WHO WE ARE
Parkinson's NSW Inc. is a not for profit, community-based organisation established in 1979 to provide information, counselling and support to people living with Parkinson's disease.
We work in partnership with a network of Support Groups throughout the state.
We encourage research into Parkinson's disease and co-operate with those undertaking it.
We advocate on behalf of the Parkinson's community and strive to increase community awareness of the disease.
We look towards taking a leadership role in representing the Parkinson's community in New South Wales and Australia-wide.

OUR VISION
A community free of Parkinson's disease.

OUR MISSION
To enhance the quality of life to all people living with Parkinson's disease.

PARKINSON'S DISEASE in brief
A chronic, progressive, incurable, complex, disabling neurological condition which currently has no known cure.
The four key symptoms are tremor, rigidity, akinesia/bradykinesia and postural instability, with many secondary symptoms.
Over 80,000 Australians have been diagnosed with Parkinson's disease.
10% of those diagnosed will be under the age of 40.
Parkinson's disease is more prevalent than prostate, ovarian, cervical cancer or leukaemia.
1 in 5 people with Parkinson's disease are of working age (15 – 64).
Prevalence is increasing at around 2 – 3% per year.
David Veness lives in Bathurst and was diagnosed with Parkinson’s eight years ago. David believes regular exercise has improved his quality of life and exercises for 1 – 1 ½ hours per day at home. His wife Cheryl supports him and encourages his daily exercise program which includes balance and strength exercises and regular bike sessions.

David is an active member of his local Support Group which meets monthly at St Vincent’s Health and Community Services under the guidance of Support Group Coordinator, Jennifer Mannell. Jennifer is a Physiotherapist who also formed an exercise group which meets fortnightly for those with Parkinson’s and is supported by Brianna Cameron who is a first year Charles Sturt University student who kindly volunteers.
FROM THE PRESIDENT

The annual report is usually a time to reflect on the past, to report on the revenue for the year and the expenditures. The bulk of the report is just that – a Profit & Loss statement for the past year, the balance sheet, audit certificates etc. In this Annual Report we have included a section on the future. Earlier this year the Board held a strategic planning day where we discussed our future direction and the overwhelming decision was to significantly grow the organisation to enable the provision of more services to people with Parkinson’s, their families and carers. Specifically we are looking to add to the specialist Neurological Nurses we have in NSW – both Vince Carroll (in Coffs Harbour) and Nina Cheyne (on the south coast) have demonstrated the need and the benefits of PD nurses, now we have to demonstrate to the government that it will actually save them money. The campaign got off to a good start with Associate Professor Victor Fung really putting forward a compelling case at Parliament House, at a function kindly hosted by Victor Dominello MP.

It is also time to reflect on why Parkinson’s NSW exists. Parkinson’s NSW, along with its sister organisations in the other states, are the only organisations that provide a broad range of services for people with Parkinson’s. First and foremost would be our counselling service where both members and indeed non-members can either phone or visit our counsellors at no cost. Education is another important service to people with Parkinson’s and clinicians alike. We publish a range of brochures and online presentations to help people through their PD journey and to keep them informed about the latest developments in treatment and research. Another crucial area is our financial commitment to Australian research. The process for award research grants is very transparent, we advertise for applicants for the research grants each year and then assess their submissions through a peer review. Parkinson’s NSW alone has financed over $1.5M of research since 2010. We assess projects not only involved with finding a cure, but just as important, projects which are looking to find ways to improve the quality of life for people with Parkinson’s.

Membership numbers are critical when making representations to the government and business, with the loudest voice having a better chance of being heard, so I urge you to join and/or remain a member of our organisation and indeed encourage others to join. Whilst the support groups are not directly managed by Parkinson’s NSW, they have a close association with Parkinson’s NSW and could not exist without that link.

Support groups are able to set their own agenda in running their group, but what shouldn’t be discounted is the range of support services provided by Parkinson’s NSW to assist support groups: this includes our support group coordinator, insurances, tax free status, cash grants to support and establish new groups and services. Directing donations to organisations other than Parkinson’s NSW lessens our ability to help our members and supporters.

Included with the Annual Report is a copy of our proposed new Constitution. The Board has been considering changing from a NSW Incorporated Body to a Company Limited by Guarantee, and we have taken this opportunity to update our constitution. Please review this document and join us at the AGM to discuss it further and to ultimately vote on whether or not we should adopt the changes.

Thank you to everyone who helped to make Parkinson’s NSW such a great organisation. To the Board who have had to step up in a time of change and particularly the staff and volunteers who tirelessly keep the wheels turning in the background.

Andrew Whitton

President
When the Board asked me to act as Interim CEO for Parkinson’s NSW, I was excited by the intended direction for the organisation. It certainly has not disappointed me and am confident that we are about to enter a whole new phase.

First and foremost there is a strong commitment to strengthening our ties with the grass roots of the Parkinson’s community. This is the life-blood of our organisation and we need to not only improve our communication channels, but actively engage them in advocacy and the development of our future projects. We have recently launched a monthly newsletter to Support Groups, using this to keep them in touch with our vision and what is generally happening with PD. I have also visited a number of Support Groups to communicate and answer questions regarding our direction. This has been enlightening as well as informative for me and has aided greatly in moulding plans for the future. Mel Browning, our Support Group Co-ordinator, does a wonderful job in maintaining strong communication ties with our groups and is available for any assistance that you may seek.

PD Nurses have become the major focus of the Board for the foreseeable future and we are determined to place a significant number within the next five years. We are currently in the stage of developing a plan to identify the areas where PD nurses are required and prioritisation of placement. Further, it will develop a preferred mode of operation but at the same time allow flexibility for regional requirements.

If we are to achieve our objectives, we will require recurring funding of $3-4M per annum. This may appear ambitious but we believe it is possible. Government continues to frustrate us with their lack of support and I encourage all to challenge their local members (state and federal) who are great on rhetoric but pathetic on action. It is for this reason that, initially, we are seeking private funding to seed the placement of our nurses. The new CEO will play a pivotal role in this objective, but individual communities can also significantly contribute by seeking local donors for the placement of a nurse. The latter is the main reason we have nurses in the Illawarra and Coffs Harbour.

During the past year we have developed a Partnership Program for prospective sponsors, whereby we can offer a variety of promotional activity to sponsors, depending on their level of commitment. We believe that this program will not only improve our overall sponsorship but also offer significantly more value to our supporters.

We continue to offer some wonderful free services through our Counselling and Information Line but we need to develop greater awareness among the broader PD community. I have spoken to a number of people over the past few months who are not aware of their existence.

Over the past years a number of programs, such as, dancing, singing, exercise and boxing, have developed, with research showing that these programs offer significant benefits to PD sufferers. We need to find ways of increasing our support and broadening the availability of such programs, particularly in regional areas.

We continued our commitment to research with $220,000 being allocated to seed programs for the year. Along with the Parkinson’s NSW Trust we have now allocated more than $1.5m to research projects since 2010.

I would take this opportunity to thank the many volunteers who commit significant amounts of time to assist us in trying to improve the life of PD sufferers. Without your contribution, it would not be possible for Parkinson’s NSW to be the organisation it is today.

A special thank you to all the staff at Parkinson’s NSW who have made my job easier by their dedication and help during my short stay. Finally, a thank you to the President, Andrew Whitton and the Board who work tirelessly for the benefit of the general PD community.

Phillip Maundrell
Interim CEO
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Support of National / International Advocacy
THE BOARD

ANDREW WHITTON
President

MALCOLM IRRING
Vice President

JAIMEE THOMPSON
Treasurer

LAWRENCE GRAY
Secretary

VERA HEIL

LLOYD ROTHWELL

RAMY SOUSSOU

DAVID VENESS

FORMER BOARD MEMBERS

Samuel Chu
Sam was appointed on the Board in December 2006 where he remained an active Board Member until November 2016. Sam’s association with Parkinson’s stems from the Chinatown Bilingual Support Group where he helped to raise significant funds for Parkinson’s NSW over the years. Parkinson’s NSW thanks Sam for his continued support of the organisation.

Graham Dawkins
Graham was appointed Secretary of Parkinson’s NSW in 2011 after Peter McWilliam resigned from the position and held this position until November 2016. Graham was passionate about exercise and assisting those living with Parkinson’s to improve their quality of life. He was also involved in fundraising to improve services to the organisation. We thank Graham for his support and commitment in his position as Secretary of Parkinson’s NSW.

John Hassett
John was elected on the Board of Parkinson’s NSW in January 2009. He became Vice President in 2010 and held this position until November 2015. John was an enthusiastic Board Member who made many valuable contributions to the organisation and was committed to fundraising and raising awareness of Parkinson’s in the wider community. We thank John for his wisdom while serving on the Board and in his position as Vice President of Parkinson’s NSW.

Phillip Maundrell
Phil held the position of Secretary for Parkinson’s NSW from 2007 – 2008 and was then elected Treasurer in 2009 where he held this position until December 2015. Phil was appointed the Interim CEO in July to help establish more Parkinson’s nurses in NSW. He is dedicated and committed to improving services and quality of life to those living with Parkinson’s. Parkinson’s NSW thanks Phil for his ongoing and tireless dedication.

ADVISORY COMMITTEE

Assoc Prof Colleen Canning
Dr Lyn Chenoweth
Sr Evelyn Collins
Dr Alistair Corbett
Dr Paul Clouston
Assoc Prof Kay Double
Dr Victor Fung
Prof Glenda Halliday
Dr Michael Hayes
Assoc Prof Simon Lewis

Dr Neil Mahant
Ms Sue Mercer
A/Prof Carmelle Peisah
Prof Dominic Rowe
Dr Paul Silberstein
Prof Carolyn Sue
Dr Steve Tisch
Dr Bryce Vissel
Dr Scott Whyte
John Silk OAM

John was elected President of Parkinson’s NSW in 2006 and held this position for a further four years. John remained a Board Member up until November 2015. During his time as President, John introduced the annual Unity Walk, and Golf Day which both continue to be the major fundraising events for Parkinson’s NSW. Together with Simon Lewis and the University of Sydney, John lobbied the Federal Government to fund the pilot program for the Neurological Nurse in the Shoalhaven. In 2010 John was awarded the Order of Australia Medal (OAM) for service to people living with Parkinson’s disease through administrative and support roles. John was also inducted as a Life Member of Parkinson’s NSW in 2011 for his ongoing contribution to the organisation. Parkinson’s NSW is indebted to John for his continued contributions.

Rebecca Silk

Rebecca was elected on the Board of Parkinson’s NSW in 2006. Rebecca’s motivation and passion whilst on the Board was her concern with the quality of life issues and in particular, research for the ultimate answer for Parkinson’s disease. Rebecca was also inducted as a Life Member of Parkinson’s NSW in 2011. Her warmth, and experience as a carer made her an invaluable member of the Board. Parkinson’s NSW would like to thank Rebecca for her dedication and hard work.

THANKS TO MIRIAM DIXON

2016 brought many changes to Parkinson’s NSW, the most notable being the resignation of our CEO, Miriam Dixon.

The position of CEO encompasses a wide range of activities; service provision, government liaison, working with industry and charitable foundations, public relations, and engaging with Parkinson’s organisations nationally and internationally.

Miriam was at the helm of Parkinson’s NSW for more than 15 years, and working together with successive boards, she helped shape an organisation that focused on service to its membership. Her period of management encompassed the years at Concord Hospital with an exclusively part time staff in the areas of information, counselling, education and support group coordination and continued on to today’s well equipped offices that currently accommodate 20 members of staff. Miriam developed effective services with full time access for both our members and the greater community. Not the least of her successes is her work with the Parkinson’s Nurse Study on the South Coast, in conjunction with the University of Sydney. This has enabled us to have a blueprint for Parkinson’s Community Nursing.

Miriam’s extensive understanding of Parkinson’s and her empathy for its sufferers allowed her to create programs of real value and her energy and enthusiasm ensured their success.
Exercise is an important part of healthy living for everyone. However, for people with Parkinson’s Disease exercise is not only healthy, but a vital component to maintaining balance, mobility and daily living activities.

Every second Thursday, St Vincent’s Private Hospital hosts an exercise group at 11am to assist local people with Parkinson’s Disease.

Bathurst City Life caught up with the group last Thursday as the exercise class was in full swing.

Physiotherapist Jennifer Mannell explained the exercise group has been running in Bathurst for more than eight years and has between eight and 12 people taking part each fortnight.

“The group is designed to encourage people to exercise every day as research has shown that exercise can improve gait, balance, tremor, flexibility, grip strength and motor coordination.

“Exercise such as treadmill training and biking have all been shown to benefit, as has tai chi and yoga,” she added.

There is a strong consensus among physicians and physical therapists that improved mobility decreases the risk of falls and some other complications of Parkinson’s.

Beyond this, Ms Mannell said we know that people who exercise vigorously, for example by doing things like...
running or riding a bicycle, have fewer changes in their brains caused by aging.

“One study has proven that people with Parkinson’s, who exercise for 2.5 hours per week, show a slowed decline in quality of life, and the sooner they begin vigorous workouts after diagnosis, the better.”

For more information about the exercise group, contact St Vincent’s Private Hospital.
There is increasing evidence supporting the benefits of exercise for people with Parkinson’s disease (PD). Exercise improves motor symptoms, balance, mobility and quality of life, and prevents falls, in people with PD. Despite this evidence, people with PD are less active than the general older population and their physical activity levels progressively decline. A core principle of patient-centred healthcare is for healthcare systems to not only offer interventions that are effective, but that also have a high likelihood of being adopted by people with PD. However, there is no research available identifying the features of exercise programs that would enhance adoption of evidence-based exercise programs by people with PD.

The discrete choice experiment is a methodology used by health economists to understand individuals’ preferences for a healthcare program. The method is based on an economic theory (Random Utility Theory) that goods and services, in this case, a healthcare program may be described by a number of attributes, the levels of which can vary. We are conducting a discrete choice experiment to identify the preferences of people with PD for specific attributes of exercise programs that are likely to influence choice, and therefore, adherence and uptake. The discrete choice experiment is administered as an anonymous survey. Participants make a series of choices between alternative exercise programs. The attributes for each program cover: type of exercise, sessions per week, location of exercise, travel time, amount and level of supervision, expected physical and psychological benefit, and cost. Each attribute is defined by multiple levels (e.g., for the cost attribute, the levels range from $0 to $150 per session). Participants are presented with 12 choice sets of alternative exercise programs and asked whether they would be willing to add any of these alternative exercise programs to their current weekly routine (see example in figure).

To ensure that the questions in the discrete choice survey are relevant and important to people with PD, we conducted two stages of pilot testing with people with PD to refine the questions and the survey design. The final survey that forms this research study is now available for people with PD to complete anonymously, either as an online survey or as a paper-based survey for individuals who do not have access to the internet or who are not comfortable completing the online version. We aim to administer the survey to 225 people with PD, regardless of disease severity. To date, 65 people with PD have completed the discrete choice experiment. The results of this study will allow us to determine, from the perspective of the person with PD, the attributes of exercise programs that most influence their decisions to start exercising and to continue or increase exercising. These findings will inform decisions about how to best deliver evidence-based exercise programs that account for preferences of people with PD and thus maximise uptake and adherence.

The team would like to thank Parkinson’s NSW for a research grant which allowed this work to proceed. We are looking for people with PD who would be willing to complete the survey, the link to the survey is found at: http://pd.choicestudies.com. For more information or to complete the paper version of the survey please contact Ms Julie Bampton on 0438683596 or at Julie.bampton@sydney.edu.au.

Associate Professor Colleen Canning (Faculty of Health Science, The University of Sydney), Dr Serene Paul (George Institute for Global Health), Prof Cathie Sherrington (George Institute for Global Health) and Prof Kirsten Howard (Institute for Choice, University of South Australia)
Have you ever looked up into the sky on a cloudy day and seen a face hidden in the clouds? This is something that we all can do without much effort – our minds wander as we cast our eyes across the clouds, letting the patterns of brightness and shadows trigger shapes and images in our minds’ eye. But we take it for granted that we don’t see the same kinds of patterns when we look around at the rest of the world. Imagine spotting an imaginary face peaking out of a tree? Or seeing a long-dead relative walking across the street. Its’ exactly these kinds of experiences that dominate waking life for people with visual hallucinations.

For a long time, it has been difficult to understand why visual hallucinations should affect people with Parkinson’s disease, a condition normally equated with impairments in movement and balance. But recently, we’ve been able to make significant progress in understanding these symptoms by thinking of them as disorders of attention. In work conducted at the Parkinson’s Disease Research Clinic at the Brain and Mind Research Institute under the supervision of Dr Simon Lewis, we used a series of functional brain imaging experiments to conclusively demonstrate that hallucinations occur when individuals are unable to effectively direct their attention to outside world. This then allows their imagination to ‘fill in the blanks’, somewhat like dreaming while they are awake.

In our most recent study that was generously funded by Parkinson’s NSW, we used another brain imaging technology – electroencephalography or EEG – to measure brain activity in real-time. Our plan was to track the activity across the brain with a much higher temporal resolution than we had in our previous experiments. This gave us a tremendous advantage. In previous studies, we were effectively trying to understand hallucinations by viewing a series of snapshots of brain activity. In our new experiments, EEG technology allowed us to track activity in the brain in real-time – akin to watching a movie of the brain unfold in front of our eyes. And we were astonished to see that the same patterns we’d observed in our previous experiments were present in the EEG signals too! As our participants began to hallucinate images on a screen, we saw the frontal regions of the brain (the ones that ‘fill in the blanks’) become active and then ‘drive’ activity in the regions of the brain that process vision. This confirmed a hypothesis that was born over five years ago and let us know that we’re really on the right track to understanding the disorder.

Our next step is to use the information that we’ve gathered to design an even bigger study, in which we will attempt to use sophisticated pattern learning algorithms (kind of like the ones used by Google and Amazon to work out the kinds of things that you might search for on the internet) to try and ‘predict’ when hallucinations might occur. Our hope is that, by spotting the patterns that underlie hallucinations before they manifest in the brain, we might be able to warn the brain to not ‘fill in the blanks’ – kind of like pinching your arm to stop yourself from day-dreaming – which would hopefully help to stop the hallucination in its tracks.

Dr James Shine
Despite decades of research, Levodopa remains the most effective treatment for Parkinson’s disease, however this treatment strategy is only able to alleviate the motor symptoms of the disease and is unable to halt further cell death and disease progression. This lack of alternative treatment strategies results from the problem that the mechanisms underlying dopaminergic cell death remain largely unknown.

Professor Bryce Vissel and Dr Sandy Stayte, from the University of Technology Sydney and the Garvan Institute of Medical Research, were awarded the 2015 Bendigo Bank Parkinson’s Research Grant from Parkinson’s NSW for their project “the neuroprotective action of UBP310 in the MPTP mouse model of Parkinson’s disease”. The researchers aimed to use the funds to investigate if a prototype drug is able to protect against the death of dopamine-producing cells that occurs in Parkinson’s. This is a key first step for developing this drug for use in humans to halt the progression of the disease.

The prototype drug being investigated by the researchers targets kainate receptors, signaling molecules that function within the glutamate system, an important excitatory or “go” system of the brain. The researchers used a “minipump” delivery system to administer their drug directly into the brains of mice and then rendered the mice parkinsonian by injecting them with a toxin that mimics the cellular effects of the disease. The researchers believed that by blocking kainate receptors, the drug would be able to reduce the excitatory effect of glutamate and thus provide an environment in the brain in which dopamine cells can survive, rather than die.

Prof Vissel and Dr Stayte found that animals that had received the drug had significantly higher numbers of surviving dopamine cells when compared to animals that did not receive the drug, suggesting a potent neuroprotective effect. In fact, the drug resulted in an approximate 85% survival rate of dopamine neurons, while the placebo resulted in approximately only a 40% survival of cells. This means that the brains of Parkinson’s animals were not as profoundly affected when they were treated with UBP310.

The researchers then decided to begin initial investigations into the mechanisms of the drug’s effect to better understand exactly how it works in the brain. It is known that the drug can bind to and act on different types of kainate receptors, therefore, Prof Vissel and Dr Stayte administered the drug to mice that had been genetically modified to have certain kainate receptor subunits “deleted”. While their work in this area is still ongoing, they have gained preliminary data showing that the drug may work through multiple kainate receptors in order to exert its neuroprotective effect. They now aim to continue to validate these findings.

Until now, almost all treatments for Parkinson’s disease have focused on attempting to replace the dopamine that is lost. However, this classical treatment strategy is unable to halt/slow the progressive nature of the disease. With the support of Parkinson’s NSW, Prof Vissel and Dr. Stayte hope that their research will provide the first steps for developing an alternative therapeutic strategy and furthermore provide the foundation for achieving prestigious funding from the National Health and Medical Research Council in the future.
The abnormal accumulation of proteins is a feature of many degenerative brain disorders, including Parkinson’s disease, and is thought to contribute to brain cell death. Significant attention has therefore been focussed on either preventing or reducing the accumulation of these abnormal proteins in an attempt to slow or halt the loss of brain cells. In Parkinson’s disease, research in this area has focussed on the protein called α-synuclein, which deposits into insoluble clumps called Lewy bodies throughout the brains of people with Parkinson’s disease. We have discovered, however, that another protein superoxide dismutase 1, or SOD1, also accumulates into insoluble clumps in the Parkinson’s disease brain and that these clumps or aggregates, only occur in brain regions where the cells die. This selective pattern of distribution in Parkinson’s disease is important as aggregation of SOD1 results in nerve cell death in another neurodegenerative disease, amyotrophic lateral sclerosis, perhaps better known as ALS. This suggests to us that SOD1 aggregation may also contribute to brain cell death in Parkinson’s disease and if we can discover why the protein is aggregating we can develop treatments to stop this from occurring. During this project we have investigated the structure of SOD1 aggregates in the Parkinson’s disease brain and compared this to the structure of SOD1 aggregates in ALS, and also with that of Lewy bodies. We found that the SOD1 aggregates have a chemical structure similar to that of SOD1 aggregates in ALS but not Lewy bodies, and that biochemical changes leading to SOD1 aggregation in ALS also occur in the Parkinson’s disease brain, suggesting a similar pathway of development. Importantly, a clinical trial of a new treatment which aims to stop SOD1 protein from aggregating in ALS patients has just begun in Australia. If successful, this therapy may also be beneficial in Parkinson’s disease. Our work, including the research of our two PhD students Ben Trist and Sian Genoud, has attracted significant interest within the Parkinson’s disease research community, being presented as a “Blue Ribbon Highlight”, an honour bestowed on projects representing the most novel and significant research, at the 20th International Parkinson’s disease and Movement Disorders conference in Berlin, Germany in June 2016, as well as media articles.
The causes of Parkinson's disease are mostly unknown, however, approximately 10% of cases are caused by genetic factors. One such Parkinson's disease associated gene is VPS35, which stands for vacuolar protein sorting-associated protein 35. A single specific alteration in VPS35 is enough to dramatically increase the risk of Parkinson's disease. VPS35 is part of a protein complex called the "retromer", and the retromer is important for regulating how proteins are moved from place to place to carry out their functions inside a cell. This is of interest as it has long been thought that protein trafficking pathways may be dysfunctional in Parkinson's disease, largely due to Parkinson's disease being associated with the accumulation of the protein alpha-synuclein. Like most aspects of Parkinson's disease, exactly what alpha-synuclein does is unclear, however, its accumulation and aggregation in the brain is a hallmark disease feature. Indeed, the accumulation of alpha-synuclein in Lewy bodies in brain cells is a required pathological feature for the diagnosis of Parkinson's disease. It is known that the alpha-synuclein protein spreads through the brain in a predictable pattern, transferring from brain cell to brain cell over the disease course. Sometimes the disease course is very long, sometimes it is more aggressive however, the pattern of alpha-synuclein transfer remains largely the same for all Parkinson's disease cases. What is unknown however, is how and why this protein should transfer around and accumulate in the first place.

Our Parkinson's NSW funded project measured VPS35 and other retromer proteins in post-mortem donated brain tissue from subjects with and without Parkinson's disease. We wanted to know if retromer proteins were altered and if/how this related to the accumulation of alpha-synuclein. In the substantia nigra, the most affected part of the brain in Parkinson's disease, we found an early increase in VPS35 protein, that then declined when neuronal loss was prevalent. We did not see a difference in other parts of the brain or with other retromer proteins. To see if the increased VPS35 was related to alpha-synuclein accumulation we generated a laboratory neuronal cell model with increased expression of VPS35. However, we saw no obvious effect of increased VPS35 on either alpha-synuclein uptake or accumulation in these cells. There was also no overlap between alpha-synuclein and VPS35 in our postmortem brain samples. Thus our results suggest that VPS35 may be dysregulated early on in Parkinson's disease brain, but if or how this relates to alpha-synuclein accumulation is not clear. We will continue to study this further and it would be of interest to see how the mutation variants of VPS35 which cause genetic Parkinson's disease, affect alpha-synuclein levels.
SEED GRANT

WHAT DO LIGHT, SPICE AND CUFFS HAVE IN COMMON? THEY MIGHT ALL BE WAYS TO PROTECT AGAINST PARKINSON’S DISEASE.

The purpose of this valuable seed grant from Parkinson’s NSW was to build on our research in the area of ‘neuroprotection’ – developing and trialling ways to protect the brain against conditions such as PD. For several years we have been working in animal models to develop three different treatments. First is photobiomodulation (PBM), which involves the treatment of tissue with certain wavelengths of low-intensity red-infrared light. While most studies of PBM have focussed on the effects of shining light directly on the skull, we have recently discovered that, remarkably, shining light on other tissues of the body still protects the brain. Second is consumption of the spice saffron, commonly used in Asian cuisine and shown in clinical trials to protect against retinal disease. Third is a procedure called remote ischaemic conditioning (RIC), which involves using a blood pressure cuff or tourniquet to temporarily block blood flow in an arm or leg. This intervention is gaining attention as a way to stimulate protective systems within body tissues in order to reduce damage associated with acute insults, such as heart attack or stroke.

By separately applying PBM, saffron and RIC to a mouse model of PD, we aimed to determine whether each of these treatments could protect the brain against the cell damage normally associated with PD and to better understand how each of these treatments exerts any beneficial effects. In addition, we aimed to determine whether combining two of these treatments provides stronger protective effects than either treatment alone.

We are pleased to report that all three treatments resulted in protection against brain cell death in an animal model of PD. We find this particularly exciting since all of these interventions are safe, have no known side effects, are non-invasive, are relatively cheap and could potentially be used in the comfort of a patient’s home. By improving our understanding of how these treatments work and confirming their beneficial effects in other animal models of PD, we hope that one day soon they might be ready for testing on PD patients.

OUTCOMES:

This seed grant has so far led to one manuscript currently under review and two others in preparation. It has supported the work of two Honours students (Nick Skladnev and Varshika Ganeshan – both awarded 1st Class Honours), one PhD student (Ji Yeon Kim) and one Medicine student (Boaz Kim). We extend our collective thanks to Parkinson’s NSW for facilitating this research.
**Parkinson’s disease** (PD) is the most common neurodegenerative movement disorder, affecting approximately 1% of individuals older than 60 years. Patients with PD typically have clinical manifestations of tremor, rigidity, bradykinesia and postural instability as a result of progressive loss of dopaminergic neurons in the substantia nigra. Thus, prevention of such neurodegeneration is of a great therapeutic value. Current treatment options for PD focus on symptomatic relief of motor symptoms by replacing dopamine. No current therapy halts or delays neuronal cell death. This is mainly because the cause of neurodegeneration in PD is unknown.

Mitochondria produce almost all the cellular energy required for maintaining normal cellular function and survival. Loss of mitochondrial function has been suggested as a possible cause of neurodegeneration in both sporadic and familial forms of PD. Among the causes identified in association with familial PD, Parkin (PARK2) and PINK1 (PARK6), have been shown to function in mitochondria; Parkin and PINK1 are collaboratively involved in detection and removal of dysfunctional mitochondria (i.e., mitophagy) and therefore maintain a healthy mitochondrial network.

Parkin or PINK1 is known to be the most frequent genetic cause of autosomal recessive form of PD which occurs with a high penetrance. Previously, we identified a Parkin mutation carrier who did not develop PD in her seventies despite the complete loss of Parkin, while her daughter developed a typical Parkin-associated early-onset PD. After further investigation, we discovered a Parkin-independent alternative mitophagy pathway that maintains normal mitochondrial function in compensation of the loss of Parkin in the asymptomatic mutation carrier.

In this project funded by Parkinson’s NSW, we further validated the beneficial effect of the alternative mitophagy in multiple cell lines from Parkin-related PD patients as well as PINK1-related PD patients by modulating the alternative mitophagy. Genetic and pharmacological induction of the alternative mitophagy in these patient cells restored degradation of dysfunction mitochondria, confirming its ability to restore mitophagy in compensation for Parkin/PINK1 deficiency. Moreover, reinstating mitophagy through the alternative mitophagy also improved mitochondrial energy production, demonstrating its therapeutic potential for PD associated with impaired mitophagy.

In order to enhance the efficacy of the alternative mitophagy in restoring mitochondrial function, we investigated the molecular machinery mediating the alternative mitophagy pathway by analysing several molecules. We have successfully identified a group of molecules with pathway-modulating ability and confirmed their potential to improve the action of the alternative mitophagy. Currently, we are progressing experiments to optimise the combination of these molecules to enhance improvement of mitochondrial function in patient-derived cell models including induced pluripotent stem cells.

Our findings gained through this research project successfully demonstrated the therapeutic potential of the alternative mitophagy and the associated molecular machinery, opening up a new avenue for the development of neuroprotective treatment in PD. This Parkinson’s NSW seed research grant enabled us to carry out this exciting project and we are very grateful to Parkinson’s NSW for their support.
THE SHOALHAVEN NEUROLOGICAL NURSE SERVICE

Our Neurological Nurse, Nina Cheyne continues to oversee over 400 active Parkinson’s, Parkinson’s Plus, MSA, PSP, CBD and associated Neurodegenerative patients from Kiama to North Durras. Nina has had over 120 new referrals in the last 12 months! It has been a very busy year with the help of Parkinson’s support groups acting as ears and eyes when people require an extra visit to prevent a hospital admission or just to sort out a medication issue.

Those that are supported from this service include:

- People living with a diagnosis of a Neurodegenerative condition (Parkinson’s, Parkinson’s Plus, Motor Neuron Disease, Huntington’s) in the Shoalhaven Region.
- Carers of people living with a diagnosis of a Neurodegenerative condition (Parkinson’s, Parkinson’s Plus, Motor Neuron Disease, Huntington’s) in the Shoalhaven Region.

Nina continues to work with many and varied allied health organisations and provide support as required in the local hospitals, Aged Care Homes & community service providers. She liaised with with GPs, Physiotherapists, carers, and practice nurses, Aged Care Staff, Pharmacists and Neurologists. To keep people in their homes as long as practical and to prevent inadvertent hospital admissions. Nina is looking forward to providing ongoing education to community groups and health professionals to expand the reach and knowledge across all domains.

Parkinson’s Exercise Groups with Brodie the Exercise Physiologist continue across the region in North Nowra, Manyana, and Huskisson. Dancercise with Jaye continues twice a week at Bomaderry and Huskisson. We have sensational attendance rates and donations help keep the cost low so all PWP are able to access this important regime to improve their wellbeing.

The Shoalhaven Hospital Pharmacists have been working hard to pass a medication compliance policy for PWP. It is currently in draft form and is going to be discussed at the next meeting for approval. This will assist all PWP that are admitted to hospital to be given their medications on time either via the nurse or the ability to self- medicate under this protocol. This will improve patient outcomes and likely reduce hospital length of stay. This will also empower PWP to have input into their management.
A ground-breaking awareness campaign developed by Parkinson’s NSW achieved phenomenal results in April/May 2016 by going viral on Facebook with over 7 million views and winning two prestigious international advertising awards.

The campaign was designed to raise awareness of Parkinson’s disease throughout the general public and generate media coverage. The campaign followed the journey of Andy O’Shea and his family as he underwent life-changing Deep Brain Stimulation (DBS) surgery in December 2015. The output of the campaign was a 45 second video clip that showed holes being drilled into Andy’s skull whilst he was awake. The online video was supported by an aggressive PR strategy, Facebook posts (unpaid) and video seeding to external websites.

The campaign exceeded all expectations. Below is a snapshot of the key results of the campaign:

- Over 7 million people reached by Facebook
- Two Prestigious International Awards
- 66,900 clicks on the Facebook post
- 1 million Australian viewers of the A Current Affair segment

In addition to the outstanding awareness that was raised by this campaign, we are absolutely delighted to have been awarded third place in the health and wellness category of the prestigious Cannes Lions Award and third place at the Asia Spike awards. This is the first time Parkinson’s NSW has been featured on the world stage for a world-class advertising campaign.
Developing a campaign of this magnitude would not have been possible without the support of our supporters. A big thank you to our pro-bono agency, J Walter Thompson Sydney for the campaign creative and H&K Strategies for their PR support. Thank you also to Neurosurgeon Dr Jacqueline McMasters and Neurologist Dr Neil Mahant and their medical team for allowing us to film the surgery and supporting the campaign. Thanks also to our fantastic marketing team, led by Clare Audet.

We would like to express our deep gratitude to the O’Shea family for sharing their very personal journey. The O’Shea’s have been actively involved with Parkinson’s NSW for many years and run a number of support groups and are active in raising awareness and funds for Parkinson’s NSW. We wish Andy and his family all the best for the future.
On Sunday August 30th, over 1,400 people of all ages and abilities participated in the Parkinson’s NSW Unity Walk & Run. Held at Sydney Olympic Park and Stuart Park, Wollongong, the event raised over $163,000 to improve the lives of people living with Parkinson’s. 50% of the profits goes towards the Parkinson’s NSW annual research seed grants and 50% goes towards funding the free support services provided by Parkinson’s NSW; Counselling, Support Groups, Education, Information, InfoLine and Neurological Nurses in the community.

Since its inception 8 years ago, the objectives for the event have remained the same: raising awareness, hosting an inclusive event for people with Parkinson’s and their loved ones and raising much needed funds. We are pleased to report that we achieved each of these objectives in 2015.

This year we were successful in engaging pro bono advertising support from J. Walter Thompson to create a series of engaging radio ads which were played across Sydney and Newcastle commercial stations. We also created a social media campaign on Facebook and Instagram to highlight the need for fundraising and to support our services.

The Unity Walk & Run saw the first public appearance of our new merchandise. These new items (caps, travel mugs and power banks for electronic devices) were very popular with attendees.

We would like to thank all our wonderful staff and volunteers for their enthusiasm and hard work on the day – without your help this event wouldn’t be possible.

**EVENT HIGHLIGHTS**

**Entertainment**

The audience were entertained by the wonderful Sydney Vocal Project who performed popular songs from across the decades after the walk.

**Food**

2015 saw a change to the food on offer for the day. To add more variety to the event, four food trucks delighted the tastebuds of attendees with treats ranging from American style burgers to New York style ruben sandwiches. All food vendors donated twenty percent of their profits from the day to Parkinson’s NSW.

**Family Activities**

This year, we increased our family activities which were met with great enthusiasm. For the first time ever, we hosted a children’s art tent with a colouring competition, along with a petting zoo (which proved to be popular with people of all ages).
The Parkinson’s NSW Golf Classic, presented by Cromwell Property Group was held at Monash Country Club on November 12th.

It was a beautiful day out and participants enjoyed a full day of activities for an excellent cause. The day commenced with a casual BBQ brunch before all players teed off for an Ambrose shotgun event. Throughout the day, golfers were provided with refreshments and the opportunity to win prizes at specific holes (for a donation). The event concluded with a delicious buffet dinner with entertainment provided by former Australian Test cricketer, David Sincock.

A huge thank you to our wonderful MC Mark Davis who ensured the event ran smoothly and encouraged the participants to dig deep in their wallets, bid on the auction items and support Parkinson’s NSW.

Over $23,000 profit was made from the event and this money will go towards funding the Counselling service we provide to people with Parkinson’s and their loved ones.

Thank you to all our staff, sponsors and volunteers for assisting with the event.

Presenting Sponsor
Cromwell Property Group Pty Ltd

Pebble Beach Originating Sponsor
Sydney Markets Corporation

Pebble Beach Platinum Sponsor
Harper Bernays

St Andrews Silver Sponsor
Monash Friends of Parkinson’s

Event Sponsors
Greg’s father Derek passed away in January 2014 from Parkinson’s disease. Inspired by the support that Parkinson’s NSW had offered his family, Greg decided to participate in the Mudgee Running Festival and raise funds and awareness for Parkinson’s NSW by running his first ever marathon.

“I’m fairly humbled by the support that local businesses and people we know have shown our cause,” Mr Evans said. “We started out wanting to raise $1,000 but we reached that total pretty quickly and decided to just keep on fundraising.”

Greg was joined in his endeavour by a passionate team of 38 runners who ran in various events on the day, many of whom were family and friends. “A lot of the team are family from across NSW and QLD, but there are friends as well and some people from in and around Mudgee,” Mr Evans said.

Greg and his team raised a phenomenal $7,291 and we thank him for supporting Parkinson’s NSW.

Excerpts taken from the Mudgee Guardian article and Greg Evan’s Running4Parkinsons website.

"Dad lived with PD for over 14 years and in that time his family and friends watched an active, intelligent and fit man deteriorate in health and function; It was truly heartbreaking. During this period, Parkinson’s NSW offered support through counselling and education.

Greg Evans

The fourth annual Big Ride for Parkinson’s set off on a beautiful sunny Saturday morning on 2nd April. Over 80 riders set out from Frasers Motorcycles in Sydney to the lovely town of Parkes to raise awareness of Parkinson’s disease.

2016 saw a change to the route that the riders took to get to Parkes. This year the riders stopped at Mount Panorama in Bathurst and did a lap of the world famous course.

Upon arrival in Parkes, The Commercial Hotel and The Cambridge Hotel provided dinner for the riders on the main street. Riders and locals enjoyed a performance by Angry Anderson later in the night at The Cambridge Hotel.

Excerpts taken from the Mudgee Guardian article and The Cambridge Hotel website.
On Friday September 18, Parkinson’s NSW attempted to break a Guinness World Record for the World’s Largest Core Fitness Class in Sydney’s Martin Place. The event was timed to coincide with Parkinson’s Awareness month and aimed to generate significant public awareness and gain media exposure in a fun and positive way.

With 258 people taking part in a group exercise class in the middle of Martin Place at 12.30pm, the atmosphere was energetic and positive. It was amazing to see so many people of all ages and abilities raising awareness of Parkinson’s and the positive role that exercise can play in the lives of people living with Parkinson’s.

Over 30 minutes, the passionate group of participants were lead through a class by a team of professional instructors from our event partner, The Australian Institute of Fitness.

The promotion of the event was entirely online via Parkinson’s NSW Facebook pages, a dedicated event page and sponsored Facebook ads, along with emails out to the Parkinson’s NSW database and the Australian Institute of Fitness database.

Whilst we were disappointed to have narrowly missed out on achieving the Guinness World Record, we achieved our PR and awareness goals. Below is a snapshot of the PR and awareness generated:

- Live newsfeeds on Nova radio
- Attendance by the Nova radio Casanova’s on the day
- Live interview on ABC news 24
- 80,000 people reached on the day

Special thanks to the following people for assisting with the event: Associate Professor Colleen Canning for her wonderful demonstration, James McManus of the Newcastle Knights for being the Event Ambassador, Mark Davis and Cameron Byrnes for being our MCs, Arctic Blue for providing merchandise, the staff and volunteers from The Australian Institute of Fitness.

A huge thank you to event founder Mark Atherton for organising the event this year and making it a wonderful success. We would also like to thank our sponsors for their support.

Fraser’s Motorcycles
Coates Hire
Gracelands Hotel
Ikon restaurant
Draggin Jeans
Independent Parts Custom
Ventura
SUPPORT GROUPS

Our support groups continue to provide a warm and welcoming place for people to come and share their experiences and to support one another. We currently have 68 support groups across NSW and expect that number to continue growing. Our support groups provide an opportunity for people living with Parkinson’s or those affected by Parkinson’s to share tips, experiences, mutual support and company. We aid the support groups through a support group co-ordinator and by providing resources and opportunities for support group leaders to communicate and swap notes. We have used both face-to-face meetings and teleconferencing to stay in touch with our support group leaders.

Most support groups meet monthly, often with a guest speaker on aspects of Parkinson’s or a general interest topic. Groups also enjoy social outings such as dinners, picnics and BBQs.

Throughout the year, our Support Group Coordinator travelled to meetings in metropolitan and regional areas and attended Awareness Walk’s, seminars and workshops organised by local Support Groups. New exciting initiatives are being planned for the support groups for 2017.

In addition to providing support, our groups play a vital role raising awareness of Parkinson’s in their local areas.

For information on your local Parkinson’s NSW support group please call the InfoLine. It is staffed by Parkinson’s specialist nurses and they are there to answer any Parkinson’s related query and to link you with support services. They will be able to assess which support group is best (as we have many) and point you in the right direction.

INFOLINE

InfoLine remains the first point of contact for many people living with Parkinson’s. The roles of InfoLine staff include providing information to those who are Newly Diagnosed or those with a general enquiry, education, management strategies to Health professionals, complex case management for those living at home to simply a friendly voice on the end of the phone.

Our team of health professionals assist in answering enquiries on a wide range of subjects relating to people living with Parkinson’s, their families, carers and family members and friends.

Calls are varied including complex calls, and carer support with appropriate referral options offered. InfoLine helps with providing an understanding in changes in symptoms and strategies for managing them. There are requests for information on research, medications, community services, aids and equipment, exercise groups, allied health professionals, counselling support, support group contacts and event details as well as changes in the health care system.

There has been a continued increase in health professional interaction through this service, ranging from Registered Nurses to General Practitioners. We have also seen an increase in interstate calls this year. It was shown again that we continue with an increase in the amount of health professionals referring their patients to the InfoLine.

The InfoLine team have professional qualifications including nursing and counselling. They maintain currency through professional membership and continued education.

Memberships include the International Movement Disorder Association, Australasian Neuroscience Nursing Association (ANNA), Movement Disorders Chapter, Australian College of Nursing. Education is through online courses, online seminars, and attendance of various courses and seminars throughout the year.

Each and every call is important to us.

InfoLine received over 5,500 points of contact for 2015 – 2016.
COUNSELLING

Our counselling service provided over 1,400 counselling sessions this year, either face-to-face or via telephone. This service continues to be provided at no charge to the client and is conducted at our office in North Ryde and a number of hospital clinics which has now expanded into Wolper Jewish Hospital at Woollahra. We also provide telephone counselling for those who are unable to access our office.

Counselling may encompass providing information and reassurance to help someone adjusting to a recent diagnosis or it might involve helping people develop tools and strategies to manage anxiety and depression. This service is offered not only to those people with a diagnosis of Parkinson’s but to partners, family and carers whose life is being impacted by this condition.

This service helps better understand the challenges of living with Parkinson’s and gives the reassurance of knowing that help is at hand, at different points along their journey, whenever and for as long as they need it.

The counselling provided is confidential and no information about the client is disclosed without consent. All client concerns are treated respectfully.

EDUCATION

Parkinson’s NSW provides professional education which aims to bring positive changes in professional practices, and client management including mediation management and healthcare outcomes. Along with printed education materials this highly regarded education assists to improve healthcare professionals’ awareness, knowledge, attitudes and skills.

During this year Parkinson’s NSW rolled out the booklet, “Your Client has Parkinson’s” for health care workers in the community and utilised in Aged Care Facilities in conjunction with the Nursing Care booklet for registered staff. Our education is not just focused on health care professionals, it is also focused on those with Parkinson’s, their families and the general community. Our Newly Diagnosed Program is generally run in May and October for those who have recently been diagnosed with Parkinson’s.

Our Educators were also invited to speak to Support Groups throughout the year and Education is also offered in seminars where individual certificates of attendance are provided to health professionals by Parkinson’s NSW for their proof of Continuing Professional Development and registration requirements.

The National Aged Care Training Package continued to be assessed and evaluated by the Australian Workplace Innovation and Social Research Centre. This package was to improve the continuous quality improvement of the training and to measure the longer term impact on the quality of care being provided to people with Parkinson’s in residential care.
It is with pleasure that I provide my first report as Treasurer to the members of Parkinson’s NSW, on the financial position and trading results for the year ended 30 June 2016.

Parkinson’s NSW is reporting an operating loss of $113,041. This loss can be attributed to a 2.4% reduction in total income, mainly attributable to a reduction in research and general funding, and a 17.7% increase in total expenses from prior year. The expenditure increase is mainly attributable to increased employment and general expenses.

Despite some significant external challenges and resource constraints, donations (In Memoriam, Members, Corporates and General) remained steady, contributing $370,499 in 2016. Major events (Unity Walk, Golf Day, Big Ride) continued to experience a lack of support from the community and sponsors, with income down $57,018 from 2015. A significant reduction in direct expenses across all events of 22.7% and a reduction in PR spend of $32,525 meant that profit from all events decreased by only 3.0% overall.

Despite our cash reserves falling 19.9% to $1,293,898 our cash cover remains on target at 9 months.

Our total liabilities for the year have also fallen by 12.2%. This is largely due to a reduction of research grants held in trust from prior reporting periods. Specifically, $549,193 were held at the end of the reporting period in grants, support group funds and Nurse project funds in trust or future expenditure.

The Board has also maintained our commitment in the area of grants, with $219,287 being spent. This was aided by a grant from Parkinson’s NSW Trust. We are determined to continue this commitment as demonstrated in prior years.

As previously reported in Stand By Me, the Board are in full support of strategic expansion. This includes significant growth in the neurological nurses program. This will place pressure on our financial resources and we have two initiatives to support the program including the “Partner in Parkinson’s” program and the “Capital Fundraising Program” which are both expected to drive revenue growth in FY17. In support of this growth we have appointed and welcome a Chief Financial Officer, Christopher Bowman to PNSW.

I take this opportunity to thank Phil Maundrell, the outgoing Treasurer for his continued help and assistance during this transition period. I would also like to thank June, Jennifer and Julie in the administration area of Parkinson’s NSW for the never ending hard work and assistance they have provided to me in the past year. Additionally, I would like to thank my fellow Board Members and the President for their support and assistance to myself and PNSW as a whole.

J Thompson
INCOME & EXPENDITURE STATEMENT
for the year ended 30th June, 2016

### INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>NOTE</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and grants</td>
<td>2</td>
<td>1,275,132.85</td>
<td>1,360,458.95</td>
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<tr>
<td>Subscriptions</td>
<td>3</td>
<td>36,209.06</td>
<td>36,336.36</td>
</tr>
<tr>
<td>Other income</td>
<td>4</td>
<td>120,050.65</td>
<td>36,400.77</td>
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<tr>
<td>Interest received</td>
<td></td>
<td>28,187.62</td>
<td>28,890.41</td>
</tr>
<tr>
<td>Transfers from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unity Walk</td>
<td>5</td>
<td>163,428.43</td>
<td>175,143.46</td>
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<tr>
<td>Golf Day</td>
<td>6</td>
<td>19,893.30</td>
<td>38,111.71</td>
</tr>
<tr>
<td>Big Ride 4 Parkinson’s</td>
<td>7</td>
<td>6,574.06</td>
<td>14,381.63</td>
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<tr>
<td><strong>Total income</strong></td>
<td></td>
<td><strong>1,649,475.97</strong></td>
<td><strong>1,689,723.29</strong></td>
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</table>

### EXPENSES

<table>
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<tr>
<th>Description</th>
<th>NOTE</th>
<th>2016</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Salaries and employment costs</td>
<td>8</td>
<td>882,488.41</td>
<td>783,812.94</td>
</tr>
<tr>
<td>Education, support and promotion</td>
<td>9</td>
<td>186,767.87</td>
<td>177,579.46</td>
</tr>
<tr>
<td>Nurse specialists</td>
<td></td>
<td>143,350.00</td>
<td>148,925.00</td>
</tr>
<tr>
<td>Research grants and bequest</td>
<td>10</td>
<td>353,838.73</td>
<td>235,439.35</td>
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<tr>
<td>Operating expenses</td>
<td>11</td>
<td>196,071.70</td>
<td>151,434.12</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td></td>
<td><strong>1,762,516.71</strong></td>
<td><strong>1,497,190.87</strong></td>
</tr>
<tr>
<td>Net profit (loss) attributable to the association</td>
<td></td>
<td>-113,040.74</td>
<td>192,532.42</td>
</tr>
</tbody>
</table>

### STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated funds at the beginning of financial year</td>
<td></td>
<td>1,012,547.83</td>
<td>820,015.41</td>
</tr>
<tr>
<td>Current year surplus (deficit)</td>
<td></td>
<td>-113,040.74</td>
<td>192,532.42</td>
</tr>
<tr>
<td>Accumulated funds at the end of the financial year</td>
<td></td>
<td><strong>899,507.09</strong></td>
<td><strong>1,012,547.83</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these accounts.
## CURRENT ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>NOTE</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>12</td>
<td>1,293,168.47</td>
<td>1,612,466.23</td>
</tr>
<tr>
<td>Debtors</td>
<td>13</td>
<td>16,214.85</td>
<td>27,197.89</td>
</tr>
<tr>
<td>Prepayments</td>
<td></td>
<td>14,346.60</td>
<td>16,108.14</td>
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<tr>
<td>Merchandise on hand</td>
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<td>11,881.10</td>
<td>3,919.72</td>
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<tr>
<td>GST refund</td>
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<td>11,471.92</td>
<td>2,469.47</td>
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<tr>
<td>Parkinson’s NSW Trust</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td><strong>1,347,082.94</strong></td>
<td><strong>1,662,161.45</strong></td>
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</table>

## NON-CURRENT ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>NOTE</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant and equipment</td>
<td>14</td>
<td>200,675.60</td>
<td>100,436.16</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td><strong>200,675.60</strong></td>
<td><strong>100,436.16</strong></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td><strong>1,547,758.54</strong></td>
<td><strong>1,762,597.61</strong></td>
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</table>

## CURRENT LIABILITIES

<table>
<thead>
<tr>
<th>Description</th>
<th>NOTE</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors</td>
<td>15</td>
<td>49,329.97</td>
<td>47,251.86</td>
</tr>
<tr>
<td>Employee entitlements</td>
<td></td>
<td>69,778.68</td>
<td>75,847.01</td>
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<tr>
<td>Grants received held in Trust</td>
<td>16</td>
<td>339,232.14</td>
<td>390,512.31</td>
</tr>
<tr>
<td>Money held on behalf of Support Groups</td>
<td>17</td>
<td>104,454.62</td>
<td>100,752.35</td>
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<tr>
<td>Prepaid membership fees</td>
<td></td>
<td>1,579.07</td>
<td>33,768.15</td>
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<tr>
<td>Prepaid income - Nurse Specialist</td>
<td></td>
<td>83,876.97</td>
<td>101,918.10</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td><strong>648,251.45</strong></td>
<td><strong>750,049.78</strong></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td><strong>648,251.45</strong></td>
<td><strong>750,049.78</strong></td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td><strong>899,507.09</strong></td>
<td><strong>1,012,547.83</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these accounts.
STATEMENT OF CASH FLOWS
for the year ended 30th June, 2016

CASH FLOW FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from members and sponsors</td>
<td>1,617,546.22</td>
<td>1,658,282.60</td>
</tr>
<tr>
<td>Payments to suppliers, members and employees</td>
<td>-1,835,583.96</td>
<td>-1,397,063.40</td>
</tr>
<tr>
<td>Interest received</td>
<td>28,187.62</td>
<td>28,890.41</td>
</tr>
<tr>
<td>Net cash provided by (used in) operating activities</td>
<td>-189,850.12</td>
<td>290,109.61</td>
</tr>
</tbody>
</table>

CASH FLOW FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment for plant and equipment</td>
<td>-129,447.64</td>
<td>-26,217.01</td>
</tr>
<tr>
<td>Net cash provided by (used in) investing activities</td>
<td>-129,447.64</td>
<td>-26,217.01</td>
</tr>
<tr>
<td>Net increase (decrease) in cash held</td>
<td>-319,297.76</td>
<td>263,892.60</td>
</tr>
<tr>
<td>Cash at the beginning of financial year</td>
<td>1,612,466.23</td>
<td>1,348,573.63</td>
</tr>
<tr>
<td>Cash at the end of financial year</td>
<td>1,293,168.47</td>
<td>1,612,466.23</td>
</tr>
</tbody>
</table>

NOTES TO THE FINANCIAL STATEMENTS
for the year ended 30th June, 2016

Note 1: Statement of significant accounting policies
The financial report is for Parkinson’s NSW Inc.

Basis of Preparation
The financial report is a general purpose financial report that has been prepared as permitted in accordance with the Associations Incorporations Act 2009 and particularly Class Order 11/01 concerning Tier 1 Associations published in the Government Gazette on 3rd June, 2011.

The financial report has been prepared on an accruals basis and is based on historical costs modified, where applicable, by the revaluation of selected non-current assets, financial assets and financial liabilities.

This report does not include the assets and liabilities or results of operations of Parkinson’s NSW Trust because the management of Parkinson’s NSW Inc doesn’t control the management of the trust. Bequests of $132,687.26 (2015 - $0) were transferred to the Trust during the year.

Accounting Policies
(a) Income Tax
The association is exempt from income tax pursuant to section 50-10 of the Income Tax Assessment Act 1997.

(b) Plant and Equipment
Each class of plant and equipment is carried at cost or fair value less, where applicable, any amount of accumulated depreciation and impairment losses.

The asset’s residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date. An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(c) Employee Benefits
Provision is made for the association’s liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the net present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the association to employee’s superannuation funds and are charged as expenses when incurred.

(d) Cash and Cash Equivalents
Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are netted off against current assets.

(e) Revenue
Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Grant revenue is recognised in the income statement when the association obtains control of the grant and it is probable that the
economic benefits from the grant will flow to the association and the amount of the grant can be reliably measured. If conditions are attached to the grant that must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Where the association receives non-reciprocal contributions of assets from the government and other parties for zero or nominal value, these assets are recognised at fair value on the date of acquisition in balance sheet, with a corresponding amount of income recognised in the income statement.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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

(f) Goods and Services Tax

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

(g) Impairment of Assets

At each reporting date the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset’s fair value less costs to sell and value in use, is compared to the asset’s carrying value. Any excess of the asset’s carrying value over its recoverable amount is expensed to the Income Statement.

When future economic benefits of the asset are not primarily dependent upon the assets ability to generate net cash inflows and when the association would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the association estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation reserve in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation reserve for that same class of asset.

(h) Comparative Figures

Where necessary and in accordance with the Accounting Standards, comparatives have been reclassified and repositioned for consistency with current year disclosures.

(i) Provisions

Provisions are recognised when the group has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

(j) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the association becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified as ‘at fair value through profit and loss’ in which case transaction costs are expensed to profit and loss immediately.

(k) Unexpended Grants

The association receives grant monies to fund programs either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the association to treat grant monies as unexpended grants in the balance sheet where the association is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed. Unexpended grants are also recognised where the funding agreement stipulates amounts at year end are repayable to the funding provider and the association loses control of such funds. Refer to Note 18 for financial impact.

(l) Contributions

The association receives non-reciprocal contributions from other parties for no or nominal value. These contributions are recognised at the fair value on the date of acquisition upon which time an asset is taken up in the balance sheet and revenue in the income statement.

(m) Economic Dependence

The association is dependent on donations and grants for the majority of its revenue to operate its activities. At the date of this report, the executive have no reason to believe the donations and grants will not continue to support the association.

(n) Critical accounting estimates and judgments

The Executive evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.
## Notes to the Financial Statements

### Note 2: Donations and Grants

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>In memoriam</td>
<td>47,390.91</td>
<td>51,449.62</td>
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<tr>
<td>Support groups</td>
<td>12,334.93</td>
<td>14,154.05</td>
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<tr>
<td>Williams estates</td>
<td>140,000.00</td>
<td>140,000.00</td>
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<tr>
<td>Members</td>
<td>17,631.15</td>
<td>17,094.00</td>
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<tr>
<td>Corporate</td>
<td>17,100.00</td>
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<tr>
<td>Research</td>
<td>37,914.40</td>
<td>86,614.12</td>
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<tr>
<td>General</td>
<td>288,377.18</td>
<td>312,394.67</td>
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<tr>
<td>Bequests</td>
<td>328,593.84</td>
<td>335,259.11</td>
</tr>
<tr>
<td>Nurse specialist (Refer to Note 18)</td>
<td>120,362.44</td>
<td>187,158.38</td>
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<tr>
<td>General</td>
<td>45,428.00</td>
<td>16,335.00</td>
</tr>
<tr>
<td>PNSW Trust</td>
<td>220,000.00</td>
<td>200,000.00</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,275,132.85</strong></td>
<td><strong>1,360,458.95</strong></td>
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### Note 3: Subscriptions

<table>
<thead>
<tr>
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<th>2015</th>
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<tbody>
<tr>
<td>Life membership</td>
<td>6,013.63</td>
<td>6,999.99</td>
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<tr>
<td>Renewals</td>
<td>29,922.71</td>
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<tr>
<td>Association membership</td>
<td>272.72</td>
<td>272.72</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>36,209.06</strong></td>
<td><strong>36,336.36</strong></td>
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</table>

### Note 4: Other Income

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sale of merchandise</td>
<td>4,833.55</td>
<td>19,887.72</td>
</tr>
<tr>
<td><strong>Less: Cost of Goods Sold</strong></td>
<td><strong>-5,609.57</strong></td>
<td><strong>-11,444.86</strong></td>
</tr>
<tr>
<td>Gross Profit (Loss) from Merchandise</td>
<td>-776.02</td>
<td>8,242.86</td>
</tr>
<tr>
<td>Seminar fees</td>
<td>3,081.82</td>
<td>11,609.09</td>
</tr>
<tr>
<td>Education</td>
<td>-236.99</td>
<td>536.99</td>
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<tr>
<td>Other income</td>
<td>114,678.21</td>
<td>9,359.55</td>
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<tr>
<td>Parkinson</td>
<td>2,815.00</td>
<td>2,500.00</td>
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<tr>
<td>Newsletter</td>
<td>488.63</td>
<td>1,652.28</td>
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<tr>
<td>Fundraising General</td>
<td>0.00</td>
<td>2,500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120,050.65</strong></td>
<td><strong>36,400.77</strong></td>
</tr>
</tbody>
</table>

### Note 5: Unity Walk Account

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrations</td>
<td>47,131.34</td>
<td>93,475.14</td>
</tr>
<tr>
<td>Donations</td>
<td>116,282.60</td>
<td>132,195.29</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>48,713.60</td>
<td>8,649.80</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>212,127.54</td>
<td>234,320.23</td>
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<tr>
<td><strong>Less expenses</strong></td>
<td><strong>-48,699.11</strong></td>
<td><strong>-59,176.77</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>163,428.43</strong></td>
<td><strong>175,143.46</strong></td>
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</tbody>
</table>

### Note 6: Golf Day Account

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and sponsorship</td>
<td>32,050.91</td>
<td>42,912.59</td>
</tr>
<tr>
<td>Registrations</td>
<td>5,306.03</td>
<td>15,533.58</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>37,356.94</td>
<td>58,446.17</td>
</tr>
<tr>
<td><strong>Less expenses</strong></td>
<td><strong>-17,463.64</strong></td>
<td><strong>-20,334.46</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>19,893.30</strong></td>
<td><strong>38,111.71</strong></td>
</tr>
</tbody>
</table>

### Note 7: Big Ride 4 Parkinson’s

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and sponsorship</td>
<td>6,076.88</td>
<td>19,813.10</td>
</tr>
<tr>
<td>Registrations</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>6,076.88</td>
<td>19,813.10</td>
</tr>
<tr>
<td><strong>Less expenses</strong></td>
<td><strong>497.18</strong></td>
<td><strong>-5,431.47</strong></td>
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<tr>
<td><strong>Net Income</strong></td>
<td><strong>6,574.06</strong></td>
<td><strong>14,381.63</strong></td>
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</table>

### Note 8: Salaries and Employment Costs

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages and salaries</td>
<td>775,609.39</td>
<td>694,267.96</td>
</tr>
<tr>
<td>Fringe Benefits Allowance</td>
<td>181,917.51</td>
<td>172,528.57</td>
</tr>
<tr>
<td>Superannuation contributions</td>
<td>106,632.50</td>
<td>108,011.90</td>
</tr>
<tr>
<td>Leave accruals</td>
<td>-6,068.33</td>
<td>-1,939.90</td>
</tr>
<tr>
<td>Consultant and temporary staff</td>
<td>8,622.83</td>
<td>0.00</td>
</tr>
<tr>
<td>Professional development</td>
<td>0.00</td>
<td>181.82</td>
</tr>
<tr>
<td>Staff training</td>
<td>90.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Recruitment</td>
<td>983.06</td>
<td>1,779.09</td>
</tr>
<tr>
<td>Contractor - Nurses</td>
<td>0.00</td>
<td>25,897.16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,067,786.96</td>
<td>1,000,726.60</td>
</tr>
<tr>
<td><strong>Less: Recoveries on grants</strong></td>
<td><strong>-41,948.55</strong></td>
<td><strong>-67,988.66</strong></td>
</tr>
<tr>
<td><strong>Net Income</strong></td>
<td><strong>1,025,838.41</strong></td>
<td><strong>932,737.94</strong></td>
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</table>
### Note 9: Support, education and promotion

<table>
<thead>
<tr>
<th>Service costs</th>
<th>2016</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Counselling expenses</td>
<td>0.00</td>
<td>24.66</td>
</tr>
<tr>
<td>Member and volunteer activities</td>
<td>16,359.89</td>
<td>14,713.40</td>
</tr>
<tr>
<td>Support groups</td>
<td>20,121.88</td>
<td>4,538.24</td>
</tr>
<tr>
<td>Education expenses</td>
<td>4,572.16</td>
<td>10,872.01</td>
</tr>
<tr>
<td>General awareness expenses</td>
<td>60,515.88</td>
<td>29,363.60</td>
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<tr>
<td>Public relations and fundraising</td>
<td>19,193.14</td>
<td>51,728.63</td>
</tr>
<tr>
<td>Publications and resources</td>
<td>9,931.66</td>
<td>4,255.67</td>
</tr>
<tr>
<td>Grants</td>
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</tr>
<tr>
<td>Parkinson’s Australia</td>
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<td>53,123.99</td>
</tr>
<tr>
<td>Political strategy</td>
<td>1,726.27</td>
<td>414.91</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>186,767.87</td>
<td>177,579.46</td>
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</table>

### Note 10: Research Grants and Bequest Expenses

<table>
<thead>
<tr>
<th>Bequest expense</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research expense</td>
<td>219,287.35</td>
<td>231,244.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>353,838.73</td>
<td>235,439.35</td>
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</table>

### Note 11: Operating Expenses

<table>
<thead>
<tr>
<th>Accounting fees</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees to auditor for -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>auditing</td>
<td>4,830.00</td>
<td>4,685.00</td>
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<tr>
<td>other services</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>Depreciation</td>
<td>29,208.20</td>
<td>21,427.18</td>
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<tr>
<td>Travel and accommodation - Meetings</td>
<td>14,405.77</td>
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<tr>
<td>Telephone and communications</td>
<td>15,568.42</td>
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<tr>
<td>Internet expense</td>
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<tr>
<td>Insurance</td>
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<td>Office expenses</td>
<td>35,362.23</td>
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<tr>
<td>Postage</td>
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<tr>
<td>Printing</td>
<td>1,353.62</td>
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<tr>
<td>Rent</td>
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<tr>
<td>Repairs and maintenance</td>
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<tr>
<td>Staff amenities and meetings</td>
<td>3,475.29</td>
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<tr>
<td>Membership and subscriptions</td>
<td>8,255.64</td>
<td>6,914.81</td>
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<tr>
<td>Stationery</td>
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<tr>
<td>Legal expenses</td>
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<tr>
<td>Restructure</td>
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<td>1,136.00</td>
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<tr>
<td>Moving Expenses</td>
<td>17,439.52</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>196,071.70</td>
<td>151,434.12</td>
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</table>

### Note 12: Cash Assets

<table>
<thead>
<tr>
<th>Commonwealth Bank of Australia</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bendigo Bank trading account</td>
<td>1,192,299.26</td>
<td>1,549,725.39</td>
</tr>
<tr>
<td>Bendigo Bank - Commonwealth Grant</td>
<td>1,018.77</td>
<td>10.97</td>
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<tr>
<td>Cash on hand</td>
<td>400.00</td>
<td>400.00</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,293,168.47</td>
<td>1,612,466.23</td>
</tr>
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### Note 13: Debtors

<table>
<thead>
<tr>
<th>Unity Walk sponsorship</th>
<th>2016</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>14,552.80</td>
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<tr>
<td>Sundry debtors</td>
<td>1,662.05</td>
<td>2,242.70</td>
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<tr>
<td><strong>Total</strong></td>
<td>16,214.85</td>
<td>27,197.89</td>
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### Note 14: Plant and Equipment

<table>
<thead>
<tr>
<th></th>
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<th>2015</th>
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<tbody>
<tr>
<td>Office Equipment</td>
<td>411,420.98</td>
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<tr>
<td>Less: Accumulated depreciation</td>
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<td></td>
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### Note 15: Creditors

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Bendigo Bank Credit Card</td>
<td>231.28</td>
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<td>Creditors</td>
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<td>Government Paid Parental Leave</td>
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<tr>
<td>Accruals</td>
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<td>25,488.00</td>
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<tr>
<td>PAYG Withholding Payable</td>
<td>10,743.00</td>
<td>10,697.00</td>
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<tr>
<td>Superannuation Payable</td>
<td>-15,200.90</td>
<td>0.00</td>
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<tr>
<td></td>
<td>49,329.97</td>
<td>47,251.86</td>
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</table>

### Note 16: Grants Held In Trusts

<table>
<thead>
<tr>
<th></th>
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<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Mid Nth Coast Neuro Nurse</td>
<td>106,887.71</td>
<td>96,887.70</td>
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<tr>
<td>The Wellness Program</td>
<td>9,960.95</td>
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<tr>
<td>Dance for Parkinsons</td>
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<td>33,872.60</td>
</tr>
<tr>
<td>Australian Chinese Foundation</td>
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<tr>
<td>Tom Burns Trust for PD Nurses</td>
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<td>29,689.80</td>
</tr>
<tr>
<td>Cromwell Grant</td>
<td>0.00</td>
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<td>CDSE Grants</td>
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<td>Young Men’s Network</td>
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<td>Bondi Lions Club</td>
<td>2,417.10</td>
<td>4,917.10</td>
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<tr>
<td>Punchin Parkos</td>
<td>11,598.05</td>
<td>1,857.98</td>
</tr>
<tr>
<td>HACC Training</td>
<td>2,000.00</td>
<td>18,531.27</td>
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<tr>
<td>Orange Neuro Nurse</td>
<td>16,394.68</td>
<td>9,624.12</td>
</tr>
<tr>
<td>Wolper Hospital</td>
<td>2,500.00</td>
<td>2,500.00</td>
</tr>
<tr>
<td>Art 4 Parkinson’s</td>
<td>8,553.36</td>
<td>11,245.84</td>
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<tr>
<td>Grant for Education in NH</td>
<td>50,100.20</td>
<td>50,100.20</td>
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<tr>
<td></td>
<td>339,232.14</td>
<td>390,512.31</td>
</tr>
</tbody>
</table>

### Note 17: Money held on behalf of Support Groups

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown Support Group</td>
<td>22,014.19</td>
<td>22,014.19</td>
</tr>
<tr>
<td>Coffs Harbour Nurses Fund Support Group</td>
<td>11,302.46</td>
<td>7,921.46</td>
</tr>
<tr>
<td>Goulburn Nurses Fund</td>
<td>26,538.60</td>
<td>24,458.60</td>
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<tr>
<td>Hornsby Support Group Nurses</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Coffs Harbour Support Group - Operating Exp</td>
<td>2,150.00</td>
<td>2,150.00</td>
</tr>
<tr>
<td>Maroubra - S.G. In Trust</td>
<td>276.00</td>
<td>276.00</td>
</tr>
<tr>
<td>Eurobodalla</td>
<td>1,771.27</td>
<td>3,580.00</td>
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<tr>
<td>Port Macquarie Support Group</td>
<td>19,402.10</td>
<td>19,352.10</td>
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<tr>
<td>Illawarra Region Support Group Nurses Fund</td>
<td>14,500.00</td>
<td>14,500.00</td>
</tr>
<tr>
<td>Together Funding re Support Group</td>
<td>1,500.00</td>
<td>1,500.00</td>
</tr>
<tr>
<td></td>
<td>104,454.62</td>
<td>100,752.35</td>
</tr>
</tbody>
</table>
### Note 18: Unexpended Grants - Nursing Funds in NSW

#### 2016

**Income Statement 2016**

<table>
<thead>
<tr>
<th></th>
<th>Coffs Harbour</th>
<th>Mid-North Coast</th>
<th>Goulburn</th>
<th>Shoalhaven</th>
<th>Illawarra</th>
<th>Orange</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment expenses</td>
<td>50,000</td>
<td></td>
<td>105,835</td>
<td>21,969</td>
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<td></td>
<td>177,804</td>
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<td>Travel/Telephone expenses</td>
<td>1,361</td>
<td></td>
<td></td>
<td>2,261</td>
<td></td>
<td></td>
<td>3,621</td>
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<tr>
<td>Training</td>
<td></td>
<td></td>
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<td>Computer expenses</td>
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<td>0</td>
</tr>
<tr>
<td>Stationery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Administration fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Motor vehicle</td>
<td></td>
<td></td>
<td>7,069</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>0</td>
<td>50,000</td>
<td>0</td>
<td>114,264</td>
<td>0</td>
<td>24,229</td>
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<tr>
<td>Income taken to account</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>105,835</td>
<td>0</td>
<td>14,528</td>
<td>120,362</td>
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</table>

**Funding Statement**

<table>
<thead>
<tr>
<th></th>
<th>Coffs Harbour</th>
<th>Mid-North Coast</th>
<th>Goulburn</th>
<th>Shoalhaven</th>
<th>Illawarra</th>
<th>Orange</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>7,921</td>
<td>96,888</td>
<td>24,459</td>
<td>104,370</td>
<td>14,500</td>
<td>9,624</td>
<td>257,762</td>
</tr>
<tr>
<td>Funds received</td>
<td>3,381</td>
<td>60,000</td>
<td>2,080</td>
<td>94,500</td>
<td>31,000</td>
<td>190,961</td>
<td></td>
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<tr>
<td>Expenses</td>
<td>-528</td>
<td>-50,000</td>
<td>-114,264</td>
<td>0</td>
<td>-24,229</td>
<td>-188,493</td>
<td></td>
</tr>
<tr>
<td>Closing balance</td>
<td>11,302</td>
<td>106,888</td>
<td>26,539</td>
<td>84,606</td>
<td>14,500</td>
<td>16,395</td>
<td>260,230</td>
</tr>
</tbody>
</table>

#### 2015

**Income Statement 2015**

<table>
<thead>
<tr>
<th></th>
<th>Coffs Harbour</th>
<th>Mid-North Coast</th>
<th>Goulburn</th>
<th>Shoalhaven</th>
<th>Illawarra</th>
<th>Orange</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment expenses</td>
<td>25,000</td>
<td></td>
<td>135,883</td>
<td>23,580</td>
<td></td>
<td></td>
<td>184,463</td>
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<tr>
<td>Travel/Telephone expenses</td>
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<tr>
<td>Training</td>
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<td></td>
<td></td>
<td></td>
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<td>Computer expenses</td>
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<td>Administration fee</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,613</td>
</tr>
<tr>
<td>Motor vehicle</td>
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<td></td>
<td>22,760</td>
<td></td>
<td></td>
<td></td>
<td>22,760</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>528</td>
<td>26,178</td>
<td>0</td>
<td>164,763</td>
<td>0</td>
<td>29,992</td>
<td>221,461</td>
</tr>
<tr>
<td>Income taken to account</td>
<td>0</td>
<td>25,897</td>
<td>0</td>
<td>135,883</td>
<td>0</td>
<td>25,378</td>
<td>187,158</td>
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</table>

**Funding Statement**

<table>
<thead>
<tr>
<th></th>
<th>Coffs Harbour</th>
<th>Mid-North Coast</th>
<th>Goulburn</th>
<th>Shoalhaven</th>
<th>Illawarra</th>
<th>Orange</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>5,815</td>
<td>61,202</td>
<td>23,959</td>
<td>194,993</td>
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<td>11,116</td>
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<tr>
<td>Funds received</td>
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<td>61,864</td>
<td>500</td>
<td>74,140</td>
<td>14,500</td>
<td>28,500</td>
<td>182,139</td>
</tr>
<tr>
<td>Expenses</td>
<td>-528</td>
<td>-26,178</td>
<td>0</td>
<td>-164,763</td>
<td>0</td>
<td>-29,992</td>
<td>-221,461</td>
</tr>
<tr>
<td>Closing balance</td>
<td>7,921</td>
<td>96,888</td>
<td>24,459</td>
<td>104,370</td>
<td>14,500</td>
<td>9,624</td>
<td>257,762</td>
</tr>
</tbody>
</table>
EXECUTIVE COMMITTEE REPORT
for the year ended 30th June, 2016

Your executive committee present their report on Parkinson’s NSW Inc for the financial year ended 30th June, 2016.

Executives
The names of each person who has been an executive office holder since the last annual general meetings are:
Andrew Whitton (President)
Malcolm Irving (Vice President)
Jaimee Thompson (Treasurer)
Lawrie Gray (Secretary)
Phillip Maundrell (Chief Executive Officer)

Council Members
Rodney Chaplin
Chris Davis
Kay Double
Colin Hall
Vera Heil
Lloyd Rothwell
Ramy Soussou
David Reid Veness
Bryce Vissel

Principal activities
The principal activity of the association during the year was to make a positive contribution to the provision of treatment and professional support services for people with Parkinson’s disease, as well as provide in-service training and education for health professionals.

Operating result
For the association, the loss from ordinary activities was $113,041 (last year: profit $192,532).

Review of operations
The association operated on a consistent basis to previous years in the conduct of the principal activities noted in this report. The results of operations are as disclosed in the financial report.

Significant changes in state of affairs
There has been no significant change in the state of the affairs of the association.

Events after balance sheet date
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or state of affairs of the association in future financial years.

Future developments
The association will continue to make positive contributions for the provision of treatment and professional support services for people with Parkinson’s disease and provide in-service training and education.

Environmental issues
The association’s operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth or State.
Options

The association is limited by guarantee and as such, no options over issued shares or interests in the association were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

Indemnification of Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the association. The association has paid premiums to insure each of the executives against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of executives of the association, other than conduct involving a willful breach of duty in relation to the association.

Proceedings on behalf of association

No person has applied for leave of Court to bring proceedings on behalf of the association or intervene in any proceedings, which the association is party for the purpose of taking responsibility on behalf of the association for all or part of those proceedings. The association was not party to any such proceedings during the year.

Executive officers’ emoluments

All positions on the executive are honorary except for the Chief Executive Officer. No executive, in their capacity as an executive has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the association or a related body corporate with the director, a firm of which a director is a member or an entity in which a director has a substantial financial interest.

Auditors independence declaration

A copy of the auditor's independence declaration is attached and forms part of the Executives’ report.

Signed in accordance with a resolution of the Executives,

Phillip Maundrell
Chief Executive Officer                           Council Member
14/10/2016                                  14/10/2016

EXECUTIVES DECLARATION

The executives of the association declare that:

1. the financial statements and notes are in accordance with the Associations Incorporations Act 2009 and:
   (a) comply with Accounting Standards and the Corporations Regulations; and
   (b) give a true and fair view of the association’s financial position as at 30th June, 2016 and of its performance for the year ended on that date;

2. in the executives’ opinion, there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Executive Committee.

Phillip Maundrell
Chief Executive Officer                           Council Member
14/10/2016                                  14/10/2016
Parkinson’s NSW Inc.
ABN 93 023 603 545

Lead auditor’s independence declaration under the Associations Incorporations Act of New South Wales.

To the Executives of Parkinson’s NSW Inc.

I declare that, to the best of my knowledge and belief, during the year ended 30th June 2016 there have been no contraventions of:

i. the auditor independence requirements as set out in the said Act in relation to the audit; and

ii. any applicable code of professional conduct in relation to the audit.

[Signature]

Bruce Frost CA ANZ
Frost Crane & Co
Carlingford NSW
Registered Company Auditor
13 October 2016
Parkinson's NSW Inc.
ABN 93 023 603 545
Independent Auditor's Report

Scope
We have audited the attached financial reports, being general purpose financial reports for Parkinson's NSW Inc., comprising the Detailed Statement of Financial Position as at 30th June 2016, Income and Expenditure Statement, Statement of Changes in Equity, and Statement of Cash Flow for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by members of the Management Committee.

The financial statements have been prepared for the purpose of fulfilling the requirements of the Associations Incorporation Act 2009 of New South Wales. The Council is responsible for the financial report and has determined that the accounting policies used are appropriate to meet the requirements of the said Act and are appropriate to meet the needs of the members.

We have conducted an independent audit of this financial report in order to express an opinion on it to the members of Parkinson's NSW Inc. No opinion is expressed as to whether the accounting policies used are appropriate to meet the needs of the members. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

The Committee of the association are responsible for the preparation and fair presentation of the financial report and the information contained therein in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commission Act 2012, the Not-for-profits Commission Regulation 2013 and the Associations Incorporation Act 2009. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility.
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial report 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 the Committee, as well as evaluating the overall presentation of the financial report.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the basis of accounting decided by the Committee, so as to present a view which is consistent with our understanding of the association’s financial position, and of its performance.

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

Independence
In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 and Not-for-profits Commission Regulation 2013.

Auditor’s Opinion
In our opinion the financial report of Parkinson’s NSW Inc. has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and Not-for-profits Commission Regulation 2013, including:

i. giving a true and fair view of the company’s financial position as at 30th June, 2016 and of its performance for the year ended on that date; and

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

Emphasis of Matter
As disclosed in Note 1 these Financial Statements do not include the affairs of Parkinson’s NSW Trust. Separate audited Financial Statements are prepared for the Trust.

Bruce Frost CA ANZ
Frost Crane & Co
Registered Company Auditor
14 October 2016
DONATIONS

Aliya Abdullah
Graham Aboody
Robyn Adams
Steve Adams
Desmond Adcock
A Adler
Gladys Agius
Pam Allman
Sam & Grace Albanese
Bruce Alexander
Maria Alexiou
Edward Allard
Lynette Allen
Andrew Allsopp
Kathleen & Warren Almond
James Alvin
Trygve (Tryg) Amundsen
Anita Anderson
B Anderson
Robert Anderson
Joanne Annis-Brown
Anonymous
Hugh Ansell
Audrey Anstee
Dennis & Lesley Archibald
Paula Ardino
Elizabeth Armstrong
Jan & Shirley Armstrong
Martin L Ash
Heather Ashley
Warren Ashley
Robert Ashon
Dorothy Askin
Barbara Aspinall
Gary Austin
Connie Azzopardi
Richard Babb
John Bruce Baigent
Jackie Bailey
Rosemary Bailey
Brian Baker
Leona Baker
Ted Baldwin
Eileen Barnford
Barbara Banks
Norma Rae Barker
Paula Barker
Noreen Barnes
Rob Barnwell
Kevin Barry
Christine Bartlett
Thomas Bartlett
Jan Bartlett
Frank Barton
Igor Baryshev
Rowan Batch
Fiona Batchelor
Leslie Battle
Peter Bauman
Alan Beasley
Mr C & Mrs Joanne Beaumont
Earle (Harold) Beaumont
Clare Beckingham
Ken Beenie
Ivan Begonja
Graham Bellette
Pat Bellingham
Cellina Berasli
Don Bennett
Lynn Bennett
Olive Bennett
Irving Benton
David Berman
Gillian Bersten
Usha Bhalla
Margaret Bible
Mark Bible
Stephen Bible
Eric Biddle
Wendy Bieder
Hopper Bilton
Dorne Biscaya
Judith Bishop
Julie Bishop
Louise Black
David Blacklock
Nancy Blanshard
Lindsay Blaxland
Jan & Robin Bligh
Kevin Blume
Jo Boccamazzo
Serge Bodlander
Brian Bolland
Margaret Bouffler
Derek Boul
Andreas Bourdoulous
Paul Bourke
Charlene Bower
Gregory Bowerman
Simone Bowskil
Robert & Lyn Boyd
Teddy Bradley
Jennifer Brady
Janette Bray
L Breeze
Karen Bridge
Dahlia Brigham
Barbara Brissett
Ken Broadbent
Judy Brooks
Gwyn Brown
Lurnie Brown
Martha Brown OAM
Robin Brown
Carol Ann Browne
Wesley Browne
Hermione Browning
Ray Browning
Judith M Bryant
Glenn Bucknell
Stuart Bucknell
Wally Budd
Charles Buhagiar
Howard Bullock
Helen Bultitude
Elizabeth Burgess
Roslyn Burgess
Karen Burgoyne
Fred Burke
Stephen Burman
James Burn
June Burns
Bob & Valerie Burridge
Carolyn Burrows
Julie Burrows
Gregory Burton SC
Yvonne Burton
John & Norma Byles
Bruce Byrn
Noeline Pamela Cable
Amy Caldwell
Alan Cameron
John Cameron
Marie Cameron
Ronald Cameron
Glenn Campbell
Robert Campbell
Beth Card
Maria Caridi
Rev & Mrs Diana Carman
Jane Carroll
John & Lesley Carroll
Peter Carroll
Alex Carson
Bill Carter
William Carter
Lee Casey
Robert & Jennifer Catt
Guy Centrone
Rosalie Chaloner
Lawrence Champsness
Ronald Chandler
John Chapman
Joy Chariton
Kushal Chaudhri
Ruth Cheers
Ahmad Chehade
K Chen
TK Chen & Family
Mr & Mrs W Chen
Cecilia Chiu
Samuel Chu
John Civitarese
Paul Clapson
Christine Clark
Gary E Clarke
Erica Clarke
Frank Clarke
James Clarke
Paul & Roslyn Clarke
Rhonda Clarke
Stacey Clarke
John Clifford
Bettine Coates
Daphne Cohen
Anthony Cohen
Leone & Sunnai Cohen
Antonio Colantropo
Les Colebrook
Dianne Colee
Dick Collingridge
Judith Collins
Joanne Colquhoun
Bridget Connolly
E & J Connor
Paul Conroy
Judith Cook
Michelle Cooper
Vivianne Cooper
Robert Coote
Steve Corbett
Colleen Cotter
Betty Coulton
Trudi Count
Margaret Couzens
Margaret Cowie
Kim Cox
Suzanne Cox
Enid Craigie
Glen Crane
Mina Crisp
Sharyn Crockett
A Crones
Dorothy Croswell
Ian Crystal
Mark Culbert
Gina Culver
Jan Cumming
Robin & Margaret Cummins
Barbara Cuthbert
Mona Dalziel
Frank & Jim Damiano
Annette Daniel
Keith Daniel
Andy Davey
Margarit Davey
Joan Davidson
Bruce Davidson
Elaine Davidson
Deanna Davies
Helen Davies
Ivor Davies
Janet Davies
Chris Davis
Edda Davis
Matt Davis
Marline Davis
Graham Dawkins
Angelo De Felice
Sheridan de Gruiter
Marie de Lepervanche
Vicki U/D
Doreen Dean
Trish Dean
Warwick Dennett
John Dent
Judy Desmarchelier
Helen Dewhurst
John Dickinson
John Dietzsch
Sivana Dimech-Conti
Judy Dion
Noel Divall
Miriam Dixon
Kathy Dobinson
DONATIONS

Rocco Dominici
Bill Donaldson
Margaret Donnellan
Frances Dooley
Ronald Dorrian
Alan Doughton
Arthur C Doughty
Tony Douglas
Kevin Douglass
JB Duffy
Florence Dunn
John Dunn
Joy Dunn
Pat Dyball
Bruce Eaton
Bob Eckstein
Juliana S Edwards
Robert Edwards
Noel Egan
Catherine Eggins
Herman Eisenberg
Robin Elverson
Cecilie Elliott
Ian & Yvonne Ellis
Robyn Ellis
Barry Elson
Kathy Elton
WF Elton
Russell Endicott
Shelley English
Thomas English
Ernie Erba
Erika Evans
Greg Evans
Robert Evans
Val Evans
John Dudley Eve
Donald L Evans
Alexander Ewing
Edward Fackrell
Jim Fanning
Tatiana Faroukhians
M Fayn
Maureen Fearnside
Errol Feebrey
Hongming Fei
Kathleen Fenlon
John Ferguson
Ralph Ferrone
Andreas Fiedler
Alvise (Buzz) Filippi
Anthony Fillbrook
Elizabeth Findlay
David Fisher
Judith Fitzhardinge
Ian Fitzpatrick
Pam Fitzroy
John Flood
Vicki Fontana
Gabrielle Foot
Margaret Foot
Marjorie Foot
Stuart Forbes
Jessica Formby
Bettyann Forster
Christine Forsyth
Mr & Mrs Cameron Foster
Jordan Fotoras
Elizabeth Fountain
Stephen France
Albert Franks
Lynley Frew
Julia Fry
LD & NHM Fry
P Fuller
Dennis Furini
Jill Gaffaney
Margaret Gaffney
Michael Galtbrath
JJ Gallagher
Galston Financial Services Ltd
Alan Gardiner
Murray Garnock
Robert Genner
Mr & Mrs Carlo Genova
Thollairathil & Elsa George
Nicholas Georgeopoulos
Peter Giaprakas
Dennis Gibbons
Judith Anne Gibbs
Jayne E Gibson
Bronwyn Gilbert
Elaine Gilbert
Paul Gilbert
Ken Gilmore
Charles Giuttari
Marion Gledhill
Maureen DA Gleeson
Rosalie (Nan) Godwin
Wendy Goffet
Pamela Gordon
AM & GM Gosling
Virginia Gould
Jacqueline Gouldson
David & Jane Gow
Jennifer Graham
Geoffrey Gray
Lawrence Gray
Sue Graykowski
Helen Grebert
David Greco
David Green
Maurice Green
Robert Green
Robert Green
Anne-Louise Greenland
Graeme Greenwood
Gordon Gregory
Nicki Griffin
Evelyn Griffith
Kendall B Griffiths
Molly Griffiths
Heather Grimmett
Brian John Grimmond
J & P Grimshaw
Julie A Grimshaw
Raymond Groves
Nancy Guildbrandsen
Y Gum King
David Gummock
Pru Gundelach
Dasia Gutman
Denis Hackett
Alisa Haacke
Isla Hains
Colin Hall
Michael Hall
Sandra Hall
Michael Hamar
Wal Hambly
Piet Hamersma
Cheryl Hamilton
Fintan Hamilton
Olivia Hammond
Geoffrey Hamper
Hedy Handsuriya
Sylvia Hansen
John Harding-Smith
Veronica Hargreaves
Nick Harkness
Kathryn Harle
Robert Harris
Yvonne Harris
Geoffrey & Cherie Harrison
Marlyn Harry
CM Harth
Juanita Hattersley
Mitchell Hawes
Phillip Hawke
Narelle Hawkes
Kel & Jill Healy
Elizabeth M Heaney
Malcolm Heath
Joyce Hedlund
Vera Heil
Nicole Heinrich
Don Hellstern
Susan Henderson
Helen Herculeson
Jim Heron
Clare Herscovitch
Lesley Heurniller
Enid Hicking
Lesley Hicks
Douglas Hilton
Lynne Hindle
Janice Hindmarsh
John Hislop
Rod Hitchenson
Morgan & Bizhen Ho
Allan Hobbs
Josef Hochreutener
Elaine Hodge
Frank Hodgeert
Karina Hogan
Julie Hohne
Jane Holland
Elaine Hollis
Dorothy Holmes
Claudia Holoch
Joan Holt
Kim Hook
Pat Hookham
Robert & Jill Hookham
Russell Hooper
Sigrid Hopperdietzel
Lara Horinek
Phyllis Horne
Ronald Horner
Helen Houston
Ben Howard
Kay Howard
Joan Hoyle
Margaret K Huckle
Robert Huckle
John Humphreys
Robert Humphries
Maureen Hungerford
Diane Hunter
Maree Hupalo
Christine Hurst
Al W Hurst III
Joyce Hustler
Jean Huxley
Cathy Iacono
Urve Ilves
Dianne Inison
Bill Inglis
Emma Inglis
Darren & Lisa Inglis
Frances Inglis
Douglas & Irene Inkson
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Neil Instone
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Shaun Ireland
Ludmilla Ireland
Robert Ireland
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Robert Israel
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P & S Jacobson
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Tim Janes
Ken Jarman
M Jarrett
Lyn Jarrett
Stephen & Rhonda Jenkinson
Margaret Jensen
Joan Jessop
John D Jewell
Helen Jewell
Heike Jewell
Janet Jin
Elfriede Johnson
Margaretha Johnson
Ken Johnson
Cathy Johnson
Keith Johnson
Linda Johnston
Rob Johnston
Elaine Johnston
Charles Johnston
Ronald Jones
DONATIONS

Pam Perry
Robyn Perry
Beryn Petersen
Russell Phillips
Keith & Catherine Phillips
Mary Phillips
Pamela Philpott
John Pickhaver
Colin Pike
Pat Pike
David Pinnin
Betty Pitman
Sheila Pittaway
John Pogson
John Pollock
Maureen Pollock
Andrew & Rosemary Pope
Nick Porreca
Roger Porter
Lea Portrate
L & JM Potts
Marina & George Poulos
Ann Powell
Pamela Power
J & A Power
Thea Prammer
David & Kay Prattis
Matthew Prowse
Teresa Puglia
Barry Pulbrook
Claire Pullen
Garry Pursell
Geoff Purtil
Gisela Putral
V Quay
Corinne Quinn
Donald Raffell
Albert Ralph
Jill Ralston
Alison Ramsay
Sue Rance
L & G Ranier
John Rano
Helen Ransom
Salar Balaji Rao
E & J Rapee
Glenda Rawlinson
Jack Ray
Leigh & Lynne Reading
Lynne Reading
Clarence Redman
John & Magot Reed
A Reid
Rosemary Reid
Catherine Remond
Rosemary Reynolds
Tom Reynolds
Roslyn Rhodes-White
Stephen Richmond
Sandrea Rieck
Margaret Risstrom
Brian Roberts
Stewart Robertson
Bruce Robertson
Inez Clive Robson
Cecily Roche
Ivy Rooke
Anne Rose
Dennis & Alison Rose
Valerie Rose
Barry Ross
Elaine Ross
Eve Ross
Geoffrey Ross
Greg Ross
Michelle Rossetto
Hugh Rothwell
Judith Rowling
Marta Rozentals
Mary Rudolph
Alison Russell
Beatrice Russell
Judith Rychter
Joyce Ryder
Margaret Ryder
Judith Ryman
Diana Rynkiewicz
Maureen Salter
Carolyn Samer
Michael Sampson
Susan Samson
Ernesto Santos
Bil Saville
Kevin Say
Pamela Sayers
Sandra Schaffarzczyk
Linda Schatteman
Gundhilde Schoer
Denyse Schoenmaker
Cinizzia Scianni
Michael Scobie
Dave Scoble
Pat Scott
Barry Scotton
Judith Seguna
Renate Seifert
Ken & May Sell
Ruth Selnes
Milan Serovich
Margaret Sharp
Toni Sharp
Kevin Sharpe
Di Shaw
Helen Shaw
Colin Sheather
Christine Sheeley
Robb Sheerman
Arthur Len Sherring
Doreen Sherring
John Shiels
DS Shillington
Evelyn Shinn
Kevin Show
Nasser Shukri
Urs Sieber
John Silk OAM
Rebecca Silk
Lyn Silverlock
Margot Z Simington
Gillian Simpson
Ron Simpson
Sinthu Sirganeeswaran
Robert & Nona Skelton
Rodney Skinner
George & Janice Sloan
Donald Smallbone
AC Smith
Dianne Smith
George Smith
Ian Smith
John Smith
Ken Smith
Leonard Smith
Pam Smith
Robert Smythe
Leslie Snowden
Eric Soliness
Eleonore Solomon
Mehul Somiaiy
Michael Sparsis
Shirley Spencer
Barbara Spiteri
Matthew Squires
Norma Staber
Graham Stalling
Victoria Stamateas
Lillian Stammer
Nigel Stangaloft
Todd Stanford
Douglas Stanley
Barbara Stapleton
Joyce Maureen Starkey
Patrick Staunton
Mr & Mrs Graham Stead
Robert Stephens
Alan Stephenson
John Stephenson
Maureen Sterland
Valerie Stern
Eileen Stevenson
Bruce & Ella Stewart
Ian Stewart
Malcolm Stewart
Nick Stramandinoli
Savino & Christine Straman- dinoli
Owen Streafeld
Albert & Judith Strykowski
Margaret Stubbs
Bill Sturrock
Jin Sung
Margaret J Sutherland
Rosalind A Sutherland
Wendy Symington
Nathan Tai
Gordon Talevski
Andrew Tangchareun
Peter Tanner
Samantha Taranto
Morison Tarrant
Leah Tasker
Gregory R Tasker
Gwen Tasker
Gordon Taylor
Heather Temperley
Rita Tennison
Ron Terry
Maria Tesoriero
Mary Tesoriero
Annette Testa
The Neighbours in 126 Glen- coe
Meg & John Thompson
Vivienne Margaret Thompson
Gail Thompson
Greg Thompson
Susan Thompson
Amanda Thomson
Janice Thomson
Angela Thorne
Kevin Tierney
Bruno Timpano
Marjorie Tipping
Ludmilla Tokmakoff
Candy Tonkin
Lyn Toole
Daphne Tooth
Graeme Tosh
Audrey P Townsend
Jann Trathen
Selina Tse
Tony Tsu
Rodney Tuck
Colin Tuck-Lee
Keri Turnbull
Ken Turner
Rosemarie Tweedie
Leonard Tyler
Rosemary Tyler
Adrian Unger
M Urquhart
Ray Utick
Patricia Vallance
Adrian Van Ash
Dianne van Sommers
Alexandra Vassiliiff
Roger Vaughan
Hendrika Veenhuis
JS & H Velik
Ilia Vilensky
David Vine
Nancy Visione
John & Yvonne Vitagliani
Richard Volpe
Felicity Voss
Patty Vourdanos
Brooke Wagner
Brett Walker
Joan Walker
Lee Walington
Robyne K Waller
Neville Walsh
Jane Warburton
Valerie Warburton
Ron Wardrobe

044
## DONATIONS

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<tr>
<th>Harry Ware</th>
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<tr>
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<td>Joan Willings</td>
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## SPONSORS

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<tr>
<th>1st Street</th>
<th>Coffs Harbour Parkinson’s Support Group</th>
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<tbody>
<tr>
<td>AbbVie Pty Ltd</td>
<td>Coordinare South Eastern NSW</td>
</tr>
<tr>
<td>Active Network</td>
<td>Eardrum Pty Ltd</td>
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<tr>
<td>Apex Riders</td>
<td>EKAS Market Research Services</td>
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<td>ARC</td>
<td>Estate of the Late Daphne J Fahey</td>
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<tr>
<td>Australian Chinese Charity Foundation</td>
<td>Eventide Homes</td>
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<td>Australian Institute of Fitness</td>
<td>Fairfax Lawyers Pty Ltd</td>
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<td>Bartler Perry Pty Ltd</td>
<td>Fairfield/Liverpool Parkinson’s Support Group</td>
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<tr>
<td>Bendigo Bank Limited</td>
<td>Forestville RSL Flying Bowlers</td>
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<tr>
<td>Blackmores Limited</td>
<td>Friend’s of St Paul’s Church Kincumber</td>
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<tr>
<td>Blue Mountains Parkinson’s Support Group</td>
<td>Go Electrical</td>
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<td>Bondi Lions Club</td>
<td>Goulburn Parkinson’s Support Group</td>
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<td>CAF Donor Program</td>
<td>Grafton Parkinson’s Support Group</td>
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<td>Caringbah Uniting Tuesday Church Friendship Group</td>
<td>Guardian Funerals</td>
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<tr>
<td>Carla Zampatti Foundation Pty Ltd</td>
<td>H Build</td>
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<td>Castle Hill RSL Photography Club</td>
<td>Harris Morrison Fund</td>
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<td>CMV Foundation</td>
<td>Hawkesbury Parkinson’s Support Group</td>
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<tr>
<td>Cobbitty Village Market Day Committee Inc</td>
<td>HWL Ebsworth Lawyers</td>
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</tbody>
</table>
SPONSORS

Inner Wheel Club of Ryde Inc
Invocare Australia Pty Ltd
JLDJS Foundation
John Allanson & Associates
K & A Catering
Karma Currency Foundation
Keven Williams Trust
Lioness Club of Oak Flats
Lioness Club of Toronto
Lions Club of St George Inc
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Manning/Great Lakes Parkinson's Support Group
Maroubra Parkinson's Support Group
Masonicare NSW and ACT Freemasons
Medtronic Australia
Mervyn Finlay, Thorburn & Marshall
Mid Western Parkinson's Support Group
Milton Ulladulla Funeral Services
Mount View High School
Mr Creamy Coffee & Ice Cream
MSD Australia
Nambucca Valley Parkinson's Support Group
Narrabri Parkinson's Support Group
NBSC Manly Selective Campus
Newcastle Northern Soverign Council No.9
Newcastle Parkinson's Support Group
Nor-west Canine Association
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NSW Women’s Dog Club
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Orange Ex-Services Club
Orange Parkinson's Support Group
Paine Ross & Co
Parkes Parkinson's Support Group
Parkinson’s NSW
Parkinson’s NSW Staff
Parkinson’s South Australia Inc
Parkinson’s WA
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Premier State
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Public Trustee NSW
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Ritchies Stores
Rebel Sports

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Snowy-Monaro Parkinson’s Support Group
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St Clare’s College
St George/Sutherland Parkinson’s Support Group
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Tamworth Parkinson’s Support Group
TFWSee & Lee
The Neighbours of Greg Waldron
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The Trophy Store
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Yamba Parkinson’s Support Group
Yass Parkinson’s Support Group
Zappia Produce Group

PRO BONO

Linda Davies who has assisted greatly over the many years in helping us produce a highly professional Stand By Me and Annual Reports.

Gilbert + Tobin for all of their legal advice

PARKINSON’S NSW INC.
ABN 93 023 603 545
www.parkinsonsnsw.org.au
PARKINSON’S NSW INC.

ABN 93 023 603 545

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NORTH RYDE NSW 2113

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NORTH RYDE BC NSW 1670

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