

## 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: David Veness

Front cover photograph: Dave Rankine

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David Veness lives in Bathurst and was diagnosed with Parkinson's eight years ago. David believes regular exercise has improved his quality of life and exercises for 1 – 1 ½ hours per day at home. His wife Cheryl supports him and encourages his daily exercise program which includes balance and strength exercises and regular bike sessions.

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

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# FROM THE PRESIDENT



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

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

Membership numbers are critical when making representations to the government and business, with the loudest voice having a better chance of being heard, so I urge you to join and/or remain a member of our organisation and indeed encourage others to join. Whilst the support groups are not directly managed by Parkinson's NSW, they have a close association

with Parkinson's NSW and could not exist without that link. Support groups are able to set their own agenda in running their group, but what shouldn't be discounted is the range of support services provided by Parkinson's NSW to assist support groups: this includes our support group coordinator, insurances, tax free status, cash grants to support and establish new groups and services. Directing donations to organisations other than Parkinson's NSW lessens our ability to help our members and supporters.

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

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

Andrew Whitton

President

# FROM THE CEO



for Parkinson's NSW, I was excited by the intended direction for the organisation. It certainly has not disappointed me and am confident that we are about to enter a whole new phase.

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

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

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

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

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

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

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

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

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

LN

Phillip Maundrell

Interim CEO

# EMBRACING THE FUTURE TO 2019

More Nurses

# Parkinson's **Networks**

What works for you: Dancing, Boxing, Walking, Exercising, others?

> **Awareness** Campaign Proactive?

# **ENGAGEMENT & AWARENESS**

2 New Initiatives

**MAJOR INITIATIVES Embracing Support Groups** 

Leading with Information and Education

More

**EXPANDING BUSINESS** 

Passive to Proactive Campaigns

Community promotion of research

Info (expand range

**NEW CONVERSATIONS** 

Grass Roots Advocacy



'International Advocacy'

Knowledge sharing at the WPC

'Researchers'

Stand ready for community promotion

'Even more Nurses'

'Corporates & Individuals'

Generous contributors



The Road Ahead

LIFE CHANGING SERVICES
2 New Initiatives

**FUNDRAISING** 2 New Initiatives

Nurses Parkinson's Networks Partnership Program Major Gifts

Line of info provided) Counselling (expand to online and research) Notified Bequests Grants

Support of National / International Advocacy

# THE BOARD



ANDREW WHITTON President



MALCOLM IRVING Vice President



JAIMEE THOMPSON Treasurer

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LAWRENCE GRAY Secretary



VEDA HEII



LLOYD ROTHWELL



RAMY SOUSSOU



DAVID VENESS

## FORMER BOARD MEMBERS

## Samuel Chu

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

## **Graham Dawkins**

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

## John Hassett

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

#### **Phillip Maundrell**

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

## **ADVISORY COMMITTEE**

Assoc Prof Colleen Canning Dr Lyn Chenoweth Sr Evelyn Collins Dr Alistair Corbett Dr Paul Clouston Assoc Prof Kay Double Dr Victor Fung Prof Glenda Halliday Dr Michael Hayes Assoc Prof Simon Lewis Dr Neil Mahant Ms Sue Mercer A/Prof Carmelle Peisah Prof Dominc Rowe Dr Paul Silberstein Prof Carolyn Sue Dr Steve Tisch Dr Bryce Vissel Dr Scott Whyte







CHRIS DAVIS



Assoc, Professor KAY DOUBLE



COLIN HALL



PROFESSOR BRYCE VISSEL

## John Silk OAM

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

## Rebecca Silk

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

## THANKS TO MIRIAM DIXON

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

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

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

Miriam's extensive understanding of Parkinson's and her empathy for its suffers allowed her to create programs of real value and her energy and enthusiasm ensured their success.



xercise is an important part of healthy living for everyone. However, for people with Parkinson's Disease exercise is not only healthy, but a vital component to maintaining balance, mobility and daily living activities.

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

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

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

each fortnight.

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

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

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

Beyond this, Ms Mannell said we know that people who exercise vigorously, for example by doing things like



Dave Rankine, Editor – Bathurst City Life Edition: September 15-21, 2016

# BENDIGO BANK RESEARCH GRANT

DECIDING TO START OR CONTINUE EXERCISE: UNDERSTANDING EXERCISE PREFERENCES OF PEOPLE WITH PARKINSON'S DISEASE



Associate Professor Colleen Canning (Faculty of Health Science, The University of Sydney), Dr Serene Paul (George Institute for Global Health), Prof Cathie Sherrington (George Institute for Global Health) and Prof Kirsten Howard (Institute for Choice, University of South Australia)

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

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

To ensure that the questions in the discrete choice survey are relevant and important to people with PD, we conducted two stages of pilot testing with people with PD to refine the questions and the survey design. The final survey that forms this research study is now available for people with PD to complete anonymously, either as an online survey or as a paper-based

survey for individuals who do not have access to the internet or who are not comfortable completing the online version. We aim to administer the survey to 225 people with PD, regardless of disease severity. To date, 65 people with PD have completed the discrete choice experiment. The results of this study will allow us to determine, from the perspective of the person with PD, the attributes of exercise programs that most influence their decisions to start exercising and to continue or increase exercising. These findings will inform decisions about how to best deliver evidence-based exercise programs that account for preferences of people with PD and thus maximise uptake and adherence.



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

# BENDIGO BANK RESEARCH GRANT

VISUAL HALLUCINATIONS IN PARKINSON'S DISEASE: A DISORDER OF ATTENTION?



Dr James Shine

ave you ever looked up into the sky on a cloudy day and seen a face hidden in the clouds? This is something that we all can do without much effort – our minds wander as we cast our eyes across the clouds, letting the patterns of brightness and shadows trigger shapes and images in our minds' eye. But we take it for granted that we don't see the same kinds of patterns when we look around at the rest of the world. Imagine spotting an imaginary face peaking out of a tree? Or seeing a long-dead relative walking across the street. Its' exactly these kinds of experiences that dominate waking life for people with visual hallucinations.

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

In our most recent study that was generously funded by Parkinson's NSW, we used another brain imaging technology – electroencephalography or EEG – to measure brain activity in real-time. Our plan was to track the activity across the brain with a much higher temporal resolution than we had in our previous experiments. This gave us a tremendous advantage. In previous studies, we were effectively trying to understand hallucinations by viewing a series of snapshots of brain activity. In our new experiments, EEG technology allowed us to track activity in the brain in real-time – akin to watching a movie of the brain unfold in front of our eyes. And we were astonished to see that the same patterns we'd observed in our previous experiments were present in the EEG signals too! As our participants began to

hallucinate images on a screen, we saw the frontal regions of the brain (the ones that 'fill in the blanks') become active and then 'drive' activity in the regions of the brain that process vision. This confirmed a hypothesis that was born over five years ago and let us know that we're really on the right track to understanding the disorder.

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

# BENDIGO BANK RESEARCH GRANT

NEW DRUG TO SLOW DEGENERATION



Professor Bryce Vissel

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

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

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

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

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

Until now, almost all treatments for Parkinson's disease have focused on attempting to replace the dopamine that is lost. However, this classical treatment strategy is unable to halt/ slow the progressive nature of the disease. With the support of Parkinson's NSW, Prof Vissel and Dr. Stayte hope that their research will provide the first steps for developing an alternative therapeutic strategy and furthermore provide the foundation for achieving prestigious funding from the National Health and Medical Research Council in the future.

## A NEW TYPE OF PROTEIN AGGREGATE IN THE PARKINSON'S DISEASE BRAIN



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

he abnormal accumulation of proteins is a feature of many degenerative brain disorders, including Parkinson's disease, and is thought to contribute to brain cell death. Significant attention has therefore been focussed on either preventing or reducing the accumulation of these abnormal proteins in an attempt to slow or halt the loss of brain cells. In Parkinson's disease, research in this area has focussed on the protein called α-synuclein, which deposits into insoluble clumps called Lewy bodies throughout the brains of people with Parkinson's disease. We have discovered, however, that another protein superoxide dismutase 1, or SOD1, also accumulates into insoluble clumps in the Parkinson's disease brain and that these clumps or aggregates, only occur in brain regions where the cells die. This selective pattern of distribution in Parkinson's disease is important as aggregation of SOD1 results in nerve cell death in another neurodegenerative disease, amyotrophic lateral sclerosis, perhaps better known as ALS. This suggests to us that SOD1 aggregation may also contribute to brain cell death in Parkinson's disease and if we can discover why the protein is aggregating we can develop treatments to stop this from occurring. During this project we have investigated the structure of SOD1 aggregates in the Parkinson's disease brain and compared this to the structure of SOD1 aggregates in ALS, and also with that of Lewy bodies. We found that the SOD1

aggregates have a chemical structure similar to that of SOD1 aggregates in ALS but not Lewy bodies, and that biochemical changes leading to SOD1 aggregation in ALS also occur in the Parkinson's disease brain, suggesting a similar pathway of development. Importantly, a clinical trial of a new treatment which aims to stop SOD1 protein from aggregating in ALS patients has just begun in Australia. If successful, this therapy may also be beneficial in Parkinson's disease. Our work, including the research of our two PhD students Ben Trist and Sian Genoud, has attracted significant interest within the Parkinson's disease research community, being presented as a "Blue Ribbon Highlight", an honour bestowed on projects representing the most novel and significant research, at the 20th International Parkinson's disease and Movement Disorders conference in Berlin, Germany in June 2016, as well as media articles.

## DOES VPS35 INFLUENCE ALPHA-SYNUCLEIN PATHOLOGY IN PARKINSON'S DISEASE BRAIN?

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Dr Nicolas Dzamko

he causes of Parkinson's disease are mostly unknown, however, approximately 10% of cases are caused by genetic factors. One such Parkinson's disease associated gene is VPS35, which stands for vacuolar protein sorting-associated protein 35. A single specific alteration in VPS35 is enough to dramatically increase the risk of Parkinson's disease. VPS35 is part of a protein complex called the "retromer", and the retromer is important for regulating how proteins are moved from place to place to carry out their functions inside a cell. This is of interest as it has long been thought that protein trafficking pathways may be dysfunctional in Parkinson's disease, largely due to Parkinson's disease being associated with the accumulation of the protein alpha-synuclein.

Like most aspects of Parkinson's disease, exactly what alphasynuclein does is unclear, however, its accumulation and aggregation in the brain is a hallmark disease feature. Indeed, the accumulation of alpha-synuclein in Lewy bodies in brain cells is a required pathological feature for the diagnosis of Parkinson's disease. It is known that the alpha-synuclein protein spreads through the brain in a predictable pattern, transferring from brain cell to brain cell over the disease course. Sometimes the disease course is very long, sometimes it is more aggressive however, the pattern of alpha-synuclein transfer remains largely the same for all Parkinson's disease cases. What is unknown however, is how and why this protein should transfer around and accumulate in the first place.

Our Parkinson's NSW funded project measured VPS35 and other retromer proteins in post-mortem donated brain tissue from subjects with and without Parkinson's disease. We wanted

to know if retromer proteins were altered and if/how this related to the accumulation of alpha-synuclein. In the substantia nigra, the most affected part of the brain in Parkinson's disease, we found an early increase in VPS35 protein, that then declined when neuronal loss was prevalent. We did not see a difference in other parts of the brain or with other retromer proteins. To see if the increased VPS35 was related to alpha-synuclein accumulation we generated a laboratory neuronal cell model with increased expression of VPS35. However, we saw no obvious effect of increased VPS35 on either alpha-synuclein uptake or accumulation in these cells. There was also no overlap between alpha-synuclein and VPS35 in our postmortem brain samples.

Thus our results suggest that VPS35 may be dysregulated early on in Parkinson's disease brain, but if or how this relates to alpha-synuclein accumulation is not clear. We will continue to study this further and it would be of interest to see how the mutation variants of VPS35 which cause genetic Parkinson's disease, affect alpha-synuclein levels.

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



Dr Dan Johnstone

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

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

We are pleased to report that all three treatments resulted in protection of the brain in PD mice. Research into exactly how these treatments exert their protective effects is ongoing, but our studies so far appear to indicate that there are considerable similarities in the molecular pathways activated by the different treatments. Consistent with this possibility, we found that combining different treatments produced no added benefit compared to a single treatment.

In summary, this project, generously funded by Parkinson's NSW, has provided evidence that PBM, saffron and RIC all induce

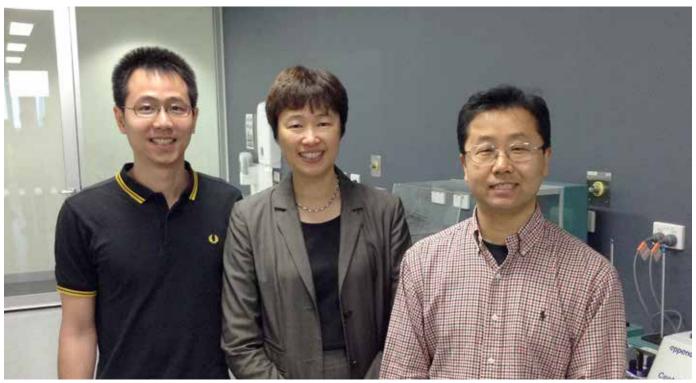
protection against brain cell death in an animal model of PD. We find this particularly exciting since all of these interventions are safe, have no known side effects, are non-invasive, are relatively cheap and could potentially be used in the comfort of a patient's home. By improving our understanding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

## **OUTCOMES:**

This seed grant has so far led to one manuscript currently under review and two others in preparation. It has supported the work of two Honours students (Nick Skladnev and Varshika Ganeshan – both awarded 1st Class Honours), one PhD student (Ji Yeon Kim) and one Medicine student (Boaz Kim). We extend our collective thanks to Parkinson's NSW for facilitating this research.

TARGETING ALTERNATIVE MITOPHAGY FOR DEVELOPMENT OF HIGHLY EFFECTIVE TREATMENT ON MITOCHONDRIAL DYSFUNCTION IN PARKINSON'S DISEASE

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From left to right: Dr Brianada Koentjoro, Professor Carolyn M Sue and Dr Jin Sung Park

arkinson's disease (PD) is the most common neurodegenerative movement disorder, affecting approximately 1 % of individuals older than 60 years. Patients with PD typically have clinical manifestations of tremor, rigidity, bradykinesia and postural instability as a result of progressive loss of dopaminergic neurons in the substantia nigra. Thus, prevention of such neurodegeneration is of a great therapeutic value. Current treatment options for PD focus on symptomatic relief of motor symptoms by replacing dopamine. No current therapy halts or delays neuronal cell death. This is mainly because the cause of neurodegeneration in PD is unknown.

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

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

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

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

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

# THE SHOALHAVEN NEUROLOGICAL NURSE SERVICE



Nina Cheyne, Shoalhaven Neurological Nurse

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

Those that are supported from this service include:

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

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

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

The Shoalhaven Hospital Pharmacists have been working hard to pass a medication compliance policy for PWP. It is currently in draft form and is going to be discussed at the next meeting for approval. This will assist all PWP that are admitted to hospital to be given their medications on time either via the nurse or the ability to self—medicate under this protocol. This will improve patient outcomes and likely reduce hospital length of stay. This will also empower PWP to have input into their management.



ground-breaking awareness campaign developed by Parkinson's NSW achieved phenomenal results in April/May 2016 by going viral on Facebook with over 7 million views and winning two prestigious international advertising awards.

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

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

- Over 7 million people reached by Facebook
- 66,900 clicks on the Facebook post
- 1 million Australian viewers of the A Current Affair segment
- Daily Telegraph online post

In addition to the outstanding awareness that was raised by this campaign, we are absolutely delighted to have been awarded third place in the health and wellness category of the prestigious Cannes Lions Award and third place at the Asia Spike awards. This is the first time Parkinson's NSW has been featured on the world stage for a world-class advertising campaign.



Developing a campaign of this magnitude would not have been possible without the support of our supporters. A big thank you to our pro-bono agency, J Walter Thompson Sydney for the campaign creative and H&K Strategies for their PR support. Thank you also to Neurosurgeon Dr Jacqueline McMasters and Neurologist Dr Neil Mahant and their medical team for allowing us to film the surgery and supporting the campaign. Thanks also to our fantastic marketing team, led by Clare Audet.

We would like to express our deep gratitude to the O'Shea family for sharing their very personal journey. The O'Shea's have been actively involved with Parkinson's NSW for many years and run a number of support groups and are active in raising awareness and funds for Parkinson's NSW. We wish Andy and his family all the best for the future.





n Sunday August 30th, over 1,400 people of all ages and abilities participated in the Parkinson's NSW Unity Walk & Run. Held at Sydney Olympic Park and Stuart Park, Wollongong, the event raised over \$163,000 to improve the lives of people living with Parkinson's. 50% of the profits goes towards the Parkinson's NSW annual research seed grants and 50% goes towards funding the free support services provided by Parkinson's NSW; Counselling, Support Groups, Education, Information, InfoLine and Neurological Nurses in the community.

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

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

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

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

## **EVENT HIGHLIGHTS**

## **Entertainment**

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

#### Food

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

## **Family Activities**

This year, we increased our family activities which were met with great enthusiasm. For the first time ever, we hosted a children's art tent with a colouring competition, along with a petting zoo (which proved to be popular with people of all ages).

## Presented by



# PARKINSON'S NSW GOLF CLASSIC 2015 e Parkinson's NSW Golf Classic, presented **Presenting Sponsor** by Cromwell Property Group was held at Monash Cromwell Property Group Pty Ltd Country Club on November 12th. **Pebble Beach Originating Sponsor** t was a beautiful day out and participants enjoyed Sydney Markets Corporation a full day of activities for an excellent cause. The day commenced with a casual BBQ brunch before all players teed **Pebble Beach Platinum Sponsor** off for an Ambrose shotgun event. Throughout the day, golfers Harper Bernays were provided with refreshments and the opportunity to win prizes at specific holes (for a donation). The event concluded St Andrews Silver Sponsor with a delicious buffet dinner with entertainment provided by Monash Friends of Parkinson's former Australian Test cricketer; David Sincock.

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

items and support Parkinson's NSW.

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

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

## **Event Sponsors**









# **FUNDRAISING EVENTS**



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

Greg Evans

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

"I'm fairly humbled by the support that

local businesses and people we know have shown our cause," Mr Evans said. "We started out wanting to raise \$1,000 but we reached that total pretty quickly and decided to just keep on fundraising."

Greg was joined in his endeavour by a passionate team of 38 runners who ran in various events on the day, many of whom were family and friends. "A lot of the team are family from across NSW and QLD, but

there are friends as well and some people from in and around Mudgee," Mr Evans said.

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

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

# THE BIG RIDE

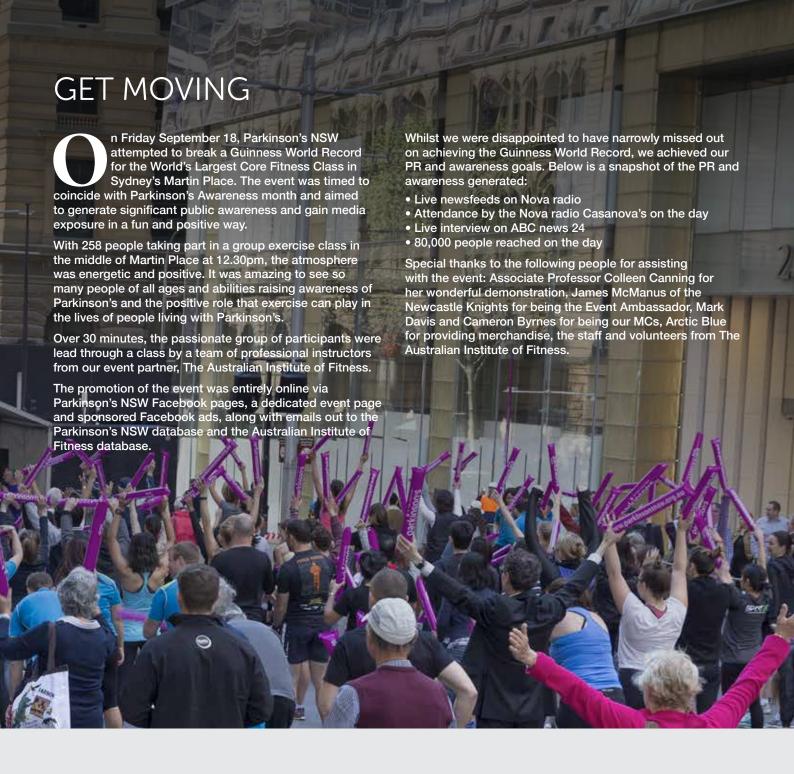
he fourth annual Big Ride for Parkinson's set off on a beautiful sunny Saturday morning on 2nd April. Over 80 riders set out from Frasers Motorcycles in Sydney to the lovely town of Parkes to raise awareness of Parkinson's disease.

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



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





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



# THANK YOU

Fraser's Motorcycles
Coates Hire
Gracelands Hotel
Ikon restaurant
Draggin Jeans
Independent Parts Custom
Ventura



# INFOLINE

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

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

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

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

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

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

Each and every call is important to us.

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

# SUPPORT GROUPS

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

Most support groups meet monthly, often with a guest speaker on aspects of Parkinson's or a general interest topic. Groups also enjoy social outings such as dinners, picnics and BBQs. Throughout the year, our Support Group Coordinator travelled to meetings in metropolitan and regional areas and attended Awareness Walk's, seminars and workshops organised by local Support Groups. New exciting initiatives are being planned for the support groups for 2017.

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

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

# "I have a whole new life because of counselling" "I've been thrown a lifeline"

# COUNSELLING

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

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

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

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

# EDUCATION

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

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

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

The National Aged Care Training Package continued to be assessed and evaluated by the Australian Workplace Innovation and Social Research Centre. This package was to improve the continuous quality improvement of the training and to measure the longer term impact on the quality of care being provided to people with Parkinson's in residential care.

Meeting Funding Guidelines, The Care Plan program

"Great info, very professional"

overview of Parkinson's program

"The session was very relevant and interactive, many questions answered, best inservice; thank you"

# TREASURER'S REPORT



Treasurer - Jaimee Thompson

t is with pleasure that I provide my first report as Treasurer to the members of Parkinson's NSW, on the financial position and trading results for the year ended 30 June 2016.

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

Despite some significant external challenges and resource constraints, donations (In Memoriam, Members, Corporates and General) remained steady, contributing \$370,499 in 2016.

Major events (Unity Walk, Golf Day, Big Ride) continued to experience a lack of support from the community and sponsors, with income down \$57,018 from 2015. A significant reduction in direct expenses across all events of 22.7% and a reduction in PR spend of \$32,525 meant that profit from all events decreased by only 3.0% overall.

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

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

The Board has also maintained our commitment in the area of

grants, with \$219,287 being spent. This was aided by a grant from Parkinson's NSW Trust. We are determined to continue this commitment as demonstrated in prior years.

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

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

Members and the President for their support and assistance to myself and PNSW as a whole.

J Thompson

# INCOME & EXPENDITURE STATEMENT

for the year ended 30th June, 2016

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

## **EXPENSES**

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

## STATEMENT OF CHANGES IN EQUITY

Accumulated funds		
Accumulated funds at the beginning of financial year	1,012,547.83	820,015.41
Current year surplus (deficit)	-113,040.74	192,532.42
Accumulated funds at the end of the financial year	899,507.09	1,012,547.83

The accompanying notes form part of these accounts

# DETAILED STATEMENT OF FINANCIAL POSITION

as at 30th June, 2016

CURRENT ASSETS	NOTE	2016	2015
Cash	12	1,293,168.47	1,612,466.23
Debtors	13	16,214.85	27,197.89
Prepayments		14,346.60	16,108.14
Merchandise on hand		11,881.10	3,919.72
GST refund		11,471.92	2,469.47
Parkinson's NSW Trust		0.00	0.00
Total current assets		1,347,082.94	1,662,161.45
NON CURRENT ACCETO			
NON-CURRENT ASSETS			
Plant and equipment	14	200,675.60	100,436.16
Total non-current assets		200,675.60	100,436.16
Total assets		1,547,758.54	1,762,597.61
CURRENT LIABILITIES			
CURRENT LIABILITIES	45	40,000,07	47.054.00
Creditors	15	49,329.97	47,251.86
Employee entitlements		69,778.68	75,847.01
Grants received held in Trust	16	339,232.14	390,512.31
Money held on behalf of Support Groups	17	104,454.62	100,752.35
Prepaid membership fees		1,579.07	33,768.15
Prepaid income - Nurse Specialist		83,876.97	101,918.10
Total current liabilities		648,251.45	750,049.78
Total liabilities		648,251.45	750,049.78

899,507.09

1,012,547.83

The accompanying notes form part of these accounts

Net assets

# STATEMENT OF CASH FLOWS

for the year ended 30th June, 2016

CASH FLOW FROM OPERATING ACTIVITIES	2016	2015
Receipts from members and sponsors	1,617,546.22	1,658,282.60
Payments to suppliers, members and employees	-1,835,583.96	-1,397,063.40
Interest received	28,187.62	28,890.41
Net cash provided by (used in) operating activities	-189,850.12	290,109.61

### CASH FLOW FROM INVESTING ACTIVITIES

Payment for plant and equipment	-129,447.64	-26,217.01
Net cash provided by (used in) investing activities	-129,447.64	-26,217.01
Net increase (decrease) in cash held	-319,297.76	263,892.60
Cash at the beginning of financial year	1,612,466.23	1,348,573.63
Cash at the end of financial year	1,293,168.47	1,612,466.23

# NOTES TO THE FINANCIAL STATEMENTS

for the year ended 30th June, 2016

## Note 1: Statement of significant accounting policies

The financial report is for Parkinson's NSW Inc.

## Basis of Preparation

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

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

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

### Accounting Policies

## (a) Income Tax

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

## (b) Plant and Equipment

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

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

amount if the asset's carrying amount is greater than its estimated recoverable amount.

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

## (c) Employee Benefits

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

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

#### (d) Cash and Cash Equivalents

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

## (e) Revenue

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

Grant revenue is recognised in the income statement when the association obtains control of the grant and it is probable that the

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

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

Donations and bequests are recognised as revenue when received.

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

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

## (f) Goods and Services Tax

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

## (g) Impairment of Assets

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

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

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

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

## (h) Comparative Figures

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

## (i) Provisions

Provisions are recognised when the group has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and

that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

## (j) Financial Instruments

Initial recognition and measurement

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

## (k) Unexpended Grants

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

## (I) 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.

2015

93,475.14

132,195.29

234,320.23

-59,176.77 175,143.46

8,649.80

2016

47,131.34

116,282.60

48,713.60

212,127.54

-48,699.11

163,428.43

# NOTES TO THE FINANCIAL STATEMENTS

Notes for the year ended 30th June, 2016 (continued).

	2016	2015	
Note 2: Donations and Grants			Note 5: Unity Walk Account

Note 2: [	Donations	and	Grants
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In memoriam	47,390.91	51,449.62
Support groups	12,334.93	14,154.05
Williams estates	140,000.00	140,000.00
Members	17,631.15	17,094.00
Corporate	17,100.00	0.00
Research	37,914.40	86,614.12
General	288,377.18	312,394.67
Bequests	328,593.84	335,259.11
Nurse specialist (Refer to Note 18)	120,362.44	187,158.38
General	45,428.00	16,335.00
PNSW Trust	220,000.00	200,000.00
	1,275,132.85	1,360,458.95

## Note 6: Golf Day Account

Registrations

Sponsorship

Total Income

Less expenses

**Donations** 

Note of Golf Day Account			
	Donations and sponsorship	32,050.91	42,912.59
	Registrations	5,306.03	15,533.58
	Total Income	37,356.94	58,446.17
	Less expenses	-17,463.64	-20,334.46
		19,893.30	38,111.71

## Note 3: Subscriptions

Life membership	6,013.63	6,999.99
Renewals	29,922.71	29,063.65
Association membership	272.72	272.72
	36,209.06	36,336.36

## Note 7: Big Ride 4 Parkinson's

Donations and sponsorship	6,076.88	19,813.10
Registrations	0.00	0.00
Total Income	6,076.88	19,813.10
Less expenses	497.18	-5,431.47
	6,574.06	14,381.63

## Note 4: Other Income

Sale of merchandise	4,833.55	19,687.72
Less: Cost of Goods Sold	-5,609.57	-11,444.86
Gross Profit (Loss) from Merchandise	-776.02	8,242.86
Seminar fees	3,081.82	11,609.09
Education	-236.99	536.99
Other income	114,678.21	9,359.55
Parkinsong	2,815.00	2,500.00
Newsletter	488.63	1,652.28
Fundraising General	0.00	2,500.00
	120,050.65	36,400.77

## Note 8: Salaries and Employment Costs

Wages and salaries	775,609.39	694,267.96
Fringe Benefits Allowance	181,917.51	172,528.57
Superannuation contributions	106,632.50	108,011.90
Leave accruals	-6,068.33	-1,939.90
Consultant and temporary staff	8,622.83	0.00
Professional development	0.00	181.82
Staff training	90.00	0.00
Recruitment	983.06	1,779.09
Contractor - Nurses	0.00	25,897.16
	1,067,786.96	1,000,726.60
Less: Recoveries on grants	-41,948.55	-67,988.66
	1,025,838.41	932,737.94

## 2016 2015

## Note 9: Support, education and promotion

Service costs	7,056.24	6,044.35
Counselling expenses	0.00	24.66
Member and volunteer activities	16,359.89	14,713.40
Support groups	20,121.88	4,538.24
Education expenses	4,572.16	10,872.01
General awareness expenses	60,515.88	29,363.60
Public relations and fundraising	19,193.14	51,728.63
Publications and resources	9,931.66	4,255.67
Grants	0.00	2,500.00
Parkinson's Australia	47,290.75	53,123.99
Political strategy	1,726.27	414.91
	186,767.87	177,579.46

## Note 10: Research Grants and Bequest Expenses

Bequest expense	134,551.38	4,195.35
Research expense	219,287.35	231,244.00
	353 838 73	235 439 35

## Note 11: Operating Expenses

2016

2015

Note 11: Operating Exp	enses	
Accounting fees	18,140.00	18,465.00
Fees to auditor for -		
auditing	4,830.00	4,685.00
other services	0.00	0.00
Depreciation	29,208.20	21,427.18
Travel and accommodation - Meetings	14,405.77	10,256.81
Telephone and communications	15,568.42	10,682.09
Internet expense	380.30	0.00
Insurance	19,251.43	18,509.44
Office expenses	35,362.23	32,979.97
Postage	10,965.37	11,759.76
Printing	1,353.62	1,607.78
Rent	8,876.41	0.00
Repairs and maintenance	748.00	3,645.00
Staff amenities and meetings	3,475.29	2,119.23
Membership and subscriptions	8,255.64	6,914.81
Stationery	5,902.41	7,246.05
Legal expenses	1,909.09	0.00
Restructure	0.00	1,136.00
Moving Expenses	17,439.52	0.00
	196,071.70	151,434.12

## Note 12: Cash Assets

Commonwealth Bank of Australia	99,450.44	62,329.87
Bendigo Bank trading account	1,192,299.26	1,549,725.39
Bendigo Bank - Commonwealth Grant	1,018.77	10.97
Cash on hand	400.00	400.00
	1,293,168.47	1,612,466.23

## Note 13: Debtors

Unity Walk sponsorship		
Debtors	14,552.80	24,955.19
Sundry debtors	1,662.05	2,242.70
	16,214.85	27,197.89

2015

# NOTES TO THE FINANCIAL STATEMENTS

2015

Notes for the year ended 30th June, 2016 (continued).

2016

Office Equipment	411,420.98	281,973.34
Less: Accumulated depreciation	-210,745.38	-181,537.18
	200,675.60	100,436.16

## Note 15: Creditors

Bendigo Bank Credit Card	231.28	4,366.10
Creditors	28,441.96	1,576.16
Government Paid Parental Leave	0.00	5,124.60
Accruals	25,114.63	25,488.00
PAYG Withholding Payable	10,743.00	10,697.00
Superannuation Payable	-15,200.90	0.00
	49,329.97	47,251.86

## Note 16: Grants Held In Trusts

Mid Nth Coast Neuro Nurse	106,887.71	96,887.70
The Wellness Program	9,960.95	0.00
Dance for Parkinsons	19,952.47	33,872.60
Australian Chinese Foundation	2,000.00	0.00
Tom Burns Trust for PD Nurses	29,689.80	29,689.80
Cromwell Grant	0.00	41,000.00
CDSE Grants	2,931.10	0.00
Young Men's Network	74,246.72	90,285.70
Bondi Lions Club	2,417.10	4,917.10
Punchin Parkos	11,598.05	1,857.98
HACC Training	2,000.00	18,531.27
Orange Neuro Nurse	16,394.68	9,624.12
Wolper Hospital	2,500.00	2,500.00
Art 4 Parkinson's	8,553.36	11,245.84
Grant for Education in NH	50,100.20	50,100.20
	339,232.14	390,512.31

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

2016

Note 17. Money her	i on benan or Supp	Joil Gloups
Chinatown Support Group	22,014.19	22,014.19
Coffs Harbour Nurses Fund Support Group	11,302.46	7,921.46
Goulburn Nurses Fund	26,538.60	24,458.60
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	1,771.27	3,580.00
Port Macquarie Support Group	19,402.10	19,352.10
Illawarra Region Support Group Nurses Fund	14,500.00	14,500.00
Together Funding re Support Group	1,500.00	1,500.00
	104,454.62	100,752.35

Income taken to

Opening balance

Funds received

Closing balance

Expenses

Funding Statement

account

0

5,815

2,635

-528

7,921

25,897

61,202

61,864

-26,178

96,888

0

23,959

24,459

500

0

135,883

194,993

74,140

-164,763

104,370

0

0

0

14,500

14,500

25,378

11,116

28,500

-29,992

9,624

187,158

297,084

182,139

-221,461

257,762

2016	Coffs Harbour	Mid-North Coast	Goulburn	Shoalhaven	Illawarra	Orange	TOTAL
Income Statement 2	2016						
Employment expenses		50,000		105,835		21,969	177,804
Travel/Telephone expenses				1,361		2,261	3,621
Training							0
Computer expenses							0
Stationery							0
Administration fee							0
Motor vehicle				7,069			7,069
Total Expenses	0	50,000	0	114,264	0	24,229	188,493
Income taken to account	0	0	0	105,835	0	14,528	120,362
Funding Statement							
Opening balance	7,921	96,888	24,459	104,370	14,500	9,624	257,762
Funds received	3,381	60,000	2,080	94,500		31,000	190,961
Expenses	0	-50,000	0	-114,264	0	-24,229	-188,493
Closing balance	11,302	106,888	26,539	84,606	14,500	16,395	260,230
2015	Coffs Harbour	Mid-North Coast	Goulburn	Shoalhaven	Illawarra	Orange	TOTAL
Income Statement 2	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

# **EXECUTIVE COMMITTEE REPORT**

# for the year ended 30th June, 2016

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

### **Executives**

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

Andrew Whitton (President)

Malcolm Irving (Vice President)

Jaimee Thompson (Treasurer)

Lawrie Gray (Secretary)

Phillip Maundrell (Chief Executive Officer)

### **Council Members**

Rodney Chaplin

Chris Davis

Kay Double

Colin Hall

Vera Heil

Lloyd Rothwell

Ramy Soussou

David Reid Veness

Bryce Vissel

## Principal activities

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

## Operating result

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

### Review of operations

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

## Significant changes in state of affairs

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

### Events after balance sheet date

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

### Future developments

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

### **Environmental issues**

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

### **Options**

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

### Indemnification of Officers or Auditor

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

### Proceedings on behalf of association

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

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

#### Executive officers' emoluments

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

## Auditors independence declaration

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

Signed in accordance with a resolution of the Executives,

Phillip Maundrell

Chief Executive Officer Council Member 14/10/2016

14/10/2016

# **EXECUTIVES DECLARATION**

The executives of the association declare that:

- 1. the financial statements and notes are in accordance with the Associations Incorporations Act 2009 and :
- (a) comply with Accounting Standards and the Corporations Regulations; and
- (b) give a true and fair view of the association's financial position as at 30th June, 2016 and of its performance for the year ended on that date:
- 2. in the executives' opinion, there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Executive Committee.

Phillip Maundrell

Chief Executive Officer

14/10/2016

Council Member

14/10/2016



Frost Crane & Co ABN 89 625 234 511 PO Box 2605 Carlingford NSW 2118 Unit 1, 7 Lloyds Avenue Carlingford NSW 2118

Fax Email Web

Phone (02) 8820 2020 (02) 9872 7400 contact@frostcrane.com www.frostcrane.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 Executives of Parkinson's NSW Inc.

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

- the auditor independence requirements as set out in the said Act in relation to the audit; i.
- any applicable code of professional conduct in relation to the audit. ii.

Bruce Frost CA ANZ Frost Crane & Co Carlingford NSW

Registered Company Auditor

13 October 2016







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## Parkinson's NSW Inc. ABN 93 023 603 545 Independent Auditor's Report

### Scope

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

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

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

### Committees' responsibility for the Financial Report.

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

### Auditor's Responsibility.

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.







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# Parkinson's NSW Inc. ABN 93 023 603 545 Independent Auditor's Report

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

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

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

## Independence

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

## **Auditor's Opinion**

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

- giving a true and fair view of the company's financial position as at 30<sup>th</sup> June, 2016 and of its performance for the year ended on that date; and
- complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013;

## **Emphasis of Matter**

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

Brude Frost CA ANZ Frost Crane & Co

Registered Company Auditor

14 October 2016

Aliya Abdullah Graham Aboody Robyn Adams Steve Adams Desmond Adcock A Adler

A Adler Gladys Agius Pam Aikman

Sam & Grace Albanese
Bruce Alexander
Maria Alexiou
Edward Allard
Lynette Allen
Andrew Allsopp

Kathleen & Warren Almond

James Alvin

Trygve (Tryg) Amundsen

Anita Anderson B Anderson Robert Anderson Joanne Annis-Brown

Anonymous Hugh Ansell Audrey Anstee

Dennis & Lesley Archibald

Paula Ardino Elizabeth Armstrong Jan & Shirley Armstrong

Martin L Ash Heather Ashley Warren Ashley Robert Ashon Dorothy Askin Barbara Aspinall Gary Austin Connie Azzopardi Richard Babb

John Bruce Baigent Jackie Bailey Rosemary Bailey Brian Baker Leona Baker Ted Baldwin Eileen Bamford Barbara Banks Norma Rae Barker Paula Barker

Rob Barnwell Kevin Barry Christine Bartlett Thomas Bartlett Jan Bartlett Frank Barton Igor Baryshev Rowan Batch Fiona Batchelor

Noreen Barnes

Leslie Battle Peter Baulman Alan Beasley

Mr C & Mrs Joanne Beaumont Earle (Harold) Beaumont Clarrie Beckingham

Ken Beenie

Ivan Begonja Graham Bellette Pat Bellingham

Cellina Benassi

Don Bennett Lynn Bennett Olive Bennett Irving Benton

David Berman Gillian Bersten Usha Bhalla

Margaret Bible Mark Bible Stephen Bible

Stephen Bible Eric Biddle Wendy Bieder Hopper Bilton Dorne Biscaya

Judith Bishop
Julie Bishop
Louise Black
David Blacklock

Nancy Blanshard Lindsay Blaxland Jan & Robin Bligh Kevin Blume

Jo Boccamazzo
Serge Bodlander
Brian Bolland
Margaret Bouffler

Derek Boult

Andreas Bourdoulis Paul Bourke Charlene Bower Gregory Bowerman Simone Bowskill Robert & Lyn Boyd Teddy Bradley

Jennifer Brady Janette Bray L Breeze Karen Bridge Dahlia Brigham Barbara Brissett Ken Broadbent

Judy Brooks Gwyn Brown Lurline Brown Martha Brown OAM Robin Brown

Carol Ann Browne Wesley Browne Hermione Browning Ray Browning

Hay Browning
Judith M Bryant
Glenn Bucknell
Stuart Bucknell
Wally Budd
Charles Buhagiar
Howard Bullock

Helen Bultitude Elizabeth Burgess Roslyn Burgess Ross Burgess Karen Burgoyne Fred Burke Stephen Burman James Burn

June Burns

Bob & Valerie Burridge Carolyn Burrows Julie Burrows Gregory Burton SC

Yvonne Burton John & Norma Byles

Bruce Byrn

Noeline Pamela Cable

Amy Caldwell
Alan Cameron
John Cameron
Marie Cameron
Ronald Cameron
Glenn Campbell
Robert Campbell
Beth Card
Maria Caridi

Rev & Mrs Diana Carman

Jane Carroll

John & Lesley Carroll

Peter Carroll
Alex Carson
Bill Carter
William Carter
Lee Casey

Robert & Jennifer Catt Guy Centrone Rosalie Chaloner Lawrence Champness Ronald Chandler John Chapman

Joy Chariton Kushal Chaudhri Ruth Cheers Ahmad Chehade K Chen

TK Chen & Family Mr & Mrs W Chen Cecilia Chiu

Samuel Chu John Civitarese Paul Clapson Christine Clark Barry E Clarke Erica Clarke Frank Clarke James Clarke

Paul & Roslyn Clarke Rhonda Clarke Stacey Clarke John Clifford Bettine Coates Daphne Cohen

Anthony Cohen Leone & Sunnai Cohen Antonio Colantropo Les Colebrook

Dianne Colee
Dick Collingridge

Judith Collins Joanne Colquhoun Bridget Connelly

E & J Connor Paul Conroy Judith Cook

Michelle Cooper Vivianne Cooper Robert Coote

Steve Corbett Colleen Cotter Betty Coulton Trudi Coutts

Margaret Couzens

Margaret Cowie Kim Cox

Suzanne Cox Enid Craigie Glen Crane Mina Crisp Sharyn Crockett

A Crones
Dorothy Crosweller

lan Crystal Mark Culbert Gina Culverson Jan Cumming

Robin & Margaret Cummins

Barbara Cuthbert Mona Dalziell

Frank & Jim Damiano Annette Daniel

Keith Daniel
Andy Davey
Margaret Davey
Joan Davidson
Bruce Davidson
Elaine Davidson
Deanna Davies
Helen Davies
Ivor Davies

Janet Davies
Chris Davis
Edda Davis
Matt Davis
Marilyn Davis
Graham Dawkins
Angelo De Felice
Sheridan de Gruiter

Marie de Lepervanche Sue De Vries Doreen Dean Trish Dean Warwick Dennett John Dent

Judy Desmarchelier Helen Dewhurst John Dickinson John Dietsch

Silvana Dimech-Conti

Judy Dion Noel Divall Miriam Dixon Kathy Dobinson

Rocco Dominici Bill Donaldson Margaret Donnellan Frances Dooley Ronald Dorrian Alan Doughton Arthur C Doughty Tony Douglas Kevin Douglass JB Duffy Florence Dunn John Dunn Joy Dunn Pat Dyball Bruce Eaton Bob Eckstein Juliana S Edwards Robert Edwards Noel Egan Catherine Eggins Herman Eisenberg Robin Eliovson Cecilie Elliott Ian & Yvonne Ellis Robyn Ellis Barry Elson Kathy Elton WF Elton Russell Endicott Shelley English Thomas English Ernie Erba Erika Evans Greg Evans Robert Evans Val Evans John Dudley Eve Donald L Evins Alexander Ewing Edward Fackerell Jim Fanning Tatiana Faroukhians M Fayn Maureen Fearnside Errol Feebrey Hongming Fei Kathleen Fenlon John Ferguson Ralph Ferrone Andreas Fiedler Alvise (Buzz) Filippi Anthony Fillbrook Elizabeth Findlay David Fisher Judith Fitzhardinge Ian Fitzpatrick Pam Fitzrov John Flood Vicki Fontana Gabrielle Foot Margaret Foot

Marjorie Foot

Stuart Forbes

Jessica Formby

Bettyann Forster Christine Forsyth Mr & Mrs Cam Foster Jordan Fotaras Elizabeth Fountain Stephen France Albert Franks Lynley Frew Julia Fry LD & NHM Fry P Fuller Dennis Furini Jill Gaffaney Margaret Gaffney Michael Galbraith JJ Gallagher Galston Financial Services Ltd Alan Gardiner Murray Garnock Robert Genner Mr & Mrs Carlo Genova Thollairathil & Elsa George Nicholas Georgeopoulos Peter Giaprakas Dennis Gibbons Judith Anne Gibbs Jayne E Gibson Bronwyn Gilbert Elaine Gilbert Paul Gilbert Ken Gilmore Charles Giuttari Marion Gledhill Maureen DA Gleeson Rosalie (Nan) Godwin Wendy Goffet Pamela Gordon AM & GM Gosling Virginia Gould Jacqueline Gouldson David & Jane Gow Jennifer Graham Geoffery Gray Lawrence Grav Sue Graykowski Helen Grebert David Greco David Green Maurice Green Robert Green Robert Green Anne-Louise Greenland Graeme Greenwood Gordon Gregory Nicki Griffin Evelyn Griffith Kendall B Griffiths Molly Griffiths Heather Grimmett Brian John Grimmond J & P Grimshaw Julie A Grimshaw

**Raymond Groves** 

Nancy Guldbrandsen

Y Gum King David Gummow Pru Gundelach Dasia Gutman Denis Hackett Ailsa Haenke Isla Hains Colin Hall Michael Hall Sandra Hall Michael Hamar Wal Hambly Piet Hamersma Cheryl Hamilton Fintan Hamilton Olivia Hammond Geoffrey Hamper Hedy Handisurya Sylvia Hansen John Harding-Smith Veronica Hargreaves Nick Harkness Kathryn Harle Robert Harris Yvonne Harris Geoffrey & Cherie Harrison Marilyn Harry CM Harth Juanita Hattersley Mitchell Hawes Phillip Hawke Narelle Hawkes Kel & Jill Healy Elizabeth M Heaney Malcolm Heath Joyce Hedlund Vera Heil Nicole Heinrich Don Hellstern Susan Henderson Helen Herculson Jim Heron Clare Herscovitch Leslev Heumiller **Enid Hicking** Lesley Hicks Douglas Hilton Lynne Hindle Janice Hindmarsh John Hislop Rod Hitchenson Morgan & Bizhen Ho Allan Hobbs Josef Hochreutener Elaine Hodge Frank Hodgert Karina Hogan Julie Hohne Jane Holland

Elaine Hollis

Joan Holt

Kim Hook

**Dorothy Holmes** 

Claudia Holoch

Pat Hookham Robert & Jill Hookham Russell Hooper Sigrid Hopperdietzel Lara Horinek Phyllis Horne Ronald Horner Helen Houston Ben Howard Kay Howard Joan Hoyle Margaret K Huckle Robert Huckle John Humphreys Robert Humphries Maureen Hungerford Diane Hunter Maree Hupalo Christine Hurst AI W Hurst III Joyce Hustler Jean Huxley Cathy lacono Urve Iles Dianne Imison Bill Inglis Emma Inglis Darren & Lisa Inglis Frances Inglis Douglas & Irene Inkson Helen Inns Neil Instone Michael Ioannides Shaun Ireland Ludmilla Ireland Robert Ireland Joan Isaksen Robert Israel Phillip Jacobsen P & S Jacobson Kerrie Jacson Miraslav Jakovljevic Nina James Tim Janes Ken Jarman M Jarrett Lyn Jarrett Stephen & Rhonda Jenkinson Margaret Jensen Joan Jessop John D Jewell Helen Jewell Heike Jewell Janet Jin Elfriede Johnson

Margaretha Johnson

Ken Johnson

Cathy Johnson

Keith Johnson

Linda Johnston

Elane Johnston

Cherie Johnston

Ronald Jones

Rob Johnston

Robin R Jones Richard Jones Phillip Jones Lindsay Jones

John & Eugenia Jonson

Ralph Joseph Vivienne Joyce Amanda Judge Austin Jupp Jack Kahabka Darryl Kajewski Carol-Anne Karas

Peter Kark Susie Kassab Amelia Katz Lynda Kay Nick Kazonis Patrick Keane Pauline Kennedy

Aileen Kensett-Smith Brian Kent Anne S Kermode Betty Kerridge Mark Khutoretsky Michael Kiely Diane Kiernan Rod Killick John King

Joyce King Elaine King Janice King Bernadette King Judy Kirby

Ross Kirkpatrick Robyn Kirkwood Margaret Kirsop Nick Klafas

David & Turid Klineberg

William Knight Ken Knox Laszlo Kocsis Cecil Kohlhagen Kim Koorey John Koovman Rudy Kramer Sergio Kresevic Sylvia Krietsch Deirdre La Gerche William Laing David Laird Vincent Lam Carol Lambert Margaret Lamborn Kevin Lamont Bruce Lampe Valerie Landa Barbara Lane Hugh Langford-Smith

Phillip Lappin

Anthony Larkin

George Laron

John Laverick

Anita Lawrence

Siiri Lass

Pat Lawson Michael Lazurko Merle Le Laen Michael le Vesconte Eric Leahy

Gordon & Joan Lee Melva Lee

Mr & Mrs S Lee

Frank & Angela Leeizzi Richard & Margaret Lehrle

Otmar Leicht Pauline Leister David G Lesnie Warren Lesnie John Leung Janice K Lewis Margaret Lewis

Andrew & Joanna Licari

Maria Licari William & Jenie Lim Bill Lindsay John Liney Robert Locke Gabriel Lomas Deidre Londish Keith Loosemore Helen Lorne-Smith

Lisa Lubar Tamara Lukash CJ Lyons

Peter Macdonald Robyn Mackenzie Robert Magrath Vincent Mahon Lucille Mahony

Zanne Mallett Roger Malouf Joe Malouf Frank Mandin Dotti Manning Kerry Manolas

Robert Mark Margaret Markham Noelene Marmont Caroline Marsden Peter Marshall Penny Marshall

Mr & Mrs Marshall Brian Martin Carol Martin Ella Martin Joan Martin Juliet Martine Grace M Mason

Elizabeth Mason Dick Massaar Paula Masters

Susan Mathew

Slade Matthews Con & Helen Mavromatis

Bruce May Gill Mav Bryan McAlister Elizabeth McAulev Jeanette McBeath Ian McBeath Hugh McColl John McCov Val McCrae

\_\_\_\_\_

Samantha McCulloch Delore Robert A McDonald George McDonald Kathryn McDonald Kevin McDonald Robert McDonald Rosemary McDonald Joanne McFarlane John & Norma McGettigan

Joan McGilvray Anthony McGovern Jov McGrane Brian McGrath John M McGregor Margaret McHutchison

John McInnes Geoff McIntosh Melinda McKennan Pamela McKiernan Alison M McKnight Robert McLaughlin Ken McLean

BF McInerney

Cheryl McManus Norma McMorran Elaine A McSwan June McVey

Ronald Bruce Mead Cathy Melton Lynn Mendollia Beth Messervy Wendy Meurer Werner Meyer Jackie Meyerowitz

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Gail Thompson
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Amanda Thomson
Janice Thomson
Angela Thorne
Kevin Tierney
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Marjorie Tipping
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John Watson

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Rick Wegner Vanessa Wegner

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Robert Whitton

Kath Whyms Diane Wiesner Margaret Wigney Sam Willard Margaret Williams Margaret Williams Patricia Williams Faye Williamson Joan Willings

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Mr & Mrs M Wong See

Fiona Wood

Michael W Woodcock

**David Woods** Olivia Woods Patricia Woolcock MK Woollett Bernard Woolley Paul Worsley Allan Wright Maureen Wright Pat Wright Robert Wright Stephanie Wright Chris & Olivia Xenakis Elena Xenakis

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# PRO BONO

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

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