



# Contents

## About Diabetes

About Diabetes	1
About Diabetes SA	1
Vision Statement	1

## Annual Report

Board of Management	3
Management Team	3
Candidate Statements	4
President's Report	6
CEO's Report	7
Business Services & Development Report	8
Business Support Services Report	10
Healthcare & Education Report	11
National Diabetes Services Scheme Report	12
Clothing Collection Report	14
Our Volunteers	16
Photography Volunteers	16

## Financial Report

Treasurer's Report	19
Statement by Board of Management	20
Statement of Comprehensive Income	21
Statement of Financial Position	22
Statement of Changes in Equity & Cash Flows	23
Notes to the Financial Statements for the Financial Year Ended 30 June 2013	24
Independent Auditor's Report	34
Key Financial Statistics	36
Major, Community & Corporate Donors & Bequestors 2012/2013	39

## Kellion Victory Medals

Kellion Victory Medals	41
70 Year Kellion Victory Medal Awards	42
60 Year Kellion Victory Medal Awards	43
50 Year Kellion Victory Medal Awards	45

## About Diabetes

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In South Australia alone, diabetes is diagnosed in 600 people every month.

Diabetes is Australia's fastest growing chronic disease that leads to serious complications, the consequences of which can include heart attack, stroke, blindness, kidney damage, and foot ulcers that can result in amputation. Around the world, we are experiencing a diabetes epidemic that threatens to overwhelm health systems globally and cut lives short.

## About Diabetes SA

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Diabetes SA has been delivering services to people with diabetes and their families since 1953.

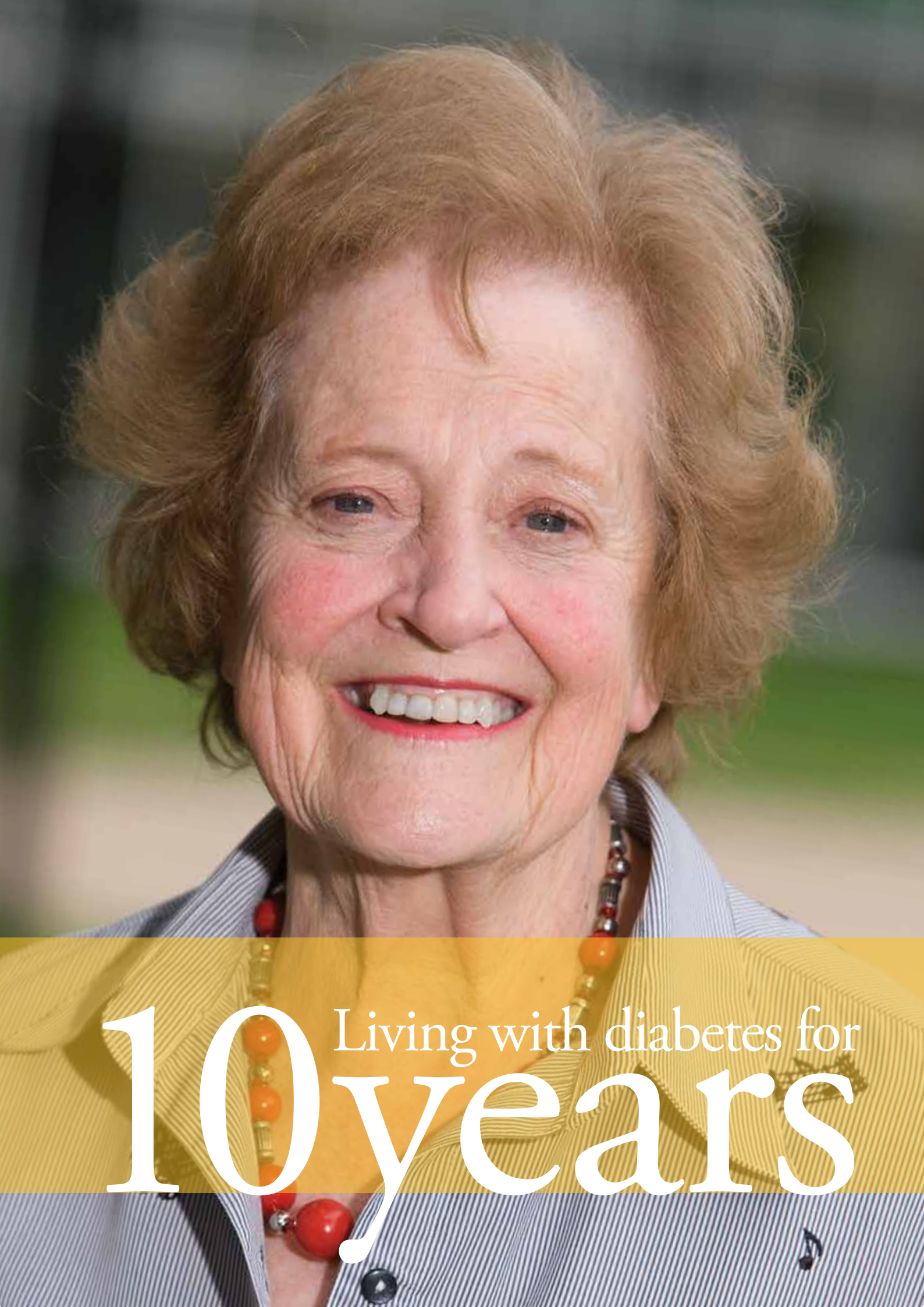
We are a Member based Association largely self-funded through membership subscriptions, fundraising activities and our retail operation.

Our aim is to make a positive difference to the lives of people affected by diabetes.

## Vision Statement

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We will make a positive difference to the lives of people affected by diabetes through the key areas of prevention, detection, management and cure. We will provide information, support, education and products to all people with diabetes with our primary focus being our Members.



Living with diabetes for  
**10 years**

# Board of Management

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President  
Bryan Fahy



Vice President  
Peter Crouch



Vice President  
Georgie McGorm



Treasurer  
Steve Fimmano



Committee Member  
John Dyer



Committee Member  
Monika Kruger



Committee Member  
George Valiotis



Chief Executive  
Officer  
Jennifer Barber



Deputy Chief  
Executive Officer  
Angelique Pasalidis

# Management Team

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Manager,  
Business Services  
and Development  
Antony Sellentin



Manager,  
Business Support  
Services  
Vicky Murphy



Manager,  
Healthcare and  
Education  
Fiona Benton



Manager,  
Clothing  
Collection  
Chad Goreham

## The Association

**Bankers** Bank SA Hilton Plaza, Sir Donald Bradman Drive, Hilton SA 5033

**Auditors** Deloitte Touche Tohmatsu, 11 Waymouth Street, Adelaide SA 5000

**Consultants and Advisors (Honorary)** Consultant Endocrinologist, Dr Anthony Roberts, MBSS, FRACP

**Consultant Podiatrist** Sara Jones, PhD, MSC, BA, Dip APP SC (POD)

## Office Bearers

**Patron** His Excellency Rear Admiral Kevin Scarce AO, CSC, RANR, Governor of South Australia.

# Candidate Statements

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Bryan Fahy

Previous contributions to Diabetes SA

A member of the Board of Management since 17 December 1996.

Bryan held the position of Vice President from 12 October 1997 until 19 February 2007 where he took on the role of President until 30 October 2007. Due to work commitments at that time, Bryan reverted back to the role of Vice President until 2011. In late 2011, Bryan was elected to the role of President and continues to serve in this role to date.

Personal statement

I am presently employed as Assistant Commissioner of Police in South Australian Police. I have formal Post Graduate qualifications in Applied Management & Public Policy and have completed the Company Director's course.

My involvement with Diabetes SA commenced in 1992 when I joined the NDSS.



Peter Crouch

Previous contributions to Diabetes SA

A member of the Board of Management since 29 September 2011.

Personal statement

I am a Police Inspector with the South Australian Police.

I have a Diploma in Management (Human Resources), a Graduate Certificate in Applied Management and a Graduate Certificate in Business Administration.

Having had type 2 diabetes for a number of years I have a keen interest in assisting people in diabetes management.

Diabetes SA would like to thank the Board of Management who volunteer their services and give of their knowledge and experience.

Candidates featured on pages 4 and 5 have re-nominated for 2013/2014.

Candidate Statements detail contributions to the Association and achievements in recent years.

Thank you to our retiring Vice President Georgie McGorm who has not re-nominated for 2013/2014. Our heartfelt thanks are extended to you for your contributions to the Board of Management.



Steve Fimmano

Previous contributions to Diabetes SA

A member of the Board of Management since 27 April 2010.

Treasurer since 24 June 2010.

Personal statement

I am presently employed as a Partner with BDO Chartered Accountants in Adelaide in its Tax and Advisory Division. I have formal qualifications including a Bachelor of Commerce and membership of the Institute of Chartered Accountants in Australia (ICAA).

My involvement with Diabetes SA commenced in 2010 when I was elected to the Board of Management and then in June of that year I took up the role of Treasurer, remaining in this role to date.



John Dyer

Previous contributions to Diabetes SA

A member of the Board of Management since 2001.

Treasurer from March 2009 until June 2010.

Personal statement

I have worked in the building industry for over 40 years and also for Delfin Realty in the Real Estate Industry.

I am a past Chairman of the Australia Day Council, a past President of the Soccer Federation and President of St Johns, Woodville Division.

During my time as Mayor of The City of Charles Sturt I was also President of the Local Government Association.

In 2010 I took on the role of Treasurer and then returned to the role of Committee Member.



Monika Kruger

Previous contributions to Diabetes SA

A member of the Board of Management since 23 October 2012.

A member of the Ladies Auxiliary 1992/1997.

A regular volunteer at DSA badge days and magazine distribution team from 1974.

Personal statement

I am currently employed with the Department of Human Services. My previous work includes self-employment as a carrier and various roles in the banking industry. My formal qualifications include a Certificate IV Business (Real Estate Sales), and studies in Public Relations and Business Banking.

I am particularly keen to support the work of Australia's best researchers and most promising projects to improve care, treatments and maybe a cure for diabetes.



George Valiotis

Previous contributions to Diabetes SA

A member of the Board of Management since 28 October 2003.

Vice President from October 2007 to October 2012 then returned to the role of Committee Member.

Personal statement

I have had type 1 diabetes for 31 years. I have been a Member of Diabetes SA for most of my life and a member of the Board for 10 years, serving as Vice President since 2007.

I have lived and worked in Greece, Switzerland, Scotland and Australia focusing on health services and research.

I am particularly interested in research and supporting high quality of life for people with diabetes.

# President's Report

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In our 60th year it is pleasing to see that the original aspirations of our founding Members have remained very much the same to this day. Whilst some of the words have changed over time the essence has remained the same.

The Association exists for the purpose of promoting the interests of people with diabetes.

Today some 60 years on we still live this purpose in our every day dealings with our Members.

Over the past 12 months we have seen a 4.82% increase in the number of new Members joining the organisation and a 22% increase in existing Members renewing their membership prior to the expiry date. To assist our Members this year we also introduced free postage for Members who order online or over the phone and increased the discount on diabetes related products, taking the discount from 20% to 25%. This has resulted in an increase of 34.7% in online orders and a 10.3% increase in sales.

Our Healthcare and Education team has provided high quality education programs and support services to people affected by diabetes. Our range of sessions increased to include a 'Live Well with type 1' series, an Expert Guest Speaker series, a Diabetes EXPO with over 1,000 people attending, a Kid's Camp with over 40 children attending along with the regular education sessions delivered each week resulting in 3,950 people attending these sessions. Contact with Members also increased with e-newsletter communications in addition to the quarterly Living magazine.

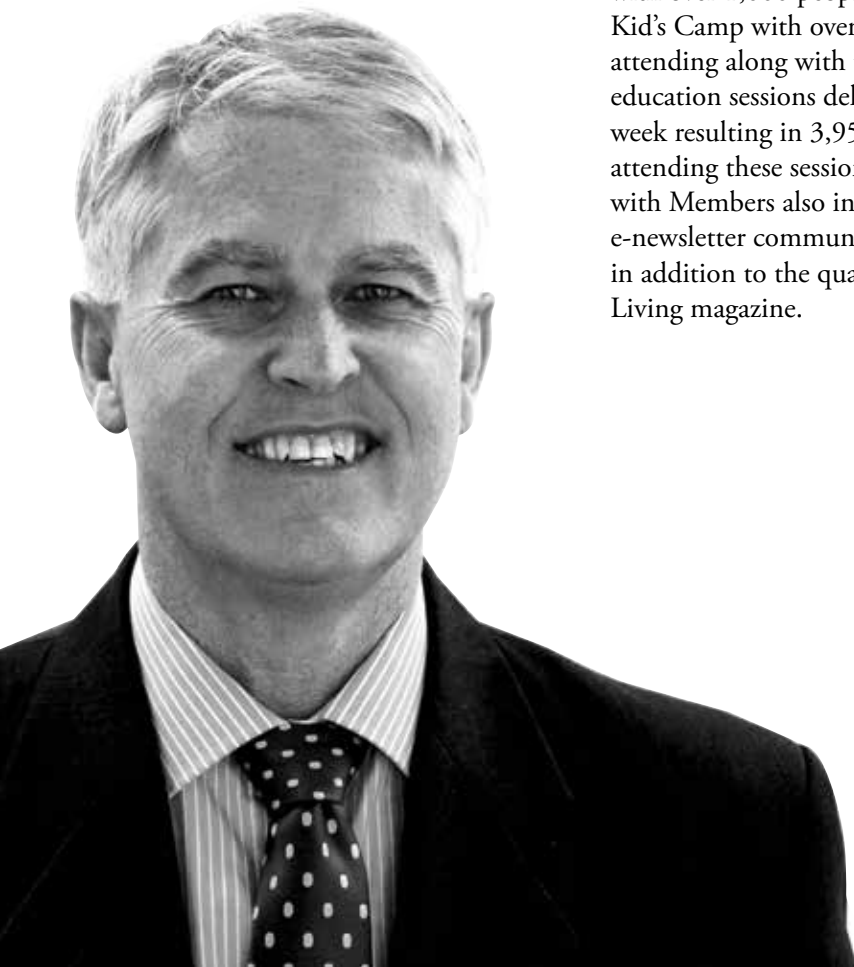
The National Diabetes Service Scheme reached out to the country with seminars held in Port Lincoln, Port Pirie, Port Augusta and Murray Bridge. The Teen Camp was held at Woodhouse with 29 teen's attending. Almost 1.1 million Australians are registered with the NDSS, with 94,861 being South Australians. Our network of Access Points increased with 37 new Access Points being established taking the total number to 287 at the end of the financial year.

Our Clothing Collection operation delivered over 750,000 kilos of clothing and household goods to our partners Savers Pty Ltd and resulted in \$740,276 of income being received. Our strategy of partnering with Childcare Centres and Kindergartens has resulted in the placement of over 100 blue donation bins in these centres and has provided another option for the collection of product outside of our traditional blue bag drop to letterboxes. Confirmation of a second Savers store was also received with a grand opening planned for late 2013.

Our investment in IT continued with the upgrade of our PC equipment and an internal review of the Call Centre resulted in the need to upgrade our telephone system, which will occur in the next financial year. This will provide a greater level of service to the many people that contact the Association.

Lastly a thank you must be extended to our loyal Members and supporters for without you we would not exist. To the Board of Management, Staff and Volunteers we also say thank you for your dedication and commitment.

Bryan Fahy  
President



# CEO's Report

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It certainly has been a busy year with many achievements in each of our business units. Our focus this year has been on identifying ways to increase our service provision to our Members.

We commenced the financial year with a focus on our retail operation with the aim of reviewing our product range to ensure that Diabetes SA carries products specific to the needs of people with diabetes and that these products are well priced. What resulted from this approach was a refreshed product range, an increase in the Member discount from 20% to 25% and a free postage service for our Members who order over the phone or online. Our Members response to this has been very pleasing and we are certain that these strategies have laid the foundation for moving forward in increasing the usage of our retail service.

As part of our strategic planning processes we identified the need to create a point of difference to membership by providing clear distinctions between Member and Non-Member services. Our membership collateral was refreshed and updated to reflect these changes both in printed and online versions. Through this process we also identified the need to survey our Members to ascertain Member feedback regarding the range of services provided, the usage of these and future requirements. As a result, preliminary work was undertaken to identify the relevant market research companies and following evaluation

of these companies, Harrison Research was selected to undertake the three stage process. Currently the project is nearing completion and I look forward to sharing with our Members the results and how we will respond to your identified needs in future communications.

In addition to this the organisation identified a need to review, refresh and expand our Healthcare and Education activities to include the development of programs and services with a 'Member only' focus and to consider other mediums in which we can provide education to our Member base. As you will read over the pages of the Annual Report our Healthcare and Education team has been busy increasing the range of education sessions on offer with many new sessions and events being added to the calendar.

Ending the year it was pleasing to receive notification from Savers Australia Pty Ltd announcing the opening of a second Savers Recycle Superstore in the Northern suburbs. This will result in a strengthening our partnership with Savers and enable the organisation to achieve an economies of scale in this operation returning greater income to the organisation that will support service provision to our Members.

Lastly thank you to all the people who contribute to the success of Diabetes SA — our Members, Supporters, Volunteers, Board Members and Staff.

Jennifer Barber  
Chief Executive Officer



# Business Services & Development Report

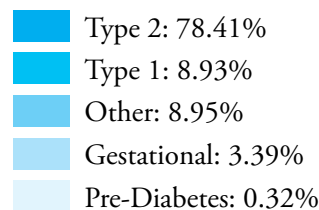
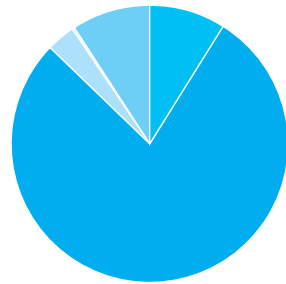
The Business Services & Development Unit provides significant income to the Association from key sections of business including Membership, Retail Sales, Call Centre and Fundraising.

A challenging, yet rewarding year is now over with many activities designed to improve how the unit performs. With increasing pressure on the Retail environment, 2012/2013 saw a significant restructure of the shop and how business is operated.

## Membership

For the financial year, membership numbers ended at 31,170 compared to 29,736 in 2011/2012. This is an increase of 4.82%.

The breakdown of Member types is as follows:



3,421 new Members were welcomed to the Association throughout the year, this is an increase of 30.72% on 2011/2012, this figure includes 1,023 free gestational memberships. Excluding the gestational numbers we saw a growth of 1.38% on 2011/2012. Positively we have seen a 22% increase in existing Members renewing prior to their membership expiring and we have also seen an increase in lapsed Members rejoining compared to previous years. These results give credence to the value of membership, the benefits associated with it and the need for the services that we provide.

## Retail

The Retail shop at Hilton continues to provide valuable personalised service to Members and the general public for diabetes related products and services. Throughout 2012/2013 the shop saw many visitors through the doors purchasing Diabetes SA or NDSS products. Approximately 31,500 people were serviced, this is 1,000 less than last year and represents a decline of 3.07%. However, Retail sales ended 5.0% up on 2011/2012.

The restructure of the Retail shop involved the removal of 200+ lines of underperforming products. As a result, there is now a clear focus on core products that our customers need to help them manage their diabetes. The removal of these lines has also resulted in a better margin and will assist in the overall bottom line result in this area.

In April 2013 free postage was introduced for Member phone or web orders. From July 1 2013, Member discount on all Diabetes SA products increased to 25%. A continual focus with key suppliers on up skilling Retail Staff on products we have available in the shop will benefit all customer experiences and aid in the 'one stop shop' ethos. We continue to work hard to give our Members the best possible price for products we sell with quarterly Member only special offers. Old window signage has been removed from the front of the building and replaced with new updated decals advertising 25% Member discount, this has refreshed the overall look of the premises for passing traffic.



## Call Centre

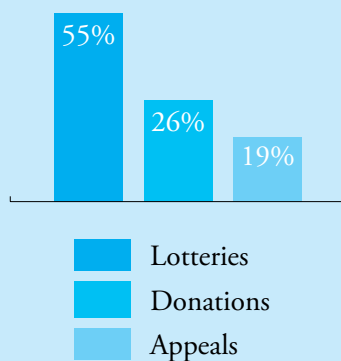
The Call Centre is an important part of the Association handling calls for the entire organisation and dealing with approximately 210 inbound calls per day. For the year call numbers saw an approximate reduction of 16.6% compared to 2011/2012. The Call Centre perform vital roles in assisting general callers with trouble shooting of meters, general diabetes related information and processing of customer orders. In addition to these responsibilities, outbound call campaigns are undertaken to promote and sell lottery tickets to generate income for the Association, to obtain new memberships and to promote the benefits that come with membership.

Web order traffic is up on the previous year as expected, total order numbers increased by 34.7% and sales increased by 10.3%. With the introduction of free postage to Members and improved awareness of the online order service it is expected growth in this area will continue into the future.

## Fundraising

The Fundraising area provided significant income in 2012/2013 through two lotteries, two appeals as well as general, memorial and endowment donations. It is critical for the realisation of ongoing support that we continue to generate funds for the organisation through the above channels.

Excluding bequests, income for 2012/2013 was 2.7% down on 2011/2012.



The Association was fortunate to be gifted a single donation of \$15,000 from a Member as a contribution to the 2013 Tax Appeal. A number of bequests were also received.

Donors to the Association are made up of Members, the general public, private and community organisations as well as trusts and foundations. Through these donations Diabetes SA is able to continue to provide much needed support to all people living with diabetes in South Australia.

## Looking forward

With ever increasing numbers of people in South Australia being diagnosed with diabetes, there is an even greater need for our presence in the community and the services we provide.

Harrison Research has been commissioned to undertake a Member survey to provide the organisation with a better understanding of what our Members require and the perception of the Association from people with diabetes that are not Members. It is expected that results from this survey will be available in the last quarter of 2013 and will assist in guiding us into the future.

Throughout 2013/2014 we will continue to be committed to further development of services and customer experiences throughout the Association.

Antony Sellentin  
Manager,  
Business Services & Development

# Business Support Services Report

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The Business Support Services Unit ensures the efficient and effective delivery of the Associations daily operations through the provision of Finance/Accounting, Information and Communication Technology, Human Resources, Contract Management and Administration Services.

The year has seen a major drive in reviewing our procedures and processes in relation to the financial and administrative support provided to all business units and in return greater support to our Members.

Stability in staffing saw the year end with a total of 45 employees. Diabetes SA acknowledges the work of all Staff members and thanks them for their input and support throughout the year.

The progressive upgrade of our IT equipment and an internal review of the Call Centre resulted in a requirement to evaluate the phone system and consider a cost effective upgrade. In May 2013 the Board approved a new phone system which will incorporate push button technology and include a more efficient and reliable reporting module. The new system will also allow for a gradual replacement of existing handsets and any further staged upgrades into the future.

## Looking forward

During the 2013/2014 budgeted year we will continue to focus on developing a strategic IT plan comparing current infrastructure against future requirements.

Three key requirements for the upcoming year are:

- implementation of BPay facility for membership subscription renewal payments,
- review the opportunity for integration between our accounting software Great Plains and membership database iMIS. This will enable greater efficiencies in operator and data processing,
- engagement of a consultant to review the upgrade of our accounting software Great Plains and explore Business Intelligence software to enable greater reporting functionality across the organisations various software packages.

We will continue with the PC replacement program to ensure that all PC's and IT equipment are replaced once they have reached their recommended useful life.

Transition from OHS&W to WHS will continue.

A comprehensive review of our suppliers schedule will be undertaken to develop and enhance relationships, service and cost efficiencies.

Vicky Murphy

Manager,

Business Support Services



# Healthcare & Education Report

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Diabetes is the fastest growing chronic disease in Australia. There are over 1 million Australians diagnosed with diabetes; with a further 280 Australians developing diabetes every day. In South Australia there are approximately 94,000 people registered with diabetes. It is important to recognise that for every person diagnosed with diabetes there is usually a family member or carer supporting the person every day.

The Healthcare and Education team has, over the past year, continued to strive to make a positive difference to the lives of South Australians affected by diabetes. Working with integrity, compassion and empathy, the delivery of services has been built on a foundation of appreciation of the impact of diabetes on the individual, their family and wider community.

The provision of a quality education program and support services to people affected by diabetes and people at risk of diabetes, was reviewed, with the aim of meeting Members needs and also to meet key responsibilities and obligations under the NDSS Registrant Support Services Plan.

## Summary of key achievements

- The Live Well – Type 1 Series was introduced. Presented by Diabetes SA Staff and invited guests, this has been a highly successful series, with sessions being very well attended.
- The Expert Guest Speaker Series commenced, providing Members with the opportunity to hear experts in their fields address a variety of issues. These classes have been very successful to date, and will continue in the 2013/2014 financial year.

- A refresh of resources was undertaken so as to create a consistently branded suite that is easily recognisable. The aim being to raise the profile of Diabetes SA.
- World Diabetes Day seminar was fully booked, excellent feedback was received.
- A total of 3,950 attendees at education sessions, seminars and events. This is an increase of close to 1,000 people in comparison to the previous year.
- Kid's Camp provided 40 children with diabetes the opportunity to have fun and connect with peers.
- Publications and e-newsletter articles written by Healthcare and Education Staff and invited guest health professionals.
- Library resources have been constantly updated to provide Members with current diabetes information.

## Looking forward

The next year promises to be equally as exciting. Exploring new ways of reaching people will continue, whether it is via online programs, seminars conducted statewide, or via publications. Embracing the pursuit of providing the highest standard of professionalism, service, care and ethics are core values embraced by the Healthcare and Education team.

Fiona Benton  
Manager,  
Healthcare and Education



# National Diabetes Services Scheme Report

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The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered by Diabetes Australia Ltd and delivered to people with diabetes through State and Territory organisations.

Diabetes SA was appointed as an Agent for the Agreement Period 2011/2016 to manage the delivery of the Scheme in South Australia. There are two separately funded streams, being Registrant Support Services and Product Supply and Delivery. As per the Agreement, Diabetes SA has an obligation to provide nationally consistent services to Registrants to maximise their capacity to manage their diabetes.

Almost 1.1 million Australians are registered with the NDSS, with 94,861 South Australians registered at the end of the 2012/2013 financial year. It is estimated that at least 2 million Australians have pre-diabetes. Type 1 diabetes accounts for approximately 11% of all people diagnosed with diabetes, and type 2 accounts for more than 85%. Every year over 20,000 Australian women develop gestational diabetes; this includes almost 1,200 South Australian women.

## Registrant Support Services

Registrant Support Services provides information, education and support to Registrants to self manage their diabetes. Diabetes SA provides a comprehensive program for Registrants and Health Professionals. The focus on the key priority areas continues, with the employment of NDSS Project Officers. Collectively the areas include Diabetes and Pregnancy, Aboriginal and Torres Strait Islander People, Young People with Diabetes, Older People and Diabetes, Mental Health and Diabetes, and Culturally and Linguistically Diverse People and Diabetes.

## Summary of key achievements

- Diabetes EXPO was held at the Adelaide Festival Centre and was attended by more than 1,000 people. The aim being to raise awareness of diabetes in the community, and provide information for Registrants to better self-manage their diabetes.
- 244,170 newsletters were distributed to Registrants.
- Teen Camp was held at Woodhouse, attended by 29 teens with diabetes.
- Country seminars were conducted at Port Lincoln, Port Pirie, Port Augusta, and Murray Bridge. 361 country Registrants attended the seminars in total.
- The commencement of work on two online programs (healthy eating and gestational diabetes).
- Development of a session focusing on diabetes and emotional well-being.
- Pharmacist and Pharmacy Assistant training programs were conducted. This is in addition to the induction training and focuses on up skilling knowledge of diabetes and its management.



## Product Supply and Delivery

To assist people to manage their diabetes, the NDSS delivers diabetes related products at subsidised prices to Registrants. On average 60% of all people registered with the Scheme access product.

Over the past year Registrants in South Australia accessed product through a variety of means including phone, mail, website, in person at Diabetes SA and at Access Points.

In 2012/2013 250 existing Access Points were required to 'transition' to the new Agreement (2011/2016). This process required the provision of documentation evidencing the participation in programs such as Quality Care Pharmacy Program (a quality assurance program for community pharmacies), MedsCheck, and the Pharmaceutical Benefits Scheme, in addition to the provision of Pharmacy Premises licenses. This was a significant task, which was completed in accordance with the time frame provided by Diabetes Australia Ltd.

The expansion of Access Points continued, with the goal of 85% saturation of community pharmacies. 37 Access Points were appointed for the financial year, bringing the total of community pharmacies serving as Access Points to 287. The goal at the end of the contract being 343.

Diabetes SA has an obligation to audit a minimum 5% of Access Points per year. This is to ensure the Access Point meets its obligations as outlined in the Agreement. In 2012/2013 our audit program commenced.

## Looking forward

Our aim is to deliver quality education, information and support to an ever increasing number of Registrants. This may be face to face, in a group education session, via the Helpline, through the NDSS newsletter or via the website. For people affected by diabetes, self-management education is important as the person with diabetes and their families provide 95% of their care themselves. Education is essential for people to make the complex daily decisions required for optimal health and wellbeing.

Fiona Benton  
Manager,  
Healthcare and Education



# Clothing Collection Report

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At the conclusion of the 2012/2013 financial year the Clothing Collection Business Unit delivered over 750,000 kgs of clothing and household items to our business partner, Savers the recycle superstore. Income generated from the delivery of these items along with On Site Donations (OSD) directly received at Savers, has resulted in Clothing Collection achieving \$740,276 in income, this is beyond budget expectations.

Expenditure this financial year was lower than budgeted, this was due to significant reduction in costs relating to blue bags, bag preparation, printing, stationery supplies, vehicle lease contracts and other business expenses. Expenditure in 2012/2013 was 21% lower than the previous financial year.

Collection strategies undertaken this financial year included:

- bag drops,
- individual collection requests,
- Attended Donation Centre (ADC),
- childcare collection bins.

Bag drops are the main method of clothing collection via the distribution of blue bags to households, this is then followed by the collection of goods on a nominated day. During the 2012/2013 financial year, two vehicles completed collections, backed up by a van to ensure donations were collected promptly. Over the course of the year these vehicles have travelled a combined total of over 100,000 kms.

On a daily basis the Clothing Collection Call Centre answer calls from the general public requesting collection of their donations. Pick ups are then scheduled to occur over the proceeding few days. During the last financial year, the Clothing Collection Call Centre actioned over 3,000 individual collection requests.

The ADC located at Hilton receives donations six days per week and is staffed by Diabetes SA employees. This service enables people to conveniently drop off their pre-loved clothing and household items while picking up their diabetes supplies.

The strategy of partnering with childcare centres expanded as projected, the result of this is a pleasing 110 bins now located in centres spread across metropolitan Adelaide. Each of the centres hold a blue 240 litre Clothing Collection wheelie bin, parents and caregivers are encouraged to donate their pre-loved clothing, toys and books. Over the last six months of the 2012/2013 year, one childcare centre alone donated a very pleasing 131 bags.



The 100th collection bin was delivered to Stepping Stone Munno Para Childcare Centre, along with a gift basket of goodies to help celebrate this milestone. Since receiving their bin, parents and caregivers of children at this centre have generously donated over 120 bags of clothing, for this we extend a big thank you.

Online booking requests almost doubled during last financial year, advertising of this service was undertaken in the Living magazine, in our e-newsletter and also on our website. We anticipate a higher uptake of this service in the next financial year as the general public become more familiar with it.

Our storage facility at Kidman Park saw fluctuating stock levels during the year, particularly during winter when donations decrease.

Our aim in the coming year will be to improve our overall operation, creating efficiencies in how we collect donated products.

Finally on behalf of the team, I would like to thank all South Australian's who have donated to Clothing Collection during the 2012/2013 financial year. Your support is appreciated.

## Looking forward

It is an exciting time for the Clothing Collection business, behind the scenes there has been a flurry of preparation for the second Savers store opening at the end of 2013. In preparation for this, two new drivers will join our team to commence collections in October. We will also expand our childcare centre program and will build on other avenues such as schools and kindergartens.

A revamp of our distinctive blue donations bag is due for rollout in the beginning of 2014.

**Chad Goreham**  
Manager,  
Clothing Collection



## Our Volunteers

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Thank you to the Volunteers who helped Diabetes SA  
by contributing many hours over the financial year.

Gloria Green

Frank Cole

Marc Stinson

Brenton Gill

Trudie Cossey

Rebecca Stinson

Don Lukes

Gary Sholdis

Joy Paul

Rae Cole

Annette Buttle

Mary Stam

## Photography Volunteers

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A special thank you to all who contributed to the photography for the  
Annual Report 2012/2013, including some of the above Volunteers.

Richard James

Keith Lewis

Kyle Fulcher

Joan Read

Jeanette Drake

Alice Bradley

James Howden

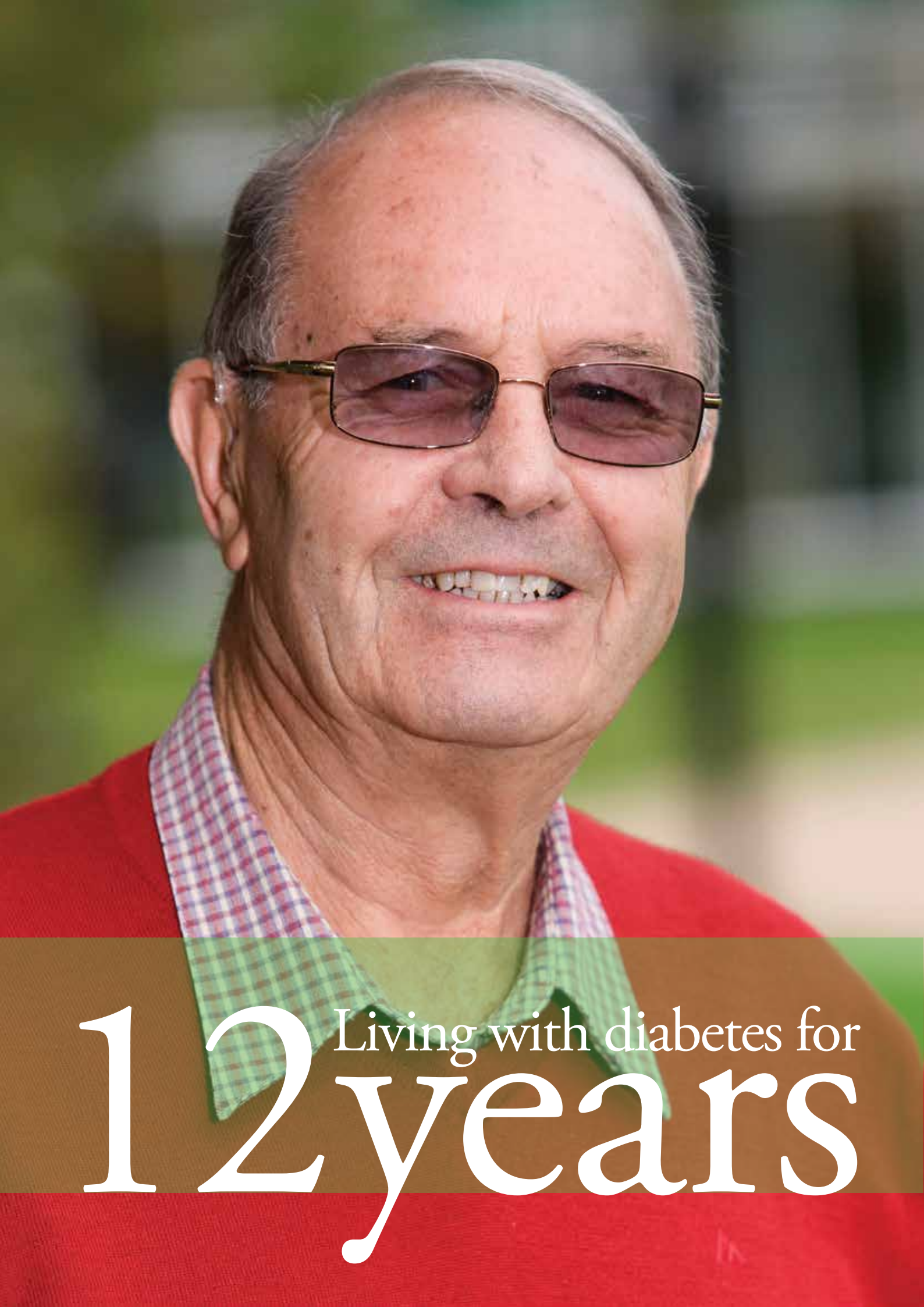
Eddy Van Reeuyk

Heini Becker

Christine Howden

Fiona Kidman





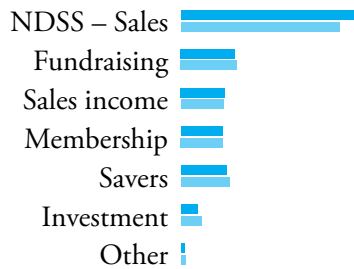
Living with diabetes for  
**12 years**

# Treasurer's Report

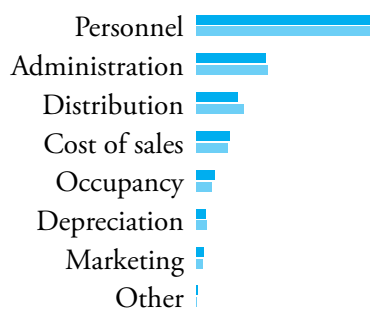
For the financial year ended 30 June 2013, Diabetes SA recorded a profit of \$508,737. A favourable result achieved through sound financial management. Costs were well controlled and efficiencies gained throughout the year with the surplus mainly derived from bequest and investment income.

Overall total revenue for the 2012/2013 year increased by 1.32% compared to the 2011/2012 year. The second year of the five year NDSS contract produced total revenue of \$2,965,945, representing 49% of the Associations total revenue for the year, an increase of 16% over the previous year. Sales revenue increased by 5% to \$715,057. The balance of revenue declined in total by 13.4% compared to the previous year.

## Where each dollar came from:



## Where each dollar was spent:



■ 2012/2013 ■ 2011/2012

The NDSS contract surplus of \$205,460, for the 2012/2013 financial year, has been recorded as a liability and has not been included in profit for the year but has been carried over in the Balance Sheet. Whilst formal notification is yet to be received, it is anticipated that this surplus, along with the 2011/2012 surplus of \$293,464, will be returned to Diabetes Australia Limited. The surplus can be attributed to unfilled positions and the application of a more staged approach to the appointment of new Access Points over the financial year.

Total expenditure for 2012/2013 increased by 4.2% compared to the 2011/2012 financial year. Significant increases in spending occurred in Marketing Expenses by 28.47% due to increased advertising for new Access Points and Occupancy Expenses by 17.49% due to rising costs in electricity. The increased spend in Cost of Goods Sold is relative to the increase in Sales Revenue. Distribution Expenses were reduced by 10% mainly due to Savers agreeing to fund the purchase of clothing collection bags for the first quarter.

Overall in 2012/2013 the net worth of Diabetes SA grew by 7.75% from \$7,422,088 to \$7,997,195.

Diabetes SA continues to strive for excellence in customer service and to pursue quality improvement in all aspects of our business.

Steve Fimmano  
Treasurer



# Statement by Board of Management

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## The Diabetic Association of SA Inc trading as Diabetes SA Statement by Board of Management

In the opinion of the Board of Management of the Diabetic Association of South Australia Incorporated:

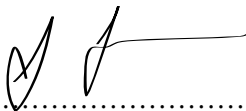
- (a) The 2012/2013 Financial Report is drawn up to present fairly the results of the operations of the Association and the state of affairs of the Association for the financial year ended 30 June 2013.
- (b) At the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.
- (c) That during the 2012/2013 financial year, no officer of the Association, or any firm of which an officer is a member, or any corporate entity in which an officer has a substantial financial interest, has received or become entitled to receive benefit as a result of a contract between the officer, firm or corporate entity and the Association.
- (d) That no officer has received directly or indirectly from the Association any payment or other benefit of a pecuniary value during the 2012/2013 financial year.

Dated at Adelaide this .....*24<sup>th</sup>*..... day of .....*September*..... 2013.

Signed in accordance with a resolution of the Board of Management.



.....  
PRESIDENT



.....  
TREASURER

# Statement of Comprehensive Income

The Diabetic Association of SA Inc trading as Diabetes SA  
Statement of Comprehensive Income for the financial year ended 30 June 2013

	Note	2013 \$	2012 \$
Revenue – Sale of goods		715,057	680,806
Cost of sales		(501,035)	(474,081)
Gross Profit		214,022	206,725
Revenue – Rendering of services	4	5,065,016	4,965,094
Investment Income	4	278,185	322,661
Other gains and losses	4	(9,943)	1,074
Distribution expenses		(635,672)	(706,334)
Marketing expenses		(112,652)	(87,688)
Occupancy expenses		(293,817)	(250,069)
Administration expenses		(3,978,678)	(3,779,657)
Other expenses		(17,724)	(18,350)
<b>Profit for the year</b>		<b>508,737</b>	<b>653,456</b>
<b>Other comprehensive income:</b>			
Net Fair Value Gain on available-for-sale investments taken to equity	13(ii)	66,370	12,021
<b>Total Comprehensive Income for the year</b>		<b>575,107</b>	<b>665,477</b>

This Statement is to be read in conjunction with the accompanying notes.

# Statement of Financial Position

The Diabetic Association of SA Inc trading as Diabetes SA  
Statement of Financial Position as at 30 June 2013

	Note	2013 \$	2012 \$
<b>Current Assets</b>			
Cash and bank balances	17	3,459,185	2,869,242
Trade and other receivables	5	202,918	186,040
Inventories	6	67,198	109,404
Other financial assets	18	3,905,806	3,725,940
Other assets	7	66,810	54,544
Total Current Assets		7,701,917	6,945,170
<b>Non-Current Assets</b>			
Property, plant and equipment	8	1,569,318	1,555,356
Other financial assets	18	513,090	355,874
Total Non-Current Assets		2,082,408	1,911,230
<b>Total Assets</b>		<b>9,784,325</b>	<b>8,856,400</b>
<b>Current Liabilities</b>			
Trade and other payables	9	208,375	289,784
Provisions	12	333,142	272,494
Other liabilities	10	1,109,878	757,862
Total Current Liabilities		1,651,395	1,320,140
<b>Non-Current Liabilities</b>			
Provisions	12	43,037	35,386
Other liabilities	11	92,698	78,786
Total Non-Current Liabilities		135,735	114,172
<b>Total Liabilities</b>		<b>1,787,130</b>	<b>1,434,312</b>
<b>Net Assets</b>		<b>7,997,195</b>	<b>7,422,088</b>
<b>Equity</b>			
Reserves	13	476,996	410,626
Retained Earnings	14	7,520,199	7,011,462
<b>Total Equity</b>		<b>7,997,195</b>	<b>7,422,088</b>

This Statement is to be read in conjunction with the accompanying notes.

# Statement of Changes in Equity & Cash Flows

The Diabetic Association of SA Inc trading as Diabetes SA  
Statement of Changes in Equity for the financial year ended 30 June 2013

	Reserves	Retained Earnings	Total
	\$	\$	\$
Balance at 1 July 2011	398,605	6,358,006	6,756,611
Profit for the year	-	653,456	653,456
Other Comprehensive income for the year	12,021	-	12,021
<b>Total Comprehensive Income</b>	<b>12,021</b>	<b>653,456</b>	<b>665,477</b>
Balance at 30 June 2012	410,626	7,011,462	7,422,088
Balance at 1 July 2012	410,626	7,011,462	7,422,088
Profit for the year	-	508,737	508,737
Other Comprehensive income for the year	66,370	-	66,370
<b>Total Comprehensive Income</b>	<b>66,370</b>	<b>508,737</b>	<b>575,107</b>
<b>Balance at 30 June 2013</b>	<b>476,996</b>	<b>7,520,199</b>	<b>7,997,195</b>

Statement of Cash Flows for the financial year ended 30 June 2013

	Note	2013	2012
		\$	\$
<b>Cash Flows from Operating Activities</b>			
Receipts from operations		6,271,247	5,895,137
Payments to suppliers and employees		(5,615,549)	(5,284,896)
<b>Net cash generated by operating activities</b>		<b>655,698</b>	<b>610,241</b>
<b>Cash Flows from Investing Activities</b>			
Payments to acquire financial assets		(113,613)	(196,087)
Payments for property, plant and equipment		(195,352)	(78,914)
Proceeds from disposal of property, plant and equipment		36,386	391
Proceeds on sale of financial assets		-	2,356
Investment income received		206,824	308,167
<b>Net cash (used in) / generated by investing activities</b>		<b>(65,755)</b>	<b>35,913</b>
Net increase in cash and cash equivalents		589,943	646,154
Cash and cash equivalents at the beginning of the financial year		2,869,242	2,223,088
<b>Cash and cash equivalents at the end of the financial year</b>	17	<b>3,459,185</b>	<b>2,869,242</b>

This Statement is to be read in conjunction with the accompanying notes.

# Notes to the Financial Statements for the Financial Year Ended 30 June 2013

The Diabetic Association of SA Inc trading as Diabetes SA

Note	Contents	Note	Contents
1	General Information	13	Reserves
2	Significant Accounting Policies	14	Retained Earnings
3	Key Accounting Judgements and Estimations	15	Economic Dependency
4	Profit From Operations	16	Key Management Personnel Compensation
5	Trade and Other Receivables	17	Notes to the Statement of Cash Flows
6	Inventories	18	Other Financial Assets
7	Other Current Assets	19	Financial Instruments
8	Property, Plant and Equipment	20	Obligations Under Operating Leases
9	Trade and Other Payables	21	Fundraising
10	Other Current Liabilities	22	Contingent Liability
11	Other Non-Current Liabilities	23	Subsequent Events
12	Provisions		

## 1. General Information

The Diabetic Association of SA Inc. is a member based Association, largely self funded through membership subscriptions and fundraising activities. The Association is the largest charity in South Australia helping people living with diabetes through the provision of information, support, education and products. The Association also undertakes activities which improve understanding and awareness of diabetes.

Registered Office and Principal place of business.

159 Sir Donald Bradman Drive  
Hilton SA 5033.

## 2. Significant Accounting Policies

### Statement of compliance

The financial report is a general purpose financial report which has been prepared in accordance with the Associations' Incorporation Act 1985, Australian Accounting Standards – Reduced Disclosure Requirements, and complies with other requirements of the law.

The financial statements were authorised for issue by the Board of Management on 24 September 2013.

### Basis of preparation

The financial report has been prepared on the basis of historical cost, except for the revaluation of certain non-current assets and financial instruments. Cost is based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars.

Comparative figures have been adjusted to conform to changes in presentation for the current financial year.

### Adoption of new and revised Accounting Standards

The Association has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (the AASB) that are relevant to its operations and effective for the current annual reporting period. Various other Standards and Interpretations were in issue but not yet effective at the date of authorisation of the financial report. The issue of these Standards and Interpretations will not affect the Association's present policies and operations. The Board of Management anticipate that the adoption of these Standards and Interpretations in future periods will not materially affect the amounts recognised in the Financial

Statements of the Association but may change the disclosure presently made in the Financial Statements of the Association.

The Board of Management have elected under s334(5) of the Corporations Act 2001 to apply AASB 1053 “Application of Tiers of Australian Accounting Standards” and AASB 2010-2 “Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements”. AASB 1053 and AASB 2010-2 are not required to be applied until annual reporting periods beginning on or after 1 July 2013. AASB 1053 establishes a differential financial reporting framework consisting of two tiers of reporting requirements for statements, general purpose financial comprising Tier 1: Australian Accounting Standards and Tier 2: Australian Accounting Standards – Reduced Disclosure Requirements (RDR). AASB 2010-2 makes amendments to each Standard and Interpretation indicating the disclosures not required to be made by ‘Tier 2’ entities or inserting ‘RDR’ paragraphs requiring simplified disclosures for ‘Tier 2’ entities. The adoption of these standards has resulted in significantly reduced disclosures, largely in respect of impairment, related parties, cashflows and financial instruments.

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

#### (a) Cash and cash equivalents

Cash and cash equivalents comprise cash on hand, bank deposits and investments in money market instruments.

#### (b) Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave, when it is probable that settlement will be required and they are capable of being measured reliably. Sick leave is non-vesting and has not been provided for.

Liabilities recognised in respect of employee benefits expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of employee benefits which are not expected to be settled within 12 months are measured as the present of the estimated future cash outflows to be made by the Association in respect of services provided by employees up to reporting date.

The Association contributes to complying superannuation funds at the required rate of the employees’ wages and salaries. Superannuation contributions are recognised as an expense when incurred.

#### (c) Financial assets

Investments are recognised and derecognised on trade date where purchase or sale of an investment is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Other financial assets are classified into the following categories: ‘available-for sale’ financial assets, ‘held-to-maturity’ investments, and ‘loans and receivables’. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Available-for-sale financial assets

Listed securities held by the Association that are traded in an active market are classified as being ‘available-for-sale’ (“AFS”) and are stated at fair value. The Association also has investments in unlisted common funds that are not traded on an active market but that are also classified as AFS financial assets and stated at fair value (because the Board of Management consider that fair value can be reliably measured). Fair value is measured in the manner described in note 19(b). Gains and losses arising from changes in fair value are recognised in other comprehensive income and accumulated in the AFS investments revaluation reserve, with the exception of impairment losses and interest calculated using the effective interest method which are recognised directly in profit or loss. Where the investment is disposed of or is determined be

The Diabetic Association of SA Inc trading as Diabetes SA  
Notes to the Financial Statements for the Financial Year Ended 30 June 2013

impaired, the cumulative gain or loss previously accumulated in the AFS investments revaluation reserve is reclassified to profit or loss.

Held-to-maturity investments

Deposits that have fixed maturity dates where the Association has the positive intent and ability to hold to maturity are classified as held-to-maturity investments.

Held-to-maturity investments are recorded at amortised cost using the effective interest method less any impairment.

Loans and receivables

Trade receivables, loans, and other receivables are recorded at amortised cost less impairment.

Impairment of financial assets

The financial assets held by the Association are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired when there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been affected.

For certain categories of financial asset, such as trade receivables, assets that are assessed not to be impaired individually are, in addition, assessed for impairment on a collective basis. Objective evidence of impairment for a portfolio of receivables could include the Association's past experience of collecting payments, an increase in the number of delayed payments in the portfolio past the average credit period of 30 days, as well as observable changes in national or local economic conditions that correlate with default on receivables.

For financial assets carried at amortised cost, the amount of the impairment loss recognised is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the financial asset's original effective interest rate.

The carrying amount of the financial asset is reduced by the impairment loss directly for all financial assets with the exception of trade receivables, where the carrying amount is reduced through the use of an allowance account. When a trade receivable is considered uncollectible, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against the allowance account. Changes in the carrying amount of the allowance account are recognised in profit or loss.

When an available-for-sale financial asset is considered to be impaired, cumulative gains or losses previously recognised in other comprehensive income are reclassified to profit or loss in the period.

With the exception of available-for-sale equity instruments, if, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through profit or loss to the extent that the carrying amount of the investment at the date the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

In respect of available-for-sale equity securities, impairment losses previously recognised in profit or loss are not reversed through profit or loss.

Any increase in fair value subsequent to an impairment loss is recognised in other comprehensive income.

(d) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- (i) where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- (ii) for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

#### (e) Impairment of tangible assets

At each reporting date, the Association reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss.

If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where the asset does not generate cash flows that are independent from other assets, the Association estimates the recoverable amount of cash-generating unit to which the asset belongs.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash generating unit) is reduced to its recoverable amount. An impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the impairment loss is treated as a revaluation decrease.

Where an impairment loss subsequently reverses, the carrying amount of the asset (or cash generating unit) is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash generating unit) in prior years. A reversal of

an impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the reversal of the impairment loss is treated as a revaluation increase.

#### (f) Income tax

The Diabetic Association of South Australia Inc. is a charitable institution for the purposes of Australian taxation legislation and is therefore exempt from Income tax. This exemption has been confirmed by the Australian Taxation Office.

#### (g) Inventories

Inventories are stated at the lower of cost and net realisable value. Costs, including an appropriate portion of fixed and variable overhead expenses, are assigned to inventory on hand by the method most appropriate to each particular class of inventory, with all categories being valued on a first in first out basis. Net realisable value represents the estimated selling price less all estimated costs of completion and costs to be incurred in marketing, selling and distribution. Clothing Collection maintains an inventory of goods on hand in order to meet contractual commitments to Savers, which is not recorded until delivered and invoiced to Savers.

#### (h) Leasing

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefit of incentives is recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

#### (i) Payables

Trade payables and other accounts payable are recognised when the Association becomes obliged to make future payments resulting from the purchase of goods and services.

(j) Property, plant and equipment

Property, plant and equipment are stated at cost less accumulated depreciation and impairment. Cost includes expenditure that is directly attributable to the acquisition of the item. In the event that settlement of all or part of purchase consideration is deferred, cost is determined by discounting the amounts payable in the future to their present value as at the date of acquisition. Freehold land is carried at cost.

Depreciation is provided on property, plant and equipment, including freehold buildings but excluding land. Depreciation is calculated on a straight line basis so as to write off the net cost or other revalued amount of each asset over its expected useful life to its estimated residual value. Leasehold improvements are depreciated over the period of the lease or estimated useful life, whichever is the shorter, using the straight line method. The estimated useful lives, residual values and depreciation method is reviewed at the end of each annual reporting period.

The gain or loss arising on disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the assets and is recognised as profit or loss.

The following estimated useful lives are used in the calculation of depreciation:

- Buildings 50 years,
- Furniture and Equipment 2-10 years,
- Motor Vehicles 8 years.

(k) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable.

Sale of goods

Revenue from the sale of goods is recognised when the significant risks and rewards of ownership of the goods have passed to the buyer and can be measured reliably. Risks and rewards are considered passed to the buyer at the time of delivery and/or when control of the goods has passed to the buyer.

Commissions earned on sale of NDSS goods & services

Revenue from the sale of goods and services earned under the National Diabetes Service Agreement (NDSS) is recognised upon the delivery of goods and services to the customers.

Membership Fees

Revenue from membership fees is recognised by reference to the period of the underlying membership. Current unexpired Membership Fees are that portion of membership fees that have been paid in advance and not yet earned, but will be earned in the next 12 months (see note 10).

Non-current unexpired Membership Fees are that portion of membership fees that have been paid in advance and not yet earned, but will be earned in greater than 12 months time (see note 11).

Fundraising –  
Donations and Bequests

Revenue or assets arising from donations and bequests is recognised when control is obtained, as it is impossible for the Association to reliably measure these prior to this time.

Cash donations are recognised when banked and other donations and bequests are recognised when title or possession transfers to the Association.

Clothing Collection

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

Investment Income

Dividend revenue from investments is recognised when the Association's right to receive payment has been established.

Interest revenue is recognised on a time proportionate basis that takes into account the effective yield on the financial asset.

### 3. Key Accounting Judgements and Estimations

Held-to-maturity financial assets

The Board of Management have reviewed the Associations held-to-maturity financial assets in the light of its capital maintenance and liquidity requirements and have confirmed the Association's positive intention and ability to hold those assets to maturity. The carrying amount of the held-to-maturity financial assets is \$3,905,806 (2012: \$3,725,940). Details of these assets are set out in notes 18 & 19.

## 4. Profit From Operations

### (a) Revenue

	2013	2012
	\$	\$
Revenue from continuing operations consisted of:		
<b>Revenue from Sale of goods</b>	715,057	680,806
<b>Revenue from Rendering of services</b>		
Commissions earned on sale of NDSS goods & services	2,965,945	2,555,106
Membership subscriptions	679,061	680,773
Fundraising (Note 21)	628,351	901,850
Clothing Collection	740,276	772,152
Education and Training Fees	18,293	17,990
Other	33,090	37,223
	<u>5,065,016</u>	<u>4,965,094</u>
<b>Investment Income</b>		
Interest income:		
Bank deposits	87,721	115,154
Held to Maturity Investments	179,867	200,366
Dividends:		
Available for Sale Investments	10,597	7,141
	<u>278,185</u>	<u>322,661</u>

### (b) Profit for the year

Profit for the year has been arrived at after charging/(crediting) the following gains and losses:

#### (i) Other gains and losses

Gain/(Loss) on disposal of property, plant and equipment	(9,943)	1,074
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#### (ii) Other expenses

Profit for the year includes the following expenses:

Cost of sales	(501,035)	(474,081)
Depreciation:		
Buildings	(28,368)	(28,368)
Furniture and equipment	(98,592)	(112,782)
Motor vehicles	(8,101)	(6,547)
	<u>(135,061)</u>	<u>(147,697)</u>
Employee benefits expense:		
Salaries and On-Costs	(2,739,759)	(2,656,368)
Employee Benefits	(68,299)	46,600
	<u>(2,808,058)</u>	<u>(2,609,768)</u>
Consulting Expense	(58,142)	(5,985)

## 5. Trade and Other Receivables

Trade receivables	201,682	184,415
Other receivables	1,236	1,625
Allowance for doubtful debts	-	-
	<u>202,918</u>	<u>186,040</u>

The average credit period on sale of goods is 30 days.

No interest is charged on trade receivables from the date of the invoice.

Movement in the allowance for doubtful debts

Balance at the beginning of the year	-	113
Impairment losses recognised on receivables	-	-
Impairment losses reversed and booked against receivables	-	(113)
Balance at the end of the year	<u>-</u>	<u>-</u>

The Diabetic Association of SA Inc trading as Diabetes SA  
Notes to the Financial Statements for the Financial Year Ended 30 June 2013

6. Inventories

	2013	2012
	\$	\$
Finished Goods at cost	67,198	109,403

7. Other Current Assets

Prepayments	66,810	54,545
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8. Property, Plant and Equipment

	Freehold Land	Buildings	Furniture & Equipment	Motor Vehicles	Total
	At cost	At cost	At cost	At cost	
	\$	\$	\$	\$	\$
<b>Gross Carrying Amount</b>					
<b>Balance at 30 June 2011</b>	258,000	1,418,413	1,277,513	52,375	3,006,301
Additions	-	-	78,914	-	78,914
Disposals	-	-	(13,943)	-	(13,943)
<b>Balance at 30 June 2012</b>	258,000	1,418,413	1,342,484	52,375	3,071,272
Additions	-	-	126,950	68,402	195,352
Disposals	-	-	(220,407)	(52,375)	(272,782)
<b>Balance at 30 June 2013</b>	258,000	1,418,413	1,249,027	68,402	2,993,842
<b>Accumulated Depreciation</b>					
<b>Balance at 30 June 2011</b>	-	(440,888)	(936,070)	(5,204)	(1,382,162)
Adjustment					
Depreciation Expense	-	(28,368)	(112,782)	(6,547)	(147,697)
Disposals	-	-	13,943	-	13,943
<b>Balance at 30 June 2012</b>	-	(469,256)	(1,034,909)	(11,751)	(1,515,916)
Depreciation Expense	-	(28,368)	(98,592)	(8,101)	(135,061)
Disposals	-	-	213,269	13,184	226,453
<b>Balance at 30 June 2013</b>	-	(497,624)	(920,232)	(6,668)	(1,424,524)
<b>Net Book Value</b>					
As at the 30 June 2012	258,000	949,157	307,575	40,624	1,555,356
As at the 30 June 2013	258,000	920,789	328,795	61,734	1,569,318

The aggregate depreciation allocated during the year is recognised as an expense and disclosed in note 4 to the financial statements.

There was no depreciation during the year that was capitalised as part of the cost of other assets.

9. Trade and Other Payables

Trade Payables	208,375	289,784
Other Payables	-	-
	208,375	289,784

The average credit period on purchases of goods is 30 days.

No interest is charged on payables from the date of the invoice.

10. Other Current Liabilities

Accrued Liabilities	191,616	68,340
Unexpired Membership Fees	419,338	396,058
NDSS Surplus	498,924	293,464
	1,109,878	757,862

## 11. Other Non-Current Liabilities

	2013	2012
	\$	\$
Unexpired Membership Fees	92,698	78,786

## 12. Provisions

The aggregate employee benefits provision recognised and included in the financial statements is as follows.

Current	Provision for annual leave	194,964	134,731
	Provision for long service leave	138,178	137,763
		333,142	272,494
Non-Current	Provision for long service leave	43,037	35,386

## 13. Reserves

Capital Development Reserve	(i)	400,000	400,000
Available for Sale Reserve	(ii)	76,996	10,626
Closing Balance		476,996	410,626

### (i) Capital Development Reserve

	Opening balance	400,000	400,000
	Movement in Reserve	-	-
	Closing balance	400,000	400,000

The capital development reserve is a reserve to be used to fund future capital projects.

### (ii) Available for Sale Reserve

	Opening balance	10,626	(1,395)
	Movement in Reserve	66,370	12,021
	Closing balance	76,996	10,626

The available for sale reserve reflects the accumulated fair value adjustments to available for sale financial assets.

## 14. Retained Earnings

Balance at beginning of financial year	7,011,462	6,358,005
Profit for year	508,737	653,457
Balance at end of financial year	7,520,199	7,011,462

## 15. Economic Dependency

The Diabetic Association of South Australia Inc. is the sole Agent to provide registrant support services and distribution of the National Diabetes Services Scheme (NDSS) products in South Australia under a contract with the Federal Government until 30 June 2016.

## 16. Key Management Personnel Compensation

2013	2012
\$	\$

The aggregate compensation made to Board Members and other members of key management personnel of the Association is set out below:

Compensation to Board Members and other members of key management personnel of the Association	590,358	635,707
	<u>590,358</u>	<u>635,707</u>

During the year key management and personnel have purchased goods which were domestic or trivial in nature from the Association on the same terms and conditions available to customers.

## 17. Notes to the Statement of Cash Flows

### Reconciliation of cash and cash equivalents

Cash and cash equivalents at the end of the financial year as shown in the statement of cash flows are reconciled to the related items in the statement of financial position as follows:

Cash	3,252	3,323
Bank balances	3,455,933	2,865,919
	<u>3,459,185</u>	<u>2,869,242</u>

## 18. Other Financial Assets

### Held-to-maturity investments carried at amortised cost

Term deposits	Current	3,905,806	3,725,940
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The Association holds various short term deposits with various financial institutions.

The weighted average interest rate on these securities is 4.4% p.a. (2012: 5.0% p.a.).

The fixed deposits have maturity dates ranging between 4 to 6 months from reporting date.

### Available-for-sale investments carried at fair value

Shares and other securities	Non-Current	170,595	54,669
Shares designated as available for sale from 1 July 2005			
Public Trustee Common Fund	Non-Current	342,495	301,205
		<u>513,090</u>	<u>355,874</u>

## 19. Financial Instruments

### (a) Significant Accounting Policies

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which revenues and expenses are recognised, in respect of financial assets and financial liabilities are disclosed in note 2 to the financial statements.

### (b) Valuation techniques and assumptions applied for the purposes of measuring fair value

The fair values of available-for-sale assets are determined as follows:

- The fair values of available-for-sale assets with standard terms and conditions and traded on an active liquid market are determined with reference to quoted market prices.
- The fair values of available-for-sale assets with standard terms and conditions but not traded on an active liquid market are based on a statement provided from Public Trustee.

## 20. Obligations Under Operating Leases

Non-cancellable operating lease commitments	2013	2012
	\$	\$
Not later than 1 year	63,180	76,070
Later than 1 year and not later than 5 years	15,042	-
Later than 5 years	-	-
	<u>78,222</u>	<u>76,070</u>

The operating leases are for motor vehicles (trucks, van and a vehicle leased for use under the NDSS), storage space and office and warehouse equipment.

The Association does not have an option to purchase the leased assets at the expiry of the lease terms.

## 21. Fundraising

2013	Gross Income	Direct Expenditure	Overheads	Net Surplus
	\$	\$	\$	\$
Memorials	31,725	836	14,595	16,294
Appeals	80,929	37,236	37,233	6,460
Bequests	194,691	117	10,173	184,401
Lotteries	230,336	87,672	105,970	36,694
Other (Non-Project)	77,154	1,695	35,496	39,963
	<u>614,835</u>	<u>127,556</u>	<u>203,467</u>	<u>283,812</u>
Sponsorships	13,516			13,516
<b>Total</b>	<u>628,351</u>	<u>127,556</u>	<u>203,467</u>	<u>297,328</u>

2012	Gross Income	Direct Expenditure	Overheads	Net Surplus
	\$	\$	\$	\$
Memorials	34,080	3,279	16,053	14,747
Appeals	84,580	35,517	39,841	9,222
Bequests	456,320	100	10,703	445,516
Lotteries	229,133	86,209	107,932	34,992
Other (Non-Project)	83,915	8,215	39,528	36,173
	<u>888,027</u>	<u>133,319</u>	<u>214,057</u>	<u>540,651</u>
Sponsorships	13,824			13,824
<b>Total</b>	<u>901,850</u>	<u>133,319</u>	<u>214,057</u>	<u>554,474</u>

## 22. Contingent Liability

There are no contingent liabilities as at 30 June 2013 (2012: nil).

## 23. Subsequent Events

There has not arisen since the end of the financial year any item, transaction or event of a material and unusual nature likely, in the opinion of the Board of Management, to affect significantly the operations of the Association, the results of these operations or the state of affairs of the Association in subsequent financial years.

# **Independent Auditor's Report to the Members of The Diabetic Association of South Australia Incorporated**

We have audited the accompanying financial report of The Diabetic Association of South Australia, which comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income, the statement of cash flows and the statement of changes in equity for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by the Board of Management as set out on pages 20 to 33.

## *The Board of Management's Responsibility for the Financial Report*

The Board of Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Associations Incorporation Act 1985* and for such internal control as the directors determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

## *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. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, 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 of the financial report that gives a true and fair view, 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 directors, as well as evaluating the overall presentation of the financial report.

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

## *Opinion*

In our opinion, the financial report of The Diabetic Association of South Australia Incorporated presents fairly, in all material respects, the Association's financial position as at 30 June 2013 and its financial performance for the year then ended in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Associations Incorporation Act 1985*.

We have obtained all of the information and explanations that we require from the Association.



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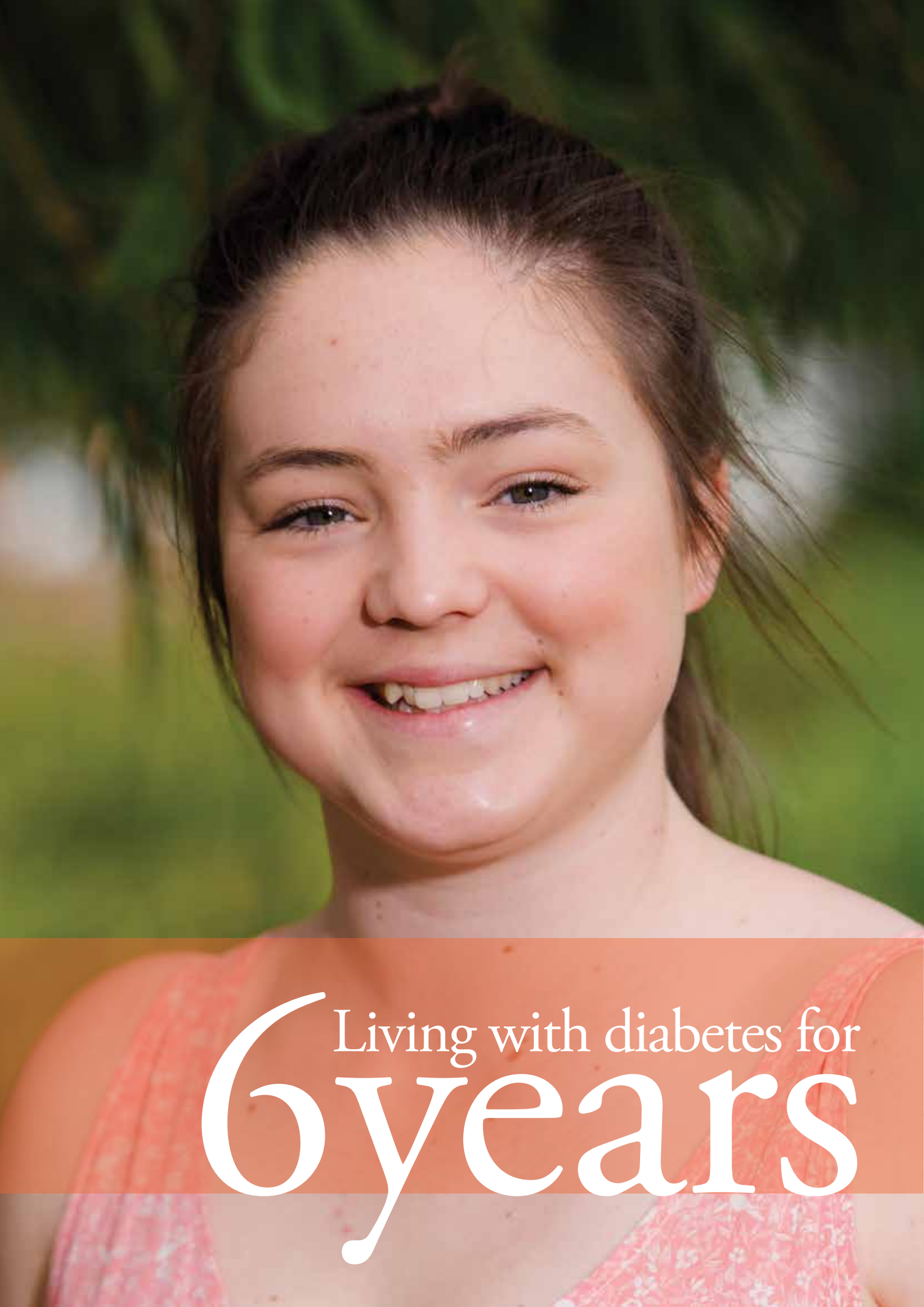


Philip Teale  
Partner  
Chartered Accountants  
Adelaide, 24 September 2013

# Key Financial Statistics

	2012/2013	2011/2012	2010/2011	2009/2010	2008/2009
	\$	\$	\$	\$	\$
<b>Members</b>					
Numbers	31,170	29,736	31,624	32,746	32,484
Growth Rate	4.82%	-5.97%	-3.43%	0.81%	5.06%
Subscriptions Revenue	679,061	680,773	717,175	692,435	621,689
<b>Sales</b>					
Sales of Goods	715,057	680,806	802,925	902,547	954,099
Growth Rate	5.03%	-15.21%	-11.04%	-5.40%	-4.63%
Cost of Sales	501,035	474,081	564,888	656,963	695,057
Gross Profit	214,022	206,725	238,037	245,584	259,042
Gross Profit as a Percentage of Sales	29.93%	30.36%	29.65%	27.21%	27.15%
NDSS Revenue	2,965,945	2,555,106	2,631,537	2,484,092	2,236,193
Growth Rate	16.08%	-2.90%	5.94%	11.09%	9.57%
Interest Income	267,588	315,520	321,698	211,271	247,088
Depreciation	135,061	147,697	170,482	160,922	146,669

	2012/2013	2011/2012	2010/2011	2009/2010	2008/2009
	\$	\$	\$	\$	\$
Total Income	6,048,315	5,969,635	6,147,287	5,544,936	5,066,663
Total Expenditure	5,539,578	5,316,179	5,844,518	5,211,182	5,002,074
Surplus	508,737	653,456	302,769	333,754	64,589
Cash	3,459,185	2,869,242	2,223,088	2,488,019	1,808,951
Inventory	67,198	109,404	142,827	120,956	155,536
Trade Creditors	208,375	289,784	293,207	491,539	333,154
Current Assets	7,701,917	6,945,170	6,098,515	5,834,327	5,316,356
Current Liabilities	1,651,395	1,320,140	1,148,381	1,263,262	1,103,760
Current Asset Ratio	4.66:1	5.26:1	5.31:1	4.62:1	4.82:1
Total Assets	9,784,325	8,856,400	8,065,106	7,875,778	7,365,688
Total Liabilities	1,787,130	1,434,312	1,308,495	1,417,376	1,246,237
Accumulated Surplus	7,997,195	7,422,088	6,756,611	6,458,402	6,119,451
Growth Rate	7.75%	9.85%	4.62%	5.54%	0.83%



Living with diabetes for  
**6 years**

# Major, Community & Corporate Donors & Bequestors 2012/2013

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## Major Donors

- R. McDade
- F. Moore
- J. & M. Dibben
- M. Richards
- B. Assender
- J. White
- T. Slater
- G. Rohrsheim
- N. Stevens
- A. Lukin
- G. Holton
- N. Steele
- D. Ryan
- B. Saint
- L. Wehrmann
- D. Holliday
- A. Breakwell
- H. Ford
- J. Hill
- S. Bray
- E. Vella

## Bequests

- Heather Tralaggan
- Giesela Hawke
- Tecla Shaw
- James Shackelford
- Shiela Hope
- Harald Gerhus
- Janet Niejalke

## Community Donors

- Maltese Senior Citizens Society of SA Inc.
- Lions Club of Murray Bridge Inc.
- Murray Bridge City Lions Club
- Lions Club of Gilbert Valley
- Lions Club of Brighton Inc.
- WIPRO Volunteers – Australia
- Urrbrae Agricultural High School
- RDNS SA
- Roxby Downs Community Board Inc.
- SA Weight Watchers Association Inc.
- Alabarda Sports & Social Club
- Murray Bridge High School
- St Dimitrios Parish of Salisbury Ladies Auxiliary
- Hawthorndene Primary School
- Salisbury Senior Citizens Club
- Yatala Labour Prison
- St Pauls College
- Griffith Rehabilitation Hospital
- Henley Community Aid and Advisory Centre
- Leigh Creek Area School
- Social Club on Pirie
- Southern Fleurieu Diabetes Support Group
- Temple Christian College
- The Getaway Caravan Club

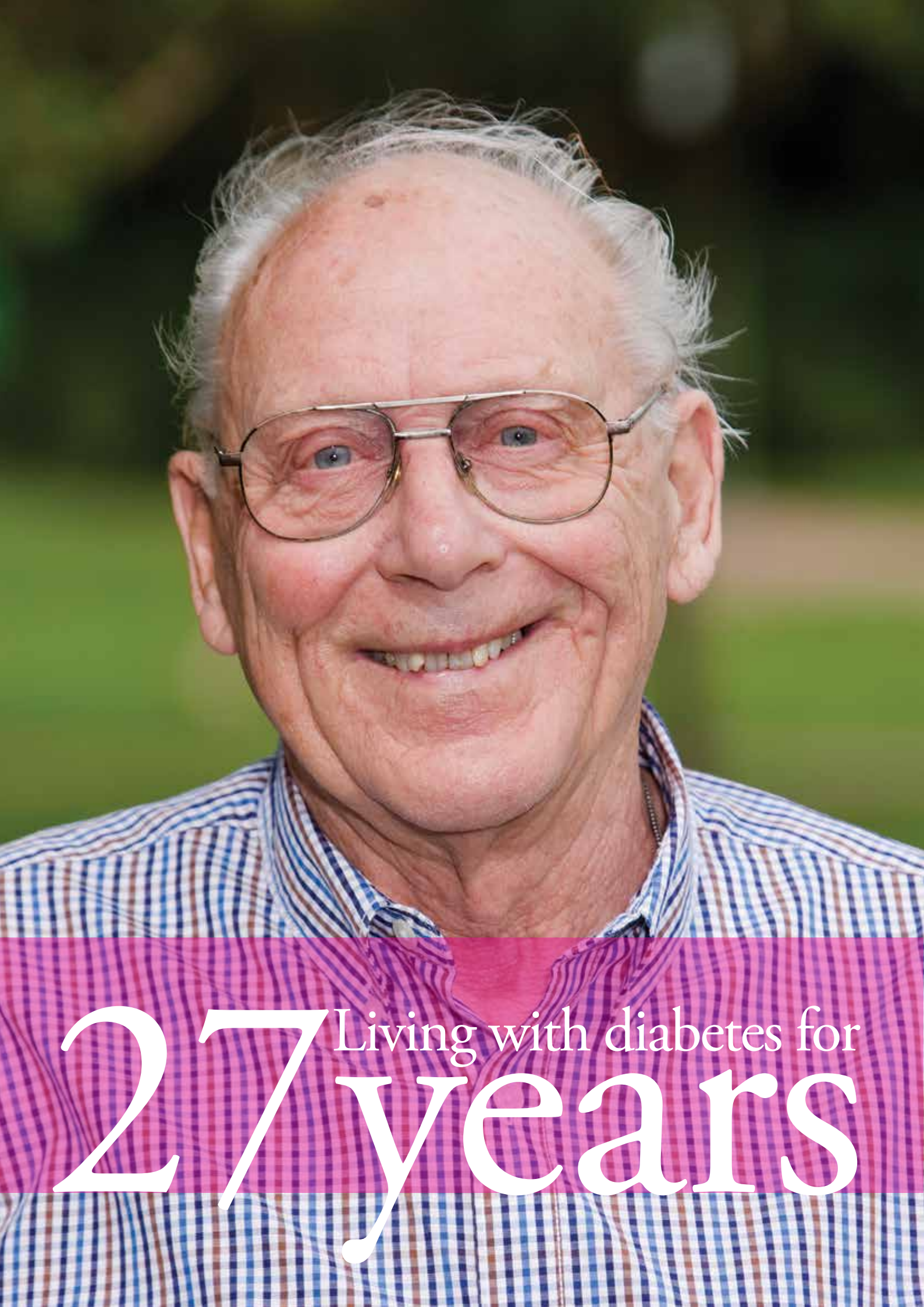
## Corporate Donors

- Cavill Power Products Pty. Ltd.
- City of West Torrens
- City of Holdfast Bay
- Tony Colyer Pty. Ltd.
- HL Nominees Pty. Ltd.
- Mypolonga Traders
- Capital Programs & Asset Services, DECD
- Built Environs
- Donaldson Walsh Lawyers
- Argo Nafpliakon Association of SA
- Argo Investments Ltd.
- Basetec Services Pty. Ltd.
- Charity Card Shop
- Gully Environment Network Inc.
- Scott Salisbury Homes

## Trusts & Foundations

- Fay Fuller Foundation
- Daw House Hospice Foundation
- Macquarie Group Foundation
- Commonwealth Bank Staff Social Club

To the many individuals and organisations who have supported Diabetes SA during the year, we say thank you.



27 Living with diabetes for  
years

## Kellion Victory Medals

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The Kellion Victory Medal was named after Claude Kellion when diabetes claimed the life of his son John Claude. A successful business man, Claude established the Kellion Diabetes Foundation in John's memory. Funds raised through the Foundation contribute to Diabetes Australia Research Trust projects.

In view of his outstanding contribution towards diabetes in Australia, Mr Claude Kellion AM was invited to have his name associated with the Kellion Victory Medal Scheme. Silver-plated 50 year and gold-plated 60 year victory medals have been produced and provided, together with certificates. There is also a platinum medal for 70 years and a certificate and plaque for 75 and 80 years. Thus the Kellion Victory Medal Scheme was established.



# 70 Year Kellion Victory Medal Awards

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## Michael Hollister

In April or May 1943 at the age of 18 months Michael was diagnosed with diabetes. Michael then spent six months of his life in the Adelaide Children's Hospital stabilising his diabetes.



Michael schooled via correspondence as his family had no transport and lived some distance from the area school. As a result Michael's mother took on the responsibility of teacher. He was never allowed to join Scouts or attend diabetic children's camps in case he wasn't 'looked after' properly. In 1953 Michael enrolled at King's College and this was his first experience of looking after himself. In 1965 he married and the next ten years were very busy establishing a home and raising a family. During this time he became interested in gardening and amateur theatre. In 1979 he resigned from his job and bought a farm in Cambrai, he later sold it and bought a small piggery out of Robertstown.

In 1992 Michael had to have a heart bypass operation which affected his decision making process and his diabetes began to cause more problems with numerous hypo comas both at home and at work. Life had to be taken more slowly and simply.

Michael, with his wife travelled extensively through New Zealand and the eastern states of Australia in the early 2000's. By 2010 he was losing the ability to understand and manage his insulin. Depression set in as his dementia increased and he was admitted to the senior citizens home at Riverton. Unfortunately his dementia and depression worsened and he now resides at Hamley Bridge.

Michael's friendly, warm, helpful and funny personality is still very evident for the best part, especially with strangers. Even though his memory of past life and people has completely disappeared he still retains his mostly twinkling personality and is very happy.

# 60 Year Kellion Victory Medal Awards

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## Kingsley Ireland



At the age of 11, I was a plump boy growing up on a farm at Wokurna, between Pt Broughton and Snowtown. Suddenly I began to lose weight, accompanied by extreme thirst and frequent urination. My doctor was mystified and prescribed an iron tonic masked with raspberry syrup to build me up for a tonsillectomy.

When I didn't improve, he finally made an appointment with a Paediatrician, Dr Eric Sims in North Adelaide. Between Kulpara and Pt Wakefield I sank into a coma. Once at the doctors, he immediately recognised that I was in a diabetic coma after he looked at my eyes and smelt my acetone breath. My mum told me

shortly before her death in 2008 aged 96, that it was Dr Sims who carried me across to the Children's Hospital, where I came to with an intravenous drip in my ankle. I quickly learnt the delights of a diabetic regime, insulin injections using glass syringes and "crowbar" needles, which were kept in a glass jar, on a bed of cotton wool covered with methylated spirits. They were boiled before each injection and administered by my mother and sister Delma who was 6 years older than I.

My health support team have been marvellous and Life Membership of Diabetes SA has brought constant information and guidance.

## Meredith Charles



I was diagnosed with diabetes in March 1953 with Dr John Covernton commencing my treatment at the Adelaide Children's Hospital (ACH). The hospital became a special place for me, a bit of a home away from home, due to a number of stays over the next few years.

On 1 March 1954 I was in the ACH when a large earthquake hit, I remember it well as the beds and cots (on wheels) went careering across the floor, waking everyone with a fright followed by lots of squealing and crying. During that same hospital stay, on 18 March 1954, newly crowned Queen Elizabeth II and her husband Prince Phillip visited Adelaide.

As a hospital patient I had a front row view of them passing by the hospital and felt very excited. I have remembered both of these events all of my life and they have provided me with memories I would not have had were it not for my diabetes.

I later travelled interstate to work where I met my husband to be, who was in the Navy. I then travelled more with him and our two precious young daughters who were both born in Adelaide. I am very grateful to, and thank each of my family members who often had to give up things to make sure I was well taken care of.

# 60 Year Kellion Victory Medal Awards

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## Margaret Elliott



Margaret was diagnosed with diabetes in October 1953 aged 19 years. Margaret was almost at the stage of coma when she was first diagnosed. Her diet of silver beet with no salt and rhubarb with no sugar still stays in her mind today.

Margaret felt very isolated in a world of her own for a while but soon realised that life had to go on. She can remember lighting a burner, boiling a solution and using drops of urine for testing her levels.

The world has changed so much since those days, diabetes testing has become much easier.

Margaret married and had 3 children and is now living comfortably in Gawler East.

## Renee Hassan



I was born in Egypt in 1929, my mother was Spanish and my father Russian so the languages we spoke at home were Spanish, French and Arabic.

I was married in 1948 and had my first child in 1952. I have three children and eight grandchildren and I look forward to one day to seeing some great-grandchildren!

In 1953 I was diagnosed with what was called high lactose. We immigrated to Australia in the same year and within six months of arrival I was diagnosed with diabetes. I was initially treated with diet adjustments for five months and advised to lose weight, I lost two stone during this time.

In 1954 I commenced insulin, I had an allergy to the beef type, and I have been on an alternate insulin ever since.

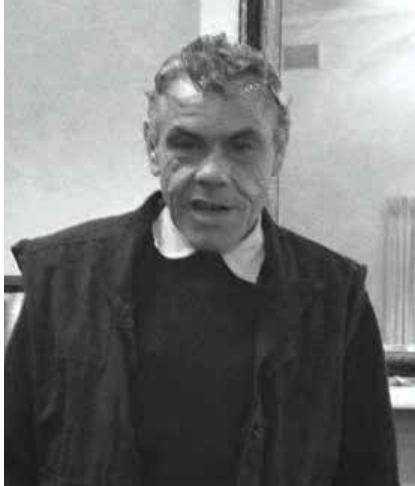
I have had to adjust my diet and insulin to maintain my blood glucose levels within normal ranges and I have learned how to cope with illness and infections.

Some days are difficult, but I have tried to remain positive throughout these years, especially since my dear husband passed away nine years ago. I am very grateful to my family, friends and carers, and hope to continue seeing the improvements to medications and care available for those of us with diabetes.

# 50 Year Kellion Victory Medal Awards

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## Brian Wood



In 1962 at the age of 5, while living on my parents farm at Kybunga, I was diagnosed with type 1 diabetes. That same year, I joined Diabetes SA.

As a teenager, I boarded at Westminster School from 1970 to 1974 then started my working life. I have had many professions in my lifetime, both physical and specialised.

I have been married for 22 years and have 3 children. In 2001 I moved back to South Australia after living in Tasmania on my own.

I returned to University in 2001 graduating from UniSA with a Bachelor of Nursing at the end of 2003. I worked at Flinders Medical Centre for 1 year in the Graduate

Nurse Program, then joined a nursing agency working in Acute and Aged Care and have worked in many health facilities following this.

I gained my Post Graduate Certificate in Diabetes Management and Education at Flinders University in 2005 and would like to work in this area.

I currently manage my 100 acre property grazing sheep and using large machinery at Nairne. Every year I have to go through the ordeal of renewing my heavy combination licence.

Diabetes care is so much easier than in the past, it is 'just a prick'. My family has three type 1 diabetics spanning 3 generations.

## Dale Caville



It all began at 15 years of age when an insatiable thirst developed coupled with an equally insatiable appetite. Amazingly no one (including the local GP, who initially made a diagnosis of "a breakdown due to school stress") identified this illness as type 1 diabetes.

Recovery was just as amazingly fast, my anxious parents being greatly surprised and relieved on their first visit to see me at the RAH to find me sitting up in the hospital bed and "being fuller in face".

Life went on whilst enduring the various social 'shunning' and rejections through the remaining teen years and early twenties by the opposite sex (who invariably thought I would have a fit or go unconscious on a date).

Then a girl that did take the chance, and a long lasting marriage ensued that resulted in two healthy girls both attractive, very talented and both furthering their positions in life.

The initial devotion of my mother who adopted the outlook that the whole family should be on my healthy diet and made sure that I did not eat 'forbidden food' put me in good stead.

Here I am at the age of 70 years still employed as a Medical Photographer and with over 50 years employment with The University of Adelaide, no serious infirmities, no eye or kidney disease, still building, and rearranging my quite substantial home garden with my present partner, Norma Mandapat.

# 50 Year Kellion Victory Medal Awards

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## Ian Symonds



Ian was born at the Jamestown Hospital on 25th July 1950. He had a pretty normal childhood until he was 12 years old. Along with his parents and three sisters he attended the Jamestown agricultural show in early October of 1962. During the day he developed an unquenchable thirst, visited the toilets frequently and pestered his mother all day for money to buy soft drinks.

The next day his mother made an appointment with the local G.P. A urine test confirmed the doctor's suspicions, the problem was type 1 diabetes, or Juvenile diabetes as it was known then. Ian then spent a week or two in the Memorial Hospital, in Adelaide and then a local hospital having his blood sugars stabilised.

Ian finished his education in 1967, completing Matriculation at Westminster College in Adelaide. He returned home to work with his father and grandfather on the family farm until 2001, when on the advice of his G.P., he semi-retired and leased the farm.

Ian married Margie in 1978, and they have three children, Jacqui, Angie and Daniel. Margie is a School teacher specialising in music and loves her piano.

In 2011 they sold the farm, apart from the 67 hectare block containing the farmhouse and sheds, where they still live. Ian keeps busy looking after the house and sheds and has taken up model ship building. He and Marg have plans to travel to the US next year.

## Muriel Meyers



In October 1962 I was very ill with bronchitis and chronic asthma, I had not recovered after numerous months. After a short holiday, we visited the doctor again, he took a urine test and said I had to go for a Glucose Tolerance Test on North Terrace, the results confirmed his concerns of type 1 diabetes. After this diagnosis, I went to the Queen Elizabeth Hospital and I started having injections twice daily.

I never found any one to ring up or become friends with and hence felt very alone, I dedicated myself to my church work and Girls Brigade which I loved. In 1967 I heard that they had developed an Insulin Pump.

My husband, Barrie and I went on to have two "home-grown" girls of our own and then we adopted a son from Sri Lanka. After eventually being on 7 injections a day I saw an advert in the diabetes magazine about insulin pumps being available I thought I was home and hosed. I am now on my 2nd pump and life is so much better I can actually live normally thanks to Alex Conte and Mike Porter who were able to obtain my pumps. I also wish to thank Dr. Ken Hand, Dr. Denes Marantos and Dr. Natalie Gilles.

# 50 Year Kellion Victory Medal Awards

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## Pheobe Tosolini



If you are a person with diabetes reading this you will instantly feel a warm glow of familiarity and connection. As far back as I can remember, I have always been part of the group of people whose pancreas is mal-functional or non-functional.

As a child of nearly five this invisible illness came upon me. Thanks to my ever hovering nanna, my symptoms were recognised and off I went to the Adelaide Children's Hospital in late September 1969.

Much testing with Testape and the plastic sticks with so many colour options, unfortunately my reagent squares rarely transformed to the required shades.

During the much loved annual week of Diabetic Camp I felt truly alive

and excited, all my worries muted by the company of fellow insulin takers. It was where we ran with the wind, drank Tab and Tresca, sang by campfires and developed our independence by learning to manage our carbohydrates and insulin doses. Camp was where I learnt to inject at the age of twelve, which released my family from the strain of having to inject me twice daily. Camp was also where I met Dr Philip Harding, Endocrinologist. I'm sure that everyone who knows him would describe him as 'Fabulous Phil'.

Thankfully those dangerous days of my youth are over and I can look to the future with the help of my partner, my family and my friends.

## Wendy Smith



I was diagnosed with diabetes two days before my second birthday and admitted to the Austin Hospital Heidelberg (Melbourne) on 6 March 1962. My mother was taught to give needles by injecting into an orange and if my insulin dose had to be changed I would have to spend days in hospital until my doctor was happy.

My parents were always there for me and although I wasn't always able to participate in everything others got to do such as school excursions interstate, the loss was made up each summer when DA Vic ran a summer camp for 10 days. These were great times and I still have so many fond memories.

When I finished school I worked at the Austin Hospital and various other medical institutions. In 1987 I met my future husband and in 1991 our only child was born.

If it wasn't for the work of people such as Prof George Jerums and Dr Harding in my life, together with the glucometer, insulin pump and better insulins, things would be very different today for most people with diabetes. My mother had the most impact on my life teaching me to look after myself, she used to say to me when I was young that I could have any job I wanted, except being a pilot... so I married one instead. I now live in South Australia.

# 50 Year Kellion Victory Medal Awards

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## Pauline Johnston



I was diagnosed with type 1 diabetes three weeks before my thirteenth birthday in April 1963. I lived in a small country town called Gladstone in the mid north of South Australia. With no known family history, I had not heard of diabetes before and knew no one with diabetes. I came to the city to be stabilised, we had no allied health contact and I was put on an invalid diet which left me malnourished for several years.

As a youngster I played a lot of sport at home, I went to the city to do year 12 and gained my Matriculation. I was offered a cadetship which took me to Victoria to study to be a dietitian. I worked all my life as a dietitian, loving it dearly and I saw many changes in the diabetic diet.

After much travel around Australia and overseas, I have now retired and live in a Retirement Village with my two beautiful dogs and cat.

Writing is my interest and pastime, currently I am writing about my work and the people I have met through my travels.

A strong personal faith has helped me with the many challenges of living with type 1 diabetes.

## The Diabetic Association of South Australia Incorporated

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