Kidney Health Australia
Annual Report 2014

Our 2014 achievements

- Emogo Kidney Transplant House Launched
- Kidney Kar Rally Winner—The Blues Brothers Top Fundraiser—Artina Team
- Have awarded a total of $3 million to Australian kidney researchers so far

- Kidney Health Australia

- 46 years of Kidney Health
- Kidney Check Now available in 400 chemists nationally
- 122,000 lottery ticket sales
- Big Red Kidney Walk—3000+ participants
- Big Red Kidney Bus Launched! The world’s first mobile holiday dialysis bus.

Prevent, Detect, Support.
Our Vision
To save and improve the lives of Australians affected by kidney disease.

Our Mission
To promote good kidney health through education, advocacy, research and support.

During the last financial year:

11,774 were receiving dialysis treatment at the end of 2013*
882 kidney transplant operations were performed in Australia in 2013*

At the end of December 2014
1,160 people were waiting for a kidney transplant in Australia

*latest statistics available
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2014 marked the achievement of some significant outcomes on behalf of our kidney community. As Chairman of the Kidney Health Australia Board, I am immensely proud of:

• the launch of our first Big Red Kidney Bus
• the launch of our first Melbourne Emorgo Kidney Transplant House
• the launch of our KidneyCheck home protein urine test and
• the development of our National Aboriginal and Torres Strait Island Kidney Health Strategy

These achievements underscore many years of work aligned to our business strategy that see Kidney Health Australia delivering on our vision to ‘save and improve the lives of Australians affected by kidney disease’.

These achievements have occurred against a financial backdrop that has seen us delivering ‘more with less’ – an area of significant concern for the Kidney Health Australia Board. To that end, working with the Managing Director, a decision was made to undertake a capability audit in the second half of 2014 that identified a range of gaps that management and the Board felt needed to be addressed in the short and long term. As a consequence, our Business Strategy for 2015 and beyond is designed to continue to invest in human capital for the long term.

The long term sustainability of Kidney Health Australia is essential to achieve the organisation’s strategy. To this end the Board will be undertaking a review in 2015 of Kidney Health Australia’s business model to identify improvements and reflect best practice in the not-for-profit sector in Australia and overseas.

Kidney Health Australia continues to be independent of Government or any one form of infrastructure funding. This means our broad revenue base across both traditional and commercial streams, needs to underpin all our operations. Whilst this is a strong position to be in, nevertheless at a time when competition for the charitable dollar has never been more fierce, it is not without its challenges.

To that end I wish to thank all our supporters, partners, donors, patrons and ambassadors for your ongoing support of our work and organisation.

I also thank my fellow Directors, who continue to dedicate themselves to the organisation and whose strategic counsel is a key factor in Kidney Health Australia’s growth and success. In particular I would like to thank Professor David Power who retired as a Director in December 2014 after 7 years on the Board and as Chairman of the Medical and Scientific and Advisory Committee of Kidney Health Australia. I would also like to welcome two new Directors to the Board. I look forward to working with both Professor Carol Pollock and David Morgan in the future.

Finally I would like to record the Board’s appreciation and thanks to our Managing Director and CEO Anne Wilson and our talented Kidney Health Australia team whose unwavering commitment, enthusiasm and passion for the kidney cause ensure that the work of Kidney Health Australia makes a significant difference to the lives of all Australians affected by kidney disease.

Mr Vin Harink
Chairman
Kidney Health Australia
I am proud to say that 2014 was a year of significant achievement for Kidney Health Australia. Apart from posting a modest surplus of $51,319.00 to year end, 2014 was marked by us bringing several major pipeline projects to market for the benefit of our kidney community.

These include:

- **KidneyCheck** – our home protein urine test to identify early signs of kidney damage – sold through Amcal, Amcal Max and Guardian pharmacies nationally
- **Aboriginal and Torres Strait Island Kidney Health Strategy** and appointment of GM Aboriginal Affairs
- **Big Red Kidney Bus** – Holiday Dialysis – first bus launched in Victoria
- **Emorgo Kidney Transplant House** – launched in Victoria

These initiatives are now delivering direct benefits to Australians affected by kidney disease in the areas of detection, treatment and support and have been made possible through the generous support of our donors, supporters and philanthropic community.

I am immensely proud of our Kidney Health Australia team whose hard work, perseverance and dedication enabled us to finalise the execution of these flagship programs. The next step with some of these is to ensure that all Australians affected by kidney disease have equitable access to all these key programs and services.

Our ongoing mission pillar programs in GP Education, advocacy, research and support to children, young people, adults and families continue to deliver on our vision to ‘save and improve the lives of Australians affected by kidney disease.

2015 will see Kidney Health Australia commence operationalizing the vision for our Australian Kidney Research Foundation (AKRF) as part of our commitment to our 2020 goal of having a corpus of $10m to sustain and increase funds for kidney research well into the future.

Our major strength is our broad revenue base which ensures that as a business we are not dependent on any one source of income. We are truly independent of Government funding for our infrastructure and operations, ensuring that any changes in Australia’s political landscape will not impact our sustainability long term.

Australia’s current corporate, philanthropic and economic climate makes it increasingly difficult to generate large sums of money to underpin our work. We are indebted to the Australian community, all our partners, corporate and philanthropic supporters as well as our donors, lottery customers and those who support our events and campaigns.

As the national peak body representing the needs of Australians affected by all forms of kidney disease, we must continually strive to identify new sources of income whilst ensuring our kidney stakeholders see value in the programs and services we deliver.

We are excited about the opportunities that lie ahead and are most appreciative of the support of our volunteers and supporters around Australia.

In 2014 Kidney Health Australia lost our beloved Patron Sir Jack Brabham AO, OBE. Sir Jack had been on dialysis for many years and throughout that time had been an avid supporter of our work. We thank Sir Jack for his Patronage, for his support and for assisting us to promote our work over many years. We are delighted to have Lady Margaret Brabham continue as our Patron and look forward to working with her to uphold the legacy left by her late husband.

In March, 2014 Kidney Health Australia’s Patron-in-Chief Dame Quentin Bryce AD stepped down as Australia’s first female Governor General. Dame Quentin always enjoyed attending Kidney Health Australia events and we acknowledge her sincere interest in the kidney health of all Australians and her passion for improving the Aboriginal kidney health of our First Nation peoples.

I thank Dame Quentin for her support of our work over many years.

As one door closes, another opens and we were delighted to receive confirmation that Australia’s 26th Governor General Sir Peter Cosgrove AK MC accepted our invitation to become Kidney Health Australia’s Patron-in-Chief. We look forward to working with Sir Peter.

We thank all our Patrons and Ambassadors for flying the Kidney Health Australia flag with us and particularly appreciate the loyalty, commitment and passion that you have for our cause and our organisation.

I congratulate my staff on a wonderful year of achievement and particularly acknowledge members of my Senior Management Team for your ongoing support. I specifically acknowledge all our Call Centre operators and staff led by Jenny Burnett who deliver amazing financial lotteries results for the organisation year in year out.

The governance of Kidney Health Australia is led by Chairman Vin Harink and my fellow Directors on the Board. I thank you all for your loyalty and support of Kidney Health Australia and for the time that you so generously donate to the organisation.

All at Kidney Health Australia look forward to the challenges ahead as we work together for the benefit of Australians affected by kidney disease.
This report serves as an opportunity to reflect on progress in the kidney sector with our vision of ‘saving and improving the lives of Australians affected by kidney disease’. Kidney Health Australia has a heavy responsibility in this regard being the only national organisation with such a brief and yet with few tools through which we can directly change the kidney scene. Our four pillars of advocacy, research, support, and education are useful headings to review progress.

Education: Kidney Health Australia has been an active developer of education materials both for primary health care professionals in the area of early detection and best care protocols and for patients in the predialysis period. We are now assessing the gaps that exist in the area of transplant education. There remains significant variation in the uptake of all types of transplantation between renal units and between states. Part of this variation relates to lack of knowledge about the treatment options, which we believe deserves attention.

Advocacy: The power of the patient in influencing policy was one of the main messages coming out of our last Chronic Kidney Disease (CKD) summit. Kidney Health Australia has strengthened its activities as outlined elsewhere in this report and has achieved notable success in the areas of transplantation and dialysis. Our effective engagement with the political process was exemplified by the strong roll up to the launch of Kidney Health Week, and our submissions to Government on Indigenous Health and Budgetary matters have been well received.

Research: Kidney Health Australia’s commitment to research remains strong and the concept of an Australian Kidney Research Foundation that is self-supporting will become a reality in the next year. Major government grants have been awarded to the kidney sector in the last part of this year that will secure the activities of several research groups. The overall performance of the kidney sector in the 2014 National Health and Medical Research Council (NHMRC) grant application process was above the national average.

Support: The health team’s delivery of programs to children with kidney failure is outstanding and the adult forums (Kidney Club) are increasing in number and popularity. The Supporting Leave for Living Organ Donors Scheme that Kidney Health Australia advocated for funding in 2013 has been an outstanding success, and we are also active in the difficult and complex transport to dialysis arena. Much remains to be done – particularly in the vulnerable period of the first three months after dialysis is initiated.

In each of these areas we have made a significant contribution towards our vision – a contribution that is expanding year on year. With increased funds much more could be accomplished, but we can take heart that the number of new patients starting dialysis has not increased over the last five years, and the survival of people on kidney replacement programs in Australia is close to the world’s best. We can be proud of these accomplishments, but there is still much room for improvement in equity of access, patient support, and patient experience within these programs. Dialysis patients do it tough. Prevention of progression of CKD that is detected early is the only hope that we can eventually reduce the number of people needing dialysis or transplantation.
Our Organisation
Our Organisation

Public Affairs
Mr Luke Toy
General Manager Public Affairs

This year was one of action for our continuing government relations, advocacy and policy work, while also carving a path in our new and exciting areas of focus in communications – including social media – and Indigenous kidney health. This important change stemmed from recognising the critical relationship between media and advocacy, and as a result the Government Relations unit was transformed into a Public Affairs unit. This unit is now responsible for all government relations, policy, advocacy, media and communications, as well as Indigenous kidney health issues, in a holistic and integrated manner.

As you know, last year was one of developing our policy positions and pursuing change in areas such as live donor paid leave. This year we doubled our efforts in the government relations and advocacy arena, lobbying not just the Federal Government but the State and Territory Governments intensively on a range of the issues at the heart of the kidney community’s concerns – transport, home dialysis, support, and Carers. We also focused on those at risk of developing kidney disease through a major launch of KidneyCheck in Australian Parliament House, the development of a comprehensive proposal for improved early detection through a Practice Incentive Payment (PIP), achieved success in advocating for agreement to develop a new Chronic Disease Strategy, and a major advocacy partnership with Palliative Care Australia.

Our submissions to policy inquiries were varied and wide ranging – covering early detection, Carers support, patient travel schemes, Indigenous health, ‘Out-of-Pocket’ medical expenses, live donation, home dialysis support, parking costs for in-centre support and community transport funding. As always, a great deal of advocacy happens behind the scenes, not just in securing new initiatives, but stridently arguing for the continuation of current levels of support in an era of cutbacks, and for a widening of criteria to allow better support from those currently excluded from assistance.

We continue to work closely through a number of key alliances – and, where appropriate, have taken a leading role – such as on the Australian Chronic Disease Prevention Alliance, where we have been working towards the realisation of better national recognition of kidney disease in guiding strategies, and the National Vascular Disease Prevention Alliance, where it has been a focus on early detection.

As outlined last year, we have continued to integrate our policy and advocacy to a concerted media plan; to ensure that our profile remains ‘front of mind’ for policymakers when it comes to kidney policy. However, major strides forward were taken this year to further develop that, with a number of prominent case studies developed to not only put a ‘human face’ on kidney disease, but to highlight specific policy issues, such as live donation and early detection.

But clearly we need to do more and we are continuously striving to increase awareness and the ability to raise funds for the cause. That’s why Kidney Health Australia also took the step of appointing our first ever Social and Digital Media Coordinator, recognising that social media and online communities can have real power in achieving change, and fundraising support for the kidney cause.

While it is still early days in our development of this new avenue, we are confident it will play a critical part in our increased awareness raising.

Finally, recognising the absolutely critical issue of Aboriginal and Torres Strait Islander Health, Kidney Health Australia took the step of appointing our first ever National Manager for Indigenous Affairs from July 2014. The last 6 months of the year were a flurry of activity in this space – including but not limited to – the development of a national strategy for Kidney Health Australia to improve Aboriginal and Torres Strait Islander kidney health; significant submissions to Government; and a number of visits to units undertaken to better understand some of the many constraints to achieving better outcomes. The ground work was also undertaken to ensure that World Kidney Day in 2015 in Australia would not only be focused on Aboriginal and Torres Strait Islander kidney health, but that it would also involve a significant launch in Australian Parliament House with both the Australian New Zealand Society of Nephrology (ANZSN) and the Close the Gap (CtG) Steering Committee.

Health
Mrs Anne Revell
General Manager Health Programs & Services

Kidney Health Australia’s Health team is responsible for the provision of programs and services around the nation for people living with kidney disease.

Following an internal review of all programs in late 2013, many programs and services were modified in their delivery to ensure greater efficiency and most importantly, suitability and accessibility for the target audience. A benchmark year for the team, 2014 saw the launch of several key projects including the Big Red Kidney Bus and the Victorian Emergency Kidney Transplant House, both which have been much anticipated and provide tangible and high demand service to people living with kidney disease.
All programs saw a significant increase in attendance, with the most notable being 107% increase for Kidney Club, which continues to draw attendees who will drive up to 5 hours to participate in a meeting. 2014 also saw the delivery of our improved Kidney Kids programs, including the National Kidney Kids Camp, which is now delivered as a ‘SuperCamp’ and was attended by 113 children (43% increase) from across every state. Supporting this, our state-based Kidney Kids Capers have doubled in frequency, and there are now two Capers events in each state every year, ensuring more opportunities for Kidney Kids and their families to interact, build essential peer support, and develop important self-esteem and self-management skills for the children.

Our Kidney Health Information Service continues to respond to enquiries for information on kidney disease, which again increased with nearly 2,200 calls managed through the year. This year the service has been further enhanced by the ability to offer TeEConNet peer support, which connects an enquirer with a trained volunteer, who have themselves had personal experience in the matter being contacted about.

In 2014 we were also delighted to publicly recognise 19 new recipients of our esteemed Operation Angel Awards which honour the outstanding people who have made exceptional contributions to the Australian kidney community.

Finally, while this report highlights key deliveries, mention must also go to the background work that the Health team staff undertakes in each state. Their dedication is absolute and their attendance at health promotion opportunities, delivery of events at local levels, engagement with the renal units, consumer groups, patients, and carers across their states, and their public promotion of kidney disease is essential to the delivery of all other programs and services across the organisation.

Medical Programs
A/Prof Tim Mathew
Medical Director

The outstanding fact, confirmed in the recent Australian Health Survey, is that evidence of kidney disease exists in 10% of Australian adults, yet only one in sixteen of those with the condition are aware they have it. Our only hope of reducing the burden of kidney disease is to better identify and manage individuals with this condition.

The Kidney Health Australia Medical team continues to develop and implement evidence-based resources aimed at improving early detection and reducing the risk of progression of CKD. The long-awaited national survey of general practitioners was initiated in 2014, with data collection completed late in the year. Results of this highly-anticipated study will inform not only the future development of Kidney Health Australia’s education programs, but will guide policy development regarding best practice management of CKD.

The ESKD education project has successfully produced a valuable suite of pre-dialysis education materials, and is now entering the final phase of evaluation. Work has also commenced on My Kidney Journey – an initiative focusing on preventing the progression of CKD by providing education, information and support resources to people newly diagnosed with CKD.

In addition, the current edition of our health professional guidance booklet on CKD has now had over 40,000 copies printed and distributed in primary care over the last three years. The 3rd edition of this seminal resource was developed in 2014, and will be published in early 2015.

Commercial Operations
Ms Anne Wilson
Managing Director, CEO

2014 was a challenging year in the area of Commercial Operations. This Business Unit spans all of our income generation areas including events, lotteries, philanthropic trusts, bequests, partnerships and marketing in general.

With capability gaps in this part of our business from a staffing perspective, our small but dedicated team delivered strong financial results across the board.

Our National Events Team spearheaded our calendar of activities that commence each year with our Big Red BBQ and our Annual Charity Golf Day, and are followed by Kidney Health Week, the Kidney Kar Rally, Big Red Kidney Walk and third party events run by members of the community on our behalf.

Our ability to penetrate the crowded marketplace with the kidney message is integral to the success of many of our events and in the latter half of 2014, and we anticipate that the addition of a Social and Digital Media Coordinator will positively impact participation at our events in 2015 and beyond.

Kidney Health Australia has been in the business of running both national and state based lotteries for over 20 years. In 2014 as a result of the dedication and enthusiasm of our Call Centre operators and management, most of our lotteries sold out all tickets delivering a strong financial result to year end.

We continue to be indebted to individuals who so generously bequeath funds to Kidney Health Australia in their wills. This is always a very humbling experience for an organisation, and we sincerely thank those individuals and families who arranged to bequeath their wills to us for their generosity and support.

In 2014 our philanthropic partners continued their generous support of our programs and services. At the end of 2014, the decision was made to employ a full time Major Gifts Manager for 2015, which will result in new opportunities for both Major Gifts and Capital Appeal development.
The KidneyCheck urine test is now widely available in Amcal, Amcal Max and Guardian pharmacies nationally and the first year’s campaign has been deemed to be successful. Sales of KidneyVital – the only kidney specific multivitamin in Australia – continue to increase on a monthly basis, with hospitals in Queensland and Victoria having listed the product on their hospital formularies for recommendation to their dialysis patients. Integria Health Food stores nationally also now stock KidneyVital. Work is underway for other states to list KidneyVital on their hospital formularies, which will ensure equitable access of this popular polypill to those who need it most.

At Kidney Health Australia we are very fortunate to have a dedicated team of very hard working staff who put their heart and souls into delivering the best outcomes for our kidney community. I pay tribute to all staff in the Commercial Operations Business Unit who, despite staffing shortages, delivered strong results across all areas.

Corporate Services Business Unit

Ms Rosanna Caré
Chief Financial Officer and Company Secretary

Kidney Health Australia’s Corporate Services Business Unit strives to improve efficiency and understanding of changing processes, rules, and regulations. Its objective is to ensure the integrity of internal control, risk management, and management of information systems and ensure policies and procedures are consistent with regulatory requirements.

The Corporate Services Business Unit is targeted with delivering high-quality service via responsive support and delivery of information and the provision of training and reliable tools. We will continue to review existing practices, identify, and implement improvements in order to achieve this.

From a financial perspective, 2014 was a challenging year for Kidney Health Australia. Through expense control and risk management we achieved a surplus of $51,319. Whilst this is a modest outcome, it exceeds the Budget set at $23,433. Despite the challenges throughout the year to achieve this result, Kidney Health Australia was able to implement change and new Health programs, with Corporate Services playing a significant role in the successful outcomes of these initiatives.

Kidney Health Australia is planning for growth in 2015, which will bring with it new challenges. Corporate Services will endeavour to support Management to successfully execute the enabling strategies by creating a workplace environment which readily accepts accountability, and has an understanding of processes and procedures to ensure improvement in forecast projections and faster response times.
2 Education
Kidney Check Australia Taskforce (KCAT)

Ms Dawn Coulson

Established in 2001, the Kidney Check Australia Taskforce (KCAT) aims to improve health outcomes for Australians living with kidney disease through educating health professionals. KCAT is the leading voice in kidney education in Australia and Kidney Health Australia is the only organisation offering comprehensive education on kidney disease to health professionals working in primary care.

KCAT had a highly productive year in 2014. Throughout the year, KCAT conducted 116 face-to-face education sessions for Australian health professionals, which represents a 15% increase from 2013. This resulted in 4,529 general practitioners, nurses, and other primary care health professionals educated on the detection and management of kidney disease.

In addition to the interactive workshops, KCAT continues to introduce additional delivery methods of education to meet the diverse needs of Australian health professionals. In 2014, KCAT offered two online learning modules and two brief educational videos to provide practical access to high quality kidney disease education in a user-friendly way. These online initiatives were viewed by over 1,100 health professionals throughout the year.

Another key KCAT initiative in 2014 was the implementation of a national survey of general practitioners to assess their attitudes, knowledge, and practice in the area of CKD. Outcomes from the survey will be available in 2015, and will be instrumental in guiding future health professional education initiatives and Kidney Health Australia early detection and management programs.

The CKD guidance booklet ‘Chronic Kidney Disease (CKD) Management in General Practice’ continues to remain a sought after publication by primary care health professionals. Over 4,000 copies of this resource were distributed in 2014 and demand remains high. The updated 3rd edition will be available early 2015, and is the synthesis of the evolving evidence that the management of kidney disease is clinically relevant.

KCAT would like to thank all the Nephrologists and Renal Nurses who have kindly donated their time and expertise in presenting KCAT workshops in 2014. Volunteer support is critical to the success of the program, and we are grateful for the continued endorsement from the nephrology and nursing communities.

In addition to the interactive workshops, KCAT continues to introduce additional delivery methods of education to meet the diverse needs of Australian health professionals. In 2014, KCAT offered two online learning modules and two brief educational videos to provide practical access to high quality kidney disease education in a user-friendly way. These online initiatives were viewed by over 1,100 health professionals throughout the year.

Home Dialysis and End-stage Kidney Disease (ESKD) Education Projects

Ms Debbie Fortnum

The ESKD education project has completed the second phase of distribution and is commencing the final phase of evaluation. During 2014, workshops in every state focused on the principles of shared decision making, engaging the person who is a lifestyle expert with the clinical expert to make shared treatment option decisions. This principle has been supported by the ‘My Kidneys My Choice decision aid’, which has rapidly become part of standard education practice. The decision aid has also been converted to a digital format. Other project-developed tools, including the photo information sheets, DVDs, and home dialysis booklet, are regularly reported as being primary education tools.

The project has been presented at four conferences, both nationally and internationally, winning a best scientific paper at the Renal Society of Australasia scientific meeting for the consumer research related to the decision aid. The multi-site research involving 97 patients showed high consumer acceptance and ease of usability for the decision aid. Three publications have also been accepted for journals, both Australian and International.

A national consumer perspectives research project is now underway as part of the final evaluation of the project and will involve a representative sample of dialysis patients across the country.

Throughout the year, KCAT conducted 116 face-to-face education sessions for Australian health professionals, which represents a 15% increase from 2013.
General Public Community Education

Tamworth Public Education Forum

The Tamworth (NSW) Kidney Health Forum linking kidney health, heart health, blood pressure, stroke and diabetes, brought together over 120 members of the general public with local health professionals from the region for education. When asked if they were aware of the links between these chronic diseases, 45% of attendees were not aware prior to the Forum. However, after the Forum all participants reported full awareness along with knowledge of the importance of related eye health, foot health, healthy eating, exercise and family history.

Overall, from the Evaluation Survey, 97% of participants stated they had learned new information related to kidney health and 96% ranked the Forum as Excellent /Very Good; 63% of attendees were aged 61-80; 22% were aged 45-60 and 73% were female, so there is a challenge to engage more men in health education.

New England Medicare Local was an important community partner and sponsor for this Forum held in April 2014. Once again Kidney Health Australia was well supported with community partnerships with the Heart Foundation, Stroke Foundation, Diabetes Australia and the Heartmoves team provided a ‘Let’s move it – move it’ session. The local ABC Radio New England generously provided a wonderful MC for the Forum.

Kidney Health Australia providing Invited Speakers

Invitations to Kidney Health Australia for a speaker continued on a regular basis through 2014. Mostly the requests came from Diabetes Support Groups. When surveyed before the education commences, despite these groups consisting of diabetes patients, only 1% of attendees had any knowledge of eGFR as an indicator of kidney health. This is another challenge to provide the knowledge for prevention of kidney disease.

Tasmanian Consumer Education Forum

The Kidney Health Australia Consumer Education Forum held in Launceston in 2014 was well attended with a record 75 participants registered on the day, all who appreciated the valuable support and opportunity to share personal experiences and discussions throughout the day.

Presenters included Dr Mathew Mathew, Kidney Health Australia’s National Medical Director; Anna McGovern, transplant nurse; Fiona Coote, Beyond Blue and Heart Transplant recipient; Dr Cecilia Shing, Exercise Physiologist; Joseph Rodgers, Senior Podiatrist; and consumer panel members, Judanne Simpson, John Gibson, Bev White, Darren Elwell, Graeme and Glencye Pfundt, Amanda Crawford, and Dale Creely who presented on personal experiences with treatments, living with chronic kidney disease, and holiday tips and advice.

Feedback from the Forum was excellent and included comments such as: “really enjoyed listening to personal stories - very inspirational”, “extremely interesting and informative for anyone thinking about transplant”, and “heartfelt personal information and valuable detail on depression and anxiety for self and to recognise in others”.

Education
3 Advocacy
Federal Advocacy

If 2013 was about developing our strategies, scoping out our new policy proposals and working with consumers to ensure we were representing the issues at hand, 2014 was a year of carrying out our plans.

Kidney Health Australia now has a fully developed federal budget submission and policy platform – outlining critical improvements needed to Federal kidney policy. This includes the need for a new National Chronic Disease Strategy, and a National Integrated Renal Pathway at a strategic level. At a policy level we again called – in unison with the National Vascular Disease Prevention Alliance – for an Integrated Health Check in primary care, increased funding for education to support early detection and innovative solutions for improved self-management for patients, in addition to a joint policy ask with Palliative Care Australia.

Following our success in designing, advocating for and securing a Supporting Leave for Living Organ Donors Scheme, we continued to call for improvements to the live organ donation system and the continuation of the scheme beyond its two year pilot phase.

Of course, we didn’t stop there. After calling for, and securing a federally funded inquiry into Australia’s live organ transplantation system, we provided a number of detailed submissions, both into the inquiry and in response to the report and its recommendations. These were followed up with a number of meetings with relevant Minister’s offices and the Department of Health and timed with Federal Budget discussions.

With so much of the health system either funded, or overseen, by the Federal Government, a strong advocacy presence is critical. To that end, Kidney Health Australia again held the launch of Kidney Health Week in Australian Parliament House, Canberra in 2014. The event, launched by the Social Services Minister and the Shadow Minister for Health, saw a turnout of over 80 guests. It also coincided with the national launch of KidneyCheck.

Our presence in Canberra has also involved a number of meetings with the Ministers, Shadow Ministers and the full range of Parliamentarians on a range of issues. This has been supplemented with extensive engagement and detailed submission to the Department of Health on issues such as improved Carer support for those looking after family or friends on dialysis; the range of out of pocket costs borne by those living with kidney disease; and of course ongoing efforts to increase dialysis funding through our detailed and ongoing work with the Independent Hospital pricing authority.

Finally, Kidney Health Australia has continued to raise kidney issues within the context of broader health policy changes, including but not limited to: Activity Based Funding, the creation of Primary Health Networks, the National Aboriginal and Torres Strait Islanders Health Plan and the review report ‘A New System for Better Employment and Social Outcomes’. Of course, our involvement in research continues, most notably through work being undertaken by the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

Of course, through our membership on the AOTA Advisory Council and the NSW Organ and Tissue Donation Service Implementation Liaison Group, we continue to work with both the Federal and NSW Governments regarding their organ donation agendas.

Advocacy at a State and Territory Level

The other critical component of public affairs and government relations is of course State and Territory Governments, due to the fact that hospitals, transport and home dialysis issues are within their responsibilities.

To that end, State and Territory governments were a major focus of Kidney Health Australia’s advocacy efforts on behalf of the kidney community. Again we pursued improvements to the raft of differing Patient Assistance Travel Schemes (PATS). Providing reimbursements for private travel and accommodation costs incurred to attend specialist medical services to build upon our successes last year and, through our alliances with the Victorian Cancer Council, we were successful in lobbying for an extra $13.8 million for the Victorian PATS.

Of course, more is required to improve travel, so Kidney Health Australia undertook a detailed survey of 105 renal units to ascertain the full range of transport and parking support issues faced by dialysis patients. Developing a detailed report from the results, Kidney Health Australia is now using this important information to lobby on issues of parking, community transport, travel reimbursement and overall travel support to all State and Territory governments, and where relevant, the Federal Government.
Kidney Health Australia has also continued to press the case for improved reimbursements for home dialysis patients to better cover their out of pocket costs. In order to achieve this, Kidney Health Australia has developed detailed economic case studies of the costs involved in undertaking dialysis at home, the cost variations based on electricity providers and the type of dialysis, and the shortfall once the relevant State Government’s subsidies are applied. Using these detailed studies, we have already been successful in triggering a review of the level of home dialysis electricity rebate in NSW, and will continue to press the case in the other States and Territories in 2015.

Finally, Kidney Health Australia continues to be involved in discussions around kidney policy and service delivery - through our relationships with renal units, networks and state-based chronic disease peak bodies, and through our relationships with health departments. This has also included engaging with all the State and Territory Governments, as well as major employer and employee representative bodies to promote the availability of the Supporting Leave for Living Donors paid leave scheme, and where necessary, ensure that State Governments change their public service employment rules to allow and promote leave for would-be live organ donors.

Alliances for Advocacy

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Alliances for Advocacy

A key plank thus far of our successful advocacy approach has been to work in alliances. The Australian Chronic Disease Prevention Alliance brings together Kidney Health Australia, the Cancer Council, the National Heart Foundation, the National Stroke Foundation and Diabetes Australia. Through this alliance, we have advocated for a number of key areas around healthier food choices - such as a front of pack labelling system (Health Star Rating), which has begun to roll out in 2014, a major achievement.

In addition, through an alliance with a number of other peak health organisations we have worked to raise awareness around high sugar drinks and promoting healthier alternatives. Furthermore, we have been successful in advocating for a new National Chronic Disease Strategy, and in 2015 will work as part of a broader alliance to ensure that kidney related issues are prominent in the new national plan – the highest level guidance for tackling chronic disease in Australia.

Through the National Vascular Disease Prevention Alliance we have advocated jointly on the merits of an Integrated Health Check. Our strong and dedicated focus to improved early detection of kidney disease in General Practice took a major stride forward, with Kidney Health Australia taking a leading role in the development of a submission to the Federal Government from the alliance which proposes a new Practice Incentive Payment (PIP) for GPs to complete an integrated health check. This work has involved lobbying political offices at the highest level, State and Federal Departments of Health.

The National Physical Activity Alliance (NPAA) was also officially formed in 2014 and was launched formally in October. This alliance consists of Alzheimer’s Australia, Arthritis Australia, Australian Physiotherapy Association, the Cancer Council Australia, Exercise and Sports Science Australia, Fitness Australia, the Heart Foundation, the Lung Foundation, Osteoporosis Australia, the Stroke Foundation, and Kidney Health Australia. The NPAA is committed to reducing Australia’s alarming rates of chronic disease through access to appropriate, evidence based physical activity and lifestyle modification programs. Kidney Health Australia is working with the NPAA to advocate and seek support to improve the accessibility and sustainability of existing evidence-based programs through clearly defined referral pathways and economic subsidies.

And finally, our work with each of the alliances we have at a State and Territory level has continued, insuring that state issues that span the chronic disease space are dealt with as a group, with the goal of achieving quicker and more substantive success.

Indigenous Advocacy

In July, Ms Donisha Duff commenced as Kidney Health Australia’s first National Manager for Indigenous Affairs – a significant milestone for our Organisation. Donisha is an Aboriginal and Torres Strait Islander woman from Thursday Island in the Torres Strait, and her family is descended from Moa and Badu Islands (Torres Strait) and the Yadhaigana and Wuthathi people (Cape York).
Aboriginal and Torres Strait Islander kidney health has been identified as a priority issue for Kidney Health Australia going forward, as we know that Aboriginal and Torres Strait Islander people experience disproportionate levels of CKD regardless of urban, region or rural locality.

Kidney Health Australia has since developed an **Aboriginal and Torres Strait Islander kidney health strategy 2013-2015 (the Strategy)** to guide Kidney Health Australia’s programs and activities to improve Aboriginal and Torres Strait Islander kidney health.

In developing the Strategy, a targeted consultation process was undertaken with key health, research, Members of Parliament and Senators and Indigenous peak health organisations.

**Alliances & Partnerships – Indigenous**

In developing our work in Aboriginal and Torres Strait Islander health, Kidney Health Australia sought membership of some key stakeholder groups:

The **Health Systems Coalition for Aboriginal and Torres Strait Islander Constitutional Recognition** led by the Lowitja Institute, seeks support from the health sector bodies to recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution. The coalition comprises an alliance of 76 groups from consumers, industry advocates, educators and researchers, Aboriginal and Torres Strait Islander and mainstream organisations, the public and private sectors.

**The Good Health Alliance Northern Territory (GHANT) seeks to reduce the impact of chronic diseases on the Northern Territory population through active collaboration, encouragement of prevention, advocacy and formation of strategic alliances. Members of the Good Health Alliance NT comprise Healthy Living NT, Heart Foundation NT, Cancer Council of the NT, Asthma Foundation of the NT Inc, Kidney Health Australia and National Stroke Foundation.**

The **ANZDATA Indigenous Working Group** called for expressions of interest for members in 2015. Donisha was accepted as a member and will be progressing some research interests for Kidney Health Australia.

The **Close the Gap Campaign** seeks to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation. Membership of the Close the Gap Campaign Steering Committee comprises over 30 Indigenous and health organisations who work collaboratively to improve Aboriginal and Torres Strait Islander health outcomes.

**Kidney Health Australia has since developed an Aboriginal and Torres Strait Islander kidney health strategy 2013-2015 (the Strategy) to guide Kidney Health Australia’s programs and activities to improve Aboriginal and Torres Strait Islander kidney health.**

Communications

It was a big year for our Communications department, who continued to provide support across the organisation promoting events, fundraising activities, research findings, policy issues and, of course, our programs and services for kidney patients and their families.

We saw a significant increase in media attention during the year, with coverage consistently achieved at a metropolitan and local level to help raise awareness of kidney disease and Kidney Health Australia amongst the general public. Coverage was secured for a range of topics and events, including: the Federal Government’s Supporting Leave for Living Donors Scheme, which Kidney Health Australia advocated for over many years; the Australian and New Zealand Home Dialysis Conference, which last year took place in Melbourne; World Kidney Day and the launch of our Big Red Kidney Bus mobile dialysis program; key events such as the Big Red Kidney Walk and the Kidney Kar Rally; our National Kidney Kids Camp; various medical reports; and our Christmas Appeal.

In addition, we achieved the strongest ever media results for our main annual awareness campaign, Kidney Health Week. The 2014 campaign was a resounding success, reaching an audience of 3,028,830 people and achieving $1,185,312 worth of free media. The Communications team also oversaw the development of a series of community service announcements for radio and the production of three consumer story videos (available to view on our YouTube channel).

It was also an exciting year for Kidney Health Australia in the online space, with work commencing on a redevelopment of the [www.kidney.org.au website](http://www.kidney.org.au) and a strong focus on building our social media channels and increasing engagement with our audiences. Facebook saw the most significant growth in this period, growing 83% from 3,256 likes at the start of 2014 to 5,962 likes by the end of the year. Our Facebook community also proved to be passionate supporters of Kidney Health Australia, with our engagement levels remaining consistently higher than average throughout the year, which is encouraging to see as we continue to broaden and increase our social media activities going forward. In recognition of the importance of nurturing our current online audiences – and the positive impact this can have on increasing awareness levels and connecting with new audiences – Kidney Health Australia appointed a dedicated Social and Digital Media Coordinator in November to allow for further focus and activity in the online communications space.

**National Consumer Council**

Initially formed in 2002, the National Consumer Council brings together the chairpersons from each of the State and Territory Consumer Committees, as well as representatives from Aboriginal and Torres Strait Islander communities. The National Consumer Council works to make a positive impact on the lives of people affected by kidney disease and in 2014 they met three times.

Significant work was undertaken by the Council in 2014, to ensure objectives were current and to re-evaluate what the priorities are for people living with kidney disease across Australia. Considerable focus was given to developing a Carers’ Position Paper, which identified action items and objectives that could result in positive change for Carers of people with kidney disease and which will also create a key platform for advocacy.
Advocacy

Additionally, the National Consumer Council also endorsed and commenced engagement in their local communities with a new suite of information and advocacy documents that have been developed which are titled the ‘About’ documents. These eight pages of concise information were developed to ensure a consistent message regarding kidney disease could be communicated to politicians and key influencers in local communities nationally.

State and Territory Consumer Committees

State Consumer Committees also work to make a positive impact on the lives of people affected by kidney disease at a state and local level and to communicate state issues up to the National Consumer Council. In 2014, State and Territory Consumer Committees continued to identify issues within their local areas as well as acting as a valuable reference point for feedback to the organisation and the wider sector on broad-ranging topics.

Specific activity for each Committee is detailed below.

Victoria

The Victorian Consumer Committee has continued to be very proactive in supporting Kidney Health Australia through assisting with educational and health promotion opportunities and with key events such as the launch of the Big Red Kidney Bus and the Big Red Kidney Walk. They have also regularly volunteered for interview on radio and in print media and for providing feedback on clinical and patient pathway documents.

New South Wales

The continuing focus of the NSW Consumer Committee in 2014 was addressing the impact of increased electricity costs on home dialysis patients. They also undertook a re-evaluation locally of issues for people living with kidney disease and continued to advocate for equity of transport for dialysis patients.

South Australia

In 2014, the South Australian Consumer Committee (SACC) advocated on key issues, including the impact of change to provision of transport for private dialysis patients. The SACC continued to support the SA Kidney Club and committee members were essential to the delivery of the state’s Big Red Kidney Walk.

Western Australia Consumer Committee

During the past 12 months, the Western Australia Consumer Committee (WACC) were fortunate to receive two new committee members. There are currently seven members of the WACC who enjoyed contributing to a successful Big Red Kidney Walk 2014; promoting organ and tissue donation during this year’s DonateLife Week; and contributing to Kidney Health Week events in May.

The WACC successfully lobbied Perth’s main tertiary hospitals to enable subsidised parking fees for dialysis patients at Perth hospitals. In addition to pursuing the key issue of hospital parking, the Committee supported Kidney Health Australia’s submission to the WA parliamentary commission tasked with reviewing the Patient Assisted Travel Scheme (PATS) and wrote to the State Health Minister, Honourable Kim Haymes, to advocate for greater access to holiday dialysis for WA consumers.

All the WACC members are committed to sharing the new ‘About Suite’ documents with prominent figures in their local community and look forward to identifying and responding to the issues and needs raised by the WA kidney community during 2015.

Tasmania

The Tasmanian Consumer Committee continued to be involved in many Kidney Health Australia programs, community events, and networking opportunities throughout 2015. They also contributed to key national consumer issues including feedback on issues affecting carers, out of pocket expenses, transport and transplant reimbursement issues for donors. Committee involvement in kidney health activities was further strengthened with members actively involved in the Teleconnect national peer support program and community education training programs, including presentations at Rotary and Probus clubs. A particular highlight was the extensive involvement of members during Kidney Health Week providing talks, presentations, and information sessions in Georgetown, Huonville and Launceston and a balloon launch at the Evandale market. Once again, the Big Red Kidney Walk held in Launceston owes its great success to the drive and hard work of the consumer committee members.

Northern Territory

In 2014, Kidney Health Australia continued to support the newly formed Northern Territory Renal Consumer Advocacy and Advisory Committee (RAAC). This group provides an important representation of the diverse Northern Territory population and the issues they face. Members from this Committee have attended two of the National Consumer Council meetings held through the year, to ensure visibility is provided at our highest advocacy level for the issues this key group of people living with kidney disease face.

Queensland

Throughout 2014, the Queensland Consumer Committee had a strong focus on reviewing educational and patient pathway material renal services across areas in Queensland. The Committee was also extremely active in supporting the Big Red Kidney Walk and Kidney Health Week activities. Members from the Committee continued to hold consumer representation positions on a range of local health committees and consumer consultation days.
4
Research
Research

Research has always been one of the prime activities of Kidney Health Australia. Over the years it is estimated we have awarded over $30 million to Australian kidney researchers including a couple of one million dollar awards following the Bootle bequest in 2004. The allocation of available research funds has been by competitive application by investigators in the field of their interest for scholarships and grants, and some special project funding including for ANZDATA Registry years.

There has been a building view that the available funds for research allocation might be substantially increased by identifying specific areas that would be attractive to the corporate sector for funding. This approach, combined with a sustained effort to accumulate assets in a special research fund, was disbanded in November 2013. The long standing Medical and Scientific Advisory committee to prioritise funding and hence this initiative would require its own advisory group.

Kidney Health Australia wishes to thank the reviewers for their assistance in assessing and ranking the grant and scholarship applications. The Nursing Grant program aims to support Renal Nurses pursuing a Masters Degree and encourage nurses to pursue a career in renal nursing, in any of its components – clinical practice, education or research – across the continuum of CKD, from prevention to early detection to renal replacement. Our total research expenditure from Board allocated funds for the 2014 calendar year was $522,000.

Biomedical Scholarships

The new direction of Kidney Health Australia research funding aimed at a public health agenda included the withdrawal of new scholarship offers. The nephrologists are, in general, well supported in post-graduate study by funds specifically targeted at medical graduates, and scientists have access to a variety of sources for PhD support.

Grants and scholarships awarded for 2014

A total of 53 applications were received by Kidney Health Australia for funding support in 2014. Kidney Health Australia awarded 20 separate grants and scholarships to the value of $474,000 to kidney-related research projects in University departments, medical research institutes, and hospitals throughout Australia. Support to investigator driven research totaled $408,000 plus an additional $75,000 funding for strategic targeted research.

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Kidney Health Australia

In 2014, three Biomedical Scholarships were awarded continued funding and three were newly awarded scholarships. Funding allocated was valued at $156,500. We actively encourage students receiving Kidney Health Australia funding to apply for NHMRC scholarships each year, to make the most of our research dollar.

Sponsored Scholarships

Kidney Health Australia encourages groups and individuals to consider supporting research through providing sponsored scholarships. Funding biomedical scholarships is a most valued and meaningful way to ultimately promote better health outcomes in kidney patients. We are always interested in hearing from individuals wishing to donate funds for scholarships or grants. All offers are valued and presented to assessors for ranking.

Continuing PhD scholars for 2014

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Continuing PhD scholars for 2014

Dr Qi Cao
Supervised by Prof David Harris (Science)
Westmead Millennium Institute, University of Sydney NSW
Defining the role of the major subsets of renal mononuclear phagocytes

Miss Brooke Huuskes
Supervised by A/Prof Sharon Ricardo (Science)
Monash Immunology and Stem Cell Laboratories, Monash University VIC
Investigating the use of stem cells in conjunction with anti-fibrotic treatment to reverse scarring of the kidney

Mr Thomas Rogerson
Supervised Prof Josephine Forbes (Science)
The Centre for Kidney Research, The Children’s Hospital Westmead NSW
Evidence based testing and outcomes in renal transplantation.

Newly award PhD scholars for 2014

Mr Aowen Zhuang
Supervised by Prof Josephine Forbes (Science)
Translational Research Institute, Mater Research QLD
Problems with protein folding and trafficking are novel mediators of kidney disease

Dr John Whitlam
Supervised by Prof David Power (Medical)
Austin Health VIC
A simpler, less invasive test for monitoring kidney transplant rejection

Miss Camilla Hanson
Supervised by Dr Allison Tong (Science)
University of Sydney NSW
Disparities in access to living donor kidney transplantation
Research

Project Grants

Project grants worth $43,200 each for use over 1-2 years. The competition was strong and most applications were considered suitable for support should more funds be available.

A/Prof Josephine Clayton et al
Northern Clinical School, Sydney Medical School – University of Sydney, NSW
Investigating barriers and facilitators to advance care planning for dialysis and pre-dialysis patients

Recent guidelines have emphasised the importance for providing better support for communication and decision-making about end-of-life (EOL) issues for people with end-stage kidney disease (ESKD) and their families. Advance care planning (ACP) provides a potential solution by promoting discussion between patients, families and healthcare teams regarding values, goals for care, prognosis and EOL issues, as well as facilitating documentation of the patient’s wishes for EOL care. International research, however, suggests that ACP may not be widely implemented in renal units due to various barriers. The proposed project will document Australian current practice in, and attitudes to, ACP for people with ESKD and build an understanding of barriers, and facilitators to ACP implementation, as well as patient, family and health professional preferences for content, timing and mode of delivery of ACP. The results of this study will be used to refine our established ACP program (Respecting Patient Choices) to ensure its relevance to people with chronic kidney disease, who are receiving or considering dialysis, as well as inform the optimal design and implementation of ACP programs in renal units across Australia, including for people from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds.

Prof Jeff Coombes et al
School of Human Movement Studies - University of Queensland, QLD
Exercise training in chronic kidney disease

The optimal exercise prescription for patients with chronic kidney disease (CKD) has not been established. Current guidelines suggest that patients perform moderate intensity continuous exercise, however this is not based on high quality evidence. High intensity interval training has been shown to be superior to moderate intensity continuous training in improving cardiorespiratory fitness, improving cardiovascular risk factors, increasing muscle function and is more enjoyable. This has been shown in healthy individuals and patients with heart disease, obesity and diabetes. This type of exercise is yet to be studied in CKD patients. Therefore, the aims of this study are to investigate the effects of high intensity interval training on cardiorespiratory fitness, muscle function, muscle wasting and exercise adherence in CKD patients. Thirty patients with CKD will be allocated to either high intensity interval or moderate intensity continuous. At baseline and at the end of 12 weeks of supervised training the outcome measures will be assessed. They will then be educated on continuing the exercise at home and followed-up one year later to evaluate longer-term adherence. The findings from this study will have important implications for exercise prescription and understanding the effects of exercise training on muscle wasting in the CKD population.

Prof Peter Ebeling et al
Department of Medicine – University of Melbourne, VIC
Nitrates for bone protection in Chronic Kidney Disease

Studies have consistently shown that low trauma fractures are widely prevalent among patients with chronic kidney disease (CKD). However, the management of this condition remains controversial because the safety and efficacy of most currently available treatments for the prevention of fractures have not been adequately tested in patients with CKD. Further, many of these treatments are potentially toxic to kidneys and may also have deleterious effects in certain types of renal bone disease. Therefore, there is a need for investigating new therapies for bone protection in CKD, using drugs that are safe and effective in patients with CKD. Recent evidence suggests that nitrates have all the necessary attributes to be a potential candidate for bone protection in CKD. They have shown to have bone protective properties in postmenopausal women, although not specifically in patients with CKD, and their safety in CKD, including in patients with advanced CKD, is well established. The current study is designed to assess the efficacy of isosorbide dinitrate, a commonly available oral nitrate preparation in Australia, in the prevention of bone loss in patients with moderately severe kidney disease.

Prof Josephine Forbes et al
Glycation and Diabetes, Mater Research, QLD
Can disturbances in energy production provide biomarkers for kidney disease in diabetes?

Diabetic individuals with kidney disease make up the greatest proportion of people requiring a kidney transplant or dialysis in Australia. We therefore need to find early detection markers as well as develop a better understand of why diabetic kidney disease occurs to design more effective treatments. It is understood, however, that maintaining the function of our cell power stations, the mitochondria, is important for kidney function, since kidneys have a very high demand for energy production from fuel sources such as sugars, lactate and simple fats. In diabetes, this fuel balance is thought to be interrupted which may cause damage to kidneys. Hence within this proposal, we will examine fuels and fuel production waste products in the urine giving us a “finger print” of kidney energy metabolites at that time. Here we aim to assess if we can detect differences between individuals with and without diabetes, as well as those with impaired kidney function. Secondly, we will use medical imaging to look at the fuel “content” of the kidney and see how this relates to urine profiles in these individual. Overall, we aim to understand if certain fingerprints of fuel metabolites in urine and associated with kidney disease in diabetes and therefore may be worth testing as predictors of disease in larger populations.

Prof Peter Ebeling et al
Department of Medicine – University of Melbourne, VIC
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A/Prof Nicole Isbel et al
Department of Nephrology - Princess Alexandra Hospital, QLD

Identifying genetic and pharmacological predictors for non-melanoma skin cancer in kidney transplant recipients

Australian kidney transplant recipients have a twenty times greater risk of developing skin cancer compared with the general population and may suffer from hundreds of cancerous lesions during their lifetime. Surgical removal of skin cancers can be disfiguring, and if they are not detected early, the cancers can be fatal. Skin cancers in transplant patients develop secondary to both past sun exposure and the unwanted side effects of immune suppressing medications that are used after the transplant to protect the kidney. This study aims to identify how genetic differences between transplant patients influence the risk of skin cancer following treatment with immunosuppressant medications.

The proposed study has the potential to guide long-term treatment choices in at risk individuals and to identify patients who might benefit from more intensive skin cancer checks. This has the potential to enhance the duration of quality of life for thousands of Australians who have received a kidney transplant.

Grants for Nurses Pursuing Masters Degree

Kidney Health Australia provides grants for registered nurses wishing to study for a Masters Degree in Nursing or Public Health. The aim of the program is to encourage nurses to pursue a career in renal nursing in any of its components - clinical practice, education or research - across the continuum of CKD from prevention, early detection to renal replacement.

Five new nursing grants were awarded with the scholarships valued at $3,000 each, for a maximum of three years – a total of $24,000 for the 2014 calendar year.

Mrs Wendi Bradshaw
Master in Nursing Practice
Deakin University, VIC

Ms Toni East
Master of Nursing - Nurse Practitioner
Flinders University, SA

Ms Anthony Perkins
Master of Nursing - Advanced Practice
University of Newcastle, NSW

Mrs Tania Burns
Master of Nursing - Research
University of Wollongong, NSW

Mr Grant Ramke
Master of Nursing - Clinical Education
James Cook University, QLD

Mrs Debra Turner
Master of Nursing - Leadership and Management
University of South Australia, SA

Mrs Gethsy Jayaseelan
Master in Clinical Practice - Renal Stream
Australia Catholic University, VIC

Ms Laura Austin
Master of Nursing - Nursing Education
Charles Sturt University, NSW

Targeted or Strategic Research

In 2014, an amount of $75,000 was awarded to targeted areas deserving support and assisting Kidney Health Australia in its mission to free Australia of kidney disease. The sole recipient was:

ANZDATA Registry

The internationally acclaimed ANZDATA Registry has been funded substantially by Kidney Health Australia since its formation. It is one of the major accomplishments of the Australian and New Zealand nephrology community and has contributed importantly to knowledge, planning and best practice in clinical care over many years. Funding is awarded to the ANZDATA Registry ($75,000) to go towards its general operating costs. Learn more at www.andata.org.au

Awards in excellence in research

Clinical Nephrology Presentation – ANZSN Scientific Meeting

Special awards given this term by Kidney Health Australia for excellence in medical research included an annual prize valued at $5,000 for the best Clinical Nephrology Presentation at the annual Australia and New Zealand Society of Nephrology (ANZSN) Scientific Meeting. This award is judged on abstract and presentation, with all presenting members of the ANZSN eligible.

Winner of the Clinical Nephrology Presentation for 2014
Dr Meg Jardine
The George Institute for International Health, NSW

Clinical and Laboratory Research Presentations – TSANZ Scientific Meeting

Kidney Health Australia has sponsored two annual awards at the Transplantation Society of Australia and New Zealand (TSANZ), each to the value of $1,000, for the best clinical and laboratory based presentations judged on abstract and presentation.

Winners for 2014 were:
Clinical Research Presentation
Dr Ashley Irish, Royal Perth Hospital, WA

Laboratory Research Presentation
A/Prof Wayne Hawthorne, Westmead Hospital, NSW
Kidney Health Australia Priscilla Kincaid Smith Medal
This prestigious award, is the highest scientific accolade of Kidney Health Australia. It is awarded on the recommendation of MSAC for outstanding contributions to the cause of nephrology.

Past winners include:
- 2012 Professor David Harris
- 2010 Professor Judith A Whitworth AC
- 2005 Professor Stephen Holdsworth
- 2002 Professor Anthony d’Apice
- 2000 ANZDATA Registry
- 1996 Professor Villis Marshall
- 1994 Professor Robert Atkins

Kidney Health Australia’s continued commitment to supporting research is evident from our extensive grants and scholarship program. We appreciate donations to, and sponsorship of, our research program as they enable us to increase the levels of funding available to support valued research in the area of kidney and urinary tract disease.

Should you wish to donate funds for a grant or scholarship, supporting research in the area of kidney and urinary tract health, we would like to hear from you.

Kidney Health Australia-CARI. Caring for Australians with Renal Impairment Guidelines
Caring for Australians with Renal Impairment (CARI) is a national evidence-based project that started in 1999 with funding from the pharmaceutical industry. The idea for such a project came from a Dialysis, Nephrology and Transplant (DNT) sub-committee meeting towards the end of 1998, and work began in earnest in early 1999. The first set of Clinical Practice Guidelines appeared in March 2000. The two bodies responsible for the CARI Guidelines are the ANZSN and Kidney Health Australia. For the last 3 years the CARI process has been funded by Kidney Health Australia and late last year it was agreed to continue the funding for another 12 months. CARI continues to develop new Guidelines, review existing ones, and writing commentaries on overseas Guidelines.

New Guidelines
1. Diagnosis and Treatment of Urinary Tract Infection in Children. (Published Nov 2014, Nephrology)
2. Infectious Diseases in Renal Units. (In development)
3. Autosomal Dominant Polycystic Kidney Disease. (In development)

Commentary on KDIGO Guideline
1. Management of Blood Pressure in CKD. (Published Jan 2014, Nephrology)
2. Lipid Management in CKD. (Published Nov 2014, Nephrology)

Adaptation of KDIGO Guideline
1. Acute Kidney Injury. (Published May 2014, Nephrology)

Implementation Projects
1. Implementation of the CARI Iron Guideline into Clinical Practice in Rural or Remote Nephrology Practices.
2. Preventing Infection in New Peritoneal Dialysis Patients.

Australia is continuing to work collaboratively with other countries in the guideline area. The CARI office is at Westmead Children’s Hospital and the CARI project has enjoyed strong and continuing support in 2014 from Amgen, Australia & New Zealand Society of Nephrology and Shire.
Support
Kidney Health Week

Kidney Health Week remains one of the peak times for Kidney Health Australia to raise awareness and promote good kidney health to the kidney and wider community. Held annually in the last week of May (25 May – 31 May), this year’s campaign highlighted the exciting launch of our KidneyCheck program, developed in partnership with Siemens Australia, and available exclusively at Amcal and Guardian pharmacies.

The KidneyCheck program allows for convenient monitoring of urine for protein – one of the first signs of kidney damage. Being the first Australian self-management program available for people diagnosed with diabetes and high blood pressure, the KidneyCheck program tied nicely to Kidney Health Week messaging and benefited from the joint marketing from Amcal and Guardian.

A range of collateral was developed launching the KidneyCheck program as well as a new set of infographic material highlighting key statistics of kidney disease in Australia. Material was mailed to renal units, medical centres and members of our kidney community, helping promote this important message.

A national launch was held for a consecutive year at Parliament House Canberra, hosted by Master of Ceremonies and new Ambassador for Kidney Health Australia, Frankie J Holden. The launch was attended by over 80 parliamentarians and key stakeholders, with speeches from the Hon Kevin Andrews, Social Services Minister, Shadow Minister for Health, Hon Catherine King, and inspiring speaker Nik Pinchbeck who shared his story of living with kidney disease.

World Kidney Day

March 13 marked the 9th World Kidney Day, with the theme ‘Kidneys age, just like you. Take care of them’, chosen to highlight chronic kidney disease and associated risks with ageing. Kidney Health Australia ran a strong media and promotion campaign during this time, achieving coverage across several mediums.

National Kidney Kids Camp

The 2014 Kidney Health Australia National Kidney Kids Camp was held in Queensland, at Runaway Bay Sports Super Centre from Thursday 10th to Sunday 13th April. The program is designed specifically to cater for children aged 7 to 17 years affected by Chronic Kidney Disease (Stage 3 and greater), and their siblings.

This year had a record attendance of 113 children and overall, a total of 219 participants took part in the Camp with 82 volunteer carers, 14 health professionals, 5 St John Ambulance staff and 5 Kidney Health Australia staff all supporting this inspiring four day event.

The delivery of a Camp that can undertake all the medical needs of children on dialysis or who have a transplant relies heavily on the support of the children’s health professionals. This year Camp was attended by Women’s & Children’s Hospital Adelaide (3 staff), Royal Children’s Hospital Melbourne (5 staff), Royal Children’s Hospital Brisbane (2 staff), Mater Children’s Hospital (1 staff), Monash Children’s Hospital (2 staff) as well as a nurse from Kidney Health Australia. New to camp this year was the addition of St John Ambulance staff onsite day and night, to provide any medical assistance to the siblings that attend camp and this has been an invaluable addition to the model, which will be continued in the future.

The four day event followed an extremely full timetable including outdoor sporting challenges, Bollywood dancing, cooking classes, a Carnivale night, and – the favourite as always – a day excursion to Movie World.

Kidney Kids Capers

As an expansion for the Kidney Kids programs, Kidney Kids Capers events were hosted twice in each state over 2014, allowing families and Kidney Kids the opportunity to get together every 3-4 months, in combination with the National Camp.

With growing reputation and strong support from all paediatric renal units, a 20% increase in children attending nationally was achieved, with 275 different Kidney Kids participating at one or more of 10 state based Capers events.

In South Australia, July’s Kids Capers program saw 24 kids and 19 adults enjoying themselves at the local arcade and cinemas followed by a family day out at the Adelaide Zoo, where one lucky Kidney Kid won a prize to feed the lions.

For September’s Capers, 57 kids and 40 adults were treated to a Saturday at The Beachouse with fun and games for all, followed by a very
exciting trip to the Royal Show on the Sunday for the whole family. The support from the fantastic team at the Women's & Children's Hospital Renal Unit in assisting at these and all our Kidney Kids programs has been extremely valuable throughout the year.

Sponsored by Lotterywest, the Western Australia Kidney Kids enjoyed watching the Fremantle Dockers have a huge win over the GWS Giants at Patterson Stadium in July, after a great time playing laser tag and watching How to Train a Dragon 2 at the cinemas. October’s program saw 25 Kids enjoy hours of game play at Fremantle Timezone, before spending the day at Adventure World with the whole family.

New South Wales Kids Capers took place in June and October and saw our Kids attend The Lion King, the AFL, enjoy an afternoon on a Sydney Harbour Boat Cruise, and a special fun day at the Entertainment Quarter. A new initiative at the fun day was a separate Parents’ Forum, where a guest speaker was introduced to educate families on the importance of managing stress and keeping a healthy mind.

Victorian Kids Capers saw a record attendance over the year with events that took place in June and November. Kids attended the AFL, ScienceWorks, Werribee Zoo, Hoyts, and Strike bowling bar in a whirlwind year for the state and again, a separate educational Parents’ Forum with a guest speaker was a popular new initiative. A highlight at the AFL was the Western Bulldogs inviting the Kidney Kids to form a guard of honour on the field for the beginning of the game and for autographs all around.

In amazing July weather, the Queensland group of Kidney Kids spent an evening at the AFL watching the Queensland Lions take on the Suns, and then visited Dreamworld for a day on the rides with some amazing and energetic volunteers. In October, friendships were reunited as the Kids hit the Science Museum for a great time with their families, before taking off to Movieworld for a beautiful day in the sun exploring the Park!

Kidney Kids Capers has been made possible through the considerable support of hospitals, families, volunteers and entertainment providers. The smiles and laughter motivates us all to raise the bar and push the boundaries of what the Kidney Kids programs have become today.

**Young Adults Transition Program**

The South Australian Young Adults Transition Clinic, a first of its kind in Australia, was established in 2012 by Dr Rob Carroll and SA Health in replication of the Oxford (UK) model. This clinic was established to support 18-26 year olds living with chronic kidney disease, as research has indicated this age group face significant difficulties dealing with a chronic illness and identifies the benefits that peer support has for compliance of medication and lifestyle.

Kidney Health Australia staff support the Transition Clinic with complementary social activities designed to deliver the peer support element through stimulating interaction and conversation amongst the group at the Clinic. Additionally, Kidney Health Australia runs informal support events for this group to reinforce the peer support development. Early outcomes from this pilot program show it to be extremely successful in engaging the young adults with their treatment and self-management and in overall increasing participation numbers.

In the beginning of the game and for autographs all around. Western Bulldogs inviting the Kidney Kids to a new initiative. A highlight at the AFL was the Victorian Kids Capers saw a record attendance over the year with events that took place in June and November. Kids attended the AFL, ScienceWorks, Werribee Zoo, Hoyts, and Strike bowling bar in a whirlwind year for the state and again, a separate educational Parents’ Forum with a guest speaker was a popular new initiative. A highlight at the AFL was the Western Bulldogs inviting the Kidney Kids to form a guard of honour on the field for the beginning of the game and for autographs all around.

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**Young Adults Leadership Retreat**

The Inaugural Young Adults Leadership Retreat was launched at the Super Sports Centre on the Gold Coast on 19-21 September. The Young Adults program has been developed to aid the transition between paediatrics and adulthood for dialysis and transplant patients aged 18 – 25 years and delivers self-management principles as well as developing valuable peer support networks for the attendees.

At this first event, 19 participants were invited to attend from New South Wales, Queensland, Victoria and South Australia supported by four staff, a volunteer nurse and eight Queensland-based volunteers. Activities throughout the three day onsite camp included self management workshops, motivational speakers, resume and interview skills, team building challenges, art therapy classes as well as yoga and mindfulness sessions targeting self-esteem, health education and confidence building. Initial feedback from the group suggested that majority of participants gained a lot of confidence through the peer interactions and general discussions and would like to see the program develop with further discussions and information about accessing tertiary education and work experience roles.

**Henry Giblett Adult Holiday Dialysis Program**

The 17th Henry Giblett Adult Holiday Dialysis Program was once again a great success for Kidney Health Australia and all those involved. Supported by Kidney Health Australia, nursing staff and volunteers in Busselton, the program provided a week-long holiday for 24 Western Australian families.

Essential to the program, a temporary dialysis unit was set up at the Busselton St John Ambulance Sub-Centre, incorporating machines, supplies and consumables from Fresenius Medical Care, ensuring patients received their lifesaving treatment while enjoying a welcome change of scenery. Thanks to the generous support from Lotterywest, patients and their families were able to enjoy free accommodation at The Sebel, a number of group dinners, transportation and social activities. Volunteer extraordinaire and Busselton local, Tanya Chatfield, was once again a huge asset to the program providing transport to the temporary dialysis unit and running a South West tasting tour of gourmet shops and cafes, for all involved.
A collaborative effort, this program would not run without the essential support of our sponsors Lotterywest, Fresenius Medical Care, Northline Freight, St John Ambulance, Diaverum, Greg Fleay Plumbing, Grocock Glass and Fifth Estate Wines.

Kidney Club

The Kidney Club model has continued to consolidate in 2014 with 20 Kidney Club events being held nationally through the year. Generally held three to four times per year in a city, Kidney Club provides a friendly environment, away from the hospital setting, where patients, carers, and family members can talk openly about their personal experiences living with kidney disease.

Events this year were run in Adelaide, Cairns, North Perth, South Perth, Hobart, Hervey Bay, Darwin, Sunshine Coast, Armidale, Blacktown and Alice Springs with a total of 580 people attending the meetings, a significant increase on the 280 participants in 2013.

With minimal external promotion of this program, this result highlights the very real demand for interaction and information from people living with kidney disease.

Regional Schools Health Promotion

As part of an ongoing strategy to integrate health promotion into corporate events, in 2014 a program of health promotion in regional schools supported the annual Kidney Kar Rally. During the course of the rally eight regional and remote schools through New South Wales and Victoria were visited with over 3,000 students attending the health information sessions. Included in the information sessions were details about how to look after your kidneys, awareness and education around foods that are high in salt and sugar and the importance of regular exercise. The education sessions were very well received and supported by the schools with many putting the spotlight on kidney health during the whole week of the visit.

An exciting Community Education development has also evolved in 2014, following the Big Red Kidney Bus around to locations around Victoria. In November at Lakes Entrance, a community education session took place alongside the Big Red Kidney Bus and twelve education sessions were provided at three different schools. Students dressed as young scientists and took part in activities along with song and dance to help explain kidney health in a fun and engaging way. Overwhelmingly, all students and staff evaluated the education in positive terms and one young boy said, “I didn’t know that kidneys could be so interesting!”.

Transplant Housing

Emorgo Kidney Transplant House - Victoria

In late 2014, Kidney Health Australia launched its first Victorian accommodation for rural and regional kidney transplant patients and donors called Emorgo Kidney Transplant House. This beautiful new two bedroom, two bathroom, fully furnished apartment offers patients a ‘home away from home’ for recovery after surgery. The apartment provides a very high standard of accommodation for our guests in a wonderful location within minutes of major transplant hospitals.

Emorgo Kidney Transplant House is something that our kidney community in Victoria – and interstate – has been calling for and identified as a very real need. As with our transplant properties in Western Australia, we hope this apartment helps to ease the emotional and financial burden on patients and keep families together in a homely environment during recovery.

Our first patient from Alfredton moved in to Emorgo Kidney Transplant House just before Christmas and she and her husband spoke of their gratitude and relief at having high quality accommodation so close to the hospital at no cost.

Kidney Health Australia would like to thank our many wonderful partners who have made this dream a reality, particularly the Emorgo Foundation for its incredibly generous donation and passion for seeing this project come to life. Other partners include: Move-In, The Good Guys, Little Projects, Adairs, Radio Rentals SA, Harbour IT and OC Energy.

We look forward to continuing to explore growth opportunities for the transplant housing program in 2015.

F.A.I.T.H. – Western Australia

Our two F.A.I.T.H Houses in Perth continued to offer accommodation for regional families recovering from transplant surgery. During 2014, a total of 11 families from all over the state – including Wyndham, Northampton, Geraldton, Margaret River, and Albany – benefited from access to the Houses.

As the WA houses have been established now for over eight years, a refurbishment program has commenced to undertake cosmetic improvements in the properties.
Kidney Cancer Support and Information Service

Ms Kirren Grennan

In Australia, renal cell carcinoma (RCC) is the 8th most common cancer. The inaugural year of Kidney Cancer Project produced positive results across the board. In 2014, the goal to increase usability and traffic to the dedicated Kidney Cancer Website was achieved through the development of two new functions: information specifically listing Australian kidney cancer clinical trials and a multidisciplinary team finder function. The online support and information community Kidney Cancer Connect was reinvigorated with the creation of 42 new topics, attracting many new users and subsequent views (2,100 per posting). The website now experiences approximately 3,671 visits per month.

Increasingly, the work being done to support the kidney cancer community is undergoing a favourable uptake from relevant health professionals. This is likely to be attributed to regular attendance and participation at key cancer conferences and the creation of a ‘Health Professional’ section on the kidney cancer website, which hosts the newly created Health Professional Newsletter (specific to kidney cancer health professionals).

The project has engaged in several successful advocacy campaigns, increasing the availability of affordable treatment options for people diagnosed with kidney cancer. This work has been supported by the appointment of Dr Craig Gedye, Kidney Health Australia’s first ever, Oncology Medical Advisor.

Fundraising

We wish to offer our thanks to the many donors, trusts, and philanthropic organisations that financially supported Kidney Health Australia.

Bequests

The support of those who choose to leave a bequest helps in many ways, bringing real benefit to the community.

In 2014 we received bequests of all sizes. Gifts in wills do not need to be large to make a considerable difference to the lives of those living with kidney disease and their families. We are sincerely grateful for the generosity of our supporters.

Notable bequests received:
• $1.1 Million from the estate of Mr John Campbell
• $320,000 from the estate of Ms Isyabell Weir
• $300,000 from the estate of Mr Alan Wienand

Direct Mail Appeals

Four appeals were run in 2014. We received donations from our long-term supporters and welcomed many new donors, despite another challenging year.

Our Christmas Appeal told three year old Layla’s story and the challenges she experienced whilst waiting to be big enough and strong enough to receive a new kidney from her Grandmother, who travelled to Australia from Ireland for the transplant. Layla’s story also received excellent media coverage and highlighted the importance of support for our appeal.
In March 2014 – after three years of planning – Kidney Health Australia’s Big Red Kidney Bus (BRKB) was officially launched on the steps of Victoria’s Parliament House by the then Minister for Health, the Hon David Davis MP.

A world-first initiative, the Big Red Kidney Bus will provide mobile holiday dialysis, travelling to popular holiday spots where it will set-up for six weeks at a time, staffed by Monash Health renal nurses and technicians.

The launch of Kidney Health Australia’s Big Red Kidney Bus marked a historic moment for our organisation and, most importantly, for the more than 11,500 Australians living on dialysis. It can be extremely difficult for those with end-stage kidney disease to take a holiday, due to the restrictions of their treatment, and it can be difficult to book a holiday dialysis chair, as availabilities are very limited around Australia. Now, for the first time in the world, dialysis patients will be able to access mobile dialysis at popular holiday destinations, allowing them to get much needed respite and a break from their normal treatment routine.

The concept for the Big Red Kidney Bus came from the late Mr Vince Tripodi, a dialysis patient at Latrobe Valley Regional Health Dialysis Unit, who wrote to Kidney Health Australia about his idea for a mobile dialysis unit in 2011.

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The project was driven by members of our kidney community from the very beginning – from Vince’s original vision, to the invaluable contributions from his fellow patients, Suzi Picken and Bruce Bremner, who have sadly also passed away, but who were thrilled to know that the Big Red Kidney Bus was going to be a reality. A rural launch hosted by Latrobe Valley Bus Lines and Kindred Spirits Foundation attracted a crowd more than 600 people, and this community continues to be a major source of donations to the BRKB Project.

The Bus will travel to popular Victorian holiday destinations, such as Mallacoota, the Grampians and Mildura, in consultation with consumers, Kidney Health Australia and Monash Health. In honour of Mr Tripodi’s wishes, the Big Red Kidney Bus made its first stop at Lakes Entrance when it took to the road in late 2014, where 34 families from Victoria and New South Wales were able to enjoy a holiday.

Kidney Health Australia raised the funds to put the Big Red Kidney Bus on the road, and the project would not have been possible without the generous support of H&L Hecht Trust and the John and Thirza Daley Charitable Trust, managed by Perpetual; The Grenda Foundation, who was the first major supporter of the Bus; Ventura Bus Corporation, who donated the bus; Latrobe Valley Bus Lines, who will maintain the Bus, provide drivers, and house it when not on the road; and Fresenius, who donated the three dialysis machines.
Support

Kidney Health Australia has also been able to employ a bus driver and manager of bus services, thanks to funding from the Pierce Armstrong Foundation, and develop a CRM assisted booking system. A community partnership has also been developed with RMIT University Information Technology and Software Design Masters’ students, who are working towards the creation of an online booking system and smartphone App for the Big Red Kidney Bus.

Operation Angel
Recognising outstanding people who have made exceptional contributions to the kidney community, the Operation Angel Awards have been presented over many years to kidney patients, carers, family members, volunteers, and health professionals. This year nominations were received for a wide group of people across Australia.

Ceremonies were held through the year and across the nation to recognise and honour the 19 successful Operation Angel Award recipients for 2014.

Queensland
Mr Brian Dixon
Mrs Anne Dixon

New South Wales
Ms Janalee Bramich
Ms Pam Dunn
Ms Rosemary Dunn
Ms Belinda Henderson
Ms Elizabeth Josland
Illawarra Dialysis & Transplant Association
Mr Joseph Moldrich
Dr Kym Rae

Victoria
Ms Melissa Banks
Ms Sue Hatzimichalis
Mr Ashton Kline
Ms Sharon Mitcher

Tasmania
Ms Gaye How
Tamar Support Group

South Australia
Ms Mirjana Lutkic

Western Australia
Mr Noel Bennell
Ms Pauline Catterall
Mr John Shearer

Health Program Launches
It’s exciting when after many years of work, Kidney Health Australia has been able to launch new programs that will benefit the kidney community.

In 2014, we were able to announce the Big Red Kidney Bus program with three official launches in March; one at the Pullman Hotel Melbourne linked with the 5th Australia and New Zealand Home Dialysis Conference, another on the steps of Parliament House Victoria marking World Kidney Day and the third at Traralgon Lions Club Farmers Market, hosted by Latrobe Valley Bus Lines and Kindred Spirits Foundation.

In October we launched the Emorgo Kidney Transplant House in East Brunswick, hosted by building developer Little Projects, nearby to the apartment.

These program launches provided an opportunity to acknowledge key supporters, engage stakeholders who will be promoting or benefiting from the program, and engage the media with our important work.

Kidney Health Information Service
The Kidney Health Information Service (KHIS) provides information, education, referral, and support via the free call number (1800 454 363), email, direct local phone calls and social media.

Throughout 2014, those utilising the service continued to predominately be patients, carers, and family members affected by kidney disease; specifically requesting information regarding diagnosis, understanding terminology, treatment options, diet and nutrition. With 2,192 enquiries for the year, and nearly 14,000 pieces of educational material distributed nationally, the service continues to provide invaluable support and guidance for those contacting Kidney Health Australia.

The KHIS team also attended the annual Renal Society of Australia (RSA) conference in Melbourne, to stay up to date with the latest information, and to network with the many renal nurses and allied health professionals who help promote the service throughout the year.

Phone-based and face-to-face support is provided by our trained Mentors, who are able to share their personal kidney disease journey with consumers and carers looking for support.

Two rounds of TelEConnect training were delivered during 2014, which saw seven new Mentors join the program. A total of 43 referrals were made and 23 connections were established. The program was delivered in an oral presentation at the 2014 RSA Conference in Melbourne, where it received a lot of positive interest from those in attendance.

Feedback from our Peer Mentors who participated in the training and who provided support, as well as from consumers and carers who have been linked in with the service, has been overwhelmingly positive. Many meaningful connections have been established nationally and increased program promotion has enabled more health professionals to offer the service to their patients and families.

Continued promotion of the service through our KHIS line, Renal Units nationally and our Allied Health Professional networks, plus additional volunteer training are planned for 2015. We look forward to offering peer support to more of the Australian kidney community throughout the coming year, and utilising the valuable skills of more kidney consumers and carers looking to become trained Mentors.

Kidney Health Information Service Launches

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TelEConnect
Ms Colette Lappin
TelEConnect is a national peer support program that connects kidney consumers and carers with trained Peer Mentors who have similar experiences living with, or caring for someone affected by kidney disease.
Community Fundraising
Our appreciation goes to the groups and individuals who conducted their own fundraising in support of Kidney Health Australia.

There were many who organised events, took on personal challenges, donated in lieu of gifts, or supported us through company initiatives and workplace giving.

Big Red BBQ
This year saw the return of the Big Red BBQ, a campaign bringing communities together to host a BBQ with their family, friends, and colleagues.

Themed around Australia Day, participants were invited to take on a new challenge to incorporate five healthy ingredients to their BBQ – mushrooms, turmeric spice, cous cous, corn, and strawberries.

Fun was had by all, with a gross income of $21,000 raised towards our programs.

A big thank you to all participants, sponsor Masport, and Ambassador Daniel Churchill.

Golf Day
Kidney Health Australia’s Annual Golf Day and Dinner was held on March 3 at Royal Melbourne Golf Club in Victoria. We were delighted by the support of many key stakeholders that helped make this day possible:

Naming Right Sponsor
Source Central Partners

Major Sponsor
Subaru Melbourne/Australia

Hole Sponsors
Metro Signs, Metro Partitions, Moores and Linbald Expeditions

Company Support
Moores, Metro Partitions, IH Group, AIW, Imscan-Konica Minolta, KPMG, Downies, Mills Oakley Lawyers, Filewise and Fourth Wave Wine Partners.

In the evening of the golf day over 160 people gathered for dinner to hear from Master of Ceremonies, cricket legend Dean Jones AM, and inspiring speaker Ethan Daws, who shared his story of kidney disease and the Kidney Kids Camps. Guests enjoyed entertainment plus a live and silent auction with terrific prizes up for grabs!

Kidney Kar Rally
Kidney Health Australia’s 26th Annual Kidney Kar Rally was an amazing 4000km eight day journey travelling from Gundagai to Cootamundra via Mt Gambier starting on August 15.

A total of 169 people took part, spread amongst 75 vehicles – including officials, back-up, kruise and rally goers. Some having participated for many years, and others for the very first time. Once again, the level of commitment shown to increase the profile of Kidney Health Australia and support our Kidney Kids Programs was second to none.

Over the years, the Rally has raised millions of dollars to help build upon the services we can offer to children affected by kidney disease and their families. Kidney Health Australia congratulates and thank all participants and their sponsors for making a difference.
Support

Highest Fundraisers:
1st: Kar 68 – Artline Team – Mike Kluver and Barby Kluver
2nd: Kar 8 – BSLSC – Peter Ward, Graham Ward and Richie Farrer
3rd: Kar 181 The Safari – Tony Tannous, Robert Projeski and Vince Messina

Outright Winners:
1st: Kar 11 – The Blues Brothers – Peter Carr, Pete Carr and Steve O’Connell
2nd: Kar 940 – Australiana – Robert Rowlands and Alexander Daffy
3rd: Kar 747 – Learning to Fly – Dean Bint, Bill Cowgill and Stewart Watt

Big Red Kidney Walk
Kidney Health Australia celebrated a successful third annual Big Red Kidney Walk campaign with official September walks held in Adelaide, Sydney, Perth, Brisbane, Melbourne and Launceston. Additionally, independent walks were hosted by locals in Canberra, Hobart, Port Macquarie, Chinchilla, Newman, Collinsville, Tugan and Toowoomba.

The Big Red Kidney Walk brought thousands of Australians together to ‘turn red’ and walk in honour of those affected by kidney disease. Everyone had different journeys, different stories to tell. Some were walking having been personally affected, or were there to pay tribute to a loved family member or friend.

Kidney Health Australia started the Big Red Kidney Walk to simply bring people together, and from the response we continue to receive, we’re certain that this event not only brings people together, it also raises awareness on the impact it is having on the community and the need for improved support. This year a gross income of $158,338 has been raised towards kidney research, and participation has increased by over 55% compared to the previous year.

Thank you to everyone who participated, volunteered, donated their services, or supported someone participating in the Big Red Kidney Walk.

Lotteries
The Lotteries business continues to be Kidney Health Australia’s most profitable line of business and 2014 saw an increase in revenue by continuing with the schedule of four National and four Western Australian lotteries.

New strategies were introduced to improve efficiencies and to ultimately increase ticket sales, and add new supporters to the database. These strategies included reviewing calling patterns, selecting agents to call specific types of supporters, cultivating stronger relationships between highly skilled agents and high end supporters, purchasing profiled lists of varying demographics and reviewing the prize structure. This has increased the contribution from the Lotteries business to the organisation and over 7,000 new supporters were added to the database.

An acquisition strategy will be implemented in 2015 with the aim of adding an additional 17,000 new supporters to the database. This will be achieved by a number of initiatives including purchasing additional profiled lists, increasing staffing levels, and raising awareness of the lotteries through social and digital media. This is an exciting time as it will bring a new demographic of supporters to our database who will contribute to the growth of this profitable line of business.
Acknowledgments

Bequests

Estate of Roma Baker
Estate of Madeline Barklay
Estate of Yvonne Bauer
Estate of David Brandon
Estate of Molly Brown
Estate of Judith Butler
Estate of Anthony Butta
Estate of Robert Campbell
Estate of Betty Costello
Estate of Jean Ellis
Estate of Agnes Harris
Estate of Nona Hayes
Estate of Pauline Hearsch
Estate of John Heath
Estate of Elva Johnson
Estate of Marjorie Lawn
Estate of Marjorie Lines
Estate of Patricia Merrett
Estate of Andrea Nowicki
Estate of Anne Ossatoff
Estate of Ronald Parker
Estate of Eva Pevy
Estate of Millicent Poulensen
Estate of Silvia Richardson
Estate of Cornelius Rote
Estate of Judith Ryan
Estate of Adrian Shearer
Estate of Walter Stanton
Estate of Colin Stevenson
Estate of Isaybell Weir
Estate of Alan Wienand
Estate of Alan Wilson

Trusts and Philanthropic Donations

AET.M.E. Whiting Trust
Australian Executor Trustees
Bell Charitable Fund
David Syme Charitable Trust
Fay Fuller Foundation
Grenda Foundation
H & L. Hecht managed by Perpetual
JLDS Foundation managed by the Trust Company
The John & Thirza Daley Charitable Trust managed by Perpetual
Joe White Bequest
Perpetual Philanthropic Services
Reuben Peleman Benevolent Foundation
State Trustees Limited
The Danks Trust
The Eirene Lucas Foundation
The Isabel & John Gilbertson Charitable Trust
The Mazda Foundation
The Miller Foundation
The Pierce Armstrong Foundation
The Trust Company
The William Angliss (Queensland) Charitable Fund
The William Angliss Foundation
The Trust Company
The William Angliss (Queensland) Charitable Fund

Major Donor and Fundraiser 2014 List

All Souls Opportunity Shop
Alan Kerr & Co
Analytics Anomalous
Andrew Pelly
Angus & Kath McLean
Around and About Bus Hire and Tours
Australian International Academy
BHP Billiton Matched Giving
Bill and Jenny Handke
Brian Thomas
Bruce Verity
Central Coast Support Group
Clark Family Trust
Crescitelli Family
Cruise Sydney Harbour
Daniel Potts
David Syme Charitable Trust
Emorgo Foundation Pty Ltd
Family and friends of the Late Jarryd Higgins
Gladstone Community Services Club
Gloria Hayes
GM & A J Higgs
Gwendolin Lloyd
Harry Tamvakeras
Hastings Macleay Renal Network Services
Hayley Harvey
Ian Norman
Illawarra Daylight Chapter
No. 220
Jeanette De Montemas
Jessica B Hore
Jill Tilbury
Joan Browne
Joan Flynn
John Eastment
John Wright
June Bramich
Justine Ooi
Keith Little
Kevin Lawler
Kindred Spirits Foundation
Kingscliff Hockey Club
Lake Corporation Pty Limited
Lilli Schieven
Lions Club of Brunswick
Lions Club of Traralgon
Lynette Kinneraly
Mandurah Murray Mayday Club
Margaret Poulensen
Matthew Prichard
McHarry’s Business Pty Ltd
Melville Edwards
Michael Smith
Michelle Dalton
Mickey’s Fitness
Millie Tong
Monash Primary School
Mt Eliza Primary School
NSW Womens Bowl for Others Club
Qantas Help Fund
R F Christensen
Richard Muirden
Riversdale Meat Transport
Robyn Marshall-Jung
Rocco Mangano
Rod Wade and Austen Ritchie – Vintage Adventurer
Rosemary Campbell
Rotary Club of Darwin North
Sakkara Administration Pty Ltd
Saundari Appu
Scalzo Food Industries
Skillstrain Pty Ltd
Sunraysia Foundation
Tasmanian Chapter – Harley Owners Group
Tor R McCaul
Torquay Ladies Golf Sub-Committee
Vanessa Rizk
W.M. Ritchie (Aust) Pty Ltd
Acknowledgments

Partners and Supporters

Amgen Australia Pty Ltd
AstraZenica Pty Ltd
Australian Government
Australia & New Zealand Society of Nephrology
Bayer Australia
Foundation Housing Ltd
Fresenius
Grenda Foundation
Kindred Spirits Foundation
Illuminated Water
Kindred Spirits Foundation
Latrobe Valley Bus Lines
Lotterywest
Masper
Pfizer Australia
Shire Pharmaceuticals
Source Central Partners
Subaru Melbourne/Australia
Traralgon Lions Club
Westymedia

Honorary Life Members

Mrs Ruby Ash
Prof Robert Atkins
Mr Lewis Barrett OBE
Mr Alan Bottoner
Prof Gwynne Brockis
Mr Paul Byrne
Mr Paul Castillio
Mr Keith Cocks
Mr Syd D Corser
Dr John Dawborn
Mr Clem Dwyer
Mr Twanny Farrugia
Dr John Freeman
Dr Ted Haywood
Mrs Joan Holmes
Dr Peter E Hurst
Dr Brian Hutchison
Mr Garth Illett
Mrs Thora Illett
Ms D Kaye Smith
Prof Priscilla Kincaid-Smith
Prof James D Lawrence AO
Mr Allan Lawson
Mr Jack Le Cras
Captain John Lower and
Mrs Judith Lower
Prof Villis Marshall
Ms Dorothy McAllister
Prof Robert Mitchell
Mr Peter Morris
Mrs Abigail Oliver
Mrs Fay Rampling
Mr Keith Russell
Mr Gregory Sawyer
Prof AGR Shiel
Mr Cordell Short
Mr Charles Warman

Patrons and Ambassadors

Patron-in-Chief
His Excellency General The Honourable Sir Peter Cosgrove AK MC (Retd)
Governor-General of the Commonwealth of Australia

Our Patrons
Sir Jack Brabham AO, OBE
Lady Margaret Brabham
Mr Normie Rowe AM

Our Ambassadors
Mr Tyler Atkins
Mr Mathew Brabham
Mr Cody Crocker
Mr Robert De Castella
Mr Frankie J Holden
Ms Lindi Jane - Children's Ambassador
Mr Tim Mathieson
Mr Bob Pritchard – Global Ambassador

Board of Directors
Mr Vin Harink (Chair)
Prof Allan Collins
Prof Jonathan Craig
Mr Peter Jon Hartshorne
Mr Graeme Holmes
Mr Peter Mitchell
Mr David Morgan
Mr David Parker AM
Prof Carol Pollock
Ms Anne Wilson (CEO and MD)

Board Sub-Committees

Audit & Risk Committee
Mr Vin Harink (Chair)
Mr Peter Jon Hartshorne
Mr Graeme Holmes
Ms Anne Wilson (MD & CEO)

Governance Committee
Mr Vin Harink (Chair)
Mr Graeme Holmes

Remuneration & Succession Planning Committee
Mr Graeme Holmes (Chair)
Mr Peter Jon Hartshorne

Amgen Australia Pty Ltd
AstraZenica Pty Ltd
Australian Government
Australia & New Zealand Society of Nephrology
Bayer Australia
Foundation Housing Ltd
Fresenius
Grenda Foundation
Kindred Spirits Foundation
Illuminated Water
Kindred Spirits Foundation
Latrobe Valley Bus Lines
Lotterywest
Masper
Pfizer Australia
Shire Pharmaceuticals
Source Central Partners
Subaru Melbourne/Australia
Traralgon Lions Club
Westymedia

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Prof Robert Atkins
Mr Lewis Barrett OBE
Mr Alan Bottoner
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Mr Paul Byrne
Mr Paul Castillio
Mr Keith Cocks
Mr Syd D Corser
Dr John Dawborn
Mr Clem Dwyer
Mr Twanny Farrugia
Dr John Freeman
Dr Ted Haywood
Mrs Joan Holmes
Dr Peter E Hurst
Dr Brian Hutchison
Mr Garth Illett
Mrs Thora Illett
Ms D Kaye Smith
Prof Priscilla Kincaid-Smith
Prof James D Lawrence AO
Mr Allan Lawson
Mr Jack Le Cras
Captain John Lower and
Mrs Judith Lower
Prof Villis Marshall
Ms Dorothy McAllister
Prof Robert Mitchell
Mr Peter Morris
Mrs Abigail Oliver
Mrs Fay Rampling
Mr Keith Russell
Mr Gregory Sawyer
Prof AGR Shiel
Mr Cordell Short
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Mr Cody Crocker
Mr Robert De Castella
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Ms Lindi Jane - Children’s Ambassador
Mr Tim Mathieson
Mr Bob Pritchard – Global Ambassador

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Prof Allan Collins
Prof Jonathan Craig
Mr Peter Jon Hartshorne
Mr Graeme Holmes
Mr Peter Mitchell
Mr David Morgan
Mr David Parker AM
Prof Carol Pollock
Ms Anne Wilson (CEO and MD)
Acknowledgments

Home Dialysis Advisory Committee

Chair
Dr Fiona Brown

Members
Ms Sandra Bell
Dr Aron Chekara
Mr Michael Chong
Dr Alessandra Doolan
Ms Kim Grimley
Mr Bill Handke
Prof Peter Kerr
Prof Kelvin Lynn
Ms Jo-Anne Moodie
Prof Rachael Morton
Ms Denise O’Shaughnessy
Mr David Ross
Dr David Semple
Dr Yvonne Shen
Dr Nigel Toussaint
Mr Richard Yann

Ex Officio
Ms Debbie Fortnum
A/Prof Tim Mathew
Ms Joanna Stoic
Mr Luke Toy

CARI Steering Committee

Chair
Dr Martin Gallagher

Members
A/Prof Neil Boudville
Ms Denise Campbell
Prof Allan Collins
Prof Jonathan Craig
Dr Deirdre Fetherstonhaugh
Dr Balaji Hiremagalur
A/Prof Tim Mathew
A/Prof David Mudge
Dr Suetonia Palmer
A/Prof Kevan Polkinghorne
Dr Nigel Toussaint
Mr Luke Toy

Dialysis Nephrology & Transplant Subcommittee

Chair
Dr Stephen May

Members
A/Prof Jeffrey Barbara
Mr Evan Eggins
Dr Hilton Gock
Ms Allyson Manley
Dr Steven McTaggart
Dr Henry Pleass
Prof Robert Walker

Ex-officio
Dr Fiona Brown (HDAC)
Dr Martin Gallagher (CARI)
A/Prof Carmel Hawley (AKTN)
Prof Matthew Jose (ANZSN & Kidney Health Australia)
Prof John Kanellis (RTAC)
A/Prof Tim Mathew (Kidney Health Australia)

Admin
Ms Anna Golebiowski

Kidney Check Australia Taskforce (KCAT) Committee

Chair
Prof David Johnson

Members
Dr Katherine Fawcett
Ms Barbara Harvie
Dr Jaquelyne Hughes
Dr Meg Jardine
A/Prof Ivor Katz
A/Prof Robyn Langham
Dr Amanda Mather
Dr Craig Nelson
Dr Richard Phoon
A/Prof Kevan Polkinghorne
Dr John Saunders
Ms Claire Sparke (AIHW Representative)
Prof Tim Usherwood
Dr Sheena Wilmot
Mr Geoff Youdale (Deceased September 2014)

Ex-officio
Ms Dawn Coulson
Dr Marie Ludlow
A/Prof Timothy Mathew
Ms Breonny Robson
Ms Claire Sheeky
Acknowledgments

KCAT Sub-committee for Education in Nursing in General Practice
Chair
Ms Barbara Harvie

Members
Ms Annette Bezzant
Ms Karen Booth
Ms Dianna Fornasier
Ms Marie MacIntosh
Ms Clodagh Scott
Ms Wendy Shepherdley
Ms Lynne Walker

Ex-officio
Ms Dawn Coulson
Dr Marie Ludlow
A/Prof Timothy Mathew
Ms Breonny Robson
Ms Claire Sheeky

Consumer Committees
National Consumer Committee
Mr Evan Eggins - Chair (NSW)
Mr John Griffiths (SA)
Ms Heather Hall (NT Renal Consumer and Advisory Committee (RAAC)
Mr Bill Handke (ACT)
Mr Matty Hempstalk (QLD)
Mr Wayne McGlone (VIC)
Mr David Roberts (SA)
Mr Ted Russell (WA)
Mr Maurice Serico (Indigenous) (QLD)
Ms Pamela Walker (TAS) (deceased November 2014)

Queensland
Mr Matty Hempstalk (Chair)
Mr Martin Chambers
Ms Jemina Dunn
Mr Graeme Jones
Ms Helen Mees
Mr Stuart McLeod
Mr Maurice Serico

New South Wales
Mr Evan Eggins (Chair)
Mr Ted Atkinson
Mr Fabian Marsden
Mr Paul McIlveen
Mr Max Press OAM
Mr Brad Rossiter
Dr Yvonne Shen
Ms Nicole Wright
Mr Geoff Youdale AM (deceased September 2014)

Australian Capital Territory
Mr Bill Handke and Mrs Jenny Handke

Victoria
Mr Wayne McGlone (Chair)
Mr Charlie Ball
Ms Roslyn Ball
Mrs Sandra Bell
Ms Margaret Blanck
Mrs Cathy Bowden
Ms Jo Fairbairn
Mrs Yvonne Farquharson
Ms Michele Gelle
Mrs Dorothy Hogan
Mr John Hogan
Ms Beccky Johns
Mr Peter Maxwell
Mr Grant Monks
Mr Dan Ussher
Mr Richard Yann

Tasmania
Ms Pamela Walker (Chair) (deceased November 2014)
Ms Margaret Binns
Ms Bridget Brown
Mr Kelvin Hinds
Ms Mandy Moore
Ms Judanne Simpson
Mr Gavin Tapp
Ms Myra Whiteman

South Australia
Mr David Roberts (Chair - till July 2014)
Ms Elina Dalziel
Mr John Griffiths (Chair)
Ms Karen Maus
Ms Jen Roadnight
Ms Joy Roberts
Ms Sharon Vafiadis

Western Australia
Mr Ted Russell (Chair)
Mr Jack Anastasakis
Ms Diane Callis
Mr Desmond Chenik
Mrs Debbie Fortnum
Ms Katrina Fromson
Ms Jacqui Horn
Ms Colette Lappin
Ms Pam McArdle
Ms Simone McMahon
7
Financial Statements for 2014
1. Directors

The Directors present their report together with the financial statements of The Australian Kidney Foundation trading as Kidney Health Australia ("the Foundation"), for the financial year ended 31 December 2014 and the auditor’s report thereon.

The Directors of the Foundation at any time during or since the end of the financial year are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Experience and special responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Allan Collins MD, FACP</td>
<td>Prof Collins was appointed to the Board in December 2003. He is Professor of Medicine, University of Minnesota School of Medicine, Hennepin County Medical Center in Minneapolis, MN. He also serves as Director of the Chronic Disease Research Group of the Minneapolis Medical Research Foundation and as Principal Investigator for the U.S. Renal Data System (USRDS) Coordinating Center of the National Institutes of Health (NIH). Prof Collins manages all data resulting from the NKF’s KEEP screening programs nationwide as the Director of the KEEP Coordinating Center. Prof Collins is also principle investigator for the CDC State Level CKD detection program in the United States. Lastly, Prof Collins has participated in the World Health Organization Research Agenda for Non-Communicable Diseases planning group and the Field Protocol development group for NCD management in low resource settings. Formerly President of the National Kidney Foundation.</td>
</tr>
<tr>
<td>Mr. Vincent G. Harink B. Bus CA</td>
<td>Mr Harink has been a Director of the Foundation since December 2004 and was appointed Chairman of the Board on 30 April 2010. He is currently the CEO of Veuve Property Group, a privately owned business that builds and owns early learning centres in Australia. In addition he is a non-executive director of Altus Group Holdings Pty Ltd and subsidiaries, a leading traffic management group with interests in Australia and the United States. He is also a Director of Colvin Management Pty Ltd, a consulting company in the property and Infrastructure sectors. For the last six years to December 2014, he was the Fund Manager and Senior Portfolio Manager for Arena REIT, the ASX listed social infrastructure property fund with a significant portfolio of childcare centre properties in Australia. Until July 2008 he was the Chief Executive Officer of Austock Property Funds Management Limited and subsidiary entities which managed several social infrastructure property funds that owned childcare the other social infrastructure properties. He also has over 20 years experience in corporate finance, mergers and acquisitions and capital markets as a Director of Austock Corporate Finance Limited, a partner with Deloitte Touche Tohmatsu, a Director of Deloitte Corporate Finance Limited and a Director of KPMG Corporate Finance Pty Ltd. He is the Chairman of the Audit and Risk Committee and the Governance Committee.</td>
</tr>
<tr>
<td>Mr. Peter Jon Hartshorne Bsc Civ.Eng and MBA</td>
<td>Mr Peter Jon Hartshorne was appointed to the Board in April 2008. After serving a 6 year cadetship with McKinsey and Co, he went on to work for many top 100 international companies in the areas of Strategy and Technology enablement. He is now the Managing Director, Partner and Founder of The Infinity Group [established 1994] of companies, a private professional services firm in Australia, India and UK. In addition, Mr Hartshorne is Chairman of Scholaris International Ltd., an international education based software company and Redgum Corporate Pty.Ltd. He is a member of the Audit and Risk Management and Remuneration and Succession Planning Committees.</td>
</tr>
<tr>
<td>Mr. Graeme Holmes BEc and MBA</td>
<td>Mr Holmes was appointed to the Board in May 2007. He has over 30 years domestic and international experience in business and strategic planning and general management, Industrial Relations and Strategic Human Resource Management. His involvement with charitable organisations includes nine years with Kidney Health Australia and work with the Prahran Mission. Mr Holmes is a member of the Audit and Risk Management Committee and Chairman of the Remuneration &amp; Succession Planning Committee of Kidney Health Australia.</td>
</tr>
<tr>
<td>Mr. Peter Mitchell</td>
<td>Mr Mitchell was appointed to the Board in May 2007. He is currently Commercial Adviser to FMT Worldwide, an Australian based software company. He also served for 10 years on the Australian Advisory Board of A.I.G. International. His career spans 52 years in finance with the Commonwealth Bank and Perpetual Private Clients. He was a long serving committee member and board member of the Melbourne Cricket Club. He was previously involved as a board member for 7 years with Kids Help Line Australia and 3 years as a board member with the Lasallian Foundation (Asia Pacific).</td>
</tr>
</tbody>
</table>
Name | Experience and special responsibilities
--- | ---
Mr. David Parker AM | Mr. Parker was appointed to the Board in April 2010 and was previously the Chairman of Kidney Health Australia’s National Consumer Council. Mr. Parker was previously a Deputy Secretary and a member of the Executive Board of the Commonwealth Treasury with particular responsibility as Executive Director of Revenue Group and also as Chair of the Treasury Audit Committee. Mr. Parker’s career at the Treasury spanned from 1984 until February 2011 and includes a period working with the OECD in Paris. Mr. Parker is currently Deputy Secretary at the Department of the Environment and has particular responsibility for Water and Climate Change issues. Mr. Parker was made a Member of the Order of Australia in January 2012.

Ms Anne Wilson | Dip. Wel. Studs, BA. Human Services; Grad Dip. Ad. Health; EPNL Stanford
Ms Wilson joined Kidney Health Australia as CEO in January 2003 and was appointed Managing Director in June 2009. Prior to coming to Kidney Health Australia Ms Wilson was CEO of Asthma Australia for five years and has held senior management positions with MS Victoria, VicDeaf and Oz Child. Ms Wilson spent several years working in education in the delivery of social work services to disadvantaged schools and is passionate about social justice and issues of access and equity in service delivery. In addition to her professional commitments, Ms Wilson has served as Director on two other not-for-profit Boards in recent years. She is a member of the Organ & Tissue Authority Advisory Council and is a member of all subsidiary Kidney Health Australia Board Committees.

Prof Carol Pollock | MB, BS, PhD, FRACP
Prof Pollock was appointed to the Board in December 2014. She trained as a specialist in Renal Medicine, and gained her PhD in renal physiology in 1992. She was appointed to the Professorial Chair of Medicine, University of Sydney, Royal North Shore Hospital in 2000. She is inaugural Chairman of the Board of the Northern Sydney Local Health District, which has oversight of 6 hospitals and the health of 1.7 million people in New South Wales. She is immediate past Chair, and currently serves on the Boards of the NSW Clinical Excellence Commission and the NSW Agency for Clinical Innovation. She has published over 220 papers in the scientific literature. She was twice awarded the Australian and New Zealand Society of Nephrology (ANZSN) Young Investigator Award and in 2001 was awarded the highest scientific recognition of the ANZSN, the TJ Neale award. She has previously been a member of the NSW Ministerial Advisory Council for Science and Medical Research and regularly serves on the National Health and Medical Research Council Committees, both as a member and panel Chairman. She has been a member of the Executive Committee of the International Society of Nephrology and is the Scientific Chairman of the World Congress of Nephrology meeting held in Hong Kong in 2013. She serves on the Board of several not-for-profit organisations in the Health and Medical Research sector.

Mr. David Morgan | BA (Hons) M. Int. Law.
Mr. Morgan was appointed to the Board in December 2014. He retired from the Department of Foreign Affairs and Trade in 2014. He served overseas as a diplomat and represented Australia in international trade and environment organisations. His policy experience includes helping to develop Australia’s gene technology regime and other health and safety issues. From 2004 – 2009 Mr. Morgan was a Visiting Fellow at the University of Melbourne. He is the author/co-author of books and journal articles on the legal, economic and political aspects of biotechnology and other trade and environment issues. Mr Morgan is the Chair of the Emorgo Foundation and a Director of the Victorian Bridge Association. He received a kidney from his father in 1989.

### 2. Directors’ meetings

The number of directors’ meetings and sub-committee meetings attended and eligible to attend by each of the directors of the Foundation during the financial year were:

<table>
<thead>
<tr>
<th>Name</th>
<th>Board</th>
<th>Audit and Risk Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Allan Collins</td>
<td>6/2</td>
<td>-/-</td>
</tr>
<tr>
<td>Mr. Vincent G Harink</td>
<td>6/6</td>
<td>13/12</td>
</tr>
<tr>
<td>Mr. Peter Jon Hartshorne</td>
<td>6/6</td>
<td>13/12</td>
</tr>
<tr>
<td>Mr. Graeme Holmes</td>
<td>6/6</td>
<td>13/13</td>
</tr>
<tr>
<td>Mr. Peter Mitchell</td>
<td>6/4</td>
<td>-/-</td>
</tr>
<tr>
<td>Mr. David Parker</td>
<td>6/6</td>
<td>-/-</td>
</tr>
<tr>
<td>Prof Jonathan Craig</td>
<td>6/6</td>
<td>-/-</td>
</tr>
<tr>
<td>Ms. Anne Wilson</td>
<td>6/5</td>
<td>13/13</td>
</tr>
<tr>
<td>Prof Carol Pollock</td>
<td>-/-</td>
<td>-/-</td>
</tr>
<tr>
<td>Mr. David Morgan</td>
<td>-/-</td>
<td>-/-</td>
</tr>
</tbody>
</table>
3. Principal activities
The Australian Kidney Foundation is the only national peak body representing Australians affected by kidney disease. Its vision is to save and improve the lives of Australians affected by kidney disease through its mission driven work which centres around promoting good kidney health through education, advocacy, research and support. There were no significant changes in the nature of the activities during the year.

4. Registered Office
The registered office of the Foundation is 125 Cecil Street, South Melbourne VIC 3205.

5. Chief Executive Officer
The Chief Executive Officer is Ms Anne Wilson. Ms Wilson was appointed in January 2003.

6. Chief Financial Officer
The Chief Financial Officer is Ms Rosanna Caré. Ms Caré was appointed in April 2010.

7. Company Secretary
The Company Secretary is Ms Rosanna Caré. Ms Caré was appointed in April 2010.

8. Financial Year
The financial year of the Foundation is from 1 January to 31 December.

9. Operating and financial review
Overview of the Foundation
The result for the year (after grant allocations) was an operating surplus of $51,319 compared to an operating surplus of $998,896 for the previous period.

In 2014 the Foundation built on its commitment to delivery strategies and programs established to deliver support to Australians with kidney disease, despite the reduction in revenue. In 2015 the foundation will increase emphasis on the implementation of our national Aboriginal and Torres Strait Islander strategy.

The Foundation continued to provide significant grants for medical research in 2014 and will continue to do so in 2015 with an allocated $500,000 towards research. The establishment of the Australian Kidney Research Foundation ensures long term sustainable kidney research funding. The Foundation has reserved in excess of $2.5M to the Australian Kidney Research Foundation for the support of research. The allocation of Research Grants for 2014 was $522,000 (2013: $499,000).

At 31 December 2014, the Foundation had 76.27 FTE employees (31 December 2013: 75.51 FTE employees).

10. Strategies and Objectives
The Foundation’s Mission is to promote good kidney health through education, advocacy research and support.

The Foundation’s Vision is to save and improve the lives of Australians affected by kidney disease.

Short Term
Strategy
The Foundation’s short term Business Priorities centre on the delivery of support to Australians with kidney disease whilst ensuring a public focus on early detection and prevention through education, advocacy, research and support.

The Foundation’s ongoing Business Priorities;
• Early detection and GP Education.
• Home therapies - capacity and support.
• Living organ donation.
• Expansion of support/health promotion for kidney consumers particularly those in regional, rural and remote areas as well as indigenous areas.
• Public awareness/health promotion.

The Foundation’s short term strategic goals and Business Priorities;
• Grow the Australian Kidney Research Foundation.
• Enhance sustainable revenue streams.
• Introduction of Kidney Campervans and Big Red Kidney Bus to spearhead early detection and potential supplementary holiday dialysis to rural and remote areas.
• Increase equitable access to kidney treatment programs across Australia.
• Increase awareness of CKD in the Australian Community.

Long Term
Strategy
The Foundation’s long term strategy takes into account the challenges faced by the kidney sector for health policy recognition of kidney disease as well as the challenges and opportunities faced by Kidney Health Australia within the current economic operating environment.

The Foundation’s long term strategic goals and Business Priorities;
• Impact and contribute to reduction in deaths from chronic kidney disease.
• Reduce numbers of people entering end stage kidney failure.
• Increase funding for Australian research into kidney disease.
• Increase Organ Donation.
• Improve access & equity to kidney treatment programs across Australia.
• Increase the awareness of CKD in the Australian Community.”
11. Performance Measurement
Kidney Health Australia will continue to review targets based on projections and business priorities required to deliver strategic priorities.

12. Dividends
The Foundation is a Company limited by guarantee and is prohibited from paying a dividend to its members.

13. State of Affairs
No significant change occurred in the Foundation’s state of affairs.

14. Environmental Regulation
The Foundation’s operations are not subject to any significant environmental regulation under either Commonwealth or State legislation. However, the Board believes that the Foundation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those requirements as they apply to the Foundation.

15. Events subsequent to Balance Date
No matters or circumstances have arisen in the interval between the end of the financial year and the date of this report, which are likely in the opinion of the Directors to significantly affect the operations of the Foundation, the results of those operations or the state of affairs of the Foundation in subsequent financial years.

16. Likely developments
The Foundation will continue its normal activities. The Directors are not aware of any likely developments, which would significantly affect the results of the Foundation in financial years subsequent to the financial year ended 31 December 2014.

17. Equal Opportunity Policy
The Foundation has in place an Equal Opportunity Policy, which includes policies relating to anti-discrimination, equal employment opportunity and harassment and victimisation.

18. Risk Management
The management of the Foundation has undertaken an extensive strategic review of the business operations during 2014. Four strategic imperatives for the next three years were identified: education, advocacy, research and support.

19. Indemnification and insurance of officers
Indemnification
The Foundation has agreed to indemnify the immediate current and former Directors, the current and the immediate former Foundation Secretary, the Senior Executive Officers and the immediate former Senior Executive Officers against all liabilities to another person (other than the Foundation or a related body corporate) that may arise from their position as Directors, Secretary or Senior Executive Officers of the Foundation, except where the liability arises out of a lack of good faith. The agreement stipulates that the Foundation will meet the full amount of such liabilities, including costs and expenses.

The Foundation has not indemnified or made a relevant agreement to indemnify an auditor of the Foundation.

Insurance Premiums
The Foundation has paid insurance premiums of $9,131 (2013: $8,580) in respect of Directors and Officers Liability insurance contracts for all Directors and Executive Officers of the Foundation during the year.

20. Non-audit services
During the year KPMG, the Foundation’s auditor, has performed certain other services in addition to the audit and review of the financial statements.

The Board has considered the non-audit services provided during the year by the auditor and in accordance with written advice provided by resolution of the Audit and Risk committee, is satisfied that the provision of those non-audit services during the year by the auditor is compatible with, and did not compromise, the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 for the following reasons:

- All non-audit services were subject to the corporate governance procedures adopted by the Foundation and have been reviewed by the Audit and Risk committee to ensure they do not impact the integrity and objectivity of the auditor; and
- The non-audit services provided do not undermine the general principles relating to auditor independence as set out in APES 110 Code of Ethics for Professional Accountants, as they did not involve reviewing or auditing the auditor’s own work, acting in a management or decision making capacity for the Foundation, acting as an advocate for the Foundation or jointly sharing risks and rewards.

21. Lead auditor’s independence declaration
The Lead auditor’s independence declaration is set out on page 123 and forms part of the directors’ report for the year ended 31 December 2014.
Financial Statement 2014

Directors’ report (continued)
For the year ended 31 December 2014

22. Company limited by guarantee
The company is limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a maximum of $20 towards meeting any outstanding obligations of the company.

Signed in accordance with a resolution of the directors:

[Signature]
Mr. Vincent G. Harink
Director

Dated at Melbourne 25th day of March 2015.
### Statement of surplus and deficit and other comprehensive income

**For the year ended 31 December 2014**

<table>
<thead>
<tr>
<th>Surplus and deficit</th>
<th>Note</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue and other income</td>
<td>4</td>
<td>12,830,208</td>
<td>14,004,907</td>
</tr>
<tr>
<td>Consulting fees</td>
<td></td>
<td>(472,873)</td>
<td>(671,624)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td></td>
<td>(264,829)</td>
<td>(239,944)</td>
</tr>
<tr>
<td>Research grant expenses</td>
<td></td>
<td>(522,000)</td>
<td>(499,000)</td>
</tr>
<tr>
<td>Health and medical program expenses</td>
<td></td>
<td>(42,238)</td>
<td>(34,766)</td>
</tr>
<tr>
<td>Lottery prizes expenses</td>
<td></td>
<td>(1,010,960)</td>
<td>(1,251,399)</td>
</tr>
<tr>
<td>Meeting and travel expenses</td>
<td></td>
<td>(210,656)</td>
<td>(249,875)</td>
</tr>
<tr>
<td>Meeting and travel program expenses</td>
<td></td>
<td>(677,228)</td>
<td>(687,494)</td>
</tr>
<tr>
<td>Occupancy and lease expenses</td>
<td></td>
<td>(829,008)</td>
<td>(725,343)</td>
</tr>
<tr>
<td>Employee expenses</td>
<td></td>
<td>(6,063,941)</td>
<td>(5,790,113)</td>
</tr>
<tr>
<td>Postage, freight and stationery expenses</td>
<td></td>
<td>(536,287)</td>
<td>(714,249)</td>
</tr>
<tr>
<td>Technology expenses</td>
<td></td>
<td>(428,002)</td>
<td>(423,015)</td>
</tr>
<tr>
<td>Telecommunications expenses</td>
<td></td>
<td>(183,289)</td>
<td>(222,317)</td>
</tr>
<tr>
<td>Telecommunication product expenses</td>
<td></td>
<td>(331,684)</td>
<td>(543,203)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5</td>
<td>(1,459,867)</td>
<td>(1,177,396)</td>
</tr>
<tr>
<td><strong>Results from operating activities</strong></td>
<td></td>
<td>(202,654)</td>
<td>775,169</td>
</tr>
<tr>
<td>Finance income</td>
<td>10</td>
<td>277,301</td>
<td>288,367</td>
</tr>
<tr>
<td>Finance costs</td>
<td>10</td>
<td>(23,328)</td>
<td>(64,640)</td>
</tr>
<tr>
<td><strong>Net finance income / (costs)</strong></td>
<td></td>
<td>253,973</td>
<td>223,727</td>
</tr>
<tr>
<td>Income tax expense for the period</td>
<td>3(i)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td>51,319</td>
<td>988,896</td>
</tr>
</tbody>
</table>

**Other comprehensive income**

| Net change in fair value of financial securities | 10 | (134,987) | 298,817 |
| Net gain on sale of investments recorded through equity | 10 | 222,844 | 16,338 |
| **Other comprehensive income for the year**     |      | 87,857   | 315,155 |

**Total surplus and deficit and other comprehensive income for the year**

51,319 988,896

---

The statement of surplus and deficit and other comprehensive income is to be read in conjunction with the notes of the financial statements set out on pages 89 to 119.
## Statement of changes in equity

For the year ended 31 December 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>General Reserve</th>
<th>Revaluation Reserve $</th>
<th>Capital Profits Reserve $</th>
<th>Aust Kidney Research Foundation $</th>
<th>Accumulated Surplus/(Deficit) $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as at 1 January 2013</td>
<td></td>
<td>1,984,314</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of financial securities</td>
<td>10</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain on sale of investments recorded through equity</td>
<td>10</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer from/(to) accumulated surplus/(deficit)</td>
<td></td>
<td>(138,165)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td></td>
<td>(138,165)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>(138,165)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as at 31 December 2013</td>
<td></td>
<td>1,846,149</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as at 1 January 2014</td>
<td></td>
<td>1,846,149</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the year</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of financial securities</td>
<td>10</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain on sale of investments recorded through equity</td>
<td>10</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer from/(to) accumulated surplus/(deficit)</td>
<td></td>
<td>51,319</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td></td>
<td>51,319</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as at 31 December 2014</td>
<td></td>
<td>1,897,468</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The statement of changes in equity is to be read in conjunction with the notes of the financial statements set out on pages 89 to 119.
The Australian Kidney Foundation
T/A Kidney Health Australia

Statement of cash flows
For the year ended 31 December 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash receipts in the course of operations</td>
<td>13,585,816</td>
<td>14,464,057</td>
</tr>
<tr>
<td>Cash payments in the course of operations</td>
<td>(12,962,199)</td>
<td>(13,786,917)</td>
</tr>
<tr>
<td>Cash generated (used in)/from operations</td>
<td>623,617</td>
<td>677,140</td>
</tr>
<tr>
<td>Dividends received</td>
<td>150,170</td>
<td>186,847</td>
</tr>
<tr>
<td>Interest/Distributions received</td>
<td>126,818</td>
<td>84,927</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(23,328)</td>
<td>(64,640)</td>
</tr>
<tr>
<td>Net cash from operations</td>
<td>877,277</td>
<td>884,274</td>
</tr>
</tbody>
</table>

Cash flows (used in)/from investing activities

- Acquisition of property, plant and equipment and intangibles | (753,887) | (610,190) |
- Proceeds from sale property, plant and equipment and intangibles | 307,180 | - |
- Proceeds from sale of investments | 835,319 | 170,657 |
- Acquisition of investments | (354,244) | (2,765,856) |
| Net cash used in investing activities | 34,368 | (3,205,389) |

Cash flows (used in)/from financing activities

- Payment of financial lease liability | - | (96,610) |
| Net cash (used in) financing activities | - | (96,610) |
- Net increase/(decrease) in cash and cash equivalents | 911,645 | (2,417,725) |
- Cash and cash equivalents at beginning of period | 916,561 | 3,334,286 |
| Cash and cash equivalents at 31 December | 1,828,206 | 916,561 |

The statement of cash flows is to be read in conjunction with the notes of the financial statements set out on pages 89 to 119.

Note 1: Reporting entity
Kidney Health Australia (“the Foundation”) is a company domiciled in Australia. The address of the Foundation’s registered office is 125 Cecil Street, South Melbourne, 3205. The Foundation is a not-for-profit entity and primarily involved in health education and support.

Note 2: Basis of preparation
(a) Statement of compliance
The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (“AASB’s”) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (“AASB”) and the Australian Charities and Not-for-profits Commission Act 2012.

The financial report was approved by the Board of Directors on 25 March 2015.

(b) Basis of measurement
The financial report has been prepared on the historical cost basis except for the following:
- Equity securities - are measured at fair value through other comprehensive income
The methods used to measure fair values are discussed further in Note 3(o).

(c) Functional and presentation currency
The financial report is presented in Australian dollars, which is the Foundation’s functional currency.

(d) Use of estimates and judgements
In preparing the financial report, management has made judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected.

(i) Judgements
Information about judgements made in applying accounting policies that have the most significant effects on the amounts recognised in the financial report is included in the following notes:
- Note 3(h) and Note 15 - provisions
- Note 3(d) and Note 19 - lease classification
(e) Change in accounting policy
Except for the changes below, the Foundation has consistently applied the accounting policies set out in Note 3: Significant accounting policies to all periods presented in the financial report.

(i) Non-derivative financial assets
The Foundation has early adopted AASB 9 Financial Instruments (2010) with a date of initial application of 1 January 2012.

As a result, the Foundation has classified its financial assets as subsequently measured at either amortised cost or fair value depending on the entity’s business model for managing the financial assets and the contractual cash flow characteristics of the financial assets. These changes in accounting policy are applied on a retrospective basis from 1 January 2012. In accordance with the transitional provisions of AASB 9 (2010), the classification of financial assets that the Foundation held at the date of initial application was based on the facts and circumstances of the business model in which the financial assets were held at that date.

Note 3: Significant accounting policies
The accounting policies set out below have been applied consistently to all periods presented in this financial report, except for the changes in accounting policies as explained in note 2(e).

Certain comparative amounts have been reclassified to conform with the current year’s presentation.

(a) Financial instruments
Non-derivative financial assets
The Foundation initially recognises financial assets on the trade date at which the Foundation becomes a party to the contractual provisions of the instrument. Financial assets are initially measured at fair value. If the financial asset is not subsequently measured at fair value through surplus or deficit, then the initial measurement includes transaction costs that are directly attributable to the asset’s acquisition or origination. The Foundation subsequently measures financial assets at either amortised cost or fair value.

The Foundation derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred, or it neither transfers nor retains substantially all the risks and rewards of ownership and does not retain control of the asset. Any interest in such transferred financial assets that is created or retained by the Foundation is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Foundation has a legal right to offset the amounts and intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

On initial recognition, the Foundation classifies its financial assets as subsequently measured at either amortised cost or fair value, depending on its business model for managing the financial assets and the contractual cash flow characteristics of the financial assets. In accordance with the transitional provisions of AASB 9 (2010), the classification of financial assets that the Foundation held at the date of initial application was based on the facts and circumstances of the business model in which the financial assets were held at that date.

Financial assets measured at amortised cost
A financial asset is subsequently measured at amortised cost, using the effective interest method and net of any impairment loss, if:
• the asset is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and
• the contractual terms of the financial asset give rise, on specified dates, to cash flows that are solely payments of principal and interest.

The Foundation’s policy on impairment of financial assets measured at amortised cost is the same as that applied in its financial statements as at and for the year ended 31 December 2013 for loans and receivables and held-to-maturity investments.

Financial assets measured at fair value
For investments in equity instruments that are not held for trading, the Foundation may elect at initial recognition to present gains and losses in other comprehensive income.

For instruments measured at fair value through other comprehensive income, gains and losses are never reclassified to surplus or deficit and no impairments are recognised in surplus or deficit. Dividends earned from such investments are recognised in profit or loss unless the dividends clearly represent a repayment of part of the cost of the investment.

The fair value of equity instruments is their quoted bid price as at the statement of financial position date. Any resultant gain or loss from cost whether related to market movement or from derecognition of the instrument is recognised directly in other comprehensive income. Investments classified as fair value are recognised/derecognised by the Foundation on the date it commits to purchase/sell the investments.

Share capital
The Foundation has no issued capital and is limited by guarantee. If the Foundation is wound up each member would have a liability of an amount not exceeding $20. Refer note 25.

Cash and cash equivalents
Cash and cash equivalents comprise cash, bank accounts and short term deposits maturing within 90 days and are stated at fair value. Term deposits maturing beyond 90 days are classified as investments.

Trade and other receivables
Trade and other receivables are stated at cost less impairment losses, this being equivalent to fair value.
Note 3: Significant accounting policies (continued)

Non-derivative financial liabilities

Financial liabilities are recognised initially on the trade date, which is the date that the Foundation becomes a party to the contractual provisions of the instrument.

The Foundation derecognises a financial liability when its contractual obligations are discharged, cancelled or expire.

The Foundation classifies all other non-derivative financial liabilities into the amortised cost measurement category. Such financial liabilities are recognised initially at fair value less any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

Other financial liabilities comprise loans and borrowings, bank overdrafts, and trade and other payables.

Bank overdrafts that are repayable on demand and form an integral part of the Foundation’s cash management are included as a component of cash and cash equivalents for the purpose of the statement of cash flows.

(b) Property, plant and equipment

(i) Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses.

Cost includes expenditures that are directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located.

Where parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items of property, plant and equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment and are recognised within “other expenses” in surplus and deficit.

(ii) Subsequent costs

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Foundation. Ongoing repairs and maintenance are expensed as incurred.

(iii) Depreciation

Items of property, plant and equipment are depreciated from the date that they are installed and are ready for use, or in respect to internally constructed assets, from the date that the asset is completed and ready for use.

Depreciation is calculated to write off the cost of property, plant and equipment less their estimated residual values using the straight-line basis over their estimated useful lives. Depreciation is generally recognised in surplus and deficit, unless the amount is included in the carrying amount of another asset. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the Foundation will obtain ownership by the end of the lease term. Land is not depreciated.

The estimated useful lives in the current and comparative periods are as follows:

- Computers: 3 years
- Office furniture: 6 - 7 years
- Motor vehicles: 6 - 7 years
- Leasehold improvements: 9 - 15 years
- Buildings: 40 years

Depreciation methods, useful lives and residual values are reviewed at the reporting date and adjusted if appropriate.

(c) Intangible assets

(i) Other intangible assets - Software

Other intangible assets that are acquired by the Foundation relate to the capitalisation of software, which have finite useful lives, are measured at cost less accumulated amortisation and accumulated impairment losses.

(ii) Subsequent expenditure

Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure, including expenditure on internally generated goodwill is recognised in surplus and deficit when incurred.

(iii) Amortisation

Amortisation is recognised in profit or loss on a straight-line basis over the estimated useful lives of intangible assets, other than goodwill, from the date that they are available for use. The estimated useful lives for the current and comparative periods are as follows:

- Software: 2.5 years

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.
Note 3: Significant accounting policies (continued)

(d) Leases

(i) Determining whether an arrangement contains a lease
At inception of an arrangement, the Foundation determines whether such an arrangement is or contains a lease. This will be the case if the following two criteria are met:
- the fulfilment of the arrangement is dependent on the use of a specific asset or assets; and
- the arrangement contains a right to control the use of the underlying asset(s).

At inception or upon reassessment of the arrangement, the Foundation separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Foundation concludes for a finance lease that it is impracticable to separate the payments reliably, an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance charge on the liability is recognised using the Foundation’s incremental borrowing rate.

(ii) Leased assets
Assets held by the Foundation under leases which transfer to the Foundation substantially all the risks and rewards of ownership are classified as finance leases. On initial recognition, the leased asset is measured at an amount equal to the lower of its fair value and the present value of the minimum lease payments subsequent to initial recognition, the asset is accounted for in accordance with the accounting policy applicable to that asset.

Assets held under other leases are classified as operating leases and are not recognised in the Foundation’s statement of financial position.

(iii) Leased payments
Payments made under operating leases are recognised in surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease. Minimum lease payments made under finance leases are accounted for between the finance expense and the reduction of the outstanding liability.

(e) Inventories
Inventories are measured at the lower of cost and net realisable value.

The cost of inventories is based on the first-in-first-out principle. Costs includes expenditure incurred in acquiring the inventories, production and conversion oncosts, and other costs incurred in bringing them to their existing location and condition. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and estimated costs necessary to make the sale.

(f) Impairment

(i) Non-financial assets
The carrying amounts of the Foundation’s non-financial assets other than inventories are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists then the asset’s recoverable amount is estimated. An impairment loss is recognised in surplus or deficit if the carrying amount of the non-financial asset(s) exceeds its recoverable amount. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. The reversal is recognised in surplus or deficit to the extent that an impairment loss was previously recognised in surplus or deficit.

The recoverable amount of an asset is the greater of its depreciated replacement cost and its fair value less costs to sell. Depreciated replacement cost is defined as the current replacement cost of an asset less, where applicable, accumulated depreciation calculated on the basis of such cost to reflect the already consumed or expired future economic benefits of the asset.

The current replacement cost of an asset is its cost measured by reference to the lowest cost at which the gross future economic benefits of that asset could currently be obtained in the normal course of business. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the “cash-generating unit”).

Impairment losses are recognised in surplus or deficit. Impairment losses recognised in respect of cash-generating units are allocated to reduce the carrying amounts of the assets in the unit (group of units) on a pro rata basis. An impairment loss is reversed only to the extent that the asset’s carrying amount does not exceed the carrying amount that would have been determined net of depreciation or amortisation, if no impairment loss had been recognised.

The recoverable amount of assets is the greater of their net selling price and value in use. As the future economic benefits of the asset are not primarily dependent on the asset’s ability to generate cash inflows, value in use is the depreciated replacement cost of the asset concerned.

(ii) Non-derivative financial assets including receivables
Each financial asset apart from those classified at fair value through other comprehensive income is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset, and that the loss event(s), that can be estimated reliably, had an impact on estimated future cash flows of that asset.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount by the Foundation on terms that the Foundation would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, adverse changes in the payment status of borrowers or issuers and economic conditions or the disappearance of an active market for a security. An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset’s original effective interest rate.
Note 3: Significant accounting policies (continued)
(f) Impairment (continued)
(i) Non-financial assets (continued)
Losses are recognised in profit or loss and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised through the unwinding of the discount. An impairment loss can be reversed if the reversal can be related objectively to an event occurring after the impairment loss was recognised and is recorded as an amortisation adjustment between face and maturity values over the remaining period to maturity.

(g) Employee benefits
(i) Short-term employee benefits
Short-term employee benefit obligations are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Foundation has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

(ii) Defined Contribution plans
A defined contribution plan is a retirement benefit plan under which an entity pays fixed contributions into a separate entity and has no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are expensed as the related service is provided. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available.

(iii) Other Long-term employee benefits
The Foundation’s net obligation in respect of long-term employee benefits including long service leave and annual leave other than defined benefit plans is the amount of future benefit that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. The discount rate is the yield at the reporting date on government bonds that have maturity dates approximating the terms of the Foundation’s obligations. Remeasurements are recognised in surplus and deficit in the period in which they arise.

(h) Provisions
A provision is recognised if, as a result of a past event, the Foundation has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The unwinding of the discount is recognised as a finance cost.

(ii) Make good provision
A provision for make good is recognised when the Foundation has an obligation to restore its office premises to its original condition at the end of the lease period. The provision is the best estimate of the present value of the expenditure required to settle the make good obligation. Prepaid costs are reviewed annually and any changes are reflected in the present value of the make good provision at the end of the reporting date. The amount of the provision for future make good costs is capitalised and is depreciated over the life of the lease.

(iii) Straight lining of leases
The straight lining of the operating lease expense incurred by the Foundation results in a provision which nets to nil by the end of the lease term.

(i) Revenue
Revenues are recognised at the fair value of the consideration received net of goods and services tax (GST).

(ii) Fundraising income
Revenue is received from appeals, donations, fundraising events and bequests and is brought to account on a cash received basis. When assets, such as investments or properties, are received from a bequest or donation, an asset is recognised, at fair value, when the Foundation gains control of such assets and the value of the asset can be reliably measured.

(ii) Lottery income
Revenue from lottery ticket sales is recognised at the time the lottery is drawn.

(iii) Government grants
Government grants are recognised initially as deferred income when there is reasonable assurance that they will be received and that the Foundation will comply with the conditions associated with the grant. Grants that compensate the Foundation for expenses incurred are recognised in profit or loss on a systematic basis in the same periods in which the expenses are recognised.
(iv) Other Income
Other income comprises of revenue received from publications, sale of Kidney Smart products (Kidney Vital and Kidney Check) as well as other general income.

(v) Deferred income
Deferred income relates to monies received prior to the service being delivered by the Foundation.

(j) Income tax
The Foundation has been granted public benevolent institution status under the Income Tax Assessment Act and is exempt from income tax.

(k) Grant commitments
The Board of Directors annually determines the amount to be distributed as grants for medical research in the next calendar year.

(l) Goods and services tax
Revenue, expenses and assets are recognised net of the amount of goods and services tax GST, except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the Australian Taxation Office is included as a current asset or liability in the balance sheet.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

(m) New standards and interpretations not yet adopted
A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 January 2014, and have not been applied in preparing these financial statements.

(n) Financial risk management

Overview
The Foundation has exposure to the following risks from their use of financial instruments:
- Credit Risk
- Market Risk
- Liquidity Risk

This note presents the information about the Foundation’s exposure to each of the above risks, their objectives, policies and processes for measuring and managing risk and the management of capital. Further quantitative disclosures are included throughout the financial report.

Risk management framework
The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework. The Board of Directors has established the Audit and Risk Committee which is responsible for development and monitoring risk management policies. The Committee reports regularly to the Board of Directors on its activities.

The Foundation’s risk management policies are established to identify and analyse the risks faced by the Foundation to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk Management policies and systems are reviewed regularly to reflect changes in market conditions and the Foundation’s activities. The Foundation, through training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

The Audit and Risk Committee oversees how management monitors compliance with the Foundation’s risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks faced by the Foundation.

Operating segments
The Foundation operates in only one business segment (as a charity) and in one geographical segment (Australia).

Credit risk
Credit risk is the risk of financial loss to the Foundation if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Foundation’s receivables from customers and investment securities.

The carrying amount of financial assets represents the maximum credit exposure.

The Foundation does not require collateral in respect of financial assets. The credit risk relating to the Foundation’s financial assets which are recognised in the statement of financial position is the carrying amount of such assets, net of any allowances for impairment in respect of trade receivables and investments. Investments are allowed only in liquid securities and equity securities in Australian shares that are in compliance with the Foundation’s investment policy. Management does not expect any counterparty to fail to meet its obligations as the Foundation’s financial assets have high credit quality. The maximum exposure to credit risk for trade and other receivables at the reporting date by geographic region was only Australia.
Other receivables
The Foundation’s exposure to credit risk is influenced mainly by the individual characteristics of each sponsorship agreement. Due to the nature of the Foundation’s not-for-profit status there is only a minimal credit risk taken, and an unlikelihood of impairment losses.

Receivables owing from BT Telecom, a customer of the Foundation, which exceed 60 days and are not on payment plans, are deemed non-recoverable and provided for as part of the impairment provision by the Foundation. The Foundation sold its Telco business during 2014. Any receivables owing from BT Telecom have been recognised as an impairment.

Investments - liquid securities
The Foundation limits its exposure to credit risk by only investing in liquid securities and only with counterparties that have a strong credit rating. Given these high credit ratings, management does not expect any counterparty to fail to meet its obligations.

Financial guarantees
The Foundation’s policy is to provide financial guarantees only in relation to Lottery Licences. Details of outstanding guarantees are provided in Note 13.

Liquidity risk
Liquidity risk is the risk that the Foundation will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. The Foundation’s approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Foundation’s reputation.

The Foundation aims to maintain the level of its cash and cash equivalents at an amount in excess of expected cash outflows on financial liabilities (other than trade payables) over the next 60 days. This excludes the potential impact of extreme circumstances that cannot reasonably be predicted.

Market risk
Market risk is the risk that changes in the market prices, such as foreign exchange rates, interest rates and equity prices, will affect the Foundation’s income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposure within acceptable parameters, whilst optimising the return. The Audit Committee approves all the decisions related to market risk management and their investment objective is to maximise the long term growth of the portfolio.

Other market price risk
Equity price risk arises from the equity securities - fair value through other comprehensive income. Management of the Foundation monitor the mix of debt securities in its investment portfolio based on market indices. Material investments within the portfolio are managed by our Investment Manager, Perpetual Trustees Limited, under the auspices of the Audit Committee. The Board has approved the Asset Allocation of the investment portfolio. Perpetual Trustees Limited report to the Audit Committee on a six monthly basis.

The primary goal of the Foundation’s investment strategy is to maximise investment returns in order to fund continuing operations; management is assisted by external advisers in this regard.

The Foundation does not enter into commodity contracts.

Capital management
The Board’s policy is to maintain a strong capital base so as to sustain future development of the Foundation.

There is no change to the Foundation’s policy on capital management.

Determination of fair values
A number of the Foundation’s accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair values have been determined for measurement and/or disclosure purposes based on the following methods. When applicable, further information about the assumptions made in determining fair values is disclosed in the notes specific to that asset or liability.

(i) Trade and other receivables
The fair value of trade and other receivables is estimated as the present value of future cash flows, discounted at the market rate of interest at the measurement date. Short-term receivables with no stated interest rate are measured at the original invoice amount if the effect of discounting is immaterial. Fair value is determined at initial recognition and, for disclosure purposes, at each annual reporting date.

(ii) Equity and unit trust securities
The fair value of equity and unit trust securities is determined by reference to their quoted closing bid price at reporting date, or if unquoted determined by a valuation technique performed by the Fund Manager.

(iii) Non-derivative financial liabilities
Fair value, which is determined for disclosure purposes, is calculated based on the present value of future principal and interest cash flows, discounted at the market rate of interest at the reporting date.
The Australian Kidney Foundation
T/A Kidney Health Australia
Notes to the financial statements (continued)

Note 3: Significant accounting policies (continued)

(p) Finance income and finance costs

Finance income comprises interest income on funds invested, dividend income and distribution income. Interest income is recognised as it accrues in surplus and deficit. Dividend income and distribution income is recognised in surplus and deficit as the date the Foundation’s right to receive payment is established.

Finance costs comprise interest expense on borrowings, losses on disposal, impairment of financial assets (except trade receivables) and the unwinding of the discount on provisions.

Note 4: Revenue and other income

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bequests</td>
<td>2,180,050</td>
<td>3,165,922</td>
</tr>
<tr>
<td>Donations and fundraising income</td>
<td>1,974,284</td>
<td>2,140,452</td>
</tr>
<tr>
<td>Other charitable income</td>
<td>2,728,377</td>
<td>3,561,817</td>
</tr>
<tr>
<td>Lottery ticket sale income</td>
<td>5,308,690</td>
<td>4,709,665</td>
</tr>
<tr>
<td>Government grants</td>
<td>264,778</td>
<td>423,209</td>
</tr>
<tr>
<td>Other income</td>
<td>374,029</td>
<td>3,842</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,830,208</strong></td>
<td><strong>14,004,907</strong></td>
</tr>
</tbody>
</table>

Note 5: Other expenses

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising expenses</td>
<td>93,411</td>
<td>42,550</td>
</tr>
<tr>
<td>Professional fees</td>
<td>104,183</td>
<td>93,134</td>
</tr>
<tr>
<td>Bank and merchant charges</td>
<td>91,681</td>
<td>88,346</td>
</tr>
<tr>
<td>Publication expenses</td>
<td>2,052</td>
<td>32,935</td>
</tr>
<tr>
<td>Insurance expenses</td>
<td>57,130</td>
<td>48,450</td>
</tr>
<tr>
<td>Legal expenses</td>
<td>38,019</td>
<td>68,764</td>
</tr>
<tr>
<td>Public awareness expenses</td>
<td>85,361</td>
<td>107,504</td>
</tr>
<tr>
<td>Net loss on disposal of property, plant and equipment</td>
<td>61,942</td>
<td>27,872</td>
</tr>
<tr>
<td>Other expenses</td>
<td>926,088</td>
<td>667,841</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,459,867</strong></td>
<td><strong>1,777,396</strong></td>
</tr>
</tbody>
</table>

Note 6: Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank balances</td>
<td>1,128,202</td>
<td>636,337</td>
</tr>
<tr>
<td>Call deposits</td>
<td>700,004</td>
<td>280,224</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents in the statement of cash flows</strong></td>
<td><strong>1,828,206</strong></td>
<td><strong>916,561</strong></td>
</tr>
</tbody>
</table>

The Foundation’s exposure to interest rate risk and a sensitivity analysis for financial assets and liabilities are disclosed in Note 17. Its carrying value is equal to fair value.

Note 7: Other receivables

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other receivables</td>
<td>321,589</td>
<td>615,762</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>321,589</strong></td>
<td><strong>615,762</strong></td>
</tr>
</tbody>
</table>

The Foundation’s exposure to credit risk and impairment losses related to other receivables are disclosed in Note 17. Its carrying value is equal to fair value.

The other receivables are net of impairment losses which amount to $8,525 (2013: $15,776) recognised in the current year.

Note 8: Inventory

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inventory</td>
<td>4,081</td>
<td>31,950</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,081</strong></td>
<td><strong>31,950</strong></td>
</tr>
</tbody>
</table>

During the year ended 31 December 2014 changes in inventory included in ‘other expenses’ amounted to $148,231 (2013: $3,031). In 2014 the write-down of inventories to their net realisable value amounted to $27,648 (2013: Nil). The write-downs and reversals are included in ‘other expenses’. 
Note 9: Equity Securities - fair value through other comprehensive income

<table>
<thead>
<tr>
<th>Non-current investments</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity Securities - fair value through other comprehensive income</td>
<td>4,110,062</td>
<td>4,412,115</td>
</tr>
</tbody>
</table>

The Foundation’s exposure to interest rate risks relating to these investments is disclosed in Note 17. Its carrying value is equal to fair value.

Other market risk

Sensitivity Analysis – equity price risk

All the Foundation’s equity investments are listed shares on the Australian Stock Exchange and managed funds. These equity investments represent $4,110,062 (2013: $4,412,115) as part of the total equity securities.

For such equity investments classified as fair value through other comprehensive income, a 10% percent increase in the ASX 500 at the reporting date would have increased equity by $411,006 (2013: an increase of $441,211). An equal change in the opposite direction would have decreased equity by $411,006 (2013: a decrease of $441,211). The analysis is performed on the same basis for 2013.

Note 10: Finance income and finance costs

<table>
<thead>
<tr>
<th>Recognised in comprehensive income statement</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income on bank deposits</td>
<td>13,790</td>
<td>55,500</td>
</tr>
<tr>
<td>Interest income on equity securities financial assets</td>
<td>993</td>
<td>29,427</td>
</tr>
<tr>
<td>Dividend income on equity securities financial assets</td>
<td>150,170</td>
<td>186,847</td>
</tr>
<tr>
<td>Distribution income on equity securities financial assets</td>
<td>112,035</td>
<td>-</td>
</tr>
<tr>
<td>Reversal of impairment</td>
<td>313</td>
<td>16,593</td>
</tr>
<tr>
<td><strong>Total finance income</strong></td>
<td>277,301</td>
<td>288,367</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(23,328)</td>
<td>(64,640)</td>
</tr>
<tr>
<td><strong>Total finance costs</strong></td>
<td>(23,328)</td>
<td>(64,640)</td>
</tr>
<tr>
<td><strong>Net finance income/(costs)</strong></td>
<td>253,973</td>
<td>223,727</td>
</tr>
</tbody>
</table>

The previous finance income and costs include the following in respect of assets (liabilities) not at fair value through the comprehensive income statement:

| Total interest income on financial assets | 14,783 | 84,927 |
| Recognised in other comprehensive income: | 134,987 | 298,817 |
| Net change in fair value of equity securities financial assets | 222,844 | 16,338 |
| Net gain on sale of investments recorded through equity | 87,857 | 315,155 |
### Note 11: Property plant and equipment

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office furniture, equipment and motor vehicles</td>
<td>2,765,026</td>
<td>2,503,200</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(2,154,756)</td>
<td>(1,988,997)</td>
</tr>
<tr>
<td></td>
<td>610,270</td>
<td>514,203</td>
</tr>
<tr>
<td>Buildings</td>
<td>517,773</td>
<td>365,000</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(5,933)</td>
<td>(1,141)</td>
</tr>
<tr>
<td></td>
<td>511,840</td>
<td>363,859</td>
</tr>
<tr>
<td>Leasehold property</td>
<td>365,118</td>
<td>342,118</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(240,703)</td>
<td>(225,089)</td>
</tr>
<tr>
<td></td>
<td>124,415</td>
<td>117,029</td>
</tr>
<tr>
<td>Under construction</td>
<td>14,510</td>
<td>107,462</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>14,510</td>
<td>107,462</td>
</tr>
<tr>
<td>Sub-total of fixed assets</td>
<td>1,261,035</td>
<td>1,102,553</td>
</tr>
<tr>
<td>Total property, plant and equipment - at net book value</td>
<td>1,261,035</td>
<td>1,102,553</td>
</tr>
</tbody>
</table>

#### Reconciliations

- **Office furniture, equipment and motor vehicles:**
  - Carrying amount at beginning of period: 514,203
  - Re-classification: 173,000
  - Additions: 90,300
  - Disposals/write-downs: (3,347)
  - Depreciation: (167,233)
  - Carrying amount at end of period: 610,270

#### Buildings

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>363,859</td>
<td>-</td>
</tr>
<tr>
<td>Re-classification</td>
<td>517,773</td>
<td>-</td>
</tr>
<tr>
<td>Additions at deemed cost</td>
<td>-</td>
<td>365,000</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>(357,776)</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(12,016)</td>
<td>(1,141)</td>
</tr>
<tr>
<td>Carrying amount at end of period</td>
<td>511,840</td>
<td>363,859</td>
</tr>
</tbody>
</table>

#### Leasehold property:

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>117,029</td>
<td>156,764</td>
</tr>
<tr>
<td>Re-classification</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>35,000</td>
<td>55,000</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>(9)</td>
<td>(24,525)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(27,605)</td>
<td>(70,210)</td>
</tr>
<tr>
<td>Carrying amount at end of period</td>
<td>124,415</td>
<td>117,029</td>
</tr>
</tbody>
</table>

#### Under construction

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>107,462</td>
<td>-</td>
</tr>
<tr>
<td>Re-classification</td>
<td>(690,773)</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>600,737</td>
<td>107,462</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>(2,916)</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Carrying amount at end of period</td>
<td>14,510</td>
<td>107,462</td>
</tr>
<tr>
<td>Sub-total of fixed assets</td>
<td>1,261,035</td>
<td>1,102,553</td>
</tr>
<tr>
<td>Total property, plant and equipment - at net book value</td>
<td>1,261,035</td>
<td>1,102,553</td>
</tr>
</tbody>
</table>
Note 12: Intangible assets

<table>
<thead>
<tr>
<th>Notes</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software at cost</td>
<td>1,229,193</td>
<td>1,175,823</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(1,173,358)</td>
<td>(1,116,443)</td>
</tr>
<tr>
<td>Reconciliations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Software:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at beginning of period</td>
<td>59,380</td>
<td>54,553</td>
</tr>
<tr>
<td>Additions</td>
<td>62,850</td>
<td>54,174</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>(8,420)</td>
<td>-</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(57,975)</td>
<td>(49,347)</td>
</tr>
<tr>
<td>Carrying amount at end of period</td>
<td>55,835</td>
<td>59,380</td>
</tr>
</tbody>
</table>

Note 13: Trade and other payables

<table>
<thead>
<tr>
<th>Notes</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other trade payables</td>
<td>453,310</td>
<td>500,211</td>
</tr>
<tr>
<td>Non-trade payables and accrued expenses</td>
<td>536,568</td>
<td>455,390</td>
</tr>
<tr>
<td>Non-current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-trade payables and accrued expenses</td>
<td>25,083</td>
<td>35,000</td>
</tr>
<tr>
<td></td>
<td>25,083</td>
<td>35,000</td>
</tr>
</tbody>
</table>

The Foundation’s exposure to credit and liquidity risks related to trade and other payables is disclosed in Note 17. Its carrying value is equal to fair value.

The Foundation has Guarantee Facilities in favour of the WA Lotteries Commission secured by a guaranteed amount of $50,000 (2013: $50,000), Melbourne 2000 Pty Ltd secured by a Security Deposit equivalent to the guarantee amount of nil (2013: $38,500) and Sabcom Pty Ltd secured by a Security Deposit equivalent to the guarantee amount of $36,455 (2013: $36,455).

There have been no claims made which would require a drawdown of the guarantee facilities. Hence, there is no liability recognised at 31 December 2014.

Note 14: Employee benefits

<table>
<thead>
<tr>
<th>Notes</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability for annual leave</td>
<td>241,008</td>
<td>201,526</td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>444,727</td>
<td>426,245</td>
</tr>
<tr>
<td>Non-current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liability for long service leave</td>
<td>33,390</td>
<td>20,848</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Defined contribution plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| The Foundation makes contributions to thirty-three defined contribution plans that provide pension benefits for employees upon retirement. The amount recognised as an expense was $464,742 for the year ended 31 December 2014 (2013: $415,164).

Note 15: Provisions

<table>
<thead>
<tr>
<th>Make good</th>
<th>Straight line lease</th>
<th>Grant commitments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January 2013</td>
<td>100,000</td>
<td>41,017</td>
<td>-</td>
</tr>
<tr>
<td>Provisions made during the year</td>
<td>53,096</td>
<td>39,988</td>
<td>499,000</td>
</tr>
<tr>
<td>Provisions used during the year</td>
<td>(22,453)</td>
<td>(41,017)</td>
<td>(488,000)</td>
</tr>
<tr>
<td>Balance at 31 December 2013</td>
<td>130,643</td>
<td>39,988</td>
<td>11,000</td>
</tr>
<tr>
<td>Current</td>
<td>-</td>
<td>-</td>
<td>11,000</td>
</tr>
<tr>
<td>Non-current</td>
<td>130,643</td>
<td>39,988</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 1 January 2014</td>
<td>130,643</td>
<td>39,988</td>
<td>11,000</td>
</tr>
<tr>
<td>Provisions made during the year</td>
<td>35,000</td>
<td>29,600</td>
<td>522,000</td>
</tr>
<tr>
<td>Provisions used during the year</td>
<td>(12,807)</td>
<td>-</td>
<td>(481,500)</td>
</tr>
<tr>
<td>Balance at 31 December 2014</td>
<td>152,836</td>
<td>69,588</td>
<td>51,500</td>
</tr>
<tr>
<td>Current</td>
<td>-</td>
<td>-</td>
<td>51,500</td>
</tr>
<tr>
<td>Non-current</td>
<td>152,836</td>
<td>69,588</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 1 January 2014</td>
<td>152,836</td>
<td>69,588</td>
<td>51,500</td>
</tr>
</tbody>
</table>
Make good provision
The make good provision has been provided for the make good contractual obligation of all rental office premises across Australia.

Straight lining provision for operating leases
Operating lease straight line provision relates to recognising the rental expense for the Foundation’s Melbourne office over the life of the lease which is 8 years.

Grants commitments provision
Grants committed relate to contractual obligations made by the Foundation which are legally enforceable and relate to the current periods operations.

Note 16: Capital and reserves

General Reserve
Relates to prior and current year surplus/deficits.

Revaluation Reserve
The revaluation reserve relates to the cumulative net change in the fair value of equity investments - fair value through other comprehensive income, and capital distributions.

Australian Kidney Research Foundation Reserve
This reserve was initially established following the sale of a donated property, and is used to set aside funds for specific research projects. Growth in the reserve has been derived from bequest income which has been set aside.

Capital Profits Reserve
This reserve relates to the cumulative net gains or losses from the sale of the equity investments. The Foundation is a company limited by guarantee. Refer to Note 25.

Note 17: Financial instruments
Exposure to credit, interest rate and currency risks arises in the normal course of the Foundation’s business.

Credit risk:
Credit risk is the risk of financial loss to the Foundation if a customer or counterparty to a financial instrument fails to meet its contractual obligations, and arises principally from the Foundation’s receivables from customers.

The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position as summarised below:

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity securities - fair value through other comprehensive income</td>
<td>9</td>
<td>4,110,062</td>
<td>4,412,115</td>
</tr>
<tr>
<td>Other receivables</td>
<td>7</td>
<td>321,589</td>
<td>615,762</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>1,828,206</td>
<td>916,561</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6,259,857</strong></td>
<td><strong>5,944,438</strong></td>
</tr>
</tbody>
</table>

At the balance sheet date there were no significant concentrations of credit risk. All exposure to credit risk was geographically confined to Australia.

Impairment losses:
The Foundations receivables primarily relate to sponsorship agreements and service income. The aging of the Foundation’s receivables at the reporting date was:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not past due</td>
<td>238,649</td>
<td>-</td>
<td>457,686</td>
<td>-</td>
</tr>
<tr>
<td>Past due 30 days</td>
<td>82,500</td>
<td>-</td>
<td>86,196</td>
<td>684</td>
</tr>
<tr>
<td>Past due 60+ days</td>
<td>8,965</td>
<td>8,525</td>
<td>87,656</td>
<td>15,092</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>330,114</strong></td>
<td><strong>8,525</strong></td>
<td><strong>631,538</strong></td>
<td><strong>15,776</strong></td>
</tr>
</tbody>
</table>
The Australian Kidney Foundation
T/A Kidney Health Australia
Notes to the financial statements (continued)

The movement in the allowance for impairment in respect of trade receivables during the year was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment losses - Trade receivables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>15,776</td>
<td>19,717</td>
</tr>
<tr>
<td>Impairment loss recognised/(reversed)</td>
<td>(7,251)</td>
<td>(3,941)</td>
</tr>
<tr>
<td>Balance at 31 December</td>
<td>8,525</td>
<td>15,776</td>
</tr>
</tbody>
</table>

Impairment loss of $8,525 for 2014 relates to amounts owing by customers, deemed unrecoverable.

Liquidity Risk:
Liquidity risk is the risk that the Foundation will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. The Foundation’s approach to managing liquidity is to ensure, as far as possible, that it will have sufficient liquidity to meet its liabilities when they are due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Foundation’s reputation.

The following are the contractual maturities of the financial liabilities, including estimated interest payments and excluding the impact of netting arrangements:

<table>
<thead>
<tr>
<th>Note</th>
<th>Trade and Other Payables</th>
<th>Carrying Amount 2014 $</th>
<th>Contracted Amount 2014 $</th>
<th>Carrying Amount 2013 $</th>
<th>Contracted Amount 2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
<td>1,014,961</td>
<td>1,014,961</td>
<td>990,601</td>
<td>990,601</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,014,961</td>
<td>1,014,961</td>
<td>990,601</td>
<td>990,601</td>
</tr>
</tbody>
</table>

Interest rate risk:

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,828,206</td>
<td>916,561</td>
</tr>
<tr>
<td>Fixed rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed funds</td>
<td>814,238</td>
<td>853,021</td>
</tr>
</tbody>
</table>

The Foundation has limited exposure to interest rate risk as it does not have borrowings or fixed rate debt securities that would change in their fair value due to changes in interest rates.

Note 17: Financial instruments (continued)
Cash flow sensitivity analysis for variable rate instruments
A change of 1% interest rates at the reporting date would have increased equity and the surplus and deficit by $18,282 (2013: $9,166). A decrease in the opposite direction would decrease equity and the surplus and deficit by $18,282 (2013: $9,166). The analysis is performed on the same basis as 2013.

Fair value sensitivity analysis for fixed rate instruments
A change of 100 basis points in interest rates at the reporting date would have increased equity and the surplus and deficit by $8,142 (2013: $8,530). A decrease in the opposite direction would decrease equity and the surplus and deficit by $8,142 (2013: $8,530). The analysis is performed on the same basis as 2013.

<table>
<thead>
<tr>
<th></th>
<th>Carrying Amount 2014 $</th>
<th>Carrying Amount 2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity instruments - fair value through other comprehensive income</td>
<td>21,132</td>
<td>448,169</td>
</tr>
</tbody>
</table>

Sensitivity analysis for Property Units
A change of 10% in the unit prices in the unit trusts at the reporting date would have increased equity by $2,113 (2013: $44,817). A decrease in the opposite direction would decrease equity by $2,113 (2013: $44,817). The analysis is performed on the same basis for 2013.
The table below analyses financial instruments carried at fair value, by valuation method.

The different levels have been defined as follows:

- **Level 1**: quoted prices (unadjusted) in active markets for identical assets or liabilities.
- **Level 2**: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices). These include Australian Property Trust Units.
- **Level 3**: inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Level 2 financial instruments are valued using the market comparison technique, by basing fair values on quoted prices. In respect of level 2 financial instruments, there are no significant unobservable inputs.

<table>
<thead>
<tr>
<th>Date</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 December 2013</td>
<td>2,902,676</td>
<td>1,509,439</td>
<td>-</td>
<td>4,412,115</td>
</tr>
<tr>
<td>Equity instruments - fair value through other comprehensive income</td>
<td>2,902,676</td>
<td>1,509,439</td>
<td>-</td>
<td>4,412,115</td>
</tr>
<tr>
<td>31 December 2014</td>
<td>2,548,963</td>
<td>1,561,099</td>
<td>-</td>
<td>4,110,062</td>
</tr>
<tr>
<td>Equity instruments - fair value through other comprehensive income</td>
<td>2,548,963</td>
<td>1,561,099</td>
<td>-</td>
<td>4,110,062</td>
</tr>
</tbody>
</table>

**Fair value versus carrying amounts**

The fair values of financial assets and liabilities, together with the carrying amounts shown in the balance sheet, are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fair value $</td>
<td>Carrying amount $</td>
</tr>
<tr>
<td>Loans and receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>321,589</td>
<td>321,589</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,828,206</td>
<td>1,828,206</td>
</tr>
<tr>
<td>Held-for-trading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity securities - fair value through other comprehensive income</td>
<td>4,110,062</td>
<td>4,412,115</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(1,014,961)</td>
<td>(1,014,961)</td>
</tr>
<tr>
<td></td>
<td>5,244,896</td>
<td>1,134,834</td>
</tr>
</tbody>
</table>

**Note 18: Financial Assets at fair value through other comprehensive income**

At 1 January 2012, the Foundation designated its investments in equity securities as at fair value through other comprehensive income as listed below. This designation was chosen as the investments are expected to be held for the long-term for strategic purposes.

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 $</th>
<th>2013 $</th>
<th>Dividend income recognised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014 $</td>
<td>2013 $</td>
<td>2014 $</td>
</tr>
<tr>
<td>Financial assets</td>
<td>4,110,062</td>
<td>4,412,115</td>
<td>150,170</td>
</tr>
<tr>
<td></td>
<td>4,110,062</td>
<td>4,412,115</td>
<td>150,170</td>
</tr>
</tbody>
</table>

During the year, the Foundation has disposed investments in equity instruments amounting to $670,126 (2013: $154,558) based on the advice provided by the investment fund managers and subsequent approval by the CFO. The net cumulative gain on disposal for the year amounted to $222,844 (2013: $16,338), which has been transferred to the capital profits reserve.

**Reclassifications**

There were no other reclassifications of financial assets since the date of initial application of AASB 9, being 1 January 2012.
Note 19: Leases
Finance lease liabilities are payable as follows:
Leases in terms of which the Company assumes substantially all the risks and rewards of ownership are classified as finance leases. Upon initial recognition the leased asset is measured at an amount equal to the lower of its fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the asset is accounted for in accordance with the accounting policy applicable to that asset.

Other leases are operating leases and the leased assets are not recognised in the Company’s statement of financial position.

No finance leases were recognised in the current or comparative periods.

Operating leases:
Leases as lessee

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-cancellable operating lease rentals -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>447,780</td>
<td>292,880</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>1,069,266</td>
<td>972,605</td>
</tr>
<tr>
<td></td>
<td>1,517,046</td>
<td>1,265,485</td>
</tr>
</tbody>
</table>

The Foundation leases the Adelaide, Perth and Melbourne offices and office equipment under operating leases. The office leases typically run for a period of 3 to 5 years, with an option to renew the lease, after that date. Lease payments are increased every year to reflect market rentals. Some leases provide for additional rent payments that are based on changes in a local price index.

During the year an amount of $661,239 was recognised as an expense in the statement of comprehensive income in respect of operating leases (2013: $584,442).

Note 20: Reconciliation of cash flows from operating activities

<table>
<thead>
<tr>
<th>Note</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for the period</td>
<td>51,319</td>
<td>998,896</td>
</tr>
<tr>
<td>Adjustments for -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>11/12</td>
<td>264,829</td>
</tr>
<tr>
<td>(Reversal of) impairment loss on receivables</td>
<td>36,114</td>
<td>(8,236)</td>
</tr>
<tr>
<td>Loss on disposal of property, plant and equipment</td>
<td>5</td>
<td>61,942</td>
</tr>
<tr>
<td>In kind donations for property, plant and equipment and equities</td>
<td>(126,165)</td>
<td>(421,940)</td>
</tr>
<tr>
<td>Operating profit before changes in working capital and provisions</td>
<td>288,039</td>
<td>836,536</td>
</tr>
<tr>
<td>Change in trade and other receivables</td>
<td>258,058</td>
<td>(380,502)</td>
</tr>
<tr>
<td>Change in prepayments</td>
<td>88,170</td>
<td>(43,633)</td>
</tr>
<tr>
<td>Change in inventory</td>
<td>27,869</td>
<td>(31,950)</td>
</tr>
<tr>
<td>Change in provisions and employee benefits</td>
<td>162,799</td>
<td>171,941</td>
</tr>
<tr>
<td>Change in trade and other payables</td>
<td>24,360</td>
<td>370,992</td>
</tr>
<tr>
<td>Change in deferred income</td>
<td>27,982</td>
<td>(39,110)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from operating activities</td>
<td>877,277</td>
<td>884,274</td>
</tr>
</tbody>
</table>

Note 21: Subsequent events

No matters or circumstances have arisen in the interval between the end of the financial year and the date of this report, which are likely to significantly affect the operations of the Foundation, the results of those operations or the state of affairs of the Foundation in subsequent financial years.
Note 22: Auditors’ remuneration

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auditors of the Foundation - KPMG Australia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit of financial report</td>
<td>51,000</td>
<td></td>
</tr>
<tr>
<td>Other assurance services - KPMG Australia</td>
<td>33,400</td>
<td>48,800</td>
</tr>
<tr>
<td><strong>Total auditors’ remuneration</strong></td>
<td><strong>84,400</strong></td>
<td><strong>83,100</strong></td>
</tr>
<tr>
<td>Other assurance services - RSM Bird Cameron Partners</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,400</strong></td>
<td><strong>87,100</strong></td>
</tr>
</tbody>
</table>

Key management personnel compensation is recognised as part of personnel costs in the income statement.

Note 24: Company limited by guarantee

The Foundation is a company incorporated in Australia under the Australian Charities and Not-for-profits Commission Act 2012 as a company limited by guarantee. Every member of the company undertakes to contribute to the asset of the company in the event of the same being wound up during the time that they are a member, or within one year afterwards for payment of the debts and liabilities of the company contracted before the time at which they cease to become a member and of the costs, charges and expenses of winding up the same, and for the adjustment of the rights of the contributories amongst themselves such an amount as may be required not exceeding the sum of $20.00.

Note 23: Related parties

The non-executive directors received no remuneration for their services to the Foundation.

The following were key management personnel of the Foundation at any time during the reporting period:

**Non-executive Directors**
- Mr. V G Harink (Chairman) (Appointed December 2004)
- Mr. P J Hartshorne (Appointed April 2008)
- Mr. G Holmes (Appointed in May 2007)
- Mr. D Parker (Appointed in April 2010)
- Mr. P Mitchell (Appointed May 2007)
- Professor Allan Collins (Appointed in December 2009)
- Prof. J C Craig (Appointed December 2011)
- Prof. C Pollock (Appointed December 2014)
- Mr. D Morgan (Appointed December 2014)

**Executive**
- Ms A Wilson (Chief Executive Officer, Appointed January 2003) (Managing Director, Appointed June 2009)
- Ms R Carè (Chief Financial Officer, Appointed April 2010)
Financial Statement 2014

Directors’ declaration

1. In the opinion of the directors of The Australian Kidney Foundation T/A Kidney Health Australia (the Foundation):
   (a) the financial statements and notes that are set out on pages 8 to 27 are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
      (i) giving a true and fair view of the Foundation’s financial position as at 31 December 2014 and of its performance for the financial year ended on that date; and
      (ii) complying with the Australian Accounting Standards (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013; and
   (b) there are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors:

Date at Melbourne 25th day of March 2015.

Mr Vincent G. Harink
Director
Independent auditor’s report to the members of The Australian Kidney Foundation T/A Kidney Health Australia (continued)

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards, a true and fair view which is consistent with our understanding of the Foundation’s financial position and of its performance.

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

Independence

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

Auditor’s opinion

In our opinion, the financial report of The Australian Kidney Foundation T/A Kidney Health Australia is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the Foundation’s financial position at 31 December 2014 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulation 2013.

KPMG

KPMG

Antoni Cinacuza
Partner
Melbourne
25 March 2015
Abbreviations

ACDPA  Australian Chronic Disease Prevention Alliance
AHMRC  Aboriginal Health & Medical Research Council
AHZSN  Australian and New Zealand Society of Nephrology
ATSI  Aboriginal & Torres Strait Islander
BRKB  Big Red Kidney Bus
CARI  Caring for Australians with Renal Impairment
CEO  Chief Executive Officer
CKD  Chronic kidney disease
ESKD  End-stage kidney disease
FAITH  Family Accommodation Initiative – Transplant Housing
GP  General Practitioner
GRP  Gastrin-releasing peptide
IPTAAS  Isolated Patients Travel & Accommodation Assistance Scheme
KCAT  Kidney Check Australia Taskforce
KEY  Kidney Evaluation for You
KHIS  National Kidney Health Information Service
KHW  Kidney Health Week
MSAC  Medical and Scientific Advisory Committee
NHMRC  National Health and Medical Research Council
NVDPA  National Vascular Disease Prevention Alliance
PATS  Patient Assisted Travel Scheme
RSA  Renal Society of Australasia
TTY  Telephone Typewriter
WARES  WA Renal Education Seminar

Contact us

Head Office (Victoria)
Street address: 125 Cecil Street, South Melbourne 3205
Postal address: GPO Box 9993, Melbourne VIC 3001
Telephone: (03) 9674 4300
Facsimile: (03) 9674 4399
Email: vic@kidney.org.au

Australian Capital Territory
Postal address: GPO Box 9993
Canberra ACT 2601
Telephone: 1800 454 363
Email: act@kidney.org.au

New South Wales
Street address: Level 9, 9-13 Young Street, Sydney NSW 2000
Postal address: GPO Box 9993, Sydney NSW 2001
Telephone: (02) 8045 8900
Facsimile: (02) 8045 8999
Email: nsw@kidney.org.au

Northern Territory
Postal address: GPO Box 9993, Darwin NT 0801
Telephone: (08) 8334 7555
Facsimile: (08) 8334 7545
Email: nt@kidney.org.au

South Australia
Level 1, 25 North Terrace, Hackney, SA 5069
Postal address: GPO Box 9993, Adelaide SA 5001
Telephone: 08 8334 7555
Facsimile: 08 8334 7545
Email: sa@kidney.org.au

Tasmania
Postal address: GPO Box 9993, Hobart TAS 7001
Telephone: (03) 9674 4300
Facsimile: (03) 9674 4399
Email: tas@kidney.org.au

Queensland
Ground Floor, 12 Birubi Street, Coorparoo, Qld, 4151
Postal address: GPO Box 9993, Brisbane QLD 4001
Telephone: (07) 3330 8600
Facsimile: (07) 3330 8699
Email: qld@kidney.org.au

Western Australia
Street address: 22 Townshend Road, Subiaco WA 6008
Postal address: GPO Box 9993, Perth WA 6848
Telephone: (08) 6160 9500
Facsimile: (08) 6160 9599
Email: wa@kidney.org.au

Hearing impaired
TTY/Voice 133 677 | Speak & Listen (SSR) 1300 555 727