Living diabetesSA

information • support • education • products

Annual Report 2014/2015

Contents

On the cover

Cadence Haynes, a Senior Research Grants Officer at the University of Adelaide, shared her story of managing diabetes during pregnancy in the March 2015 Living magazine.

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.

About Diabetes

Diabetes is considered to be the biggest challenge confronting Australia's health system. Understanding diabetes and its seriousness is important, not only for the person living with diabetes who needs to learn how to manage their diabetes, but also for the family, friends and wider community who need to know how to support them.

In 2015 Diabetes SA conducted a poll to better understand how we can support our Members living with diabetes.

In response to the question 'Do you think that greater public understanding of the differences between type 1 diabetes, type 2 diabetes and gestational diabetes can help fight stigma and potential discrimination?', a resounding 98% of people responded that they believed the majority of people still need to be educated and informed. As a result the campaign 'Diabetes Know Your Type' was launched mid 2015 in an endeavour to raise awareness of the types of diabetes.

Type 1 Diabetes

Type 1 diabetes is an autoimmune disease. This means that the body's own immune system has attacked the insulin producing cells of the pancreas. The pancreas can no longer produce insulin when this occurs. Although often diagnosed in childhood or adolescence, it can occur at any age.

Currently type 1 diabetes cannot be prevented or cured.

Type 2 Diabetes

Type 2 diabetes occurs when the pancreas does not produce enough insulin or the insulin being produced does not work effectively (this is called insulin resistance). Although often diagnosed in adulthood, more and more children and teens are being diagnosed.

In many people, type 2 diabetes can be prevented or its onset delayed with regular exercise, healthy eating, not smoking and maintaining a healthy weight.

Gestational Diabetes Mellitus (GDM)

GDM occurs during pregnancy when the pregnancy hormones block the action of insulin. This leads to insulin resistance and high blood glucose levels.

Many women CANNOT prevent GDM. However, women can reduce their risk by maintaining a healthy weight before getting pregnant and during pregnancy, healthy eating and doing regular physical activity.

Stef Scherwitzel

Stef was diagnosed with type 1 diabetes in July 2012 at the age of 14. Now in her final year at school and hoping for a career in Physiotherapy, Stef has been featured in our Member magazine Living with an inspiring article on her life with diabetes and her personal goals as an elite athlete.

Board of Management

President
Bryan Fahy

Vice President
Peter Crouch

Treasurer
Steve Fimmano

Committee Member
Monika Kruger

Chief Executive Officer
Angelique Pasalidis

Executive Advisor
Jennifer Barber

Management Team

General Manager
Fiona Benton

Services & Development Manager
Antony Sellentin

Finance Manager
Peter Wigg

Administration & IT Manager
Matthew Casburn

Clothing Collection Manager
Scott Mates

The Association

Bankers Bank SA Torrensville, 143 Henley Beach Rd, Torrensville SA 5031
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 The Honourable Hieu Van Le AO, Governor of South Australia

Candidate Statements

Sincere thanks must be extended to the Board of Management who volunteer their time each month and give of their vast experience and knowledge to govern the Association.

Candidates featured on page 4 and 5 have re-nominated for 2015/2016. Candidate Statements detail contributions to the Association, professional experience and achievements.

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.

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

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 37 years and membership with Diabetes SA for the same time with a strong focus on ongoing and relevant Member's services.

My work experience includes various roles within 3 banks, 4 government departments and self-employment as a carrier, and now retired.

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.

Geoff Weeks

Previous contributions to Diabetes SA

Assisted as a volunteer and Justice of the Peace for the Diabetes SA Lottery draw.

A member of the Board of Management since August 2015.

Personal statement

After 42 years in Banking including various Senior Management roles, I have now retired allowing me to provide experience and knowledge to Diabetes SA.

I am keen to assist the Association on the Board of Management to further research and education whilst ensuring a strong Association with ongoing support of services for its Members.

Whilst the majority of our Board Members have diabetes, care for a person with diabetes (parent/guardian) or others have a particular area of expertise to offer, the Association is committed to ensuring that there is representation on the Board of Management.

With the resignation of our current President Bryan Fahy, the Association is now in need of new Board Members. Should you have an interest in becoming a Board Member please direct your enquiries to the Chief Executive Officer.

President's Report

In my last year as President it is difficult to comprehend that my involvement with the Association began some 16 years ago. During this time I have seen numerous advancements in diabetes care and management; I have seen the prevalence of diabetes increase and have been part of the team that has seen the Association grow to meet the needs of people with diabetes in South Australia.

It is evident as you read the pages of the 2014/2015 Annual Report that I leave the Association with a sound financial base for the future and despite the challenges we may encounter I am confident the Board, Management, Staff and Volunteers will rise to the challenge.

Two decisions announced by the Federal Government will significantly impact the delivery of the NDSS. The first of these decisions suggest that funding for the supply and delivery of NDSS products supplied through Diabetes Organisations will cease and will be supplied through the 6th Community Pharmacy Agreement. In addition, a review of products used in the management of diabetes will result in a change to the provision of blood glucose testing strips for people with type 2 diabetes not using insulin with the effective date for both decisions being 1 July 2016.

Whilst we experienced a slight decline in new memberships, Members renewing their subscription increased and this has resulted in a 20% reduction in the number of lapsed memberships. The launch of the 'new look' Member magazine Living has realised a significant saving to the Association and has delivered a more comprehensive magazine, that to date has received very positive feedback.

A greater focus in fundraising has resulted in a refreshed and renewed approach to our lottery program and it is anticipated that a similar review of other fundraising programs (appeal, memorials and general donations) will also occur, with the aim of improving the program and financial results.

Ensuring that our systems can support the key activities and processes has meant an investment in upgrading our servers was required during 2014/2015. Purchase of a new warehouse facility at Salisbury North in October 2014, represented a significant investment for the Clothing Collection operation as it expanded to service three Savers stores.

A substantial saving in audit fees was achieved following a tender process for services with the current incumbent Deloitte Touche Tohmatsu selected to continue. In addition a restructure of the bank accounts was undertaken to create an Endowment and Research Corpus. The creation of the Endowment Corpus will provide donors with the opportunity to gift money directly into a corpus, building capital which generates earnings for the ongoing sustenance of the organisation with the added assurance that the donors generosity continues in perpetuity.

One legacy I have been involved in creating and for which I am particularly proud is Diabetes SA's commitment to research. Whilst over many years the Association has provided an amount to research, the vision to grow this to $1m became paramount. Having now reached our target, the board have agreed to provide a donation each year to one of the major South Australian research institutions for the purpose of diabetes research.

Of particular focus in the coming financial year will be the building of relationships with key research institutions as we develop our strategy for supporting diabetes research in South Australia.

To all my past and present Board Members I extend to you my gratitude for your support over my tenure. I wish the CEO, Management, Staff and all our Volunteers all the very best.

Finally to our Members, thank you for continuing to support such a worthwhile organisation who has always aimed to make a positive difference to lives of people with diabetes in South Australia.

Bryan Fahy
President

CEO's Report

Whilst diabetes is considered to be the biggest challenge confronting Australia's health system it is our organisation that plays a pivotal role in creating awareness of the different types of diabetes, providing early intervention that enables the detection/ prevention of the condition, building skills and knowledge to empower people to self-manage and ultimately the support required for a search for a cure. It is through these key focus areas that the Association can have the most impact for people affected by diabetes and those at risk.

With the recent Federal Budget announcement in May of changes to the National Diabetes Services Scheme Agreement for the period of 2016/2021, Diabetes SA will effectively lose funding for the supply and delivery of NDSS products. Of the total funding received under this Scheme some two thirds of the funding is for supply and delivery and the other one third is for Registrant Support Services. The effect of this decision will mean that NDSS products will be delivered under the 6th Community Pharmacy Agreement effective from 1 July 2016 and not by Diabetes SA.

Negotiation of the new NDSS Agreement will be undertaken at a national level with the Federal Government exploring future opportunities to strengthen and expand registrant support services. The loss of this funding will have an immediate impact on our organisation and will require the Association to restructure our operations.

At no other time has it been more crucial to focus on our role and the reason why we exist, with 98,476 people registered on the NDSS as at the end of June 2015 and only 28,722 Members of the Association and recently the state with the highest incidence of diabetes. The focus must be on building the Association to ensure that we not only assist our current Member base but also the many people with diabetes that are currently not Members who at some point will have a need to call on our services.

At a national level the Federal Government has continued work on a National Diabetes Strategy due for release later this year. In this National Strategy five key goals have been identified as areas for action. These are:

1. Reduce the prevalence and incidence of people developing type 2 diabetes.
2. Promote earlier detection of diabetes.
3. Reduce the occurrence of diabetes complications and improve quality of life among people with diabetes.
4. Reduce the impact of diabetes in Aboriginal and Torres Strait Islander people and other high risk groups.
5. Strengthen prevention and care through research, evidence and data.

In response to these changes over the next twelve months we will refine our operation with the development of a new strategic plan which will be influenced by not only the National Diabetes Strategy, changes to the NDSS Agreement for 2016/2021 but also the consultation we will embark upon with our Member base to clearly understand how we can meet the needs of our Members and people with diabetes. Our goal will be to ensure that we continue to play a lead role in South Australia for years to come.

Angelique Pasalidis
Chief Executive Officer

Health Services Report

Diabetes is the fastest growing chronic condition in Australia and one of the most challenging public health issues. At the end of June 2015 there were 28,722 Members of the Association. This was comprised of almost 10% of people living with type 1 diabetes, over 81% of people living with type 2 diabetes, with the remaining people diagnosed with gestational diabetes, pre-diabetes or 'other' types of diabetes.

The Health Services team delivered a comprehensive service to Members, based on the provision of education, information and support in line with the businesses strategic directions and core values.

The primary aim of the program provided over the past year was to develop people's knowledge and confidence to better manage their diabetes. The feedback from our Members indicated that our objectives were achieved:

"Excellent information – I have increased my knowledge about looking after myself better and being more aware of diabetes complications."

Some of the key achievements for 2014/2015 include the delivery of face-to-face education to 3,395 people through programs such as the Expert Speaker Series, Central Markets and Shopping Tours, and Living Well sessions, and seminars. Sessions were well attended throughout the year. Seminars included the Food and Health seminar and the National Diabetes Week seminar. A number of well regarded health professionals and other experts within their fields presented at the seminars, giving Members an opportunity to hear the latest evidence based information.

The 'Kids Camp' was conducted at Mylor, providing children with diabetes a valuable educational and fun filled experience, as well as the opportunity to meet their peers and share knowledge and experiences.

During the year several more programs were added to the online learning platform. The platform aims to increase reach to those people unable to attend education provided face-to-face. The number of people accessing the platform increased by 113% from the previous year (3,251 versus 1,524).

The 'Diabetes Know Your Type' campaign was launched in 2015, receiving excellent feedback from the public and Members, as it was seen to be addressing the lack of knowledge about the types of diabetes and the differences. The resource developed to support the campaign was well received and a further print run was required.

The Health Services section provided telephone support to South Australians affected by diabetes (total calls to Health Services numbered 1,475), and provided face-to-face consultations to more than 350 people.

Members continue to make good use of the library resources where they can access new and updated information.

Fee for service workshops were conducted for health professionals and school staff throughout the year, in addition to the provision of guest speaking services.

Looking forward

In 2015/2016 the Health Services team will continue to strive for excellence in the delivery of an informative, engaging and evidence-based education program. The team will continue to raise awareness of diabetes and the types of diabetes in the community. There will be a particular focus on diabetes in the workplace and in schools; and further development of workshops for health professionals which are income generating for the business. We will continue to strive to make a positive difference to people living with diabetes, their family and the wider community.

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.

The total number of people living with diabetes continues to grow, with 1,176,180 Australians registered on the NDSS at the end of June 2015. This is equivalent to 277 new Registrants every day. In South Australia, there were 98,476 South Australians registered on the NDSS at the end of June 2015. In the last 12 months there were 7,534 new Registrants in South Australia. People with type 2 diabetes represented 89% of the total, people with type 1 diabetes 9%, and women with gestational diabetes represented 2%.

Registrant Support Services

NDSS Registrant Support Services provide accessible and culturally appropriate information and education to people registered on the Scheme, their families and carers.

Services include the provision of information and advice via the Infoline, the Diabetes SA website, newsletters, resources, and diabetes self-management programs to support Registrants. Training and support services are also provided to health professionals to assist them in providing self-management support to people with diabetes. The focus on the key priority areas continues; these being: Diabetes and Pregnancy, Aboriginal and Torres Strait Islander People, Young People with Diabetes, Older People with Diabetes, Mental Health and Diabetes, and people from Culturally and Linguistically Diverse backgrounds.

Our aim is to endeavour to deliver quality education, information and support to an ever-increasing number of Registrants. Education is essential for people to make the complex daily decisions required for optimal health and wellbeing. As a recent session attendee stated:

> *"Knowledge is Power."*

Product Supply and Delivery

The Product Supply and Delivery funding stream provisions for the warehousing and delivery of NDSS products services to support the supply of NDSS products to Registrants, and the management of and support for Access Points. Over 60% of Registrants access more than 5 million PBS units each nationally each year, of which 448,240 units were supplied to South Australians. Registrants access product through a variety of means, including; mail, phone, website, and in person at Diabetes SA or at Access Points.

During 2014/2015 the number of Access Points continued to grow from 315 to 336. The target of 85% saturation of all community pharmacies is on track. In accordance with our contractual obligations, 5% of Access Points are to be audited every year. The audit program saw a total of 86 Access Points assessed (26%), with all Access Points achieving a compliance status.

The plastic registration card replacement program continued, with a small number remaining to be distributed in 2015/2016.

A gap analysis was undertaken for a Quality Management System (QMS), in addition to staff training in this area. The Association will focus on the implementation of a QMS in the forthcoming year.

Looking Forward

Two decisions were announced by the Federal Government in May 2015 which will significantly impact on the delivery of the NDSS. The May 2015 Federal budget indicated that funding for the supply and delivery of NDSS products supplied through community pharmacies would move to the Community Services Obligation (CSO) arrangements under the 6th Community Pharmacy Agreement, effective from July 2016. Additionally, a review of products used in the management of diabetes regarding access to blood glucose test strips for people with type 2 diabetes not using insulin indicated a change in the provision of testing strips through the NDSS, effective July 2016. At this stage there is uncertainty regarding the impact of these decisions, however they suggest a significant loss of product supply and delivery funding to Diabetes SA. Renegotiation for the 2016/2021 agreement has commenced at a national level.

Diabetes SA will continue to focus on the effective, efficient and quality delivery of NDSS funded services and products to all people registered on the Scheme.

Fiona Benton
General Manager

Services & Development Report

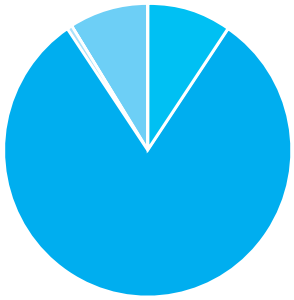
The Services & Development Section provides significant income to the Association from key areas of business including, Membership, Retail Sales, Call Centre and Fundraising.

2014/2015 was an encouraging and positive year across the Section which saw many beneficial changes for Members and good results to parts of the business including cost savings to ensure services were not affected.

Membership

At the completion of the year, there were 28,722 financial Members, this was a 1% decrease on 2013/2014.

Breakdown of total Member types



- Type 2: 81.0%
- Type 1: 9.6%
- Other: 8.6%
- Pre-diabetes: 0.5%
- Gestational: 0.3%

Over 2014/2015, 2,023 new Members joined Diabetes SA representing a 0.2% reduction on last year. Positively the Association saw more Members renewing than the previous year up by around 112 renewals per month. Overall a 20% reduction in lapsed Members was achieved.

BPay was implemented in September 2014 providing Members with a convenient means of renewing their membership. 27% of all renewals were paid for via this option which contributed to the positive lapsing figures. Additionally, the introduction BPay will result in long term savings in postage and processing costs to the Association.

The Members magazine, Living, was refreshed and increased in size with a greater focus on the content our Members would like to read, including more recipes and nutritional information.

A new sturdy plastic Member card was introduced in January 2015 which remains current as long as subscription fees are up to date. This card will not be replaced at the time of renewal unless requested and will reduce expenditure significantly in replacement card and postage costs. The new card has been well received by our Members.

Retail

The Retail shop at Hilton provides a means for Members to engage face to face in a personalised manner with the Association. People with pre-diabetes, those newly diagnosed with diabetes in addition to people who need to update their knowledge, can access information and support to improve their health outcomes. 2014/2015 saw an increase in Members taking advantage of meter trouble shooting service and upgrades of old blood glucose devices.

Across the year, 26,076 customers visited the Retail shop and whilst this was a 6.2% decline from 2013/2014, sales increased some 6.7% and overall gross margin was 4.4% up on budget.

To gauge Member feedback, a retail and trading hours survey was sent to Members in June 2015 with the aim of understanding current and preferred shopping patterns and experiences with the Association. Responses will be analysed with the view to reviewing our current shopping hours and communicating this to our Members in upcoming months.

Call Centre

The Call Centre continues to be key in communication with our Member base and the general public, handling information, queries and orders as well as the many bookings for education sessions and events.

With the implementation of the new phone system and a push button selection, the Call Centre answered 27,694 calls, representing 55.5% of all calls. It is pleasing to see that grade of service standards are at 95.4% across the Association showing that calls are being handled quickly and efficiently.

The online shop continues to provide a safe, easy method for customers to purchase diabetes related products from Diabetes SA. This service continues to grow with income up 7.8% and customer count growing by 8.5%. This represents two strong years of growth in web sales and is expected to continue into 2015/2016, complimented by the upgrade of the website and online shop in early 2016.

Significantly more Members are taking advantage of free postage with their phone or web orders. In some cases, free postage is providing access to products that may ordinarily be difficult to source, especially in regional areas. Overall 2014/2015 saw an increase of 27.8% in the number of people taking up this service compared to the previous year.

Fundraising

Fundraising activities provided significant income in 2014/2015 through two lotteries, two appeals as well as general and memorial donations. These activities produced 24.9% of the total income for the Services & Development Section.

Excluding bequest and endowment, fundraising income was 4.8% down on 2013/2014 with lower than expected results in both lotteries and the Christmas Appeal.

Total fundraising income

Lotteries: 51.0%
Donations: 26.8%
Appeals: 22.2%

A comprehensive review of the Association's lottery program was undertaken with various alternatives considered that included a number of lottery models. As a result, significant changes have been implemented for the first lottery of 2015/2016 which will target growth in income and a reduction in operating costs.

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 in years to come.

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

Looking Forward

In our ever changing world it is important that we adapt and ensure that we continue to provide Member benefits that add value to the person with diabetes.

In 2015/2016, a new Member only benefit will be launched. The Click or Call & Collect service will be implemented for Members that do not wish to wait in a queue but would prefer to pre-order, pay for their supplies either online or over the phone and collect them from Diabetes SA. This service is common now in many retail environments and our commitment will be to provide orders for collection 2 hours after being placed and paid for.

The Diabetes SA website will be overhauled and updated in the first half of 2016. Taking on board Member feedback we will simplify navigation and improve visitor experience including a new shop that is easier to use. Longer term plans include a Member log in area where Members can access information.

With Australia Post charges increasing, other communication means will need to be explored to manage costs, such as electronically. We will work hard to control these expenses and ensure services are not affected.

Finally, it is our customer service that distinguishes us from others and I would like to congratulate all Staff for their dedication and continued commitment.

Antony Sellentin
Services &
Development Manager

Administration & IT Report

The Administration and IT Section of Business ensures the efficient and effective delivery of the Association's daily operations through the provision of Information and Communication Technology, Administration, Facilities Management, Online Communications, and Publications and Graphic Design services.

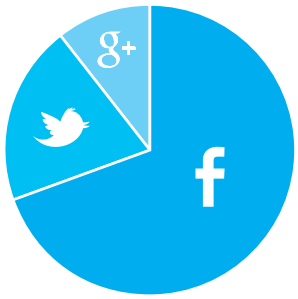
The 2014/2015 financial year saw the Administration and IT Section of Business undertake several reviews of key administration processes, resulting in a new Asset Register being developed and implementation of file barcoding for the records management system to reduce staff processes and increase data integrity.

New software and hardware was implemented to support growing business needs with the installation of new computer servers to increase application stability and database response time.

In response to feedback from our Members via Harrison Research, an extensive review of Living was undertaken with the view to producing a better Member magazine. As a result Living was refreshed and increased in size from 16 to 36 pages allowing us to include a greater level of content relevant to our Members. Living is now circulated three times a year, providing the organisation with significant cost savings totalling approximately $42,000.

The Diabetes SA website continues to provide a central hub for Members and the general public to receive diabetes news and information as well as a convenient place to purchase their diabetes related products. We continue to see good results with total visitors to the website increasing 13.53% on the previous year.

Social media followers also continue to increase, Facebook remains the top contributor with over 4,000 page likes.



Facebook: 69.72%
Twitter: 19.84%
Google+: 10.45%

Looking forward

In the 2015/2016 financial year the Administration and IT Section of Business will focus on improving systems and infrastructure across the Association. Upgrades to existing software and systems will be implemented, reviews of key contractors undertaken, and a review of the Diabetes SA style guide and campaign planning process undertaken to enhance return on investment and market growth across the Association's Sections of Business.

2015/2016 will see an upgrade to the membership database iMIS to provision for infrastructure changes in the coming years, and a review of iMIS related process will be undertaken to determine potential improvements to staff workload and increase data reliability.

A new website will be developed to increase customer engagement and provide information, support, education and products to the South Australian diabetes community. A focus will be placed on increasing Member benefits and the feasibility of integrating the website with the iMIS database. Further reviews of content will be undertaken with the view to increase conversions of visitors to the website and increase Member retention.

Matthew Casburn
Administration & IT Manager

Finance & Accounting Report

The Finance / Accounting Section supports the efficient and effective delivery of the Association's products and services by timely processing of sales and purchasing transactions, banking, payroll and financial reporting.

The Finance Section attends to various statutory obligations – Annual Financial Statements, Association Periodic Return, Australian Charities and Not-for-profits Commission (ACNC) Annual Information Statement, Business Activity Statements (BAS), Fringe Benefits Tax Return, Application for Refund of Franking Credits and Lottery Financial Statements.

The Finance team processes the Association's Payroll and Pay As You Go (PAYG) tax withholdings, Superannuation and WorkCover requirements. The number of staff on the payroll as at 30 June 2015 was 51 (FTE 49.2) compared to 52 (FTE 49.9) at 30 June 2014. Total Salaries, Wages and Allowances paid during 2014/2015 were $2,836,617, a $336,499 increase from 2013/2014. Clothing Collection wages increased by $159,616 to meet the requirements of Savers three store operation and NDSS was up by $127,501 to support growth in product supply and delivery services.

In May 2015 we implemented SuperStream, a government reform aimed at improving the efficiency of the superannuation system and as a result staff superannuation contributions data and payments are now submitted electronically through StatewideSuper's Clearing House facility.

During 2014/2015 there was significant expenditure for property, plant and equipment. Settlement for the Salisbury North property took place on 8 October 2014. Total expenditure including LTO registration and conveyancing fees, and warehouse establishment costs was $1,146,585. Other important capital expenditure was $54,757 for the purchase and set up of two replacement servers and new back up device. There was also the changeover of the two Association owned vehicles in September.

A restructure of bank accounts and term deposits was undertaken during 2014/2015. At call funds are now held in a BankSA Business Access Saver account for Business Operations and in a higher interest earning Macquarie Cash Management Account. Separate term deposits are now in place for Endowment Corpus, Research Corpus and Association funds. At year end term deposits were $5,650,549 compared to $5,084,949 at 30 June 2014.

Prepaid Load & Go credit cards were introduced to more efficiently support the Clothing Collection drivers undertaking weekly country trips to source product for Savers stores. Recently Load & Go cards have also been issued to NDSS staff travelling for Access Point inspections, training and support visits and to Health Services staff travelling for education sessions and seminars.

During September 2014 BPAY was successfully introduced as a payment option for Member subscriptions and this has seen an uptake of 27% of renewing Members.

In September 2014 a Request for Proposal document was submitted to four accounting firms to undertake the audit of the Association's annual general purpose financial reports, the NDSS acquittal and the major lottery financial statements. The incumbent, Deloitte Touche Tohmatsu, was selected to continue as the Association's auditor as a result of their proposal and a substantial fee reduction.

Looking Forward

After this year's migration to new servers, focus will turn to upgrading our accounting software package. In addition, the Finance Section will assist with the implementation of the Association's Quality Management System including preparing a comprehensive Suppliers Register which will enhance supplier relationships, service and cost efficiencies.

Peter Wigg
Finance Manager

Clothing Collection Report

At the conclusion of the 2014/2015 financial year the Clothing Collection operation delivered over 1,400,000 kg of clothing and household items to Savers stores located at Noarlunga, Modbury and a new store located at Kilburn. The result of the delivery of these items along with On Site Donations (OSD) directly received at Savers saw Clothing Collection achieve $1,337,388 in income.

The opening of a third Savers store at Kilburn in January 2015 (the largest store in Australia) saw an increased demand for product. Consequently, a review of routes, staff and vehicles to accommodate daily deliveries to three stores was undertaken.

Bag drops continued to be the core method of collection. This saw an average of 211,000 bags distributed each month to homes in metropolitan Adelaide and country/regional areas of South Australia. An average 38,000 or 18% of these bags were distributed to country/regional areas. Our goal to visit country/regional areas of South Australia in a 12 week cycle raised the profile of the service and the organisation in these communities and the response received to date has been very pleasing. We also undertook a trial in Berri/Barmera for hard rubbish collections which will now provide an opportunity to expand into other council areas.

The Donate & Educate Pre-school Program was a solid contributor to other yield strategies outside of the traditional methods of bags drops and Attended Donation Centres. In 2014/2015 the Donate & Educate Pre-school Program contributed 54,420kg from 163 pre-schools in metropolitan Adelaide. Further strategies are in place to expand the program to other areas including schools and workplaces.

Our storage facility at Kidman Park was vacated in October 2014 due to the major purchase of a dedicated warehouse facility at Playford Crescent, Salisbury North. This represented a major acquisition for the organisation and realised a saving of $80,000 per year in leasing costs. The warehouse serves as an Attended Donation Centre, providing our members of the public with an option to donate directly, whilst also being utilised for the storage of product. A warehouse officer staffs the facility six days a week and longer term plans include the garaging of our fleet vehicles in one location. The Attended Donation Centre located at Hilton continued to receive donations six days per week allowing donors to conveniently drop off their pre-loved clothing and household items at our central location. Both sites are integral to the expansion of Clothing Collection and the ability to provide a high level of convenience to donors.

Expenditure this financial year exceeded budget due to an increase in costs relating to purchase and distribution of bags, vehicle leasing, and staffing. Supply of blue bags saw the total distribution of over 2,600,000 blue bags in the financial year and this included weekly country/regional route which regularly used larger vehicles.

Looking forward

The Association will focus on the establishment of Attended Donation Centres across metropolitan Adelaide. This may come in the form of dedicated sites or working with local business to forge opportunities to set up drop off points resulting in greater convenience to donors.

The success of the Donate & Educate Pre-School Program provides an opportunity to expand into other areas. Some of these include schools, workplaces, retirement/independent living for regular collections of donated goods, as well as building a collection service for lost property and garage sales. We are also keen to work with real estate, moving and storage companies in the promotion of our service.

Finally on behalf of the team, I would like to extend my gratitude to all South Australians who have donated to Clothing Collection over the last financial year. Your support greatly assists the Association.

Scott Mates
Clothing Collection Manager


DONATE HERE
WHAT WE COLLECT
LOADING ZONE ONLY


Figurines


diabetesSA
THANK YOU FOR YOUR


Enter here for your chance to
WIN AN IPAD

Our Volunteers

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

Gloria Green
Brenton Gill
Don Lukes
Rae Cole
Frank Cole
Trudie Cossey
Gary Sholdis
Annette Buttle
Marc Stinson
Rebecca Stinson
Joy Paul
Louise Wilson
Stephanie Saggs
Magda Kinasz
Effie Kopsaftis
Hannah Klingberg
Beth Nelson
Nicole Loft
Izzy Cullingford
Ellese Nelson
Angela Maunder
Marianne Lambert
Cressida Barker
Tineke Thurlow
Karen Toft
Shannon Harris
Kayla Tipping
Abbie Knobben
Julia Phillips

Photography Volunteers

A special thank you to all who contributed to the photography for the
Annual Report 2014/2015, including some of the above Volunteers.

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






Brenton Gill

Diabetes SA Volunteer

Treasurer's Report

Diabetes SA recorded a profit of $390,185 for the financial year ended 30 June 2015. Business operations and fundraising achieved a surplus of $157,888 in a difficult economic environment. The final result was underpinned by a solid contribution of $232,297 from interest and investment income.

Total revenue for the 2014/2015 financial year increased by $556,248 (8.6%). Clothing Collection income increased by $319,796 due to a full year of deliveries to the Modbury and Noarlunga Savers stores and with deliveries to the Kilburn Savers store starting in December. NDSS contract income increased by $253,006 (8.2%) to $3,329,583. This represented 47.5% of the Association's total revenue for the year.

The NDSS contract surplus was $149,317 for the 2014/2015 financial year as expenditure on Registrant Support Services was below expectations with several unfilled positions during the year reducing NDSS program deliverables. This surplus has not been included in the profit for the year but has been recorded as a Current Liability in the Statement of Financial Position.

In accordance with the agency agreement, the surplus will be returned to Diabetes Australia Limited.

Total expenditure for 2014/2015 increased by $491,691 (8.0%). Most of the increase was due to further expansion of Clothing Collection activities. There were increases in Salaries, On Costs and Employee Benefits with additional staff required to service the third Savers store and Salisbury North Attended Donation Centre and in Distribution with additional spending on blue bags and a wider distribution program to all households. The increase in Clothing Collection expenses has exceeded additional revenue earnt from the three store operation and management is actively addressing this under-performance with various initiatives planned for 2015/2016.

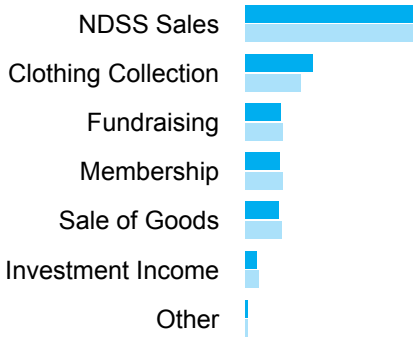
The Balance Sheet continues to strengthen with net assets increasing by $423,413 (5.0%), which is attributed to another surplus and unrealised gains on long-term financial investments. After the Salisbury North property purchase for $1.1 million and restructuring of bank accounts and term deposits, the Balance Sheet now has $7.1 million (69%) in Non-Current Assets and $3.2 million (31%) in Current Assets.

I acknowledge the contribution of my fellow Board Members, Staff and Volunteers and take this opportunity to specifically thank our CEO and her management team.

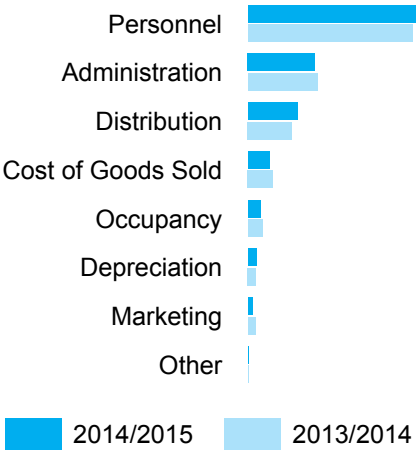
The Board of Management and leadership team are committed to meeting the growing community demand for the Association's services and look forward to a productive and positive year ahead.

Steve Fimmano
Treasurer

Where each dollar came from



Where each dollar was spent



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 2014/2015 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 2015.

(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 2014/2015 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 2014/2015 financial year.

Dated at Adelaide this 22nd day of September 2015.

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 2015

	Note	2015	2014
		$	$
Revenue – Sale of goods		662,638	655,461
Cost of sales		(432,566)	(458,438)
Gross Profit		230,072	207,023
Revenue – Rendering of services	4	6,115,526	5,528,535
Investment Income	4	232,297	254,422
Other gains and losses	4	(5,815)	(20)
Distribution expenses		(987,875)	(807,506)
Marketing expenses		(95,176)	(136,331)
Occupancy expenses		(291,555)	(291,696)
Administration expenses		(4,789,784)	(4,412,845)
Other expenses		(17,505)	(15,954)
Profit for the year		390,185	325,628
Other comprehensive income:			
Net Fair Value Gain on available-for-sale investments taken to equity	13(ii)	33,228	62,146
Total Comprehensive Income for the year		423,413	387,774

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 2015

	Note	2015	2014
		$	$
Current Assets			
Cash and bank balances	17	996,568	2,786,600
Trade and other receivables	5	300,992	204,990
Inventories	6	114,128	99,879
Other financial assets	18	5,650,550	5,084,949
Other assets	7	78,054	72,583
Total Current Assets		7,140,292	8,249,001
Non-Current Assets			
Property, plant and equipment	8	2,584,008	1,502,064
Other financial assets	18	615,677	582,244
Total Non-Current Assets		3,199,685	2,084,308
Total Assets		10,339,977	10,333,309
Current Liabilities			
Trade and other payables	9	319,845	376,900
Provisions	12	389,207	386,683
Other liabilities	10	687,942	1,062,764
Total Current Liabilities		1,396,994	1,826,347
Non-Current Liabilities			
Provisions	12	44,607	43,233
Other liabilities	11	89,994	78,760
Total Non-Current Liabilities		134,601	121,993
Total Liabilities		1,531,595	1,948,340
Net Assets		8,808,382	8,384,969
Equity			
Reserves	13	572,370	539,142
Retained Earnings	14	8,236,012	7,845,827
Total Equity		8,808,382	8,384,969

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 2015

	Reserves	Retained Earnings	Total
	$	$	$
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
Balance at 1 July 2014	539,142	7,845,827	8,384,969
Profit for the year	-	390,185	390,185
Other Comprehensive income for the year	33,228	-	33,228
Total Comprehensive Income	33,228	390,185	423,413
Balance at 30 June 2015	572,370	8,236,012	8,808,382

Statement of Cash Flows for the financial year ended 30 June 2015

	Note	2015	2014
		$	$
Cash Flows from Operating Activities			
Receipts from operations		6,704,908	6,549,680
Payments to suppliers and employees		(6,902,057)	(6,209,754)
Net cash generated by operating activities		(197,149)	339,926
Cash Flows from Investing Activities			
Payments to acquire financial assets		(568,573)	(1,176,870)
Payments for property, plant and equipment		(1,307,275)	(80,762)
Proceeds from disposal of property, plant and equipment		48,000	-
Proceeds on sale of financial assets		10,030	715
Investment income received		224,936	244,406
Net cash (used in) / generated by investing activities		(1,592,883)	(1,012,511)
Net increase in cash and cash equivalents		(1,790,032)	(672,585)
Cash and cash equivalents at the beginning of the financial year		2,786,600	3,459,185
Cash and cash equivalents at the end of the financial year	17	996,568	2,786,600

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

Notes to the Financial Statements for the Financial Year Ended 30 June 2015

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 22 September 2015.

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

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

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

(k) Revenue recognition

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

Sale of goods

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

Commissions earned on sale of NDSS goods & services

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

Membership Fees

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

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

Fundraising - Donations and Bequests

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

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

Clothing Collection

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

Investment Income

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

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

3. Key Accounting Judgements and Estimations

Held-to-maturity financial assets

The Board of Management have reviewed the Associations held-to-maturity financial assets in the light of its capital maintenance and liquidity requirements and have confirmed the Association's positive intention and ability to hold those assets to maturity. The carrying amount of the held-to-maturity financial assets is $5,650,550 (2014: $5,084,949). Details of these assets are set out in notes 18 & 19.

4. Profit From Operations

(a) Revenue

Revenue from continuing operations consisted of:		2015 $	2014 $
Revenue from Sale of goods		662,638	665,461
Revenue from Rendering of services			
Commissions earned on sale of NDSS goods & services		3,329,583	3,076,577
Membership subscriptions		693,904	691,007
Fundraising (Note 21)		703,378	693,345
Clothing Collection		1,337,388	1,017,592
Education and Training Fees		30,295	30,188
Other		20,979	19,827
		6,115,527	5,528,535
Investment Income			
Interest income:	Bank deposits	32,843	61,233
	Held to Maturity Investments	185,871	179,143
Dividends:	Available for Sale Investments	13,583	14,047
		232,297	254,423

(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		(5,815)	(20)
(ii) Other expenses			
Profit for the year includes the following expenses:			
Cost of sales		(432,566)	(458,438)
Depreciation:	Buildings	(41,278)	(28,368)
	Furniture and equipment	(121,694)	(111,098)
	Motor vehicles	(8,588)	(8,550)
		(171,560)	(148,016)
Employee benefits expense:	Salaries and On-Costs	(3,324,567)	(2,965,705)
	Employee Benefits	(3,898)	(53,737)
		(3,328,465)	(3,019,442)
Consulting Expense		(44,679)	(45,988)

5. Trade and Other Receivables

Trade receivables	226,555	201,072
Other receivables	74,437	3,917
Allowance for doubtful debts	-	-
	300,992	204,990

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

	2015	2014
	$	$
Finished Goods at cost	114,128	99,879

7. Other Current Assets

Prepayments	78,054	72,583

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 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
Additions	260,000	886,585	91,882	68,809	1,307,275
Disposals	-	-	(133,415)	(68,402)	(201,817)
Balance at 30 June 2015	518,000	2,304,998	1,261,329	68,809	4,153,135
Accumulated Depreciation					
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)
Depreciation Expense	-	(41,278)	(121,694)	(8,588)	(171,560)
Disposals	-	-	130,697	17,349	148,046
Balance at 30 June 2015	-	(567,270)	(995,400)	(6,457)	(1,569,127)
Net Book Value					
As at the 30 June 2014	258,000	892,421	298,459	53,184	1,502,064
As at the 30 June 2015	518,000	1,737,728	265,929	62,352	2,584,008

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	319,845	376,900
Other Payables	-	-
	319,845	376,900

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

	2015 $	2014 $
Accrued Liabilities	130,509	139,569
Unexpired Membership Fees	408,116	413,327
NDSS Surplus	149,317	509,868
	687,942	1,062,764

11. Other Non-Current Liabilities

Unexpired Membership Fees	89,994	78,760

12. Provisions

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

Current	Provision for annual leave	249,212	229,281
	Provision for long service leave	139,995	157,402
		389,207	386,683
Non-Current	Provision for long service leave	44,607	43,233

13. Reserves

Capital Development Reserve	(i)	400,000	400,000
Available for Sale Reserve	(ii)	172,370	139,142
Closing Balance		572,370	539,142

(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	139,142	76,996
Movement in Reserve	33,228	62,146
Closing balance	172,370	139,142

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	7,845,827	7,520,199
Profit for year	390,185	325,628
Balance at end of financial year	8,236,012	7,845,827

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

	2015 $	2014 $
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	782,967	702,789
	782,967	702,789

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		4,905	3,709
Bank balances		991,663	2,782,891
		996,568	2,786,600

18. Other Financial Assets

Held-to-maturity investments carried at amortised cost			
Term deposits	Current	5,650,550	5,084,949

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

The weighted average interest rate on these securities is 3.49% p.a. (2014: 3.7% p.a.).

The fixed deposits have maturity dates ranging between 3 to 6 months from reporting date.

Available-for-sale investments carried at fair value			
Shares and other securities	Non-Current	201,136	202,539
Shares designated as available for sale from 1 July 2005			
Public Trustee Common Fund	Non-Current	414,542	379,705
		615,677	582,244

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	2015	2014
	$	$
Not later than 1 year	131,600	67,514
Later than 1 year and not later than 5 years	6,298	5,094
Later than 5 years	-	-
	137,898	72,608

The operating leases are for motor vehicles (trucks, vans and a vehicle leased for use under the NDSS) 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

2015	Gross Income	Direct Expenditure	Overheads	Net Surplus
	$	$	$	$
Memorials	28,673	722	13,272	14,679
Appeals	91,515	32,457	42,360	16,698
Bequests	278,071	85	9,988	267,998
Lotteries	210,847	84,074	97,596	29,177
Other (Non-Project)	78,952	925	36,545	41,482
	688,058	118,263	199,761	370,034
Sponsorships	15,320			15,320
Total	703,378	118,263	199,761	385,354

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

22. Contingent Liability

There are no contingent liabilities as at 30 June 2015 (2014: nil).

23. Subsequent Events

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

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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 2015, 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 19 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 (Cth)* (the ACNC Act) 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.

Deloitte.

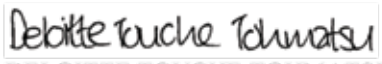
Opinion

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 2015 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.



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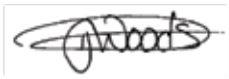

Penny Woods
Partner
Chartered Accountants
Adelaide, 22 September 2015

Key Financial Statistics

	2014/2015 $	2013/2014 $	2012/2013 $	2011/2012 $	2010/2011 $
Members					
Numbers	28,722	29,993	31,170	29,736	31,624
Growth Rate	-4.24%	-3.78%	4.82%	-5.97%	-3.43%
Subscriptions	693,904	691,007	679,061	680,773	717,175
Sales					
Sales of Goods	662,638	665,461	715,057	680,806	802,925
Growth Rate	-0.42%	-6.94%	5.03%	-15.21%	-11.04%
Cost of Goods sold	432,566	458,438	501,035	474,081	564,888
Gross Profit	230,072	207,023	214,022	206,725	238,037
Gross Profit as a Percentage of Sales	34.72%	31.11%	29.93%	30.36%	29.65%
NDSS Revenue	3,329,583	3,076,577	2,965,945	2,555,106	2,631,537
Growth Rate	8.22%	3.73%	16.08%	-2.90%	5.94%
Interest Income	218,714	240,376	267,588	315,520	321,698
Depreciation	171,560	148,016	135,061	147,697	170,482

Key Financial Statistics

	2014/2015 $	2013/2014 $	2012/2013 $	2011/2012 $	2010/2011 $
Total Income	7,004,646	6,448,398	6,048,315	5,969,635	6,147,287
Total Expenditure	6,614,461	6,122,770	5,539,578	5,316,179	5,844,518
Surplus	390,185	325,628	508,737	653,456	302,769
Cash	996,568	2,786,600	3,459,185	2,869,242	2,223,088
Inventory	114,128	99,879	67,198	109,404	142,827
Trade Creditors	319,845	376,900	208,375	289,784	293,207
Current Assets	7,140,292	8,249,001	7,701,917	6,945,170	6,098,515
Current Liabilities	1,396,994	1,826,347	1,651,395	1,320,140	1,148,381
Current Asset Ratio	5.11:1	4.52:1	4.66:1	5.26:1	5.31:1
Total Assets	10,339,977	10,333,309	9,784,325	8,856,400	8,065,106
Total Liabilities	1,531,595	1,948,340	1,787,130	1,434,312	1,308,495
Accumulated Surplus	8,808,382	8,384,969	7,997,195	7,422,088	6,756,611
Growth Rate	5.05%	4.85%	7.75%	9.85%	4.62%

Annette Buttle

Diabetes SA Volunteer

Major, Community & Corporate Donors & Bequestors

Major Donors

- D. Stapledon
- A. Lukin
- A. Bowman
- K. Bridges
- A. Damaiani
- L. Morris
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- L. A. Ward
- G. Wilson
- B. Hill
- B. Assender
- C. Kennedy
- C. Fuller
- N. Braunack

Community Donors

- SA Weight Watchers Association
- Joint Electronic Warfare Opertional Support Unit
- Lions Club of Murray Bridge
- SAWWA Inc. Whyalla Mid-Morning
- Murray Bridge City Lions
- Bartons Business Strategists
- Football Federation SA Inc.
- Ardtornish Primary School
- Alabarda Sports & Social Club
- F100 Ford Club
- Henley Beach Master Swimming Club
- Henley Opportunity Shop
- Salisbury Day-Weight Watchers
- Gilbert Valley Diners

Corporate Donors

- Wattle Range Council
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- Arrium Mining
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Bequests

- Betty Fry
- Margaret Williams
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- Thomas Liddemore
- Annette Copley
- Olive Bonnar
- Raymond Johnson
- James Shackleford
- Betty Guy
- Darryl Wing
- Marjorie Lines
- Mabel Hauschild
- Ernest Broad

Trusts & Foundations

- Fay Fuller Foundation
- ANZ Bank
- People's Choice Credit Union

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.

Marc Stinson

Diabetes SA Volunteer

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.

70 Year Kellion Victory Medal Awards

Geoffrey Koch

When I was 2½ years old, in January 1945, the doctor in Tumby Bay diagnosed me with diabetes and I was sent to Adelaide for treatment. Like most people during the Second World War, my parents, who were farmers, were short of money and Dad had to sell a flock of sheep to make this trip possible. I can remember thinking 'it will be good to get home and not need to have needles anymore'. But of course they continued.

I owe a lot to my parents, because help was far away and treatment was so primitive by today's standards. Syringes and needles were sterilised by boiling and blunt needles were sharpened with an oilstone. Methylated spirits was later used for sterilising and sugar levels were determined by the colour of urine when mixed with some chemicals and boiled in a test tube.

My schooling was done by correspondence because of the distance by school bus and the teacher's limited knowledge about diabetes.

After living for 70 years with type 1 diabetes the changes in food allowed to be eaten and treatment advances have been truly amazing. Blood glucose meters, and for the last 8 years an insulin pump, have enabled very good control of my diabetes.

I was a farmer for 43 years and in that time I was lucky to meet and marry my lovely wife Bev, who has helped to achieve a healthy and happy life. We have 3 children and 8 grandchildren. I have been retired for 14 years now and I am still healthy and active with very few complications.

60 Year Kellion Victory Medal Awards

Christopher Rodger

I was born in 1941, and was diagnosed with type 1 diabetes in early 1953. At the age of 12 I had taken a strong interest in various sporting activities in C.B.C. College. I loved all forms of sport and won the College Under 17 singles handball championship in 1957.

I found it difficult to deal with diabetes during my younger years. I had many experiences of trying to keep a steady blood sugar level while playing energy-sapping sports, particularly tennis. Our Southern Districts tennis team achieved a premiership when I was 50 years old so I claimed the bragging rights of only taking 50 years to be involved in such an achievement.

There was certainly not much knowledge of the problems and treatment of diabetes back in my younger days as there is today. I know my parents had difficulty with the issue and in keeping me under control. At the beginning I simply wanted to be a typical teenager and didn't want to know about or deal with such health matters.

My early experience with diabetes was helped with my contact in the 1950's with Mr Frank Baldwin, the first Secretary of the Diabetes Association of South Australia. He taught me a great deal about how to live with diabetes and invited me to attend the first children's camp held in January 1956 at 'Duncraig'. This was an enjoyable time.

My thanks for a manageable life with type 1 diabetes must go to many people, but firstly to my Endocrinologists the late Dr Dene Hicks, Dr Pat Phillips, Dr Stephen Judd and presently Dr Amanda Terry, all who have guided me so well along a constant path of adjusting my daily control of diabetes.

I am most thankful to my lovely wife, Frances who has persevered and shared with me over the 52 years, the daily trials of living and coping with type 1 diabetes. Our 3 children and 7 grand-children have also been of great support to me.

My gratitude to the Diabetic Association of South Australia Inc. who have been there all of my diabetic life. They have continued to be most supportive to myself and my wife and I thank sincerely all of the Members of the organisation for their assistance over many years.

60 Year Kellion Victory Medal Awards

John Balnaves

I am a sixty two year old male and have had diabetes since the age of two. It was hypothesised that I may have developed the disease at an early age because of the onset of nephritis (kidney disease) when I was only six months old which the doctors thought may have triggered off my diabetes. It was also suggested that it was caused through a genetic aberration, which was the most popular view, but to this day no one really knows how it came about.

In my very early years I use to test my urine with Benedix Solution. This solution was blue in colour but when heated in a test tube over a small methylated spirits burner it use to change colour depending on the amount of glucose in the urine. I can still remember how “hit and miss” it was in indicating sugar levels in the body compared with today’s modern electronic gadgets. I remember when I was “showing nothing” the solution didn’t change colour at all but as the glucose levels rose so to did the colour of the solution. The solution use to change colour in stages depending on what you were “showing”. A light tan solution indicated a +4 reading which meant that you were well on the way to having a hyperglycaemic attack. It’s quite strange because I’ve only had one attack that I can remember in my whole lifetime which I think is very good.

This method of testing wasn’t very accurate because by the time the urine was tested it didn’t show your real blood sugar because it was all “after the event”. As you can imagine, you may have been “showing” a very low BSL reading but in actual fact your reading may have been much higher or vice-versa. It really was a “hit and miss” testing procedure but I am more than grateful that it was around because without it shadowy hypoglycaemic attacks may have been the order of the day.

Being a type 1 diabetic – I also remember the bovine and porcine insulin used to manage the disease. I distinctly remember the daily morning injection because it was injected somewhat like using a thick one inch nail into my hind quarters. I still remember the pain when my mother use to have to administer it to me every day. You could imagine the big “hullabaloo” each morning when I use to put on a big act because of the pain, but my mum had to do it and I think that it used to break her heart more than it did mine.

In the olden days the syringes were stored in a small, rectangular glass bath full of methylated spirits and the needles were thoroughly cleaned after each injection.Today, of course we now use either very thin needles, pens or electronic insulin pumps which have markedly improved the older, painful methods.

As everyone knows, I use to get hypo’s regularly because of my age. That was a real bugbear and also dangerous but I’m still here to tell the story. I use to love running, playing football and cricket during my days at school and hypo’s were almost a daily occurrence. My teachers quite often had to ring my mother to come and collect me to take me home because they didn’t know how to handle the situation. Things of course have changed a lot since those early days with the advent of new devices for controlling the disease more effectively.

My diabetes has at times created problems, but on the upside of that I was a determined child and nothing could stop me. In about 1983 I completed a Carpentry & Joinery trade certificate and received the Harding & Holden Drafting Award in my final year. Following that I also completed an Architecture Degree at The South Australian Institute of Technology and very soon after receiving my degree, completed post graduate studies as a Building Surveyor.

I’ve worked on many projects throughout my career including the Myer Centre, the much smaller Twin Street Toilets both of which are in Adelaide, and many other large and small projects. If anyone ever asked me whether diabetes has been an encumbrance, I always tell them that it has never been, because I’m also a very ambitious man which has held me in good stead when things did go wrong. It’s not all plain sailing but it depends on your whole attitude. I have always enjoyed talking with younger diabetics about the way in which it affects them, I know that I can give them some real practical advice.

50 Year Kellion Victory Medal Awards

Leanne Adler

I was diagnosed with type 1 diabetes in 1965 at the age of 18 months. My mum would play 'hide and seek' and I would tell her "if you can find me you can give me my needle", needless to say she always found me.

Our family life changed when I was about 4 or 5 when we moved to the Northern Territory, to a place called 'Areyonga' (just out of Alice Springs), we stayed there for a few years until I started to have major hypos and kept going into comas, so after we got to know the Royal Flying Doctor fairly well, we moved to the Alice to be closer to the hospital (where Dr Kerry Kirk had started a 'Diabetic Clinic') and also the airport for the regular trips to Adelaide to see the doctors. I'm sure the doctors were sharpening their needles, not to mention the urine tests and the glass tubes which got broken often, then came this machine called a GLUCOMETER, well I didn't like that, it involved more jabs but with those awful razor blade l ancets, thank goodness for modern technology.

I have had a few complications but not as many as some. I have learnt after all these years and lectures from my mate, Dr Burnet, that CONTROL is the key.

In closing I would like to put out there I think more awareness is needed, especially with teenagers.

John Case

My name is John Case, I am 82 years old and have been a type 1 diabetic for just over 50 years. In the early years of living with diabetes it was a simple matter of good diet, and as I was employed at that time in the building industry, I remained fairly physically fit.

As my senior years approached my diabetes became harder to manage due to several things such as loss of appetite and an inability to exercise in a robust manner. However, I believe it is very important to keep a positive attitude and an active frame of mind by exercising, taking all things in moderation, family involvement and participating in a suitable hobby. In this way I hope all diabetics can live a comfortable and normal lifestyle.

50 Year Kellion Victory Medal Awards

Kay Morgan

My diabetes came about as a result of having a bike accident when I was 14 whilst cycling to school in Geelong, in wet weather -– I hit a parked car and hurt myself internally. I managed to get home in a state of almost being in shock. That was in 1962 which was then followed by weight loss problems.

When I was 16 in 1963 and attending business college I applied for a job as a typist at the refinery, but from a medical exam which was required to join this company I was diagnosed with diabetes and rejected.

I married in 1970, then within a couple of months suffered a bout of pneumonia and a diabetic coma which brought about a change of medication to insulin injections, learning to self-inject by the accepted way, with an orange.

After several years of health problems not directly related to diabetes, I feel well able to cope with the ramifications of living with this in spite of the need to check my BGL up to ten times a day, controlling the levels by diet and five or more injections daily. I am regularly involved with my two grandchildren, play tennis twice a week with a great group of ladies at the Denman Tennis Club, keep socially involved with friends and generally keep busy with life. I am now in the throes of returning to my hobby of art, water colours and pencil drawings which helps to keep me focussed on the enjoyable things in life.

Kevin Miller

At the age of 18 I was diagnosed with type 1 diabetes. During the last 51 years I have seen many changes occurring in the treatment for this disease. From the old glass syringe with the long needles, to the smaller plastic ones for finer needles, to the pen and now finally, to the pump. The testing of sugar levels in the blood had also had many changes.

During this time I have experienced many hypo's which can be quite frightening to those around you. I have 3 children, who over the years, have been well and truly educated about diabetes, and I have a wife who has travelled this long journey with me. Without her love and support over these last 50 years I do not know how I would have coped.

I would also like to thank the Doctors, in particular, Dr Phil Harding, Dr David Jesudason and especially my Diabetes Educator, Christine Boorman who has been there for me no matter what time of day.

50 Year Kellion Victory Medal Awards

Phillip Nicholas

Being diagnosed at the age of sixteen changed my life for a short period only during the learning period of dealing with diabetes.

A few months after becoming a diabetic I commenced work as a Sign Writer and continued in this industry for forty nine years. During this period I successfully ran my own company, Nicholas Signs, for forty one years.

I have always been extremely active and my diabetes has never stopped me from pursuing my passions for water skiing, surfing, snow skiing, windsurfing and travelling overseas and around Australia.

Coping and controlling this disease has certainly changed over the years, however, the importance of being very disciplined with control has allowed me to live the very active and full life I still enjoy today.

Margaret Beeitz

For the past 53 years having diabetes, it has had it's ups and downs. In the earlier years Mum said that it was a lot of 'guess work' when working out insulin doses etc. There were no blood glucose machines and the injections were like a scientific apparatus.

Today, managing diabetes is so much easier as there is not as much restriction in your life. I have not let diabetes take over and restrict my life style. I have achieved as much as I can in playing sport, including golf, tennis and netball, in my younger years and a competitive shooter which I still do. I am also secretary of our local club. I am a very active person in the community, running the local post office, work in the local craft shop, Secretary of the Hall Committee and President of Lameroo CWA.

I have been very fortunate that I have not had any diabetic complications with my health.

I am married to Don and have a daughter and son who are twins. We live on a farm which has been in the family for 4 generations.


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Pictured left

Attendees from the World Diabetes Day 2014 events held in Victoria Square.

The Diabetic Association of South Australia Incorporated

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