/grants	368,017	898,041
Cash used in operations, representing net cash used in operating activities	(11,010,387)	(6,969,767)
Investing activities		
Purchase of available-for-sale investments	(14,403,196)	(2,570,412)
Proceeds from sale of available-for-sale investments	13,318,485	386,104
Interest received from fixed income instruments	317,780	317,529
Dividends received from investments	80,612	104,064
Purchase of property, plant and equipment	(869,605)	(443,707)
Net cash used in investing activities	(1,555,924)	(2,206,422)
Financing activities		
Government grants received	11,170,955	10,276,653
Pledged fixed deposit	(70)	(20,050)
Net cash from financing activities	11,170,885	10,256,603
Net (decrease) increase in cash and cash equivalents	(1,395,426)	1,080,414
Cash and cash equivalents at beginning of year	20,378,348	19,297,934
Cash and cash equivalents at the end of year (Note 6)	18,982,922	20,378,348

1 GENERAL

The Organisation (Registration No. ROS 213/89 WEL) is registered in the Republic of Singapore with its principal place of operation and registered office at 12, Jalan Tan Tock Seng, Singapore 308437. The financial statements are expressed in Singapore dollars.

The Organisation is an independent charitable Organisation to promote hospice care and help terminally ill patients in the community.

The financial statements of the Organisation for the financial year ended 31 March 2018 were authorised for issue by the Board of the Council on 25 July 2018.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING - The financial statements have been prepared in accordance with the historical cost basis, except as disclosed in the accounting policies below, and are drawn up in accordance with the provisions of the Singapore Societies Act, Chapter 311, Financial Reporting Standards in Singapore ("FRS") and the Singapore Charities Act, Chapter 37 and other relevant Regulations ("the Charities Act and Regulations").

Historical cost is generally based on the fair value of the consideration given in exchange for goods and services.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Organisation takes into account the characteristics of the asset or liability which market participants would take into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these financial statements is determined on such a basis except for leasing transactions that are within the scope of FRS 17 *Leases*, and measurements that have some similarities to fair value but are not fair value, such as value in use in FRS 36 *Impairment of Assets*.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and
- Level 3 inputs are unobservable inputs for the asset or liability.

ADOPTION OF NEW AND REVISED STANDARDS - On 1 April 2017, the Organisation has adopted all the new and revised FRSs and Interpretations of FRS ("INT FRS") that are effective from that date and are relevant to its operations. The adoption of these new/revised FRSs and INT FRSs does not result in changes to the Organisation's accounting policies and has no material effect on the amounts reported for the current or prior years.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

At the date of authorisation of these financial statements, the following to FRS that are relevant to the Organisation were effective:

- FRS 109 *Financial Instruments* ¹
- FRS 115 *Revenue from Contracts with Customers* (with clarifications issued) ¹

¹ Applies to annual periods beginning on or after 1 January 2018, with early application permitted.

At the date of authorisation of these financial statements, the following to FRS that are relevant to the Organisation were issued but not effective:

- FRS 116 *Leases* ²

² Applies to annual periods beginning on or after 1 January 2019, with early application permitted if FRS 115 is adopted.

Consequential amendments were also made to various standards as a result of these new standards.

The management anticipates that the adoption of the above FRSs and amendments to FRS in future periods will have no material impact on the financial statements of the Organisation in the period of their initial adoption except for the following:

FRS 109 *Financial Instruments*

FRS 109 was issued in December 2014 to replace FRS 39 *Financial Instruments: Recognition and Measurement* and introduced new requirements for (i) the classification and measurement of financial assets and financial liabilities (ii) general hedge accounting and (iii) impairment requirements for financial assets.

Key requirements of FRS 109 that may be relevant to the Organisation:

All recognised financial assets that are within the scope of FRS 39 are required to be subsequently measured at amortised cost or fair value. Specifically, debt instruments that are held within a business model whose objective is to collect the contractual cash flows, and that have contractual cash flows that are solely payments of principal and interest on the principal outstanding are generally measured at amortised cost at the end of subsequent accounting periods. Debt instruments that are held within a business model whose objective is achieved both by collecting contractual cash flows and selling financial assets, and that have contractual terms that give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding, are measured at FVTOCI. All other debt instruments and equity instruments are measured at FVTPL at the end of subsequent accounting periods. In addition, under FRS 109, entities may make an irrevocable election, at initial recognition, to measure an equity investment (that is not held for trading) at FVTOCI, with only dividend income generally recognised in profit or loss.

With some exceptions, financial liabilities are generally subsequently measured at amortised cost. With regard to the measurement of financial liabilities designated as at FVTPL, FRS 109 requires that the amount of change in fair value of such financial liability that is attributable to changes in the credit risk be presented in other comprehensive income, unless the recognition of the effects of changes in the liability's credit risk in other comprehensive income would create or enlarge an accounting mismatch to profit or loss. Changes in fair value attributable to the financial liability's credit risk are not subsequently reclassified to profit or loss.

In relation to the impairment of financial assets, FRS 109 requires an expected credit loss model to be applied. The expected credit loss model requires an entity to account for expected credit loss and changes in those expected credit losses at each reporting date to reflect changes in credit risk since initial recognition. In other words, it is no longer necessary for a credit event to have occurred before credit losses are recognised.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Classification and measurement

Quoted investment classified as available-for-sale investment is currently carried at fair value with changes in fair value recorded in other comprehensive income unless there is an impairment which will be recorded to profit or loss. With the adoption of FRS 109, such investment is required to be measured at FVTPL unless it meets certain criteria whereby the Organisation can make an irrevocable election, at initial recognition, to measure the investment at FVTOCI. The change in accounting treatments for financial assets carried at FVTPL and FVTOCI under the new FRS 109 are disclosed above.

Available-for-sale-investments are carried at fair value as disclosed in Note 9 to the financial statements. Management anticipates that the application of FRS 109 in the future might result in changes to the classification and measurement relating to its available-for-sales investments.

FRS 115 Revenue from Contracts with Customers

In November 2014, FRS 115 was issued which establishes a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. FRS 115 will supersede the current revenue recognition guidance including FRS 18 *Revenue*, FRS 11 *Construction Contracts* and the related interpretations when it becomes effective. Further clarifications to FRS 115 were also issued in June 2016.

The core principle of FRS 115 is that an entity should recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Specifically, the standard introduces a 5-step approach to revenue recognition:

- Step 1: Identify the contract(s) with a customer.
- Step 2: Identify the performance obligations in the contract.
- Step 3: Determine the transaction price.
- Step 4: Allocate the transaction price to the performance obligations in the contract.
- Step 5: Recognise revenue when (or as) the entity satisfies a performance obligation.

Under FRS 115, an entity recognises revenue when a performance obligation is satisfied, i.e. when "control" of the goods or services underlying the particular performance obligation is transferred to the customer. In addition, extensive disclosures are required by FRS 115.

Management anticipates that the initial application of the new FRS 115 will not result in material changes to the accounting policies relating to revenue recognition apart from more extensive disclosures. Management has commenced assessment of the possible impact of implementing FRS 115. It is currently impracticable to disclose any further information on the known or reasonably estimate impact to the financial statements in the period of initial application as the management has yet to complete its detailed assessment.

FRS 116 Leases

FRS 116 was issued in June 2017 and will supersede FRS 17 *Leases* and its associated interpretative guidance.

The Standard provides a comprehensive model for the identification of lease arrangements and their treatment in the financial statements of both lessees and lessors. The identification of leases, distinguishing between leases and service contracts, are determined on the basis of whether there is an identified asset controlled by the customer.

Significant changes to lessee accounting are introduced, with the distinction between operating and finance leases removed and assets and liabilities recognised in respect of all leases (subject to limited exceptions for short-term leases and leases of low value assets). The Standard maintains substantially the lessor accounting approach under the predecessor FRS 17.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Management anticipates that the application of FRS 116 in the future may have a material impact on amounts reported in respect of the Organisation's financial assets and financial liabilities relating to the Organisation's right to use the leased asset over the lease term and, a corresponding liability to make lease payments. However, it is not practicable to provide a reasonable estimate of the effect of FRS 116 until the Organisation completes its detailed review.

FINANCIAL INSTRUMENTS - Financial assets and financial liabilities are recognised on the Organisation's statement of financial position when the Organisation becomes a party to the contractual provisions of the instrument.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial instrument and of allocating interest income or expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts or payments (including all fees on point paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial instrument, or where appropriate, a shorter period. Income and expense are recognised on an effective interest basis for debt instruments.

Financial assets

Cash and cash equivalents

Cash and cash equivalents in the statement of cash flows comprise cash on hand and fixed deposits, and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value.

Available-for-sale financial assets

Certain shares and debts securities held by the Organisation are classified as being available-for-sale and are stated at fair value. Fair value is determined in the manner described in Note 4. Gains and losses arising from changes in fair value are recognised in other comprehensive income with the exception of impairment losses, interest calculated using the effective interest method and foreign exchange gains and losses on monetary assets, which are recognised directly in profit or loss. Where the investment is disposed off or is determined to be impaired, the cumulative gain or loss previously recognised in other comprehensive income and accumulated in investment revaluation reserve is reclassified to profit or loss. Dividends on available-for-sale equity instruments are recognised in profit or loss when the Organisation's right to receive payments is established. The fair value of available-for-sale monetary assets denominated in a foreign currency is determined in that foreign currency and translated at the spot rate at the end of the reporting period.

The change in fair value attributable to translation differences that result from a change in amortised cost of the asset is recognised in profit or loss, and other changes are recognised in other comprehensive income.

Loans and receivables

Receivables that have fixed or determinable payments that are not quoted in an active market are classified as "loans and receivables". Loans and receivables are initially measured at fair value and are subsequently measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest method, except for short-term receivables when the recognition of interest would be immaterial.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Impairment of financial assets

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are impaired where there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been impacted.

For available-for-sale equity instruments, a significant or prolonged decline in the fair value of the investment below its cost is considered to be objective evidence of impairment.

For all other financial assets, objective evidence of impairment could include:

- Significant financial difficulty of the issuer or counterparty; or
- Default or delinquency in interest or principal payments; or
- It becoming probable that the borrower will enter into bankruptcy or financial re-organisation.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade and other receivables where the carrying amount is reduced through the use of an allowance account. When a trade or other receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited to profit or loss. Changes in the carrying amount of the allowance account are recognized in profit or loss.

For financial assets carried at amortised cost, the amount of the impairment is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of receivables where the carrying amount is reduced through the use of an allowance account. When a receivable is uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited to the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

When an available-for-sale financial asset is considered to be impaired, cumulative gains or losses previously recognised in other comprehensive income are classified to profit or loss. With the exception of available-for-sale equity instruments, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment loss was recognised, the previously recognised impairment loss is reversed through profit or loss to the extent the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

In respect of available-for-sale equity instruments, impairment losses previously recognised in profit or loss are not reversed through profit or loss. Any subsequent increase in fair value after an impairment loss is recognised in other comprehensive income. In respect of available-for-sale debt instruments, impairment losses are subsequently reversed through profit or loss if an increase in the fair value of the investment can be objectively related to an event occurring after the recognition of the impairment loss.

Derivative financial instruments

Derivatives are initially recognised at fair value at the date the derivative contract is entered into and are subsequently remeasured to their fair value at the end of each reporting period. The resulting gain or loss is recognised in profit or loss immediately unless the derivative is designated and effective as a hedging instrument, in which event the timing of the recognition in profit or loss depends on the nature of the hedge relationship.

Derivatives with a positive fair value is recognised as a financial asset; a derivative with a negative fair value is recognised as a financial liability. A derivative is presented as a non-current asset or a non-current liability if the remaining maturity of the instrument is more than 12 months and it is not expected to be realised or settled within 12 months. Other derivatives are presented as current assets or current liabilities.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Derecognition of financial assets

The Organisation derecognises a financial asset only when the contractual rights to the cash flows from the asset expire, or it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another entity. If the Organisation neither transfers nor retains substantially all the risks and rewards of ownership and continues to control the transferred asset, the Organisation recognises its retained interest in the asset and an associated liability for amounts it may have to pay. If the Organisation retains substantially all the risks and rewards of ownership of a transferred financial asset, the Organisation continues to recognise the financial asset and also recognises a collateralised borrowing for the proceeds received.

Financial liabilities

Financial liabilities are classified according to the substance of the contractual arrangements entered into and the definitions of a financial liability.

Payables and accruals

Payables and accruals are initially recognised at fair value, net of transaction costs, and are subsequently measured at amortised cost, using the effective interest method, except for short-term payables when the recognition of interest would be immaterial.

Derecognition of financial liabilities

The Organisation derecognises financial liabilities when, and only when, the Organisation's obligations are discharged, cancelled or expired.

Offsetting arrangements

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when the Organisation has a legally enforceable right to set off the recognised amounts; and intends either to settle on a net basis, or to realise the asset and settle the liability simultaneously. A right to set-off must be available today rather than being contingent on a future event and must be exercisable by any of the counterparties, both in the normal course of business and in the event of default, insolvency or bankruptcy.

PROPERTY, PLANT AND EQUIPMENT - Property, plant and equipment are stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation is charged so as to write off the cost of assets over their estimated useful lives, using the straight-line method, on the following bases:

Building development	-	30 years
Renovation	-	10 years
Air-conditioners	-	5 years
Furniture and fittings	-	10 years
Office equipment and computers	-	3 to 5 years
Motor vehicles	-	4 years

Fully depreciated assets which are still in use are retained in the financial statements.

The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

The gain or loss arising on disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amounts of the asset and is recognised in profit or loss.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

IMPAIRMENT OF NON-FINANCIAL ASSETS - At the end of each reporting period, the Organisation reviews the carrying amounts of its non-financial assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

LEASES - Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Rentals payable under operating leases are charged to income or expenditure on a straight-line basis over the term of the relevant lease unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefit of incentives is recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in profit or loss.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in profit or loss.

PROVISIONS - Provisions are recognised when the Organisation has a present obligation (legal or constructive) as a result of a past event, it is probable that the Organisation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

RECOGNITION OF INCOME - Income is recognised to the extent that it is probable that the economic benefits will flow to the Organisation and the revenue can be reliably measured.

Donations and fundraising income are recognised in profit or loss on an accrual basis when the donations are committed to the Organisation.

Grants received to fund operating expenses are recognised on accrual basis, based on the funding principles specified by NCSS, MOH and AIC. Accruals are made for any over/under funding payable to/receivable from NCSS, MOH and AIC.

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Programme fees from day hospice services are recognised when the services are rendered.

Dividend income is recorded in profit or loss when the right to receive the dividend has been established.

Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable.

Expenditure is accounted for on an accrual basis.

GOVERNMENT GRANTS - Government grants are not recognised until there is reasonable assurance that the Organisation will comply with the conditions attached to them and the grants will be received. Government grants whose primary condition is that the Organisation should purchase, construct or otherwise acquire non-current assets are recognised as deferred income in the statement of financial position and transferred to profit or loss on a systematic and rational basis over the useful lives of the related assets.

Other government grants are recognised as income over the periods necessary to match them with the costs for which they are intended to compensate, on a systematic basis. Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Organisation with no future related costs are recognised in profit or loss in the period in which they become receivable.

DEFERRED CAPITAL DONATIONS/GRANTS - Donations received for specific purposes are accounted on receipt basis. This comprises government grants received from MOH, NCSS, AIC and contributions received from donors to construct, furnish and equip the Organisation. Deferred capital grants are recognised as deferred capital donations/grants in the statement of financial position and transferred to the statement of changes in funds and reserves over the estimated useful lives of the related property, plant and equipment or transferred to profit or loss when the grant is utilised.

UNRESTRICTED FUNDS - The Unrestricted Funds are funds which are available to be used for any of the charity's purposes.

INVESTMENT REVALUATION RESERVE - The investments revaluation reserve arises on the revaluation of available-for-sale financial assets. Where a revalued financial asset is sold, the portion of the reserve that relates to that financial asset, and is effectively realised, is recognised in profit or loss. Where a revalued financial asset is impaired, the portion of the reserve that relates to that financial asset is recognised in profit or loss.

RETIREMENT BENEFIT COSTS - Payments to defined contribution retirement benefit plans are charged as an expense when employees have rendered the services entitling them to the contributions. Payments made to state-managed retirement benefit schemes, such as the Singapore Central Provident Fund, are dealt with as payments to defined contribution plans where the Organisation's obligations under the plans are equivalent to those arising in a defined contribution retirement benefit plan.

EMPLOYEE LEAVE ENTITLEMENT - Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the end of the reporting period.

FOREIGN CURRENCY TRANSACTIONS AND TRANSLATION - The financial statements are measured and presented in Singapore dollars, which is the currency of the primary economic environment in which the Organisation operates (its functional currency).

In preparing the financial statements, transactions in currencies other than the Organisation's functional currency are recorded at the rate of exchange prevailing on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the end of the reporting period. Non-monetary items carried at fair value that are denominated in foreign currencies are retranslated at the rates prevailing on the date when the fair value was determined. Non-monetary items that are measured in terms of historical cost in a foreign currency are not retranslated.

Exchange differences arising on the settlement of monetary items, and on retranslation of monetary items are included in profit or loss for the period.

3 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Organisation's accounting policies, which are described in Note 2, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The 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 if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgments in applying the Organisation's accounting policies

Management is of the opinion that any instances of application of judgments on the Organisation's accounting policies are not expected to have a significant effect of the amounts recognised in the financial statements.

Key sources of estimation uncertainty

The key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the financial statements within the next financial year, are discussed below:

Impairment of available-for-sale investments

At the end of the reporting period, management assesses whether there is any objective evidence that available-for-sale investments are impaired, which includes information about significant changes with an adverse effect that have taken place in the technological, market, economic or legal environment in which the investee operates, indicating that the cost of the investments may not be recovered. Management also assesses if there has been a significant or prolonged decline in the fair value of an equity instrument below its cost to assess if there is any impairment required. The carrying value of available-for-sale investments and any related impairment is disclosed in Note 9.

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL MANAGEMENT

(a) Categories of financial instruments

The following table sets out the financial instruments as at the end of the reporting period:

	2018	2017
	\$	\$
Financial assets		
Investments, at fair value	12,121,485	11,164,080
At amortised cost:		
Loans and receivables	3,982,260	1,556,810
Cash and bank balances	19,003,042	20,398,398
	35,106,787	33,119,288
Financial liabilities		
Payables, at amortised cost	970,457	822,311

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL MANAGEMENT (cont'd)

(b) *Financial risk management policies and objectives*

The Organisation is subject to market risk (including interest rate risk, currency risk and equity price risk), credit risk and liquidity risk.

Funds with fund managers

In connection with the funds placed with fund managers, these funds placed with fund managers are exposed to a variety of financial risks: credit risk, liquidity risk and market risk (including currency risk, fair value interest rate risk, cash flow interest rate risk and price risk).

The fund managers appointed are held responsible for achieving the investment objectives set forth in their respective investment management agreements. All income and realised capital gains are to be reinvested by the fund managers unless otherwise instructed by the Organisation.

There has been no change to the Organisation's exposure to these financial risks or the manner in which it manages and measures these risk. Market risk exposures are measured using sensitivity analysis indicated below:

(i) Foreign exchange risk management

The Organisation has currency exposures arising from certain available-for-sale investments managed by the fund managers as disclosed in Note 9, that are denominated in currencies other than the functional currency. The foreign currencies in which these transactions are denominated are mainly United States dollar ("USD").

The fund managers enter into derivative financial instruments to manage this exposure to foreign exchange rate risk, through foreign exchange forward contracts as disclosed in Note 4(vi).

At the reporting date, the remaining net exposure carrying amounts of monetary assets denominated in foreign currency are as follows:

	Assets	
	2018	2017
	\$	\$
USD	1,224,330	649,421

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL MANAGEMENT (cont'd)

Foreign currency sensitivity

The following table details the Organisation's sensitivity to a 10% increase and decrease in the USD against the functional currency, with all the other variables held constant. The sensitivity analysis includes only outstanding foreign currency denominated monetary items and adjusts their translation at the period end for a 10% change in foreign currency rates.

At the end of the reporting period, if the relevant foreign currency strengthens/weakens by 10% against the Singapore dollars, surplus before tax will increase (decrease) by:

	Strengthen		Weaken	
	2018	2017	2018	2017
	\$	\$	\$	\$
USD	122,433	64,942	(122,433)	(64,942)

(ii) Interest rate risk management

The Organisation is exposed to interest rate risk as changes in interest rates affect the market value of its investment portfolio. The Organisation has no interest-bearing financial liabilities and its financial assets bear fixed interest rate.

The Organisation relies on professional fund managers to monitor and mitigate the adverse effects of interest rate changes on its investment portfolios.

No sensitivity analysis is prepared as the Organisation does not expect any material effect on the Organisation's surplus for the year arising from the effects of reasonably possible changes to interest rates on interest bearing financial instruments at the end of the reporting period.

(iii) Investment price risk management

Investment price risk arises mainly from uncertainty about the future prices of financial instruments invested by the Organisation. It represents the potential financial loss the Organisation might suffer through holding investments in the face of price movements. It is the Organisation's policy to achieve an appropriate diversification in its investment portfolio in order to mitigate such risk.

(iv) Credit risk management

Credit risk is the potential financial loss resulting from the failure of a customer or a counterparty to settle its financial and contractual obligations to the Organisation, as and when they fall due. The maximum exposure to credit risk in the event that the counterparties fail to perform their obligations as at the end of financial year in relation to each class of recognised financial assets is the carrying amounts of those assets as stated in the statement of financial position.

The Organisation has assessed that there is no concentration of credit risk as most of the receivables are either due from Ministry or Government-related organisations which are backed by the Government of Singapore.

The Organisation places its cash and investments with creditworthy financial institutions and large reputable corporations. The credit risk on bank deposits and investment funds is limited because the counterparties are financial institutions with high credit-ratings assigned by international credit-rating agencies and reputable corporations with a good credit history.

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL MANAGEMENT (cont'd)

(v) Liquidity risk management

Liquidity risk refers to the risk that the Organisation is unable to pay its creditors due to insufficient funds. The Organisation is primarily funded via grants and donations and it attempts to ensure sufficient liquidity at all times through efficient cash management. All financial assets and financial liabilities are repayable on demand or due within 1 year from the end of the reporting period with the exception of certain available-for-sale investments.

(vi) Fair value of financial assets and financial liabilities

The Organisation determines fair values of various financial assets and financial liabilities in the following manner:

Fair value of the Organisation's financial assets and financial liabilities that are measured at fair value on a recurring basis

Some of the Organisation's financial assets are measured at fair value at the end of each reporting period. The following table gives information about how the fair values of these financial assets are determined.

Financial assets	Fair value as at				Fair value hierarchy	Valuation techniques and key inputs	Sensitivity analysis (Note 1) \$	
	2018		2017					
	Assets \$	Liabilities \$	Assets \$	Liabilities \$				
Available-for-sale investments: (see Note 9)							2018	2017
1) Quoted equity shares	2,370,265	-	1,804,801	-	Level 1	Quoted bid prices in an active market.	237,026	180,480
2) Quoted bonds	9,703,234	-	8,822,245	-	Level 1	Quoted bid prices in an active market.	970,323	882,225
3) Quoted unit trusts	498	-	449,941	-	Level 1	Quoted bid prices in an active market.	5	44,994
Derivative financial instruments	Average exchange rate		Foreign currency		Contract value		Fair value changes	
	2018 \$	2017 \$	2018 US\$	2017 US\$	2018 \$	2017 \$	2018 \$	2017 \$
Sell USD								
Less than 3 months	1.3158	1.3968	7,750,000	3,400,000	10,197,579	4,749,221	46,428	87,093
Buy USD								
Less than 3 months	1.3132	-	250,000	-	328,300	-	1,060	-
Total	-	-	-	-	-	-	47,488	87,093

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL MANAGEMENT (cont'd)

Derivative financial instruments:		
	Fair value hierarchy	Valuation techniques and key inputs
Foreign currency forward contracts	Level 2	Discounted cash flow. Future cash flows are estimated based on forward exchange rates (from observable forward exchange rates at the end of the reporting period) and contract forward rates, discounted at a rate that reflects the credit risk of various counterparties.

Note 1: If the quoted prices are 10% higher/lower while all the other variables were held constant, the Organisation's investment revaluation reserve would increase/decrease as detailed in the above table.

There were no significant transfers between Level 1 and Level 2 of the fair value hierarchy in 2017 and 2018.

Except as detailed in the above table, the Organisation had no other financial assets or liabilities carried at fair value.

(c) *Capital risk management policies and objectives*

The Organisation manages its capital to ensure it will be able to continue as a going concern. The capital structure of the Organisation consists only of funds and reserves. Management reviews the capital structure on a regular basis. The Organisation's overall strategy remains unchanged from 2017.

5 COMPENSATION OF KEY MANAGEMENT PERSONNEL

The remuneration of key management personnel during the year is as follows:

	2018	2017
	\$	\$
Short-term benefits	679,009	619,674
Post-employment benefits	30,601	33,960
	709,610	653,634
Number of key management personnel	2	2

5 COMPENSATION OF KEY MANAGEMENT PERSONNEL (cont'd)

The remuneration of key management personnel is determined by the Board of the Council. Members of the Executive Committee and Council did not receive any remuneration from the Organisation during the year.

Related party transactions

	2018	2017
	\$	\$
Donation by Council and key management personnel	35,960	35,710
Donation by related company of Council	-	2,000

6 CASH AND BANK BALANCES

	2018	2017
	\$	\$
Fixed deposits	2,054,477	1,039,723
Cash at banks	16,011,244	18,827,712
Cash held by fund manager (Note 9)	937,321	530,963
Cash and bank balances	19,003,042	20,398,398
Less: Pledged fixed deposit	(20,120)	(20,050)
Cash and cash equivalents in the statement of cash flows	18,982,922	20,378,348

Fixed deposits bear interest at 0.35% to 1.45% (2017 : 0.25% to 1.80%) per annum and for a tenure of approximately 182 to 365 days (2017 : 182 to 365 days). The fixed deposits can be drawn down without need to incur significant cost.

7 RECEIVABLES

	2018	2017
	\$	\$
Recoverable from MOH	394,675	636,998
Agency of Integrated Care	3,374,200	747,248
Deposits	58,965	56,689
Sundry receivables	154,420	115,875
Prepaid expenses	411,734	72,793
	4,393,994	1,629,603

Receivables are not past due and not impaired.

Notes to Financial Statements

HCA Hospice Care
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8 PROPERTY, PLANT AND EQUIPMENT

	Building development	Renovation	Air- conditioners	Furniture and fittings	Office equipment and computers	Motor vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Cost:							
At 1 April 2016	2,904,460	1,043,086	76,799	165,230	1,525,433	374,302	6,089,310
Additions	-	5,350	3,946	3,780	310,524	120,107	443,707
Disposals	-	-	-	-	(13,061)	-	(13,061)
At 31 March 2017	2,904,460	1,048,436	80,745	169,010	1,822,896	494,409	6,519,956
Additions	-	17,120	8,139	-	769,226	75,120	869,605
Disposals	-	-	-	-	(14,931)	(50,339)	(65,270)
At 31 March 2018	2,904,460	1,065,556	88,884	169,010	2,577,191	519,190	7,324,291
Accumulated depreciation:							
At 1 April 2016	1,743,066	604,437	46,500	94,923	1,086,128	191,618	3,766,672
Depreciation	559,656	89,614	8,359	10,971	212,919	90,292	971,811
Disposals	-	-	-	-	(11,988)	-	(11,988)
At 31 March 2017	2,302,722	694,051	54,859	105,894	1,287,059	281,910	4,726,495
Depreciation	481,390	78,080	9,069	11,034	262,140	97,007	938,720
Disposals	-	-	-	-	(14,931)	(50,339)	(65,270)
At 31 March 2018	2,784,112	772,131	63,928	116,928	1,534,268	328,578	5,599,945
Carrying amount:							
At 31 March 2018	120,348	293,425	24,956	52,082	1,042,923	190,612	1,724,346
At 31 March 2017	601,738	354,385	25,886	63,116	535,837	212,499	1,793,461

9 INVESTMENTS

	2018	2017
	\$	\$
Quoted equity shares, at fair value	2,370,265	1,873,858
Quoted debt securities, at fair value	9,703,234	8,822,245
Quoted unit trusts, at fair value	498	449,941
Impairment loss on available-for-sale investments	-	(69,057)
	12,073,997	11,076,987
Financial derivative instruments	47,488	87,093
Total investments	12,121,485	11,164,080
Analysed by:		
Current	441,558	6,383,553
Non-current	11,679,927	4,780,527
	12,121,485	11,164,080
Movement in impairment loss for available-for-sale investments		
Balance at beginning of the year	69,057	173,507
Reversal to profit or loss	(69,057)	(104,450)
Balance at end of year	-	69,057

The investments and cash at bank amounting to \$12,121,485 (2017: \$9,998,320) and \$937,321 (2017: \$530,963) respectively are managed by and placed with external fund managers.

The quoted investments are held for long-term strategic purposes in accordance with the Organisation's business plan.

Quoted equity shares offer the opportunity for return through dividend income and fair value gains. The fair values of these securities are based on closing quoted market prices on the last market day of the financial year.

The investments in quoted debt securities have effective interest rates ranging from 2.07% to 4.38% (2017: 1.7% to 4.0%) per annum and have maturity dates ranging from 2018 to 2021 (2017: 2017 to 2018). The fair value of the quoted debt securities are estimated by reference to the current market value provided by the custodian banks.

The fair values of the quoted unit trusts under management are based on the quoted market prices at the end of the reporting period.

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10 PAYABLES AND ACCRUALS

	2018	2017
	\$	\$
Accrued expenses	932,977	789,531
Overfunding by NCSS	1,047	1,047
Equipment loan deposits received	36,433	31,733
Deferred revenue	554,814	-
	1,525,271	822,311

11 DEFERRED CAPITAL DONATIONS/GRANTS

	2018	2017
	\$	\$
At beginning of year	6,678,316	6,275,240
Addition of deferred capital grant	13,910	742,048
Amortisation for the year transferred to unrestricted fund	(343,826)	(494,965)
Grants from CST [Note]	3,027,435	2,463,361
Return of expired CST Operational Grants	(23,168)	(111,316)
Utilisation of CST for the year transferred to income	(874,912)	(885,196)
Utilisation of CST Operational Grants [Note]	(1,513,419)	(1,310,856)
Utilisation of deferred capital expenditure	(261,829)	-
At end of year	6,702,507	6,678,316

Note:

From 1 April 2013, CST grants can be applied as follows:

- (a) Donations can be claimed for dollar-for-dollar donation matching provided by the Government to enhance the services of voluntary welfare organisations (VWOs) in the intermediate and long-term care (ILTC) sector; and
- (b) Up to 40% of the donations can be claimed for recurrent operating costs incurred.

Notes to Financial Statements

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

12 UNRESTRICTED FUNDS

	2018	2017
	\$	\$
Reserve policy:		
Unrestricted funds	26,755,199	24,977,833
Ratio of reserve to annual operating expenditure	2.01	2.07

The reserves of the Organisation provide financial stability and sustainability. The Council intends to maintain the unrestricted funds at a level which is equivalent to 2 to 3 times of the Organisation's operating expenditure. The Council reviews the reserves annually, to ensure that the reserves are adequate to fulfill the Organisation's continuing obligations.

13 RESTRICTED FUNDS

These funds comprise the cumulative operating surplus arising from the restricted profit or loss account for specific purposes transferred from the profit or loss. Restricted funds used in purchase of property, plant and equipment are transferred to unrestricted funds.

	Patients fund	Medical and office equipment	Projects fund	Training fund	Hospice into the Community	Respectance Fund	NCSS Caregiver reserve	NCSS Day Hospice reserve	NCSS Young Caregiver reserve	Deutsche Bank fund	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
At 1 April 2016	432,169	416,640	692,038	364,658	50,195	114,531	40,833	226,081	6,082	260,716	2,603,943
Total comprehensive (loss) income for the year (Note 14)	-	-	-	-	-	(14,109)	5,428	-	-	(127,366)	(136,047)
At 31 March 2017	432,169	416,640	692,038	364,658	50,195	100,422	46,261	226,081	6,082	133,350	2,467,896
Total comprehensive (loss) income for the year (Note 14)	-	-	-	-	-	(27,003)	10,878	-	-	(51,177)	(67,302)
At 31 March 2018	432,169	416,640	692,038	364,658	50,195	73,419	57,139	226,081	6,082	82,173	2,400,594

13 RESTRICTED FUNDS (cont'd)

Patients fund – The fund is set aside to benefit the medical, psychosocial and physical well-being of the patients.

Medical and office equipment – The fund is set aside to replace, maintain and purchase medical and office equipment.

Projects fund – The fund is meant for any special projects that the Organisation may undertake.

Training fund – The fund is set aside to be used for the training and development of medical and nursing staff in specialist skills in palliative care and to train and equip staff and volunteers of the Organisation so that standards of service may be maintained.

Hospice into the community – To increase the reach of the Organisation in providing palliative care to the community, the Organisation has set up satellite centres in various housing estates. Teams of doctors, nurses, medical social workers function in satellite centres to fulfill the needs of the patients in the community. The fund is to be used for setting up, renovation, maintenance and running of the satellite centres.

Respectance fund – The fund is set aside to help the needy patients who wish to die in their own home and family whose primary breadwinner has passed away. By having this fund, it helps to improve the quality of life for the patients and support their families.

NCSS Caregiver reserve – This fund is to support caregivers of persons with disability or seniors in attending training, seminars and workshops related to caregiving in order to equip them with relevant knowledge and skills and help them better cope with the challenges of caregiving.

NCSS Day Hospice reserve – This fund enables the Organisation to run the Day Hospice Centre at 12 Jalan Tan Tock Seng and Kang Le Marsiling at Block 2 Marsiling Drive. Patients who do not require 24-hour nursing care and are able to walk or are safely mobile in a wheelchair can attend our day hospice and participate in the Organisation's constructive activities and therapy programmes.

NCSS Young Caregiver reserve – This fund supports the Young Caregivers Programme (yCG) where the Organisation collaborates with schools and institutions to run programmes aimed at raising students' and youths' awareness on the need to care for their loved ones who are elderly sick or are struck with life-limiting illness.

Deutsche Bank fund – This fund is set aside to provide transportation, essential items and services for patients.

These restricted funds are represented by cash and cash equivalents amounting to \$2,400,594 (2017: \$2,467,896).

Notes to Financial Statements

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

14 TRANSFERRED TO RESTRICTED FUNDS

	2018	2017
	\$	\$
<u>INCOME</u>		
From donations:		
- Restricted donations	20,000	29,000
Purchase of fixed asset	(9,548)	(120,107)
<u>EXPENDITURE</u>		
Personnel costs:		
- Salaries and other benefits	-	(7,913)
Other operating expenses:		
- Patient care and medication	(64,203)	(22,455)
- Caregiver support and publicity	(1,900)	-
- Volunteer development and recognition	(20,000)	(20,000)
- Repair and maintenance	(2,479)	-
- Transportation	(50)	-
Total Expenditure	(98,180)	(170,475)
Deficit	(78,180)	(141,475)
NCSS Caregiver reserve	10,878	5,428
Deficit transferred to restricted funds	(67,302)	(136,047)

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15 TAXATION

The organisation is an approved organisation under the Charities Act, Chapter 37 and is exempted from tax under the Income Tax Act.

Notes to Financial Statements

HCA Hospice Care
Financial Statements
Year ended 31 March 2018

16 TAX EXEMPT RECEIPT

	2018	2017
	\$	\$
Donations for which tax exempt receipts were issued	2,341,528	2,369,116

17 NON-TAX EXEMPT RECEIPT

	2018	2017
	\$	\$
Donations for which non-tax exempt receipts were issued	400,459	744,212

18 OPERATING LEASE ARRANGEMENT

The Organisation as lessee:

	2018	2017
	\$	\$
Payment recognised as an expense during the year	207,677	201,915

At the end of the reporting period, the Organisation has outstanding commitments under non-cancellable operating leases, which fall due as follows:

	2018	2017
	\$	\$
Within one year	767,844	30,816
Two to five years	1,401,685	6,420
	2,169,529	37,236

Operating lease outstanding commitments represent rentals payable by the Organisation for its registered office.

\$100,000 and above

Goh Lee Hiang Memorial Fund

\$50,000 to \$99,999

OCBC Bank

PSA Corporation Limited

\$25,000 to \$49,999

Charles & Keith (Singapore) Pte Ltd

Community Foundation of Singapore

KH Ng GMC Pte Ltd

Lee Foundation Singapore

Lee Soon Teck

Lee Ying

Ong Eric Ann Poh

PAP Community Foundation

Png Kim Boo

Singapore Totalisator Board

\$10,000 to \$24,999

Baey Lian Peck

CESCO Environmental Technologies Pte Ltd

Chau Lai Yin Elizabeth

Cheong Eng Hock

Choong Chui Teen

Chua Wah Ann

CSE Global Ltd

Estate of Lee King Keing

Frontier Primary School

Grace Shua, Jacob Ballas II Charitable Trust

Gupta Amit

Ivan Ng Neurosurgery Pte Ltd

Kang Mei Ling

Late Hwang Sin Jen

Lee Kim Tah Foundation

Lian Bee Leng

Lim Cher Chye

Lim Seow Choo

Loke Pui Mun Edana

Mediacorp TV Singapore Pte Ltd

Mellford Pte Ltd

Neubronner Edward Bernard

Ng Chan Kheng

Omni-Crest Engineering &

Construction Pte Ltd

Parkway Hospitals Singapore Pte Ltd

Pulak Prasad

SNS Registered Society

Soh Kim Chua

Teo Poh Lian Pte Ltd

The Shaw Foundation Pte Ltd

Tho Gea Hong

TL Canvas & Hardware

Wong Mei Ling

Wong Sung Leet @ Wong Willy

Yeap Kar On

\$5,000 to \$9,999

Aldrich Office Furniture & Projects Pte Ltd

Ang Siew Keow

Ang Wee Chye

B4 Water Leakage Specialist Pte Ltd

Ben Ching Engineering Pte Ltd

Chai Chin Loon

Chan Lian Chai Clinton

Chay Oh Moh

Chen An

Chow Chwee Fong

Chua Hwee Hong

Goh Lay Lian

Heng Puay Oon

Hui Master International Geomancy Pte Ltd

Joy Chew

Kok Kah Meng

Kwan Im Thong Hood Cho Temple

Kwek Mei Ling Vivian

Kwek Tse Hock Andrew

Late Liu Hua An

Late John Jackson Walker

Lee Ewe Choon

Lee Paul

Lee Woon Shiu

Lian Chin Way

Lim Choi Hwee

Lim Tao-E William

Lin Koy Gui

Lubrizol Southeast Asia (Pte) Ltd

MS Amlin Asia Pacific Pte Ltd

Newline Asia Services Pte Ltd

Ng Ching Kok Anson

Ng Chu Wen

Ng Kim Neo

On Cheong Company Pte Ltd

Ong Aun Nee Deanna

Ong Peng Hai

Onnah Liew

Overseas Academic Link Pte Ltd

Pei Hwa Foundation Limited

Poon Juit Meng

Shamala Sanchana

Sim Wei Ling

Soh Ah Yeong

Tan Soh Keng

Tan Yang Guan

Tang Tuck Soon

Tat Lian Trading Co

Teo Guan How

Tiong Shu

Vision Education Group Pte Ltd

Wee Meng Choo

Zen Voce Manufacturing Pte Ltd

\$1,000 to \$4,999

A T Global Investment Pte Ltd

Aberdeen Madina

AL Tyres Pte Ltd

Align Technologies Pte Ltd

Alwinese International Pte Ltd

Andre Francis Maniam

Andrew Eng

Ang Ai Ling

Ang Heng Jo

Ang Hong Guan

Ang Joo Liak

Ang Kian Pang

Ang Peck Hoon

Ang Tiam Hoon

Angela Tan Gek Lya

Ann Naina Murlidhar

Anuket International Pte Ltd

Apple

Arts Of Living (AOL)

Aw Kian Heng

Balasubramaniam S/O Muthusamy

Bessie Lim

Bhaskaran Shree Venkatesan

Bhojwani Anmol Jaikirshin

BN Solutions (S) Pte Ltd

Boo Geok Seng Lawrence

Bruce Liang Chwee Bock

Canon Singapore Pte Ltd

Cao Xue Ping

Catherine Tang Hooi Fang

Cha Hvi Min

Chai Wai Fook

Chan Bee Leng

Chan Chee Peng

Chan Guek Cheng Noreen

Chan Jia Hui

Chan Jia Hui Jacelyn

Chan Joo Kim Linda

Chan Kern Ngee Edmund

Chan Lay Hoon

Chan Teng Leng

Chang Mei Sheung, Catherine

Chang Seng Hock

Char Yong (Dabu) Foundation Ltd

Cheah Tiang Ann Edmund

Chen Si Qi Sandy

Chen Yen Ee @ Tan Yong Yak

Chen Yuxin

Cheng Kai Eng

Cheong Lin Fong

Chew Ai Choo Olivia

Chew Ann Li

Chew Bee Kheng

Chew Choong Cheong

Chew Gek Choo

Chew Jia-En Adeline

Chew Keng Cheow

Chew Siok Eng

Chia Chong Hai	Girl Guides Singapore	Khoo Li Ying
Chia Ding Shan	Goh Boon Kai	Khoo Mui Kheng
Chia Hong Tiang (Xie Fengzhen)	Goh Chat Shen James	Knight Auto Precision Engineering P L
Chia Thai Cheong	Goh Chok Tong	Koh Chern Chern
Chiah Soo Ling	Goh Kee Lee	Koh Lin Kee
Chiam Yih Hsing	Goh Ken Soon	Koh Soh Guan
Chiang Yao Chye	Goh Keng Yeow Simon	Koh Wen Chi
Child Educational Co Pte Ltd	Goh Kim Chuan	Kok Kah Fai
Chin Lan Chin	Goh Kok Hwa	Kok Pui Min
Chin Siew Mee	Goh Nellie	Kong Lai Peng
Chin Sze Meng James	Goh Sok Kim	Kong Leong Fai
Ching Lie Joan	Goh Tiow Seng	Kong Seet Mui
Chiong Siau Chien	Goh Tze Rui Ray	Kong Shin Seong
Chng Chee Kiong	Goh Yan Peng	Koo Chung Chong
Chng Lai Hoon	Grabtaxi Pte Ltd	Koo Chwee Sing
Chong Maximilian	Gracefield Renoworks Pte Ltd	Koo Sin Meng
Chong Poh Kim	Guah Siew Lian	Kum Chew Foong
Choo Hsun Yang	Gui Jiang Lin	Kwan Pui Yi
Choong Thung Cheong	Han Lin Jee Pauline	Kwee Irene Nee Irene Chia
Chor Wei Ping Daniel	Hauw Sze Shiung	Kwek Sir Huat
Christina Winter Wei Mei	Heng Boon Howe Clive	Kwok Weng Fook Kevin
Chua Bee Bee	Heng Hee Yew	Lai Huei Yuh
Chua Boon Wee	Heng Jessie	Lai Lee Hong Doris
Chua Cher Meng	Heng Siew Hoon Doreen	Lam Yong Ling
Chua Chye Heng Kevin	Ho Kim Seng	Lau Chee Kian
Chua Hwee Beng	Ho Kum Weng	Lau Mun Loong
Chua Li Hua	Ho Lai Peng Priscilla	Lee Boon Yong
Chua Onn Pheng	Ho Si Yu	Lee Chee Fah
Chua Piang Sze	Ho Sook Har Jeannie	Lee Cher Eng Luke
Chua Poh Choo	Ho Wah Lee	Lee Hsiu Tien
Chua Swee Meng	Ho Wai Han	Lee Huei Hsien
Chui Mew Chee	Ho Yoke Sin	Lee Kar Noi Cindy
Chung Cheng High School (Yishun)	Hoi Ling Chee	Lee Karen Chien-Wen
Clyde & Co Clasis Singapore Pte Ltd	Hong Guan Huat Kee	Lee Kwok Cheong
Daisy Goh Tai See	Hoo Siang Yan	Lee Lai Cheng Alicia
Dan Hin Lan	Hoong Yik Luen	Lee Lay Hwa Vivien
Darren N T Koh	Hua Koon Club	Lee Lee King
Deepak Gulabrai Sawlani	Huang Shao Xia	Lee Lian Beng
Deutsche Bank AG	Humming Flowers & Gifts Pte Ltd	Lee Liang Khim
Deyi Secondary School	IQKidz Pte Ltd	Lee Mann Yee
Dilip Padbidri	Jann Ong	Lee Ming Eugene
Dora Tuana Tan	Jean Yip Salon Pte Ltd	Lee Nam Mai
Ee Choh Teck	Jeremy Koh Liang Sen	Lee Nguang Heng
Endang Fifi Susanto	Jeremy Martin Riddett	Lee Phui Hong
Enviro Gas Pte Ltd	Jimmy Lim	Lee Yih Chyi
Eugene Lee Kuan Yoong	Joseph Teo Boon Leng	Leong Kit Pui
Evergreen Secondary School	Joy Koh & Family	Leong Shock Ping
Family Of Late Chan Wai Han Annie	Jurong Cold Store Pte Ltd	Leow Lai
Fong Poh Queen Janet	K S Yeo	Liau Mui Leng
Foo Christopher	K. Puvenesveran	Liew Su Mei
Foo Jong Hiang	Kang Li'An Vivian	Liew Yew Wah
Foong Hin Cheong	Kanthaya Mohanaruban	Liew Yoke Fong
Frances Beauty Clinic & Training Centre	Karen Teo	Lim Beng Choo
Gan Kok Boon	Katherine Hannah Chua	Lim Chee Eng
Gan Sock Hong	Kaw Jik Hoon	Lim Cher Lai
George Christopher Willis	Kee Jit Siang	Lim Chin Wei
Gigaphoton Inc., Singapore Branch	Kenneth Tan Swee Hoo	Lim Fung

Lim Hock Chye Daniel	Ng Kim Chwee	Quah Han Oon Oliver
Lim Hong Kheng	Ng Koon Liang	Quek Belina
Lim Hsiu Mei	Ng Lay Kieng	Quek Hong Liat
Lim Hsiu Yun Betty	Ng Lee Hong	Racing World (S) Pte Ltd
Lim Hwee Leng	Ng Ming Yang	Raminder Singh Bhatia
Lim Juay Yong	Ng Mui Leng Pauline	Ray Sanjay
Lim Kay Teck	Ng Seaw Ming	Ren Qiang
Lim Kia Hui Eunice	Ng Seh Tiong	Rock Fonds Singapore Pte Ltd
Lim Koon Yong	Ng Siew Kiat	Rogers Kirsty
Lim Kwee Tee	Ng Siong Hock Roger	Sardool Singh S/o Baljit Singh
Lim Lay Choo Ivy	Ng Thiam Chye	Schroder Investment Management (Singapore) Ltd
Lim Lean Ee	Ng Yong Huat	Seah Chiew Lian Rindle
Lim Lee Lee	Ng Yu Seng	Seah Chin Hong
Lim Li Chen	Nge Aik Moh	Seah Gek Beng
Lim Lilin	Ngoh Cheng Boon	Seah Geok Hay
Lim Moei Eng	Ngoh Pei Lin	Seah Kian Peng
Lim Pei Pei Stefanie	NTUC Fairprice Foundation Limited	Seah Kian Sin
Lim Ping	Nunis Vernon Gerard	Seah Kian Sin
Lim Siew Eng	NUS Students' Science Club	Seah Tat Cheong @ Sin Tai Cheong
Lim Siok Lin	Oh Keng Hong	Seah Yanling
Lim Sue Zann	Oh Kwee Choo Judy	Securite Associates Pte Ltd
Lim Teck Chai, Danny	Ong Ai Chern	See Mui Hua
Lim Wooi Ping	Ong Ai Wee Angela	See Toh Wai Leng
Lim Yeng Kiat	Ong Boon Shui Paul	See Wanhan
Lim Yew Kin	Ong Chee Beng	Seetoh Chun Heng
Lingzi Media Pte Ltd	Ong Chin Bok	Seng Joo How
Linton Paul	Ong Gim Guan	Seow Hock Meng
Liza Chang	Ong Hwee Ling	Seow Jean Lin
Lo Pang Foo Steven	Ong Kheng Chuan Peter	Sharikat National Pte Ltd
Loh Guo Pei	Ong Kok Leong	Sharon Teo Siew Choo
Loh Ju Fern	Ong Or Kek	Sie Lay Hoon
Loh Wai Keong	Ong Siau Wah Alvin	Siew Choo F Tan
Loo Cheau Leong	Ong Siew Hwa	Siew Lay Ang
Loo Shieh Lin	Ong Wee Hwa	Siew May Yee
Looi Hong Wah	Ong Wee Leng	Silvester Prakasam
Low Junwei	Ong Wee Ming	Sim Serena Si Ling
Low Kok Soon	Ow Kuan Foong Florence	Sim Siang Leong
Low Lay Leng	Ow Siew Geok Carolyn	Sin You Seng
Low Mui Hong	Ow Yin Lin	Singapore Maritime Officers' Union
Low Wen-Wei Lewis Micah	Pang Siew Keng Cecilia	Singapore Organisation Of Seamen
Luqman Bin Abdul Halim Lim Luqman	Pe Koon Meng	Siong Meei Jeng
Ma Yichao	Peh Seh-Yong Edwin	Sng Tai Liat
Madaleine Chua	Phoon Kwong Yun Ian	Soh Hwee Hoon
Manikoth Rajesh	Phua Mui Gek	Soh Kinn Roo
Mari Singh	Poh Chee Wei	Soh Kinn Yeow
Maria Lim Sai Heok	Poh Choon Ann	Soh Lay Geok
Martin Anthony Riddett	Poh Eng Heng	Soh Shui Boon
McWhinney Kevin Douglas	Poh Seng Guan	Soh Soon Huat
Mitsubishi Electric Asia Pte Ltd	Poh Siew Kuan Susan	Soh Susanna
Moez H Nakhoda	Poi Choo Hwee	Soh Yoke Lin
Moh Chun Chuan	Pong Clarence	Song Huat Fruit Shop
Murty Caroline Ranjitham	Prima Limited	Song Kok Wee (Song Guowei)
Nancy Leong	Prime Car Rental & Taxi Services Pte Ltd	Soo-Hoo Siew Fong
Ng Bak Hai	PSA Marine (Pte) Ltd	Su YuZheng
Ng Chiew Leng	PSG Holdings Pte Ltd	Sung Keng Yen
Ng Ching Yong	Puah Ping Hui	Sylvana Ingrid Jusuf Hanafi
Ng Chong Heng	Punggol Secondary School	Sze Kai Liang Lenny

Tan Ai Hong
Tan Aik Hau
Tan Andrew
Tan Bee Hong Rina
Tan Chang Yong
Tan Chee Kiong Philip
Tan Cheng Thye
Tan Chin Hui
Tan Ching San
Tan Ching Yee
Tan Chwee Guan Christopher
Tan Chye Heng
Tan Daphne Lu-Fen
Tan Eng Ngoh Audrey
Tan Gim Hian
Tan Hai Kwang
Tan Heng Khuan Brian
Tan Hua Mong Peter
Tan Jianhong Winson
Tan Ju Soon
Tan Juay Seng
Tan Juot Wee
Tan Khiaw Ngoh
Tan Khoon Yong
Tan Khuan Seng
Tan Kia Heng
Tan Kiam Hwee Mario
Tan Kim Chiang
Tan Kim Siang
Tan Lai Hock
Tan Lee Eng Alanna
Tan Lee Joo
Tan Ling Ling
Tan Mei Mei
Tan Ming Hwa Kenie
Tan Mui Keng Betty
Tan Poh Kiang
Tan Pok Loon Eric
Tan Puay Leng
Tan Sai Tin
Tan Sia Huan
Tan Siew Tee Joanne
Tan Song Huat
Tan Soo Hwee
Tan Swee Swee
Tan Tew (Choo Ah Moy Ann)
Tan Tian Chor
Tan Tien Peng Cyril
Tan Tuang Hong
Tan Wang Tiang
Tan Wee Fong
Tan Wee Teck
Tan Wu Meng
Tan Yan Jun Daniel
Tan Yee Fang Wendy
Tan Yeok Miang
Tan Yew Hiang

Tanglin Trust School
Tay Bee Sin
Tay Boon Hau
Tay Cheng Hong
Tay Eng Hui
Tay Kiat Peng
Tay Kim Chwee Richard
Teh Bong Lim
Teh Li Ling
Teo Cheow Beng
Teo Eileen
Teo Eng Chai
Teo Hui Choo
Teo Hwee
Teo Lak Bee
Teo Ser Luck
Teo Swee Lian
Teoh Meng Hwee
Terence Tea Yeok Kian
Thatz International Pte Ltd
The British Association Of Singapore
Tian Pei Qin
Tian Thian Yin
Ting Hui Yi
Tiong Hin Won Eric
Tjeng Yan Hoa
Toh Ah Hoe Carol
Toh Ah Soon
Toh Chin Chuan
Toh Lay Hong
Toh Siew Ping Irene
Tok Ban Tin
Tong Kin Weng David
Tony Ang Kong Siong
Tree Of Life Pte Ltd
Wah Kim Hiam
Wahi Brijesh
Wan Fook Ying
Wang Alina
Wee Chok Neo, Maggie
Wee Geok Lian Angeline
Wee Jing Ni
Wee Nam Kee Chicken Rice
Wee Wan-Ling Christopher Justin
Wee Yao Ming Paul
William Durairaj
William Graham
Wong Ann Seng William
Wong Chee Tat William
Wong Cheng Ee
Wong Kam Meng Elias
Wong Kok Chuan
Wong Lian Choo
Wong Sau Bek
Wong Siew Kien
Wong Sok Mun
Wong Te-Ping

Wong Yuen Chinn Cynthia
Wong Yuet Ming Oriana
Woo Chau Foon David
Yan Huey Miin
Yap Chiu Yuen
Yap Li Shan
Yap May Ling
Yap Pett Chin
Yap Puay An
Yap Woei Yang
Ye Kaixin
Yeo Lily
Yeo Ngoh Kim
Yeo Poh Kim Astrid
Yeo Siong Tor Betty
Yeo Teng Neo, Adelia
Yeo Yunn En
Yeow Quee Eng
Yeu Pih Shia
Yip Yue Ying
Yong Chee Fah
Yong Lee Yong Christine
Yong Seek Ling
Yuk Tar Sheng
Zaini Bin Abdul Rahman

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