

2015

ANNUAL REPORT
PARKINSON'S NSW

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.

Front cover: Kevin Stirling
Front cover photograph: Rob Henderson
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FROM THE PRESIDENT



Ignorance is bliss! Little did I realise (and that is with 4 years on the board of PNSW) the workload involved as President of PNSW, nor did I fully understand some of the issues that were facing us. Slowly but surely we have worked through these issues and ticked them off one by one. I believe that we are in a great position to carry on our important work supporting PD sufferers for many years to come.

The most pressing issue was PNSW's re-admittance to Parkinson's Australia. Some two and a half years ago PNSW took the decision to withdraw from PA, as we felt that as an organisation, it was ineffective. It could be said that our withdrawal acted as a catalyst for change within PA. We embraced the changes and are now an active member again. The most important step was for PA to find a CEO. After an extensive search, Steve Sant was appointed. He has now been in the role about 6 months and has been on a very steep learning curve ever since. PA have rebranded the organisation with new logos and a new tag line ... "in this together". Nothing could be truer – as individuals we are in this together with our carers and partners. We are together with the medical community, be it for treatment or through research. And PNSW is very much in this together with all PD suffers, by helping to get us through the hard times with our counselling service, giving general advice through our info line, supporting meaningful activities and innovative research.

We are close to moving into a new 'home' – currently we share office space with Alzheimer's, but due to their additional requirement we had to find a new home. Through some hard negotiating by our CEO Miriam Dixon and our Treasurer Phillip Maundrell, we have not only found a new home on the same Macquarie Hospital campus, but under very favourable terms. By the time you read this we should be installed at our new address.

May 2015 saw the national Parkinson's Conference held in Adelaide – it was an extremely successful event and we had very good representation from PNSW. We not only encouraged PD nurses, our counsellors and other frontline staff to attend but we financially supported a number of delegates.

As has been mentioned elsewhere in this publication PNSW contributed over \$250,000 to research. Our funding would only make up a very small portion of most research projects but it plays a vital part – we provide the seed funding which enables researchers to get their program started and hopefully this helps

them to get further funding via major research institutes, the government or industry.

Another important event was our support group leaders' meeting. They are the unsung champions of PNSW. We have some 65 support groups and they do a fantastic job helping people whose lives have been disrupted by PD.

Other initiatives that have been introduced over the last year or so - Dancing for Parkinson's, Punchin' Parko's and Parkinson's are all thriving. I totally support the concept that exercise can help reduce the severity of some of the symptoms of PD. You are going to hear a lot more about exercise and PD in the coming years.

Thank you to all the board members; we rely on your efforts to keep PNSW on the right track. We have had a successful year by most measurements – financially we are in a reasonably strong position. We made some headway in increasing our nurses, with an additional nurse now operating out of Coffs Harbour, thanks to Vera Heil and her team, whose efforts made this a reality. Our counselling coverage in the eastern suburbs has been expanded, with Shushann Movsessian now operating an additional day each week out of the Wolper Jewish Hospital.

We are self-funded and rely on our members and supporters to fund our operations – a big thank you goes to all of our corporate sponsors and to everyone who helped us during the year either by joining us on The Unity Walk or The Big Ride 4 Parkinson's, participating in the Cromwell Golf Day, by buying a raffle ticket or making a direct donation. Finally, thank you to all of those who have put aside something by way of a bequest.

Also thank you to the staff and volunteers for all your help over the past year.

Andrew Whitton, President

FROM THE CEO



One of the challenges for people living with Parkinson's is the wide variety of symptoms, between individuals, and at different stages of the disease. As an organisation we seek to assist across this range and provide a variety of services and options.

Historically our starting point has been our many wonderful support groups, which continue to provide great support and assistance to many people living with Parkinson's disease.

Since 2001 we have also provided a professional counselling service, and our InfoLine (1800 644 189) is staffed by health professionals. These services provide tailored, accurate and accessible support to people living with Parkinson's, their carers, family and friends.

Over the last decade we have also developed our information and education services including seminars. This year we have added to that, with the rollout of a national training program for allied health staff.

As many people living with Parkinson's, their family and friends turn to the internet for information, we have, with the fantastic assistance of Cromwell Property Group and Surf Pacific web design, launched a new website (pns.org.au). I would encourage you to visit it as it provides easy access to up to date information and resources. We will be progressively adding to the website, including interviews with key researchers and clinicians, to keep up with trends and developments.

The website is also one of our tools to raise awareness in the wider community, including our "Unbutton for Parkinson's" campaign launched on World Parkinson's Day 2015. This has a serious purpose of encouraging the wider community to think about the lives of people living with Parkinson's, and about how they can assist. The campaign is part of a much wider media program to increase awareness of the challenges for people living with Parkinson's.

A key priority for our organisation is to maintain and increase the number of Parkinson's specialist nurses, who we have shown can make a significant difference to the lives of people living with Parkinson's.

With assistance from a private donor and the support of the local health service, we established a new Parkinson's specialist nurse position in Coffs Harbour in February 2015.

With the assistance of the Shoalhaven primary healthcare network, we have also been able to maintain our Shoalhaven specialist nurse position for at least another 12 months, in the face of a changing funding model.

Over the last year we have encouraged the development of more activity groups for people living with Parkinson's. These provide exercise, and an opportunity to get together with others facing similar challenges.

We are extremely proud of our research program, which involves providing seed funding grants for NSW researchers, as assessed by an interstate independent expert panel. Eligible researchers include those who look at improving quality of life, as well as those looking to find a cure. The outstanding value obtained from our program to encourage innovation is demonstrated by the fact that three projects initially funded by us, have now obtained substantial external funding including in two cases from the National Medical Health and Research Council and in the third case directly from overseas from the Michael J Fox Foundation.

I would like to thank our volunteers throughout New South Wales who have put enormous energy into assisting others through our organisation.

Those volunteers include our President and some of our board members and volunteers, who are personally living with Parkinson's disease, and who are doing so much to make a difference for others.

I would like to particularly thank our donors and sponsors, who are so important in helping us fund our services and in giving us the financial capacity to provide critical services and encourage ground-breaking research.

I finally would like to thank our President, Board, our advisory committee and our small but highly dedicated staff for their wonderful efforts, as we strive to do even more to support people living with Parkinson's.

Yours in Parkinson's friendship

Mirian Dixon, CEO

THE BOARD



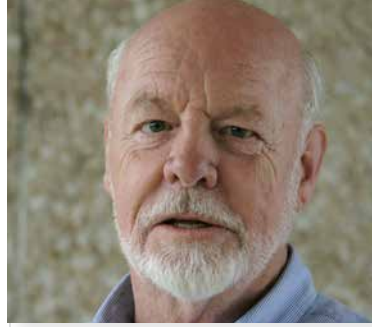
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JOHN SILK OAM



SANDRA ELMS

FORMER BOARD MEMBER

Sandra Elms

Sandra stepped down in March 2015 after serving on the Board as our non metropolitan member since her election in November 2013.

Sandra remains an active supporter of Parkinson's Support groups

in the Hunter region with her dedication and commitment in raising awareness of Parkinson's and support to those living with Parkinson's. Parkinson's NSW would like to thank Sandra for her wisdom and contribution to the organisation.

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 Simon Lewis
Dr Neil Mahant
Ms Sue Mercer
A/Prof Carmelle Peisah
Dr Paul Silberstein
Dr Steve Tisch
Dr Bryce Vissel
Dr Scott Whyte
Prof Carolyn Sue

SPECIAL TASK BEFORE BIG RUN

As if training for the New York Marathon wasn't enough, Hamish Oxley had added another run to his calendar.

The former St Gregory's College student in November will compete against thousands of hopefuls in one of the world's most famous marathons – but before he gets there he has one more event to take part in.

On Sunday, Mr Oxley will run in the Parkinson's NSW Unity Walk and Run event at Homebush in support of family friend Kevin Stirling.

Mr Stirling, friends with Mr Oxley's father since infancy, is living with the debilitating Parkinson's disease.

So Mr Oxley, a 24-year-old carpenter from Oakdale, took up the challenge to participate in the four-kilometre run.

"The event is not just to show support for family and friends with Parkinson's," Mr Oxley said.

"There's also the 'walk' side of it, which is for people who have Parkinson's, to encourage them to become active.

Mr Oxley, a bowler with the Campbelltown-Camden

Ghosts cricket club, said it was a shock when Mr Stirling was diagnosed, and the family did not know too much about the disease.

But now, with Mr Stirling's involvement with Parkinson's NSW, everyone knows the benefits of staying active.

"Kevin has always been active since I've known him, and as there's no cure for Parkinson's, his physical activity helps to delay its effects," he said.

Mr Oxley's heavy training for the New York marathon – running 70 km a week, around his schedule of work and cricket – puts him in good stead for the Unity Walk and Run, and he hopes his involvement will go that little way to help raise awareness of the disease.

Competing in the marathon has been one of his "bucket-list" goals for many years.



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Story by Jess Layt

Photograph: Jeff de Pasquale

BENDIGO BANK RESEARCH GRANT

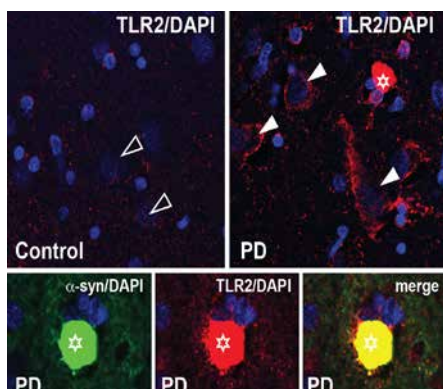
TOLL-LIKE 2 RECEPTORS ON NEURONS AND THE SPREAD OF PARKINSON'S DISEASE IN THE BRAIN



Principal Investigator: Professor Glenda Halliday,
NHMRC Senior Principal Research Fellow, Neuroscience Research Australia

BACKGROUND

The major pathological protein definitive for Parkinson's disease, alpha-synuclein, spreads from brain cell to brain cell in a predictable pattern over time. Understanding how alpha-synuclein is transferred between susceptible brain cells may provide clues for stopping the spread, thus providing potential new therapeutic options for the treatment of Parkinson's disease.



Studies on the cell to cell transfer of alpha-synuclein indicate that it can enter brain cells via receptor proteins on the cell surface. In particular, recent data suggest that a specific inflammatory regulating receptor protein, called toll-like receptor 2 (TLR2), can capture the pathogenic form of alpha-synuclein for internalisation into immune cells. In addition to the immune cells found in the brain, our preliminary data also showed expression of TLR2 on neurons. This may be important for Parkinson's disease, as it is the neurons

that accumulate alpha-synuclein in association with disease progression.

AIMS AND OBJECTIVES

1. To measure the expression of TLR2 in Parkinson's disease brain regions affected by alpha-synuclein accumulation and compare to normal control brains.
2. To determine if the expression of TLR2 increases before or after the accumulation of alpha-synuclein in regions affected by PD pathology

RESULTS

TLR2 is increased in affected brain regions in PD

We measured the protein levels of TLR2 in postmortem brain tissue and found a significant increase in the amount of TLR2 in pathologically affected Parkinson's disease brain, compared to controls. Correlations showed a significant relationship between increasing alpha-synuclein and TLR2 levels, indicating that TLR2 protein is increased in PD brain in association with pathological alpha-synuclein.

TLR2 is expressed on neurons as well as immune cells

Brain tissue is comprised of a number of cell types. To determine exactly which cells express TLR2 we used microscopy and specific markers to label the different types of cells. As expected, brain immune cells showed robust TLR2 expression, however, we also observed TLR2 expression on cells with the morphology of neurons, that also stained positive for

a specific neuronal marker. Quantification of the fluorescence images showed that relatively few neurons in controls were positive for TLR2 ($3 \pm 6\%$), whilst this number was significantly increased in Parkinson's disease brain ($47 \pm 4\%$). TLR2 increased even more with increasing accumulation of alpha-synuclein and indeed, TLR2 was also found to accumulate in neurons in association with alpha-synuclein.

CONCLUSION

Our biological evidence clearly shows that TLR2 protein is expressed on neurons in regions pathologically affected by Parkinson's disease. Importantly, the expression of TLR2 is increased with the progression of alpha-synuclein pathology over the disease course.

NEXT STEPS

The outcomes from our Parkinson's NSW funded project add to evidence that TLR2 could be a target for the treatment of Parkinson's disease. To further validate this concept, it is now required to determine the extent to which TLR2 regulates alpha-synuclein uptake into neurons.

SEED GRANT

UNDERSTANDING THE ROLE OF ATP13A2 (PARK9) IN THE PATHOGENESIS OF PARKINSON'S DISEASE



Principle investigator: Dr Jin Sung Park
Senior Research Fellow/ Leader of Parkinson's disease Unit
Neurogenetics, Kolling Institute of Medical Research, Royal North Shore Hospital and The University of Sydney

Until now, 18 genes/genetic locations have been found in association with familial Parkinson's disease (PD).

Compared to sporadic cases, familial cases are rare and thus account for only a small portion of patients with Parkinson's disease, but investigation into these cases have tremendously advanced our understanding of PD pathogenesis. Kufor-Rakeb syndrome is a rare juvenile-onset familial PD which has been associated with loss-of-function mutations in both copies of ATP13A2 gene. The ATP13A2 gene encodes a lysosomal P5-type ATPase which has been predicted to transport metal ions such as zinc. Recent studies have identified single heterozygous ATP13A2 mutations in some patients with early-onset PD patient, suggesting their role as a risk factor for PD.

In this project, we have investigated the pathogenic effect of single heterozygous ATP13A2 mutations using skin fibroblasts derived from KRS family members and early-onset PD patients. Our data demonstrated that fibroblasts harbouring single heterozygous ATP13A2 mutations had defects in mitochondrial energy production and an increased sensitivity to zinc treatment.

Furthermore, fibroblasts derived from early-onset PD patients expressed less ATP13A2, and showed an increased cell death when exposed to higher zinc levels. These findings indicate that changes in ATP13A2 expression levels disrupt zinc homeostasis and thereby impair cellular energy metabolism, suggesting that the expressional change of ATP13A2 may contribute to the development of PD. For further confirmation, we are currently validating our findings in a larger number of fibroblast lines from PD patients.

PDNSW seed research grant enabled us to carry out this exciting project and we are very grateful to PDNSW for their support of this project.

SEED GRANT

PREDICTING PARKINSON'S AND ITS BEDFELLOWS



Principal Investigator. Associate Professor Simon Lewis, Brain & Mind Research Institute, Sydney Medical School

“But how do you know I have Parkinson’s Doc”, is probably one of the most frequently asked questions I get in the clinic. And of course it is a very fair question given that we do not have a diagnostic test for PD or for that matter, any of the other Parkinson Plus conditions that can look just like PD!

Furthermore, this question becomes even more important when we start thinking about how any future cure for PD might have its best chance of success.

Most patients with PD will be aware that by the time they are first diagnosed they will have lost around half of their dopamine producing brain cells. Therefore, for a cure to be really effective it would be best to treat people before they even develop physical symptoms but how do you go about this? Well, we do know that a number of symptoms have been linked to the risk of developing PD in later life such as losing your sense of smell or developing constipation. However, if you ask the population of NSW over the age of 50y about their sense of smell and their bowels you’d better have a really big waiting room because those symptoms are pretty common as we get older! However, there is one very specific symptom that might be a useful way to screen people at risk of developing PD and related diseases.

Rapid Eye Movement Sleep Behaviour Disorder (RBD) is where people start acting out their dreams. As opposed to sleep walking (which is quite common in the general population often affecting people at a much younger age), RBD is the physical manifestation of your dreams where you might be running, fighting, playing sport but do not get out of bed. These behaviours can result in injury to the patient or their bed partner and are common in PD affecting over half of all patients. Significantly, RBD can pre-date PD by several years giving a potential window for any future cure. However, as always there’s a catch - not everyone with RBD will develop PD in fact some will develop Parkinson mimics like Lewy

Body Dementia (LBD) or Multiple System Atrophy (MSA).

Just like PD both LBD and MSA have cells dying in the brain that contain an abnormal deposit of a protein called synuclein. The pattern of cell death is specific to each disease and as such despite sharing some common features like slowness and stiffness there are important clinical differences as each disease progresses. In LBD, there is a rapid deterioration with patients developing dementia within the first 12 months, whereas in contrast patients with MSA have less memory problems but frequently have early fainting, bladder disturbances and a loss of balance. Thus although PD, LBD and MSA may all start with RBD it appears that they will each progress differently over time. Understanding these divergent clinical courses may allow us to predict who is going to get which disease and when.

The PD Clinic at University of Sydney’s Brain & Mind Research Institute (BMRI) is currently undertaking a study in people who have initially presented to sleep doctors complaining of RBD. Supported in part by funding from a Parkinson’s NSW Seed Grant in 2014, these individuals are now being evaluated using a range of techniques including sleep studies, brain scanning as well as detailed clinical assessments. It is hoped that we will be able to identify robust markers that will allow us to accurately diagnose patients with PD, LBD and MSA before they manifest the typical clinical features that all too often leads to a delayed or misdiagnosis.

SEED GRANT

POTENTIAL OF IONOPHORE THERAPY FOR NEUROPROTECTION IN PARKINSON'S DISEASE



Associate Professor Kay Double, Brain and Mind Research Institute, The University of Sydney (above), Associate Professor David Finkelstein, Florey Institute of Neuroscience and Mental Health, University of Melbourne

This project followed our finding that levels of copper, a metal critical for brain health and function, are significantly reduced in vulnerable neurons in the Parkinson's disease brain. We hypothesised that restoring copper pharmacologically in the Parkinson's disease brain might this represent a novel approach to increase survival of vulnerable neurons. We planned to test this hypothesis using the common toxin model of Parkinson's disease, the 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine mouse, combined with the mo-br mouse strain which expresses a similar deficit in brain copper levels as that seen in the Parkinson's disease brain.

To restore copper these mice would be treated with two compounds previously shown to increase brain copper levels, clioquinol and PBT2. Since awarding of this grant we have had peer-review feedback from a related NHMRC project grant application in this area which indicated that our choice of the mo-br mice as a copper deficit mouse strain would be problematic for publication of the data, as this mouse strain is better known as a model of another disorder of copper deficit, Menkes disease.

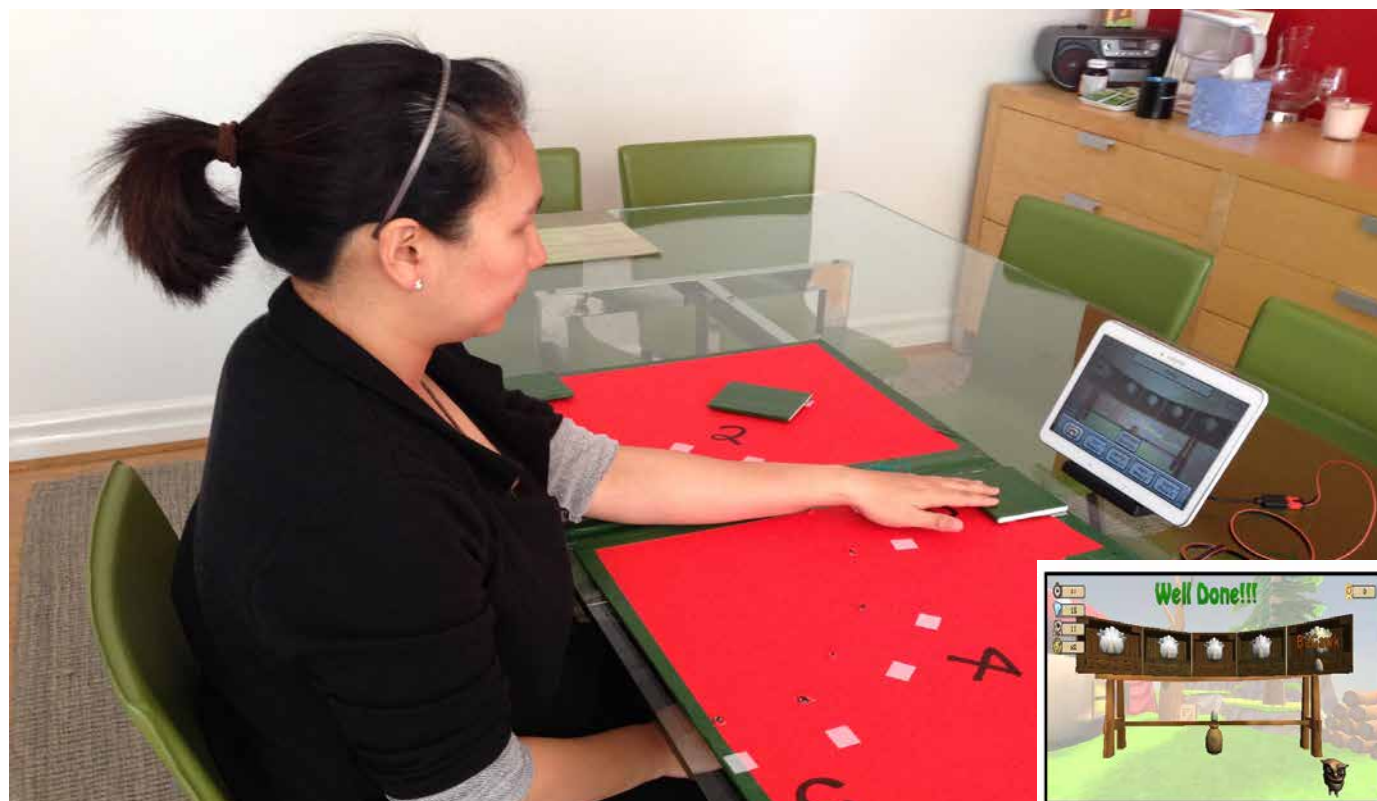
We therefore decided to change the mouse strain to one expressing the same deficit in copper transport protein as we identified in the Parkinson's disease brain (the B6;129-Slc31a1 /J strain, also known as the Ctr1 knock-out (Ctr1-ko) mouse). These mice were developed in the United States and last year were made available to the commercial producer of research mouse strains, Jackson Laboratories, USA. Jackson Laboratories advised us that, due to their standard breeding and genetic testing procedures, these mice would be available for commercial sale in mid-2015.

Given the importance of the use of these mice for this project, we decided to pause the work until Ctr1-ko mice could be made available to us. To date, we have refined the development of some of the methods for this project and placed an order for the breeding mice pairs with Jackson Laboratories which we expect to be filled in July 2015. We have ethics approval at the Florey Institute for the breeding of these animals.

To expedite this project once the mice are available we have recruited a new PhD student, Eurwin Suryana, who will be co-supervised by A/Prof Double and Finkelstein on this project. Research Assistant Ms Veronica Cottam will also be working 0.1 time on the project as described in the application. Eurwin will begin his PhD on July 1st 2015 and is currently drafting the ethics application for the experimental component of the project. As the animals will need some months to breed following their arrival in Australia, we have an amended completion date for this project of Dec 2016.

UNITY WALK GRANT

ACTIVEARMS: A RANDOMISED CONTROLLED TRIAL OF AN INTERACTIVE VIDEO GAME FOR PEOPLE WITH PARKINSON'S DISEASE



The Chief Investigators on this project are Associate 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 Associate Professor Stuart Smith, University of Tasmania. The project is being managed by Dr Natalie Allen and Dr Joeeun Song with research assistance from Ms Rachelle Love, The University of Sydney.

There is an expanding evidence-base demonstrating benefits of exercise for improving balance and mobility in people with Parkinson's disease. Yet the role of exercise in improving arm and hand function has been neglected to date.

People with Parkinson's disease often experience difficulties performing activities with their arms and hands, and these difficulties can have a negative impact on the quality of life of the individual and their family. *Active Arms* in Parkinson's disease is a randomised controlled trial of interactive video games designed to improve arm and hand function in people with Parkinson's disease. Participants are randomly allocated to the intervention (video game) or control (usual care) group.

Two interactive video games were designed specifically for this trial – one which requires the player to make a fast response, and one which requires an accurate response within a specific time frame. The games are played on a computer tablet, using either a game mat (for arm exercise) or a keyboard (for hand exercise) (see main picture).

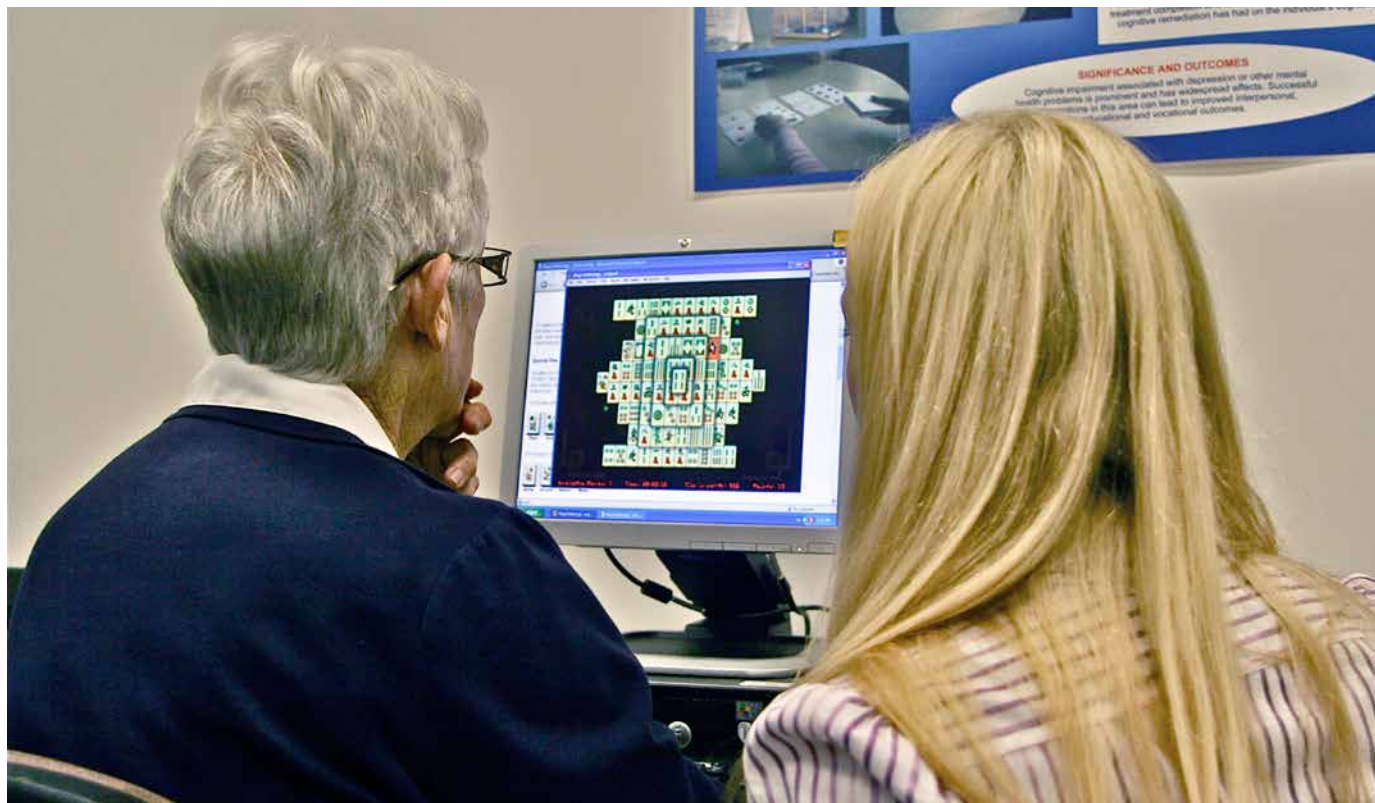
Participants in the intervention group play the games 3 times per week for 12 weeks.

To date, 22 people have completed the trial (12 people in the video game group), and there are a further 5 people currently enrolled. We aim to continue the trial until 38 people have completed. Participants who played the video games have reported that the games were enjoyable, easy to use and challenged their concentration. We are on track to complete data collection by the end of 2015. In early 2016, 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 video game has the potential to provide accessible, sustainable, enjoyable, evidence-based exercise to improve arm and hand function, and to contribute to the development of other interactive exercise video games for people with PD. We are very grateful to Parkinson's NSW and Bendigo Bank for their support of this project.

UNITY WALK GRANT

AN EVALUATION OF *MEMORY PLUS*: AN INDIVIDUALISED MEMORY AND HEALTHY BRAIN AGEING PROGRAM FOR PARKINSON'S DISEASE



Prof Sharon Naismith & Dr Loren Mowszowski, Brain and Mind Centre & School of Psychology, The University of Sydney

Cognitive deficits i.e. difficulties with memory, concentration or other thinking skills in Parkinson's disease are extremely common, with 25-30% of patients reporting difficulties at the time of diagnosis and 50% of patients demonstrating cognitive decline within three years. While there are no known treatments to prevent or slow the rate of cognitive decline in Parkinson's disease, cognitive training is gaining increased attention worldwide as a means to improve memory and even promote brain plasticity. Indeed, arising from prior seed funding provided by Parkinson's NSW, we were the first group to demonstrate that a group-based *Healthy Brain Ageing Cognitive Training Program* could improve memory and knowledge of factors promoting healthy brain ageing in people with Parkinson's disease.

However, our experience with this previous program suggested that some patients needed individualised attention, or could not physically access our specialised facility and staff. As such, individualised cognitive training may be more accessible and/or appropriate for some patients. Individualised cognitive training may be completed independently (e.g. according to a structured workbook); however it has been argued that for optimal effect, memory rehabilitation programs also need to address confidence and self-efficacy, which requires therapist input. Additionally, some of our previous participants clearly required more focused therapy for other non-motor aspects of the disease such as depression, anxiety, sleep disturbance and diet/ exercise, which could be provided by a therapist in a one-on-one format.

The potential for individualised training as a therapeutic strategy is enormously attractive as it represents a viable, accessible

and non-invasive treatment approach to cognitive deficits in Parkinson's disease.

This new study therefore aims to investigate the effectiveness of two approaches for improving cognition (e.g. memory) and wellbeing for people with Parkinson's disease. Specifically, the study will evaluate whether a multi-faceted *Memory Plus* program comprising strategy-based cognitive training and psychoeducation is more effective when delivered by a health professional (where it will be individually-tailored to a patient's needs) or whether it can simply be delivered via workbook, allowing more wide-reaching access to patients.

We believe that this *Memory Plus* program will produce benefits for cognitive and general functioning (e.g. mood and wellbeing); however it remains to be seen whether facilitation by a specialist may afford additional gains. Importantly, regardless of the outcomes of this trial, this program will have direct translatable benefits for patients with Parkinson's disease. If the therapist-led approach is optimal, the program could be implemented via Medicare's *Focused Psychological Strategies* model and the investigators could provide training to interested psychologists. Conversely, if simple provision of material is as effective as therapist implementation, the program could be widely disseminated via workbooks or via the internet for use at home.

We are greatly appreciative of the ongoing support of our research from Parkinson's NSW, which enables us to continue to expand our research and to offer meaningful and effective therapies for cognitive decline in Parkinson's disease. Enquiries regarding this study may be directed to Dr Loren Mowszowski, on (02) 9351 0757 or loren.mowszowski@sydney.edu.au.

UNITY WALK GRANT

ACTIVIN A AS A NEUROPROTECTIVE & ANTI-DYSKINETIC AGENT FOR PARKINSON'S DISEASE



Dr Sandy Stayte and Dr Bryce Vissel, Garvan Institute of Medical Research

The motor symptoms of Parkinson's disease develop when approximately 70% of the dopamine-producing cells are damaged. These nerve cells play a critical role in smooth, purposeful movement and their loss results in the classic signs of Parkinson's: tremors, rigidity, and trouble walking and moving.

Despite decades of research, the exact cause of why cells die in Parkinson's disease remains to be understood and a treatment that is successful at halting the progression of the disease is yet to be discovered. Furthermore, the majority of current treatments are aimed at replacing the dopamine that is lost in order to restore motor function, with levodopa (L-Dopa) the current gold standard. However, long-term use of L-Dopa often results in debilitating L-Dopa-induced dyskinesias. Therefore, the search for alternative therapies is imperative.

Doctors Bryce Vissel and Sandy Stayte from the Garvan Institute of Medical Research were awarded the 2014 Bendigo Bank Parkinson's Research Grant from Parkinson's NSW to support their project, *Activin A as a neuroprotective and anti-dyskinetic agent for Parkinson's disease*. Their work aimed to build upon their previous studies that suggested that activin A may provide a novel treatment for Parkinson's.

Activin A is a member of a group of molecules known as growth factors, which have been shown to play vital roles in the development and survival of dopamine cells. Growth factors such as GDNF and Neurturin have received considerable attention in the Parkinson's research field in recent years due to their potential neuroprotective and restorative properties, however some setbacks in human clinical trials have resulted in a need to identify other growth factors that may work through novel ways. Doctors Vissel and Stayte have demonstrated that by administering activin A directly into the brains of mice using a "minipump" delivery system, the animals that had significantly

higher numbers of surviving dopamine cells in a model of Parkinson's disease, suggesting a potent neuroprotective effect of activin A.

Doctors Vissel and Stayte then decided to investigate how activin A may be exerting its neuroprotection. Based on previous work conducted in the lab, they hypothesised that activin A was inhibiting the harmful inflammation that has been shown to occur in the Parkinson's disease brain. They found that activin A was able to significantly decrease the number of inflammatory cells in the substantia nigra region in both a direct and indirect model of inflammation. These results suggest that activin A's neuroprotective effects are a result of its anti-inflammatory properties.

In addition to its neuroprotective effects, Doctors Vissel and Stayte have also shown that activin A may be able to potentiate the effects of L-Dopa. Their research has demonstrated that animals that were rendered Parkinsonian required lower doses of L-Dopa to restore normal motor function when co-administered with activin A than animals that received L-Dopa and no activin A. This L-Dopa-sparing effect is highly novel and suggests that administration of activin A may attenuate the onset and expression of L-Dopa-induced dyskinesias. They now have early evidence that this may indeed be the case, with activin A showing promise in reducing the severity of dyskinesias in mice, however further experiments will need to be conducted before any conclusive findings can be made.

With the support of Parkinson's NSW, Doctor's Vissel and Stayte hope that their research will provide the first steps for the development of a novel drug that will significantly protect against dopamine cell death and furthermore aid in the treatment of L-Dopa-induced dyskinesias.

JAMES PARKINSON SOCIETY

ASSOCIATE PROFESSOR KAY DOUBLE



The thought of making a Will was not on the top of my preferred ways to spend a Saturday afternoon. Once I begun, however, I found it an interesting experience as it prompted me to examine what I valued in my life. Like most people, my priority was making sure that, in the event of my death, my family would be taken care of. But once I had decided how best to ensure this, I began to think about what else was important to me.

As a long-time medical researcher in the field of Parkinson's disease, and an active member of Parkinson's NSW, I am well aware of the excellent work of the association and their contribution to support People with Parkinson's in NSW and throughout Australia. Despite the large and increasing number of people diagnosed with Parkinson's disease in Australia, Parkinson's NSW receives very little ongoing government support to enable it to provide the many services it makes available to the Parkinson community, including supporting 63 local Support Groups, counselling, community and clinician education about, and research into, the disorder.

The excellent Neurological Nurses sponsored by the association continue to make a huge difference to Parkinson's

patients and their families in the communities where they are based. Many of these services are provided free or at low cost to patients and their families but to continue to provide and grow these services the association is reliant on community donations.

I therefore decided to leave a bequest to PNSW in my Will. Many people think that bequests are only for those with significant financial resources, such as large corporate bodies, but bequests are also for those of us with more modest assets.

My decision to leave a bequest to Parkinson's NSW was a way of not only helping the association continue their much needed work but also an avenue whereby I could demonstrate my ongoing support. My bequest shows that the Australian

Parkinson community, and Parkinson's NSW, are important to me. If you are making, or revising a Will, I encourage you to consider this opportunity to do the same.

Kay Double is a current Board Member of Parkinson's NSW and has received research funding from Parkinson's NSW.

“Despite the large and increasing number of people diagnosed with Parkinson's disease in Australia, Parkinson's NSW receives very little ongoing government support to enable it to provide the many services it makes available to the Parkinson community.”

MEDUSA MOVES



LtoR: Sharon Dale, Denise and Andy O'Shea

Serendipity! That's one of my favourite words. I love how cheerful and playful it sounds but more than that, I love its meaning. Serendipity, sometimes described as happy accidents, is just how Medusa Moves got started.

Now the series of happy accidents is vast and long winded but suffice to say, three worlds collided being The Medusa Club*, The Rhythm Hut** and Parkinson's NSW. The Medusa Club is a social group for people with Parkinson's disease (PD) and The Rhythm Hut is a non-profit community space offering a myriad of services e.g. drumming school, music venue, events venue and much more. The Medusa Club is able to host Medusa Moves for FREE (groups can apply to use the space and are charged accordingly).

What is Medusa Moves? It's a movement/dance session for

people with PD but as with most things we do in the Medusa Club it is open to others as well. It's most suited to people over 50 and especially people with PD as it is run by a person living with PD, Sharon Dale and a PD carer, myself, Denise O'Shea.

The beauty of Medusa Moves is that it allows people to come together, learn specific dance moves, enjoy the rhythm, laugh, have fun and not be concerned about being 'right' or looking 'right'. Dancers are encouraged to go at their own pace and steps can be tailored to suit the needs of individuals. Dancing is particularly good for PD as a different part of the brain is used to walking, and so in a way, it's easier than walking. Moving to rhythm is also very beneficial. Coordinating dance moves is particularly good for the brain as well. So it's not only fun but it's good for us too –a bit like the kid eating the veggies hidden in bolognaise sauce.



Words from the Medusa Movers

"I think the movement is great. You don't have to get it right, just do what you can." Ruth

"It's not about doing it perfectly; it's about being together and enjoying yourself" Deirdre

"I get to be creative and have fun at the same time" Andy

I love coordinating this group; it gives me an opportunity to help the PD community, support and care for my husband, learn, benefit my health and have fun as well. Thankfully I have the support of Sharon, always there with moral support, to remember the things I forget, to calm my nerves and do so much more.

Here's what Sharon had to say:

"For quite a while now I've been very keen to start a class for movement and breathing. I live alone and feel this is a very valuable class to be involved with and can say from experience that particularly days when I feel unwell the exercise of dancing makes me feel much better. The meditation at the end of each session definitely helps ease my fatigue and Denise has commented on this change. So I'm very happy to be involved with Denise (thank heavens for her!) helping others whilst enjoying the benefits myself. "

We could not have done this without the support of Parkinson's NSW. They support us in so many ways, individually and as a group. They are always so encouraging of any venture we've taken on. They've helped, in the past, with the cost of brochures for Medusa Club; they've invited us and heavily subsidised outings and weekends away; they provide education, free counselling, funds, insurance and so much more. Also, specifically with Medusa Moves, they funded the weekend workshop I did with Dance for PD which was of great benefit and great fun. We really appreciate all that they do!!

Medusa Club is an informal social group for people with PD. Situated on the Central Coast, NSW.

For more information contact Andy O'Shea at adoshea1@bigpond.com or through PNSW. for more information on The Rhythm Hut visit - therhythmhut.com.au

THE SHOALHAVEN NEUROLOGICAL NURSE SERVICE



Nina Cheyne, Shoalhaven Neurological Nurse

The Shoalhaven Neurological Nursing Service has seen some changes. Marilia Pereira left behind a legacy as the first Shoalhaven Neurological nurse paving the way for people with Parkinson's to access much needed services and support.

I was fortunate enough to have learned from Marilia who kindly preceptored me into the role for 5 months on a part time basis before leaving for the west coast. I have the honour of taking over her role with big shoes to fill as Marilia left a lasting impact in the Shoalhaven. I commenced full time as the Neurological Nurse in March 2015. I have the support of Associate Professor Simon Lewis and Deb Hammond, Dr Neil Mahant and his team at Westmead as well as Lyndsey Jones and Dr. Silberstein.

The service continues with the two support groups and two carer groups as well as Dancercise in the Bomaderry and Huskisson areas by Jaye Cartwright as well in Ulladulla run by Patti Bartlett. Both women are phenomenal dance instructors with growing attendances each week.

We have additional exercises provided by a Credentialed Exercise Physiologist Brodie Cambourne who incorporates brain fitness into her classes. The model used means all people are assessed according to their capacity in relation to the type of exercise that works for their individual needs. The group will be performing at our upcoming forum in September along with Patti and Jaye's groups. Both carers group continues to grow as carers require the time and space to share their experiences in loving and caring for their partners.

We have had several Education sessions with health professionals in the area with already over 300 health professionals; medical, nursing and allied health students attend education sessions. On June 23rd we delivered the National Parkinson's Package to almost 50 nurses working in aged care facilities in the region. I am in the process of finding a "champion" in each facility and hospital wards to maintain the focus on

Parkinson's in their areas of employment and provide improved outcomes and medication compliance.

There is a transition from Medical Locals to Primary Health Networks under Coordinaire in the South Coast. There is great commitment from this organisation to continue supporting the Neurological nurse role across the Shoalhaven.

Parkinson's NSW and Coordinaire welcome the opportunity to collaborate for improved coordination of services and models of care. I look forward to working with the health teams across the regions to improve on current service models and continue home visiting services to deliver individualised care.

PARKINSON'S NSW GOLF CLASSIC



The eight annual Parkinson's NSW Golf Classic was a wonderful day out at Monash Country Club with 127 players making up 32 team playing on Thursday 13th November.

It was a great day with wonderful support from all the sponsors and participants. Every year those who attend have a full day of entertainment, fun, prizes and most importantly, great golf. The field was almost at capacity and the dinner only had three spare seats.

In 2014 we made about \$38,000 profit which goes towards keeping our Counselling Services free to people with Parkinson's, their family and friends. Our Counsellors are trained and experienced and provide vital support. We look forward to the 2015 event, again raising money for Parkinson's NSW and, as always, a big thank you to our sponsors.



UNITY WALK & RUN



L to R: Cameron McDonald, Lloyd Rothwell, Tim Sheppard

On Sunday August 31st, over 1800 took part in the 7th annual Unity Walk & Run. There were over 1500 walkers who participated in the 4km event.

The walk was a wonderful experience with a pipe band leading the group for the first 500m. We had over 300 runners registered across both the 4km and 8km event along with 7 wheelchair competitors. For the first time, we held a satellite event in Wollongong. The event was organised by volunteer Jennifer Gray who did an amazing job with assistance from Parkinson's NSW to host the inaugural event. With 120 participants joining in and over \$4,000 raised the Wollongong event was a success with no additional cost to PNSW.

This year, Lloyd Rothwell decided that he wanted to do more to help with fundraising and raising awareness of Parkinson's to honour his beloved father. Lloyd decided to honour his father's 30 year battle with Parkinson's and walked 40km with a group of friends and raised a significant amount of money. We congratulate him for his fantastic personal achievement. We would like to thank all our sponsors who helped make the event a success.

A special mention to the 22 Sydney branches of Bendigo Bank who had a donation box in their branch during the month of August up to 7 September to coincide with Parkinson's Awareness Week and Outback Steakhouse had both donation boxes and merchandise for sale in all 6 of their NSW restaurants.

Presented by



Bendigo Bank

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Sydney **OlympicPark**



MSD



Transport



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STEAKHOUSE



Festival
Hire



THE BIG RIDE

On a beautiful sunny day, over 70 riders set out from Frasers Motorcycles in Sydney to the lovely town of Parkes to raise awareness of Parkinson's disease. Now in its 3rd year, the Big Ride 4 Parkinson's saw the riders travel across the Blue Mountains via Blackheath, Lithgow, to Bathurst and Orange and on to the Parkes Showground.

Upon arrival in Parkes, the riders were met by the local Vintage Car and Bike clubs. This was followed by an evening function featuring food, entertainment and an

opportunity for locals to come out and view the bikes, greet the riders, see a world class stunt rider and join in the festivities.

Almost \$13,000 was raised for Parkinson's NSW through this event.

We would like to thank our sponsors for their support.

The organisation of the 2016 Big Ride 4 Parkinson's will be handed over to co-founder Mark Atherton.



PARKES SHIRE COUNCIL



SUPPORT GROUPS

Our **Support Groups** continue to provide a warm welcoming place for people to come and share their experiences and to support to one another.

We have 67 Support Groups across NSW who meet regularly and who are assisted by Parkinson's NSW through our Support Group Coordinator. We also provide resources and opportunities for support group leaders to meet, swap notes and stay in touch through both face-to-face meetings and teleconferencing.

This year we held our bi-annual Support Group Leaders meeting in Sydney. Two representatives from each support group across NSW were invited to attend. Participants were able to hear from Dr Paul Silberstein and Dr Stephen Tisch who spoke about the advances in Parkinson's treatment including Deep Brain Stimulation (DBS) and Duodopa.

A session on successful lobbying was led by Andrew Wiltshire, Senior Director of Corporate Affairs Medtronic along with Donna McCann from Public Affairs. Tanya Hall, Founder of Hearts 4 Heart shared her passion and personal experience in lobbying. Denise O'Shea and Sharon Dale from the Medusa Club (Central Coast Young Onset group) led a session on Dance for PD. Adrian Unger encouraged participants to get involved in exercise programs, in particular the program he brought back from America and established in Sydney, Punchin' Parkos. Our presenting sponsor from Unity Walk and Run, Bendigo Bank was represented by Alex Hughes, Senior Community Strengthening Manager.

We are planning to increase the spread and format of Support Groups throughout NSW. In 2016, we hope to introduce online groups.

COUNSELLING

Parkinson's **NSW provides a counselling service** that is offered not only to those people with a diagnosis of Parkinson's but to anybody whose life is being impacted by this condition. This service is provided at no charge to the client and is conducted not only at our office here in North Ryde but at a variety of hospital clinic settings. We can provide telephone counselling for those who are unable to access our office and also provide counselling via 'Facetime'.

The concerns brought to counselling by people are many and varied. They range from subjects around Parkinson's itself such as disease progression and likely prognosis, to worries about employment, driving, disclosure to others and the many issues that crop up from time to time in one's life.

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

We recognise that counselling means different things to different people. Our service is geared to responding to the unique needs and circumstances of each individual, couple and family it supports in overcoming or adjusting to whatever challenges they are facing.

This year we provided over 1300 counselling sessions, either face-to-face or via telephone.



Parkinson's NSW provides services for people living with Parkinson's through the generosity of our donors.

THANK YOU

INFOLINE

InfoLine is often the first point of contact for many people living with Parkinson's disease and assists in answering enquires on a wide range of subjects relating to people living with Parkinson's, their families, spouses, partners and friends.

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

This year has seen a steady increase in health professional interaction through this service, ranging from Registered Nurses to General Practitioners. There has also been an increase in the amount of health professionals referring their patients to the InfoLine.

The team on InfoLine maintains regular contact with our Advisory Committee for information on up to date issues.

Our roles on InfoLine include providing a friendly voice on the end of the phone, education and management strategies to Health Professionals, complex case management for those living at home.

Every call is important us.

This year the InfoLine was contacted on approximately 5,000 occasions

EDUCATION

The Best Care Outcomes for People with Parkinson's in Residential Care Project has successfully achieved its major goals in the last year by producing, distributing and facilitating the roll out of the National Aged Care Training Package called Caring for People with Parkinson's.

The three year Parkinson's Australia national project, funded by the Australian Government Department of Social Services under the Aged Care Service Improvement and Healthy Ageing Grant Fund, is improving the quality of life and quality of care for people with Parkinson's who live in residential care. Providing training for the staff of Residential Aged Care Facilities to increase the staff's capacity and ability to provide best practice models of care.

The National Aged Care Training Package will continue to be assessed and evaluated for the next year by the Australian Workplace Innovation and Social Research Centre, for both continuous quality improvement of the training and to measure the longer term impact on the quality of care being provided to people with Parkinson's in residential care.

Our Parkinson's Nurse Educators in NSW and around the country will continue to increase the capacity and resources of each state and territory to market, promote and provide the training to as many Residential Aged Care Facilities as possible.



ART FOR PARKINSON'S

In March this year, our first Art for Parkinson's group began meeting at Engadine, in the Sutherland Shire. This programme is new to Parkinson's NSW and was funded by the Sutherland Shire Council as a part of their Community Services and Arts Grants.

Art, for people with Parkinson's, provides an opportunity to:

- Try something creative.
- Express themselves in a different way.
- Feel the freedom of experiencing something new.
- Enjoy the company of others with Parkinson's in a relaxing and fun environment.

Designed to provide a "can do" activity for people whose abilities have been compromised by Parkinson's, a typical class begins with informal chat and a cuppa, followed by a time to calm the nervous system and focus the mind with some visualisation and breathing exercises. We then use some gentle movements to kick start the body into action.

Making the first mark, which leads to another, is in itself a major achievement for people who find writing difficult.

Magic happens

Curiously, evidence suggests creative ability is enhanced by Parkinson's disease. Certainly, it seems that when the activity kicks in there is no stopping the artist at work.

Each week we explore a different theme or topic and participants have the opportunity to express that based on their own experiences or feelings and to their own level of ability. Subjects such as childhood memories and autumn have been favourites. Different materials and equipment are used to allow everyone to produce a very personal piece of art.

We have also created work based on the "Unbutton for Parkinson's" promotion for World Parkinson's Day and drew some terrific pieces based on the "In this Together" theme, which were used as a part of an art installation at the Parkinson's Australia 2015 National Conference.

The most important outcomes from our group are, the sense of wellbeing, achievement and calm, which comes after each week's class.

One of our member's carer has even remarked that her cognitive abilities have improved since she has been coming along. Another comes into the room with marked body movements and within 10 minutes of the concentrated work on his piece for the day, sits calmly enjoying the couple of hours without this distressing condition.

We are very excited about this wonderful new programme for Parkinson's NSW.

"This is the most fun I've had in years"

"I love the social interaction"

"Two hours isn't long enough. We just get started and then we have to go home"

"I hate to miss out"

TREASURER'S REPORT



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 2015.

Parkinson's NSW achieved a surplus in 2015 of \$192,532 compared to a surplus in 2014 of \$145,606. The surplus adds to the strong financial position of the organization and provides funds for future projects.

Our total income was up \$154,000 on prior year which was primarily owing to a grant from the Parkinson's NSW Trust of \$200,000.

Contributions from our fundraising activities were up \$45,000 but this was owing to reduced costs rather than increased gross receipts, which were static.

Expenditure was up \$107,000, the significant contributors being increased wages for services (nursing and counseling), and fees relating to our re-entry to Parkinson's Australia. Operating expenses were static for the year.

Parkinson's NSW were able to expend \$235,000 on research programs for the year which was aided by the grant from Parkinson's NSW Trust. The Board is determined to continue our commitment to this area.

Our cash reserves increased during the year by \$264,000, with a total of \$1,612,000 now held in account. Of this amount \$593,000 are grants, support group funds and Nurse project funds that we are holding in trust or future expenditure. Our cash cover for recurring expenses has now increased to 12 months.

The Board has targeted nursing as an area for increased commitment in coming years with results to date encouraging. Accounting Standards for not for profit organisations require income to be recognized immediately if they have no conditions attached. We believe that this presents a confusing picture to members because funds are often for longer periods than 12 months. We have therefore decided to report in the profit & loss statement only those amounts expended for the financial year and any balance held in the balance sheet. We will also be providing more detailed reporting on the nursing programs. Please refer to Notes 1(k) and 18 for more detail.

I take this opportunity to thank Linda, Jennifer and Julie 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.

Phillip Maundrell, Treasurer

INCOME & EXPENDITURE STATEMENT

for the year ended 30 June, 2015

	Note	2015	2014
INCOME			
Donations and grants	2	1,360,458.95	1,270,878.59
Subscriptions	3	36,336.36	35,412.36
Other income	4	36,400.77	24,677.52
Interest received		28,890.41	22,183.73
Transfers from :			
Unity Walk	5	175,143.46	138,473.75
Golf Day	6	38,111.71	33,214.63
Big Ride 4 Parkinson's	7	14,381.63	10,779.95
Total income		1,689,723.29	1,535,620.53
EXPENSES			
Salaries and employment costs	8	783,812.94	714,936.19
Education, support and promotion	9	177,579.46	135,789.42
Nurse specialists		148,925.00	120,024.92
Research grants and bequest	10	235,439.35	265,391.35
Operating expenses	11	151,434.12	153,872.55
Total expenses		1,497,190.87	1,390,014.43
Net profit (loss) attributable to the association		192,532.42	145,606.10

STATEMENT OF CHANGES IN EQUITY

Accumulated funds			
Accumulated funds at the beginning of financial year		820,015.41	674,409.31
Current year surplus (deficit)		192,532.42	145,606.10
Accumulated funds at the end of the financial year		1,012,547.83	820,015.41

The accompanying notes form part of these accounts

DETAILED STATEMENT OF FINANCIAL POSITION

for the year ended 30 June, 2015

	Notes	2015	2014
CURRENT ASSETS			
Cash	12	1,612,466.23	1,348,573.63
Debtors	13	27,197.89	19,817.50
Prepayments		16,108.14	21,623.99
Merchandise on hand		3,919.72	12,846.67
GST refund		2,469.47	1,783.73
Parkinson's NSW Trust		0.00	3,300.00
Total current assets		1,662,161.45	1,407,945.52
NON-CURRENT ASSETS			
Plant and equipment	14	100,436.16	95,646.33
Total non-current assets		100,436.16	95,646.33
Total assets		1,762,597.61	1,503,591.85
CURRENT LIABILITIES			
Creditors	15	47,251.86	49,105.59
Employee entitlements		75,847.01	77,786.91
Grants received held in Trust	16	390,512.31	284,326.21
Money held on behalf of Support Groups	17	100,752.35	75,145.49
Prepaid membership fees		33,768.15	8,756.99
Prepaid income - Nurse Specialist		101,918.10	188,455.25
Total current liabilities		750,049.78	683,576.44
Total liabilities		750,049.78	683,576.44
Net assets		1,012,547.83	820,015.41

The accompanying notes form part of these accounts

STATEMENT OF CASH FLOWS

for the year ended 30 June, 2015

	2015	2014
CASH FLOW FROM OPERATING ACTIVITIES		
Receipts from members and sponsors	1,658,282.60	1,578,107.74
Payments to suppliers, members and employees	1,397,063.40	-948,515.94
Interest received	28,890.41	22,183.73
Net cash provided by (used in) operating activities	290,109.61	651,775.53
CASH FLOW FROM INVESTING ACTIVITIES		
Payment for plant and equipment	-26,217.01	-16,339.00
Net cash provided by (used in) investing activities	-26,217.01	-16,339.00
Net increase (decrease) in cash held	263,892.60	635,436.53
Cash at the beginning of financial year	1,348,573.63	713,137.10
Cash at the end of financial year	1,612,466.23	1,348,573.63

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June, 2015

Note 1: Statement of significant accounting policies

The financial report is for Parkinson's NSW Inc.

Basis of Preparation

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

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

This report does not include the assets and liabilities or results of operations of Parkinson's NSW Trust because the management of Parkinson's NSW Inc doesn't control the management of the trust.

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount.

These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(c) Employee Benefits

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

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

(d) Cash and Cash Equivalents

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

(e) Revenue

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

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

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

Donations and bequests are recognised as revenue when received.

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

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

(f) Goods and Services Tax

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

(g) Impairment of Assets

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

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

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

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

(h) Comparative Figures

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

(i) Provisions

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

(j) Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the association becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified as 'at fair value through profit and loss' in which case transaction costs are expensed to profit and loss immediately.

(k) Unexpended Grants

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

(l) Contributions

The association receives non-reciprocal contributions from other parties for no or nominal value.

These contributions are recognised at the fair value on the date of acquisition upon which time an asset is taken up in the balance sheet and revenue in the income statement.

(m) Economic Dependence

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

(n) Critical accounting estimates and judgments

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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June, 2015 (continued)

2015

2014

Note 2: Donations and Grants

In memoriam	51,449.62	43,754.87
Support groups	14,154.05	9,620.00
Williams estates	140,000.00	140,000.00
Members	17,094.00	13,580.00
Corporate	0.00	10,200.00
Research	86,614.12	253,542.41
General	312,394.67	445,925.58
Bequests	335,259.11	215,927.91
Nurse specialist (Refer to Note 18)	187,158.38	120,024.90
General	16,335.00	18,038.37
Sport & Rec Young onset	0.00	2,000.00
PNSW Trust	200,000.00	0.00
DFACS small equipment grant	0.00	-1,735.45
	1,360,458.95	1,270,878.59

Note 3: Subscriptions

Life membership	6,999.99	7,000.03
Renewals	29,063.65	27,957.82
Association membership	272.72	454.51
	36,336.36	35,412.36

Note 4: Other Income

Sale of merchandise	19,687.72	13,220.38
Less: Cost of Goods Sold	-11,444.86	-11,443.51
Gross Profit (Loss) from Merchandise	8,242.86	1,776.87
Chinese fundraising dinner	0.00	600.00
Seminar fees	11,609.09	7,718.18
Education	536.99	200.00
Other income	9,359.55	10,033.79
Parkinsong	2,500.00	2,735.00
Newsletter	1,652.28	1,613.68
Fundraising General	2,500.00	0.00
	36,400.77	24,677.52

2015

2014

Note 5: Unity Walk Account

Registrations	93,475.14	64,336.27
Donations	132,195.29	11,746.20
Sponsorship	8,649.80	166,172.42
Total Income	234,320.23	242,254.89
Less expenses	-59,176.77	-103,781.14
	175,143.46	138,473.75

Note 6: Golf Day Account

Donations and sponsorship	42,912.59	46,439.85
Registrations	15,533.58	8,788.92
Total Income	58,446.17	55,228.77
Less expenses	-20,334.46	-22,014.14
	38,111.71	33,214.63

Note 7: Big Ride 4 Parkinson's

Donations and sponsorship	19,813.10	22,642.11
Registrations	0.00	0.00
Total Income	19,813.10	22,642.11
Less expenses	-5,431.47	-11,862.16
	14,381.63	10,779.95

Note 8: Salaries and Employment Costs

Wages and salaries	694,267.96	663,649.46
Fringe Benefits Allowance	172,528.57	154,928.32
Superannuation contributions	108,011.90	88,329.98
Leave accruals	-1,939.90	-10,773.75
Consultant and temporary staff	0.00	12,196.17
Professional development	181.82	4,443.09
Recruitment	1,779.09	1,000.32
Contractor - Nurses	25,897.16	0.00
	1,000,726.60	913,773.59
Less: Recoveries on grants	-67,988.66	-78,812.48
	932,737.94	834,961.11

2015 2014

Note 9: Support, education and promotion

Service costs	6,044.35	6,275.42
Counselling expenses	24.66	483.09
Member and volunteer activities	14,713.40	14,104.93
Support groups	4,538.24	11,205.61
Education expenses	10,872.01	21,383.15
General awareness expenses	29,363.60	28,956.81
Public relations and fundraising	51,728.63	50,036.92
Publications and resources	4,255.67	2,323.99
Grants	2,500.00	0.00
Parkinson's Australia	53,123.99	368.32
Political strategy	414.91	651.18
	177,579.46	135,789.42

Note 10: Research Grants and Bequest Expenses

Bequest expense	4,195.35	2,793.63
Research expense	231,244.00	262,597.72
	235,439.35	265,391.35

Note 11: Operating Expenses

Accounting fees	18,465.00	16,865.00
Fees to auditor for:		
auditing	4,685.00	4,075.00
other services	0.00	0.00
Depreciation	21,427.18	19,027.00
Travel and accommodation - Conferences	10,256.81	11,608.04
Telephone and communications	10,682.09	10,013.23
Internet expense	0.00	58.63
Insurance	18,509.44	18,978.82
Office expenses	32,979.97	27,314.42
Postage	11,759.76	17,554.61
Printing	1,607.78	1,938.91
Repairs and maintenance	3,645.00	5,384.36
Staff amenities and meetings	2,119.23	1,377.43

2015 2014

Note 11: Operating Expenses (cont.)

Membership and subscriptions	6,914.81	4,691.10
Stationery	7,246.05	7,776.81
Legal expenses	0.00	1,008.00
Restructure	1,136.00	6,201.19
	151,434.12	153,872.55

Note 12: Cash Assets

Commonwealth Bank of Australia	62,329.87	54,653.92
Bendigo Bank trading account	1,549,725.39	1,293,508.85
Bendigo Bank - Commonwealth Grant	10.97	10.86
Cash on hand	400.00	400.00
	1,612,466.23	1,348,573.63

Note 13: Debtors

Unity Walk sponsorship		
Debtors	24,955.19	17,730.12
Sundry debtors	2,242.70	2,087.38
	27,197.89	19,817.50

Note 14: Plant and Equipment

Office Equipment	281,973.34	161,467.33
Less: Accumulated depreciation	-181,537.18	-65,821.00
	100,436.16	95,646.33

Note 15: Creditors

Bendigo Bank Credit Card	4,366.10	3,260.95
Creditors	1,576.16	16,163.71
Government Paid Parental Leave	5,124.60	0.00
Accruals	25,488.00	11,665.28
PAYG Withholding Payable	10,697.00	7,732.00
Superannuation Payable	0.00	10,283.65
	47,251.86	49,105.59

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30 June, 2015 (continued)

2015

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Note 16: Grants Held In Trusts

Mid Nth Coast Neuro Nurse	96,887.70	61,201.81
Dance for Parkinsons	33,872.60	2,395.62
Education - General	0.00	5,446.06
Tom Burns Trust for PD Nurses	29,689.80	27,409.80
Cromwell Grant	41,000.00	50,000.00
CDSE Grants	0.00	600.00
Young Men's Network	90,285.70	91,285.70
Bondi Lions Club	4,917.10	16,340.00
Punchin Parkos	1,857.98	0.00
HACC Training	18,531.27	18,531.27
Orange Neuro Nurse	9,624.12	11,115.95
Wolper Hospital	2,500.00	0.00
Art 4 Parkinson's	11,245.84	0.00
Grant for Education in NH	50,100.20	0.00
	390,512.31	284,326.21

2015

2014

Note 17: Money held on behalf of Support Groups

Chinatown Support Group	22,014.19	17,314.19
Coffs Harbour Nurses Fund Support Group	7,921.46	5,814.60
Goulburn Nurses Fund	24,458.60	23,958.60
Hornsby Support Group Nurses	5,000.00	5,000.00
Coffs Harbour Support Group - Operating Exp	2,150.00	2,150.00
Maroubra - S.G. In Trust	276.00	276.00
Eurobodalla	3,580.00	3,080.00
Port Macquarie Support Group	19,352.10	17,552.10
Illawarra Region Support Group Nurses Fund	14,500.00	0.00
Together Funding re Support Group	1,500.00	0.00
	100,752.35	75,145.49

Note 18: Unexpended Grants - Nursing Funds in NSW

	Coffs Harbour	Mid-North Coast	Goulburn	Shoalhaven	Illawarra	Orange	TOTAL
Income Statement 2015							
Employment expenses		25,000		135,883		23,580	184,463
Travel/Telephone expenses		281		5,270		1,798	7,349
Training	528						528
Computer expenses		897		365			1,262
Stationery				485			485
Administration fee						4,613	4,613
Motor vehicle				22,760			22,760
Total Expenses	528	26,178	0	164,763	0	29,992	221,461
Income taken to account	0	25,897	0	135,883	0	25,378	187,158

Funding Statement 2015

Opening balance	5,815	61,202	23,959	194,993	0	11,116	297,084
Funds received	2,635	61,864	500	74,140	14,500	28,500	182,139
Expenses	-528	-26,178	0	-164,763	0	-29,992	-221,461
Closing balance	7,921	96,888	24,459	104,370	14,500	9,624	257,762

	Coffs Harbour	Mid-North Coast	Goulburn	Shoalhaven	Illawarra	Orange	TOTAL
Income Statement 2014							
Employment expenses	1,682			120,025		21,848	143,555
Travel/Telephone expenses		798		4,484		933	6,215
Training							0
Computer expenses							0
Stationery				1,056			1,056
Administration fee						5,981	5,981
Motor vehicle							0
Total Expenses	1,682	798	0	125,565	0	28,761	156,806
Income taken to account	1,682	0	0	120,025	0	21,738	143,445

Funding Statement 2014

Opening balance	5,815	0	8,424	48,573	0	2,615	65,427
Funds received	1,682	62,000	15,535	271,984		37,263	388,463
Expenses	-1,682	-798	0	-125,565	0	-28,761	-156,806
Closing balance	5,815	61,202	23,959	194,993	0	11,116	297,084

EXECUTIVE COMMITTEE REPORT

for the year ended 30 June, 2015

Your executive committee present their report on Parkinson's NSW Inc for the financial year ended 30th June, 2015.

Executives

The names of each person who has been an executive office holder since the last annual general meetings are :

Chris Davis (President)

John Hassett (Vice President)

Phillip Maundrell (Treasurer)

Graham Dawkins (Secretary)

Miriam Dixon (Chief Executive Officer)

Council Members

Samuel Chu

Kay Double

Sandra Elms

Colin Hall

Vera Heil

Malcolm Irving

John Silk OAM

Rebecca Silk

Andrew Whitton

Principal activities

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

Operating result

For the association, the profit from ordinary activities was \$192,532 (last year : profit \$145,606).

Review of operations

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

Significant changes in state of affairs

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

Events after balance sheet date

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

Future developments

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

Environmental issues

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

Options

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

Indemnification of Officers or Auditor

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

Proceedings on behalf of association

No person has applied for leave of Court to bring proceedings on behalf of the association or intervene in any proceedings, which the association is party for the purpose of taking responsibility on behalf of the association for all or part of those proceedings.

The association was not party to any such proceedings during the year.

Executive officers' emoluments

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

Auditors independence declaration

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

Signed in accordance with a resolution of the Executives,



Miriam Dixon
Chief Executive Officer
18/09/2015



Council Member
18/09/2015

EXECUTIVES DECLARATION

The executives of the association declare that :

1. the financial statements and notes are in accordance with the Associations Incorporations Act 2009 and :

(a) comply with Accounting Standards and the Corporations Regulations; and

(b) give a true and fair view of the association's financial position as at 30th June, 2015 and of its performance for the year ended on that date;

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

Signed in accordance with a resolution of the Executive Committee.



Miriam Dixon
Chief Executive Officer
18/09/2015



Council Member
18/09/2015



Frost Crane & Co
ABN 89 625 234 511

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Unit 1, 7 Lloyds Avenue
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Email contact@frostrcrane.com
Web www.frostrcrane.com

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.



Bruce Frost ICA
Frost Crane & Co
17 September, 2015



**Chartered
Accountants**

NUMBER ONE IN NUMBERS

Liability limited by a Scheme approved under
Professional Standards Legislation



**COVER OF
EXCELLENCE**



Frost Crane & Co
ABN 89 625 234 511

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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, 2015 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 New South Wales 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.



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Parkinson's NSW Inc
ABN 93 023 603 545

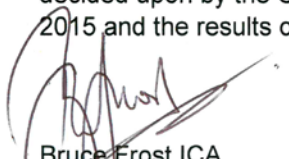
Independent Audit Report

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, 2015 and the results of its operations for the year then ended.


 Bruce Frost ICA
 Frost Crane & Co
 21 September, 2015


**Chartered
Accountants**

NUMBER ONE IN NUMBERS

Liability limited by a Scheme approved under
Professional Standards Legislation



DONATIONS

Scott Abbot
 Aliya Abdullah
 Graham Aboody
 Nancy Adam
 R & B Adams
 Robyn Adams
 Denise Adamson
 Beverley Adcock
 A Adler
 Bruce Alexander
 Ron Alexander
 Jenny Allen
 John Allen
 H Amox
 Trygve (Tryg) Amundsen
 Anita Anderson
 Helene Anderson
 Kristy Anderson
 Murray Anderson
 Robert Anderson
 Anonymous
 Hugh Ansell
 Audrey Anstee
 Paula Ardino
 Paula Argyropoulos
 Elizabeth Armstrong
 Jenee Armstrong
 Michelina Arquilla
 E Arquilla & Family
 Martin Ash
 Kimberley Ashbee
 Heather Ashley
 Warren Ashely
 Robert Ashon
 Bernard Atkinson
 Marjorie Austin
 Richard Babb
 Margrit Bachmann
 John Baigent
 Jackie Bailey
 R Baird
 Brian Baker
 Jane & Barry Baker
 Rita Baker
 Ted Baldwin
 Jan Ball
 Wendy Ball
 Eileen Bamford
 John Bamford
 Norma Barker
 Norma Rae Barker
 Noel Barnes
 Rob Barnwell
 Michael Barrett
 Angela Bartlett
 Christine Bartlett
 Robyn Bartlett
 Thomas Bartlett
 Frank Barton
 Peter Barton
 Igor Baryshev
 G Basser
 John Batistich
 Leslie Battle

Peter Baulman
 Linda Bayer
 David Beardmore
 C & J Beaumont
 Earle (Harold) Beaumont
 Ann Beck
 Clarrie Beckingham
 Ken Beenie
 Kim Bell
 Rosie Bennet
 Lynn Bennett
 Olive Bennett
 Tess Bennetts
 P Berliner
 David Berman
 Susan Berryman
 Gillian Bersten
 Nigel Bertus
 Lorna Beverley
 Frances Bible
 Margaret Bible
 Eric Biddle
 Wendy Bieder
 Hopper Bilton
 Gerd Birkefeld
 Nadine Birkett
 Dorne Biscaya
 Alan Bishop
 Helen Black
 Louise Black
 Selwyn & Miriam Black
 John Blackadder
 Don Blandford
 Lindsay Blaxland
 Kevin Blume
 Serge Bodlander
 Brian Bolland
 Ernest Boston
 Derek Boulton
 Brenda Bourke
 Janette Bousfield
 John Bowden
 Llew Bowen
 Simone Bowskill
 Peter & Karen Bradley
 Teddy Bradley
 Wallace Brandis
 Janette Bray
 Elsie Brewer
 Karen Bridge
 Brian Brigham
 Helen Bristow
 Roger Broadbent
 Judy Brooks
 Beryl Brown
 Elizabeth Brown
 Keith Brown
 Lurline Brown
 Robin Brown
 Shirley Brown
 Warren & Wendy Brown
 Martha Brown OAM
 Carol Ann Browne
 Wesley Browne

Browne Family
 Max Browning
 Ray Browning
 Judith Bryant
 Kenneth & Marion Bryant
 Carol Bryden
 Wally Budd
 Lorraine Bugden
 Howard Bullock
 Vanessa Bulmer
 Helen Bultitude
 Carolyn Bunney
 Andrew Burgess
 Elizabeth Burgess
 Karen Burgoyne
 Fred Burke
 Ian Burke
 Robert Burke
 Ruth Burke
 James Burn
 Betty Burns
 June Burns
 M L Burrage
 Bob & Valerie Burridge
 Julie Burrows
 Yvonne Burton
 Bernadette Buttigieg
 John & Norma Byles
 Dennis Byron
 Noeline Cable
 Grahame & June Caisley
 Murray Caisley
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 Margaret Cameron
 Ronald Cameron
 Glenn Campbell
 Jean Campbell
 John Campbell
 Ken Campbell
 Robert Campbell
 Christoph Camphausen
 Ian Canham
 Colleen Canning
 Beth Card
 Peter & Diana Carman
 Geraldine Carson
 Una Carver
 Kathryn Castelletto
 Garry Cearn
 J W & M Chalmers
 Myra Chalmers
 Rosalie Chaloner
 Poppy Chambiras
 John Chapman
 Carol Chater
 Kushal Chaudhri
 Edward Chawner
 Ruth Cheers
 Siu Hee Cheng
 Beryl Childs
 Angela Cho
 Paul Clapson
 Bruce Clark
 Christine Clark

Allan Clarke
 Barry Clarke
 Erica Clarke
 James Clarke
 Rhonda Clarke
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 Leila Clifford
 Bettine Coates
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 Harry Cohen
 Janet Cohen
 Pamela Cohen
 Les Colebrook
 Dianne Colee
 Pamela Collins
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 E & J Connor
 John Connor
 Paul Conroy
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 Dennis & Dorothy Cooper
 John Cooper
 Vivianne Cooper
 Robert Coote
 Phil Coram
 Edgar Corrigan
 Sandra Cossa
 Annette Costello
 Colleen Cotter
 Margaret Couzens
 Margaret Cowie
 Kim Cox
 R G Cramer
 C S Cramsie
 Don Crane
 Noel Creamer
 James Creighton
 Federico Crocker
 Sharyn Crockett
 Steve Crohurst
 James Croll
 John Crosby
 Laraine Cross
 Dorothy Crossweller
 Ian Crystal
 Mark Culbert
 Jan Cumming
 Robin & Margaret Cummins
 Charles Cupit
 Ian Curlewis
 Barbara Cuthbert
 Cheryl D'Abbrera
 Keith Dabb
 Nathan Dale
 Hew Dalrymple
 Keith Daniel
 Tricia Daniel-Webb
 Elizabeth Dann & Family
 Chris Darwen Darwen
 Margaret Davey
 Joan Davidson
 Helen Davies
 Linda Davies

DONATIONS

Andrew Davis
Chris Davis
Elaine Davis
Linda Davis
Marilyn Davis
S Davis
Tonia Davis
Graham Dawkins
Margaret Day
Maria De Fant
Ron De Jager
William De La Garde
Marie De Lepervanche
Kay De Luca
Hemamalie De Silva
Lakshman De Silva
Doreen Dean
Trish Dean
Doug Denning
John Dent
Judy Desmarchelier
David Deverall
Lloyd Deverall
Sarah Deverall
Helen Dewhurst
Ramon & Dilvana Diaz
John Dietsch
Don Dillon
Vally Di Michiel Families
Silvana Dimech-Conti
Geoff Dixon
Jonathan Dixon
David Dobbie
Renata Dobrowolska
Sharon Doherty
Rocco Dominici
Helen Donnelley
J D Donoghue
Frances Dooley
Ronald Dorrian
Kay Double
Alan Doughton
Arthur Doughty
Kevin Douglass
Joy Dunn
Sue Dunn
Geoffrey Duong
Pat Dyball
Bruce Eaton
L Edmond
Juliana Edwards
Robert Edwards
Noel Egan
Catherine Eggins
Robin Eliovson
Cecilie Elliott
Geoffrey Ellis
Ian & Yvonne Ellis
Robyn Ellis
Sandra Elms
Patricia Elphick
Barry Elson
Kathy Elton
W F Elton

Russell Endicott
Reg Engle
Anthony English
Ernie Erba
Erika Evans
Leslee Evans
Val Evans
Donald Evins
M Ewing
Brenda Eyles
Peter Fabian
Edward Fackerell
Jill Faddy
Carmel Fahy
John Fama
Jim Fanning
Robert Faraguna
Ingrid Farkas
Jan Farrell
Sandy & John Farrow
Maureen Fearnside
Hongming Fei
Kathleen Fenlon
Alexander Ferguson
John Ferguson
Paula Ferrao
Ralph Ferrone
Alvise 'Buzz' Filippi
Roger Finlayson
Judith Fitzhardinge
Emily Flood
Angela Foley
Vicki Fontana
Fabian Foo
Gabrielle Foot
Marjorie Foot
Sue Ford
William Ford
Jessica Formby
Kathy Forrest
Elizabeth Fountain
Bruce Frank
Elizabeth Frazier
Leone Friend
John Fuller
Jill Gaffaney
Stephanie Gagen
Michael Galbraith
Anne Gall
Mick Gallagher
John Gambaro
Jennifer Garvin
John Gattorna
H & R Gatward
Shane Gauci
R & E Gayner
Robert Genner
Thollairathil & Elsa George
F Giannuzzi
Dennis Gibbons
Judith Gibbs
Jayne Gibson
Elaine Gilbert
Paul Gilbert

Sonya Gillies
Susan Giltrap
Jacqueline Gitthens
Marion Gledhill
Maureen Gleeson
Gerard Glynn
M Gobbo
Geraldine Godbold
Judith Godden
Wendy Goffet
T R Goodman-Jones
Peter & Alison Goodwin
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Pamela Gordon
Jackie Goss
Virginia Gould
David & Jane Gow
Jennifer Graham
Gillian Grant
Helen & Brad Grant
Judy Grant
Wilton & Karen Graves
Judith Gray
Lawrence Gray
Virginia Gray
Helen Grebert
L Green
Maurice Green
Richard & Anna Green
Anne-Louise Greenland
Tammy Gregory
Jean Grierson
L Grierson
Ken Griffith
Kendall Griffiths
Molly Griffiths
Tracy Griffiths
Brian Grimmond
J Grimshaw
Raymond Groves
Nancy Guldbrandsen
Dasia Gutman
R Haas
Denis Hackett
Ailsa Haenke
Charter Hall
Colin Hall
Michael Hall
Margo Hallett
Michael Hamar
Piet Hamersma
Cheryl Hamilton
Carol Hand
Max Handcock
Andrew Hanlon
Emma & George Hanna
Marjorie Hannan
Frank Hansen
Lori Hantze-Ulbricht
John Harding-Smith
Lauren Harkin
Nick Harkness
Kathryn Harle
Yvonne Harris

Tony Harrison
Marilyn Harry
Geoffrey Hartigan
Samantha Hartin
Robyn Harvey
Rupert Harvey
John Hassett
John & Judy Hastings
Elaine Hatfield
Richard Hattersley
William Havercroft
Sue Havey
Mitchell Hawes
Narelle Hawkes
Peter Hayes
Kel & Jill Healy
Elizabeth M Heaney
Malcolm Heath
Joyce Hedlund
Vera Heil
Ray Heilman
Don Hellstern
Ann Henderson
Bill Henderson
Frances Hennessy
Rita Henry
John Herbert
Jim Heron
Clare Herscovitch
Jennifer Hershon
Lesley Heumiller
Bill & Louise Hewish
Christina Hewish
Meryl Heynsdyk
Betty Hibbert
Gloria Hill
Tony Hill
Douglas Hilton
James Hindle
Jeffry Hinwood
John Hislop
Janice Histon
Rod Hitchenson
Morgan & Bizhen Ho
Elaine Hodge
David Hodgkinson
Karina Hogan
Julie Hohne
Elaine Hollis
Dorothy Holmes
Kim Hook
June Hookham
Patricia Hookham
Robert & Jill Hookham
Mary Hopson
Christine Hosking
Helen Houghton
Anne Howe
Elizabeth Howe
Frances Howe
Joan Hoyle
Terry Huggett
Sarah Hughes
Sandra Hughston

DONATIONS

Lorace Hull
 John Humphreys
 Bruce Hunter
 Diane Hunter
 Al Hurst III
 Urve Iles
 Bill Inglis
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