Craniofacial Australia
Annual Report / **2021-2022**

Changing Faces
Changing Lives

Craniofacial Australia
Changing faces | Changing lives

Changing Faces
Changing Lives

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Cover: *Craniofacial Australia ambassador Selva Kumar and family*


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Who we are

Craniofacial Australia is a not-for-profit charitable foundation. Our mission is to achieve the best possible outcomes for people suffering from craniofacial deformities and injuries.

Our Vision

- Support those affected
- Research the possibilities
- Develop the solutions
- Educate to improve

Our Mission

The mission of Craniofacial Australia is to achieve the best possible outcomes for people suffering from craniofacial deformities and injuries by:

- Supporting research into the aetiology, diagnosis and management of craniofacial deformities and injuries
- Educating health professionals throughout the world in best practice treatment and the rehabilitation of persons with craniofacial deformities and injuries
- Assisting patients to receive world-class treatment in appropriate facilities.

We pursue a vision of excellence following the 6 principles of craniofacial health care delivery that underpins patient management and care.

Our Strategic Objectives

- To support patients through their journey
- To advance discovery into craniofacial care
- To educate and train health professionals
- To raise funds and invest prudently to ensure our long-term sustainability
- To promote our work and inform society
- To act as the custodian and champion for the 6 principles of craniofacial health care delivery.

Craniofacial Australia is the trading name of the Australian Cranio-Maxillo Facial Foundation and its controlling entities.

Changing Faces
Changing Lives

Chair Report

It is my privilege and pleasure to give my report for the 2021/2022 financial year. The pandemic has effectively passed and the preoccupation with that aspect of life and its associated difficulties have been replaced with new optimism.

The Foundation has weathered the storm due to the continuing outstanding loyalty and support from our donors in the community, our corporate donors, our ambassadors and those from all around Australia who help in so many ways. To have a Board of Management and dedicated staff such as we do is a comfort and a strength in times that demand the highest moral standards and financial responsibility.

The Foundation has maintained its financial position and has been able to support our goals in a significant way in the last year, with ever increasing patient support, and outstanding research projects not only in our South Australian institutions but also in Victoria and Western Australia. Our educational support has expanded to provide a reference point for those suffering from craniofacial anomalies to connect them with appropriate treatment centres. Our telemedicine education programme supporting 215 Indonesian specialists, allied health teams and their patients has continued throughout the pandemic and will continue into the future. The establishment of a Fellowship with the Cleft and Craniofacial Collective in Bristol UK has produced scientific publications and opened a potential training pathway for Australian surgeons. In summary we are supporting our three pillars of service in some way in every state of Australia and overseas.

During the last year, Craniofacial Australia has had the pleasure of visits and contact from patients who have benefitted from our service. Some of whom have completed their care, others who are yet to reach the end point. The former are universally grateful for the outcomes, the latter still seek and need support for further care in times when it is not so readily available.

In the coming year we intend to re-engage directly with the community, an activity that was restricted during the pandemic. This is and always was to spread the message that people with craniofacial deformity deserve dignity and can get help. The next year is one of renewed vigour in this respect for which we will need not only continued financial support from the community but an expansion in the numbers of those willing

to work with us to heighten the awareness of the need for care for the craniofacially deformed.

Whilst one problem era has passed and been successfully negotiated, I am acutely aware of the need for care and vigilance in handling the money and good will that has so far done so much good. As chairman I am honoured to have a Board and indeed staff of the highest quality to oversee these matters. Our financial position is sound, we need more to do more. Please join with us in this quest.

Professor David David AC
Chair

Board of Management

The Board of Craniofacial Australia have continued to be a pillar of strength in what are very challenging times.

Professor David David AC

Yvette Winter

Nicholas Pyne

David Smith QC

Maria Maieli

Dr Benjamin Grave

When relying solely on the generosity of individual donations, it requires a high level of astuteness and solid corporate governance to tread the fine line of providing as much support as possible to families requiring assistance, whilst at the same time ensuring that Craniofacial Australia has a robust financial basis to be sustainable for many years to come. The real strength of the Board is in the mix of our Board members' skills, so that decisions can be made quickly and in turn, allows the Craniofacial Australia to remain agile in a constantly changing environment.

Team Members

We have always relied on a small team of highly committed people, who punch well above their weight, enjoy their work and get a lot of joy from being able to help families, requiring our assistance. This level of commitment remains strong.

Barbara Erichsdotter

Pia Rossi

Christina Panagopoulos

Matthew Sandstrom

It wasn't until the latter part of this financial year that we were finally able to consider life beyond Covid. Needless to say, most of the year proved to be quite challenging. However, none of these challenges prevented us from assisting every family who reached out to us for support. The gratitude expressed by these wonderful families, who are in the midst of dealing with their child's diagnosis and the necessary treatment pathways, is overwhelming. It drives each of us to do as much as we possibly can to help them better cope with their situation.

Member Roles

Barbara Erichsdotter
Corporate Manager

Pia Rossi
Group Accountant

Christina Panagopoulos
Marketing and Fundraising Manager

Matthew Sandstrom
Administration and Service Delivery

Year in **Review**

2021-2022

- Patient Support:
  $63,585
- Research Grants:
  $590,660

  $279,367 funded, and
  $311,293 committed
  over the next
  2 financial years.
- Education Grants:
  $167,343

  $45,242 funded, and
  $122,101 committed
  over the next 2 years.

As a charity, it is particularly necessary to be mindful of how our funds are distributed.

Our Board of Management is committed to the highest level of governance to ensure that we support people in need of our help and to invest into research, which will ultimately influence the way craniofacial abnormalities are diagnosed and treated.

More importantly, research may ultimately deliver findings, which could prevent some craniofacial abnormalities from occurring in the first place.

Craniofacial Australia
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Year in Review

Patient Support

Craniofacial Australia continues to proudly support patients with craniofacial conditions to access the appropriate care and at the appropriate times.

That support may include paying for travel to the place of surgery and covering accommodation costs for families having to travel interstate, or for families living remotely. For newly diagnosed patients, or those awaiting newborn surgery we send out care packs. Where necessary we may assist in paying ongoing out-of-pocket treatment costs to help families that need it at a time they are most vulnerable.

Ollie's story

When Ollie was born, his family was overwhelmed with an enormous amount of love and excitement. However, they couldn't help but notice that the right-hand side of his skull was flattened in appearance, his eyebrow structure was sunken and his eyes, uneven.

On voicing their concerns, Ollie's parents were promptly reassured that it was likely because of his being born in breach position – nothing to worry about. This reassurance continued at all of his health check ups.

It wasn't until his six-month immunisation appointment that a different GP asked if Ollie was under the care of a Plagiocephaly specialist for his head. Suddenly a wave of varied emotions flooded his parents' consciousness: from relief of being heard, to worry for the journey that may lie ahead.

Over the following 18 months in the midst of the Covid pandemic, Ollie continued

to be monitored with the Plagiocephaly clinic at the Royal Children's Hospital in Melbourne, where he regularly underwent clinical photographs to monitor growth.

Ollies skull had very minimal growth over this time and the family were referred to a padediatric plastic surgeon in late October 2021, who then referred him for a CT scan under general anaesthetic.

The CT scan clarified that the right-hand side suture line of his skull had completely fused and there was an increasing pressure on the side of his brain affecting brain development. They then faced a potentially delayed surgery date because of Covid.

Ollie's surgery day was on Wednesday the 2nd of February, 2022. The family stayed at a nearby hotel and visited Ollie over the following days post-surgery.

The surgery itself went for almost seven hours, where the team performed a Bi-frontal Orbital Advancement, a procedure used to treat this particular case of Craniosynostosis. Their goals were to expand the space within the skull, relieve cranial pressure on the developing brain, and reshape the forehead and upper parts of the eye socket and eyebrow to allow space for brain growth and reduce the risk of brain pressure problems.

This type of surgery is generally performed when an infant is around three to six months of age. Ollie was two and a half years old.

Ollie's recovery process was awe inspiring. Once his facial swelling started to decrease, his facial profile improved significantly. Six weeks later, his hair was cut short and blended the shaved line from his surgery. Then, the amazing work of his surgeons became truly apparent.

Now, Ollie zips around on his little bike like nothing ever happened. The family are forever grateful and thankful for the outpouring of love and support.

Ollie's treatment journey continues on with speech therapy appointments, which is coming along in leaps and bounds.

Craniofacial Australia's commitment to supporting families like Ollie's, when they need it most, is unwavering.

Year in Review

Research

Scientific research is paramount to human kind. Just think about the Covid 19 pandemic and what would have happened 50 years ago. We would not have been able to identify the virus that causes the illness, nor would we have had the science to test for the disease and we would certainly not have had a vaccine to prevent people from catching it in the first place. While it will take much longer to achieve this type of result for people born with a craniofacial abnormality it is easy to get excited about the research currently funded by Craniofacial Australia.

All of the projects following may one day inform how we treat people with facial deformities, or how we support these people throughout their lives, for it can be a life long journey. The ultimate dream is to find out what it is that prevents parts of human face to develop, or what it is that causes the sutures on a baby's head to fuse too soon, and threaten normal brain development.

Research is paramount to ensuring a better quality of life for people with facial deformities in the future. Craniofacial Australia is proud to make this research possible, by funding scientists who are as passionate as we are about finding better ways to treat, or drastically change the nature of craniofacial conditions.

Project 1

The indentification of novel drug targets for non-surgical treatment of craniosynostosis

Saethre-Chotzen syndrome (SCS) is caused by a mutation in the TWIST-1 gene, which contributes to cranial development. Children with SCS exhibit craniosynostosis or premature fused coronal sutures, and other skull and skeletal malformations. To date, surgical intervention during postnatal growth is the only available treatment option to ensure optimal cranial expansion for correct brain development. Our studies have identified a protein (C-ROS-1) that is highly active in the cranial bone cells of SCS patients involved in the development of craniosynostosis. We have shown that highly active levels of C-ROS-1 lead to increases in bone formation by cranial suture cells causing premature closure of the cranial bone plates. Our initial findings found that local delivery of the C-ROS-1 inhibitor drug, seeded onto different biomaterial scaffolds placed under the skull cap, caused a temporary halt to pre-fusion of cranial sutures in Twist-1

mutant mice, which develop craniosynostosis similar to that observed in human SCS patients. Importantly, the drug treatment appears to be reversible allowing the cranial sutures to fuse once the brain has fully grown. Studies are now being performed to determine the best and most efficient drug delivery system, and whether there are any side-effects that may cause toxicity in non-skeletal tissues. Our overall goal is to develop a multi-targeted approach to inhibit different bone promoting molecules expressed in cranial suture cells, in order to effectively suppress the onset of craniosynostosis. Our work is a major step towards the development of a non-surgical, drug-based therapeutic strategy to treat patients with SCS and potentially other different types of syndromic craniosynostosis.

Professor Stan Gronthos
University of Adelaide

Project 2

Sagittal Synostosis Project examining cognitive, behavioral and psychological outcomes in children and adults

Project Objective

Children diagnosed with sagittal synostosis often undergo cranial surgery in infancy to re-shape the skull and mitigate the condition's impact on the child's appearance and neuropsychological functioning. However, the cognitive and behavioural functioning of these children and adults in later life is poorly understood. Clinicians are therefore unable to provide appropriate guidance to parents on the anticipated outcomes of this group of children.

This research aims to quantify the cognitive (e.g., IQ, attention, executive functions), behaviour (e.g., school performance, conduct problems) and mental health (e.g., depression, anxiety, appearance-related concerns) of children, adolescents and young adults with sagittal synostosis, regardless of their surgical status. The study is being undertaken in two stages. Firstly, a comprehensive review of global research relating to the cognitive, behavioural and psychological functioning of children and adults with sagittal synostosis. Secondly, an Australian nationwide case-control study assessing individuals with sagittal synostosis to determine their level of cognitive functioning, behaviour, well-being and quality of life.

First Stage Project Outcome

Results from the reviewed literature found that there were no consistent associations between sagittal synostosis and neurocognitive delays, although some children were experiencing difficulties (e.g., attention or short-term memory problems). Regrettably, much of the reviewed research used small samples, did not compare their results to a well-matched comparison group, nor comprehensively report demographic (e.g., age and sex) and clinical (e.g., surgical technique) variables, thereby making it difficult to draw definitive conclusions about the functioning of children and adults with sagittal synostosis.

Second Stage Project Status

Recruitment for the case-control study that addresses the limitations found in the global research has recently been finalised. Participants from across Australia were recruited through patient support groups, craniosynostosis networks and social media (e.g. Facebook). A comprehensive online survey was completed by 56 families living with sagittal synostosis and 56 families without sagittal synostosis (age- and sex-matched to the person with sagittal synostosis). The customised survey examined behaviour, risk of Autistic Spectrum Disorder, mental health and

quality of life, in addition to providing information on a range of demographic and clinical variables. Parents and children were provided with separate survey links and asked to independently contribute their thoughts (except children <5 years old). Overall, the administered questionnaires were the: Behavior Assessment for Children; Social Responsiveness Scale; Behavior Rating Inventory of Executive Function; Paediatric Quality of Life, Depression, Anxiety & Stress Scale and the Satisfaction with Appearance scale. Statistical analysis of the wealth of information provided by families will commence shortly and will be reported in due course. This knowledge will help clinicians provide parents with support about their child's development, ensuring that children at risk of developmental problems receive monitoring and assessment as necessary.

Assoc. Prof. Rachel Roberts
University of Adelaide

Amanda Osborne
PhD, Senior Research Officer
University of Adelaide

Year in Review

Research

Project 3

Understanding genetic pathways that regulate palate closure


Team Labminton

Research project update

Currently, the only options for children born with craniofacial defects (CFD) are post-natal surgery, However, if the incidence and/or severity of these defects could be reduced during embryonic development in pregnancy, then the need for surgical and clinical intervention becomes significantly reduced. This would result in both substantial financial savings and a vastly improved start to life for affected children.

To combat the incidence of birth defects in their babies, women are already encouraged to take supplements during pregnancy, such as folate (to prevent neural tube defects), magnesium sulphate (cerebral palsy) and iodine (brain/nervous system development). As yet, however, no such beneficial compounds are known that specifically reduce CFD.

The major limitation we currently face is a lack of knowledge as to precisely WHY these defects occur. We know that both genetic and environmental factors contribute, however at present, the causative factors of ~50% of craniofacial defects are unknown.

My group is seeking to uncover the function of novel genes that cause CFD, using the zebrafish as our model. We have identified that a certain gene, Grhl3, leads to defects in multiple models, including flies, zebrafish, mice and also humans when inactivated. As the normal role of this gene is to activate other genes, my group is focussed on finding out which of these "other genes" are critical in driving formation of the craniofacial skeleton. We have thus far characterised the roles of a number of genes implicated in human craniofacial syndromes, and are now focussed on identifying precisely what they do, and how, as the cartilage and bones of the face develop.

In parallel, we are using animal models to investigate what environmental factors may prevent these defects from occurring. Although still preliminary, our findings suggest that certain antioxidants may be beneficial during embryo development, leading to better outcomes as the embryos develop.

Moreover, our data also suggest that the presence of certain bacteria in the gut and oral cavity – so called "microbiota" – also dramatically influence the survival and defect severity in our zebrafish embryos; our studies to investigate these further are ongoing.

Therefore greater understanding of both hard-wired (genetic) and bioactive (non-genetic) factors that influence craniofacial development is necessary to identify and prioritise the use of novel beneficial supplements, with a view to reducing the large burdens of multiple post-natal surgeries.

Dr Seb Dworkin
La Trobe University

Project 4

Exploring the therapeutic efficacy of angiocrine growth factors to enhance craniofacial cartilage growth and morphogenesis

Associate Professor Schwarz and his team are researching the growth of the craniofacial skeleton, with particular interest in identifying what biological factors are failing when craniofacial deformities occur.

The project focuses on two related objectives that explore what can be used to prevent or repair craniofacial defects in animal models.

Objective 1

Investigating the potential role of angiocrine factors (molecules that can stimulate organ-specific repair activities) as therapeutics for jaw growth disorders.

Outcomes: Using animal models we have found that specific angiocrine factors can enhance jaw growth during early childhood to adolescence. This proof-of-principle study identifies new factors that could be explored as a complementary medical treatment to current surgical techniques.

Objective 2

Investigate the ability of dietary supplementation to reduce the severity of mandibular hypoplasia (undersized lower jaw) in foetal development.

Outcomes: We have found that the mother's diet can directly alter the impact of genetic modifications on craniofacial development. This work uncovers a novel paradigm for future preventative measures to minimise the impact of craniofacial birth defects.

Assoc. Prof. Quenten Schwarz
University of South Australia

Year in Review

Education

Craniofacial Australia has long supported overseas upskilling programs, training surgeons and other clinical staff.

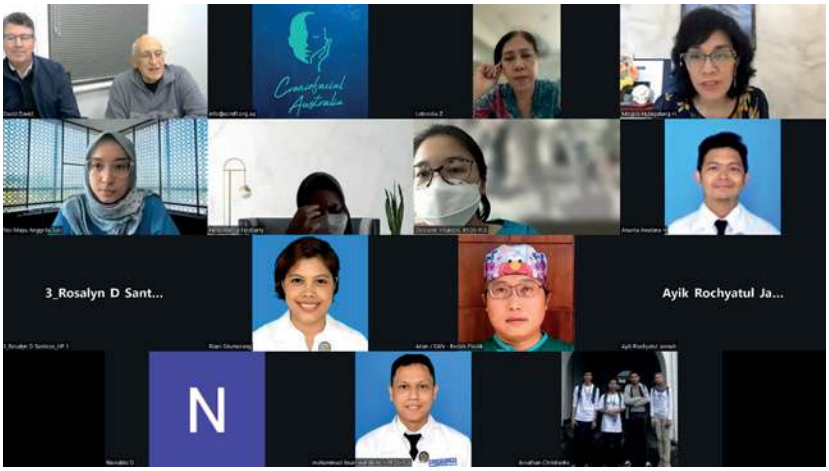
Craniofacial Australia supports these programs in Indonesia, Malaysia, China, and many other countries. In addition to this, we have hosted international workshops and tele-medicine conferences on the treatment of craniofacial clefts and head trauma.

The Coronavirus pandemic has halted Craniofacial Australia's ability to offer this training on site, but we were still able to deliver a range of successful programs via Zoom meetings.

Indonesian Lecture Series

For many years, Craniofacial Australia has been funding surgeons to travel to Indonesia to train and educate local surgeons to manage craniofacial conditions. Patients with complex conditions were transferred to Adelaide for major surgery. This mutually beneficial relationship has worked well and has helped many patients.

Due to the ongoing Coronavirus pandemic and travel bans to and from Australia, our partnership with Indonesia continued to be hamstrung. The new online lecture series with our very own e-Learning platform that was launched in April 2021 continued to be used for a second Indonesian Lecture Series in March 2022.



The objective of this program is to provide education across all aspects of craniofacial pathology. The focus has been on providing a structured and meaningful lecture series to Indonesian participants that provides support for the management of patients.

Professor David David AC and Dr Ben Grave hosted this lecture series over the internet via Zoom. More than 200 surgeons and allied health professionals registered for the free course which included lectures on cleft management, syndromic and non-syndromic craniosynostosis, fractures, trauma, encephaloceles, hemifacial microsomia, as well as in-depth case discussions.

We are extremely grateful to Dr Fahy, Dr Chisholm, Dr Abou-Hamden and Ms Kat Bray for their lecture delivery on their areas of speciality, and Dr Lobredia Zarasade and Dr Magda Hutagalung for their invaluable help organising the Indonesian participants.

Bristol Fellowship

Craniofacial Australia funded a new education project with South West Cleft Services, based at the University Hospitals Bristol and Weston NHS Trust; and The Cleft Collective, based in Bristol, United Kingdom.

The Fellowship provides training in all aspects of cleft care, ranging from the management of cleft lip and palate, speech pathology, alveolar bone graft, orthognathic surgery, rhinoplasty and other soft tissue procedures.

Fellows who participate in this program also conduct their own important craniofacial research in conjunction with the Cleft Collective. This has opened a potential pathway for Australian surgeons.

Fundraising and Community

Raising money during a global pandemic has not been easy. More than ever, it has been necessary to be innovative to raise money and cut through the crowded charitable sector.

Craniofacial Australia has not been immune to the current challenges we are all facing, but we have been extremely fortunate that our donor base has remained loyal and generous. We are so very grateful for the support from everyone who donates.

We continue to focus on providing the best service possible to as many families as we can, whilst building stronger awareness, so that in the future families that require support can easily find us, or be referred to us.

Our commitment will always be to show you where your donation goes and how families are benefiting from your generosity; to give you comfort that it is being well spent.

Our community can be assured that a donation to Craniofacial Australia will make an impact. Thank you for your continued support.

www.craniofacial.com.au

How you can help

- Donate/Fundraise
- Share your story
- Follow us on social media

Embrace Your Face

Launched in March 2022, Craniofacial Australia's "Embrace Your Face" campaign was testament to our incredible community, all of whom have forged their own paths, with their unique stories.

Ambassadors Selva, Cecilia and Abby were displayed on billboards across Adelaide, our Newsletter and social media, to help raise awareness of craniofacial conditions and to help people who might be struggling with their identity.

The sharing of stories is one of the most powerful ways to connect with others and the "Embrace Your Face"did just that – it brought us closer together through the sharing of circumstances, experiences and stories.

Selva's story is about empowerment:

"Walking out into the big bad world you need to go out there and say we are all equal and anyone can do anything. Even if someone said tomorrow I could do some surgery to totally remove all the scars I probably wouldn't do it, because I have accepted the way I am."

Cecilia's story is about self determination:

"Everyone is different and sometimes it can be hard. If I could give any advice to myself when I was younger it would be that it really doesn't actually matter that you are a little bit different than everyone around you, because when you grow up it's not going to matter at all."

Abby's story is about hope:

"It's about being happy within yourself and not worrying about what others might think. It may seem hard on different days and the days might seem long, but it will get better and the people who stick around are the ones that matter."

Thank You

There are so many people in our Craniofacial Community whose generosity and kindness makes an enormous difference.

Mr Joe Calabro again requires a special mention for his generosity. We can't wait to have the opportunity of sharing a meal with you when you are next in Adelaide.

Victor Velgush from Refined Real Estate, our Platinum Sponsor whose relationship with us we greatly value. The way he and his team support us is inspirational and we value the relationship we have and appreciate the friendship that this partnership continues to provide.

The Greatorex Fund has again continued with their commitment to research and we thank them for their support.

The Lions Club have continued to show how generous they are with donations from a number of clubs around South Australia and we are looking forward to meeting them again face-to-face at their meetings as soon as we can.

Thank you also to The Memorial Hospital for helping us to financially support patients with their hospitalisation costs.

Thank you Apex for your many years of support.

We received 9 bequests in the 2021/2022 financial year.. Bequests play a crucial role for the ongoing financial health of Craniofacial Australia. We are forever grateful to the families of those who have passed, who allow us to carry out their loved one's final wishes through through our work.

We have so many amazing individual donors who continue to contribute so much to help us help others. We wish to extend our appreciation and a special mention to: Julie Bond, Lisbeth Ness, Barbara Moore, Kent Sawyer, Ian Johnson, Margaret Mackintosh, Sarah Lancaster, James Darling, Elizabeth Trevena, Karen Lewis and Ian Shaw. Thank you.

Financials

The Australian Cranio-Maxillo Facial Foundation

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2022

	Consolidated 2022 $	Consolidated 2021 $
Revenue and Income		
Donations & gifts revenue	**261,042**	**233,593**
Legacies & bequests revenue	**429,579**	**182,867**
Programmes revenue	**31,581**	**30,476**
Investment income	**474,987**	**253,492**
Other income	**8,664**	**63,105**
Gain on sale of fixed assets	**-**	**1,493**
Total revenue and income	**1,205,853**	**765,026**
Expenses		
Management and administration expenses	**(261,555)**	**(316,906)**
Direct costs of fundraising	**(97,126)**	**(81,974)**
Research activities	**(324,489)**	**(233,365)**
Overseas clinics development	**(15,755)**	**(39,662)**
Training and education	**(95,447)**	**(79,530)**
Patient support I unit support	**(84,420)**	**(177,768)**
Other expenses	**(63,565)**	**(16,944)**
Total expenses	**(942,357)**	**(946,149)**
Surplus/(deficit) for the year	**263,496**	**(181,123)**
Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss		
(Loss)/Gain on the revaluation of equity instruments at fair value through other comprehensive income	**(482,033)**	**1,088,273**
Other comprehensive income for the year	**(482,033)**	**1,088,273**
Total comprehensive income for the year	**(218,537)**	**907,150**

Statement of Financial Position

As at 30 June 2022

	2022	Consolidated 2021
	$	$
Assets		
Current assets		
Cash and cash equivalents	**1,838,696**	**2,273,965**
Trade and other receivables	**162,212**	**64,025**
Financial instruments at fair value through other comprehensive income	**5,498,605**	**5,855,676**
Term deposits	**2,261,106**	**1,779,525**
Other	**11,355**	**12,698**
Total current assets	**9,771,974**	**9,985,889**
Non-current assets		
Property, plant and equipment	**12,140**	**10,973**
Right-of-use assets	**214,175**	**252,293**
Total non-current assets	**226,315**	**263,266**
Total assets	**9,998,289**	**10,249,155**
Liabilities		
Current liabilities		
Trade and other payables	**85,651**	**89,707**
Lease liabilities	**36,915**	**34,715**
Employee benefits	**12,138**	**11,752**
Total current liabilities	**134,704**	**136,174**
Non-current liabilities		
Lease liabilities	**173,684**	**206,782**
Employee benefits	**4,844**	**2,605**
Provisions	**10,000**	**10,000**
Total non-current liabilities	**188,528**	**219,387**
Total liabilities	**323,232**	**355,561**
Net assets	**9,675,057**	**9,893,594**
Equity		
Equity instruments at fair value through other comprehensive income	**783,213**	**1,265,246**
Reserves	**702,081**	**702,081**
Retained earnings	**8,189,763**	**7,926,267**
Total equity	**9,675,057**	**9,893,594**

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Independent Auditor's Report

To the Members of The Australian Cranio-Maxillo Facial Foundation

Report on the audit of the financial report

Qualified opinion

We have audited the financial report of The Australian Cranio-Maxillo Facial Foundation (the "Registered Entity"), which comprises the statement of financial position as at 30 June 2022, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' declaration.

In our opinion, except for the effects of the matter described in the *Basis for qualified opinion* section of our report, the financial report of The Australian Cranio-Maxillo Facial Foundation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

a giving a true and fair view of the Registered Entity's financial position as at 30 June 2022 and of its financial performance for the year then ended; and

b complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits *Commission Regulation 2013*.

www.grantthornton.com.au
ACN-130 913 594

Auditor's Report

Basis for qualified opinion

Cash donations are a significant source of donations and gifts revenue for The Australian Cranio-Maxillo Facial Foundation.

The Australian Cranio-Maxillo Facial Foundation has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence is available to us regarding fundraising revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to amounts recorded in the financial records. We are therefore unable to express an opinion on whether the recorded cash donations of The Australian Cranio-Maxillo Facial Foundation are complete.

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

The Directors are responsible for the other information. The other information comprises the information included in the Registered Entity's annual report for the year ended 30 June 2022, but does not include the financial report and our auditor's report thereon.

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

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

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

Responsibilities of the Directors for the financial report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

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

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

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

Grant Thornton.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

B K Wundersitz
Partner – Audit & Assurance

Adelaide, 17 October 2022

Craniofacial Australia

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