Living diabetesSA

information • support • education • products

Annual Report 2013/2014

Contents

About Diabetes

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

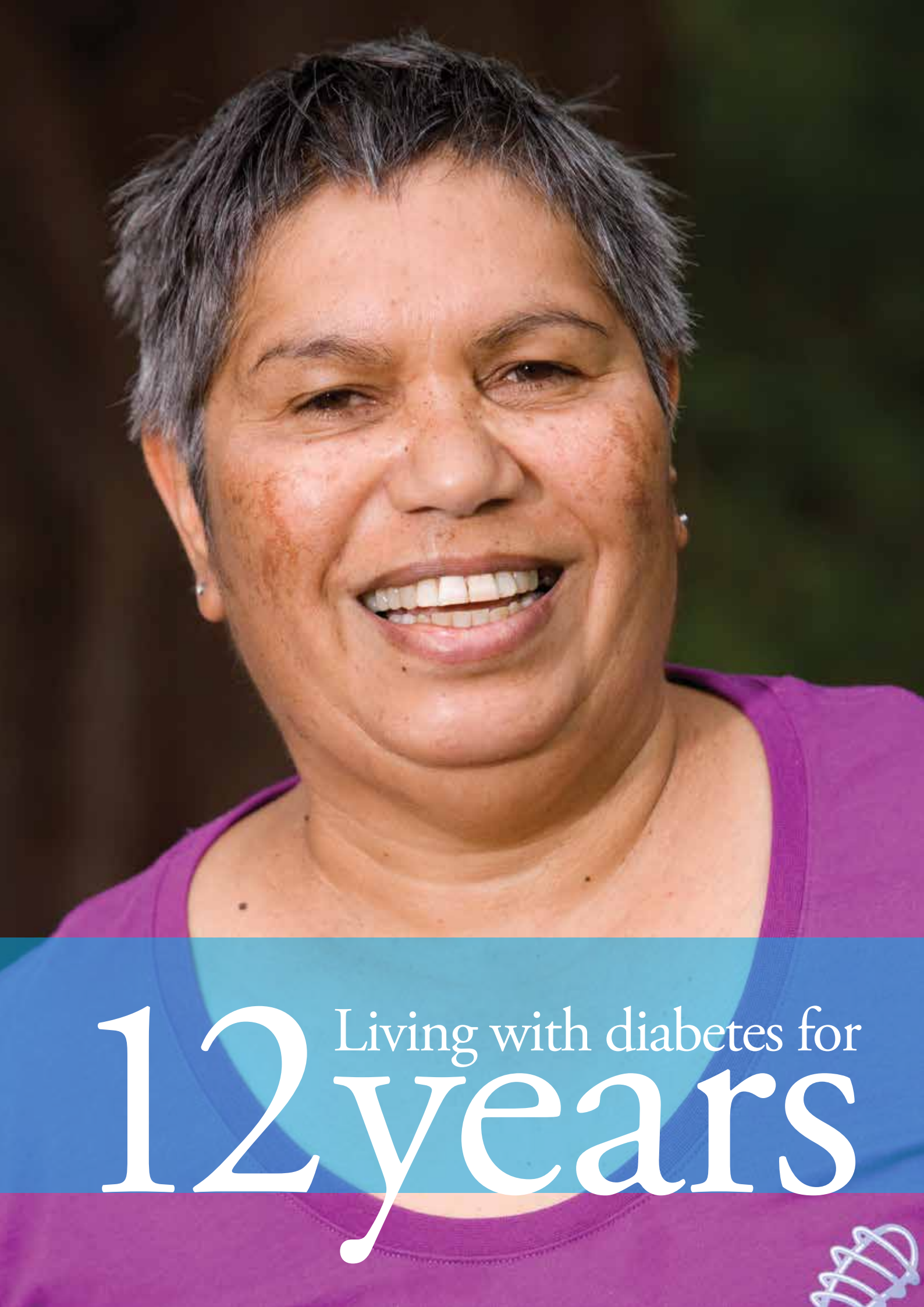
Diabetes SA has been delivering services to people with diabetes and their families since 1953.

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

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.



12 Living with diabetes for years

Board of Management

President
Bryan Fahy

Vice President
Peter Crouch

Vice President
Georgie McGorm

Treasurer
Steve Fimmano

Committee Member
John Dyer

Committee Member
Monika Kruger

Chief Executive Officer
Jennifer Barber

Deputy Chief Executive Officer
Angelique Pasalidis

Management Team

Manager, Business Services and Development
Antony Sellentin

Manager, Business Support Services
Vicky Murphy

Manager, Healthcare and Education
Fiona Benton

Manager, Clothing Collection
Scott Mates

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

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 2014/2015.

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

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 Scheme.

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.

Candidate Statements

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.

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

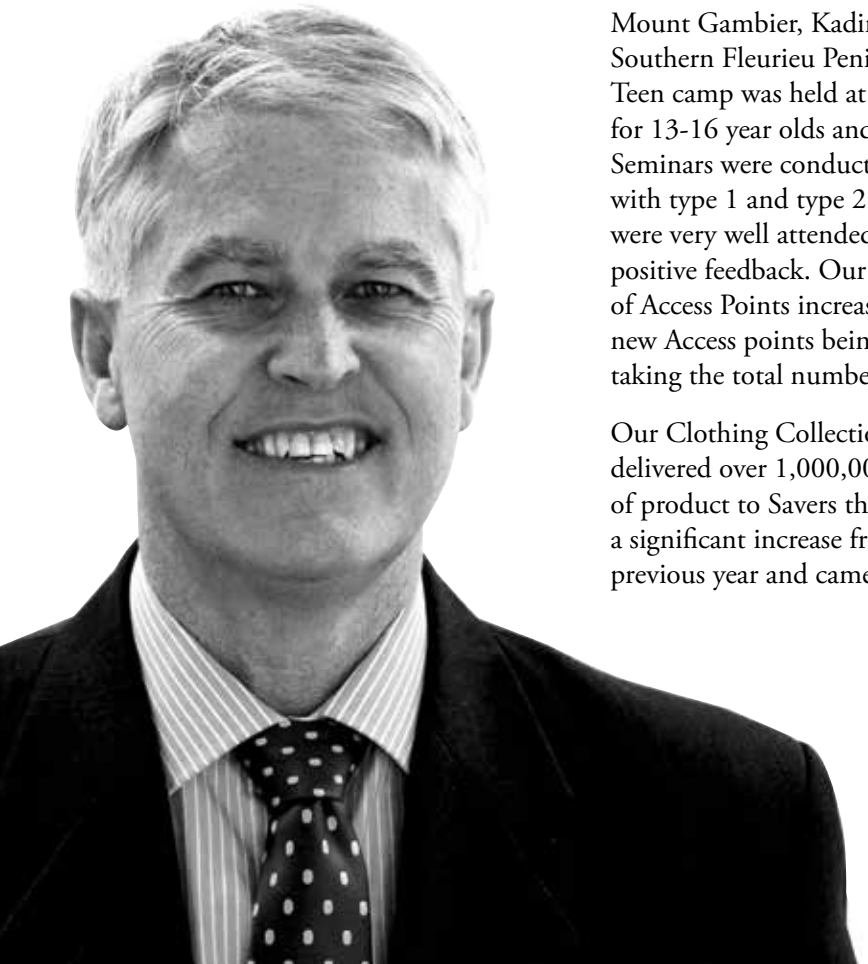
I have had type 1 diabetes for 35 years and membership with Diabetes SA for the same time. I have a strong ongoing focus on services for Members. My work experience includes various roles with Dept. of Human Services, Australian Bureau of Statistics and self-employment as a carrier.

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

Whilst the majority of the Board of Management consists of Members who have diabetes, parents/ guardian caring for children with diabetes or guardians caring for aged persons with diabetes, others have a particular area of expertise to offer.

President's Report

This year has again been a busy one with the implementation of many projects such as the Market Research program. It has been many years since the Association has undertaken this level of research and we anticipate that this information will assist us to better meet the needs of our Member base and identify future services and initiatives.



Our goal to increase the level of service delivery saw the roll out in early 2014 of a new telephone system. This system reduces waiting times and directs calls to the correct areas for assistance through a push button selection. On all accounts it has been well received. In addition, the year also saw the implementation of BPay providing another option for payment of membership subscriptions.

Our Health Services team expanded their activities and delivered a comprehensive program providing support and education reaching out to more than 3,000 people. Our seminars and events were well attended and the on line learning platform was launched. Over 3,085 people accessed the telephone support line this year enabling people to speak with one of our Health Professionals.

The National Diabetes Scheme reached out to country with seminars held in Victor Harbor, Mount Gambier, Kadina and the Southern Fleurieu Peninsula. The Teen camp was held at Woodhouse for 13-16 year olds and Diabetes Seminars were conducted for people with type 1 and type 2 diabetes. All were very well attended and received positive feedback. Our network of Access Points increased with 28 new Access points being established taking the total number to 315.

Our Clothing Collection Operation delivered over 1,000,000 kilos of product to Savers this was a significant increase from the previous year and came as a result of the second Savers store opening in November 2013. Our collection strategies increased to meet the demand of a second store with routine bag collections operating in country and regional areas in addition to the metropolitan collections. The Donate to Educate program increased with our commitment to growing the Pre-School program.

Whilst we experienced a decline in membership our fundraising area experienced an increase in income up 2.6% (excluding bequests). Our lottery program continued to provide over 54% of the total income whilst appeals and donations made up the rest 46%.

To the many volunteers and staff who show their dedication and commitment to the organisation, the Board of Management say thank you. To our Members who support what we do through membership subscriptions, purchasing a ticket in a lottery, donating to the organisation or by just providing their feedback, we also thank you. To my fellow Board Members thank you for your dedication and commitment.

Lastly, it would be remiss of me not to acknowledge the outgoing CEO Jennifer Barber who has provided twenty five years of service to the organisation. This level of service is almost unheard of today, let alone in a role as a CEO. The Association has been quite fortunate to have had this level of service from one individual and as we look around at the organisation today we can see the benefit of this. The Board of Management now looks forward to Jennifer's contributions in her new role as Executive Advisor to the CEO and Board of Management.

Bryan Fahy
President

CEO's Report

There has been significant change in the diabetes arena in the last twenty five years. These have included changes in glucose measurement, insulin administration, the types of insulin and many more and today we see the result of these changes and how they have improved the lives of people with diabetes. We also see evidence of these changes through our Kellion Medal recipients who have lived through many of these advancements and changes.

As I look at our organisation I can also say that there has been significant change over the last twenty five years with the establishment of the NDSS in 1987, a new headquarters at Hilton to service our members and recently the partnering with Savers Australia to deliver a new income stream to support the work that we do.

What is evident as I turn the pages of this my final annual report is the impact we have with our members and the community. Through membership we are able to connect providing information, support, education and products. Whether it is a phone call, a visit to the Retail shop, attendance at education sessions and events or a visit with our Health Professionals, our service is valued and needed. This was further highlighted by feedback received from our Members who were involved in the Harrison Research program undertaken in this financial year.

As I reflect on my time in the role of CEO, the organisation has grown from a small operation to what it is today with over 50 staff, a very loyal group of volunteers and a member base of just under 30,000. From a financial perspective we are well resourced and in a position to meet the challenges of the future.

Now as I take up my role as Executive Advisor to the CEO and Board of Management I welcome in the new CEO Angelique Pasalidis who has been with the organisation for ten years and in the last three as Deputy CEO. A new era begins and I shall watch from the sidelines how the organisation progresses with her leadership.

Lastly, it is important for me to acknowledge the many people I have worked with over the years. To the Board of Management past and present I thank you for your loyalty and support, to the Ladies Auxiliary whom I hold dear to my heart, the many volunteers that have provided not only their time but their skills to the organisation and the many staff past and present who have helped make the organisation what it is today.

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 Sales and Fundraising.

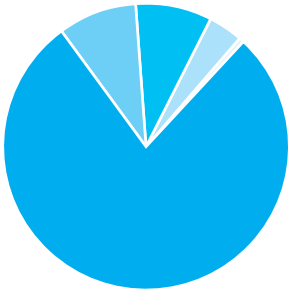
A very busy year saw the review and revamp of product stocked within the Retail shop which was taken warmly by our Members and visitors, with a common feeling of an inviting open space that is easy to move through.

The new phone system became operational in January 2014 and it is pleasing to see grade of service higher than 95% with faster customer service times across all areas of the Association.

Membership

At the completion of the year, financial membership numbers ended at 29,003, this was a 0.5% decrease on 2012/2013. There was an additional 990 free gestational memberships provided.

Breakdown of total Member type below, including gestational.



- Type 2: 78.1%
- Type 1: 9.1%
- Other: 8.6%
- Gestational: 3.8%
- Pre-Diabetes: 0.4%

There were 2,028 new financial Members who joined the Association in 2013/2014, this represents a 15.4% reduction on the previous year. Disappointingly there was also a 19% increase in Members not renewing their subscription compared to 2012/2013.

With declining Member numbers, late 2013 saw the completion of the Market Research conducted by Harrison Research. This was designed to understand the views of our Members and the diabetes community in general. This research will help us better understand how we meet the needs of people with diabetes and how future services or initiatives can be developed. Many interesting aspects need to be considered for our future planning, some can be implemented quickly whilst others require further review and development.

Retail

The Retail shop at Hilton provides the initial public face of the Association and is seen as an integral part of many people's journey with diabetes. The personalised service to Members and the general public is seen as invaluable and the support and services provided likewise.

Following the review of product range in late 2012/2013, the Retail area saw a decline in sales of 7% against the previous year. Overall Gross Profit margin was slightly up on the expected amount by 1%. Throughout 2013/2014, approximately 28,000 customers visited the Retail Shop to purchase Diabetes SA or NDSS products. This is a decline of 11% on the approximately 31,500 people serviced in 2012/2013. Additional to these, there were many visitors passing through that have taken part in Education Sessions or Seminars.

Call Centre

The Call Centre continues to be an important contact method for many of our Members and the general public and is often the first port of call for people when diagnosed. The Call Centre also managed education booking from Members, Registrants and Health Professionals who wished to attend one of many events at Hilton or various other locations across South Australia. Outbound call activity also saw many supporters purchase lottery books though the Call Centre over the last 12 months.

The online shop continues to provide a safe, easy method for customers to purchase diabetes related products from Diabetes SA and this service continues to grow with income up 12.4% and customer count growing by 7% on 2012/2013.

Free delivery of web and phone orders was introduced for Members late in the 2012/2013 financial year. 1,761 people took advantage of this benefit throughout this year. This service continues to be popular with Members that are unable to get to Hilton but find many purchase options from our extensive range of products.

Further to the implementation of the new phone system, inbound calls now reach their intended department quicker through selecting an option at the time of automated answer. As a result there are now three areas (Call Centre, NDSS Operations and Clothing Collection) that receive calls direct rather than being transferred internally. This service cuts down the amount of unnecessary contact time and after a short wait in the queue, callers are given an option to leave a message for a return call.

All staff aim to give customers the best possible experience and keep them well informed. The year saw approximately 47,700 calls into the Association, this is a reduction of 9.5% on the previous year however does not include direct calls to individuals in the organisation.

Fundraising

Fundraising activities provided significant income in 2013/2014 through two Lotteries, two Appeals as well as general and memorial donations. These activities produced $431,148 income for the Business Services and Development Unit.

Excluding bequests and endowment, income was 2.6% up on 2012/2013.

Fundraising income.

Lotteries 54.4%

Appeals 22.1%

Donations 23.5%

To ensure we can continue to provide support and services to people living with diabetes, we must see continued income being generated in the above areas.

The Association was fortunate to receive a number of bequests from people that have in some way been touched by the work we undertake or that would like to leave a legacy to ensure we can continue helping all people living with diabetes in South Australia.

Donors to the Association are made up of Members, the general public, private and community organisations as well as trusts and foundations. Bequestors, major and community donors are noted on page 39.

Looking forward

Further analysis and planning after the market research will be undertaken to ensure we continue to add value to membership.

The market research has shown us that BPay is important to Members and will be implemented as a payment means for Membership subscriptions during the first quarter of 2014/2015. It is expected that this payment method will see an increase in Members renewing of around 10%.

We will continue to work hard with suppliers to bring our Members the best possible price for their necessary products, while introducing new product lines that are of benefit for people with diabetes.

A new process of recruiting Members that are newly diagnosed was developed during early 2014 and will be implemented in the first quarter of 2014/2015. This process will see a more streamlined, manageable way of handling contact with potential new Members and should result in better outcomes overall.

Early 2015 will see a more substantial Member card replace current cards. The new card will not be replaced annually or biennially as is currently the case. This will result in savings in costs for the Association and prove to be a more sturdy card for Members.

Antony Sellentin
Manager,
Business Services & Development

Business Support Services Report

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

This financial year saw the completion of the PC replacement program for all internal staff computers, this has been a project undertaken over a 2-3 year period. Additional upgrades of the phone and website content management system commenced, with the outlook of increasing the services we provide to our Members and the community.

With an increased staffing level, a refit of our Health Services and Marketing & Fundraising areas has provisioned for additional workstations. A minor refit of the retail area in 2014/2015 will allow for additional staff in the NDSS Unit.

The Finance Section has been able to maintain a high level of support to all areas of the business after the part-time NDSS Contract Accountant's engagement concluded at the end of August.

During 2013/2014 the number of staff increased from 45 (41.3 FTE) to 52 (49.9 FTE). Some supported new activities within the NDSS Unit such as the rollout of plastic cards. With the opening of a new Savers Store in Modbury, our staffing level increased to meet the requirements of a two store operation. This included two additional Drivers and a Support Officer to grow our Donate to Educate Pre-school program.

Diabetes SA acknowledges the work of all staff members and thanks them for their contributions throughout the year.

Looking forward

Completion of the phone system reporting and website content management system upgrade will allow further development of an IT strategic plan. An upgrade of computer servers in early 2014/2015 will enable streamlining of business processes.

The Finance Section will assist in the review of Diabetes SA's funds management strategies and implement processes to improve interest income in the current low interest rate environment.

Vicky Murphy
Manager,
Business Support Services

Healthcare & Education Report

Diabetes continues to be one of the most challenging public health issues in Australia. At the end of June 2014 there were 1,133,412 Australians registered on the NDSS, of which there were 95,918 South Australian's. In 2013/2014 there were 7,230 newly registered people with diabetes in South Australia.

The Health Services team expanded its activity in line with the strategic directions and core values, delivering a comprehensive program providing support and education for all people living with diabetes. The feedback from our Members has been very positive, and is greatly appreciated, as it has assisted the team to further develop a quality program.

Summary of key achievements

- Delivered face-to-face education to more than 3,000 people through programs such as the 'Expert Speaker Series', Central Market and Shopping Tours, and 'Living Well' sessions.
- Conducted a 'Kids Camp' at Mylor, which provided children with diabetes a valuable educational and fun filled experience.
- Conducted several seminars, including a Food and Health Seminar, National Diabetes Week seminar, and World Diabetes Day seminar, all of which were well attended.
- Launched an online learning platform, which hosts several diabetes related educational programs and videos. The platform aims to increase reach to those people unable to attend education provided face to face. A log-in area for health professionals has been developed, with a view to developing a Member specific log-in area in the next year.
- Developed a 'Workplace Information Pack' which was designed to provide information to ensure a safe and supportive working environment for people with diabetes living in South Australia.
- Continued to develop a suite of resources, including a 'Hypo management' poster, a medications and diabetes fact sheet and healthy eating guide for women with gestational diabetes.
- Focused on 'diabetes and medications' for the year, which generated much interest.
- Provided telephone support to South Australians affected by diabetes (total calls to Health Services numbered 3,085).
- Continued the renewal of library resources, which has proven to be very popular with our Members seeking new and updated information.
- Delivered education to Health Professionals through the provision of a seminar, and a series of workshops.

Looking forward

In 2014/2015 the Health Services team will continue to build on the strong foundation developed over the last several years. There will be a particular focus on diabetes in the workplace, awareness of diabetes in the community, and further development of workshops for Health Professionals which are income generating for the business. We will continue to explore new ways of reaching people, in order to make an impact on the individual living with diabetes, their family and the wider community.

Fiona Benton
Manager,
Healthcare and Education

National Diabetes Services Scheme Report

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.

The NDSS aims to enhance the capacity of people with diabetes to understand and manage their life with diabetes and to ensure they have timely, reliable and affordable access to the supplies and services they require to effectively self-manage their diabetes.

Diabetes SA was appointed as an Agent for the agreement period (2011/2016) to manage the delivery of the Scheme in South Australia. Funding for the administration of the Scheme is separated into two distinct streams: 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.

A statistical snapshot as at the end of June 2014 provides insight into the number of people living with diabetes.

- There were 1,133,412 Australians registered on the NDSS. Every day there are 263 new registrations nationally.
- There were 95,918 South Australians registered on the NDSS, with approximately 20 new registrations per day.
- In the last 12 months there were 7,230 new Registrants in South Australia. 235 new Registrants were diagnosed with type 1 diabetes, 5,617 were diagnosed with type 2 diabetes, and 1,335 were diagnosed with gestational diabetes.
- 84% of all South Australians with diabetes are aged 50 years and over.

Registrant Support Services

Registrant Support Services provides people registered on the Scheme access to information, advice and education to support them to self-manage their diabetes. Diabetes SA provides a comprehensive program for Registrants and Health Professionals. The focus on key priority areas continues; these being: 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 Seminars were held at the Education Development Centre for people with type 1 and type 2 diabetes. Expert Speakers provided relevant and current information. Excellent feedback was received from all seminars.
- Over 3,000 people attended education sessions to improve their knowledge, skills, and attitude for their diabetes management.
- 398 'brief consultations' were conducted.
- Teen Camp was conducted at Woodhouse, for young people with diabetes, aged 13 -16 years of age.
- Country seminars were conducted at Victor Harbor, Mt Gambier, Kadina and the Southern Fleurieu Peninsula.
- Development of two programs for the online learning platform.
- Development of a session focusing on diabetes and medications.

- Pharmacist and Pharmacy Assistant training program. This is in addition to the induction training and focuses on improving knowledge of diabetes and its management.
- Over 250,000 Newsletters were distributed to Registrants

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. Education is essential for people to make the complex daily decisions required for optimal health and wellbeing.

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. Registrants access product through a variety of means, including mail, phone, website, in person or at Access Points.

Summary of key achievements

- The number of Access Points continued to grow from 287 in 2012/2013 to 315 in 2013/2014. The target of 85% saturation of all community pharmacies is on track. Planning for expanding Access Points into non-pharmacy areas commenced, these being Aboriginal Health Services and Aged Care Facilities.
- In accordance with our contractual obligations, 5% of Access Points are to be audited every year. The audit program saw a total of 131 Access Points assessed, with all Access Points achieving a compliance status.
- Significant changes to the NDSS registration form were made in line with the new Australian Privacy Principles, this resulted in a distribution plan being implemented.
- New plastic NDSS registration cards were introduced in January, to date over 10,000 replacement cards have been issued. The program for re-issuing the cards will continue until all SA Registrants receive the new, durable version.

Looking forward

Scoping for a Quality Management System has commenced, as this is a requirement in the Agent Agreement. Over the next year it is anticipated that certain aspects of the system, as they relate to the NDSS, will be implemented. The expansion of Access Points into the non–pharmacy arena will provide Registrants with an alternative means of accessing product.

Feedback from a Registrant

'I write to thank you for the excellent 2 hour sessions which have given me a renewed focus since that initial conference I attended. The lectures were organised and their presentations effective. My sincere thanks to you and your team'.

Fiona Benton
Manager,
Healthcare and Education

Clothing Collection Report

At the conclusion of the 2013/2014 financial year the Clothing Collection operation delivered over 1,000,000 kg of clothing and household items to Savers stores located at Noarlunga and Modbury. The result of the delivery of these items along with On Site Donations (OSD) directly received at Savers saw Clothing Collection achieve $1,017,592 in income.

Expenditure this financial year was higher than budget due to significant increase in costs relating to vehicle leasing, staffing, bags, bag preparation, distribution, printing, and stationery supplies. This was a result of the opening of a second Savers store at Modbury in November 2013. The most immediate needs were the employment of two additional Clothing Collection Drivers to collect donations from the increased bag distributions. This change in operations saw the total distribution of over 1,500,000 blue bags in the financial year.

Bag drops continued to be a core method of collection and resulted in the transition from two distributions per week to four from October 2013. This saw an average of 170,000 bags distributed each month to homes around metropolitan and country/regional South Australia. The design of bags changed and became more specific relating to the type and condition of items we collect. In addition the new bag design provided clarity in relation to our ability to undertake larger furniture collections.

Over the course of the year vehicles travelled a combined total of over 100,000 km and this will increase with a greater focus on country/ regional collections in 2014/2015.

There were over 5,500 visits to the Clothing Collection website during 2013/2014 with many resulting in website collection requests, email enquiries or calls for a collection. A new phone system was implemented in early 2014 which greeted customers with the ability to select from menu options that directed the call to the Clothing Collection section.

The Attended Donation Centre located at Hilton received donations six days per week allowing donors to conveniently drop off their pre-loved clothing and household items.

The Donate and Educate program was launched in 2014 and provided a framework for Diabetes SA to work with Pre-Schools and Regular Donors. The program was initially built for centres to collect donations, but has been improved and expanded to include a scheduled monthly collection and greater communication which has been warmly received by the 171 current participants.

In 2014/2015 the Donate and Educate program will work with Schools and Workplaces to further expand the service.

Our storage facility at Kidman Park saw fluctuating stock levels during 2013/2014 which coincided with stock levels increasing in the lead up to the second store opening at Modbury. Strategies which included the undertaking of country/regional routes on a weekly basis as well as growth of the Donate and Educate program have brought the accumulation of further product, whilst we await the opening of a third store in 2015.

Looking forward

Savers are now moving ahead with a third store which will be located at Kilburn. The projected opening of this store is scheduled for the first quarter of 2015. This new store will represent the third Savers store in South Australia since 2011, and demonstrates Savers commitment to the South Australian market and their long term partnership with Diabetes SA.

To increase the opportunity for donations, the Association will focus on the establishment of Attended Donation Centres across metropolitan Adelaide to provide a greater choice and convenience for donors.

Diabetes SA will also explore options for its own dedicated warehouse facility to provide a base for operations now and well into the future. This will remove the current leasing arrangement and allow the Association to invest in our own facilities long term.

Finally on behalf of the team, I would like to thank all South Australians who have donated to Clothing Collection. Your support is greatly appreciated and helps make what we do a success.

Scott Mates
Manager,
Clothing Collection

Our Volunteers

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

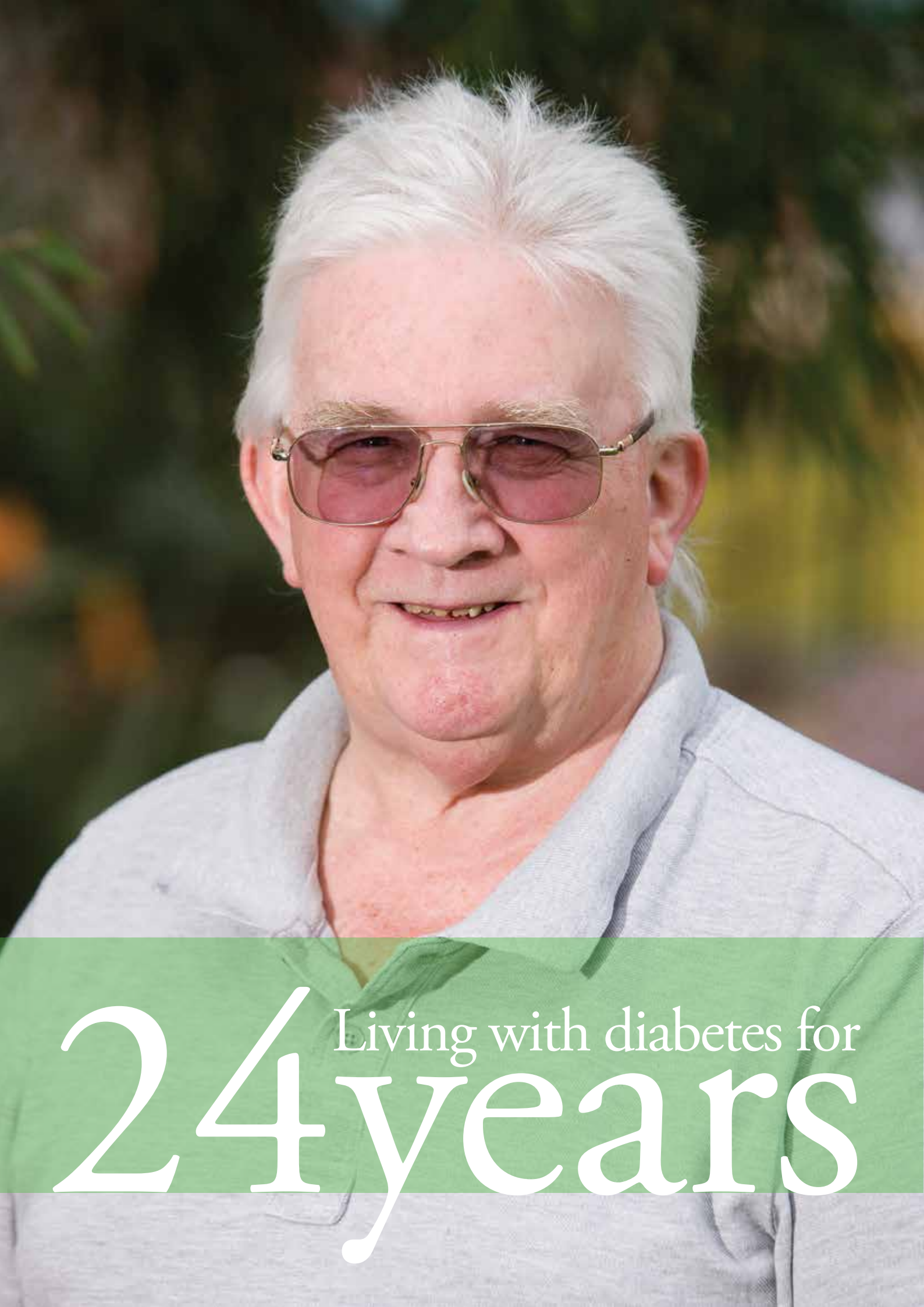
Photography Volunteers

A special thank you to all who contributed to the photography for the
Annual Report 2013/2014, including some of the above Volunteers.

Alice Bradley	Derek Walker	Roy Grantham
Kyle Fulcher	Debbie Boyd	Alison Mee
Ian Roberts	Jim Howden	Jeanette Drake
Joan Read	Christine Howden	Sharon Meagher
Eddy Van Reeuwyk	Fiona Kidman	Robert Limdmer
Richard James	Ian Gladstone	Heini Becker
Keith Lewis	Peter Shen	





Living with diabetes for 24 years

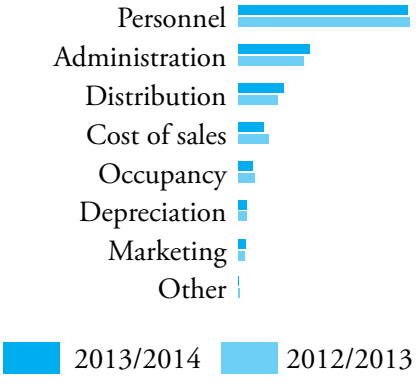
Treasurer's Report

A profit of $325,628 was recorded for the financial year ending 30 June 2014. The result was underpinned by a steady contribution of $254,422 from interest and other investment income. Through sound financial management, business operations achieved a $71,206 surplus in difficult economic conditions.

Total revenue for 2013/2014 increased by $400,083 (6.6%) compared to the 2012/2013 financial year. Clothing Collection income increased by $277,316 with deliveries commencing to the second Savers store in November. NDSS contract income increased by $110,632 to $3,076,577. This represented 47.7% of the Association's total revenue for the year and was an increase of 3.7% over the previous year.

Where each dollar came from:

Where each dollar was spent:



The NDSS contract surplus was $304,408 for the 2013/2014 financial year. This has not been included in the profit for the year but has been recorded as a Current Liability in the Statement of Financial Position. Whilst formal notification is yet to be received, it is anticipated that this surplus, along with the 2012/2013 surplus of $205,460, will be returned to Diabetes Australia Limited. The surplus was mainly due to several unfilled positions over the financial year and expenditure fell well below expectations in several other areas.

Total expenditure for 2013/2014 increased by 10.5% compared to the 2012/2013 financial year. Most of the increase was due to the expansion of Clothing Collection activities. There were significant increases in Salaries, On Costs and Employee Benefits with additional staff required to service the second Savers store and in Distribution with additional spending on blue bags and deliveries to households.

The increase in Administration Expenses included the leasing and running costs for extra trucks and staff recruitment, training and uniform expenses.

The net worth of Diabetes SA grew by 4.8% during 2013/2014 from $7,997,195 to $8,384,969.

The organisation will continue to strive for excellence in customer service and to pursue quality improvement in all aspects of our business. The recently implemented organisational restructure will assist in achieving these goals and in pursuing future growth opportunities.

Steve Fimmano
Treasurer

Statement by Board of Management

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 2013/2014 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 2014.

(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 2013/2014 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 a 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 2013/2014 financial year.

Dated at Adelaide this ……23rd……day of ……September…… 2014.

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 2014

	Note	2014	2013
		$	$
Revenue – Sale of goods		665,461	715,057
Cost of sales		(458,438)	(501,035)
Gross Profit		207,023	214,022
Revenue – Rendering of services	4	5,528,535	5,065,016
Investment Income	4	254,422	278,185
Other gains and losses	4	(20)	(9,943)
Distribution expenses		(807,506)	(635,672)
Marketing expenses		(136,331)	(112,652)
Occupancy expenses		(291,696)	(293,817)
Administration expenses		(4,412,845)	(3,978,678)
Other expenses		(15,954)	(17,724)
Profit for the year		325,628	508,737
Other comprehensive income:			
Net Fair Value Gain on available-for-sale investments taken to equity	13(ii)	62,146	66,370
Total Comprehensive Income for the year		387,774	575,107

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 2014

	Note	2014	2013
		$	$
Current Assets			
Cash and bank balances	17	2,786,600	3,459,185
Trade and other receivables	5	204,990	202,918
Inventories	6	99,879	67,198
Other financial assets	18	5,084,949	3,905,806
Other assets	7	72,583	66,810
Total Current Assets		8,249,001	7,701,917
Non-Current Assets			
Property, plant and equipment	8	1,502,064	1,569,318
Other financial assets	18	582,244	513,090
Total Non-Current Assets		2,084,308	2,082,408
Total Assets		10,333,309	9,784,325
Current Liabilities			
Trade and other payables	9	376,900	208,375
Provisions	12	386,683	333,142
Other liabilities	10	1,062,764	1,109,878
Total Current Liabilities		1,826,347	1,651,395
Non-Current Liabilities			
Provisions	12	43,233	43,037
Other liabilities	11	78,760	92,698
Total Non-Current Liabilities		121,993	135,735
Total Liabilities		1,948,340	1,787,130
Net Assets		8,384,969	7,997,195
Equity			
Reserves	13	539,142	476,996
Retained Earnings	14	7,845,827	7,520,199
Total Equity		8,384,969	7,997,195

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 2014

	Reserves	Retained Earnings	Total
	$	$	$
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
Total Comprehensive Income	66,370	508,737	575,107
Balance at 30 June 2013	476,996	7,520,199	7,997,195
Balance at 1 July 2013	476,996	7,520,199	7,997,195
Profit for the year	-	325,628	325,628
Other Comprehensive income for the year	62,146	-	62,146
Total Comprehensive Income	62,146	325,628	387,774
Balance at 30 June 2014	539,142	7,845,827	8,384,969

Statement of Cash Flows for the financial year ended 30 June 2014

	Note	2014	2013
		$	$
Cash Flows from Operating Activities			
Receipts from operations		6,549,680	6,271,247
Payments to suppliers and employees		(6,209,753)	(5,615,549)
Net cash generated by operating activities		339,926	655,698
Cash Flows from Investing Activities			
Payments to acquire financial assets		(1,176,870)	(113,613)
Payments for property, plant and equipment		(80,762)	(195,352)
Proceeds from disposal of property, plant and equipment		-	36,386
Proceeds on sale of financial assets		715	-
Investment income received		244,406	206,824
Net cash (used in) / generated by investing activities		(1,012,511)	(65,755)
Net increase in cash and cash equivalents		(672,585)	589,943
Cash and cash equivalents at the beginning of the financial year		3,459,185	2,869,242
Cash and cash equivalents at the end of the financial year	17	2,786,600	3,459,185

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

Notes to the Financial Statements for the Financial Year Ended 30 June 2014

The Diabetic Association of SA Inc trading as Diabetes SA

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 only 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 and participates in the search for a cure.

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 Australian Accounting Standards - Reduced Disclosure Requirements, the Associations Incorporation Act 1985, the Australian Charities and Not-for-profits Commission Act 2012 and complies with other requirements of the law.

The financial statements were authorised for issue by the Board of Management on 23 September 2014.

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.

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. 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 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 Collections 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 rising 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 $5,084,949 (2013: $3,905,806). Details of these assets are set out in notes 18 & 19.

4. Profit From Operations

(a) Revenue

Revenue from continuing operations consisted of:		2014 $	2013 $
Revenue from Sale of goods		665,461	715,057
Revenue from Rendering of services			
Commissions earned on sale of NDSS goods & services		3,076,577	2,965,945
Membership subscriptions		691,007	679,061
Fundraising (Note 21)		693,345	628,351
Clothing Collection		1,017,592	740,276
Education and Training Fees		30,188	18,293
Other		19,827	33,090
		5,528,535	5,065,016
Investment Income			
Interest income:	Bank deposits	61,233	87,721
	Held to Maturity Investments	179,143	179,867
Dividends:	Available for Sale Investments	14,047	10,597
		254,422	278,185

(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		(20)	(9,943)
(ii) Other expenses			
Profit for the year includes the following expenses:			
Cost of sales		(458,438)	(501,035)
Depreciation:	Buildings	(28,368)	(28,368)
	Furniture and equipment	(111,098)	(98,592)
	Motor vehicles	(8,550)	(8,101)
		(148,016)	(135,061)
Employee benefits expense:	Salaries and On-Costs	(2,965,705)	(2,739,759)
	Employee Benefits	(53,737)	(68,299)
		(3,019,442)	(2,808,058)
Consulting Expense		(45,988)	(58,142)

5. Trade and Other Receivables

Trade receivables	201,072	201,682
Other receivables	3,917	1,236
Allowance for doubtful debts	-	-
	204,990	202,918

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

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

6. Inventories

	2014	2013
	$	$
Finished Goods at cost	99,879	67,198

7. Other Current Assets

Prepayments	72,583	66,810

8. Property, Plant and Equipment

	Freehold Land	Buildings	Furniture & Equipment	Motor Vehicles	Total
	At cost	At cost	At cost	At cost	
Gross Carrying Amount	$	$	$	$	$
Balance at 30 June 2012	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)
Balance at 30 June 2013	258,000	1,418,413	1,249,027	68,402	2,993,842
Additions	-	-	80,762	-	80,762
Disposals	-	-	(26,927)	-	(26,927)
Balance at 30 June 2014	258,000	1,418,413	1,302,862	68,402	3,047,677
Accumulated Depreciation					
Balance at 30 June 2012	-	(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
Balance at 30 June 2013	-	(497,624)	(920,232)	(6,668)	(1,424,524)
Depreciation Expense	-	(28,368)	(111,098)	(8,550)	(148,016)
Disposals	-	-	26,927	-	26,927
Balance at 30 June 2014	-	(525,992)	(1,004,403)	(15,218)	(1,545,613)
Net Book Value					
As at the 30 June 2013	258,000	920,789	328,795	61,734	1,569,318
As at the 30 June 2014	258,000	892,421	298,459	53,184	1,502,064

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	376,900	208,375
Other Payables	-	-
	376,900	208,375

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	139,569	191,616
Unexpired Membership Fees	413,327	419,338
NDSS Surplus	509,868	498,924
	1,062,764	1,109,878

11. Other Non-Current Liabilities

	2014 $	2013 $
Unexpired Membership Fees	78,760	92,698

12. Provisions

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

Current	Provision for annual leave	229,281	194,964
	Provision for long service leave	157,402	138,178
		386,683	333,142
Non-Current	Provision for long service leave	43,233	43,037

13. Reserves

Capital Development Reserve	(i)	400,000	400,000
Available for Sale Reserve	(ii)	139,142	76,996
Closing Balance		539,142	476,996
(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	76,996	10,626
	Movement in Reserve	62,146	66,370
	Closing balance	139,142	76,996

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	7,520,199	7,011,462
Profit for year	325,628	508,737
Balance at end of financial year	7,845,827	7,520,199

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

	2014 $	2013 $
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	702,789	590,358
	702,789	590,358

During the year key management and personnel have purchased goods from the Association which were domestic or trivial in nature 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		3,709	3,252
Bank balances		2,782,891	3,455,933
		2,786,600	3,459,185

18. Other Financial Assets

Held-to-maturity investments carried at amortised cost			
Term deposits	Current	5,084,949	3,905,806

The Association holds various short term deposits with various financial institutions.

The weighted average interest rate on these securities is 3.7% p.a. (2013: 4.4% 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	202,539	170,595
Shares designated as available for sale from 1 July 2005			
Public Trustee Common Fund	Non-Current	379,705	342,495
		582,244	513,090

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	2014	2013
	$	$
Not later than 1 year	67,514	63,180
Later than 1 year and not later than 5 years	5,094	15,042
Later than 5 years	-	-
	72,608	78,222

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

2014	Gross Income	Direct Expenditure	Overheads	Net Surplus
	$	$	$	$
Memorials	38,357	6,086	17,353	14,918
Appeals	95,345	44,339	43,133	7,873
Bequests	247,861	107	10,266	237,488
Lotteries	234,347	86,936	106,017	41,394
Other (Non-Project)	63,099	788	28,546	33,765
	679,009	138,256	205,315	335,438
Sponsorships	14,336			14,336
Total	693,345	138,256	205,315	349,774

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
	614,835	127,556	203,467	283,812
Sponsorships	13,516			13,516
Total	628,351	127,556	203,467	297,328

22. Contingent Liability

There are no contingent liabilities as at 30 June 2014 (2013: nil).

23. Subsequent Events

At its meeting on 26 August 2014 the Board of Management approved the execution of a contract for the purchase of warehouse premises at Salisbury North for $1,120,000 excluding GST. Settlement is due on 3rd October 2014 and will be funded by the redemption of a Term Deposit. This property replaces the leased premises at Kidman Park.

Deloitte.

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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 Incorporated (the "Association"), which comprises the statement of financial position as at 30 June 2014, 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, the *Associations Incorporation Act 1985* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Board of Management determine is necessary to enable the preparation of the financial report that gives a true and fair view and 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 Board of Management, 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.

Auditor's Independence Declaration

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

Deloitte.

Opinion

In our opinion, the financial report of The Diabetic Association of South Australia Incorporated is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Associations Incorporation Act 1985* including:

(a) giving a true and fair view of the Association's financial position as at 30 June 2014 and of its financial performance and cash flows for the year then ended; and

(b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

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

Deloitte Touche Tohmatsu
DELOITTE TOUCHE TOHMATSU

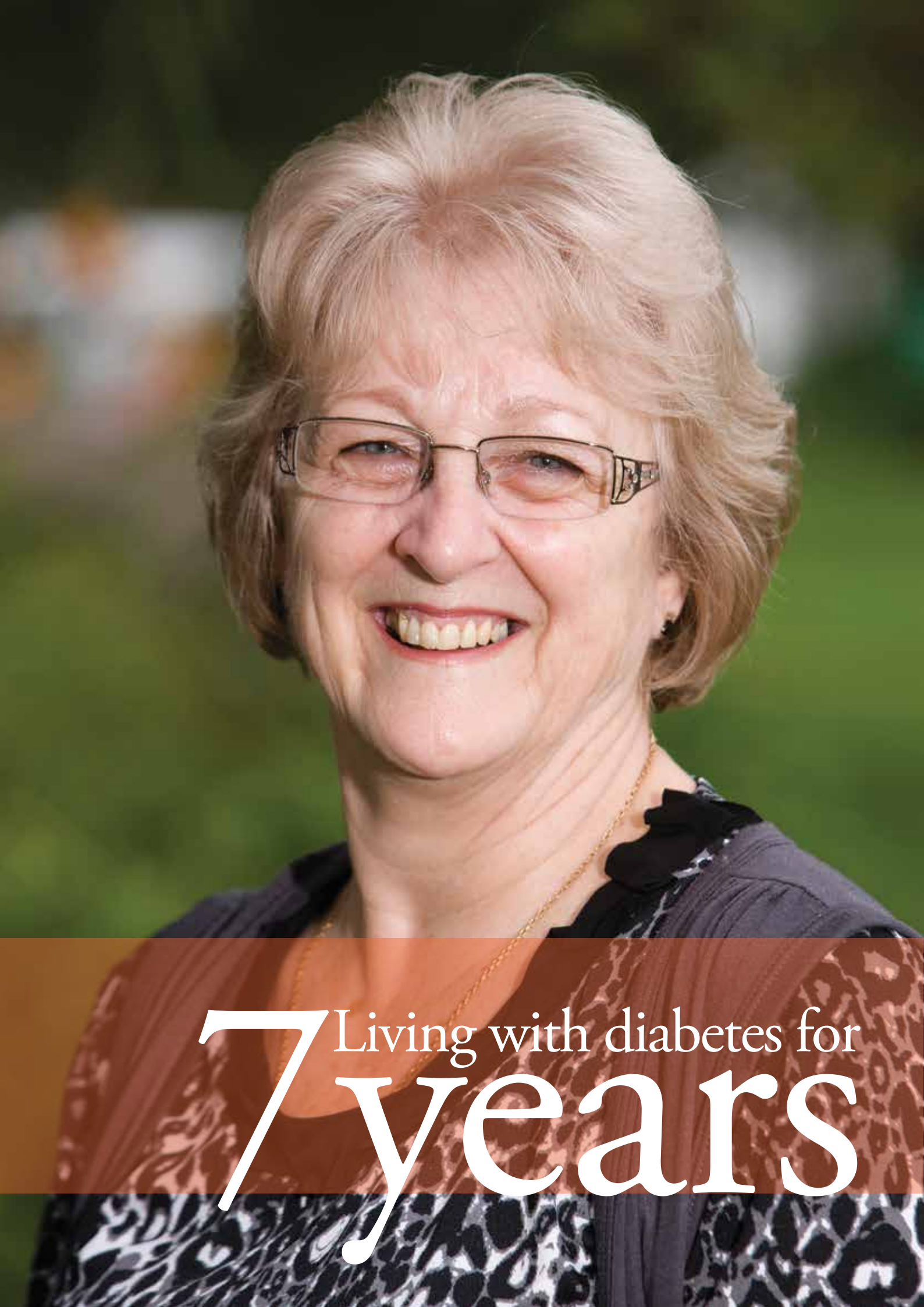
Penny Woods
Partner
Chartered Accountants
Adelaide, 24 September 2014

Key Financial Statistics

	2013/2014 $	2012/2013 $	2011/2012 $	2010/2011 $	2009/2010 $
Members					
Numbers	29,993	31,170	29,736	31,624	32,746
Growth Rate	-3.78%	4.82%	-5.97%	-3.43%	0.81%
Subscriptions Revenue	691,007	679,061	680,773	717,175	692,435
Sales					
Sales of Goods	665,461	715,057	680,806	802,925	902,547
Growth Rate	-6.94%	5.03%	-15.21%	-11.04%	-5.40%
Cost of Goods sold	458,438	501,035	474,081	564,888	656,963
Gross Profit	207,023	214,022	206,725	238,037	245,584
Gross Profit as a Percentage of Sales	31.11%	29.93%	30.36%	29.65%	27.21%
NDSS Revenue	3,076,577	2,965,945	2,555,106	2,631,537	2,484,092
Growth Rate	3.73%	16.08%	-2.90%	5.94%	11.09%
Interest Income	240,376	267,588	315,520	321,698	211,271
Depreciation	148,016	135,061	147,697	170,482	160,922

Key Financial Statistics

	2013/2014 $	2012/2013 $	2011/2012 $	2010/2011 $	2009/2010 $
Total Income	6,448,398	6,048,315	5,969,635	6,147,287	5,544,936
Total Expenditure	6,122,770	5,539,578	5,316,179	5,844,518	5,211,182
Surplus	325,628	508,737	653,456	302,769	333,754
Cash	2,786,600	3,459,185	2,869,242	2,223,088	2,488,019
Inventory	99,879	67,198	109,404	142,827	120,956
Trade Creditors	376,900	208,375	289,784	293,207	491,539
Current Assets	8,249,001	7,701,917	6,945,170	6,098,515	5,834,327
Current Liabilities	1,826,347	1,651,395	1,320,140	1,148,381	1,263,262
Current Asset Ratio	4.52:1	4.66:1	5.26:1	5.31:1	4.62:1
Total Assets	10,333,309	9,784,325	8,856,400	8,065,106	7,875,778
Total Liabilities	1,948,340	1,787,130	1,434,312	1,308,495	1,417,376
Accumulated Surplus	8,384,969	7,997,195	7,422,088	6,756,611	6,458,402
Growth Rate	4.85%	7.75%	9.85%	4.62%	5.54%


Living with diabetes for
7 years

Major, Community & Corporate Donors & Bequestors 2013/2014

Major Donors

- J. Beer
- A. Breakwall
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- E. Puddy
- G. Rohrsheim
- B. Saint
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- N. Stevens

Community Donors

- Henley Community Aid, Advisory Information Centre & Opportunity Shop
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- Lions Club of Gilbert Valley
- Maltese Senior Citizens Association of SA Inc.
- Noarlunga Health Services
- Port MacDonnell & District Senior Citizens Club Inc.
- Safki Medicare local
- South Australian Weight Watchers Association Inc. Salisbury Day Club
- South Australian Weight Watchers Association Inc. Whyalla
- St Peters Lutheran School

Corporate Donors

- Brentnalls SA Chartered Accountants
- Codan Ltd.
- H.L Nominees Pty. Ltd.
- Tagara Group
- Tony Colyer Pty Ltd

Bequests

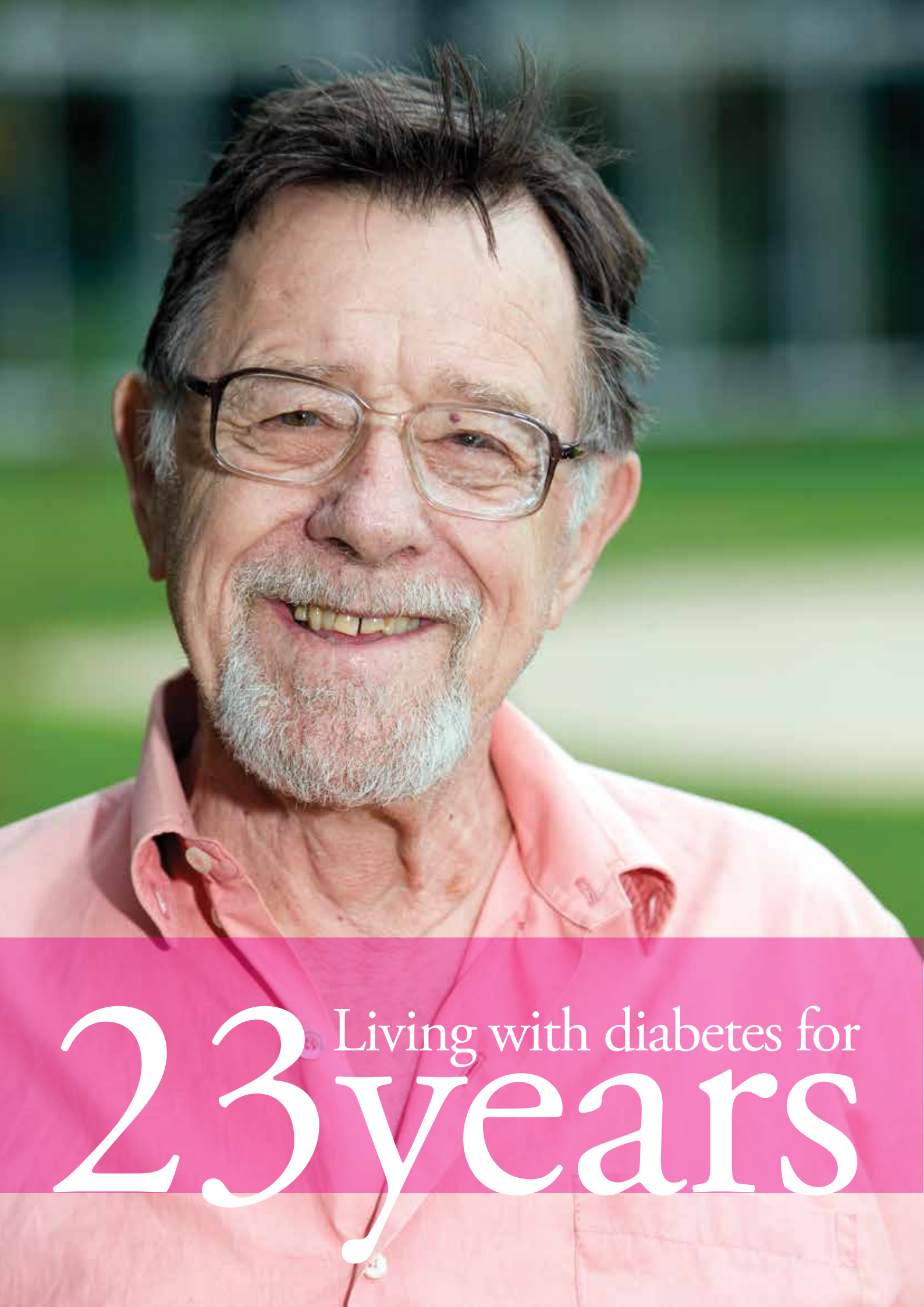
- Horace Brook
- Doreen Flatman
- Betty Fry
- Mavis Haldane
- James Harris
- Sheila Hope
- James Shackleford
- Mitta Wicks

Trusts & Foundations

- Fay Fuller Foundation
- Bank SA

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

We would also like to thank the many Health Professionals who have presented at our education sessions and seminars throughout the year, providing expert information to assist people living with diabetes.



23 Living with diabetes for years

Kellion Victory Medals

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.

75 Year Kellion Victory Medal Awards

Michael Mathew

After living with diabetes for 75 years and now 85 years old with quite severe memory loss, my memories of living with diabetes is somewhat sketchy.

I was diagnosed when I was 10 years old, in September 1939 on the day that war was declared against Germany. I was hospitalised and 10 days later my father (who was in the army) tragically died in an unfortunate accident. Life was very difficult for us, especially for my mother - the war, diabetes, my father's death and two siblings, both enlisting in the army.

My mother and I moved to Cornwall to stay with my aunt. The doctor I was under had little or no experience of diabetes and I was allowed very little exercise and not allowed to go to school. The local school teacher set me lessons to do at home. I imagine life revolved very much around injections, urine testing for sugar and diet. At some point I landed up in hospital, my diabetes totally out of control. My mother was recommended to take me to see Dr. R.D. Lawrence in London. He was the leading diabetes specialist in the U.K. Dr. Lawrence soon had my diabetes under control, regulated my insulin injections and diet and he taught me to recognise symptoms of hypos and to live a normal life.

I was evacuated out of London to a school with quite a number of diabetic children, my memories of this period are almost nil. As my mother was nursing in London I went to boarding school for the rest of my school life. My main memories of these years is playing sport – rugby, cricket, tennis and also Scout camps. I had to give up rugby due to an injury to my leg, which took a long time to heal. I am sure that during these years my fellow students and teachers were kept busy coping with my blood sugars and hypos.

I finished school in 1948 and went to the London Dental Hospital School of Dental Surgery, having been advised against medicine – my first preference. During my undergraduate years I continued to play sport including squash and hockey. I qualified in 1954 and after working for a short time in a private practice, I went to St. Thomas Hospital Dental Department. While working there I met my future wife, Elizabeth, who was a nurse. We were married in 1956 and I joined a private dental practice in Salisbury, Wiltshire. A few years later I set up my own practice.

During 1968 – 69, having a large and young family (6 children), and due to difficult economic circumstances, we thought of moving to Australia. After a lot of thought and prayer and some heartache at leaving my family, we sailed to Oz as 10 pound Poms. We settled in Minlaton on the Yorke Peninsula. The local District Council built a surgery for me and rented us a temporary house. A year later we bought our own home and number 7 child arrived. We spent 25 happy years there, sailing, swimming, good schools and wonderful people.

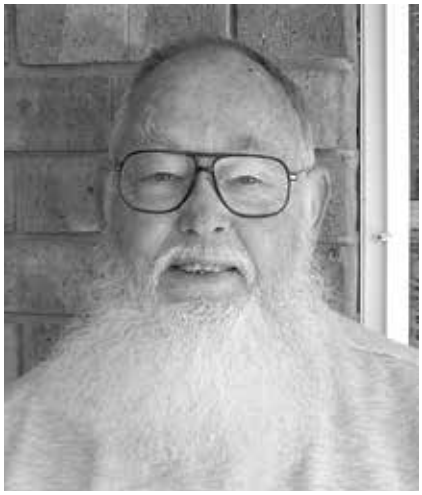
In 1995 I retired, health not so good and was diagnosed with severe pernicious anaemia, which affected my memory to some extent. We moved to Adelaide and settled into a busy retirement. Voluntary work, hospital visiting etc. My diabetic balance and health over the last 2 or so years, has been a bit erratic. I have had 2 heart attacks and am now banned from driving.

I have so much to be thankful for. The discipline of diabetes, my dear mother, who cared for me for 24 years (I'm sure I brought her much heartache at times). My wife of 58 years, who has coped with all my hypos and ups and downs, my family and my doctors and most of all I thank Dr. Lawrence and now Dr. Wilton Braund who copes with my current problems.

I hope that this story has given some indication that life with diabetes can be very good and it is possible to live a happy and active life.

70 Year Kellion Victory Medal Awards

Ian Smith



I developed diabetes in March 1944 at the age of 3. I still remember this well because in those early days of treatment it required me to be hospitalised at Camperdown Children's Hospital in Sydney for 10 weeks during which time I turned 4.

In those days of sterilising glass syringes and unpredictable insulins, I was told that there would be things that I couldn't do because of the diabetes. That was probably the best news I ever got because I simply put my back up and did it anyway.

As my father was a country school teacher, I had good care all day in my earlier years and eventually finished my basic education and chose a career in computer software design. Now this was in 1957 when there were only 2 computers in Australia. Doctors said this was too stressful a job, of course I ignored them. I was successful in my career and finally retired in 1983 from my own computer consultancy business due to the predicted stress effects, but I would do it all again. 65 hours at work in a crisis was a common occurrence. I was a petrol head and of course wanted to go motor racing. In those days that was a no-no for a diabetic. With the support of the Motor Sport doctor I was eventually granted a racing licence. It took 5 years and I believe it was the first one given to a diabetic. These days it is common. I always wanted to fly a light aircraft, but try as I might, the answer was always NO!! That is about the only thing in my life I couldn't do.

These days in retirement I am still a petrol head and have fully restored 3 vintage vehicles and 4 classic cars of my own. I do the majority of the work myself including mechanicals, body repairs, painting and most trimming but these days my close vision is starting to fail through diabetes and some good friends assist frequently with some of the work, which brought me to the decision to cease that work. Within a few days, there were 3 cars belonging to friends offered for restoration on an assist basis, so it appears I will never be doing nothing.

Throughout my entire life, I have always been very active and have most times kept the diabetes condition in the background though it was never hidden from my acquaintances, either personal or business.

In my spare time (whenever that was) I was also a semi professional musician playing saxophone and clarinet with a dance band in many clubs and hotels around Sydney. "Can't do that, you're diabetic" was what the doctors said, "the hours are too irregular."

When I retired in 1983, I moved to Adelaide for financial reasons and would never leave this wonderful city. I built a home at Flagstaff Hill and moved in during 1984 and have been there ever since. My study wall has had 2 Kellion medals and certificates on display for a long time and I look forward to hanging the latest one beside them.

Diabetes has been nothing but a minor inconvenience in my life (so far).

70 Year Kellion Victory Medal Awards

Nigel Brookman

I grew up on a family property 'Burbrook' 7 miles from Meadows in South Australia. I attended St Peters College boarding school and Roseworthy Agricultural College.

I enlisted in the RAAF Active service as Wireless Air Gunner in Papua New Guinea from 24 April 1942 until 18 July 1943. I was diagnosed with diabetes in September 1943 and discharged TPI on 19 August 1944.

I farmed at Burbrook until my father died in an accident in 1949.

I married Ann Graham in 1949 and went to live and manage a large property at Meningie with two brothers and a sister until I retired in 2003 then relocated to Strathalbyn. Ann and I had two children, Peter and Pamela. Ann passed away in 2010 and I now live alone doing my own cooking and ordering. Resthaven and Veteran's Affairs supply enough hours for house cleaning, I have a VitalCall button and get a regular morning call from Telecross.

Ross McKenzie

Growing up on a farming property in One Tree Hill, Ross was diagnosed with type 1 diabetes in 1944 and spent his 8th Birthday in Hospital, where he was taught how to manage insulin. With the support of his uncle who also had type 1 diabetes, Ross learnt the importance of diet, regular meals and monitoring his blood sugar levels.

Ross sheared sheep and worked extensively throughout the region for twenty years. The shearing shed schedule allowed for regular breaks, which made it easier to manage the requirements of his diabetes.

Ross was a keen sportsman who enjoyed tennis, cricket, table tennis and golf. He was able to manage his condition through regular testing and the help and support of family, friends and team members.

In 1973, Ross settled on a property in Victor Harbor where he managed a sheep and cereal farm with the help of his wife Fay and two daughters. Ross farmed the property for over 30 years, but at the age of 70, decided it was time to slow down and the farm was sold.

He and Fay retired to Barmera to be closer to their eldest daughter, her husband and three grandchildren. He enjoyed spending time with his family, exploring the area on his bike, attending Probus and playing some golf before moving into a care facility earlier this year due to ill health.

Ross lived a very happy and normal life as a person with diabetes and is proud of his life achievements and his family.

60 Year Kellion Victory Medal Awards

James Buckingham

I grew up at Myponga where my parents had an orchard and was diagnosed with type 1 diabetes in June 1954 at the age of nine. This meant changes to my lifestyle having to learn how to inject and diet changes.

Having type 1 diabetes has not really been a big issue for me as I have lived a full life and enjoyed good health. Since 1962 I have been a keen motorcyclist and still enjoy this activity and was employed in the retail trade and in latter years the car detailing industry. I retired in July 2005 at the age of 61. I have been married to Denise for 42 years.

Ruth Gibbs

I was 10 years of age when I was diagnosed with diabetes and vividly remember being in a country hospital, learning to give injections into oranges and eating lots of SAO biscuits.

Urine testing was done by the clinitest method, a test tape to see how much sugar we showed and we had to boil up our glass syringes and needles to keep them sterile.

Being in the country there were no camps for children with diabetes to join and I didn't know any other children with diabetes but thanks to a very loving mum we got through the worst years.

I completed high school and played netball and tennis. In 1964 I started nursing at the RAH and was the first ever person with diabetes to become a registered nurse at that hospital. I went on to be a nursing sister at the Memorial Hospital.

I married my wonderful husband in 1971 and had 2 beautiful daughters. We are now grandparents to two beautiful girls.

A life with diabetes is never easy but thanks to modern equipment such as BSL machines it helps immensely and my thanks go to the wonderful support from my family, friends, Endocrinologists, Cardiologist, GPs and Podiatrists to get through some of the complications of diabetes I have encountered over 60 years.

Osteoarthritis has certainly slowed me down but I still run our church op-shop 2 days a week and look after my grandchildren.

60 Year Kellion Victory Medal Awards

Heather Green

Heather was 28 years of age when she was diagnosed with diabetes in 1954 while living at Peterborough. She was admitted to Calvary Hospital to be stabilised and can remember practising injecting into an orange and that her diet was all protein and no carbs. Heather married and had a daughter.

Heather was President of the Diabetes SA Auxiliary for more than 25 years and also served on the Diabetes SA Board of Management for a number of years.

Margaret Weddell

I was diagnosed with type 1 diabetes at 3 and maintenance of a reasonable lifestyle was imperative. The only girl with 3 brothers, I had a healthy childhood which saw me very active and carefree.

We lived in the far north of South Australia at Woomera and communication in 1952 with specialists was difficult.

Our initial glucose tests consisted of boiling urine with a reagent in a test tube and I started out having several injections a day with syringes and needles that were stored in methylated spirits. I am now lucky to use an insulin pump, which not only provides continuous insulin but allows me to adjust the amount of insulin according to my activities and health.

I have stayed healthy and active by playing tennis, basketball and netball until I was sidelined by injury. I now enjoy swimming, walking and gardening regularly. My new grandson also keeps me very active.

Discrimination initially denied me access to a nursing career because of my diabetes. Changing attitudes and community education from organisations such as Diabetes South Australia eventually allowed me to follow my chosen career path.

My mother, my husband Peter, my two wonderful daughters (Ros and Linda) and my Endocrinologist Dr Wilton Braund have all supported me in my journey and contributed to my celebration of living with diabetes for 60 years.

50 Year Kellion Victory Medal Awards

Pauline Anders

I was diagnosed with type 1 diabetes in 1963 when I was 13 years old.

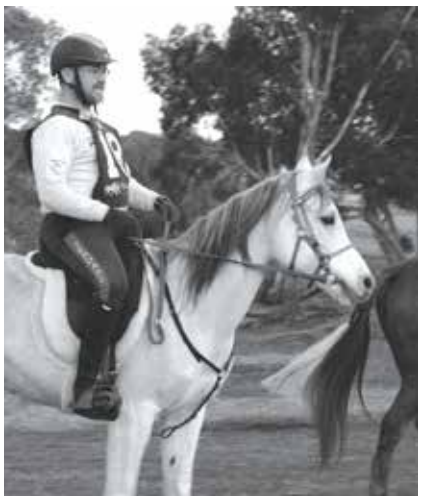
Times were very different and blood sugar levels were checked with clinitest tablets and a urine specimen combined in a test tube done at home. Syringes were glass and had to be sterilised daily and kept in metho. My Mum weighed everything I ate, even the butter. It is much easier now with so many foods on the market that are sugar free. My parents were very strict with me and taught me the importance of keeping my levels acceptable without frightening me. Even though they have both passed away, I still consider it important to honour and respect their unconditional care and love for me.

I have to date had a very healthy life with only very minor issues relating to diabetes. I have far less health problems than most of my friends the same age. I have worked most of my life in responsible jobs and barely had a sick day.

I have 4 beautiful children. A good choice of doctors and constant blood monitoring intravenously (as home monitors were still years away) assured relatively enjoyable pregnancies.

So far, none of my children or 13 grandchildren have diabetes. I am very grateful for my wonderful life and decided from the day I was diagnosed that I would control the disease – it would not control me.

Darren Leaver



I was diagnosed with diabetes around my second birthday at the Adelaide Children's Hospital. I remember my parents telling me how they were shown to inject using oranges.

My earliest memories were of watching as my needles were threaded with a thin metal wire and then boiled. After cooling they were placed in a sterile solution. They had huge gauges, like those used in veterinary practices.

I attended several camps held by Diabetes SA and it was good to see other children with diabetes behaving normally. Of course there were the morning injection schedules and urine testing to check sugar levels.

I now compete on my Arabian horses in endurance riding, travelling the Australian bush on horseback.

50 Year Kellion Victory Medal Awards

Sue Carver

Diagnosed with diabetes at only 15 months of age I don't remember being 'different' from the other kids or being treated differently.

As an adult, I can't separate diabetes from anything else – it has always been there. I believe it is really important to teach kids with diabetes that they are worth taking care of and responsibility to care for themselves.

Around the age of 13, I started seeing an Endocrinologist, who put me on a sugar free 'portion' diet. Nobody explained to me why the change, why things I could eat before, I wasn't allowed now, my diabetes hadn't changed, only the doctor. I rebelled and didn't go back.

The portion diet however, did switch me on to learning about food and nutrition and since then I've learned a lot about achieving and maintaining general wellbeing.

In my early teens, I stopped doing urine tests before meals and at 19 I had a big wake-up call when I was told that I was going to go blind if I didn't take better care of myself. I soon found myself seeing an Endocrinologist again and quickly learnt perpetual self observation. I was about 20 when I got my first blood glucose meter.

For the last 30 years I've been learning about staying well and I will be really grateful when there is a cure available to everyone with type 1 diabetes.

Carol Jenkinson

Diagnosed with type 1 diabetes in 1963, I still managed to pass my leaving exam in 1966 and was employed by NCE as a programmer and instructor of accounting machines.

I had a normal social life, but didn't tell too many people about my diabetes. I married in 1971 and we set up house at Moana. My parents were very worried about the distance to hospital, but luck was on my side and I had a brilliant GP (Richard Laycock) at Christies Beach.

I have had two healthy sons and during their childhood I stayed at home and socialised with other mums. I also played mid-week tennis and squash.

When the boys were school age we joined the Moana SLSC. I gained my bronze Surf Life Saving medallion in 1981 and as well as patrolling I became an instructor and Examiner in Resuscitation and First Aid. I was also Secretary and Treasurer of the Club and in 1996 I was awarded Life Membership.

During the boys school years I had an assortment of casual jobs including grape-picking, factory work and office cleaning. Not once did my diabetes cause a problem.

In recent years my health has declined and ten years ago I developed Macula Oedema. I have injections every six weeks and so far I still have sight in my left eye.

We are now retired and living at Mannum. There is plenty to do and see so we are set up for short trips whenever the idea arises.

The Diabetic Association of South Australia Incorporated

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