A black and white photograph showing a close-up of a hand holding a pen, writing the words "Life stories" in cursive on a white sheet of paper. The hand is positioned on the right side of the frame, and the pen is angled towards the left. The background is a plain, light-colored surface.

Life stories

Our Vision

To be the centre of excellence for Home Hospice Care

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.

Our Values

Compassion • Professionalism • Respect

About HCA

HCA Hospice Care (HCA) is a registered charity and Singapore's largest home hospice service provider. We provide comfort and support to patients with life-limiting illnesses. Our dedicated multidisciplinary teams comprise doctors, nurses, social workers, counsellors and trained volunteers. Together, they care for our patients and their families in their own homes. HCA Home Hospice's palliative care is provided free regardless of religion, ethnicity, income level and nationality.

The services include:

- Providing medical treatment to manage patients' pain and symptoms
- Providing medical prescriptions
- Coaching families on how to care for their loved ones at home
- Assisting patients and offering their families emotional and social support for coping with death, grief and loss

Over 60,000 patients have benefited from HCA's services since its establishment in 1989. Our dedicated teams, who are on call round-the-clock, make approximately 40,000 visits a year serving an average of 3,800 patients annually.

Contents

About HCA	1
President's Message	2
CEO & Medical Director's Report	4
HCA at a Glance	6
A New Chapter Begins	9
Dayah's Story	10
Gloria's Story	12
Min Yi's Story	14
Geraldine's Story	16
Amy's Story	18
Susan's Story	20
Stories of Giving	22
Council & Committees	24
Financials	26
Donor List	69

President's Message

When Dr Seet Ai Mee, the immediate past president, handed the baton over to me, she exhorted me to lead HCA to new heights. I embraced this as an opportunity to look within and to look around the corner to ensure we are ready to meet future challenges.

In November 2014, we gathered the HCA collective leadership - with pro-bono help from Bain & Co as well as the Centre for Non Profit Leadership (CNPL) - for a comprehensive strategic planning exercise. The result of that exercise was four strategic imperatives:

- Establish strategic community partnerships
- Construct a new leadership architecture
- Enhance and expand a suite of unique services
- Embark on strategic resourcing of required staff members

Why are we doing this? And why now? There are two phenomena that are occurring which will impact HCA. First, our rapidly aging population is expected to double the demand for hospice services in as soon as five years.

Secondly, the entire health sector has evolved from two clusters to six Regional Health Systems (RHS). Each RHS is designed as an integrated health service with the potential to develop their in-house home hospice service. For HCA to remain relevant, we need to clearly define the value we offer.

Collaboration

We cannot grow and scale services on our own given the intense competition for clinical manpower today. In view of this, the HCA leadership decided that collaboration is the way to go. We will seek long-term partnerships with the RHS's and other community partners to integrate our services for the benefit of our patients.

We took an important first step at the ground-breaking ceremony of the Outram Community Hospital on 21 May, 2015 when we announced the agreement between SingHealth and HCA to work towards a seamless integration of palliative services.

We are also working with the community of Marsiling through our Kang Le Day Care Centre. We have invited on board grassroots leaders, school leaders, and social service providers. Through this partnership, we aim to reach out to the community, engage in public education, stimulate volunteerism and promote advocacy.

Culture

In a competitive labour market, growth is only possible if HCA becomes a place of meaningful and joyful work. We must create an environment and culture where our folks feel loved and appreciated, respected and cared for.

Providing end-of-life care is tough on our people both emotionally and physically. Every day, our clinical teams trudge through rain or shine with their heavy bags to bring the care and support our patients and their families need. We can and must do our part to make our people feel supported and loved as they walk this road less taken.

Calling

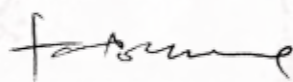
In a recent Town Hall meeting, I was very touched by the candid sharing of the team and a Helen Keller quote several chose to express their deep-felt commitment: "Alone I can do so little; together we can do so much."

The French have a beautiful term - *raison d' être*, which refers to the most important thing for which a person or an organisation exists. I have committed a day every month to doing patient home visits with one of our six clinical teams. Watching our HCA professionals at work - lovingly and gently caring for the dying, renews my commitment to our mission - every time.

Commitment

The pace and intensity of progress at HCA are palpable. Both work load and demand is on the rise. It is not a time for the fainthearted but for those truly dedicated to the cause. The HCA adventure has only just begun.

I invite you to hop on, belt up and be part of a history-making ride of home hospice service that is going to make a difference in our society.



Dr Tan Poh Kiang

"The HCA adventure has only just begun. I invite you to hop on, belt up and be part of a history-making ride of home hospice service that is going to make a difference in our society."



CEO & Medical Director's Report



This year, our teams of doctors, nurses and psychological staff have poured their efforts in the consolidation of clinical work. Because of persistent constraints in manpower, we have had to exercise prudence and pragmatism with regards to the number of patients we could realistically and optimally manage at the present time. Our staff are the heart and soul of HCA. To make sure they stay healthy physically and emotionally, we must show them the same level of care and kindness that they show our patients every day.

As always, staff training and support, carried out concurrently with the honing and development of clinical skills, have been the mainstay of our commitment towards efficient patient care. This not only ensures that knowledge is constantly updated but additionally confers confidence and the ability to add value on staff in providing patient care and caregiver support.

In FY2014/15, 80% of the 3,800 patients we cared for were over 60 years of age. Our hospice teams made more than 38,000 home visits helping to ensure that our ailing patients had a good quality of life within their own homes.

Time has always been the essence in the work we do. The importance of time is emphasised by figures that show that 71% of our patients passed away within three months of being registered with HCA. Our dedicated clinical teams were able to achieve good outcomes with firstly, 56% of patients being able to pass away at their homes as per their wish; and secondly, 98% of them being symptom-free at the time of death.

Our new Kang Le Day Care Centre in Marsiling added a much needed 50% increase in capacity, with the

combined day hospice attendance at both centres averaging 44 patients a day last year. This not only helped more of our patients live well physically and psychosocially but just as importantly, gave their caregivers a much needed respite during the daytime.

The 57 palliative caregiver training sessions we conducted enabled 655 caregivers to care for their loved ones better at home, and gave them the necessary emotional support they needed while doing so. This meant that all five of our home hospice teams conducted at the least one or more training sessions during the year. 70% of caregivers trained were able to put their newly acquired skills to use in caring for their loved ones.

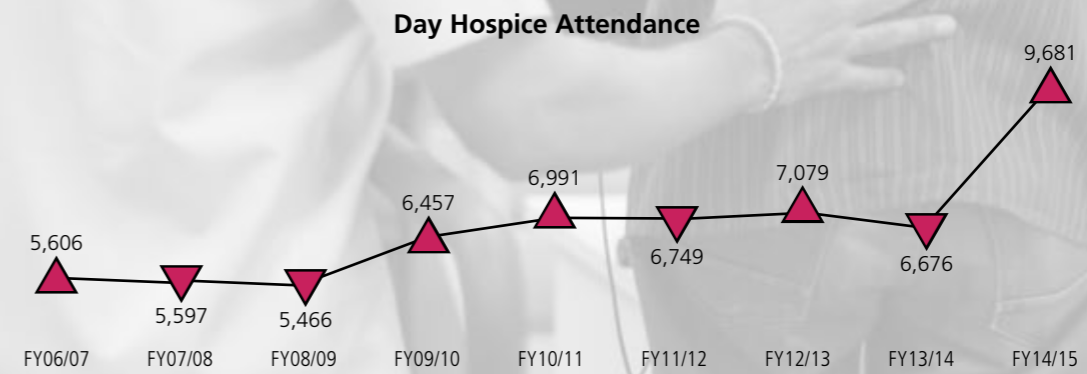
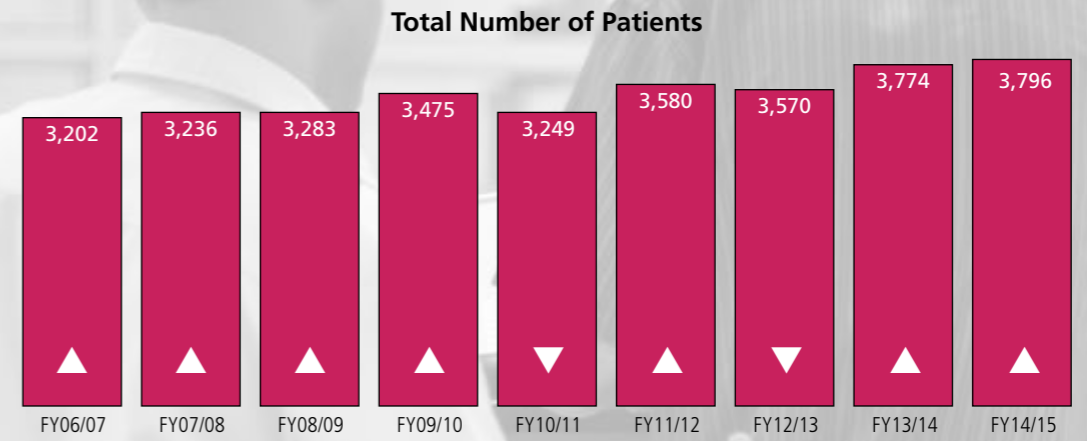
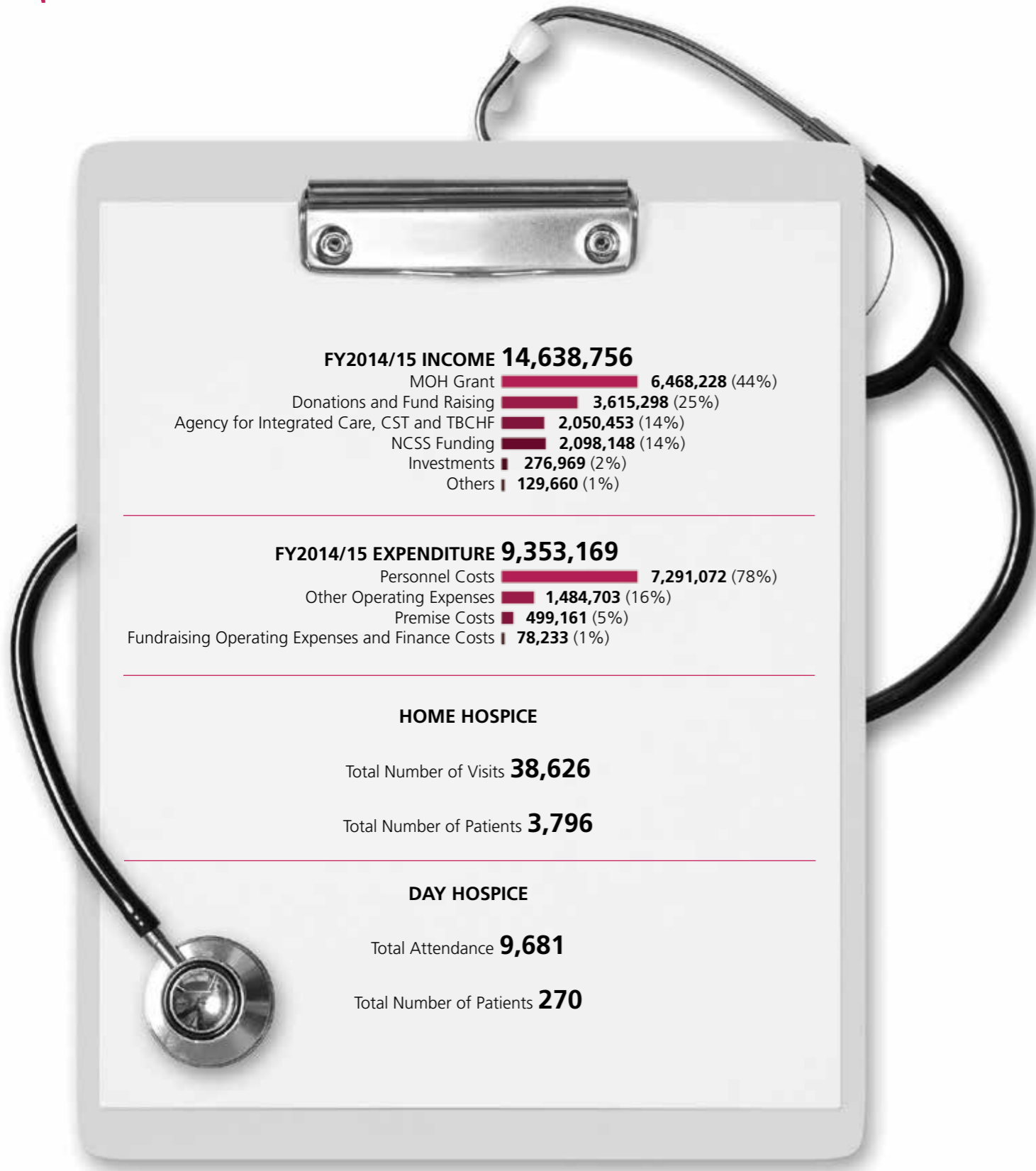
The joy in the sacred work we do lies in the indelible relationships we build with our patients and caregivers. The support and associations we build with our colleagues underpin our ability to carry on sustained good quality work day after day, and year after year, in an ever efficient and professional manner.

So, while we reflect on what we have achieved in the year that has gone by, let us take this opportunity to appreciate the special relationships we build with our colleagues. Let us encourage and support one another to aspire to achieve the very best that we can, together, as we move forward, steadfast in our step, confident and comforted in the fact that we have each other's backs and the patients' best interests in heart and mind.

"Success is not the key to happiness. Happiness is the key to success. If you love what you are doing, you will be successful", were words from the renowned physician philosopher, Albert Schweitzer, which if we may imbibe and internalise, will take our clinical team forward to face any and all challenges.

Dr R Akhileswaran

HCA at a Glance



Distribution of Place of Death

	Patients	%
Home	1234	56
Government and Restructured Hospitals	872	40
Private Hospitals	29	1
Others	65	3
Total	2220	

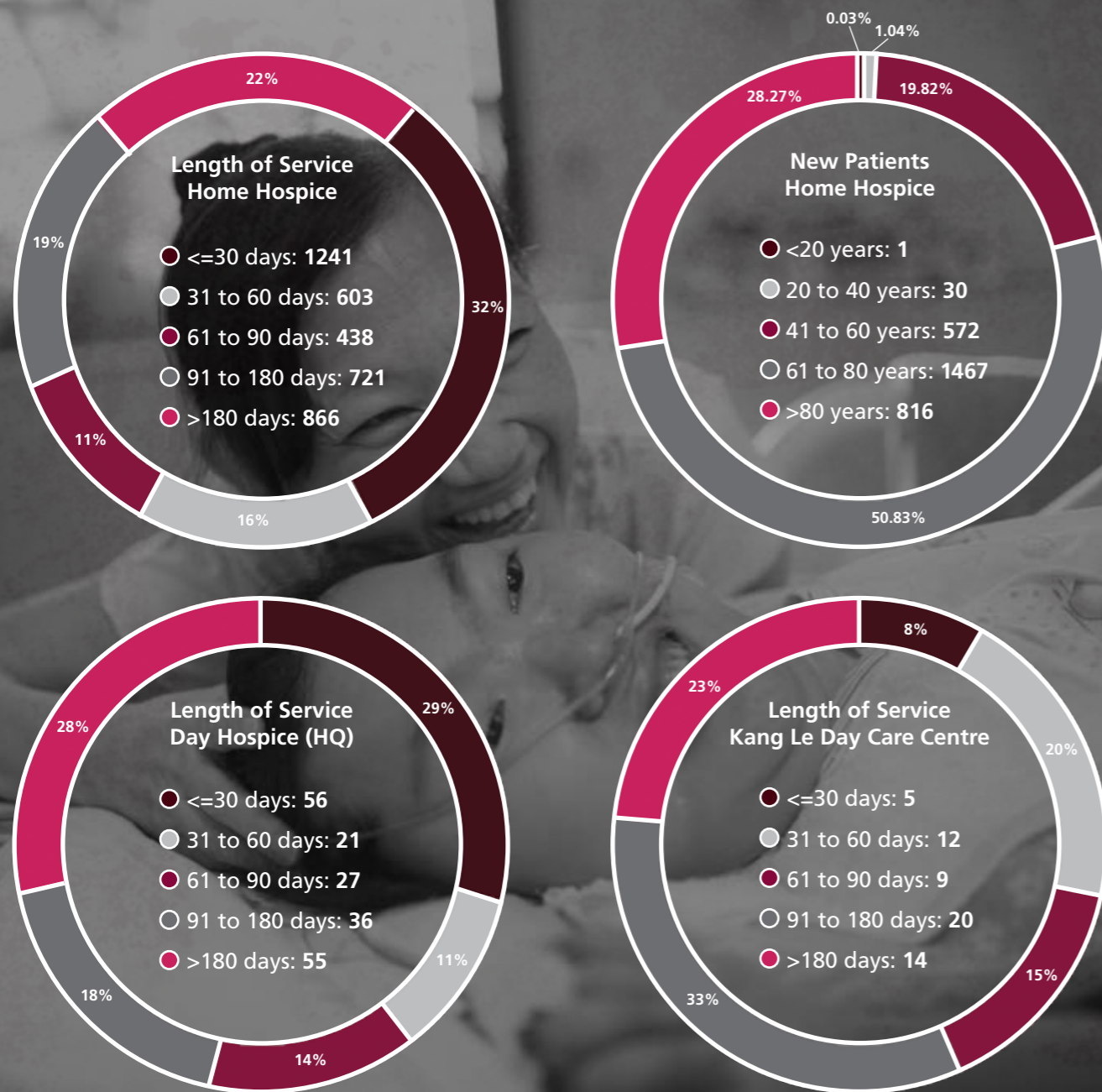
Source of Referrals

	No of Cases
Changi General Hospital	177
Jurong Health @ Alexandra Hospital	87
Khoo Teck Puat Hospital	133
KK Women's and Children's Hospital	86
National Cancer Centre	983
National University Hospital	199
Singapore General Hospital	391
Tan Tock Seng Hospital	372
Other Hospices	24
Private Hospitals	6
Community Hospitals/ Nursing Homes	31
Others	415
Total	2904



A New Chapter Begins

Opening of Kang Le Day Care Centre



2886 New Patients

2044 Psychosocial Cases Served

655 Palliative Caregivers Trained

57 Palliative Training Sessions Conducted

13 Volunteer Groups made **257** Visits

165 Star PALS Patients (59% Increase)

215 Individual Volunteers made **1225** Visits

October 2014 marked a new chapter in HCA's drive to bring hospice care into the community with the opening of its second Day Hospice in Marsiling Drive. The Kang Le Day Care Centre is an important milestone in HCA's history, and will also serve as a prototype for the future, which will see community partners coming together to make palliative care more accessible to all in Singapore.

Kang Le will cater to patients staying in the North and West regions of Singapore, cutting down the travel time it used to take them to get to the Day Hospice at Jalan Tan Tock Seng. It also represents additional capacity which will allow us to take in more patients.

Kang Le's name comes from the Chinese characters 康 and 乐, meaning 'healthy' and 'happy', which is aligned with our mission to keep patients with life-limiting and life-threatening diseases emotionally, mentally, socially and physically as healthy as they can be.

Kang Le would not have been possible without the invaluable support of our donors such as The Singapore Ireland Fund, volunteers, and the close partnership with the Marsiling constituency, its grassroots leaders and community.

Dayah's Story

A Home Hospice patient



When 35-year-old Dayah found out she had stage 4 cancer and was going to die, she was so angry and overwhelmed that she closeted herself in her room for half a year.

The turning point came when a friend introduced her to AIN Society, a voluntary welfare organisation that cares for cancer patients. With its support and the care provided by HCA Home Hospice, and through conversations with other cancer patients, she had a crucial revelation.

"I thought, if they can fight, why couldn't I fight? If they could make it, why couldn't I do it too? It's not like they are Superman. This is when I stepped out. I realised I had to face the fact. No matter how I try to avoid it, I can't run away from it. It is already inside me.

"I just had to face it. I told myself I had to face it."

Dayah realised that the cancer was trying to tell her to change her life. "Before this, I was a bit naughty, and I

didn't listen to my parents. My cancer made me realise how they felt, especially because of my son."

While she constantly worried about her two sons, she also drew comfort from them, especially her nine-year-old boy. "He just sits beside me. And I just continue talking and talking. It doesn't matter if he doesn't understand. I don't even think he understands most of the time. But he's a good listener."

Dayah's faith also played a major part. "Muslims believe that if God gives us sickness, or even a single needle prick, He is trying to get us to think about our sin, because He knows we are good people. This cancer is God's message, reminding me to change. Now, I pray every night the way I can – sitting down."

"My mum always says that if you die early, you're good. So this means that I am a good girl la!

I met someone who kept asking, 'Why me? I asked him, 'Why not you?' I am glad that God has chosen me."

Bringing care home

Every day, our five dedicated multidisciplinary home hospice teams visit our patients, bringing directly to their homes professional and emotional support, medication, training and advice. These teams are on call round-the-clock, seven days a week, making 38,626 home visits last year. This service is provided free of charge.

Gloria's Story

A Day Hospice patient

"What you see isn't always what you get. I seem very positive, very cheerful, but I'm not always like this."

63-year-old Gloria has been a regular attendee at our day hospice centre since 2010. She learned of her ovarian cancer in 2008, but today the doctors no longer have new drugs for her to try, and the old ones have stopped working.

Despite her acknowledgement of her disease and prognosis, Gloria is a feisty spirit, often cheerfully chatting with other patients, and enthusiastically taking part in activities at the day hospice.

She carries a bottle of liquid morphine everywhere with her to help her cope with the constant pain. She recounts that many times when she shares her negative feelings with others, she would receive the reply, "Don't think like that!"

Gloria points out that sometimes, knowing that she "should" be strong, or "should" think positively, made her feel worse. It was only after she found others like her that she learned to accept her own feelings, and began to feel less alone.

"Sometimes, when you see a sick person crying, they might just be comforting themselves. I want others to know that you are not weak if you cry. Even while you try to be brave, you can be sad, and cry, and despair at the same time."

What helps are simple acts such as a touch or a pat on the shoulder. Gloria recalls a time when she panicked before a major operation and kept telling the nurses she didn't want to go. A nurse manager simply took her hand and held it all the way to the operation theatre. Gloria said, "That was the sort of support I needed – the kind that made me feel braver."

She also feels support from the rest of the patients, as well as the young volunteers at the day hospice centre. Most importantly is the support she receives from her older sister, who accompanies her to her treatments and provides her a lot of moral support.

"Sometimes, when it's so painful, I don't feel like living. And then, I see my sister, and I remember that the pain I feel, she feels too. You realise that when you're upset, your family is also upset, so you decide, 'Let's face it.'"



"After you cry, after you've become negative, there's a point when you'd sit down and realise, life is such."

A place to be with friends

For patients who do not require 24-hour nursing care and are able to walk or are safely mobile in a wheelchair, our two Day Hospice Centres – at Jalan Tan Tock Seng and Marsiling Drive – provide a safe and caring environment for them to interact with others and enjoy a wide range of activities and excursions. For a nominal fee of \$15, two-way transport and meals are included.

Min Yi's Story

A Star PALS patient



Min Yi was a straight A's student at Anderson Junior College who loved the outdoors when she was diagnosed with a brain tumour. Because of the position of the tumour, the doctors were unable to operate to remove it. In spite of radiation and chemotherapy, in less than two years, Min Yi was unable to move, talk or eat on her own.

When Min Yi's oncologist introduced her parents, William Loh and Irene Ong, to Dr Chong Poh Heng, programme director of HCA's Star PALS, they resisted it fiercely.

However, after meeting Dr Chong and palliative care nurse Lily Li a few times, the Loh's understood how Star PALS could indeed help their daughter be more comfortable, and provide the medical and emotional support they needed as a family.

"They were available 24 hours a day, and whenever I panicked, I could call to ask for advice for any little thing, like why she was not drinking or eating properly – we could get advice and reassurance."

Star PALS also brought in a physiotherapist and social worker. In addition to working with Min Yi, the physiotherapist provided invaluable support to Irene, showing her how to move Min Yi in the correct manner, making it easier and more comfortable for both of them.

Every two weeks, the whole family had music therapy sessions, including Min Yi's brother Wei Jit and sister Jin Yi. This became a favourite of the whole family as Min Yi responded to music therapy like she did to nothing else. Irene recalled, "Nothing could make Min Yi move her right arm. But she would use it to bang the drum."

"It was a real stress reliever, and bonded us even more strongly as a family. The music therapy was one of the most wonderful times we spent with Min Yi, and we have beautiful memories."

Dr Chong, always looking ahead to what would happen next in Min Yi's illness, helped them prepare for the end. He encouraged them to celebrate Min Yi's 19th birthday early, which they were very glad they did.

When Min Yi passed away two days later, on 2 June, Dr Chong and his team were there with the family to give comfort and support.

"We really benefited from the journey. We are just so grateful for the services, and I want to let people know that there is a lot of help available out there," said William.

Caring for the child, caring for the family

Star PALS was started in 2012 with one aim: to improve the quality of life for children – aged 19 years and below – with life-limiting conditions. A dedicated team of doctors, nurses, counsellors and social workers is on-call 24 hours a day to help family members plan and deliver the ongoing care the child requires. We are here to provide medical and emotional support when complex medical decisions need to be made at critical junctures, including formulation of advance care plans.

Geraldine's Story

A Medical Social Worker with HCA



Geraldine Tan is a Medical Social Worker with HCA. She shares her thoughts on what it means to be one and what it means to her.

"Being a Medical Social Worker in Star PALS means more than providing financial assistance, community resources and counselling to patients and their families. It also means being a furniture mover, a grocery shopping assistant and a house cleaner.

It means singing silly songs, helping with the cooking and playing Pretend. Memorising the names of K-Pop celebrities, drawing pictures of lions and monsters and learning how to play football.

Being a Medical Social Worker in Star PALS also means being 24/7 on call, to attend to patients and their families when they need me whether I am at a movie or in a meeting, awake or asleep.

It means holding crying mothers tightly as they try to come to terms with the latest medical test results, listening

to grieving fathers haltingly tell their stories, and deliberately giving siblings the extra attention and care they inevitably crave.

It means knowing that some patients do not have long with us, and giving my heart to them all the same.

Being a Medical Social Worker could also mean having to stand in front of the patient's coffin with her mother, at the wake. Her mother clasped my hand in hers and spoke to her child, "Now that you're in heaven, please keep your social worker 'jie' safe and happy and healthy always, because she is our angel."

Being a Medical Social Worker means living an experience of loving and being loved so much more in return. It means giving joy and receiving a kind of happiness I never knew I could feel before."

Doing good to the end

HCA has seven Medical Social Workers, seven Patient Care Assistants and two counsellors who support paediatric patients. This team helps patients come to terms with their disease, find meaning in their situation and express how they would like to be helped to achieve a good death. They play a role in supporting the family through this difficult time through caregiver training, financial assistance, and all the practical and emotional aspects of caring for their loved one.

Depending on the readiness of the patients, the team can also talk to the patients about writing a will, Advance Care Planning (ACP), Advance Medical Directive (AMD) and Lasting Power of Attorney (LPA). Hopefully, with these measures, the patients' wishes are made known to their loved ones and the patients' wishes can be more readily honoured by their family members and caregivers.

Amy's Story

An HCA Home Hospice nurse

"Every day, I know that I will touch a life, or a life will touch mine. Every day, my work is anything but routine, and I am required to think on my feet. Every day and every journey made with every patient is a sacred experience."

Nurse Amy Lim is the Assistant Satellite Manager at HCA – Loving Heart (Jurong) Centre, and recipient of the 2014 Nurses' Merit Award. Amy became a nurse in 1983 and has never looked back. She feels it is a blessed privilege to be a nurse in palliative care, where she can experience humanity in its most basic form.

Amy truly believes that nursing is all about hearts to love, hands to serve and an eagerness for lifelong learning to keep knowledge and skills up to date. She has three philosophies that inspire and motivate her.

The first philosophy is: "Their pain, my pain; their joy, my joy". Amy wants to feel her patients' pain and develop a real understanding of what is important and what is not during their last days.

"It is a sacred journey blessed unto us to walk into the unknown, to step into the uncertainties with our patients, to discover together that life is worth living in the departure hall."

The second philosophy is: "Beautiful heart for beautiful work". Her work in palliative care constantly reminds her that every man and woman has value. "Every person matters and is deserving, not only of our skills, but of our friendship and respect, and most importantly, our humanity."

The third philosophy is: "Pushing palliative care beyond borders". Amy's dream is to bring this love for humanity beyond the comfort of Singapore. She has been enriched by her experiences in Jakarta, Kolkata and Sri Lanka, which have also convinced her of the need to push palliative care to all parts of the world, especially to the poorer countries.

All the difference in the world

Our nurses make all the difference in the world to our patients. They bring comfort and care with every visit. We are very proud of our nursing team and will continue to invest in their training and development.

- Assistant Nurse Manager Esther Chong received the 2014 Healthcare Humanity Award
- Assistant Nurse Manager Amy Lim Sock Hui received the 2014 Nurses' Merit Award and the Service Quality Gold Award at the ILTC Excellence Service Awards 2014
- Nurse Ng Wan Ru received the Service Quality Gold Award at the ILTC Excellence Service Awards 2014
- HCA received the Good Practice Merit Award for Productivity and Innovation for its project on Triage Service in Home Hospice Care

Susan's Story

A Young Caregiver Programme facilitator



When Susan Yeo was first introduced to the Young Caregivers (yCG) programme, it just clicked. She had been her grandmother's caregiver before she passed away. And her own daughter, Michelle, was diagnosed with cancer when she was two.

Susan has been a yCG facilitator with HCA's student outreach programme for the past seven years. Facilitators like Susan deliver the yCG workshops at primary, secondary, and tertiary schools. During these workshops, students hear about how important it is to spend time with the elderly in their lives, to support those with life-limiting illnesses, and to treasure their loved ones. yCG reached more than 10,000 students last year.

"I like to talk. I like volunteering for causes I believe in. That's why being a facilitator with the yCG programme is perfect for me," said Susan.

"I remind them why it's important to live life to the fullest. I remind them that anything can happen to anyone, anytime, anywhere."

"I share these experiences with my students, and you should see the look on their faces when they hear about my daughter! Suddenly the entire class looks up, sits

straighter, stops doing homework under the desk, and begins to take me seriously."

What keeps her going? "I find this sharing incredibly therapeutic and fulfilling. In all honesty, this role has helped me achieve many of my personal goals. I don't just talk at these students. I learn from them constantly, and bring these lessons back to hone my own skills in public speaking, and more importantly, in parenting."

Even more meaningful are some experiences that take place outside these sessions. One loud 'macho' boy who had seemed indifferent in class wrote to Susan privately to tell her he planned to spend more time with his parents and find ways to show his care for them. Another girl approached Susan to ask for advice as she had a family member who had been diagnosed with cancer, but who was keeping her at arm's length.

Susan believes that HCA's yCG programme goes beyond eldercare – it is about helping the students to understand that they may not always be able to see their loved ones.

"We want to equip them, yes, with caregiving skills, but more importantly, with empathy. To us, yCG isn't just about caregiving. It's about moral values – an all-rounded character building exercise that I am honoured to deliver for so many students."

Standing up for those in need

HCA has been honoured by the dedication and commitment of many volunteers. Mdm Sapiah, whose own son Fardiz was a Star PALS patient, brings cheer to other Star PALS children with her beautiful cakes. We thank all the volunteers who helped organise the 26 Day Hospice excursions and activities held last year. Thank you for giving cheer to our patients and a helping hand to our staff.

Stories of Giving

“Our terminally ill patients don’t journey alone. We’re with them, every step of the way. This World Hospice and Palliative Care Day, I’m running 100km to raise \$100,000 for our patients. Join us on this journey. Support our cause.”

This was Dr Tan Poh Kiang’s rallying cry as he embarked on one of the toughest challenges of his life. On 10 October 2014, he ran 100 kilometres in The North Face 100 in 17 hrs 43 minutes 12 seconds, and raised a total of \$147,222 for the patients of HCA.

“The struggle I had to endure was nothing compared to the pain of our patients, who are courageous enough to face the pain and fear of death, with hope. The strength I could summon, was nothing compared to that of families struggling valiantly with the end-of-life caregiving.”

The real reason why Dr Tan ran lies in the life stories of his patients and their courage in the face of great pain and adversity.

“I recall Rahmat’s determined face as he talked about how resolute he was not to borrow money from his siblings even though he had not worked for five months and his family of six was running out of cash. His liver cancer had spread to different parts of his emaciated and deeply jaundiced body and he knew time was running out. His wife who had been a homemaker up till then had the challenge of looking for a job while still taking care of her daughters and her dying hubby.

“I have vivid memories of Valerie’s groans as she hoisted her humongous leg (swollen because of deep vein thrombosis caused by the metastases) to get into her bed. What we normally do in less than a minute cost Valerie several minutes, and indescribable pain. Yet when my HCA nurse and I displayed pity, Valerie just brushed it off – saying that was no big deal compared to the agony of inserting a catheter to empty her dysfunctional bladder.

“I knelt next to two-year-old Katie, who was hooked up to a respiratory machine because spinal muscular atrophy had taken her ability to breathe, talk, swallow – and to live her childhood like other children. My tears were barely held back as I imagined the hell Katie and her parents were in. Yet in that moment of my grief, she gave me a crooked smile. Her twinkling eyes showed me her courage. She smiled and communicated to me that she was fine.

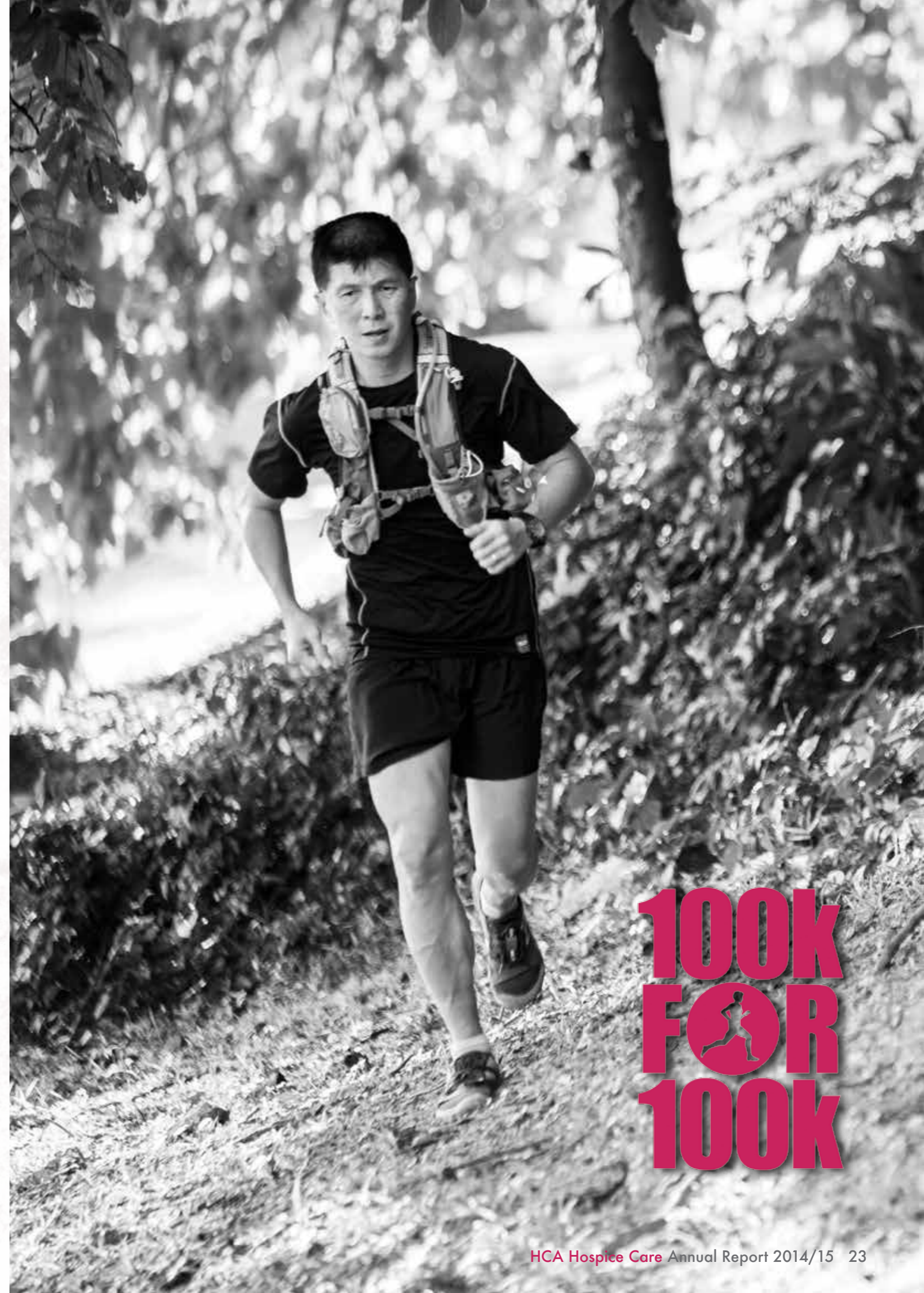
“I cried in church because I was made fully aware of my privilege to represent a cause that embodies suffering. I had spent hours fretting about my 100K race, and had momentarily forgotten the pain of the patients whom I serve.

“Once again I feel the pride and burden of carrying this symbolic responsibility on my shoulders as the president of a home hospice service provider. Once more I am reminded that the endurance and courage of the dying patients and their caregivers, is my inspiration to run this race and champion our cause bravely.”

All for a good cause – From car washes to wanton noodles

Mr Chan Keng Hoong works long days running the Soon Lee Lor Mee & Wonton Noodle food stall at Blk 446, Pasir Ris Drive 6. On 20 April 2014, Mr Chan raised a total of \$5,010.20 through the sale of hundreds of bowls of his tasty noodles, and donations from his customers and friends that day. We thank Mr Chan from the bottom of our hearts! We would also like to thank the following individuals and organisations for their fund-raising efforts last year.

- Bedok Community Centre Youth Executive Committee (car wash)
- Deloitte & Touche Management Services Pte Ltd (JP Morgan Corporate Challenge)
- Morgan Advanced Materials (Standard Chartered Marathon Singapore 2014)
- NUS Medical Society (OT5: Atlas Unbound Musical)
- Stork’s Nest Singapore (Annual Family Sale and Christmas Charity Quiz)
- The Little Skool House, Thomson & Parents Support Group (flea market)
- The Singapore Ireland Fund (funding)
- Dr Elaine Kim (Alice in Wonderland Charity Luncheon)
- Mr Sebastian Soong (Music Gives Back: Voices Concert)
- Mr Wilson Yuk (weight loss campaign)



**100k
FOR
100k**

HCA Council & Committees



Mr Lim Boon Heng - Patron

17th HCA Council FY2014/15

1. Dr Tan Poh Kiang - President
2. Ms Mary Ong - Vice President and Chair of Projects Committee
3. Ms Ho Kah Yin - Hon. Treasurer
4. Ms Annie Loh - Hon. Secretary
5. Ms Winnifred Chen - Chair of Human Resource Committee
6. Dr Chua Jun Jin - Chair of Volunteers & Membership Committee
7. Dr Jane George - Chair of Medical & Professional Audit Committee
8. Ms Catherine Goh - Chair of IT Committee
9. Mr Andrew Kwek - Chair of Fund Raising & CSR Committee
10. Mr Freddy Orchard - Chair of Investment Committee
11. Ms Cecilia Pang - Chair of Public Relations & Public Education Committee
12. Mr Jerry Lee - Internal Auditor and Chair of Tender Committee
13. Mr Steven Lo - Legal Counsel
14. Ms Tan Soh Keng - Council Member
15. Ms Eunice Tay - Council Member
16. Mr Setyadi Ongkowidjaja - Council Member
17. Mrs Jennifer Wee - Council Member
18. Ms Wee Ai Ning - Council Member



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HCA Hospice Care - Committees & Members

HCA Hospice Care Management

Dr R. Akhileshwaran, CEO & Medical Director
Ms Elizabeth Koh, Chief Operating Officer
Dr Chong Poh Heng, Deputy Medical Director

Executive Committee

Dr Tan Poh Kiang, Ms Mary Ong, Ms Khoo Kah Yin, Ms Annie Loh
In Attendance
Dr R. Akhileshwaran, Ms Elizabeth Koh, Mr Jonathan Ng

Medical & Professional Audit

Dr Jane George (Chair), Ms Lita Chew, Dr Mohamad Farid Bin Harunal Rashid,
Ms Evelyn Lim, Dr Patricia Neo, Dr Tan Poh Kiang, Dr Tan Yee Pin, Ms Xu Yi, Dr Alethea Yee
In Attendance
Dr R. Akhileshwaran, Dr Chong Poh Heng, Ms Angela Tan, Ms Ivy Crawshaw

Human Resource

Ms Winnifred Chen (Chair), Ms Anna Chan, Mr Leo Mun Wai
In Attendance
Dr R. Akhileshwaran, Ms Elizabeth Koh, Ms Kristin Lim

Investment

Mr Freddy Orchard (Chair), Mr Peter Chiang, Mr Andrew Kwek, Mr Michael Lie, Mrs Tan Geok Lin
In Attendance
Dr R. Akhileshwaran, Ms Elizabeth Koh, Mr Jonathan Ng

Volunteer & Membership

Dr Chua Jun Jin (Chair), Ms Jyothi Sapra, Ms Teo Swee Lian
In Attendance
Ms Elizabeth Koh, Mr Howard Wong, Ms Vicki Sim

PR & Public Education

Ms Cecilia Pang (Chair), Mr Alwyn Chia, Ms Emma Goh, Mr Vernon Leow, Ms Yeap Yin Ching
In Attendance
Mr Howard Wong

Fundraising & CSR

Mr Andrew Kwek (Chair), Ms Wee Ai Ning
In Attendance
Ms Elizabeth Koh, Mr Howard Wong

Projects

Ms Mary Ong (Chair), Dr Koh Pei Lin, Mr Steven Lo, Ms Tan Soh Keng, Mrs Jennifer Wee
In Attendance
Dr R. Akhileshwaran, Ms Elizabeth Koh, Dr Chong Poh Heng (Star PALS), Ms Cindy Tan (Star PALS), Ms Celine Tan

Information Technology

Ms Catherine Goh (Chair), Mr Chai Chin Loon, Mr Alvin Ong
In Attendance
Dr R. Akhileshwaran, Ms Elizabeth Koh, Ms Lim Hui Ling, Mr Chang Woei Jye, Mr Matthew Tan, Mr Yap Kian Hin

Tender

Mr Jerry Lee (Chair), Mr Andrew Kwek, Ms Annie Loh, Ms Wee Ai Ning
In Attendance
Ms Elizabeth Koh, Ms Celine Tan

Nominations

Dr Tan Poh Kiang (Chair), Ms Khoo Kah Yin, Mr Steven Lo, Ms Annie Loh, Ms Mary Ong
In Attendance
Ms Elizabeth Koh

Corporate Governance

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

HCA has adopted the Conflict of Interest Policy. The Conflict of Interest Policy and Declaration will be read by the council or sub-committee 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.

Remuneration of Employees

The number of employees whose annual remuneration exceeded \$100,000 in the year is as follows:

Number of employees in bands:

	FY2015	FY2014	FY2013
\$100,001 - \$200,000	4	1	1
\$200,001 - \$300,000	2	1	1
\$300,001 - \$400,000	0	1	1
\$400,001 - \$500,000	1	0	0

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

Reserve Policy

The reserves of HCA Hospice Care comprise the Unrestricted funds, Restricted funds and Investment revaluation reserve. HCA Hospice Care has a reserve policy of capping its Unrestricted funds to 3 times of its annual operating expenditure.

Treasurer's Report

I am pleased to report that HCA Hospice Care's financial position continued to strengthen in the financial year ended 31 March 2015. With a total income of S\$14.64 million (FY13/14: S\$11.64 million) and total expenditure of S\$9.35 million (FY13/14: S\$8.23 million), HCA achieved a surplus of S\$5.29 million for the year (FY13/14: S\$3.41 million).

Income from MOH and NCSS funding amounted to S\$8.57 million (FY13/14: S\$6.16 million) which is equivalent to 59% (FY13/14: 53%) of the total income. This amount is higher than that of the previous year mainly because of the change in funding methodology from per visit funding to capitated funding with effect from 1 July 2014. The total number of patients served in FY14/15 were 3,796 (FY13/14: 3,774).

HCA continued to receive support from generous donors in FY2014/15. Income from donations and fund raising events amounted to S\$3.62 million (FY13/14: S\$2.85 million). Of this, S\$3.18 million was from unsolicited donations (FY13/14: S\$1.69 million), S\$356,124 from mailers' donations (FY13/14: S\$230,255) and S\$79,812 from other fund raising event (FY13/14: S\$0.92 million from HCA 25th anniversary Gala dinner event). Income from donations and fund-raising events represents 25% of the total income (FY13/14: 24%). Expenses incurred for fund raising amounted to 6% of the funds solicited (FY13/14: 13%).

In the financial year FY12/13, HCA was granted funding from the Tote Board Community Health Care Fund (TBCHF) for its StarPALS paediatric programme for a period of 3 financial years. This will be extended for another financial year. This funding amounted to S\$0.75 million for FY14/15 (FY13/14: S\$0.63 million). In addition, Community Silver Trust (CST) provided a matching grant, of one dollar for every dollar raised from donation, to fund programs / initiatives of Intermediate and Long-Term Care services as well as for recurrent operating costs. Calculating based on the expenditures of the approved programmes funded by CST, a total of S\$1.22 million of the deferred grant was recognised as income (FY13/14: S\$1.48 million). TBCHF and CST funding accounted for 13% of the total income (FY13/14: 18%).

The reserve fund of HCA is managed by the HCA Investment Committee. This fund is invested in quoted equity shares, quoted debt securities, quoted unit trusts and fixed deposits. The investment income amounted to S\$276,969 (FY13/14: S\$315,917). This represents an income yield of 2.23% p.a. compared with 3.19% p.a. a year ago. HCA recorded an unrealised gain of S\$222,288 on its investments for FY14/15 (FY13/14: unrealised loss of S\$239,894).

Total expenditure increased by S\$1.12 million or 14% over the previous year to S\$9.35 million. This is largely due to increase in personnel costs funded by MOH. Cyclical maintenance at HQ was also carried out during this financial year, costing S\$70,855. HCA also spent S\$629,812 (FY13/14: S\$540,973) on purchase of air-conditioners, furniture & fittings, computers, office equipment and motor vehicle for purpose of replacement and additions required. Part of the this amount was also used for the renovations at the Marsiling day hospice and satellite centres.

At the close of the current financial year ending 31 March 2015, total funds and reserves stood at S\$22.29 million (FY13/14: S\$16.67 million), an increase of 34% from a year ago. Cash and cash equivalents together with available-for-sale investments amounted to S\$23.44 million at the end of the financial year, up from S\$16.03 million in the previous year. This strong financial position will enable HCA to provide a continuous high standard of service to our patients and to further our vision of being the centre of excellence for home palliative care in Singapore.

HCA HOSPICE CARE

STATEMENT BY THE COUNCIL

In the opinion of the Council,

- (a) the financial statements set out on pages 31 to 68 are drawn up in accordance with the provision of the Singapore Societies Act, Chapter 311 (the "Act"), the Singapore Charities Act, Chapter 37, (the "Charities Act") and Singapore Financial Reporting Standards so as to give a true and fair view of the state of affairs of HCA Hospice Care (the "Organisation") as at 31 March 2015 and of the results, 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 (Fund-raising 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 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

Dr Tan Poh Kiang
President

Ho Kah Yin
Treasurer

Singapore
26 May 2015

INDEPENDENT AUDITORS' REPORT TO THE COUNCIL MEMBERS OF HCA HOSPICE CARE

Report on the Financial Statements

We have audited the accompanying financial statements of HCA Hospice Care (the "Organisation") which comprise the statement of financial position of the Organisation as at 31 March 2015, 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 then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 31 to 68.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Singapore Societies Act, Chapter 311 (the "Act"), the Singapore Charities Act, Chapter 37 (the "Charities Act") and Singapore Financial Reporting Standards, and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair income and expenditure account and balance sheet and to maintain accountability of assets.

Auditors' Responsibility

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

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

INDEPENDENT AUDITORS' REPORT TO THE COUNCIL MEMBERS OF

HCA HOSPICE CARE

Opinion

In our opinion, the financial statements of the Organisation are properly drawn up in accordance with the provisions of the Act, the Charities Act and Singapore Financial Reporting Standards so as to give a true and fair view of the state of affairs of the Organisation as at 31 March 2015 and of the results, changes in funds and reserves and cash flows of the Organisation for the year ended on that date.

Report on other Legal and Regulatory Requirements

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

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

- (a) The Organisation has not complied with the requirements of regulation 15 (Fund-raising expenses) of the Charities (Institutions of a Public Character) Regulations; and
- (b) The use of the donation moneys was not in accordance with the objectives of the Organisation as required under regulation 11 of the Charities (Institutions of a Public Character) Regulations.

Deloitte and Touche LLP
Public Accountants and
Chartered Accountants
Singapore

26 May 2015

HCA HOSPICE CARE

STATEMENT OF FINANCIAL POSITION
31 March 2015

	Note	2015 \$	2014 \$
ASSETS			
Current assets			
Cash and cash equivalents	6	17,711,210	7,832,138
Receivables	7	1,785,296	975,553
Available-for-sale investments	9	<u>2,510,223</u>	<u>2,771,188</u>
Total current assets		<u>22,006,729</u>	<u>11,578,879</u>
Non-current assets			
Property, plant and equipment	8	2,484,615	2,224,412
Available-for-sale investments	9	<u>3,218,983</u>	<u>5,425,909</u>
Total non-current assets		<u>5,703,598</u>	<u>7,650,321</u>
Total assets		<u>27,710,327</u>	<u>19,229,200</u>
LIABILITIES, FUNDS AND RESERVES			
Current liability			
Payables and accruals	10	<u>727,273</u>	<u>588,878</u>
Non-current liability			
Deferred capital donations/grants	11	<u>4,688,854</u>	<u>1,970,031</u>
Funds and reserves			
Unrestricted funds		19,719,448	14,285,161
Restricted funds	12	2,362,240	2,394,906
Investment revaluation reserve		<u>212,512</u>	<u>(9,776)</u>
Total funds and reserves		<u>22,294,200</u>	<u>16,670,291</u>
Total liabilities, funds and reserves		<u>27,710,327</u>	<u>19,229,200</u>

See accompanying notes to financial statements.

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2015									
INCOME									
From MOH ⁽¹⁾ :									
MOH grant		-	-	5,017,035	-	-	-	-	5,017,035
Salary adjustment exercise		-	-	1,188,762	-	-	-	-	1,188,762
Reimbursement of rental expenses		-	-	137,225	-	-	-	-	137,225
Cyclical maintenance and system enhancement for integration		-	-	125,206	-	-	-	-	125,206
Total		-	-	6,468,228	-	-	-	-	6,468,228
From NCSS ⁽²⁾ :									
NCSS funding		-	-	1,264,142	451,635	207,498	91,921	74,533	2,089,729
NCSS VCF & OFA fund		-	-	3,797	538	-	44	-	4,379
SingTel sponsorship scheme and haze fund		-	-	2,040	1,000	1,000	-	-	4,040
Total		-	-	1,269,979	453,173	208,498	91,965	74,533	2,098,148

⁽¹⁾ Ministry of Health ("MOH")

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

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2015									
From TBCHF, CST, and AIC:									
TBCHF ⁽³⁾		-	748,722	-	-	-	-	-	748,722
CST ⁽⁴⁾		-	101,992	899,691	46,230	83,323	-	93,246	1,224,482
AIC ⁽⁵⁾		-	-	22,439	-	-	54,810	-	77,249
Total		-	850,714	922,130	46,230	83,323	54,810	93,246	2,050,453
From donations and fund raising:									
Restricted donations	13	-	18,300	24,630	4,250	900	-	-	48,080
Unsolicited donations		-	44,264	3,049,456	14,492	23,070	-	-	3,131,282
Mailers		356,124	-	-	-	-	-	-	356,124
Other fund raising		79,812	-	-	-	-	-	-	79,812
Total		435,936	62,564	3,074,086	18,742	23,970	-	-	3,615,298
From investment:									
Interest from fixed income instruments		136,029	-	-	-	-	-	-	136,029
Dividends from shares		140,940	-	-	-	-	-	-	140,940
Total		276,969	-	-	-	-	-	-	276,969

⁽³⁾ Tote Board Community Health Care Fund ("TBCHF")

⁽⁴⁾ Community Silver Trust Fund ("CST")

⁽⁵⁾ Agency for Integrated Care ("AIC")

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2015									
From others:									
Programme fees		-	19,890	-	33,746	10,442	4,020	-	68,098
Membership fees		-	-	1,460	-	-	-	-	1,460
Miscellaneous income		-	-	58,899	1,203	-	-	-	60,102
Total		-	19,890	60,359	34,949	10,442	4,020	-	129,660
TOTAL INCOME		712,905	933,168	11,794,782	553,094	326,233	150,795	167,779	14,638,756
OPERATING EXPENDITURE									
Personnel costs:									
Salaries and other benefits		8,000	720,353	4,582,702	357,106	220,911	90,029	56,174	6,035,275
Salaries and other benefits – CST		-	-	-	-	-	-	39,033	39,033
Central Provident Fund		-	37,388	463,375	37,634	19,225	11,830	11,159	580,611
Professional fees and services		-	-	459,906	10,140	130	-	-	470,176
Staff training and related expenses		-	12,661	99,811	538	-	275	824	114,109
Recruitment expenses		-	41	28,103	614	145	-	-	28,903
Volunteer development and recognition		-	-	22,965	-	-	-	-	22,965
Total		8,000	770,443	5,656,862	406,032	240,411	102,134	107,190	7,291,072

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2015									
Premises costs:									
Rental expense of premises		-	-	165,358	-	6,574	-	-	171,932
Repairs and maintenance		-	-	166,333	39,157	5,226	-	-	210,716
Utilities		-	-	62,534	22,840	8,243	-	-	93,617
Insurance		-	-	11,498	8,136	3,262	-	-	22,896
Total		-	-	405,723	70,133	23,305	-	-	499,161
Other operating expenses:									
Caregiver support		-	16,940	12,891	-	-	2,132	-	31,963
Depreciation		-	15,231	284,048	25,544	44,786	-	-	369,609
Transport		-	51,391	216,122	13,096	10,914	7,798	2,462	301,783
Postage and telephone		-	5,132	89,686	3,053	4,434	-	644	102,949
Repairs and maintenance		-	644	123,245	14,732	15,920	-	-	154,541
Patient care and medication		-	83,100	86,410	32,989	11,220	-	1,745	215,464
Supplies and materials		-	1,085	62,651	13,059	15,570	630	1,525	94,520
Public education expenses		-	-	-	-	-	17,420	-	17,420
Public education expenses – CST		-	-	-	-	-	-	54,213	54,213
Project expense		-	-	21,775	-	-	-	-	21,775
Publicity		-	4,433	50,175	-	4,358	-	-	58,966
Miscellaneous expenses		-	-	4,474	-	101	-	-	4,575
Loss on sale of available for sale investment		-	-	-	-	-	-	-	-
Total		56,925	177,956	951,477	102,473	107,303	27,980	60,589	1,484,703

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Fund Raising and Investment \$	Note	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2015									
Finance costs:									
Investment fee	61,760								61,760
Fund raising expenses:									
Mailers	3,168								3,168
Other fund raising	13,305								13,305
Total	<u>16,473</u>								<u>16,473</u>
TOTAL EXPENDITURE	<u>143,158</u>		948,399	7,014,062	578,638	371,019	130,114	167,779	<u>9,353,169</u>
SURPLUS (DEFICITS) FOR THE YEAR	569,747		(15,231)	4,780,720	(25,544)	(44,786)	20,681	-	5,285,587
Other comprehensive income:									
<i>Items that may be reclassified subsequently to profit or loss</i>									
Change in fair value of available-for-sale investments									212,186
Transfer to income or expenditure on sale of available-for-sale investments									<u>10,102</u>
OTHER COMPREHENSIVE INCOME FOR THE YEAR									<u>222,288</u>
TOTAL COMPREHENSIVE INCOME FOR THE YEAR									<u>5,507,875</u>

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Fund Raising and Investment \$	Note	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2014									
INCOME									
From MOH:									
MOH grant	-		-	3,575,832	-	-	-	-	3,575,832
Salary adjustment exercise	-		-	852,949	-	-	-	-	852,949
Reimbursement of rental expenses	-		-	158,728	-	-	-	-	158,728
Other grants	-		-	<u>108</u>	<u>108</u>	<u>108</u>	<u>108</u>	<u>108</u>	<u>4,587,617</u>
Total	<u>-</u>		<u>-</u>	<u>4,587,617</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,575,832</u>
From NCSS:									
NCSS funding	-		-	972,671	438,535	-	90,658	73,433	1,575,297
NCSS VCF fund	-		-	1,242	-	-	-	-	1,242
Adjustment for over funding for previous year	-		-	<u>(1,418)</u>	<u>438,535</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(1,418)</u>
Total	<u>-</u>		<u>-</u>	<u>972,495</u>	<u>438,535</u>	<u>-</u>	<u>90,658</u>	<u>73,433</u>	<u>1,575,121</u>

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2014									
From CST, TBCHF and AIC:									
TBCHF		-	633,718	-	-	-	-	-	633,718
CST		-	87,528	1,150,300	139,144	40,760	-	58,447	1,476,179
AIC		-	-	53,311	-	-	56,470	-	109,781
Total		-	<u>721,246</u>	<u>1,203,611</u>	<u>139,144</u>	<u>40,760</u>	<u>56,470</u>	<u>58,447</u>	<u>2,219,678</u>
From donations and fund raising:									
Restricted donations	13	-	-	1,500	2,500	-	-	-	4,000
Unsolicited donations		-	53,672	1,611,287	28,526	-	-	-	1,693,485
HCA 25 th Anniversary Gala dinner event		919,667	-	-	-	-	-	-	919,667
Mailers		230,255	-	-	-	-	-	-	230,255
Total		<u>1,149,922</u>	<u>53,672</u>	<u>1,612,787</u>	<u>31,026</u>	-	-	-	<u>2,847,407</u>
From investment:									
Interest from fixed income instruments		203,207	-	-	-	-	-	-	203,207
Dividends from shares		112,710	-	-	-	-	-	-	112,710
Total		<u>315,917</u>	-	-	-	-	-	-	<u>315,917</u>

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Note	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2014									
From others:									
Programme fees		-	14,640	-	28,286	-	4,460	-	47,386
Membership fees		-	-	2,000	-	-	-	-	2,000
Miscellaneous income		-	45	49,398	210	-	-	-	49,653
Total		-	<u>14,685</u>	<u>51,398</u>	<u>28,496</u>	-	<u>4,460</u>	-	<u>99,039</u>
TOTAL INCOME		<u>1,465,839</u>	<u>789,603</u>	<u>8,427,908</u>	<u>637,201</u>	<u>40,760</u>	<u>151,588</u>	<u>131,880</u>	<u>11,644,779</u>
OPERATING EXPENDITURE									
Personnel costs:									
Salaries and other benefits		-	612,689	3,922,368	406,113	13,881	81,584	38,879	5,075,514
Salaries and other benefits – CST		-	-	-	-	-	-	58,447	58,447
Central Provident Fund		-	40,114	400,170	40,540	1,565	11,069	12,321	505,779
Professional fees and services		-	-	420,308	15,351	-	-	-	435,659
Staff training and related expenses		-	14,910	191,732	5,412	128	316	6,387	218,885
Recruitment expenses		-	116	11,227	316	58	-	-	11,717
Volunteer development and recognition		-	676	2,441	4	-	-	-	3,121
Total		-	<u>668,505</u>	<u>4,948,246</u>	<u>467,736</u>	<u>15,632</u>	<u>92,969</u>	<u>116,034</u>	<u>6,309,122</u>

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2014								
Premises costs:								
Rental expense of premises	-	-	163,941	-	-	-	-	163,941
Repairs and maintenance	-	-	83,803	33,644	-	-	-	117,447
Utilities	-	593	63,354	22,950	-	-	-	86,897
Insurance	-	-	13,612	11,242	22	-	-	24,876
Total	-	593	324,710	67,836	22	-	-	393,161
Other operating expenses:								
Depreciation	-	13,244	308,657	22,843	858	293	-	345,895
Transport	-	40,995	183,538	14,673	320	4,441	4,614	248,581
Postage and telephone	-	5,405	79,855	4,450	886	-	849	91,445
Repairs and maintenance	-	139	119,524	16,709	14,783	-	-	151,155
Patient care and medication	-	38,943	84,548	29,127	1,354	-	-	153,972
Supplies and materials	-	2,904	60,240	12,977	6,128	599	108	82,956
Public education expenses	-	-	-	-	-	20,111	9,603	29,714
Project expenses	-	-	63,390	-	-	-	-	63,390
Publicity	-	10,099	37,834	850	1,635	-	-	50,418
Miscellaneous expenses	-	20	816	-	-	-	-	836
Caregiver support	-	22,000	60	-	-	3,462	672	26,194
HCA 25 th anniversary	-	-	-	-	-	-	-	-
Other event	-	-	66,851	-	-	-	-	66,851
Loss on sale of available for sale investment	7,438	-	-	-	-	-	-	7,438
Total	7,438	133,749	1,005,313	101,629	25,964	28,906	15,846	1,318,845

HCA HOSPICE CARE

STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME
Year ended 31 March 2015

	Fund Raising and Investment \$	StarPals Pediatric Programme \$	Home Hospice Programme \$	Day Hospice Programme \$	Marsiling Day Hospice Programme \$	Caregiver Support Service Programme \$	Young Caregiver Programme \$	Total \$
2014								
Finance costs:								
Investment fee	60,715	-	-	-	-	-	-	60,715
Fund raising expenses:								
HCA 25 th anniversary Gala dinner event	146,386	-	-	-	-	-	-	146,386
Mailers and others	2,686	-	-	-	-	-	-	2,686
Total	149,072	-	-	-	-	-	-	149,072
TOTAL EXPENDITURE	217,225	802,847	6,278,269	637,201	41,618	121,875	131,880	8,230,915
SURPLUS (DEFICITS) FOR THE YEAR	1,248,614	(13,244)	2,149,639	-	(858)	29,713	-	3,413,864
Other comprehensive income (loss):								
Items that may be reclassified subsequently to profit or loss								
Change in fair value of available-for-sale investments								(262,167)
Transfer to income or expenditure on sale of available-for-sale investments								22,273
OTHER COMPREHENSIVE LOSS FOR THE YEAR								(239,894)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR								3,173,970

See accompanying notes to financial statements.

HCA HOSPICE CARE

STATEMENT OF CHANGES IN FUNDS AND RESERVES
Year ended 31 March 2015

	Unrestricted funds \$	Restricted funds \$	Investment revaluation reserve \$	Total \$
Balance at 1 April 2013	10,951,844	2,183,871	230,118	13,365,833
Total comprehensive income (loss) for the year:				
Surplus (Deficits) for the year	3,433,719	(19,855)	-	3,413,864
Other comprehensive loss for the year	-	-	(239,894)	(239,894)
Total	<u>3,433,719</u>	<u>(19,855)</u>	<u>(239,894)</u>	<u>3,173,970</u>
Transferred from deferred capital donations/grants (Note 11)	130,488	-	-	130,488
Transferred from unrestricted funds to restricted funds (Note 12)	<u>(230,890)</u>	<u>230,890</u>	<u>-</u>	<u>-</u>
Balance at 31 March 2014	14,285,161	2,394,906	(9,776)	16,670,291
Total comprehensive income (loss) for the year:				
Surplus (Deficits) for the year	5,318,253	(32,666)	-	5,285,587
Other comprehensive income for the year	-	-	222,288	222,288
Total	<u>5,318,253</u>	<u>(32,666)</u>	<u>222,288</u>	<u>5,507,875</u>
Transferred from deferred capital donations/grants (Note 11)	<u>116,034</u>	<u>-</u>	<u>-</u>	<u>116,034</u>
Balance at 31 March 2015	<u>19,719,448</u>	<u>2,362,240</u>	<u>212,512</u>	<u>22,294,200</u>

See accompanying notes to financial statements.

HCA HOSPICE CARE

STATEMENT OF CASH FLOWS
Year ended 31 March 2015

	2015 \$	2014 \$
Operating activities		
Surplus for the year	5,285,587	3,413,864
Adjustments for:		
Depreciation	369,609	345,895
Interest from fixed income instruments	(136,029)	(203,207)
Dividends from shares	(140,940)	(112,710)
Loss on sale of available-for-sale investments	<u>56,925</u>	<u>7,438</u>
Operating surplus before movements in working capital	5,435,152	3,451,280
Receivables	(812,703)	16,232
Payables and accruals	138,395	(42,757)
Deferred capital donations/grants	<u>2,834,857</u>	<u>(593,179)</u>
Cash generated from operations, representing net cash from operating activities	<u>7,595,701</u>	<u>2,831,576</u>
Investing activities		
Purchase of available-for-sale investments	(1,890,417)	(1,686,201)
Proceeds from sale of available-for-sale investments	4,523,671	1,101,651
Interest received from fixed income instruments	138,989	202,776
Dividends received from investments	140,940	112,710
Purchase of property, plant and equipment	<u>(629,812)</u>	<u>(540,973)</u>
Net cash from (used in) investing activities	<u>2,283,371</u>	<u>(810,037)</u>
Net increase in cash and cash equivalents	9,879,072	2,021,539
Cash and cash equivalents at beginning of year	<u>7,832,138</u>	<u>5,810,599</u>
Cash and cash equivalents at the end of year (Note 6)	<u>17,711,210</u>	<u>7,832,138</u>

See accompanying notes to financial statements.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

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 2015 were authorised for issue by the Board of the Council on 26 May 2015.

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, Singapore Financial Reporting Standards ("FRS") and the Singapore Charities Act, Chapter 37.

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 company 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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

ADOPTION OF NEW AND REVISED STANDARDS - On 1 April 2014, 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.

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

- FRS 109 *Financial Instruments*¹
- FRS 115 *Revenue from Contracts with Customers*²

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

² Applies to annual periods beginning on or after January 1, 2017, with early application permitted.

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

Management anticipates that the adoption of the other 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) derecognition (iii) general hedge accounting and (iv) impairment requirements for financial assets.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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 now required to be subsequently measured at amortised cost or fair value through profit or loss (FVTPL).

With some exceptions, financial liabilities are generally subsequently measured at amortised cost. In relation to the impairment of financial assets, FRS 109 requires an expected credit loss model, as opposed to an incurred credit loss model under FRS 39. The expected credit loss model requires an entity to account for expected credit losses 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.

FRS 115 Revenue 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.

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 (or as) a performance obligation is satisfied, i.e. when “control” of the goods or services underlying the particular performance obligation is transferred to the customer. Far more prescriptive guidance has been added in FRS 115 to deal with specific scenarios. Furthermore, extensive disclosures are required by FRS 115.

Management is currently evaluating the potential impact of the above amendments to FRS 109, FRS 115 on the financial statements of the Organisation in the period of initial application.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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

Financial assets are recognised and de-recognised on a trade date where the purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value plus transaction cost.

Financial assets are classified into the following specified categories: “available-for-sale” financial assets and “loans and receivables”. The classification depends on the nature and purpose of the financial assets and is determined at the time of the initial recognition. The Organisation does not have any financial assets classified as “held-to-maturity investments” and “financial assets at fair value through profit or loss”.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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 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 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.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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.

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 profit or loss 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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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.

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.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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 PROFIT OR LOSS - 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 fund raising 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.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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.

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

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.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

3 CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (cont'd)

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. A significant or prolonged decline in the fair value of an equity instrument below its cost is also objective evidence of impairment. Based on the assessment performed for each available-for-sale investment, management is of the opinion that no impairment is required in the current year. The carrying value of available-for-sale investments is disclosed in Note 9.

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL RISKS MANAGEMENT

(a) Categories of financial instruments

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

	<u>2015</u>	<u>2014</u>
	\$	\$
Financial assets		
Available-for-sale investments, at fair value	5,729,206	8,197,097
At amortised cost:		
Receivables	1,680,089	928,227
Cash and cash equivalents	<u>17,711,210</u>	<u>7,832,138</u>
	<u>25,120,505</u>	<u>16,957,462</u>
Financial liabilities		
Payables, at amortised cost	<u>727,273</u>	<u>588,878</u>

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

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

(b) *Financial risk management policies and objectives*

Management monitors and manages the financial risks relating to the operations of the Organisation to minimise adverse potential effects on financial performance. These risks include market risk (including foreign exchange risk and interest rate risk), investment price risk, credit risk, liquidity risk and fair value risk. Management manages and monitors these exposures to ensure appropriate measures are implemented in a timely and effective manner.

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 available-for-sale investments that are denominated in currencies other than the functional currency. The foreign currencies in which these transactions are denominated are mainly United States dollar.

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

	<u>Assets</u>	
	<u>2015</u>	<u>2014</u>
	\$	\$
United States dollar	<u>145,844</u>	<u>151,586</u>

As management is of the view that there will be no material impact on the surplus for the year and funds and reserves of the Organisation if United States dollar strengthens or weakens by 10% against the functional currency of the Organisation, no sensitivity analysis has been presented.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

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

(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.

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 counter parties 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 banks with high credit-ratings assigned by international credit-rating agencies and reputable corporations with a good credit history.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

4 FINANCIAL INSTRUMENTS, FINANCIAL RISKS AND CAPITAL RISKS 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.

(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)	
	2015		2014				\$	
	Assets \$	Liabilities \$	Assets \$	Liabilities \$			2015	2014
Available-for-sale investments: (see Note 9)								
1) Quoted equity shares	2,780,402	-	2,432,400	-	Level 1	Quoted bid prices in an active market.	278,040	243,240
2) Quoted bond	2,510,223	-	5,354,706	-	Level 1	Quoted bid prices in an active market.	251,022	535,471
3) Quoted unit trusts	438,581	-	409,991	-	Level 1	Quoted bid prices in an active market.	43,858	40,999

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 2014 and 2015.

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

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

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

(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 2014.

5 COMPENSATION OF KEY MANAGEMENT PERSONNEL

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

	<u>2015</u>	<u>2014</u>
	\$	\$
Short-term benefits	566,968	502,601
Post-employment benefits	<u>17,835</u>	<u>19,042</u>
	<u>584,803</u>	<u>521,643</u>

Number of key management personnel	<u>2</u>	<u>2</u>
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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.

6 CASH AND CASH EQUIVALENTS

	<u>2015</u>	<u>2014</u>
	\$	\$
Fixed deposits	4,000,000	1,000,459
Cash and bank balances	<u>13,711,210</u>	<u>6,831,679</u>
	<u>17,711,210</u>	<u>7,832,138</u>

Fixed deposits bear interest at 0.67% to 0.9% (2014 : 0.25%) per annum and for a tenure of approximately 68 to 182 days (2014 : 66 days). The fixed deposit could be drawn down without need to incur significant cost.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

7 RECEIVABLES

	<u>2015</u>	<u>2014</u>
	\$	\$
Recoverable from NCSS	547,451	8,024
Recoverable from MOH	578,493	350,633
Agency of Integrated Care	411,693	360,169
Deposits	52,079	47,087
Sundry receivables	90,373	162,314
Prepaid expenses	<u>105,207</u>	<u>47,326</u>
	<u>1,785,296</u>	<u>975,553</u>

Receivables are not past due and not impaired.

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

8 PROPERTY, PLANT AND EQUIPMENT

	Building development	Renovation	Air- conditioners	Furniture and fittings	Office equipment and computers	Motor vehicles	Total
	\$	\$	\$	\$	\$	\$	\$
Cost:							
At 1 April 2013	2,904,460	615,031	80,041	170,709	972,090	245,695	4,988,026
Additions	-	291,090	-	32,742	162,648	54,493	540,973
Disposals	-	-	(2,880)	-	(31,707)	-	(34,587)
At 31 March 2014	<u>2,904,460</u>	<u>906,121</u>	<u>77,161</u>	<u>203,451</u>	<u>1,103,031</u>	<u>300,188</u>	<u>5,494,412</u>
Additions	-	131,627	17,729	1,766	378,059	100,631	629,812
Disposals	-	-	(14,335)	(41,087)	(46,777)	-	(102,199)
At 31 March 2015	<u>2,904,460</u>	<u>1,037,748</u>	<u>80,555</u>	<u>164,130</u>	<u>1,434,313</u>	<u>400,819</u>	<u>6,022,025</u>
Accumulated depreciation:							
At 1 April 2013	1,452,717	381,728	67,789	99,958	735,923	220,577	2,958,692
Depreciation	96,783	55,155	5,880	12,679	148,411	26,987	345,895
Disposals	-	-	(2,880)	-	(31,707)	-	(34,587)
At 31 March 2014	<u>1,549,500</u>	<u>436,883</u>	<u>70,789</u>	<u>112,637</u>	<u>852,627</u>	<u>247,564</u>	<u>3,270,000</u>
Depreciation	96,783	85,228	5,784	12,152	131,562	38,100	369,609
Disposals	-	-	(14,335)	(41,087)	(46,777)	-	(102,199)
At 31 March 2015	<u>1,646,283</u>	<u>522,111</u>	<u>62,238</u>	<u>83,702</u>	<u>937,412</u>	<u>285,664</u>	<u>3,537,410</u>
Carrying amount:							
At 31 March 2015	<u>1,258,177</u>	<u>515,637</u>	<u>18,317</u>	<u>80,428</u>	<u>496,901</u>	<u>115,155</u>	<u>2,484,615</u>
At 31 March 2014	<u>1,354,960</u>	<u>469,238</u>	<u>6,372</u>	<u>90,814</u>	<u>250,404</u>	<u>52,624</u>	<u>2,224,412</u>

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

9 AVAILABLE-FOR-SALE INVESTMENTS	<u>2015</u>	<u>2014</u>
	\$	\$
Quoted equity shares, at fair value	2,780,402	2,432,400
Quoted debt securities, at fair value	2,510,223	5,354,706
Quoted unit trusts, at fair value	<u>438,581</u>	<u>409,991</u>
	<u>5,729,206</u>	<u>8,197,097</u>
Analysed by:		
Current	2,510,223	2,771,188
Non-current	<u>3,218,983</u>	<u>5,425,909</u>
	<u>5,729,206</u>	<u>8,197,097</u>

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 2.49% to 4.88% (2014 : 2.49% to 4.88%) per annum and have maturity dates ranging from 2015 to 2016 (2014 : 2014 to 2016). The fair value of the quoted debt securities are estimated by reference to the current market value provided by the custodian bank.

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

10 PAYABLES AND ACCRUALS	<u>2015</u>	<u>2014</u>
	\$	\$
Accrued expenses	698,028	560,185
Overfunding by NCSS	2,412	2,994
Equipment loan deposits received	<u>26,833</u>	<u>25,699</u>
	<u>727,273</u>	<u>588,878</u>

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS
31 March 2015

11 DEFERRED CAPITAL DONATIONS/GRANTS	<u>2015</u>	<u>2014</u>
	\$	\$
At beginning of year	1,970,031	2,693,698
Amortisation for the year transferred to unrestricted fund	(116,034)	(130,488)
Grants from CST [Note]	4,059,339	883,000
Utilisation of CST for the year transferred to income	(1,085,006)	(1,011,683)
Utilisation of CST Operational Grants [Note]	<u>(139,476)</u>	<u>(464,496)</u>
At end of year	<u>4,688,854</u>	<u>1,970,031</u>

Note:

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

- (a) Up to 40% of the donations can be claimed for recurrent operating costs incurred; and
- (b) Balance of the 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.

**HCA HOSPICE CARE
NOTES TO FINANCIAL STATEMENTS
31 March 2015**

12 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	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
At 1 April 2013	451,652	416,640	692,038	364,658	50,195	207,460	1,228	-	-	2,183,871
Transferred from unrestricted funds	-	-	-	-	-	-	(1,273)	226,081	6,082	230,890
Total comprehensive (loss) income for the year (Note 13)	-	-	-	-	-	(37,625)	17,770	-	-	(19,855)
At 31 March 2014	451,652	416,640	692,038	364,658	50,195	169,835	17,725	226,081	6,082	2,394,906
Total comprehensive (loss) income for the year (Note 13)	(13,823)	-	-	-	-	(31,456)	12,613	-	-	(32,666)
At 31 March 2015	437,829	416,640	692,038	364,658	50,195	138,379	30,338	226,081	6,082	2,362,240

HCA HOSPICE CARE

**NOTES TO FINANCIAL STATEMENTS
31 March 2015**

12 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 of 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 staffs 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. 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.

HCA HOSPICE CARE

**NOTES TO FINANCIAL STATEMENTS
31 March 2015**

12 RESTRICTED FUNDS (cont'd)

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

These restricted funds are represented by cash and cash equivalents amounting to \$2,362,240 (2014 : \$2,394,906).

13 TRANSFERRED TO RESTRICTED FUNDS

	<u>2015</u>	<u>2014</u>
	\$	\$
INCOME		
From donations:		
- Restricted donations	<u>48,080</u>	<u>4,000</u>
EXPENDITURE		
Personnel costs:		
- Salaries and other benefits	1,500	1,500
Other operating expenses:		
- Patient care and medication	51,379	40,125
- Caregiver support and Publicity	18,300	-
- Volunteer development and recognition	<u>22,180</u>	<u>-</u>
Total Expenditure	<u>93,359</u>	<u>41,625</u>
Deficit	(45,279)	(37,625)
NCSS Caregiver reserve	<u>12,613</u>	<u>17,770</u>
Deficit transferred to restricted funds	<u>(32,666)</u>	<u>(19,855)</u>

HCA HOSPICE CARE

**NOTES TO FINANCIAL STATEMENTS
31 March 2015**

14 TAXATION

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

15 TAX EXEMPT RECEIPT

	<u>2015</u>	<u>2014</u>
	\$	\$
Donations for which tax exempt receipts were issued	<u>2,291,726</u>	<u>2,266,587</u>

16 NON TAX EXEMPT RECEIPT

	<u>2015</u>	<u>2014</u>
	\$	\$
Donations for which non-tax exempt receipts were issued	<u>1,323,572</u>	<u>530,302</u>

17 COMMITMENTS

	<u>2015</u>	<u>2014</u>
	\$	\$
Commitments for renovation	<u>-</u>	<u>67,000</u>

Donor List

HCA HOSPICE CARE

NOTES TO FINANCIAL STATEMENTS 31 March 2015

18 OPERATING LEASE ARRANGEMENT

The Organisation as leasee

<u>2015</u>	<u>2014</u>
\$	\$

Payment recognised as an expense during the year

<u>171,932</u>	<u>163,941</u>
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At the end of reporting period, the Organisation has outstanding commitments under non-cancellable operating leases, which fall due as follows:

<u>2015</u>	<u>2014</u>
\$	\$

Within one year

163,196	119,046
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In the second to third year inclusive

<u>285,594</u>	-
<u>448,790</u>	<u>119,046</u>

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

\$500,000 and above

Estate Of Norris Noel Evelyn
@ Noel Evelyn Norris

\$100,000 and above

The Singapore Ireland Fund
Yeoh Meng Yau

\$50,000 and above

Singapore Totalisator Board
Trust Build Engineering Pte Ltd
Tudor Foundation, Inc.
Ong Ann Poh Eric

\$25,000 to \$49,999

Furama Pte Ltd
MediaCorp Pte Ltd
PAP Community Foundation
The British Association of Singapore
UOB Kay Hian Private Limited
Lie Michael

\$10,000 to \$24,999

Credit Suisse Fund Raising
Deloitte & Touche LLP
Grace, Shua and Jacob Ballas
Charitable Trust
Greenpac (S) Pte Ltd
Lee Kim Tah Foundation
Lee Foundation Singapore
Lightway Corporate Services Pte Ltd
Lions Club of Singapore Nanyang
NUS Medical Society
Power-Link Engineering Pte Ltd
Singapore Resource Association Pte Ltd
SNS Registered Society
Tan Chin Tuan Foundation
Tat Lian Trading Co
The Shaw Foundation Pte
Chan Yik Zane
Chee Liew Horng, Fiona
Chua Wah Ann
Kee Sun Tuan
Lee Jia An
Lee Ying
Lim Cher Chye
Lim Yui Hung, Christina
See Lian Tin
Soh Kim Chua
Tan Ooi Hwa
Wooldridge Neil
Yong Chin Hwee, Serene

\$5,000 to \$9,999

Flair Venture Pte Ltd
Jason Electronics (Pte) Ltd
New City Sports Club
San Keong Construction Pte Ltd
Simple Planz Pte Ltd
Soon Lee Noodle Stall
Soon Li Heng Civil Engineering Pte Ltd
Tat Lee Sanitary & Plumbing Pte Ltd
TSF Building Construction Pte Ltd
Wing Tai Holdings Limited
Yuan Sang Pte. Ltd.
Ang Bee Lian
Ang Peng Tiam
Chai Chin Loon
Chan Boon Kheng
Chan Chia Lin
Chia Thai Cheong
Chua Poh Kwan, Florence
Elizabeth Prakasam
Goh Address
Goh Ti Liang, Linus
Ho Yi Xiong Perry
Hong Eng Chua
Koh Elizabeth
Kwan Wai Meng, Bob
Kwek Eik Sheng
Lam Teck Yeow, Leonard
Lee Ewe Choon
Liew Onnah
Lim Kwee Moy
Lim Saw Fang
Low Check Kian
Moh Kok Hai
Ng Ching Kok, Anson
Ng Poh Choo
Ng Wei Yong
Ong Peng Hai
Ong Thiam Lye
Rin Nan Yoong
Seow Thar Hui
Soh Ah Yeong
Tan Ai-Ling, Adeline
Tan Chong Meng
Tan Eng Hwee
Tan Li-Ling, Lynnette
Tay Yun Chwan, Henry
Teo Gek Pui
Teo Sin Hock, David
Toh See
Wan Mei Ling
Wang Tih Hoon, Evelyn
Wong Loo Kuan, Lydia
Yeo Poh Kim, Astrid

\$1,000 to \$4,999

Allscript Establishment (Singapore) Pte Ltd
Amandela ENT Head & Neck
Surgery Ctr Pte Ltd
Art of Living (AOL)
Bedok CC Youth Executive Committee
Blangah Rise Primary School
Bloomberg L.P.
BN Solutions (S) Pte Ltd
BSH Home Appliances Pte Ltd
B4 Water Leakage Specialist
CC Yang & Associates
Community Foundation of Singapore
Dav Rue Marketing
Deutsche Bank Ag
D L Resources Pte Ltd
First State Investments Singapore
Ganesh Surgery Pte Ltd
Handi Seng Trading Co
Helios Medical Consultancy Pte Ltd
Hock Lian Seng Holdings Ltd
IWERKZ Pte Ltd
Koyo Engineering (S.E.Asia) Pte Ltd
Lavande Group Pte Ltd
Lions Club of Singapore Ladyhill
Loyang Tua Pek Kong
Luxxe Pte Ltd
Million Dollar Round Table Foundation
Morgan Advanced Materials
nTan Corporate Advisory Pte Ltd
Pan Neurology, Epilepsy
& Sleep Disorders Clinic
Phtgraphy Pte. Ltd.
Prive Clinic Pte Ltd
Racing World (S) Pte Ltd
San Seng Co (Pte) Ltd
SinMix Pte Ltd
SL Yap Trading Enterprises Pte Ltd
Sofresh Offshore Supply
The Buddhist Union
The Little Skool House
UBS AG
Value Add System & Technology Pte Ltd
Vibrant Group Limited
VisionSphere Trading
Vosco Metal Pte Ltd
Weng Soon Roofing Services Pte Ltd
White Room Studio Pte Ltd
Adibah Bte Ariff
Amanda Arul
Ang Chwee Taw
Ang Eng Hock
Ang Hwee Keng

\$1,000 to \$4,999 (Continued)

Anson & Friends	Eu Pui Wai	Lee Kim Kiow, Linda	Ng Hua Bak Ivan	Sng Watt Neo & Song Gek Koon	Tay Im Hock, Christopher
Au Se Ching	Eyo Kai Kiong, Samuel	Lee Lai Cheng, Alicia	Ng Hwee Kim, Jimmy	Soh Chee Beng, David	Tay Jin Chuan
Aw Shye Cheng, Daniel	Fan Saw Ming	Lee Lay See	Ng Ming Hoo	Soo Sun Hon, Ernest	Tay Kah Hock, Daniel
Beh Han Song, James	Fong Chi Keen	Lee Margaret	Ng Shieu Huei	Sua Ah Lim	Tay Keng Jin, Darren
Chai Wai Fook	Foo Pan Long	Lee Mei Wah	Ng Swee Yu, Lim Eng	Syn Siew Ho	Tay Li Chi
Chan Bee Leng	Foong Hin Cheong	Lee Ming, Eugene	& Hong Chong Han	Tam Li Jen, Melissa-May	Teng Family
Chan Ching Yee	Foong Poh Mun	Lee See Meng	Ng Thiam Chye	Tan Bee Kim	Teng Leng
Chan Eng Geok, Carol	Goh Beng Guat	Lee Wan Sia, Joanna	Ng Tian Guan	Tan Cheng Hui	Teo Boon Choi
Chan Guek Cheng, Noreen	Goh Boon Kai	Lee Yang Guan, Eugene	Ng Tong Chay, Daisy	Tan Cheng Thye	Teo Chee Hean
Chan Hiok Khiang	Goh Hong Cheng	Lee Yin Foong, Wendy	Ng Wei Shing, Steven	Tan Chin Phek	Teo Hui Choo, Rachel
Chan Hui Min	Goh Kim Chuan	Leon Boh Yin, Angelique	Ng Yong Huat	Tan Choon Huat	Teo Junxiang, Darren
Chan James	Goh Soon Whatt, Anthony	Leong Chee Seng	Nge Aik Moh	Tan Chwee Guan, Christopher	Teo Kek Yeng
Chan Kern Ngee, Edmund	Goh Sor Eng	Leong Kwong Lum	Ngo Lin Ai	Tan Eric	Teo Kian Hong, Vincent
Chan Kok Tong	Goh Tiow Seng	Lien Christopher	Oh Kim Hong, Tracey	Tan Family	Teo Yiu Seng
Chan Poh Lin, Patricia	Goon Sam King	Lim Boon Heng	Oh Kwee Choo, Judy	Tan Han Soon, Gary	Teow Kim Hock
Chan Siew Say	Gunalan S/o Subramaniam	Lim Carol	Oi Sew Kwan	Tan Heng Khuan, Brian	The Family of Mr Neo Bee Chang
Chan Yuet Sum	Han Siew Ping	Lim Chee Khian	Ong Eny	Tan Huangxiang, Henry	The Late Mdm Ng Yoke Chun
Chang Kuei Lien, Margaret	Helman Petrus Sitohang	Lim Cher Lai	Ong Pang Keow, Victor	Tan Hwee Hua	Thor Soon Hock
Chang Yoong Hui, Joyce	Heng Clive B. H.	Lim Choo San, Michael	Ong Seng Leng, Jenny	Tan Jwee Kiang	Thum Linna
Cheah Sow Peng	Heng Zhi Hui, Justine	Lim Hsiu Mei	Ong Seow Eng	Tan Kay Huat	Tio Khi San
Chee Pek Har	Ho Lai Ping	Lim Kim Chye	Ong Seow Yong	Tan Keith	Tjandra Wirawan
Chen Yen Yeo	Ho Leng Woon	Lim Lean Ee	Ong Wilson	Tan Khiaw Ngoh	Tjeng Yan Hoa
Cheng Heng Tan	Ho Lok Pin	Lim Mei Kwan, Belinda	Ong Yung Lieh	Tan Khoon Huat	Toh Chin Chuan
Cheng Sim Chee	Ho May Lan	Lim Mei Loon, Regina	Oo Boon Tiong	Tan Kia Lin, Debbie	Toh Kok Hwa -Du Guohua
Cheng Yoke Ping	Ho Ren Hua	Lim Moei Eng	Ow Florence	Tan Kok Heng	Toh Seok Fern
Chew Hong Meng, Rosalind	Ho Si Yu John	Lim Pei Pei, Stefanie	Ow Pek Wan, Catherine	Tan Kwee Fui	Toh Siew Ping, Irene
Chew Keng Cheow	Ho Yong Chong	Lim Poh Tin	Pang Zse Kwang, Augustine	Tan Kwee Kee	Vernon Gerard Nunis
Chia Chye Hee	Hon May Ling	Lim Siew Eng	Peh Lian Hong	Tan Lai Hock	Voo Gek Nai
Chia Hong Tiang (Xie Fengzhen)	Hong Guan Huat Kee	Lim Soen Kiat, Inez	Peng Yeong Pin	Tan Lang Huang	Wee Joyce
Chia Joo Li	Ian William Robb	Lim Tong Soon, Jimmy	Phua Sin Yong	Tan Lee Joo	Wee Ming Ong
Chia Moi Luang, Doris	James Beeland Rogers Jr	Lim Wan Teck, Darren	Poh Chee Wei	Tan Ling Ling	Wee Wei Chi
Chin Kim Tai	Julianah Abu	Lim Yiang Song	Poh Chee Yong	Tan Poh Choo	Wei Tech Ang
Chin Lan Chin	K. Mohanaruban	Ling Yew Kong	Poh Geok Eng	Tan Puay Leng, Annie	Wong Bee Hua
Chin Sze Meng, James	K. Puvanesveran	Liow Hon Sang	Poh Hak Tiat	Tan Sai Tin	Wong Bor Horng, Tracy
Chng Chee Kiong	Kevin Mcwhinney	Liu Shong Chin	Pong Clarence	Tan Shih Shin, Alice	Wong Chee Chan
Chng Hoon Hoon	Khoo Mui Kheng	Lo Pang Foo, Steven	Pradhan Alpesh Babubhai	Tan Siew Boon	Wong Cheng Ee
Chng Lai Hoon	Koh Chin Lek	Loh Wai Keong	Pulak Prasad	Tan Siew Khim	Wong Choi Wan
Chong Kum Kee	Koh Gim Hwee	Low Kum Seng	Quek Heng Huay	Tan Siew Tee, Joanne	Wong How Kwong
Chong Kwong Mei, Eddy	Koh Jin Teck	Low Sze Chuan	Quek Sai Kee	Tan Soo Hwee	Wong Lai Peng, Jennifer
Chong Wee Liam	Koh Liang Hua	Low Teck Keng	R. Nambiar	Tan Soo Lan	Wong Lian Choo
Choo Kok Leong, David	Kong Kiong Tai	Loy Heng Wee	Ralph Ian Gomarsall	Tan Susie	Wong Moh Jui
Choo Mui Lan	Koo Chung Chong	Mah Chee Kheong, Chaly	Ramaswamy Akhileswaran	Tan Swee Khoon	Wu Edward
Choo Shisheng, James	Koo Kim Leng	Mak Koon Chin	Raveendran Rakesh	Tan Swee Swee	Yap Boon Kim, Pamela
Choon Seok Ngoh	Koo Pee Yee	Martin Anthony Riddett	Sam Chong Keen	Tan Tee Khoon	Yap Te-Chye, Irving
Chu Juay Teck	Ku Ivy	Michael Todd Dever	Seah Caroline	Tan Tuang Hong	Yap Zhi Hui, Brigitte
Chua Ah Yong	Kueh Tong Hui	Mohammad Ridzuwan Bin Ya'Akop	Seah Chiew Lian, Rinda	Tan Wye Tong	Yeap Yin Ching
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Chua Cher Meng	Kwan Fook Seng	Nai Kheng Wah	See Chin Chye, Jacky	Tang Dolly	Yeo Joon Hong, Christopher
Chua Choo Geok	Lai Fong Yee	Nam Bte Parudi	Sentill Ananthan	Tang Lena	Yeo Lay See
Chua Chye Heng, Kevin	Lai Sheau Wen (Li Xiaowen)	Neo Cheok Cheng	Shannon Yap Tuan Chong	Tay Bee Sin	Yeo Ngoh Kim
Chua Hwee Beng	Lam Kien Khen	Neo Seow Leok	Shi Soi Fah	Tay Boon Hau	Yeo Seow Nan
Chua Hwee Hong, Gary	Lau Siew Kee	Neubronner Edward Bernard	Sia Woon Lim, Mark	Tay Boon Suan	Yeo Tiong Cheng
Chua Joyce	Lee Ban Yee, Winnie	Ng Ah Sing	Sin You Seng	Tay Chee Khiam	Yeo Vinccent
Dilip Padbidri	Lee Cheng Chwee	Ng Cheng Guat	Siong Beng Seng	Tay Chwee Heng	Yeow Chan
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Notes

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