

PARKINSON'S NSW
2014 ANNUAL REPORT



RAY GROVES

Cyclist

Ray has always valued fitness and exercise. Since being diagnosed with Parkinson's in 2002 he continues to keep active and maintains a regular regime that includes walking each day and cycling whenever he is able.

Ray is also a long standing member of two Parkinson's Support Groups.



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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.

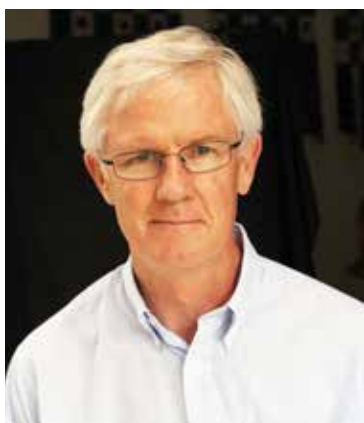
OUR MISSION

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.

FROM THE PRESIDENT



Once again, Parkinson's NSW has worked hard to deliver on our mission, to enhance the quality of life for all people living with Parkinson's disease (PD). Given that about 25,000 people in NSW have PD and at least the same number again are affected by caring for or caring about someone with the condition, that is no small challenge. As our services are free; making ends meet is an ongoing battle.

Despite many hurdles, we managed (on a turnover of \$1.7m) to deliver a net surplus of \$145,606, which will allow us to sustain existing services and to consider some desperately needed new ones. Having member funds of \$824,000 in our accounts also makes us less vulnerable to adverse events.

The differences which led to our parting from Parkinson's Australia (the national PD umbrella organisation) last year have nearly all been resolved. If all goes to plan, we should be unified by January 2015. A key driving force for unity is the need to have a strong, national voice for Parkinson's in Canberra and a working party has been planning for that outcome.

Looking at the bigger picture, CEO Miriam Dixon and I were pleased to be able to attend the World Parkinson's Congress in Montreal – a large, exciting event, rich in content and camaraderie. Several legends of the PD world presented papers and there were stimulating discussions. The medical and scientific content was complemented by cultural activities: dance, singing and a moving musical, The Alan Parkinson Project.

Although our well used InfoLine, counselling and education services continued to grow, thanks to dedicated staff, we are nowhere near realising our ambitions for Parkinson's nurses on the ground. We did, however, have a promise from the Southern NSW Medicare Local to install a nurse. Thanks to a benefactor, we were also able to create a two-day nurse position for Coffs Harbour.

A significant project which finally came to fruition during the year is the Parkinson's Passport, a vital tool to help people with Parkinson's (PWP) manage medication and interactions with health providers.

Miriam Dixon worked on this for eight years and was enormously gratified to see it through. The Passport has been a runaway success and the first print run soon ran out.

Reaching for the holy grail of a cure for PD continues; alongside efforts to better understand how to manage the disease. Over the year we contributed \$260,000 on a competitive basis to seven different research projects; which we hope will lead to bigger things. We realise that, in the grand scheme of things in the research world, our investment may seem modest; but we do know that it can create leverage for successful projects to win six-figure sums from the National Health and Medical Research Council.

Current thoughts about PD accord a lot of importance to exercise, and several initiatives reflect that growing priority. Dance for Parkinson's has done well and a pilot was conceived to run a martial arts or boxing activity. By the end of the financial year it seemed that we might be within reach of formulating a coherent approach to reaching PWP.

There is an awful lot for Parkinson's NSW to do still, but, for a charity which tends to fly under the radar, we do a lot to help our constituents. For that we have to thank CEO Miriam Dixon, her staff and volunteers.

My fourth term of office is about to expire and I will step down as President. The members of the Board have been excellent to work with; they now deserve a fresh face at the end of the table. My parting thoughts about priorities for a new President include the obvious areas addressed above, but also an intractable, invisible barrier which seems to constrain our formal membership to about 10% of PWP. If we can reach and recruit more individuals and more Support Group participants, our credibility in government and relevant agencies will be enhanced. If we can increase our numbers, Macquarie Street and Canberra will pay more attention.

Chris Davis



"CURRENT THOUGHTS
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LOT OF IMPORTANCE TO
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INITIATIVES REFLECT
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DANCE FOR PARKINSON'S
HAS DONE WELL..."



FUNDRAISING: KILLARA GOLF DAY



FUNDRAISING: UNITY WALK



EXERCISE

FROM THE CEO

Our prime mission, in addition to promoting and funding research, is to support people living with Parkinson's. I stress the words 'living with', since with medication, good medical and other specialist programs, support from family, friends and our organisation, and regular exercise, a person diagnosed with Parkinson's can have many years of a meaningful life, albeit with some real frustrations and difficulties.

However to some newly diagnosed, the diagnosis of Parkinson's can be shocking.



Robin Williams, one of the most spontaneous and uninhibited comedians

"WE ARE URGING ALL AUSTRALIANS TO START A CONVERSATION ABOUT PARKINSON'S DISEASE, BETWEEN FRIENDS, FAMILY AND LOVED ONES, TO HELP REMOVE ANY STIGMA ASSOCIATED WITH THIS NEUROLOGICAL CONDITION.

of our time, did not speak publicly of his diagnosis. Many newly diagnosed do not talk about their Parkinson's, some out of concern for their employment.

There are some 80,000 people living with Parkinson's disease in Australia. How can we help those for whom Parkinson's is a cruel blow? Firstly we are urging all Australians to start a conversation about Parkinson's disease, between friends, family and loved ones, to help remove any stigma associated with this neurological condition. As an organisation we seek to raise awareness, assisted by volunteers who speak to community organisations.

We also provide services including free counselling and the InfoLine (1800 644 189) staffed by health professionals. People living with Parkinson's, their carers, family and friends use these services.

Some find our Support Groups of great assistance, also coming to seminars we hold and reviewing information through our website and magazines.

We also provide activities such as this year's weekend away at Camp Wolstoncroft, for people diagnosed under 60 – an opportunity to try some new activities.

In addition to providing phone services, our counsellors provide professional face-to-face counselling free of charge.

This year, we were also pleased to launch, with assistance from the Lundbeck Institute, a Parkinson's Passport. A tool to assist people living with Parkinson's if they go into hospital or a residential care facility, helping to ensure they receive their medication on time and in the correct dose.

We continue to lobby for more funding for neurological nurses, with research showing the effectiveness of this model in assisting people living with Parkinson's disease.

As part of our lobbying efforts we have held two Parliamentary briefings as well as continuing to engage with government in an effort to secure greater support for people living with Parkinson's. We do all this with limited resources and the assistance of an enormously dedicated professional team assisted by volunteers.

Significantly, our President, and some of our board members and volunteers are personally living with Parkinson's and have put some of their energies into assisting

others through our organisation.

I would like to especially thank our donors and sponsors, who are critical in helping us fund our services and in giving us the financial capacity to encourage research. This report gives you some more information about our donors, sponsors, fundraising and research efforts.

I finally thank our outgoing President, Chris Davis, the Board, our Advisory Committee, all our fantastic volunteers and staff for their extraordinary devotion and efforts, as we strive to do even more to support people living with Parkinson's.

Yours in Parkinson's friendship

Miriam Dixon

THE BOARD



CHRIS DAVIS
President

FORMER BOARD MEMBERS



ANDREW KACZOR

ANDREW KACZOR stepped down in November 2013 after serving on the Board since March 2012. Andrew was appointed to the Board as a casual vacancy after the resignation of Peter McWilliam and appointed a full Board member in November 2012. Due to work commitments as the Director of Operations & Transformation, Global Business Services with IBM Australia/New Zealand, Andrew stood down from the Board last year. Parkinson's NSW would like to thank Andrew for his time and contribution to the organisation.



LORNA WHITE

LORNA WHITE stepped down in November 2013 after serving on the Board since November 2012 as our non-metropolitan member. Lorna has been the coordinator for the Dubbo Support Group since 2001 and a member of the Dubbo Health Council for over five years. Lorna has an interest in Parkinson's and health issues, and has been a carer for over 12 years. Parkinson's NSW would like to thank Lorna for her wisdom whilst serving on the Board.

ADVISORY COMMITTEE

A/Prof Prof Colleen Canning
Dr Lyn Chenoweth
Sr Evelyn Collins
Dr Alistair Corbett
Dr Paul Clouston
Prof Donimic Rowe
A/Prof Kay Double
Dr Victor Fung
Prof Glenda Halliday

Dr Michael Hayes
A/Prof Martin Krause
A/Prof Simon Lewis
Dr Neil Mahant
Ms Sue Mercer
Dr Paul Silberstein
Prof Carolyn Sue
Dr Steve Tisch
Dr Bryce Vissel
Dr Scott Whyte



JOHN HASSETT
Vice President



PHILLIP MAUNDRELL
Treasurer



GRAHAM DAWKINS
Secretary



SAMUEL CHU



A/PROFESSOR KAY DOUBLE



SANDRA ELMS



COLIN HALL



VERA HEIL



MALCOLM IRVING



REBECCA SILK



JOHN SILK OAM



ANDREW WHITTON

A portrait of an elderly woman with short, wavy white hair, smiling warmly. She is wearing a black turtleneck sweater and a gold chain necklace with a large, oval, clear pendant containing a small illustration. On her head, she wears a white, conical hat with a fine mesh veil, white feathers, and a large black fabric rose. The background is a plain, light blue-grey wall.

GLEND A RAWLINSON

"I AM LUCKY; I CAN STILL WRITE
VERY WELL, I'VE MET SOME
WONDERFUL PEOPLE, DOORS HAVE
OPENED AND I'VE PURSUED CRAFTS
AND ACTIVITIES I NEVER THOUGHT
I WOULD DO."

I think God put me here for a reason says Glenda.
"I don't let Parkinson's get in my way, it has made me a stronger person as I strive to stay positive and to keep busy. My motto is I might have Parkinson's but it doesn't have me."

Glenda has always been creative and imaginative; thinking of what to create next, almost as though she's in another world. As though she has been here before

Diagnosed with Parkinson's disease nearly ten years ago, her diagnosis has only increased her desire and ability to create. She has had two exhibitions at the Bankstown Art Centre showing knitted wire figures and jewellery. Her last exhibition, called *Awakening* was all about the effect Parkinson's has on the brain. Glenda's aspired to make people more aware; to awaken them to the impact Parkinson's has on the brain and its subsequent effect on everyday life.

Part of the exhibition is now on show at the Hazelhurst Art Centre at Gymea. Glenda's mentor during the exhibition was amazed at her abilities and willingness to jump in at the deep end and have a go at anything.

Glenda's life is busy and active. She produces a wide range of arts and crafts for sale with all the proceeds

donated to Parkinson's NSW. She works hard to complete them in her good periods - sometimes at three in the morning. Glenda sings on Mondays with the Bankstown World Music Choir with an upcoming performance in November in the Opera House, does pottery on Tuesdays, creative classes on Wednesday, Dance for Parkinson's on Thursdays and Zumba on Fridays. In between she has a passion for photography and has taken some amazing photos of the moon, flowers, clouds and trees.

With the Melbourne Cup coming up, she's now taking orders for her hats and fascinators in spring colours.

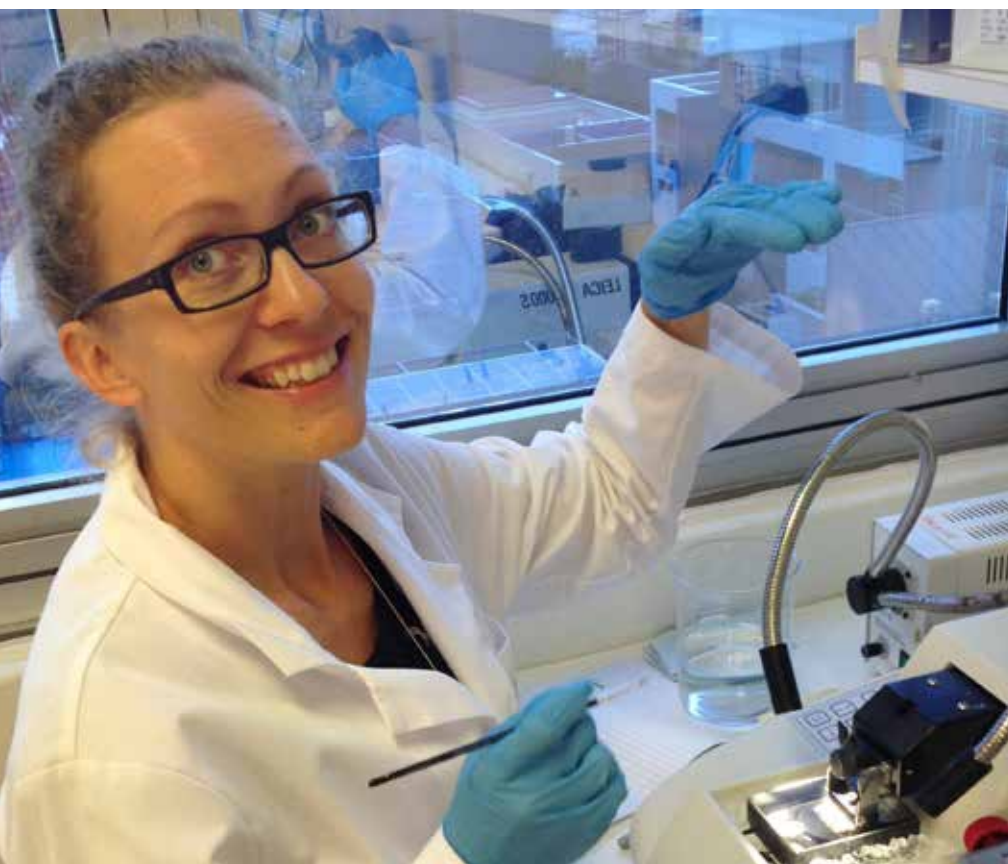
"I am lucky; I can still write very well, I've met some wonderful people, doors have opened and I've pursued crafts and activities I never thought I would do. Since my husband Brian passed away one year ago, it's as though he's urging and inspiring me to paint as well."

Glenda was nominated as Volunteer of the Year in 2012. If you'd like to meet Glenda, she is the Bankstown Support Group Leader and they meet every fourth Monday of the month at the Uniting Church at Bankstown.



BENDIGO BANK RESEARCH GRANTS

- Elucidating striatal transcriptional differences underlying the cognitive impairment in Parkinson's disease.



Principal Investigators. Marie Jonsson PhD (pictured above) and Nick Sirijovski PhD

“THIS INABILITY TO TRANSFER ROUTINE ACTIVITIES TO A SIMPLER, LESS RESOURCE INTENSIVE PROCESS ‘TRAPS’ PD PATIENTS IN GOAL-DIRECTED ACTIONS...”

Our ability to exert behavioural control over the environment is determined by two processes: (i) goal directed actions – which are rapidly acquired and can be very flexible, but require enormous cognitive resources associated with attention and working

memory to monitor specific actions and their consequences; and (ii) habitual actions - which are acquired more slowly and are more rigid or automatic in execution, thus requiring fewer resources beyond basic perceptual processing. A prominent cognitive impairment seen in Parkinson's disease (PD) patients is the decreased ability to retain, develop and perform routine, automatic or habitual actions. This inability to transfer routine activities to a simpler, less resource intensive process 'traps' PD patients

in goal-directed actions and they are unable to execute fast, automated actions, which has a detrimental effect on normal daily activities.

The Bendigo Bank Parkinson's research grant allowed us to investigate differences in neural activity during goal-directed and habitual actions in mouse models of PD vs. control animals. Goal-directed and habitual actions can be studied in rodents by instrumental training. The approach used in this study was to train the animals to press different levers for different food and then analysing neural activity in different brain regions during the early and late phases of training. This is still an ongoing study, but the preliminary data shows both regional and temporal differences in neural activity between the animal models of PD and the control animals. We have identified several areas in the striatum as well as the prefrontal cortex that show differences in neural activity following training of the animals. We have also been able to see differences in the activity in these areas during the training of the animals, i.e. when the actions switch from being goal-directed to habitual.

Our initial research approach has been to analyse whole tissue samples, the next step is to identify which specific cell type within the different brain regions is activated or inactivated following the different actions (i.e. goal-directed or habitual actions). Shedding light on the specific neural circuits involved in these processes will hopefully lead to a better understanding of some of the cognitive disabilities that PD patients suffer from and thereby lead to better treatments.



L to R Dr Joeeun Song, Dr Natalie Allen and A/Professor Colleen Canning

Stepping training in Parkinson's disease: a randomised controlled trial of an interactive videogame

The Principal Investigators on this project are A/Professor Colleen Canning and Dr Natalie Allen, The University of Sydney, Professor Cathie Sherrington, The George Institute for Global Health and The University of Sydney, and Professor Stephen Lord, Neuroscience Research Australia. The project is being managed by Dr Joeeun Song, The University of Sydney.

"THE ABILITY TO MAKE A QUICK STEP IS CRITICAL TO MAINTAIN BALANCE...AS WELL AS TO PREVENT FALLING."

Most people with PD will develop balance problems and suffer falls as the disease progresses. The ability to make a quick step is critical to maintain balance, avoid an obstacle or turn to a different direction, as well as prevent falling. Recently, Professor Stephen Lord and his research team at Neuroscience Research Australia has demonstrated that home-based stepping training using an interactive videogame is effective in improving stepping performance in older people living in a retirement village, thereby reducing fall risk. This interactive videogame program uses a modified Dance Dance Revolution (DDR, Konami) game. To play the game, the person stands on a mat marked with targets and makes rapid step responses in the direction indicated by randomly presented arrows displayed on a computer screen. The DDR videogame has built-in motivating features and instant feedback on performance, thereby enhancing its potential for application to people with PD.

The aim of the study is to determine whether a home-based exercise program using this interactive, stepping videogame is effective in improving stepping ability, balance and mobility in people with PD. Volunteers with PD who are eligible to be included in the study are randomly allocated to a control group or an exercise group. The exercise group uses the videogame to guide stepping exercise for 15 minutes per session, three times a week for three months. A physiotherapist prescribes the

exercise and supervises four sessions at home over the three months. Between home visits, the physiotherapist monitors progress by telephone. To enhance exercise participation and engagement, participants in the exercise group also have the option to contribute to an on-line blog to share their experiences of exercising using the videogame with other exercise participants and the researchers. The control group continues their usual physical activity throughout the three month intervention period.

To date, 55 eligible participants with PD have been randomly allocated to the control group or exercise group, and 39 have completed the study. Participants undertaking the videogame stepping training are reporting high levels of enjoyment and adherence to the exercise. We are on track to complete data collection for 60 participants by the end of 2014. In early 2015, we will provide feedback of the results of the study to Parkinson's NSW and submit the trial results for publication in an international journal.

If found to be effective and engaging, the interactive videogame has the potential to provide accessible, sustainable, enjoyable, evidence-based balance exercise to improve balance and prevent falls, and to contribute to the development of other interactive exercise videogames for people with PD. We are very grateful to Parkinson's NSW and Bendigo Bank for their support of this project.



Identifying the role of dopamine on the neural correlates underlying visual misperceptions and hallucinations in Parkinson's disease

"A POOR UNDERSTANDING OF THE BRAIN MECHANISMS UNDERLYING VISUAL HALLUCINATIONS HAS SEVERELY LIMITED PROGRESS IN THE DEVELOPMENT OF NEW THERAPIES."

The development of visual hallucinations and psychosis are a major cause of disease burden in Parkinson's disease (PD), particularly in the advanced stages of the disease. It has been reported that after a disease duration of 10 years, 70% of patients will experience these symptoms. Unfortunately, current therapies offer only partial relief and these issues represent a common trigger for transition into residential care.

A poor understanding of the brain mechanisms underlying visual hallucinations has severely limited progress in the development of new therapies. However, our research team has recently put forward a novel hypothesis proposing that dysfunction across the attentional networks of the brain can explain the neural circuitry underlying the generation of visual hallucinations. This hypothesis highlights the key role of three networks in the brain namely: the Default Mode Network (DMN), Dorsal Attention Network (DAN) and the Ventral Attention Network (VAN) and how the pathophysiology underlying PD disrupts these systems leading to the generation of visual misperception and hallucinations. Specifically, this hypothesis posits that in the presence of an ambiguous percept there is a relative inability to recruit activation in the DAN, which is normally responsible for conflict resolution. In turn, this allows mind-wandering in the DMN, which would normally be de-activated by engagement of the DAN and increased salience to threat arising from the VAN. We believe that this dysregulation across the attentional networks permits the generation of visual hallucinations and psychosis that can be highly distressing to those living with PD.



L to R: Paul Clouston, Zoe Terpening, Deb Hammond, Moran Gilat, Alana Muller, Simon Lewis, Julie Hall, Mac Shine, Claire O'Callaghan and Courtney Walton.

To explore this hypothesis our team have developed a novel empiric behavioural paradigm that is able to probe the attentional networks that can be run on a computer in the clinic. In the 'Bistable Percept Paradigm' (BPP), patients evaluate a series of monochromatic images, which represent either bistable/ambiguous or stable/non-ambiguous percepts. We have published that performance on this task can accurately distinguish between those patients with and without VH. Previously, we have utilised the BPP in combination with novel Magnetic Resonance Imaging (MRI) techniques. Magnetic Resonance Spectroscopy (MRS) can determine the concentration of specific molecules in regions of the brain. These molecules can offer insights in to various processes including the integrity of nerve cells. Our work has shown that this integrity is lost in patients with hallucinations in the region of the brain that coordinates activity across the attentional networks. In addition, patients can perform the BPP whilst lying in the scanner and using this functional MRI allows us to record the pattern of activity in the brain. Our work has shown that as a group, patients with visual hallucinations demonstrate poor activation of the DAN when performing the BPP and have reduced functional connectivity between the DAN and the VAN compared to non-hallucinators

With support from the PNSW Bendigo Bank Research Grant we have now determined that as predicted by our hypothetical framework, there were a number of crucial differences in brain network activity and connectivity between periods when patients were actually having hallucinations compared to when they had normal

perception. Compared to normal perception, hallucinations were associated with increased brain activity in the Ventral Attention and the Default Mode Networks, with a concomitant decrease in the Dorsal Attention Network. In addition, we observed that when patients were hallucinating there was increased connectivity between Default Mode Network and the visual system. This implies that during a hallucination instead of engaging the network of the brain that would normally correct an error, the brain develops strong connections between the area that allows our mind to wander (day-dream) and visual processing. This result suggests that false perceptions arising in a 'day-dream' could then be 'seen' by the brain as real.

Our next challenge will be to determine the influence that medication might have on these networks and develop an approach that might "reset" the system to stop hallucinations. We hope that future studies to target and assess novel pharmacological and non-pharmacological interventions will help to relieve these symptoms and reduce nursing home admissions in PD.

GLENDAREICHMAN

"I'VE COME
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JOURNEY.
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Glenda Reichman is a wife and mother with two boys aged 20 and 17. A qualified pharmacist, she has also run a successful day care centre from home for 13 years. Ten years ago she was diagnosed with early onset Parkinson's disease.

This is her story.

10 years ago, I noticed that even though I was right handed, subconsciously my left hand was taking over tasks such as waving and brushing my teeth. I felt a slight tremor in my right arm and on closer attention I noticed the fingers on my right hand were not moving as they should. So off I went to my GP, who sent me to a neurologist. After a battery of blood tests and scans, he told me I had early onset PD. I was 39 years old with no family history of PD. Where had things gone wrong?

My boys were ten and seven, I couldn't curl up in a ball, feel sorry for myself and say why me? I had to make the decision to fight this disease with everything I had.

My neurologist advised me to keep it to myself. Nobody needs to know, he told me. I took his advice. I shared this with family, who together with my husband showered me with loving support, care and concern. But I did not disclose my diagnosis with anyone else. I learned to hide my mild symptoms and hoped nobody noticed the slight shake in my right hand or question why my handwriting was so small and illegible.

And so the years rolled by...

It was during these silent years that I turned to PNSW. They were starting up a teleconference for young onset woman and I thought this would be a great





way to meet others going through the same thing as me, without face-to-face contact. I could still remain anonymous. Well, one thing led to another - PNSW started up a group for young onset women called the Tulip Belles which was a face-to-face monthly meeting. I decided to attend and from the first moment I arrived, I felt like I had come home. I was made to feel welcome. They were there to help, they cared, and it was through this contact I realised that I wasn't alone anymore.

I have got PNSW to thank for showing me the light and for supporting me in my decision to remain a silent sufferer. I gained invaluable knowledge from these monthly meetings - be it from guest speakers or just shared knowledge from the girls or from joint meetings with the young onset men, as well as conferences and talks put on by PNSW.

Ten years later... I reached a turning point in my illness where I was ready to share my story with everyone.

What I now know is that I have a wonderful supportive network, wonderful children and a husband who has been by my side every step of the way. I laugh, I cry and I have fun. I don't worry about the small stuff, I don't worry about tomorrow. Nobody knows what the future holds.

I live for today.

I've come a long way and learnt a lot on my journey. I never knew how strong I could be until being strong was the only choice I had.

Everything that shows up in our lives has something to teach us. Things happen for a reason. Be content and know that whatever comes along you can handle it and grow from it.

SEED GRANTS

Sleep Well Think Well: A non-pharmacological sleep intervention program for patients with Parkinson's disease

Principal Investigator
A/Professor Sharon Naismith

Sleep disturbances are one of the most common of the non-motor complications of Parkinson's disease, affecting over two-thirds of patients and increasing in prevalence with advancing disease. The causes of sleep disturbance in PD are numerous, and patients may have several factors that contribute, ultimately manifesting as daytime sleepiness and poor night time sleep. These symptoms can often interfere with day-to-day activities such as work and driving, reducing independence and quality of life. In our research clinic, sleep complaints are frequent, and for many years patients have been asking us whether we have any treatments that don't require them to take yet another pill! With funding provided by the PNSW Research Grant we have been able to offer patients a non-pharmacological alternative.

Our research has been evaluating whether a comprehensive sleep education and intervention program known as *Sleep Well Think Well* improves sleep and thinking skills in community dwelling patients with Parkinson's disease. The program comprises four sessions delivered over eight weeks and provides participants with information about sleep changes in PD, an individually tailored sleep-wake program and objective

measurements of sleep. In contrast to pharmacological treatments, we have found the sleep education program to be well tolerated with sleep improvement strategies potentially sustainable beyond the intervention period. To date the program has enrolled 25 patients with PD with many more pending enrolment into future rounds of the program. Preliminary analysis of the data collected to date has found that the Sleep Well Think Well program leads to improved self-reported sleep quality and reduced daytime sleepiness as well as improved word-finding abilities as measured objectively by formal cognitive assessment.

If you are interested in participating in this study or other research undertaken by the Parkinson's Disease Research Clinic please contact:

Parkinson's Disease Research Clinic
Brain & Mind Research Institute
The University of Sydney NSW 2050
Phone: 02 9351 0702
Email: pd.clinic@sydney.edu.au

We would like to thank Parkinson's NSW for their generous support of this project.





Development of LRRK2 inhibitors for treatment of Parkinson's disease

Principal Investigators
Dr Lenka Munoz and
Professor Michael Kassiou

Parkinson's disease is characterised by death of dopaminergic neurons in the midbrain. The death of these neurons leads to shaking, rigidity, slowness of movement and difficulty of walking, the most prominent signs of Parkinson's disease (PD). Excessive activity of an enzyme called leucine-rich repeat kinase 2 (LRRK2) in the brain causes Parkinson's disease, in particular in people of two ethnic backgrounds – Ashkenazi Jewish and North African Berbers. Therefore, we urgently need drugs that can turn-off LRRK2 activity.

To discover a new drug is an extremely expensive process taking approximately 10-15 years. To discover a drug for the brain diseases is even more complex. This is because drugs that act in the brain must cross the blood-brain barrier (BBB). At the core of our work is the commitment to developing patient-centered innovations. We therefore specifically focused on development of LRRK2 inhibitors that are able to reach the brain. Such a drug represents a novel avenue in the treatment of this devastating disease. We have developed a library of compounds – LRRK2 inhibitors – that are able to turn off the LRRK2 activity. Of the compounds developed by our team, the most

promising compounds featured molecular properties rendering them metabolically stable and able to cross the blood-brain barrier. They potently inhibited mutated LRRK2-G2019S, which is linked to early onset of Parkinson's disease.

In addition to BBB permeability, we addressed another bottleneck in PD drug discovery, namely lack of cellular assays to assess efficacy of newly developed LRRK2 inhibitors for their therapeutic potential. We specifically focused on LRRK2 engagement in inflammatory pathways, as it has been shown that LRRK2 regulates inflammation of the brain. Inflammation, in turn, fuels death of dopaminergic neurons in the midbrain of PD patients, resulting in worsening of the symptoms. We developed and validated cell-based assays to evaluate anti-inflammatory efficacy of LRRK2 inhibitors using primary human microglia and astrocytes. New LRRK2 inhibitors were shown to effectively inhibit secretion of inflammatory mediators from microglia and astrocytes, which are the primary cells responsible for exacerbation of inflammation in the brain of PD patients.

The team gratefully acknowledges receipt of the seed funding provided by Parkinson's NSW. Members of The University of Sydney-based team, in addition to Professor Michael Kassiou and Dr Lenka Munoz, that have contributed to this research include Master student Madeline Kavanagh and Honours student Athena Phoa. Professor Gilles Guillemain and Dr Benjamin Heng from Macquarie University, were collaborating on this project through their expertise in isolation and culturing of primary human microglia and astrocytes. Dr Nicholas Dzamko (Neuroscience Research Australia, Sydney) provided expertise with testing the newly developed compounds for their LRRK2 inhibitory activity.

With this project we have built a sustainable, multi-disciplinary and multi-institutional collaboration that integrates basic research at the chemistry-biology interface with clinically relevant models, leading to the advancement of translational research and near-term benefits for PD patients.



L to R: Veronica Cottam, The University of Sydney, A/Professor Kay Double, The University of Sydney, and Professor Glenda Halliday, NeuRA and University of New South Wales

A role for the Parkinson proteins α -synuclein and LRRK2 in altered brain cell birth in Parkinson's disease

Principal Investigators

A/Professor Kay Double, The University of Sydney, Professor Glenda Halliday, NeuRA and University of New South Wales and Ms Veronica Cottam, The University of Sydney

"THIS FINDING HAS IMPLICATIONS BOTH FOR THE DEVELOPMENT OF STEM CELL-BASED TREATMENTS AND ALSO FOR BRAIN FUNCTION..."

The idea that stem cells in the brain might be used for new treatments for Parkinson's disease is an exciting one for patients and researchers alike, yet there is still much to learn about stem cells in the human brain. Recently, for example, research has shown that stem cells do not remain untouched by the disease process and that fewer new cells are born from stem cells in the brain of Parkinson's disease patients.

This finding has implications both for the development of stem cell-based treatments and also for brain function, as replacement of brain cells within several brain regions important for movement and memory is thought to be important for maintaining normal function. In addition to the well-known death of brain cells in Parkinson's disease, a reduction in new cell birth may thus be an additional problem for the Parkinson's disease brain. Data from animal studies suggests that two proteins known to be important in Parkinson's disease, α -synuclein and LRRK2, may have a role in regulating new brain cell birth from stem cells.

In this project we are investigating if these proteins have a role in regulating stem cell activity in the human brain and if this regulation is altered in Parkinson's disease. Studying the brain regions where stem cells are active in postmortem tissues from Parkinson's disease patients and healthy controls we confirmed that new brain cell birth is reduced in these regions in Parkinson's disease and that this reduction is associated with a marked increase in the abnormal form of α -synuclein protein found in the Parkinson's disease brain, suggesting that brain cell birth is disrupted by either the subsequent decrease in normal α -synuclein protein or by the abnormal form of the protein. We are now investigating if alterations in LRRK2 are also associated with the decrease in new cell birth. These data help us understand how new cells are born in the human brain and why this process is altered in Parkinson's disease, with implications for the future development of stem cell-based treatments for this disorder.



Dr Nicholas Dzamko

Inflammatory effects of Parkinson's disease causing LRRK2 mutations in patient cell lines.

Principal Investigator
Dr Nicholas Dzamko

Mutations in the leucine-rich repeat kinase 2 (LRRK2) protein are a major cause of inherited Parkinson's disease. Therefore, much interest has been placed on trying to work out exactly what LRRK2 does, and how the mutations that cause Parkinson's disease change the function of LRRK2. Understanding these changes has the potential to give clues to some of the earliest things that go awry in Parkinson's patients.

We have previously discovered that the LRRK2 protein is part of a biological pathway that regulates inflammation. This is potentially exciting as inflammation is increased in Parkinson's patients and thought to contribute to the disease process, although exactly how is unclear. Our current focus is determining what LRRK2 is doing in this pathway and whether LRRK2 mutations contribute to the inflammation seen in Parkinson's patients.

What we did

The seed funding from Parkinson's NSW has allowed us to import a number of cell lines from the US that were derived from Parkinson's patients with a known disease-causing LRRK2 mutation (the G2019S mutation). We were also able to import cell lines from non-affected individuals to use as a comparison. We were able to verify that the LRRK2 protein was present in the cell lines and that the cell lines were viable. We then performed studies to look at inflammation

in the LRRK2 mutation cell lines. Although preliminary, we found some evidence that the inflammation response in the LRRK2 mutation cell lines was different to the cells with normal LRRK2.

The seed funding from Parkinson's NSW has also allowed us to start work on induced pluripotent stem cells. In 2012 the Nobel prize for medicine was awarded for the discovery that almost any cell type can be turned into almost any other cell type using induced pluripotent stem cell technology. This means that the cell lines we imported from the US, which are skin fibroblast cells, can be turned into the immune cells that are the most potent regulators of inflammation. We have learnt a great deal and our efforts to master this technology are still ongoing. Indeed we have established a number of new collaborations through this work.

Outcomes

The seed funding from Parkinson's NSW has greatly contributed to our work on LRRK2. This work forms the basis of newly submitted grants to the NHMRC and the Michael J Fox Foundation to continue this line of investigation. As part of our work on LRRK2, Parkinson's NSW has been acknowledged in presentations to NeuRA, Sydney University, the Australian Neuroscience Society, The Shake it Up Australia Foundation, the Michael J Fox Foundation and local Parkinson's Support Groups.

JAMES PARKINSON SOCIETY

ANDREW'S STORY

"WE HAVE TRIED NOT TO LET PD TAKE CONTROL OF OUR LIVES, BUT IT HAS NEVER-THE-LESS BECOME AN INTEGRAL PART OF EVERY DAY."

Life was ticking along, the family was growing up and I was winding down from full time duties in my handyman and gardening business, The Pymble Wizard. We had made a commitment to travel more. Then seven years ago, at the age of 56 along came PD. We have tried not to let PD take control of our lives, but it has never-the-less become an integral part of every day. From being involved in as many research projects as I can, raising funds through The Unity Walk (we have been involved in all 7 of the walks), helping out at the Golf Day, being on the organising committee for The Big Ride 4 Parkinson's, to attending the men's working age support group. I have also been a Board Member of Parkinson's NSW for a number of years. Not to mention Karen's volunteer work in the office each week. Despite all this we have kept up our travels, having recently been to places such as Peru (including the Amazon & Macchu Pichu), the Galapagos Islands and Cuba. We try to do things more on the adventurous side, whilst I am still mobile. As I am a firm believer in the benefits of exercise for both my general health and for PD, I have kept up with my sporting activities, cycling, baseball and sailing and have recently joined Punchin' Parkos.

PNSW is not funded from the public purse, all of the funds have to come from donations and fundraising activities. Funding is critical if PNSW is to continue to provide free services such as the InfoLine and counselling services, as well as providing seed capital for research projects. One lesser publicised source of funds is bequests – it involves a potential donor leaving money in their Will to PNSW. I chose to make a bequest to PNSW, by appointing PNSW as the beneficiary to a life assurance policy I have had for many years.

You too can help by making a similar commitment in your Will, please contact the office on 1800 644189 for more information.

Andrew Whitton



JAMES PARKINSON SOCIETY

Bringing hope to the future

Thanks to all the members and supporters of the James Parkinson Society who remember us when making or updating their Will. Your gift no matter the size assists us to expand our free programmes and services. We are also able to fund research projects.

The annual bequest lunch, held on 24th October at The Grand Pittwater Room, North Ryde RSL, was well attended by our members and supporters.

Guardian Funerals North Ryde and Northern Suburbs Memorial Gardens and Crematorium again generously sponsored this lunch. We thank them for their continuing support of our bequest programme.

We are grateful for any gift you can leave in your Will in support of Parkinson's NSW and will handle whatever gift you leave, efficiently and also with care, sensitivity and respect. You can contact us at bequest@parkinsonsnsw.org.au or through the InfoLine.

Photo: Andrew and Karen Whitton at Machu Picchu

FUNDRAISING



Dick Smith Foods Foundation \$1M to Charity

Between February and June this year Parkinson's NSW urged its members as well as members of the community to support the Dick Smith Foods Foundation \$1 million to charity campaign.

All we had to do was send an image of a Dick Smith Foods product in our pantries for our votes to be counted. Parkinson's NSW was one of the 25 charities to receive a cheque for \$10,000 on July 8, 2014.

This was a fantastic effort by all of our members and the community and we would like to thank you all for showing your support. Our Big Ride 4 Parkinson's riders even got in on the act posing with the products in front of The Dish in Parkes.



"PARKINSON'S IS
EVER PRESENT IN
DAD'S LIFE, SAYS
LUCY.

ALTHOUGH NEVER
ASKING FOR TOO
MUCH, HE HAS SAID
THAT HE WOULD
LIKE TO HAVE
JUST 20 MINUTES
WITHOUT PD."



Parkinson's NSW Golf Classic

The idea of cycling across Australia, from Perth to Sydney, had been Lucy Harper's dream for about 10 years. Leaving Perth on August 7th Lucy took the 4,300 km ride to raise money to help find a cure for PD. Lucy believes a cure will be found, so she embarked on the daunting ride to help make it happen.

Lucy's Dad has had PD for over 20 years so it's a cause very close to her heart. "Parkinson's is ever present in Dad's life, says Lucy. Although never asking for too much, he has said that he would like to have just 20 minutes without PD."

Her friends supported Lucy. Gill and Paul stayed close to her across the Nullarbor and another friend Mel flew in from Melbourne to cycle with Lucy from Esperance to Port Augusta. Then Lucy's brother, along with his wife and sons met her in Port Augusta and drove alongside her for seven days as Lucy cycled into NSW where her sister Kate and her family live. Kate joined Lucy by car and on the final leg her father's long time friend Alistair rode with her. The two pedalled from the foot of the Blue Mountains to Balmoral Beach where Lucy was welcomed by family and friends.

Lucy raised \$28,058, after 47 days of pedalling. An astounding effort and an inspiration not only to the Parkinson's NSW community, but to the Parkinson's community right across Australia.

Parkinson's NSW Golf Classic

In the space of seven years the Parkinson's NSW Golf Classic has come from humble beginnings to become one of the most successful charity golf days in the country.

This is due, in no small part, to the excellent support from all sponsors and participants. Each year they enjoy a day that is full of great entertainment, fun, prizes and, of course, great golf, on one of the most beautiful and well maintained golf courses in Sydney. In 2013 there was a full field and record attendance to the official dinner.

The event raised a further \$40,000 to the Parkinson's NSW Counselling Service that is staffed by trained and experienced counsellors, who provide vital support and counsel to people with Parkinson's, their carers and families.

We hope you will all continue supporting this marvelous event, not only for its entertainment value, but also for its value to society and for people with Parkinson's disease, their families and carers.

Sponsors



Killara Golf Day

Killara Golf Club hosted a charity golf day on Tuesday 17 June and selected Parkinson's NSW as their charity of choice.

The ladies at Killara Golf Club raised \$15,000 for Parkinson's NSW to go towards vital support services and continuing research. Charity Convenor Stephanie Anderson along with the Killara Golf Club Ladies' Charity Committee organised a fantastic day with amazing raffle prizes and a very successful auction.

The ladies truly got into the spirit with dressing up for the occasion. All members wore amazing outfits with some dressing up as tulips. They even had a Tiny Tim. It was a wonderful day of golf with CEO Miriam Dixon attending the lunch.

Woollahra Golf Day

Club members from Woollahra Golf Club in Rose Bay gather each year to compete in an 18 hole charity golf event. Gloria Carter, a Parkinson's NSW volunteer, proposed the organisation select Parkinson's NSW as its charity of choice. A total of \$22,300 was raised towards supporting our counselling services in the Eastern Suburbs. A number of raffle and auction items were organised and the club put on a fantastic day for its members. We thank Gloria Carter for all of her efforts in the organisation of this fundraiser and Woollahra Golf Club for hosting this event.

THE BIG RIDE

This year, on Saturday 29 March, over 100 riders took the challenge to ride from Sydney to Parkes on the Big Ride 4 Parkinson's raising awareness and funds for vital support services. We had riders representing various clubs all showing their support for our cause. They were greeted, at the start, by our fantastic supporters from Strathfield Rotary with bacon and eggs rolls and hot coffee to set them on their 360km journey across the Blue Mountains via Blackheath and Lithgow, to Bathurst, Orange and then on to the Big Dish at Parkes. At each stop Rotary and Lions Clubs supported our riders with sweet treats and meals, with food provided by Woolworths.

On the Saturday night our riders, along with the locals, were invited to Parkes Showground for an evening of food and entertainment.

Angry Anderson (former Rose Tattoo frontman) and Brendan "Jonsey" Jones (from Sydney's Number 1 radio station WFSM) were invited to attend as ambassadors along with Dave McKenna, Australia's number 1 Professional Street Bike Stunt Rider who performed a 20 minute stunt show at Parkes Showground. Angry Anderson performed alongside local Orange band The Millthumpers to the delight of the riders and locals in attendance.

All involved had a fantastic time and we look forward to next year's Big Ride 4 Parkinson's leaving on 14 March.

We would like to thank all of our riders and sponsors for helping us raise over \$10,000 this year.

Sponsors

Fraser Motorcycles
Exodus Doors
The Pymble Wizard Handyman and Gardening Service
Betta Motors
Woolworths Petrol
Coates Hire
Parkes Shire Council
CSIRO





UNITY WALK&RUN

Your wonderful support has once again ensured the sixth annual Parkinson's NSW Unity Walk & Run held on Sunday August 25 was a huge success. With more runners and walkers participating than in previous years, total attendance was a record 2029. We raised over \$200,000 with our online fundraising portal officially closing off on 9 September.

The 8km run attracted some of Australia's elite athletes, with the men's winner, Thomas Do Canto, an accomplished runner having won, as a junior, NSW and Australian titles in long distance track and out of stadia events, and the women's winner, Jenny Blundell, has represented Australia at World Youth & World Junior level and represented Australia at the U/21 tour of Germany. Jenny is only 19. This is so very pleasing because it shows our event is up there with the majors; something we are very proud of.

We had a fantastic showcase of services available to people living with Parkinson's and a great finale, showcasing young talent. Greta Argy and Connor Lambrou did a fantastic job closing the show, sharing their personal experience of how Parkinson's has effected someone they love dearly.

Parkinson's NSW is eternally grateful for the faith you have shown in our event that has seen it grow from fairly humble beginnings to be one of the biggest and best of its kind in the country. Many of you have been with us since day one,

This great event has now seen well in excess of \$500,000 go to research into Parkinson's disease and to support people with Parkinson's and their families. We hope we will have your continued support.

Sponsors

Presenting Sponsor

Bendigo Bank

Major Sponsors

Hawaiian Airlines Hawaii Tourism Oceania

Holiday Inn Resort Waikiki Beachcombers

Rebel 2CH & 2GB

Supporting Sponsors

Boehringer Ingelheim Clubs NSW Runners World

Event Sponsors

Lundbeck

Medtronic

UCB

MSD Australial

In Kind Event Sponsors

Outback Steakhouse Starshots Caringbah

Novotel Sydney Olympic Park

Festival Hire Artisse Organic Athletics NSW

Expert Results Transport NSW Vital Health Foods

Web Adventures Sydney Olympic Park Authority

Presented By  **Bendigo Bank**

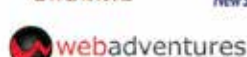
Major Sponsors



Supporting Sponsors



Event Sponsors



HELP FOR PEOPLE LIVING WITH PARKINSON'S

"THEY ARE A COMMITTED TEAM, WORKING TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH PARKINSON'S."

Teddy, Parkinson's NSW Volunteer

Counselling

The counsellors at Parkinson's NSW strive to provide a service that is both compassionate and client focused. These sessions are provided by phone, face-to-face appointments or clinic visits. We continue to investigate a way to use iPads to enhance counselling sessions. These services attract no cost nor are they time or occasion limited. The counsellors are available to anyone whose life is affected by Parkinson's.

Counselling can be helpful at different times in a person's journey with Parkinson's, with both the context and the concerns changing. Sessions range from information and education, to being reassuring and validating, or addressing specific concerns. But hopefully, they are always positive, flexible and client centred.

The aim remains helping people to live in a manner that is more satisfying and resourceful. Our role is always to help maximise their choices, resources and is respectful of their core values. For counselling to be useful it needs to make sense not only from a culturally appropriate perspective but also accommodating of their view of the world.

Living with Parkinson's is not always easy but with care, on-going support and accurate information it hopefully won't be as challenging. To be able to adapt and adopt different strategies and remain positive helps someone living with Parkinson's to continue to lead a life that has meaning and purpose.

This year there have been over 1,400 counselling sessions. The majority of these have been booked telephone sessions.

Counselling clients are very appreciative of the help they receive and we are privileged to continue to offer them help

InfoLine

The Parkinson's NSW InfoLine is often the first point of contact for many people living with Parkinson's disease. For this reason Parkinson's NSW staffs the InfoLine with a range of health professionals to better serve our members.

The staff assist with answering enquires on a wide range of subjects for people living with Parkinson's, health

professionals and from the general public.

The health professional team that staff InfoLine includes Registered Nurses, an Occupational Therapist and Counsellors.

To ensure staff are kept up to date in the treatment and management of Parkinson's, the staff regularly attend internal and external education sessions, and as a team, they review recent articles and participate in online educational opportunities.

There continues to be an increase in health professionals, including Registered Nurses and General Practitioners contacting the InfoLine for information on Parkinson's. There has also been an increase in the amount of health professionals referring their patients to the InfoLine.

Calls are varied including complex crisis calls, advocacy 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.

Health professionals are requesting management strategies and care planning advice for patients. These requests are made from a variety of health care settings including Community Care, Day Care Hospitals, Aged Care Facilities, Public and Private hospitals.

Our InfoLine staff are supported by our Scientific Advisory Committee. This committee comprises of leading clinicians and researchers and InfoLine staff are actively involved in the development of resources and education.

Education

Professional education, provided by Parkinson's NSW aims to bring about positive changes in professional practices, client management including medication management and healthcare outcomes. Combined with the provision of printed educational materials this highly regarded education assists to improve healthcare professionals' awareness, knowledge, attitudes and skills. (cont.)

VOLUNTEERS

TEDDY'S STORY

"My husband was diagnosed with Parkinson's at age 46 years and lived till 69. This was why I volunteered in August 2007 to help in anyway I could at Parkinson's NSW.

Everyone in the office is very welcoming to all the volunteers. They are a committed team, working to improve the quality of life for people living with Parkinson's. I am hopeful those working in the medical field will find a cure.

I really enjoy my days at the office. I work at the front desk answering incoming phone calls and opening the mail but I'm happy to help in anyway I can."

Teddy has terrific computer skills, wonderful energy and enthusiasm.

No challenge is too large.



During this financial year there were 41 individually tailored and interactive educational sessions by qualified educators with 906 participants. Additionally, there remains an increase in metropolitan requests and a decrease in regional education.

Individual certificates of attendance are provided to health professionals by Parkinson's NSW for their proof of Continuing Professional Development and registration requirements.

We also conducted a one day program in May for People with a Recent Diagnosis of Parkinson's and was also attended by family members and friends.

Support Groups

Support Groups are informal, self-managed groups for people with Parkinson's and their caregivers. Their purpose is to share information and offer mutual support in a spirit of self-acceptance. It is also a place where other family members and friends can feel welcome and sustained.

Our Support Groups meet regularly right across NSW. Parkinson's NSW assists through the support group coordinator and by providing resources and opportunities for support group leaders to meet, swap notes and stay in touch through both face-to-face meetings and teleconferencing. We also conduct a telephone support group for people living with Parkinson's Plus conditions and our young women's support group (the Tulip Belles) and Working Age Men's Network stay connected via phone and face-to-face meetings.

Throughout the year, our Support Group Coordinator travelled to meetings in metropolitan and regional areas and at Awareness Walk's, seminars and workshops organised by local Support Groups. Last financial year, a new Support Group was formed in West Wyalong with both the coordinator and CEO present at the first meeting.

In addition to providing support, our groups play a vital role in raising awareness of Parkinson's disease in their local areas. The groups are also active

during Parkinson's Awareness Week in the first week of September.

If you would like more information on Support Groups in your area please call our Support Group Coordinator on 1800 644 189.

SHOALHAVEN NEUROLOGICAL NURSE SERVICE

384 REFERRALS
210 CLIENTS
1,000 FACE-TO-FACE
CONSULTATIONS
2 PARKINSON'S SUPPORT
GROUPS
2 DANCERCISE CLASSES
2 CARERS GROUPS

Life in the Shoalhaven is busy



Tulip Day, Ulladulla



Tulip Day, Nowra

The Shoalhaven Neurological Nurse Educator Service (the service) has been running for four and a half years. We have received 384 referrals with 210 active clients, conducted over 1000 face-to-face consultations and travelled almost 90,000 km .

Since September 2013, the service was funded by the Illawarra Shoalhaven Medicare Local (Grand Pacific Health) with the area covered now extended north to Kiama, covering an extra three major towns (Kiama, Gerringong and Gerroa). The service covers 17 Residential Aged Care Facilities and five hospitals (three public, one private, one rehabilitation). One hundred percent of the consultations are home visits or visits to residential aged care. These are visited regularly to give assistance with managing the complex symptoms of Parkinson's, as well as providing on-going education to facility nurses and allied health professionals.

The service attends the two Parkinson's Support Group Meetings each month. Runs two Carers of People Living with a Neurodegenerative Condition Support Groups each month as well as running two Dancercise classes per week with Dance Instructor Jaye Cartwright. Up to 12 people attend the Carers Group meetings and Dancercise classes attract from 4-16 per class.

It has been a very busy year for raising community awareness in the Shoalhaven, starting with the first Tulip Day for World Parkinson's on 11 April, where we prepared and sold over 500 'real-to-touch' tulips as well as raising \$2000 to go towards our Dancercise classes and Carers Week activities in October. As the Shoalhaven Citizen of the Year for 2014, I have also been attending many community groups, showcasing the service and educating people diagnosed with Parkinson's, their carers and family members, the community and the healthcare system about the challenges and misconceptions of living with Parkinson's and other neurodegenerative conditions; and how as community members we can help support those affected by Parkinson's. We now have a ladies working-bee group who regularly get together and provide community awareness and fundraising for both local needs and the needs of PNSW.

The car, an invaluable asset, provided by the Milton and Sussex Inlet Branches of the Community Bendigo Bank. After 4.5 years of service it has been returned and a new car provided by the Shoalhaven RSL through Clubs NSW. The Shoalhaven Community are very generous and have amazingly big hearts continuing to support the service in any way they can.

Life in the Shoalhaven continues to be busy, but also very rewarding as we adapt and change to the needs of our clients and the community.

Marilia Pereira
Shoalhaven Neurological Nurse Educator

TREASURER'S REPORT



PHILLIP MAUNDRELL
Treasurer

It is with pleasure that I report to the members of Parkinson's NSW on the financial position and trading results for the year ended 30 June 2014.

Parkinson's NSW achieved a surplus in 2014 of \$145,606 compared to a surplus in 2013 of \$111,124. The past two years have reversed the loss trends in previous years and place the organisation in a more favourable financial position to move forward.

Our total income was up \$72,000 on prior year which was a reasonable result. The most pleasing increase was for general donations (\$446,000 in 2014, \$288,000 in 2013). Some changes were made to the method for appeals and this appears to have had a significant impact.

Contributions from our fundraising activities were up \$52,000 but this was owing to reduced costs rather than increased gross receipts, which were static. This is an issue the Board needs to address for the future, particularly in relation to the Unity Walk. The Big Ride 4 Parkinson's event showed a surplus this year compared to a deficit last year, a \$30,000 turnaround.

The most significant contributor to the result was reduced expenditure. Eliminating research and grant expenses, other costs were down \$153,000. Most of these reductions were in fundraising and non-recurring expenses for the Support Leaders meeting and the NGO awareness campaign. All other expenses were in line with budget.

Parkinson's NSW were able to expend \$263,000 on research programs for the year and this was achieved without any grants from the Parkinson's NSW Trust. This has placed us in a strong position to continue the grant program at similar levels.

Our cash reserves increased during the year by \$635,000, with a total of \$1,348,000 now held in account. Of this amount \$545,000 are grants, Support Group funds and Nurse project funds that we are holding in trust or future expenditure.

I am particularly pleased with the current financial position of the organisation where our cash cover for recurring expenses has now been restored to the objective of nine months. This now places us in a position to utilise future surpluses for new projects or to expand current services.

I take this opportunity to thank Chris, Linda, Claire, Julie and Marianna in the administration area of Parkinson's NSW for the wonderful support that they have provided to me in the past year and for the hard work that they put in each working day. Also I would like to thank the Board for the support they have provided and their hard work for PD in general.

P W Maundrell
Treasurer

INCOME AND EXPENDITURE STATEMENT

AS AT 30 JUNE 2014

	Note	2014	2013
Income			
Donations and grants	2	1,270,878.59	1,244,373.63
Subscriptions	3	35,412.36	34,460.77
Other income	4	24,677.52	28,873.40
Interest received		22,183.73	26,620.03
Transfers from :			
Unity Walk	5	138,473.75	104,683.70
Golf Day	6	33,214.63	43,919.11
Big Ride 4 Parkinson's	7	10,779.95	-18,830.77
Total income		1,535,620.53	1,464,099.87
Expenses			
Salaries and employment costs	8	714,936.19	762,863.82
Education, support and promotion	9	135,789.42	228,229.38
Nurse specialists		120,024.92	149,160.56
Research grants and bequest	10	265,391.35	75,303.43
Operating expenses	11	153,872.55	137,419.02
Total expenses		1,390,014.43	1,352,976.21
Net profit (loss) attributable to the association		145,606.10	111,123.66

Statement of changes in equity

Accumulated funds

Accumulated funds at the beginning of financial year	674,409.31	563,285.65
Current year surplus (deficit)	145,606.10	111,123.66
Accumulated funds at the end of the financial year	820,015.41	674,409.31

The accompanying notes form part of these accounts

DETAILED STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2014

	Note	2014	2013
Current assets			
Cash	12	1,348,573.63	713,137.10
Debtors	13	19,817.50	18,080.32
Prepayments		21,623.99	68,862.44
Merchandise on hand		12,846.67	10,839.23
GST refund		1,783.73	20,953.40
Parkinson's NSW Trust		3,300.00	172,460.50
Total current assets		1,407,945.52	1,004,332.99
Non-current assets			
Plant and equipment	14	95,646.33	98,334.33
Total non-current assets		95,646.33	98,334.33
Total assets		1,503,591.85	1,102,667.32
Current liabilities			
Creditors		31,089.94	29,723.97
Employee entitlements		95,802.56	96,299.37
Grants received held in Trust	15	104,428.90	48,292.19
Money held on behalf of Support Groups	16	255,042.80	195,032.30
Prepaid membership fees		8,756.99	23,126.11
Parkinson's Australia - Neurological Nurse Project		0.00	35,784.07
Prepaid income - Nurse Specialist		188,455.25	0.00
Total current liabilities		683,576.44	428,258.01
Total liabilities		683,576.44	428,258.01
Net assets		820,015.41	674,409.31

The accompanying notes form part of these accounts

STATEMENT OF CASH FLOWS

AS AT 30 JUNE 2014

	2014	2013
Cash flow from operating activities		
Receipts from members and sponsors	1,578,107.74	1,523,933.18
Payments to suppliers, members and employees	-948,515.94	-1,595,269.75
Interest received	22,183.73	26,620.03
Net cash provided by (used in) operating activities	651,775.53	-44,716.54
Cash flow from investing activities		
Payment for plant and equipment	-16,339.00	-13,690.91
Net cash provided by (used in) investing activities	-16,339.00	-13,690.91
Net increase (decrease) in cash held	635,436.53	-58,407.45
Cash at the beginning of financial year	713,137.10	771,544.55
Cash at the end of financial year	1,348,573.63	713,137.10

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2014

Note 1: Statement of significant accounting policies

Basis of Preparation

The financial report is a special 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.

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.

NOTES TO THE FINANCIAL STATEMENTS

AS AT 30 JUNE 2014

(e) cont.

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.

Classification and subsequent measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- the amount at which the financial asset or financial liability is measured at initial recognition;
- less principal repayments;
- plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- less any reduction for impairment.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

NOTES TO THE FINANCIAL STATEMENTS

AS AT 30 JUNE 2014

(i) *Financial assets at fair value through profit or loss*

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) *Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(iii) *Held-to-maturity investments*

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

(iv) *Available-for-sale financial assets*

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

(v) *Financial liabilities*

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair Value

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment

At each reporting date, the association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether impairment has arisen. Impairment losses are recognised in the Income Statement.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the association no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled

or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(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.

(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.

Key estimates – Impairment

The association assesses impairment at each reporting date by evaluating conditions specific to the association that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

NOTES TO THE FINANCIAL STATEMENTS

AS AT 30 JUNE 2014

Note 2: Donations and Grants

	2014	2013
In memoriam	43,754.87	35,529.41
Support Groups	9,620.00	12,667.68
Williams estates	140,000.00	151,000.00
Members	13,580.00	21,892.00
Corporate	10,200.00	25,035.00
Research	253,542.41	232,352.14
General	445,925.58	288,178.05
Bequests	215,927.91	185,014.08
In Kind	0.00	1,000.00
Nurse specialist	120,024.90	152,634.31
General	18,038.37	80,000.00
Australian Chinese Foundation	0.00	33,000.00
Sport & Rec Young onset	2,000.00	0.00
DFACS small equipment grant	-1,735.45	1,971.01
NGO grant program		24,099.95
	1,270,878.59	1,244,373.63

Note 3: Subscriptions

Life membership	7,000.03	5,409.06
Renewals	27,957.82	28,324.43
Association membership	454.51	727.28
	35,412.36	34,460.77

Note 4: Other Income

Sale of merchandise	13,220.38	8,853.93
Sales commission	0.00	-1,900.32
Less: Cost of Goods Sold	-11,443.51	-13,214.05
Gross Profit (Loss) from Merchandise	1,776.87	-6,260.44
Chinese fundraising dinner	600.00	2,970.00
Seminar fees	7,718.18	22,292.98
Education	200.00	-120.00
Other income	10,033.79	8,515.40
Parkinsong	2,735.00	0.00
Newsletter	1,613.68	1,475.46
	24,677.52	28,873.40

Note 5: Unity Walk Account

	2014	2013
Registrations	64,336.27	59,776.03
Donations	11,746.20	10,193.78
Sponsorship	166,172.42	166,713.49
Total Income	242,254.89	236,683.30
Less expenses	-103,781.14	-131,999.60
	138,473.75	104,683.70

Note 6: Golf Day Account

Donations and sponsorship	46,439.85	50,907.43
Registrations	8,788.92	14,509.09
Total Income	55,228.77	65,416.52
Less expenses	-22,014.14	-21,497.41
	33,214.63	43,919.11

Note 7: Big Ride 4 Parkinson's

Donations and sponsorship	22,642.11	12,391.57
Registrations	0.00	0.00
Total Income	22,642.11	12,391.57
Less expenses	-11,862.16	-31,222.34
	10,779.95	-18,830.77

Note 8: Salaries and Employment costs

Wages and salaries	663,649.46	622,574.32
Fringe Benefits Allowance	154,928.32	157,298.66
Superannuation contributions	88,329.98	98,178.25
Leave accruals	-10,773.75	15,099.08
Professional development	4,443.09	622.38
Consultant and temporary staff	12,196.17	25,924.36
Recruitment	1,000.32	3,371.18
	913,773.59	923,068.23
Less: Recoveries on grants	-78,812.48	-160,204.41
	834,961.11	762,863.82

Note 9: Support, education and promotion

Service costs	6,275.42	5,142.51
Counselling expenses	483.09	1,870.18
Member and volunteer activities	14,104.93	17,969.90
Support Groups	11,205.61	18,513.92
Education expenses	21,383.15	15,020.20
General awareness expenses	28,956.81	45,578.82

NOTES TO THE FINANCIAL STATEMENTS

AS AT 30 JUNE 2014

Note 9: cont.	2014	2013
Public relations and fundraising	50,036.92	55,661.41
Publications and resources	2,323.99	1,697.83
Parkinson's Australia	368.32	38,197.00
Corporate sponsorship	0.00	6,310.00
Political strategy	651.18	22,267.61
	135,789.42	228,229.38

Note 10: Research Grants and Bequest Expenses

Bequest expense	2,793.63	4,177.23
Research expense	262,597.72	71,126.20
	265,391.35	75,303.43

Note 11: Operating Expenses

Accounting fees	16,865.00	15,540.00
Fees to auditor for -		
auditing	4,075.00	4,750.00
other services	0.00	0.00
Depreciation	19,027.00	15,700.00
Travel and accommodation - Conferences	11,608.04	10,458.80
Telephone and communications	10,013.23	9,482.60
Internet expense	58.63	256.36
Insurance	18,978.82	17,934.28
Office expenses	27,314.42	23,084.47
Postage	17,554.61	11,547.67
Printing	1,938.91	2,153.00
Repairs and maintenance	5,384.36	997.82
Staff amenities and meetings	1,377.43	960.39
Membership and subscriptions	4,691.10	7,184.09
Stationery	7,776.81	10,826.54
Legal expenses	1,008.00	0.00
Restructure	6,201.19	6,543.00
	153,872.55	137,419.02

Note 12: Cash Assets

Bendigo Bank trading account	1,293,508.85	570,831.36
Bendigo Bank term deposit	0.00	0.00
Bendigo Bank - Commonwealth Grant	10.86	10.75
Cash on hand	400.00	400.00

	2014	2013
Commonwealth Bank of Australia	54,653.92	22,910.94
Macquarie Bank term deposit	0.00	118,984.05
	1,348,573.63	713,137.10

Note 13: Debtors

Unity Walk sponsorship		
Debtors	17,730.12	16,389.06
Sundry debtors	2,087.38	1,691.26
	19,817.50	18,080.32

Note 14: Plant and Equipment

Office Equipment	161,467.33	239,417.33
Less: Accumulated depreciation	-65,821.00	-141,083.00
	95,646.33	98,334.33

Note 15: Grants Held In Trusts

Bondi Lions Club	16,340.00	9,000.00
CDSE Grants	600.00	2,353.82
Cromwell Grant	50,000.00	0.00
Dance for Parkinson's	2,395.62	0.00
Education - General	5,446.06	6,382.82
HACC Training	18,531.27	18,531.27
James N Kirby	0.00	9,409.35
Orange Neuro Nurse	11,115.95	2,614.93
	104,428.90	48,292.19

Note 16: Money held on behalf of Support Groups

Australian Chinese Foundation	0.00	3,248.45
Chinatown Support Group	17,314.19	9,292.13
Coffs Harbour Nurses Fund Support Group	5,814.60	5,814.60
Coffs Harbour Support Group Operating Exp	2,150.00	2,150.00
Eurobodalla	3,080.00	2,130.00
Goulburn Nurses Fund	23,958.60	8,424.00
Hornsby Support Group Nurses	5,000.00	5,000.00
Macarthur Support Group	0.00	500.00
Maroubra - S.G. In Trust	276.00	276.00
Mid Nth Coast Neuro Nurse	61,201.81	0.00
Newcastle PD Nurses Fund	27,409.80	27,409.80
Port Macquarie Support Group	17,552.10	16,606.01
Young Men's Network	91,285.70	114,181.31
	255,042.80	195,032.30



Frost Crane & Co Pty Limited
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Parkinson's NSW Inc
ABN 93 023 603 545
Independent Audit Report

Scope

We have audited the attached financial reports, being special purpose financial reports, for Parkinson's NSW Inc, comprising the Detailed Statement of Financial Position as at 30th June, 2014 and Income and Expenditure Statement and Statement of Cash Flow for the year ended on that date.

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.

Committees' responsibility for the financial report.

The Committee members are responsible for the preparation and fair presentation of the financial report and the information contained therein. 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.



**Chartered
Accountants**

NUMBER ONE IN NUMBERS

Liability limited by a Scheme approved under
Professional Standards Legislation





Frost Crane & Co Pty Limited
ABN 49 120 561 168
A Division of Frost Crane & Co
ABN 53 212 599 029

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Carlingford NSW 2118
Unit 1, 7 Lloyds Avenue
Carlingford NSW 2118

Phone (02) 8820 2020
Fax (02) 9872 7400
Email contact@frostcrane.com
Web www.frostcrane.com

Parkinson's NSW Inc
ABN 93 023 603 545

Independent Audit 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.

Auditor's Opinion

In our opinion, the financial report presents fairly, in accordance with the accounting policies decided upon by the Committee, the financial position of Parkinson's NSW Inc as at 30th June, 2014 and the results of its operations for the year then ended.

Allan Dodd FCPA
Frost Crane & Co Pty Ltd
23 September, 2014



**Chartered
Accountants**

NUMBER ONE IN NUMBERS

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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 Committee members of Parkinson's NSW Inc :

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year under review, there have been no contraventions of :

(a) the auditor independence requirements as set out in the said Act in relation to the audit; and

(b) any applicable code of professional conduct in relation to the audit.

Allan Dodd FCPA
Frost Crane & Co Pty Ltd
2 September, 2014

DONATIONS

Scott Abbot
 Kevin Abbott
 Joyce Abdelsater & Family
 Maria Acar
 Nancy Adam
 Robyn Adams
 Beverley Adcock
 Cleone Addison
 A Adler
 Pam Aikman
 Natalie Albury
 Bruce Alexander
 John Alford
 Kevin & Rhonda Allsop
 Cynthia Amaral
 Marina Amistpong
 Elizabeth Anderson
 David Anderson
 Robert Anderson
 G Andreou
 Claire Andrews
 Anonymous
 Socratis Antoni
 Paula Argyropoulos
 Andrew & Panayiota Aristides
 Jenny Armstrong
 Elizabeth Armstrong
 Jenee Armstrong
 Shirley Arrow
 Martin Ash
 Warren Ashley
 Robert Ashon
 Susan Asplund
 Christina Avramides
 Jackie Bailey
 R Baird
 Brian Baker
 Leona Baker
 Jan Ball
 Eileen Bamford
 Karl & Doris Bardakjian
 Norma Barker
 Norma Rae Barker
 Noel Barnes
 Rob Barnwell
 Catherine Bartho
 Robyn Bartlett
 Thomas Bartlett
 Margaret Bartley
 Peter Barton
 Frank Barton
 G Bassier
 Deanne Bassili
 Catriona Bate
 Wendy Bate
 Sybil Battersby
 Leslie Battle
 Linda Bayer
 Debbie Bayliss
 C & Joanne Beaumont
 Jan Beck
 Clarrie Beckingham
 Rosslyn Beenie
 Ken Beenie
 Evan Bekiaris
 Rosie Bennet
 Natalie Bennett
 Irving Benton
 David Berman
 Sandra Berman

Antonio Berra
 Rose Bersten
 Gillian Bersten
 Peter Best
 Usha Bhalla
 Mark Bible
 Frances Bible
 Stephen Bible
 Eric Biddle
 George Birdsall
 Gerd Birkefeld
 Alan Bishop
 Selwyn Black
 Helen Black
 Raymond Black
 Sylvia Blackshaw
 M Blake
 Shirley Bland
 Don Blandford
 Kevin Blume
 Serge Bodlander
 Brian Bolland
 Elio Bombonato
 Margaret Booth
 Richard Bossina
 Bill Bosward
 Ken Bosward
 Joe & Clare Boulous
 Derek Boulton
 John Bounds
 Brenda Bourke
 Paul Bourke
 C Bouzanis
 John Bowden
 Llew Bowen
 Simone Bowskill
 Susan Boxall
 Robert & Lyn Boyd
 Peter & Karen Bradley
 Elsie Brewer
 Karen Bridge
 Brian Brigham
 Heather Brindley
 Alan Brindley
 Judy Brooks
 GJ & GJ Brown
 IG Brown
 Gwyn Brown
 Lurline Brown
 Beryl Brown
 Keith Brown
 Joan Brown
 Martha Brown OAM
 Wesley Browne
 Browne Family
 Max Browning
 Ray Browning
 Judith Bryant
 Howard Bullock
 Sue & Keith Buls
 Helen Bultitude
 Leslie Bunker
 Carolyn Bunney
 Eleanor Burchett
 Andrew Burgess
 Kim Burgess
 Elizabeth Burgess
 Karen Burgoyne
 Fred Burke
 James Burn

Betty Burns
 Julia Burns
 June Burns
 ML Burrage
 Yvonne Burton
 Ronald Butler
 George Butler
 Stephen Butler
 Paula Butler
 John & Norma Byles
 Bruce Byrn
 Noeline Cable
 Louise Cahill
 C Cain
 Grahame & June Caisley
 Murray Caisley
 B & N Callaghan
 Alan Cameron
 John Cameron
 Ian Cameron
 John Cameron
 Allan Campbell
 Reginald Campbell
 Glenn Campbell
 Judy & Bruce Candy
 Ian Canham
 Beth Card
 Gloria Carter
 Bill & Sapina Carter
 Rosaria Caruso
 Myra Chalmers
 Ronald Chandler
 Aurora Charabati
 Mona Charabati & Family
 Marie Charlwood
 Kushal Chaudhri
 Edward Chawner
 Ruth Cheers
 Siu Hee Cheng
 Ka Cheung Ching
 Angela Cho
 Charles Chou
 Neil Christison
 Elizabeth Christison
 Samuel Chu
 Paul Clapson
 Christine Clark
 Delyse Clarke
 Frank Clarke
 Barry Clarke
 Erica Clarke
 Brian Clarke
 James Clarke
 Rhonda Clarke
 Leila Clifford
 Bettine Coates
 Melanie Cocca
 Christine Coe
 Bruce Coghlan
 Harry Cohen
 Pamela Cohen
 Erasimo Colacicco
 Les Colebrook
 Dick Collingridge
 Pamela Collins
 WN Coman
 C & H Comino
 John & Sharon Conner
 E & J Connor
 Paul Conroy

Judith Cook
 Merle Cookson
 Michelle Cooper
 Dennis Cooper
 Vivianne Cooper
 John Cooper
 Robert Coote
 Phil Coram
 V Cornell
 Allira Corning
 PA & YE Corrigan
 Alan & Joy Coulton
 Margaret Couzens
 Michael Coveney
 Simon Cowley
 P M Cowley
 Kim Cox
 Don Crane
 Doreen Creer
 Federico Crocker
 James Croll
 John Crosby
 Ann Crosby
 Chrissie Crowley
 Ian Crystal
 Mark Culbert
 Gina Culverson
 Jan Cumming
 Robin & Margaret Cummins
 Stewart Cummins
 Josephine Cushman
 Barbara Cuthbert
 George & Afifi Dalla
 Hew Dalrymple
 Keith Daniel
 Lois Dannecker
 A & D Danon
 James Dark
 Beryl Davenport
 Andy Davey
 Margaret Davey
 Joan Davidson
 Helen Davies
 Lewis Davies
 Deanna Davies
 Chris Davis
 Edda Davis
 Russell Dawes
 Graham Dawkins
 Norma de Couter
 William De La Garde
 Marie de Lepervanche
 Trish Dean
 Doreen Dean
 Lynette Degotardi
 Tina Dendrinis
 John Dent
 Judy Desmarchelier
 Bassam Diab
 Pedro Diaz
 John Dietsch
 Wendy Dillon
 Spiro & Maroulla Dimitriou
 Miriam Dixon
 Allan Dodd
 Sharon Doherty
 Rory Donnelly
 J D Donoghue
 Trish Donohue
 Ronald Dorrian

Kevin Douglass	Bruce Frank	Maryrose Gulesserian	Frances Howe
Angela Dracott	Shirley Freedman	Dasia Gutman	Donald Howe
Gordon Drummond	John Fuller	David Habulin	Joan Hoyle
Alan Dumbleton	Jill Gaffaney	Denis Hackett	Curt Huffman
B Dumbleton	Stephanie Gagen	Jocelyn Hackett	David & Irene Hughes
Susan Duncan	A & C Gagliano	David Hain	Sandra Hughston
Sue Dunn	S & R Gagliano	G Hain	John Humphreys
John Dunn	Ralph Gagliano	Ina Hainsworth	John Humphreys
Florence Dunn	James & Karen Gardner	Colin Hall	Margie Hunt-Billingsley
Joy Dunn	B Gardner	Michael Hall	Bruce Hunter
Pat Dyball	Raymond Garnsey	Tonyia Hallen	Diane Hunter
A E Earl	Jennifer Garvin	Margo Hallett	Vilma Hurditch
Tobias Earnshaw	Patsy Gattermeier	Piet Hamersma	Michael Huskic
Richard East	R & E Gayner	Cheryl Hamilton	Wayne Hutchings
Bruce Eaton	JA Gemmell	Walter Hamilton	Paul Hutchins
John Eden	Robert Genner	Max Handcock	Mark Hutchinson
Robert Edwards	Thollairathil & Elsa George	Frank Hansen	Pat Hutton
Juliana Edwards	Hassibe Germanos	Shirley Harding	Cheryl Hyde
Noel Egan	George & Rita Germanos	John Harding-Smith	Thomas Ikeda
Catherine Eggins	Laudy Germanos	Veronica Hargreaves	Bill Inglis
Trevor Eichmann	Marie Germanos	Lee Harris	Shaun Ireland
Robin Eliovson	Moussy Germanos & Family	Lois Harris	Penny Irving
Noelene Elliott	John Germon	Linda Harris	Joan Isaksen
Cecilie Elliott	James Gerondis	Yvonne Harris	Robert Israel
Michael Elliott	Antonio Ghiazza	Tina Harrison	Maliq Jaimon
Chris Ellis	Bruce Gibbons	Gavin Hartel	Ken Jarman
Robyn Ellis	Dennis Gibbons	Mitchell Hawes	Lyn Jarrett
Sandra Elms	Judith Gibbs	Phillip Hawke	M Jarrett
Elwyn Elphick	Jayne Gibson	Narelle Hawkes	D & A Jeans
Barry Elson	Elaine Gilbert	Peter Hayes	Jenny Jenkins
WF Elton	Jan Gillespie	Sally He	Stephen & Rhonda Jenkinson
Anthony English	Sonya Gillies	Kel & Jill Healy (sales of stamps)	Joan Jessop
Ernie Erba	Brenda Gillingham	Elizabeth M Heaney	John Jewell
Erika Evans	Susan Giltrap	Jim & Libby Heaney and Family	Rita Joannou
Derek Evans	Joy Gimbert	Joyce Hedlund	Ronald Joffe
Deb Evans	Julie Gissing	Vera Heil	Beverly Johnson
Barry Eveleigh	Marion Gledhill	Ray Heilman	Elfriede Johnson
Donald Evins	Maureen Gleeson	Don Hellstern	Penny Johnson
M Ewing	Helen Gleeson	Bill Henderson	Margaretha Johnson
Brenda Eyles	Andrew Glover	Rita Henry	Richard Jones
Peter Fabian	Geraldine Godbold	John Herbert	Robin Jones
Edward Fackerell	Wendy Goffet	Helen Herculson	Allan Jones
Carmel Fahy	Sherri Goldman	Jennifer Hershon	Edwina Jones
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Parkinson's is a chronic, progressive, neurological disorder. It shows no respect for age or gender with every person living with Parkinson's having a different experience. Parkinson's has no predictable outcome, no known cure and no sure way of knowing what the future will hold.

For many it means loss of freedom and a body no longer in their control. For everyone it means a major life change and the knowledge there is no going back.

Ray is one of the 80,000 Australians diagnosed with Parkinson's disease. For Ray, bike riding gives him back his freedom – if only for a short while. He is in control of his body and his spirits lift with every turn of the wheel. Exercise helps his mobility and his wellbeing.

It is people like Ray, Andrew and the two Glendas that inspires Parkinson's NSW to strive to help all people living with Parkinson's. We thank them for their generosity in sharing their stories.