Our highlights from 2015:

Priscilla Kincaid-Smith
Kidney Research Foundation launched

Big Red Kidney Bus awarded:
Excellence in Community Accessibility
2015 Victorian Government Healthcare Awards

New website launched
194,324 average monthly visitors

Kidney Health Research Walk
3,057 participants

Big Red Kidney Bus
100% satisfaction rating

Excellence in Community Accessibility
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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:

- **12,091** were receiving dialysis treatment at the end of 2015*
- **951** kidney transplant operations were performed in Australia in 2015*
- As of 1 February 2016, **1,083** people were waiting for a kidney transplant in Australia

*latest statistics available
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In writing this message for our 2015 Annual Report, I was astounded at the magnitude and quality of work undertaken by Kidney Health Australia over the past twelve months under difficult circumstances.

Positioned at the conclusion of 2014 to invest in new roles to build a more resilient and sustainable organisation long term, we started 2015 with new General Managers in the areas of Business Revenue and the Priscilla Kincaid-Smith Kidney Research Foundation, among others.

While most of our new positions have already delivered strong outcomes to year-end, the realisation of financial gains from these areas is seen as a long-term proposition, given the need to first establish a range of additional income development platforms and engage with new audiences.

The Australian not-for-profit (NFP) sector, while economically significant, is not without its challenges. Susan Pascoe, Commissioner of the Australian Charities and Not-for-Profits Commission, has described some of the major challenges facing the NFP sector over the next five years. These include income, performance measurement and efficiency.

Ms Pascoe has said: ‘maintaining or increasing income and diversifying funding sources were perennial problems for most NFPs that were difficult to solve’.

To that end, our organisation has fared well over the past thirteen years. We have:

• created a diversified range of income streams that allow us to operate independently of government
• streamlined what used to be a confederated structure into one national organisation, increasing efficiency and impact
• developed a strategic, evidence-based advocacy platform
• developed programs under our mission pillars of education, advocacy, research and support
• developed systems and processes to monitor the effectiveness of our work and achievement of outcomes against our mission and vision.

This has been achieved with a relatively small national team of dedicated and talented staff across Australia.

In 2015 diversification of revenues continued through financial investment in a digital lotteries platform and launching our new look website. Our philanthropic work has been expanded by the addition of a full-time manager, and an organisational reshuffle has resulted in all our revenue streams, including corporate partnerships, being moved under our Business Revenue Unit.

Performance

A deficit in 2015 of $758,599 reflects the impact of a downturn in several revenue streams on top of the organisation’s investment in planning and initiating revenue generation for the future. With the generosity of the Australian community, our loyal donors, lottery customers, and our philanthropic and corporate partners, we are well poised to grow our new revenue streams in the coming years.

Our impact is growing nationally and is exemplified by success in the following key program areas.

Holiday Dialysis

The Big Red Kidney Bus Holiday Dialysis Program has been recognised by the Federal Government through the National Disability Award for Excellence in Community Accessibility, and our partner Monash Health also received the gold award for Innovative Models of Care at the Victorian Government’s Public Healthcare Awards.

We are indebted to the medical and nursing team at Monash Health, led by head of nephrology Professor Peter Kerr, for delivering the highest standards of dialysis to our holidaymakers who are benefiting from utilising the bus. Our other partnerships with Fresenius Medical Care, LaTrobe Valley Buslines, Ventura Buses and the Bus Industry Association have all contributed to the success of this world-first program.

Additionally, pledges from groups such as Rotary to raise $150,000, and interest from bus companies, philanthropic organisations and individuals in New South Wales and Western Australia give us confidence that a further two buses will be on the road, in those states, in 2016.
Young Adults Transition Program

This important program in South Australia has expanded, and now more than fifty young people aged eighteen to twenty-six are receiving social and psychological support to adapt to the impact of chronic and end stage kidney disease on their young lives. Further expansion of the program to other states is expected in 2016.

Kidney Health Kids and family programs

Record numbers of children between the ages of seven and seventeen living with kidney disease benefited from our national Kidney Kids Programs. The programs, consisting of our National Kidney Kids Camp as well as school holiday program experiences for affected children are greatly valued by families who can have brief respite in the knowledge their children are in the care of highly skilled professionals.

Indigenous kidney health

The positive response to our Indigenous strategy submissions has delivered funding for the development of more resources for Aboriginal and Torres Strait Islander people. Most importantly, the success of our World Kidney Day Roundtable, which focused national attention on Indigenous health issues, has led to the identification of a comprehensive set of recommendations that, when implemented, will change the face of Indigenous kidney health across the country.

End Stage Kidney Disease Education Project

Last year saw the completion of three years work with the Federal Government on the End Stage Kidney Disease Education Project. This led to the publication of our Decision Aid tool entitled ‘My Kidneys, My Choice’, which has been well received in hospitals and renal units as part of the national roll-out of the program.

Education programs

Our GP and Allied Health Education program continued to provide training for health professionals in the early detection and prevention of chronic kidney disease. Also throughout the year, our Big Red Kidney Bus program attracted 3000 school children and teachers to community education programs; a tremendous result for the bus’ first year of operation.

Independent review

In the second half of 2015, our Board commissioned the first independent external review of our organisation. Conducted by PricewaterhouseCoopers, the review was designed primarily to provide recommendations on our business model for long-term sustainability.

Outcomes of the review confirmed the relevance of our mission pillars – education, advocacy, research and support – and reinforced the importance of focusing on building awareness and further diversifying our revenue base to underpin delivery of our services.

Retirement of Associate Professor Tim Mathew AM

At the end of June, our eminent Medical Director, Associate Professor Tim Mathew AM, retired after a long association with our organisation. Associate Professor Mathew’s work with us, and his contribution to nephrology in general, was formally recognised by the conferring of the Priscilla Kincaid-Smith Medal, the highest accolade in Australian nephrology.

Professor John Agar OAM, our former Director and pioneer of environmentally friendly dialysis, was also awarded the medal. The presentations were made by the Federal Minister for Health, the Hon Sussan Ley MP, at the Annual Scientific Meeting dinner of the Australian and New Zealand Society of Nephrology in the Great Hall, Parliament House, Canberra in September, 2015.

Priscilla Kincaid-Smith Kidney Research Foundation

Upon the passing of the late Emeritus Professor Priscilla Kincaid-Smith AC, CBE, we were proud to announce that our research foundation would be renamed in honour of our esteemed and admired founding member, whose legacy lives on through the research we undertake today and will continue to fund long into the future.

To enhance and encourage kidney research in Australia, our Board has allocated $2.6 million as an inaugural contribution to the Foundation, which has set a target of $5 million by 9 August 2018, the date of our fiftieth anniversary.

The Beccky Johns Kidney Discovery Trust

In November, we mourned the passing of Beccky Johns, one of our youngest members of staff, who touched the hearts of all who worked with her. In her memory and honour, the Beccky Johns Kidney Discovery Trust has been created, with the aim of discovering non-cancer inducing anti-rejection drugs for people undergoing kidney transplants.

Thank you

We are indebted not only to our growing number of supporters but also to our patrons and ambassadors, our donors, corporate and philanthropic partners and event participants for flying our flag. We greatly appreciate the loyalty, commitment and passion that you have for our cause.

Congratulations to our entire Kidney Health Australia staff family on another year of achievements on behalf of Australians affected by kidney disease. I would like to make specific mention of members of the Senior Management Team for their ongoing support under tight financial constraints.

Finally, immense gratitude is also expressed to all our Directors for your loyalty, support and contribution of time to the work of the organisation.

Ms Anne Wilson
Managing Director/CEO
(Resigned April, 2016)
2: Our Organisation
In last year’s report I noted that 2014 was not only a year of action on our existing issues but one in which we also started to carve a path on new areas of focus. I’m pleased to say significant progress has been made in these new areas, while we have simultaneously been maintaining progress on our core concerns.

Federally, it was a year of significant change, with not only a new Health Minister but an Assistant Minister being assigned to the portfolio; and he also happens to be Australia’s first Indigenous federal minister. A number of major reviews and agreements were put in place in quite quick succession, covering community pharmacy, Medicare, primary care, private health, mental health and hospitals. Indeed, with the call for cost reductions and efficiencies, no part of the health system has been left untouched.

We have approached each of the relevant reviews as an opportunity to generate positive change, even in the face of significant, and predicted, budget cuts to health. As such, we individually and with our partners developed detailed submissions and made face-to-face representations on key issues such as early detection of kidney disease; support; financial burdens; transport for dialysis and conservative care, to name but a few. As described in the Advocacy chapter of this report, we saw notable success and progress, including securing the expansion of the Supporting Leave for Living Organ Donors Programme.

At a state level we pursued in detail the issues on which our National Consumer Council has called for action: rebates for home dialysis; better transport, staffing and carer support for those on dialysis; the ability to take holidays while being treated; and organ donation. This has been supplemented by the hard work of the state consumer committees, as outlined in the Advocacy section.

The year was also devoted to making progress in reducing the devastating impact of kidney disease on Aboriginal and Torres Strait
At the end of the day, every new visitor to the website, every extra piece of traditional media coverage and every additional engagement on social media means there is someone who is learning how to keep their kidneys healthy, how to detect kidney disease earlier, and how to support those who are living with kidney disease.

Health
Mrs Anne Revell
General Manager Health Programs & Services

Our health team is responsible for providing programs and services for people around the nation who are living with kidney disease. Building on the review in 2014 of our existing programs and services, 2015 saw further successes and consolidation. Our flagship children’s program, the National Kidney Kids Camp, continued to build on the support it provides, with attendance of 137 children again breaking records. Our young adults programs also grew further, with excellent outcomes from our third year of participation in the South Australian Young Adults Transition Program and a Young Adults Life Skills Program held in Melbourne.

Support for adults was more tangible, with the Big Red Kidney Bus settling well into its program of holiday dialysis in Victoria, and the new Emorgo Kidney Transplant House in Melbourne ensuring that eligible regional Victorians and Tasmanians can receive the same invaluable accommodation as has been offered in Western Australia for many years.

Our Kidney Club program also continued to expand and diversify; we saw attendance numbers increasing nationally and the development of a partnership with a self-funded group from the Fraser Coast in Queensland.

The Kidney Health Information Service continued to respond to enquiries for information on kidney disease, with more than 2,100 calls managed through the year and over 13,000 pieces of educational material distributed nationally.

Our kidney community is full of passionate and supportive people, and the efforts of individuals do not go unnoticed. We were delighted to publicly recognise nineteen new recipients of our esteemed Operation Angel Awards, which honour the outstanding people who have made exceptional contributions to the Australian kidney community.

Finally, as this report allows us to highlight key deliverables from the year, it must be noted that the members of our health team are unwavering in their delivery of education, services, information and awareness initiatives in their regions. And we commend the many people living with kidney disease who volunteer, partner and support our team by extending assistance, critical feedback and genuine appreciation for the programs and services provided.

Medical programs
Dr Marie Ludlow
National Medical Projects Manager

As we well know, chronic kidney disease presents a significant public health problem in Australia; it is estimated that one in three adults is at increased risk of developing the disease due to identified risk factors, including age, high blood pressure or diabetes.

Population surveys have demonstrated that one in ten adults has existing evidence of chronic kidney disease, but the vast majority are unaware they have the condition. Research has shown that early detection and optimal management of the disease can reduce the otherwise potential deterioration in kidney function by up to 50 per cent, and has significant consequences for reducing cardiovascular risk and improving quality of life.

In our attempts to address these issues, we continue to advocate for kidney health checks...
Our organisation

Business revenue

Ms Kendall Vine
General Manager Business Revenue

The Business Revenue Unit manages all of our areas of income generation, including lotteries, philanthropic trusts, bequests, partnerships, other fundraising events and initiatives, and marketing in general.

In 2015 we built capability in our team with the aim of ensuring sustainable revenue growth in the future.

Key achievements through the year were:

- the launch of our new, improved website
- development of a digital strategy and the launch of our new digital lottery brand K Lotto
- continued strong performance of our lotteries business, which underpins our operations
- development of our Celebrity Ambassador and Patron Program, which helped us extend the reach of our kidney health messages to an additional 800,000 people
- excellent results for our major awareness campaigns World Kidney Day and Kidney Health Week
- growth in fundraising revenue from existing events and the introduction of new events
- involvement with third-party events to explore opportunities to further raise awareness and funds.

The first half of the year was focused on consolidating existing revenue streams and identifying growth opportunities for the future to ensure that we have a strong foundation for sustainable revenue growth.

Key to the future growth strategy is the development of our digital strategy and presence. The first phase was the launch of our state-of-the-art website in October. Key benefits of the new site are that it is fresh, informative and user friendly, and with an easy-to-use e-commerce platform for the processing of payments.

The development of our digital strategy is a critical driver for future growth and will provide us with opportunities to engage with younger people in the community. It will ensure that we are keeping up with innovations in the market, given that people are increasingly moving to on-line channels such as websites and digital applications. A major aspect of our growth strategy for 2016 will be to build our database strategy and capability.

Our national events team successfully managed our broad calendar of activities, which commence each year with our Big Red BBQ and Annual Golf Day and Dinner, followed by World Kidney Day, Kidney Health Week, the Kidney Kar Rally, Kidney Health Research Walk, Great Wall of China Challenge and events run by individual communities on our behalf.

Our ability to penetrate the crowded marketplace with our kidney health messages is integral to the success of many of our events and fundraising opportunities. World Kidney Day and Kidney Health Week were the two major awareness-building activities in 2015, and both gained significant increases in media coverage and reach through the year.

Our long-established lotteries are a vital revenue stream. We have now been running both national and state-based lotteries for more than twenty years. 2015 proved to be one of the most challenging, with the move of our Adelaide office and call centre and a system upgrade causing some disruption to the calling schedule and outcomes. Despite these issues, the call centre team again raised significant funds through the lotteries, which are critical in financing our national operation and enabling us to deliver our programs and services to the community.

We continue to be indebted to the members of our community who bequeath funds to our organisation in their wills. This is always a very humbling experience and we sincerely thank those individuals and families for their benevolence.

Our philanthropic partners continued to generously support our programs and services. We appointed a full-time Major Gifts Manager in 2015, whose primary focus for the year was establishing funding opportunities through trusts and foundations. We are seeing very strong engagement in this area and are expecting to receive a number of large grants in 2016, which will enable the expansion of key programs and services to the kidney community.

In 2015 the KidneyCheck™ program ran for the second year and the simple urine screening kit is now widely available nationally in Amcal, Amcal Max and Guardian pharmacies. Results were an improvement on the previous year and we will continue to build on this with our partner Sigma. In 2016 they will extend distribution to their on-line channel, and Defence Health will be providing their members with rebates for the purchase of...
KidneyCheck™ programs. We will further develop our relationship with health insurers in order to keep extending this program to the Australian public.

Sales of KidneyVital™, the only kidney-specific multivitamin in Australia, continued to increase. Now that the reach of the hospital distribution channel has been expanded, the focus for 2016 will be on operating what is primarily a direct distribution model in order to contain costs. In addition, we will be exploring opportunities to distribute the product in New Zealand.

Corporate services
Ms Rosanna Caré
Chief Financial Officer and Company Secretary

The role of the Corporate Services Business Unit is to provide efficient support services to both internal and external customers.

Our aim is to equip management and staff with the knowledge, technical skills, tools and best-practice processes to enable the organisation to achieve its strategic goals. The provision of timely, accurate information is critical to ensure decisions are made on a sound basis.

In 2015, our key tasks included measuring and monitoring financial performance, and training and assisting management in monthly processes and reporting. We supported staff with a series of internal training sessions, the upgrade of the financial reporting system, and implementation of a purchase requisition process to improve the monitoring of expenditure and assessment of performance.

Despite some progress, accuracy in forecasting continues to be a challenge, particularly in the final quarter of each financial year. Improvement in this area has been included as a critical objective for all management in 2016. Accurate forecasting will provide the basis for sound decision-making and enable any potential deviations from budget to be identified early. Decisions can then be made to steer the organisation back on course.

In the second half of 2015, the Board approved a review of the organisation’s business model by PriceWaterhouse Coopers, with the resultant recommendations flowing through to the annual business planning and budgeting process for 2016 and beyond. With confirmation that our mission pillars of education, advocacy, research and support continue to be relevant, our reporting structure has been amended in line with these four key areas of activity, effective 2016.

Financial performance in 2015 fell short of expectations, with a deficit of $758,559 recorded. The relocation of our South Australian offices and call centre was a contributing factor, together with the business model review and development of a digital lottery strategy. However, these investments have provided us with improved facilities and a targeted focus for the future, as well as generating another ongoing income stream.

In 2016, the corporate services team will be focusing on improving variance analysis and our understanding of the cost of delivery. There will also be increased attention on human resources policies and practices to ensure the organisation is providing the best possible working environments, procedures and conditions. We will continue to strive to increase efficiencies as well as provide clear, informative and timely reporting.
3: Education
Health professionals

Significant steps were made in our education activities in 2015. We conducted the first-ever national survey of general practitioner knowledge and current practice in relation to chronic kidney disease, with the results showing that:

- the top three tests used by general practitioners to assess kidney health are consistent with our recommended Kidney Health Check
- of the general practitioners surveyed, 58 per cent use our 'Chronic Kidney Disease Management in General Practice’ handbook to inform their detection and management of the disease.

For the first time, a brochure on chronic kidney disease was made available in 3,020 multi-doctor practices and eighty hospitals across Australia, giving us the potential to reach more than 160,000 people in our target groups.

Kidney Check Australia Taskforce

The Kidney Check Australia Taskforce (KCAT) governs our education program for primary care health professionals. Established in 2001, KCAT comprises prominent kidney specialists, health professionals, educators and individuals, and is the leading voice in kidney education in Australia. With their guidance we are the only organisation offering comprehensive clinical education on kidney disease to health professionals working in primary care.

2015 was a challenging year, mainly because on 1 July the sixty-one Medicare Locals transitioned into thirty-one Primary Health Networks. Despite this, KCAT continued to expand into alternative methods of delivering education to meet the diverse needs of Australian health professionals, and once again had a productive year.

The number of health professionals we engaged with through KCAT continued to grow, from 340 participants in 2004 to 1,063 in 2008 to 3,900 in 2015. This latest figure equates to the delivery of more than 6,600 hours of face-to-face and online education.

In 2015 we also:

- conducted ninety-five face-to-face clinical education sessions for health professionals
- provided three online learning modules for on-demand use by health professionals
- participated in major conferences on primary care, either by conducting education sessions or presenting abstracts
- developed the ‘CKD Go!’ phone app, for both iPhone and Android, and released it as a chronic kidney disease management tool for primary care health professionals
- developed three new interactive learning modules and one new online learning module
- developed and delivered targeted chronic kidney disease education sessions in the aged care domain and also for Aboriginal and Torres Strait Islander health workers in health organisations controlled by Aboriginal communities
- delivered education services in collaboration with third-party groups such as the Improvement Foundation and the Australian Primary Care Nurses Association
- commenced a project to provide education to Indigenous liaison officers.

Surveys showed that health professional satisfaction levels with education are high, with 88 per cent of respondents stating that we are meeting their training needs entirely and 88 per cent confirming that the education was entirely relevant to their practice.
Volunteer support is critical to the success of KCAT, and we are grateful for the continued endorsement from the nephrology and nursing communities. We thank all the nephrologists and renal nurses who kindly donated their time and expertise in presenting KCAT workshops in 2015. Our presenters continue to be extremely well received, with excellent participant feedback and evaluation scores across the board.

End stage kidney disease education

The End Stage Kidney Disease Education Project that we have been working on with the Federal Government was completed on time and within budget. Workshops were conducted with health professionals in every state, exploring shared decision-making and decision aids. There was an average of twenty-five attendees at each workshop, with very high satisfaction levels.

A detailed report and three articles have since appeared in peer-reviewed journals and our treatment option information and education tools have been updated and distributed to every major dialysis unit in Australia.

The regular health professional contact via newsletters and conferences continued and, in addition, a national social worker advisory group was established to assist us on key issues, and to seek ways to provide social support for dialysis patients.

Community

Community uptake of information about kidney health has grown, with average monthly visits to our website increasing from around 174,000 in 2014 to just over 194,000 in 2015, a rise of 11 per cent.

We produced a new educational handbook specifically for people newly diagnosed with chronic kidney disease, with the aim of empowering those with chronic kidney disease to better manage their kidney and general health. Titled ‘My Kidneys, My Health’, the handbook is available both as a printed document and online. Thank you to the advisory group who made development of this book more relevant and also shared their special stories.

The Big Red Kidney Bus was an active force for kidney health education, visiting twenty primary schools and two high schools in nine towns around Victoria, reaching more than 3,000 students and teachers.

Dialysis education

Home dialysis information uptake continued to grow, with average monthly visits to the home dialysis educational microsite increasing from around 1,000 in 2012 to more than 4,000 in 2015.

Our National Consumer Perspectives on Dialysis Survey No 2 was conducted, investigating patient education, the decision-making process, the impact of dialysis, and required support. A total of 1021 respondents from all states and territories, except the Northern Territory, completed the survey.

The findings have been collated into a report and presented at one health professional conference to date. The key findings are that:

- education about treatment options is improving over time
- doctors are the greatest influence in treatment choice
- the impact of dialysis affects most aspects of daily life
- peritoneal dialysis patients are the most satisfied
- younger patients (<45 years) experience more financial and family impacts.

Kidney cancer education and support

Stage 1 of our Kidney Cancer Advanced Disease Education Project was completed, with an advisory group undertaking a range of preliminary steps including scoping, literature search, a consumer survey and gap analysis.

Our efforts to raise awareness of kidney cancer continued, with attendance at three conferences, two presentations and more than 40,000 visits to relevant websites. We also distributed over one hundred kidney cancer packs, containing resource kits, fact sheets, booklets, brochures, posters and leaflets.

Phase 1 of our Advanced Kidney Cancer Project to develop kidney cancer resources was completed, and new fact sheets about kidney cancer have been produced.

We also updated our website with new information about the Australian kidney cancer trials and the inclusion of a function that enables people with kidney disease to find multidisciplinary health teams in their areas.

Our advocacy efforts yielded positive results, including the listing of a new second-line therapy for kidney cancer on the Pharmaceuticals Benefits Scheme.

Beyond Australia, we collaborated with the International Kidney Cancer Coalition on the creation of global resources for people with kidney cancer, including development of the 10-for-10 website as a central resource for information about immuno-oncology, and production of the ‘Book of Courage and Hope’, which contains inspirational stories from kidney cancer patients around the world.
4: Advocacy
4 Advocacy

Federal advocacy

2015 was a big year in terms of our advocacy initiatives. Federally, both on our own and with our alliance partners, we lobbied hard for key policies to reduce kidney disease and enable earlier detection.

To that end, we have been successful in advocating for a National Strategic Framework for Chronic Conditions, an overarching federal policy blueprint that we hope will guide and coordinate efforts to tackle chronic disease across the country. Along with our alliance partners we are now assisting government with its development.

We are also working collectively in advocating for an Integrated Health Check, and we’re seeking a Practice Incentive Payment and a new Medicare Benefits Schedule item to support it. This check would help encourage early detection and also recognises the interaction between heart disease, stroke, diabetes and kidney disease. Significant progress was made in reaching that objective, including being invited to appear, with our alliance partners, before the House of Representatives Standing Committee on Health.

The need for improved health checks has also gained mention in the Australian National Diabetes Strategy, the National Aboriginal and Torres Strait Islander Health Implementation Plan, and in a speech made in the Federal Parliament. Additionally, we were invited to appear before the government’s Primary Health Care Review, which is led by a former president of the Australian Medical Association, to discuss the concept in detail.

In all these instances we presented our own detailed submissions covering kidney specific issues and were able to talk to the Standing Committee on Health about the importance of early detection and the KidneyCheck™ program; the need for better support for carers, nurses and GPs; as well as the transport and financial hurdles faced by people on dialysis.

A major advocacy goal was achieved in the federal budget, with the Supporting Leave for Living Organ Donors Programme, which was designed and successfully lobbied for in 2013, being extended for another two years. What’s more, the period of paid leave available through the programme has been extended from six weeks to nine weeks, enhancing the financial support provided to living organ donors. We are encouraged that other countries have taken an interest in our scheme and are considering similar methods to provide much-needed assistance to donors.

In May we launched our national Kidney Health Week at Parliament House Canberra. More than fifty guests, including members of parliament, representatives from our alliance partners, industry and supporting health organisations, assembled to hear our key messages. The Minister for Health, the Hon Sussan Ley MP, along with Stephen Jones MP and a representative of people living with kidney disease, were guest speakers and all addressed the need for a dramatic increase in efforts to fight the disease.

The year also saw two leading kidney specialists, Professor John Agar OAM and Associate Professor Tim Mathew AM, awarded our prestigious Priscilla Kincaid-Smith medal in recognition of their outstanding contributions to the Australian kidney community. The Hon Sussan Ley MP presented the recipients with their medals in the Great Hall of Parliament House – a testament to our ongoing engagement with government. The medals honour the memory of the late Emeritus Professor Priscilla Kincaid-Smith AC CBE, a pioneer in the field of renal medicine and one of Australia’s foremost kidney specialists.

Following those events, and stemming from greater interest in the role of pharmacy in supporting primary care, we submitted to government a detailed proposal on our KidneyCheck™ initiative. We also engaged extensively at both federal and state levels on the proposed changes to funding to community transport, parking costs and other transport concerns, calling for guarantees that cuts not be made. Along with these initiatives, we provided input to many other reviews and processes, including those devoted to private health issues, to assist parliamentarians in their consideration of challenges associated with kidney disease.

State and territory advocacy

Through 2015 we conducted numerous studies on the out-of-pocket electricity costs faced by people on home dialysis. These detailed economic studies were fully costed and undertaken for each state and territory.

Our work highlighted that current power usage subsidies available to people on home dialysis continue to be inadequate in most jurisdictions. Ongoing advocacy has led to the increase of rebates in a number of states, most notably New South Wales, which boosted electricity subsidy levels by 85 per cent. Through our studies of electricity rebates in Queensland, we have been asked to formally submit our findings to the Productivity Commission’s first-ever inquiry into electricity pricing. This work also enabled us to very quickly resolve issues for a number of people on home dialysis who had previously been ineligible for rebates.
As you may be aware, patient transport schemes vary from state to state. Our advocacy efforts yielded increases in patient travel reimbursement rates in Victoria and New South Wales, and in Western Australia led to a parliamentary inquiry into rates. We also completed a report that analysed patient transport across Australia, based on a survey of dialysis units in every state and territory. Our detailed findings were published in the Renal Society of Australasia Journal in November 2015, and also presented at the annual conference of the Renal Society of Australasian in Perth.

Furthermore, by lobbying the Victorian Government on their current patient transport scheme, we succeeded in having kilometre reimbursements extended, for the first time, to living organ donors. These were previously available only to people travelling for dialysis or other medical appointments. The reimbursements will not only benefit living organ donors but also transplant and dialysis patients staying at our Emogoro House. It also helps bring Victoria into alignment with the other states.

In Western Australia we have initiated discussions on these issues, including preparing a business case for a Big Red Kidney Bus in that state. We have been appealing directly to the state Minister for Health for support – a positive step towards getting another bus on the road.

2015 also saw the development of a national transport assistance scheme replicated nationally.

Alliances for advocacy

Partnerships with other peak bodies for chronic disease are essential to investigating and developing advocacy strategies for kidney disease.

We are members of the Australian Chronic Disease Prevention Alliance (ACDPA), together with the National Heart Foundation, Diabetes Australia, Cancer Council Australia and the National Stroke Foundation. In 2015 the alliance was successful in advocating for a National Strategic Framework for Chronic Conditions, which will replace the National Chronic Disease Strategy 2005 as the overarching policy blueprint for tackling chronic disease in Australia.

We now have to work with the ACDPA on influencing the content of the framework to ensure that kidney-related issues are front and centre. We also saw the continued rollout of Food Stars, the food safety initiative focused on front-of-pack labelling, and arguments for an investigation into the role of corrective taxes to discourage unhealthy food purchases.

Our other key alliance, the National Vascular Disease Prevention Alliance (NVDPA), continued to strive for adoption of an Integrated Health Check to maximise the early detection of chronic disease. To support the proposal, the NVDPA is calling for a Practice Incentive Payment and inclusion of the check as a Medicare Benefits Schedule item. As mentioned earlier, the NVDPA also presented to the House of Representatives Inquiry on Chronic Disease and the Hambleton review on primary health care.

The Rethink Sugary Drink Alliance, which we proudly support, produced a video highlighting the serious health impacts associated with sugary drinks, with the aim of encouraging Aboriginal and Torres Strait Islander people to choose water instead. The primary message is how much sugar is loaded into sweetened beverages (around sixteen teaspoons in a 600 mL soft drink) and how drinking them regularly can lead to weight gain and health problems such as type 2 diabetes, heart disease, cancer, kidney disease and dental problems. The video, which can be viewed on the website rethinksguaydrink.org.au, supports the wider work we continue to do in tackling this issue.

We have also been involved in numerous other alliance activities. In conjunction with the National Physical Activity Alliance we have been actively pursuing policies for increasing physical activity levels and, through the LiveLighter partnership, working to increase public understanding of the risks associated with poor lifestyle choices. With the VicHealth Salt Alliance we have been invited to work with the Victorian Government on reducing salt levels and, with the Victorian Patient Transport Assistance Scheme Alliance, we are always trying to ensure patient travel subsidy levels are adequate for people living with kidney disease. This work is in addition to our enduring partnerships in the other states and territories.
In 2015, we gained significant momentum and several major achievements in Indigenous affairs.

In February, we were invited to present to the Senate Select Committee on Health regarding the impact of kidney disease on Aboriginal and Torres Strait Islander people. From this, we provided further assistance to the committee in identifying particular locations to visit, and people and other key organisations they should consult with as part of their hearings.

World Kidney Day 2015 in Australia brought national attention to the devastating impacts of chronic kidney disease on Aboriginal and Torres Strait Islander people. The date of chronic kidney disease on Aboriginal and Torres Strait Islander people, working from evidence-based research and programs covering prevention, renal dialysis and transplantation.

A report titled ‘Kidney Health For All’ was developed, outlining eight key policy-focused recommendations for consideration by the federal, state and territory governments, key health organisations working in Aboriginal and Torres Strait Islander health, and the kidney community in general. The report was distributed to health and Indigenous affairs ministers and shadow ministers, and all members of federal health and Indigenous affairs parliamentary committees. Intensive advocacy on each of the recommendations will continue in 2016.

The first Aboriginal and Torres Strait Islander to be appointed as one of our kidney health ambassadors, Ms Rochelle Pitt, joined us in July. A Butchulla/Kalkadoon/Wirri woman from north Queensland, Rochelle was a top eight finalist on Channel Seven’s ‘X Factor’ in 2014. By day, this talented singer/songwriter is a renal nurse with Apunipima Cape York Health Council and a strong believer in promoting good kidney health. Rochelle is helping us develop clinical education training on chronic kidney disease for Aboriginal and Torres Strait Islander health workers.

We were successful in securing funding of almost $80,000 to develop training and resources for Aboriginal and Torres Strait Islander health workers. Focused on awareness, prevention and early detection of chronic kidney disease, the training will be offered nationally from July 2016. The funds were generously provided by Perpetual IMPACT Philanthropy.

In addition to this work, we investigated ‘on the ground’ kidney health issues in a number of remote regions in Western Australia, Northern Territory, South Australia and Queensland, and are continuing to lobby for appropriate responses by state and territory governments.

In February 2015 we were accepted as a member of the Close the Gap Campaign Steering Committee, which comprises representatives of more than thirty organisations who work collaboratively to improve Aboriginal and Torres Strait Islander health outcomes.

Through this involvement, we are increasing awareness nationally about our organisation and the work we do in helping Aboriginal and Torres Strait Islander people to fight kidney disease.

Communications

What a year it was for our Communications unit. This small team is responsible for all of our communications activities that help to cut through the ‘noise’ and raise awareness levels of kidney disease, kidney cancer and our work in general, not only among our kidney community but the broader general public as well.

Communications play a pivotal role in supporting all our business units to promote their important work and developments, including the programs and services our health team provide, research findings, policy issues, fundraising activities and our key awareness-raising events throughout the year.

The communications team provides vital support for our key activities, using strategic tactics such as brand management and media relations and a variety of channels including social media, newsletters and our website. They take a holistic approach, ensuring integration with our broader marketing and business objectives.

The addition in late 2014 of a dedicated full-time Social and Digital Media Coordinator has increased the team’s capacity to produce compelling content, nurture and grow our audiences, develop our communications platforms, and increase activity across all of our social media channels. Major highlights for the year were the launch of our Instagram account and seeing our World Kidney Day hashtag trending nationally on Twitter during our leadership breakfast and policy roundtable at Parliament House.

It is encouraging to see our Facebook community continue to be so engaged and supportive, even as our page grows bigger and bigger. In terms of engagement rates (i.e., the amount of people seeing and interacting with the content) we consistently achieve higher levels than many of our peers.
In addition to the growth in social media, it was an exciting year for digital media activities with the re-launch of our website, kidney.org.au. The new and improved site not only cements our online presence but also sets a new standard for web design and functionality in the Australian healthcare charity sector. The re-design allows us to improve our offering to our existing audience, establish our presence with new audiences, and maximise public awareness and fundraising opportunities across the board.

The website contains a range of new sections and features, including:

- comprehensive information on all kidney conditions
- greater focus on Indigenous kidney health issues
- a wealth of educational and support resources for people living with kidney disease, and their families and supporters
- a dedicated information hub for health professionals
- a new responsive design with intuitive navigation, especially helpful for people on dialysis who rely on mobile devices
- a national Dialysis Unit Guide
- new online capabilities to facilitate donations and product launches
- an online shop to support fundraising efforts
- integration with social media.

This was a considerable undertaking over many months. The communications unit liaised with our General Manager Business Revenue to lead a project team that reviewed and refreshed all content on the site and transformed its look and feel, greatly enhancing user experience across desktop, mobile, and tablet devices.

We also saw a significant increase in media attention during the year, with consistent coverage at both metropolitan and local levels, helping to raise awareness of kidney disease among the general public and drawing attention to the work we do.

A range of topics and events made the news, including World Kidney Day; our Big Red Kidney Bus mobile holiday dialysis unit program; our national Kidney Kids Camp; various medical and research reports; our cornerstone events such as the 2015 Kidney Health Research Walk and the Kidney Kar Rally; and our major annual awareness-raising event, Kidney Health Week.

It must be noted that the communications team rolled out our most successful Kidney Health Week ever, with media coverage secured across news.com.au, channel 7 news, channel 9 news, PM with Mark Colvin on ABC radio, and The Project. In total, media stories about the campaign reached an audience of 12,866,670 people, via $2,625,648 of free media; whilst on social media, we reached more than 224,876 Facebook users through our own posts alone and achieved over 1.5 million impressions (how many times campaign content was displayed) across all social media channels.

Over the year we saw a significant increase in the overall coverage of kidney health issues in traditional media and greater engagement across social media, with:

- PR value doubling on the previous year, rising to $2.15 million
- our Facebook fans growing by 47 per cent, from 5,970 to 8,770
- our Twitter followers increasing by 38 per cent, from 1,399 to 1,931
- the establishment of our Instagram account, which has attracted several hundred followers
- our website attracting 1,986,758 visits and generating more than 40,000 downloads.

The communications unit is at an exciting stage; having focused on building strong foundations and resources in recent years, the time is ripe to take activities to the next level in 2016 and beyond.

National Consumer Council

Formed in 2002, the National Consumer Council (NCC) 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 Council works to make a positive impact on the lives of people affected by kidney disease.

It was with deep sadness that we saw the resignation and then passing of our Chair, Mr Evan Eggins, who had been Chair of the New South Wales Consumer Committee for nearly ten years and had held the position of NCC Chair for two. Evan was a tireless supporter of our organisation and a staunch representative of people living with kidney disease, sharing his passion for improving their care through his participation on fourteen committees – an indication of his extraordinary commitment.

In 2015 the Council met three times. Considerable work was undertaken to review and update our overarching position statements, which concisely articulate the perspective of someone living with kidney disease and identify what strategies are needed to address their key issues. Additionally, further attention was given to developing a Carers Position Paper, which identifies 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.

We are immensely grateful to members of the Council for making themselves available for consultation on a broad range of clinical material to ensure ‘consumer perspectives’ were well considered. Their contribution to our cause is invaluable.
State and territory consumer committees

State and territory consumer committees work to make a positive impact on the lives of people affected by kidney disease in their regions, and to communicate local issues to the National Consumer Council.

While the primary purpose of the committees is to bring community attention to the issues faced by people living with kidney disease, and throughout 2015 they were also extremely pro-active in assisting us with planning and supporting key national events. These included Kidney Health Week and the annual Kidney Health Research Walk as well as clinical forums such as the Chronic Kidney Disease Queensland Colloquium.

Committee members also extend their contribution to our work by serving on various clinical committees, creating further integration between our organisation and other streams of the healthcare sector. Their selfless dedication is greatly appreciated and very important to what we achieve.
5: Research

Dr Peggy Teh, winner of the 2015 TSANZSN award for best clinical nephrology presentation

Image courtesy of the Walter and Eliza Hall Institute of Medical Research
Research

Introduction
Research is one of the four pillars of our organisation, together with education, advocacy and support. Since being established in 1968 we have allocated more than $30 million to hundreds of kidney-related research projects at hospitals, universities and health and medical research institutes across Australia.

2015 saw the launch of the Priscilla Kincaid-Smith Kidney Research Foundation, which has been established as the coordinating body for all the research activities we support.

In consultation with our stakeholders around Australia, the Foundation initiated a review to determine future research priorities, the findings of which will be finalised in 2016. While this review is being undertaken, our Board has decided to continue supporting only existing projects in 2016 and to seek funding for new projects from 2017.

Our continued commitment to supporting research is evident from our extensive grants and scholarship program. Donations and offers of sponsorship from benefactors are always appreciated, as they enable us to increase the levels of funding available to support valued research into kidney and urinary tract disease. Should you wish to donate funds for a grant or scholarship to support this research, please contact fundraising@kidney.org.au.

Grants and scholarships awarded
In 2015, following a competitive and transparent selection process, available research funds were allocated to a range of grants, scholarships and projects.

A total of fifty-four applications for funding support were received. Eighteen separate grants and scholarships to the value of $496,000 were awarded to kidney-related research projects in university departments, medical research institutes and hospitals throughout Australia.

We thank the independent reviewers for their assistance in assessing and ranking the applications.

Biomedical scholarships
Three medical research scholarships received continued funding and two new scholarships were awarded. The allocated funding was valued at $159,000. To make the most of our research dollars, we encourage each student receiving funding to also apply for a National Health and Medical Research Council scholarship.

The new direction of our research funding, which is aimed at a public health agenda, means that offers of new scholarships have now been withdrawn. Nephrologists are, in general, well supported in their post-graduate studies by funds specifically targeted at medical graduates, and scientists have access to a variety of sources for PhD support.

Sponsored scholarships
In lieu of providing any further direct funding, we encourage groups and individuals to consider supporting biomedical research by sponsoring scholarships. This is a worthwhile and meaningful way to ultimately promote better health outcomes in people living with kidney disease. We are always interested in hearing from benefactors wishing to donate funds for scholarships or grants.

Continuing PhD scholars 2015
Dr Qi Cao
Supervised by Prof David Harris (Science)
Westmead Millennium Institute, University of Sydney NSW
Research: Defining the role of the major subsets of renal mononuclear phagocytes

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

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

Newly awarded PhD scholars 2015
Dr Emma O’Lone
Supervised by Assoc Prof Angela Webster (Medical)
University of Sydney, NSW
Research: Heart disease – priorities and outcomes for people with chronic kidney disease

Dr Peggy Teh
Supervised by Dr Axel Kallies (Medical)
The Walter and Eliza Hall Institute of Medical Research, VIC
Research: The role of immune cells in the kidney

Project grants
Project grants worth $46,000 each were awarded, for use over one to two years. The competition was strong and most applications were considered suitable for support should more funds become available. The following applicants received funding.

Assoc Prof Grahame Elder et al
Westmead Hospital, NSW
Project: Has the introduction of non-calcium-based phosphate binders reduced mortality for patients on dialysis in Australia?

This study will look at whether newer and more costly non-calcium-based phosphate binding drugs, used to reduce dietary phosphate absorption by patients requiring dialysis, reduce the risk of cardiovascular events and mortality.

In the 1970s, patients had been treated with aluminium-based phosphate binders, but owing to potential aluminium toxicity, most patients were changed to calcium-based phosphate binders.
Calcium-based drugs remain the most prescribed phosphate binders, but two newer drugs, sevelamer hydrochloride and lanthanum carbonate, which do not contain calcium, were introduced six and seven years ago. This corresponds to a period during which concerns have been raised about the risk that high doses of calcium may pose for increased vascular calcification, cardiovascular complications and death.

The proposed study is a retrospective study of all adults who have undergone dialysis since the new drugs were introduced in 2007, to determine whether the introduction and progressive displacement of calcium-based binders has influenced mortality and cardiovascular events among Australians on dialysis.

Prof Zoltan Endre et al
Prince of Wales Hospital, NSW
Project: Establishing a simple blood test able to detect subliminal kidney injury

The kidney can increase the filtration rate in response to increased blood flow. This renal reserve capacity is critical when a kidney is removed in organ donation, or when damaged. Reserve decreases but is not fully lost as kidney function declines with disease and age. However, reserve is rarely measured since it has not been standardised, and current measurements of kidney filtration rate are expensive and cumbersome.

This project aims to develop a simple and cheap test of the kidney’s ability to increase filtration rate in response to a protein meal challenge. We will evaluate serum cystatin C concentrations before and after protein loading to determine renal reserve in normal volunteers and in patients with chronic kidney disease. This measurement will be validated against current gold standard measurements of kidney filtration rate. If validated, this test will allow us to assess marginal kidney donors and patients with suspected subliminal kidney disease.

Most importantly, defining renal reserve should allow us to define prognosis more accurately in patients with chronic kidney disease, and in the larger number of elderly patients with reduced kidney filtration rate who may have either progressive kidney disease or simply have ‘old’ but healthy kidneys.

Dr Craig Gedye et al
University of Newcastle, NSW
Project: Destroying kidney cells that evade current treatments

Advanced kidney cancer is incurable. Tablets that block blood vessels help many patients, but inevitably fail. My research has revealed that kidney cancer is better understood as a different kind of cancer than we previously thought: a ‘sarcoma’ rather than a ‘carcinoma’. I have also found that it is highly adaptable, with some cancer cells able to act as either ‘hunters’ or as ‘gatherers’. When tablet treatments fail, the ‘hunter’-type cells predominate.

My research program will investigate how kidney cancer cells adapt, identify critical targets to block this adaptation, and identify and ‘repurpose’ old, approved drugs that work with blood-vessel blocking tablets to improve the survival of patients with advanced kidney cancer.

Assoc Prof Angela Webster et al
University of Sydney, NSW
Project: Death from stroke and heart disease in people with end stage kidney disease

People with end stage kidney disease have greater risk of heart attack and stroke than the general population. General population deaths from stroke and heart disease have each declined by 2 per cent per year since 1970, because of effective prevention and treatment. The commonest cause of death for people who are on dialysis or have a transplant is heart disease and stroke. What is not known is if the death rate from stroke and heart disease has decreased at the same rate as for the general population.

While not proven decisively, it seems likely that prevention drugs driving improvements from the general population don’t have the same benefits for people with end stage kidney disease. We don’t know if clot-busting treatments for heart attack or stroke work in people with end stage kidney disease, as they have been excluded from trials. The large numbers needed to observe treatment differences mean new trials are impractical and logistically impossible.

While this project can’t answer some of the questions of prevention or treatment response directly, if, by looking at the pattern of deaths from heart disease and stroke over time, we see the same improvement in death rate as the general population this will be very reassuring. If we see a lack of improvement, it will be another signal that prevention and treatment options might be at best ineffective, or at worst harmful to people with end stage kidney disease.
5 Research

This project will generate new evidence to either underpin current practice, or to drive new research about the treatment response of heart disease and stroke in people with end stage kidney disease. Whatever the findings, the results will be relevant to healthcare providers, policy makers, researchers and people with end stage kidney disease.

Grants for nurses pursuing master’s degrees

The nursing grant program aims to encourage nurses to pursue a career in renal nursing in any of its components (clinical practice, education or research) across the continuum of chronic kidney disease, from prevention and early detection to renal replacement. Grants are awarded to registered nurses wishing to study for a master’s degree in nursing or public health.

Six nursing grants were awarded, valued at $3,000 each for a maximum of three years, being a total allocation of $18,000.

Mrs Jo-anne Moodie
Master of Nursing – Nurse Practitioner
University of Melbourne, VIC

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
Australian Catholic University, VIC

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

Grants for targeted or strategic research

In 2014, the then Medical and Scientific Advisory Committee initially allocated an amount of $125,000 for distribution in 2015 to targeted areas that are deserving of support and assist us in our work. The funds were granted to the ANZDATA Registry and the Australasian Kidney Trials Network.

ANZDATA Registry

We have substantially funded the internationally acclaimed ANZDATA Registry since its formation. A major accomplishment of the Australian and New Zealand nephrology community, the registry has contributed importantly to knowledge, planning and best practice in clinical care over many years. For calendar year 2015, the registry was awarded $75,000 towards its general operating costs. You can learn more at www.anzdata.org.au.

Australasian Kidney Trials Network

Our Board agreed to also support the Australasian Kidney Trials Network with a $30,000 research grant. This organisation designs, conducts and supports high-quality clinical trials focused on improving life for people with kidney disease. Further details are available at www.akttn.org.au.

Awards for excellence in research

ANZSN Annual Scientific Meeting – Best clinical nephrology presentation

Each year we sponsor a prize valued at $5,000 for the best clinical nephrology presentation at the Australian and New Zealand Society of Nephrology (ANZSN) Annual Scientific Meeting. This award is judged on abstract and presentation, with all presenting members of the ANZSN eligible.

In 2015, the winner of the award for best clinical nephrology presentation was:

Assoc Prof Germaine Wong
The University of Sydney, NSW.

TSANZ Scientific Meeting – Best clinical and laboratory research presentations

We sponsor two annual awards, each to the value of $1,000, for the best clinical and laboratory research presentations at the Transplantation Society of Australia and New Zealand (TSANZ) Scientific Meeting. The awards are judged on abstract and presentation.

In 2015, the winner of the award for best clinical research presentation was:

Assoc Prof Germaine Wong
The University of Sydney, NSW

The winner of the award for best laboratory research presentation was:

Ms Jamie Brady
Walter & Eliza Institute of Medical Research, VIC
Priscilla Kincaid-Smith Medal

The Priscilla Kincaid-Smith Medal, our highest scientific accolade, is awarded for outstanding contributions to the cause of nephrology, based on the recommendation of an independent committee. In 2015, at a ceremony at Parliament House in Canberra, two medals were presented by the Federal Health Minister, the Hon. Sussan Ley MP. The recipients were:

Prof John Agar OAM
Assoc Prof Tim Mathew AM

Past medal winners include:

2012 Prof David Harris
2010 Prof Judith A Whitworth AC
2005 Prof Stephen Holdsworth
2002 Prof Anthony d’Apice
2000 ANZDATA Registry
1996 Prof Villis Marshall
1994 Prof Robert Atkins

Caring for Australians with Renal Impairment (CARI) is a national evidence-based project that started in 1999 with funding from 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 Australian and New Zealand Society of Nephrology and Kidney Health Australia.

For the past 4 years, CARI has been funded by Kidney Health Australia and late in 2015 it was agreed to continue partial funding for the 2016 year. CARI continues to develop new Guidelines, review existing ones, write commentaries on overseas Guidelines and adapt international guidelines developed by KDIGO.

An external review was commissioned by Kidney Health Australia and the Australian and New Zealand Society of Nephrology, and concluded in 2015. This report highlighted the fact that the Australian and New Zealand nephrology community value having KHA-CARI Guidelines and those who have been members of a work group value the training in evidence-based medicine methodology they received as part of a work group.

New guidelines


2. Infectious Diseases in Renal Units – In development – Majority of the evidence tables have been prepared and sent to the writers. Work has commenced on draft guideline recommendations.


4. Management and Prevention of CKD in Indigenous Populations (ANZ) – In development – A teleconference was held 14th December 2015 to discuss the scope of this guideline, methods for running two work groups, development of a consumer panel, and possible co-convenors and members for the work groups. Four people represented KHA at this meeting and

Commentary on KDIGO guidelines


2. No commentaries on KDIGO Guidelines in development

Guideline implementation research

1. Peritoneal dialysis implementation project: Preventing infection in new PD patients – First phase published – Nephrology Dialysis Transplantation; doi: 10.1093/ndt/gfv115
6: Support
Support

National Kidney Kids Camp

Our National Kidney Kids Camp is designed to cater for children aged from seven to seventeen who are affected by chronic kidney disease (Stage 3 and greater), and their siblings. The event is provided free of charge for all who attend.

In 2015, our seventeenth camp was held from Thursday 16 to Sunday 19 April at the Runaway Bay Sports Super Centre in Queensland. Attendance records for this inspiring event were again broken, with a total of 247 attendees, comprising 137 children, 89 volunteer carers, 13 health professionals, three St John Ambulance officers and five of our staff.

The Kidney Kids and their siblings arrived from New South Wales (fourteen), South Australia (twelve), Tasmania (three), Victoria (twenty-four), Queensland (eighteen) and Western Australia (four), after being flown in groups from eight different airports, escorted by our staff.

Health professionals attended from the Women’s & Children’s Hospital Adelaide (two), Royal Children’s Hospital Melbourne (five), Lady Cilento Children’s Hospital (two), Monash Children’s Hospital (two) and Kidney Health Australia (one). In addition to nursing staff, Dr Matthew Sypek from Royal Children’s Hospital Melbourne was the onsite camp doctor, and general first aid was provided by St John Ambulance officers.

While many of the Kidney Kids had functioning transplants, during the event three received haemodialysis treatment at Lady Cilento Children’s Hospital and six received peritoneal dialysis treatment overnight at the camp.

Following feedback from previous camps, the 2015 program saw the introduction of a ‘young hub’ medication unit. This facility encourages Kidney Kids over the age of fifteen to self-manage their medication, in a supervised environment.

Education and nursing students from Southern Cross University and Queensland University of Technology were again recruited as volunteer carers at the camp, as part of their course placement. All activities and entertainment were based on a safari theme and the four-day activity program included opportunities for the children to build their self-confidence and creativity.

Kidney Kids Capers

Kidney Kids Capers programs ran successfully across the country in 2015, with high attendance at all events. A total of 247 Kidney Kids attended at least one of the ten programs that were run throughout the year in Victoria, South Australia, New South Wales, Western Australia and Queensland. These provide Kidney Kids and their families with the opportunity to get together every three to four months, in combination with the National Kidney Kids Camp.

Always looking to promote ‘Capers’ to new families, we were delighted to welcome fifty-one Kidney Kids who joined in the fun for the first time. Activities focused on family entertainment and peer interaction, with popular family-oriented events such as themed boat trips and visits to AFL footy matches, Dreamworld, the Royal Show, Luna Park and more.

An information and peer support session dedicated to parents at Kidney Kids Capers events was trialled in 2015. Overwhelmingly praised by the parents attending, the session will be included in more of next year’s programs.
Young Adults Transition Program
The South Australian Young Adults Transition Program was established in 2012 by Dr Rob Carroll and SA Health. Based on work at a clinic in Oxford in the UK, and the first of its kind in Australia, the program was initiated to support eighteen to twenty-six year olds living with chronic kidney disease.

Research has indicated that young people in this age group face significant difficulties dealing with a chronic illness, and has identified that peer support can assist compliance with medication regimens and provide lifestyle benefits.

Our staff have been supporting the transition program by conducting complementary social activities that are designed to develop peer support by stimulating interaction and conversation among the group. Additionally, we have been running informal events for this group to reinforce peer support development.

Early outcomes from the trials show the activities to be extremely successful in encouraging compliance and self-management and in increasing overall participation numbers in the program.

Research has indicated that young people in this age group face significant difficulties dealing with a chronic illness, and has identified that peer support can assist compliance with medication regimens and provide lifestyle benefits.

Young Adults Life Skills Program
The Young Adults Life Skills Program aims to help eighteen to twenty-six year olds living with chronic kidney disease to manage the transition from paediatric renal units to adult care, while developing practical life skills and building confidence and peer networks.

In 2015 the program was conducted in Melbourne for the first time, running over three days and two nights, from 11 to 13 December. Twenty-three young adults from Victoria, Queensland, Tasmania and New South Wales attended.

Feedback was extremely positive, with participants noting that a major benefit was the opportunity to meet others dealing with similar circumstances. Activities included workshops on mental health and body image issues, laughter yoga, arts and craft, social media, and finance and budgeting.

Henry Giblett Adult Holiday Dialysis Program
The eighteenth annual Henry Giblett Adult Holiday Dialysis Program was held in November, providing a week-long holiday for twenty-five Western Australian families who were selected in a random ballot from seventy-two applications.

In all there were sixty-eight attendees, with support from seven nurses, volunteers and members of our staff.

A temporary dialysis unit was set up at the St John Ambulance Sub-Centre in Busselton, with machines, supplies and consumables provided by Fresenius Medical Care. This support, which is essential to the program, enabled participants to receive their life-saving treatment while taking in a welcome change of scenery.

The benefits and high standards of this much-appreciated program are reflected in the following feedback from attendees:

‘I found it to be a fantastic experience; the level of care was exceptional, the nursing staff, Kidney Health Australia staff and resort staff were all wonderful.’

‘We both had a wonderful relaxing time together. Everything was professionally run and this only made it more enjoyable.’

‘Cannot fault it. Very well run medically and well thought out socially. Congratulations to all.’

‘There were no bad aspects of the program. We were both very happy to be given the opportunity to attend.’

‘Very enjoyable and great to feel more normal.’

To the generous support of Lotterywest, attendees enjoyed free accommodation at The Sebel hotel, a number of group dinners, transportation, and social activities. Busselton local and volunteer extraordinaire Tanya Chatfield was once again a huge asset to the program, providing transport to the temporary dialysis unit and conducting a tasting tour of local gourmet shops and cafes.

Very much a collaborative effort, this program would not be feasible without the support of our sponsors: Lotterywest, Fresenius Medical Care, Northline Freight, St John Ambulance, Diaverum, Midland Dialysis Centre, Royal Perth Hospital, Spearwood Dialysis Clinic, Greg Fleay’s Plumbing, Grocock Glass, Kym Nisbett’s Carpet Choice and Gannaway Charters and Tours.
Kidney Clubs
Throughout 2015, Kidney Club activities continued to expand. Twenty-three clubs were conducted throughout Australia, in Adelaide, Perth, Alice Springs, Cairns, the Fraser Coast, the Sunshine Coast, Western Sydney and Armidale. A total of 582 people attended.
With minimal external promotion of this program, the results again highlight that people living with kidney disease want interaction and information. This reinforces the need for Kidney Clubs to be further developed in order to maximise information-sharing and peer support.
The first self-funded Kidney Club, which was trialled on the Fraser Coast in Queensland, went well for all involved and we will be looking to extend this model in 2016.

Transplant Housing Program
Our Transplant Housing Program, which currently operates in Victoria and Western Australia, provides city accommodation for people from rural and regional areas who are undergoing kidney transplants and dialysis training.
2015 was a busy and successful year for the program, with accommodation being provided for sixteen people and their families.
Emorgo Kidney Transplant House in Melbourne, which in November celebrated its first year since being launched, provides much-needed accommodation for Tasmanians and regional Victorians.
In Western Australia our houses were recently refurbished, thanks to significant community assistance and donations.
Such support ensures we can continue to offer a high standard of housing where transplant recipients and their families can recover in a relaxed ‘home away from home’ environment. This helps to ease their emotional and financial burden, allowing them to focus on their recovery.
The benefits of the program are summed up in this note of appreciation from Mr Damien Rosella: ‘I didn’t have to worry about my family while I was in hospital and I was able to join them after the operation close to my doctors and hospital. We’re forever grateful to Kidney Health Australia for the kidney house’.
By utilising our resources, services and networks to provide support and connections, we aim to reduce the isolation of people in rural and regional areas.
We thank our many wonderful partners who are helping us to realise this goal, particularly the Emorgo Foundation and Foundation Housing WA for their continued support. We look forward to expanding the program in 2016.

Kidney Health Information Service
The Kidney Health Information Service offers information, education, referral, and support via the free call number 1800 454 363 as well as email, direct local phone calls and social media.
During 2015 the service was primarily utilised by patients, carers and family members seeking information about diagnosis, medical terminology, treatment options, diet and nutrition. With 2124 enquiries for the year, and more than 13,000 pieces of educational material distributed nationally, the service continued to provide invaluable support and guidance for those who contacted us for assistance.
It is noteworthy that since 2010 the service has helped more than 10,000 families and distributed in excess of 100,000 pieces of educational material. Feedback is overwhelmingly positive, with comments such as: ‘Wonderful email, full of calming information and very easy to read. Thank you for all the effort you put into it.’
To stay up to date with the latest developments and information, staff members attended the annual Renal Society of Australia conference in Perth, which also provided an opportunity for them to network with the many renal nurses and allied health professionals who help promote the Kidney Health Information Service throughout the year.

TelEConnect
TelEConnect is a national peer support program that enables people with kidney disease, and their carers, to connect with trained volunteers who have similar experiences living with or supporting someone affected by the disease.
The program operates with the valuable support of eighteen trained mentors who provide advice and assistance with issues such as commencing dialysis, considering becoming a live donor, kidney transplant, home dialysis, and caring for a family member living with end stage kidney disease.
During 2015, forty-two people were introduced to the TelEConnect program. Referrals were received through the Kidney Health Information Service, word of mouth, health professionals and our other programs and networks, including the state and territory consumer committees and Kidney Clubs.
6 Support

Community and consumer education

North and North-Western Tasmania Consumer Education Forum

The tenth consumer education forum for our kidney community in north and north-western Tasmania was held in Devonport on 13 October, with fifty people attending presentations on a range of topics.

Speakers in the morning sessions included Dr Rajesh Raj, specialist nephrologist, who spoke about the importance of sharing information and reporting symptoms; Lisa Hassan, renal dietician, who addressed the necessity of reading labels and salt content; Sue Leitch from the Council of the Ageing, who spoke about powers of attorney, guardianship, wills and advanced health care planning; and Dominic Peters, social worker, who shared tips and strategies for managing mental health and wellbeing.

The afternoon sessions included Julie Whincup from Carers Tasmania, who detailed a range of support services and programs offered by her organisation; and Karen Pearce and Ailsa Conkie, renal nurses from the Burnie renal unit, who presented information on home dialysis treatment options and support.

Integral to the success of the forum was the participation of a number of people living with kidney disease who generously contributed time to share their experiences in panel discussions.

Launceston Community Education Forum

Our ‘Kidney Health Forum...linking kidney health, heart health, stroke and diabetes’ was held in Launceston in February 2015 to enable people in the region to learn about chronic disease risk factors and preventative measures that could protect their health and enhance the wellbeing of younger generations.

More than one hundred attendees heard presentations from a range of experts, who addressed the critical and widely unknown links that kidney disease has to heart problems, blood pressure, stroke and diabetes.

Speakers included Associate Professor Tim Mathew AM, Associate Professor Dr Don McTaggart, visiting cardiologist at Launceston General Hospital; Connie Digolis, executive officer at the National Stroke Foundation; Caroline Wells, chief executive officer of Diabetes Tasmania; and Dr Andrew Turner, medical director of DonateLife Tasmania. They were joined by a panel of local people living with a chronic disease who shared their inspiring stories of recovery and lifestyle change.

Staff in Western Australia conducted a series of awareness and education events in Kalgoorlie, in partnership with volunteer members of the state consumer committee who added a personal touch to the activities with their own stories about kidney health.

In Tasmania, participation in the Launceston Harvest Market highlighted the ‘Get to know your kidneys’ message and proved an innovative way to engage with a large number of locals. Also adopting the food theme, staff in South Australia achieved an excellent response when they presented information and risk assessment sessions at the iconic Adelaide Central Market.

In New South Wales, we were again invited to be a key participant in the ‘One Deadly Step’ health screening events for Aboriginal and Torres Strait Islander people in regional areas.

While the activities in each state vary greatly and are too many to describe in detail, they all have the same goal of building awareness of kidney disease among those people who are at greatest risk.
Support

Operation Angel Awards
The Operation Angel Awards recognise outstanding people who have made exceptional contributions to the kidney community. They have been presented over many years to people living with kidney disease, carers, family members, volunteers and health professionals.

In 2015, a broad group of people from across Australia were nominated for the awards, and ceremonies were held around the nation to honour the nineteen recipients.

Queensland
Gwen Sealey
Dr Suzanne Williams and Christine Bowering, Inala Primary Care

New South Wales
Maria Barnett
Helen Coolican
Eva Gwyn

Phil Hoey
Prof Maureen Lonergan
Pauline Luxford
Nicole Scholes Robertson
Dennis Walsh

Victoria
Ann Kennett
Kathy Day
Sandy Dowling

Tasmania
Amanda Crawford
Betty Hinds

South Australia
Toni East

Western Australia
Pam McArdle
Ben Malseed

Fundraising
We offer our heartfelt thanks to the many donors, trusts and philanthropic organisations who provided us with financial support in 2015.

Bequests
The generosity of those who choose to leave a bequest assists our work in many ways, bringing real benefits to the community.

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. In 2015 we received bequests of all sizes, for which we are immensely grateful.

Direct mail appeals
We thank Grant Monks and Brieanna and Braedon Fisher for sharing their personal kidney health stories with our existing and newly acquired donors, who generously contributed to the four direct mail appeals we conducted during 2015. Our supporters have told us they like hearing the personal stories and the beneficial impact of their donations, and we will continue to do this.

A number of our donors have been contributing to our direct mail appeals for many years. Their generosity and that of our new donors has helped us undertake many programs that we could not otherwise offer, and we greatly appreciate their support.

In 2016, with postal charges being increased, we are planning to further streamline our direct mail appeals in order to reduce costs, and will be encouraging donors to instead consider supporting us through our other regular giving programs and online via our new website.

Community fundraising
Our appreciation goes to the groups and individuals who conducted their own fundraising in support of our work.

Many people organised events, took on personal challenges, donated in lieu of gifts, or supported us through company initiatives and workplace giving.
Support

The Big Red Kidney Bus

Our Big Red Kidney Bus, a mobile dialysis unit, is a world-first initiative that provides people on dialysis with the opportunity to have a holiday.

Currently operating in Victoria, the bus is available to all Australians who are on haemodialysis in hospital dialysis units, satellite dialysis units or at home. It moves around to popular holiday destinations for six weeks at a time. Participants and their families arrange their own travel and holiday accommodation and visit the bus for dialysis.

Developed by people living with kidney disease, the project is a successful partnership with Monash Health, the Victorian Government, Fresenius Medical Care and the Australian bus industry.

A survey of people using the service shows that:

- 59.9 per cent are male and 40.1 per cent are female
- 62.7 per cent are public patients
- 33.8 per cent are private patients
- 71.8 per cent are using hospital or satellite dialysis units
- 26.7 per cent are on home dialysis
- 1.5 per cent are both home and hospital dialysis patients.

The need for such a facility is demonstrated in our 2015 Dialysis Consumer Perspectives Survey (Two), which can be viewed on our website. Feedback from respondents on how they are coping with dialysis shows that it affects their lives significantly. ‘Struggling to go on holidays’ is identified as the most negative impact of dialysis.

How the Big Red Kidney Bus works

There are three dialysis chairs on the bus, allowing for twelve people to use the service each week. Participants must meet admission criteria and also follow a checklist of what to bring on board.

Monash Health looks after all the clinical and medical aspects of the haemodialysis service. We provide the driver and cover all associated costs, manage the booking system, and also manage national marketing through an e-newsletter titled ‘BRKB...on the road again’.

In the holiday locations visited by the bus, which are in regional, rural and remote areas, we conduct community education sessions at primary schools and Rotary Clubs. To date more than 3000 students and teachers have participated in the education program, and feedback shows that 95 per cent would be prepared to make a lifestyle change to maintain healthy kidneys and actively prevent kidney disease.

Evidence of the efficacy of the project

An independent consultant, funded through the generosity of Perpetual Trustees, was commissioned to fully evaluate the Big Red Kidney Bus project. His report shows the service addresses an important and previously under-resourced need among people on haemodialysis: the ability to have a holiday.

The bus has been well received and has gained excellent publicity, with ongoing marketing highlighting the positive experiences of the holidaymakers. The potential for expansion of the service beyond Victoria is evidenced by the following findings.

- Up to December 2015 there have been 322 bookings for dialysis on the bus.
- More than 85 per cent of applicants book by email, minimising administration time and costs.
- Bookings in 2016 for the holiday destination Lakes Entrance were 68.2 per cent higher than in 2015, and an extra week was added to cater for the demand.
- More than 32 per cent of holidaymakers are booking more than once.

The project has also been recognised with significant awards. In 2015, Monash Health received the Gold Award for Innovative Models of Care at the Victorian Public Healthcare Awards, and together with Monash Health we received the National Disability Award for Excellence in Community Accessibility.
Big Red BBQ

In 2015, more than one hundred people across Australia took part in our Big Red BBQ campaign, turning their everyday barbecues red in support of people living with kidney disease. The event was themed to tie in with Australia Day.

Participants were invited to take on the challenge of cooking meals that incorporated five healthy ingredients: eggplant, polenta, ricotta cheese, rosemary and cherries. Feedback indicates that great fun was had by all, with some impressive recipes being created. Most importantly, close to $15,000 was raised, which will provide important funds to support our programs.

A big thank you to all participants and our official supporters: Barbeques Galore, IKEA, Lombard The Paper People, and home cook hero Lyndey Milan.

Annual Golf Day and Dinner

Our twelfth Annual Golf Day and Dinner was held on 2 March at Royal Melbourne Golf Club in Victoria. We were delighted by the backing of our many sponsors and supporters who helped make this day possible.

Name right sponsor
Source Central Partners

Major sponsor
Subaru Melbourne

Hole sponsors
Metro Signs and Phil Hoffmann Travel

Company support
Moores, Metro Partitions, Metro Signs, Imscan-Konica Minolta, KPMG, Perpetual, Insurance House, Grenda Group, Fourth Wave Wine Partners and newcomers H Troon and Sinapse.

In the evening, more than 160 people gathered for dinner to hear from our Master of Ceremonies, AFL legend Nathan Thompson, and the inspiring Lisa Cooper, who shared her story of living with kidney disease and the benefits of utilising the Big Red Kidney Bus. Guests were entertained by The Three Waiters and participated keenly for a variety of excellent prizes in a live and silent auction.

Kidney Health Week

In 2015 our primary awareness-raising campaign, Kidney Health Week, was successfully conducted from 24 to 30 May, with more than a million Australians ‘meeting their kidneys’.

Promotional activities were focused on basic kidney education, the connection blood pressure has to kidney health, and on highlighting our world-first KidneyCheck™ program available through Amcal and Guardian pharmacies.

The outstanding reach of the campaign was due to the generous support of our kidney community, who set up displays, hosted events and shared their very moving personal stories. The people of Australia responded, and the anecdotes and important messages about kidney health were relayed across the country, achieving a 53 per cent increase in media coverage and a remarkable 325 per cent increase in media reach.

The national launch was held, for the third consecutive year, at Parliament House in Canberra, with both the Minister for Health, the Hon Sussan Ley MP, along with Stephen Jones MP, showing their support, showing their support. The latest statistics from our State of the Nation report were presented at the gathering.

The promotion also became a force on social media, with Billy The Kidney taking over our Facebook, Instagram and Twitter postings for the week, engaging with our many followers and reaching out to hundreds of thousands of others.
We acknowledge the support of everyone who got involved with the campaign. Your dedication to helping increase awareness and making a difference is greatly appreciated.

**Kidney Health Research Walk**

Our fourth annual Kidney Health Research Walk (formally known as the Big Red Kidney Walk) was held on 13 September in Adelaide, Brisbane, Canberra, Launceston, Melbourne, Perth and Sydney. Independent walks were also held in Hervey Bay, Redcliffe, Ipswich, Newman, Carnamah, Port Macquarie, Ballina and Hobart.

More than three thousand people took part, raising nearly $165,000, which will provide crucial funds to help support our research programs.

There was great camaraderie among all the participants, volunteers and supporters who attended the events, with everyone having different stories and experiences to share. Some walkers have kidney disease, while others were there to pay tribute to a loved family member or friend.

We thank everyone who came out to walk, run or support this important event in some way.

**Kidney Kar Rally**

Our twenty-seventh annual Kidney Kar Rally was held over ten days from 11 to 21 August. Vehicles departed from Alice Springs and travelled via Coober Pedy all the way to Moama near Echuca, covering 5000 kilometres. This remarkable journey was designed to challenge, excite and provide moments of breathtaking scenery and cultural significance.

Seventy-four ‘kars’ were entered and a total of 164 people took part, including rally teams, kruise teams, officials, back-up crews and rallygoers. Once again, the level of commitment to increasing our profile and supporting our Kidney Kids programs was second to none.

Records were broken, with three of the teams each raising more than $60,000 and the combined total reaching more than $700,000, showing why the event is such a great supporter of our National Kidney Kids Camp and other programs.

We congratulate and thank all participants and their sponsors for making a difference, and special mention must be made of Kim and Arthur Davis, who celebrated their fifteenth year organising this impressive event.

### Highest fundraisers

1st: Kar 77 / B77, Team Roboat – Barry Gregg, Peter Caldow, Corey Gregg, Ben Gregg, Marcus Gregg, Murray Gregg

2nd: Kar 1308, Sister Act – Carmel Mifsud, Donna Robson, Dave Hipwell

3rd: Kar 8, BSLSC – Peter Ward, Graham Ward, Richie Farrar

### Outright winners

1st: Kar 73, Rusty Racing – Michael Van Den Acker, David Welch

2nd: Kar 26, Team O’Halloran – Gerard Warrin, Mark Haberfield

3rd: Kar 44, Barmax – Russ Maxwell, Greg Bartrim
6 Support

Great Wall of China Challenge
In October, eight members of our kidney community came together to take part in the Great Wall of China Challenge, our first overseas tour in collaboration with Inspired Adventures. Trekkers all described the journey as the ‘trip of a lifetime’.

The eleven-day journey explored China’s rich culture and history, with five days devoted to trekking the Great Wall of China. It is estimated that the team climbed 16,340 steps, which is the equivalent of 817 flights of stairs and nearly fifty kilometres up and down – no easy feat.

While each participant had different reasons for taking part in the challenge, all were united in their passion to support people on dialysis and help them have a holiday by utilising the Big Red Kidney Bus.

More than $50,000 was raised, providing significant funds to help expand the Big Red Kidney Bus project, and we congratulate all team members on their efforts to achieve this result.

Lotteries
Our schedule of four national lotteries, and four in Western Australia, is fundamental in generating revenue to support our work.

In 2015, the lotteries generated $1.715 million in net profit; however, it was a challenging period and total revenue declined from the previous year. Contributing factors were lost calling hours due to a high amount of unplanned leave, issues with a system upgrade to the predicative dialler, and a change in telephony providers as part of the Adelaide office re-location.

The acquisition strategy put in place to increase our lotteries database resulted in 14,000 new lottery supporters. The strategy will continue in 2016, with the aim of adding another 15,000 new supporters to the database by purchasing additional profiled lists and increasing awareness of the lotteries through social and digital media. This will also broaden the demographics of our supporter base, which is vital for the continued growth of our lotteries business.

We thank all our generous supporters who purchased lottery tickets and provided donations to our cause.

Digital lotteries
Our newly developed digital lottery brand, K Lotto, was launched in November. This lottery is targeted at a younger audience, with low-value raffles conducted every fortnight via digital channels.

It is expected that these high-frequency raffles will enable us to build our supporter base and ensure a sustainable and diversified revenue stream to help us continue our important work.

In the first few months of operating K Lotto we have been refining our digital strategy to ensure the success of the raffles, and in 2016 opportunities will be explored to further develop this new line of business.

Celebrity Ambassador and Patron Program
A celebrity relationship needs to be carefully planned, nurtured and sustained. With this in mind, in 2015 we appointed a full-time manager to run our celebrity engagement activities.

A proposal was subsequently presented for developing a best-practice celebrity ambassador and patron program that is in line with our business plan and reinforces our mission, vision and goals.

This is an innovative, long-term strategy that will help spread our story further and increase awareness and understanding of kidney disease and its impacts.

The key objectives are to:

- build a leading Celebrity Ambassador and Patron Program over the next five years
- create a passionate and dedicated team of celebrity ambassadors to help build our reputation and awareness levels across Australia
- engage regularly, collaboratively and effectively with our ambassadors and patrons.

The proposal outlined opportunities for identifying people of note who would be ideal ambassadors, and we have been fortunate in attracting a select group of entertainers and sports people to join the new program, alongside our distinguished patrons.

Each of these new ambassadors appeals to a different demographic, which considerably broadens the audience for our kidney health messages. Thus far, thanks to the immense following our ambassadors have through social media alone, we have been able to extend our reach to an additional 800,000 people.

We thank each of our ambassadors and patrons for the time and effort they so generously donate to help us raise awareness of kidney disease.
Acknowledgements
Acknowledgements

Bequests
Estate of Madeline Barklay
Estate of Clifford Skinner Bert
Estate of Emily Breyer
Estate of Eirene Bridgeman
Estate of Doris Burkhart
Estate of Joan Butson
Estate of Robert Percival Campbell
Estate of Brenton Christmass
Estate of Annemarie Critch
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Estate of John Eastment
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Estate of Alan Bernard Hall
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Estate of Marion Kingston
Estate of Colin Larkin
Estate of Eileen Patricia Liddle
Estate of Marjorie Lines
Estate of Eileen Maloney
Estate of Iris Mangar
Estate of Patricia Lillian Merrett
Estate of Winnifred Mortimer
Estate of Norma Murphy
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Estate of Gladys Joy Robertson
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7 Acknowledgements

Mr Dennis Druce
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Mr D J Donovan
Mr Donald Cameron
Ms Donna Head
Ms Donna Maree Boys
Mrs Dorothy Knowlman
Mr E R MacDonald
Ms Effie Stefos
Eldorado Line Dancing Club
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Phillips Family Foundation
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Acknowledgements

Mrs Rama Mohan
Ms Rebecca Williamson
Re-Gen Op Shop
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Consumer committees
National
Mr Evan Eggins (Chair) (NSW) (deceased September 2015)
Mr Wayne McGlone (Chair) (Vic)
Ms Amanda Crawford (TAS)
Ms Heather Hall (NT Renal Patient Advocacy and Advisory Committee)
Mr Bill Handke (ACT)
Mr Matty Hempstalk (Qld)
Mr John Griffiths (SA)
Mr Barry Rowland (WA)
Mr Maurice Serico (Indigenous representative) (Qld)

Queensland
Mr Matty Hempstalk (Chair)
Mr Phil Carswell
Mr Martin Chambers
Ms Jemina Dunn
Mr Graeme Jones

New South Wales
Mr Evan Eggins (Chair) (deceased September 2015)
Mr Fabian Marsden (Chair)
Mr Ted Atkinson
Ms Hannah Burgess
Mr Paul McIlveen
Ms Lisa Richardson
Mr Brad Rossiter
Dr Yvonne Shen

ACT
Mr Bill Handke

Victoria
Mr Wayne McGlone (Chair)
Mrs Sandra Bell
Mrs Cathy Bowden
Mrs Yvonne Farquharson
Ms Beccky Johns (deceased November 2015)
Mr Grant Monks
Mr Dan Ussher
Mr Richard Yann

Tasmania
Ms Amanda Crawford (Chair)
Ms Bridget Brown
Mrs Marilyn Butler
Mr Peter Butler

South Australia
Mr John Griffiths (Chair)
Mr Jeremy Austin
Ms Noela Butler
Mr Paolo Cardelli
Ms Linda Christy
Ms Jen Roadnight
Mr David Roberts
Mrs Joy Roberts
Ms Eva Spitzer
Ms Sharon Vafiadis

Western Australia
Mr Barry Rowland (Chair)
Mr Jack Anastasakis
Ms Diane Callis
Mr Desmond Chenik
Mr Paul Foster
Ms Jacque Horn
Mr Barry MacKinnon
Ms Pam McArdle
Ms Simone McMahon
Mr Ted Russell

Ms Helen Mees
Mr Stuart McLeod
Mr Maurice Serico
Mrs Toni Spendelove

Ms Allison Clayton
Mrs Wilma Ford
Mr Kelvin Hinds
Mrs Kathy Hinds
Ms Tanya Murray
Ms Judanne Simpson
Ms Myra Whiteman
Ms Mary-Anne Yost
8: Financial Statements for 2015

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8 Financial Statement 2015

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 2015 and the auditor’s report thereon.

Name:  
Experience and special responsibilities:

Mr. Vincent G. Harink  
B. Bus CA
Mr Harink has been a Director of the Foundation since December 2004 and was appointed Chairman of the Board on 30 April 2010 and resigned with immediate effect on 17 March 2016 from his roles as Chairman of the Board and Chairman of the Audit and Risk Committee. 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 Altius Group Holdings Pty Ltd and subsidiaries, a leading traffic management group with interests in Australia and the United States. For the 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 and 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 a member of the Audit and Risk Committee and Remuneration Committee.

Prof Allan Collins  
MD, FACP
Prof Collins was appointed to the Board in December 2008. 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. He was their Principal Investigator for the U.S. Renal Data System (USRDS) Coordinating Center of the National Institutes of Health (NIH), the registry of kidney failure patients in the United States for 15 years. Prof Collins led the National Kidney Foundation’s early CKD screening program (KEEP) data center managing all the data and annual reports. Prof Collins was the President of the US National Kidney Foundation from 2006 - 2008 and served on its 30 member board for six years, Scientific Advisory Board for 20 years and President’s Council for eight years. Lastly, Prof Collins has participated in the World Health Organisation Research Agenda for Non-Communicable Diseases Planning Group and the Field Protocol Development Group for NCD management in low resource settings. In 2014, he started the new Peer Kidney Care initiative, an annual report on the 14 largest independent dialysis provider group’s Chief Medical Officers in the US which account for 90 percent of those on dialysis. This new report assesses targeted areas of improving outcomes in patients to reduce morbidity and mortality.

Prof Jonathan Craig  
PhD M Med FRACP DipCH MBChB
Prof Craig was appointed to the Board in December 2011. He holds a Personal Chair in Clinical Epidemiology at the University of Sydney, and is a Senior Staff Specialist at the Children’s Hospital at Westmead. He is Course Director of the Clinical Epidemiology program at the University of Sydney, and is Associate Dean of Research in the Faculty of Medicine. He is an internationally recognised clinician-scientist, with more than 550 publications focussed on improving the health and wellbeing of people with chronic kidney disease, especially children and Indigenous people. His awards include International Distinguished Medal of the National (US) Kidney Foundation (2010), TJ Neale Award for Outstanding Contribution to Nephrological Science, and Honorary Membership of the Italian Society of Nephrology (2004). He is a past Chair of the Steering Group of the Cochrane Collaboration, is a member of NHMRC Expert Advisory Group; Structural review of NHMRC funding, and NHMRC Advisory Group on the Synthesis and Translation of Research Evidence, a member of the Pharmaceutical Benefits Advisory Committee, and Medicare Services Advisory Committee.

Peter Jon Hartshorne  
Bsc Civ.Eng and MBA
Mr 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 Committee and Remuneration and Succession Planning Committees. Mr Hartshorne was appointed Acting Chair of the Audit and Risk Committee in March 2016.

Name:  
Experience and special responsibilities:

Prof Allan Collins  
MD, FACP
(continued)

For the year ended 31 December 2015

Director’s Report

For the year ended 31 December 2015

Kidney Health Australia  Annual Report 2015

Kidney Health Australia  Annual Report 2015

Annual Report 2015  Kidney Health Australia

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31
Mr. Graeme Holmes
BEC and MBA

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 thirteen years with Kidney Health Australia and work with the Prahran Mission. Mr Holmes is a member of the Audit and Risk Committee and Chairman of the Remuneration & Succession Planning Committee of Kidney Health Australia.

Mr. Peter Mitchell

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 AIG 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).

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. 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 Agriculture and Water Resources and has particular responsibility for Water 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 and resigned April 2016. Ms. Wilson was previously CEO of Asthma Australia and has held senior management positions with MS Victoria, VicDeaf and Oz Child. Prior to entering work in the not-for-profit (NFP) sector, Ms Wilson was employed by the Victorian Department of Education in the delivery of social work and counselling services to classified disadvantaged schools. Ms. Wilson is committed to the principles of social justice and access and equity in service delivery, principles which she has championed in her current role. In 2008, Ms. Wilson was awarded CEO of the year in the Australian NFP

Network Awards. She has served as Treasurer of the International Federation of Kidney Foundations, is the current Secretary/ Treasurer of the International Kidney Cancer Coalition and has chaired and been a director of two other NFP Boards. Ms. Wilson is a current sitting member of the Advisory Council of the Australian Organ & Tissue Authority and a member of the National Organ Matching (NOMS) Governance Committee. She 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 has an international reputation, with over 270 publications relevant to the aetiology of kidney disease and its treatment. She is an inaugural Fellow of the Australian Academy of Health and Medical Sciences, has been conferred a Vice Chancellors Award for Excellence in Research Supervision and recognised as a ‘Distinguished Professor’ by the University of Sydney. She was the 2014 recipient of the Ministerial Award for Excellence in Cardiovascular Research, which includes research into kidney disease. She is consistently invited to deliver lectures nationally and internationally and was Scientific Chairman of the 2013 World Congress of Nephrology. Health leadership roles include inaugural Chair of the NSW Agency for Clinical Innovation, immediate past Chair of the Clinical Excellence Commission (remaining as a director of both organisations) and current Chair of the Northern Sydney Local Health District Board and NSW Cardiovascular Research Network. She chairs the International Society of Nephrology Meetings committee, responsible for delivering both research and educational meetings and policy forums across the globe.

Mr David Morgan
BA (Hons), M. Int. Law

Mr Morgan was appointed to the Board in December 2014 and was appointed interim Chair of the Board March 2016. 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 Emergo Foundation, a Director of the Victorian Bridge Association and a Councillor of the Australian Bridge Federation. He received a kidney from his father in 1989.
2. Director’s 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>Director</th>
<th>Board #/#</th>
<th>Audit and Risk Committee #/#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof A Collins</td>
<td>8/6</td>
<td>-</td>
</tr>
<tr>
<td>Mr. V.G Harink</td>
<td>8/6</td>
<td>13/11</td>
</tr>
<tr>
<td>Mr. P.J Hartshorne</td>
<td>8/8</td>
<td>13/13</td>
</tr>
<tr>
<td>Mr. G Holmes</td>
<td>8/8</td>
<td>13/13</td>
</tr>
<tr>
<td>Mr. P Mitchell</td>
<td>8/5</td>
<td>-</td>
</tr>
<tr>
<td>Mr. D Parker</td>
<td>8/6</td>
<td>-</td>
</tr>
<tr>
<td>Prof J Craig</td>
<td>8/5</td>
<td>-</td>
</tr>
<tr>
<td>Ms A Wilson</td>
<td>8/8</td>
<td>13/12</td>
</tr>
<tr>
<td>Prof C Pollock</td>
<td>8/6</td>
<td>-</td>
</tr>
<tr>
<td>Mr D Morgan</td>
<td>8/8</td>
<td>-</td>
</tr>
</tbody>
</table>

# number of meetings attended
## number of meetings eligible to attend

3. Principal activities
The Australian Kidney Foundation is a not-for-profit organisation dedicated to helping people with Kidney disease, with a view to improving their health outcomes and quality of life and that of their families and carers. The Australian Kidney Foundation is the national peak non-government charitable organization in kidney health. Our aim is to advance the public agenda through awareness, detection, prevention and management of kidney disease. 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, and resigned April 2016.

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 loss of $758,559 compared to an operating surplus of $51,319 for the previous period.

The Australian Kidney Foundation’s business strategies continue to be built around delivery of programs across four mission pillars of education, advocacy, research and support. The Foundation went through an independent external review of its business model conducted by PwC in 2015. It confirmed the relevance of the mission pillars and reinforced the importance for the foundation to apply dedicated focus to awareness, improved measurement of outcomes and diversification of revenue base.

In 2015, the Foundation focused on implementation of new income development strategies to underpin priority programs. Our priority programs experienced significant growth despite the operating loss. The Foundation’s Big Red Kidney Bus holiday dialysis program was recognised by both the Federal Government through the National Disability Award for Excellence in Community Accessibility and the Victorian Government Public Health Care award for Excellence in Models of Care.

The Research Foundation was renamed to ‘The Priscilla Kincaid-Smith Kidney Research Foundation’ in honour of the medical pioneer and an incredible and inspirational woman, Professor Kincaid-Smith, who was one of the founders of The Australian Kidney Foundation. Professor Kincaid-Smith is best remembered for her many outstanding clinical and scientific achievements. The Foundation has reserved in excess of $2.5M to the Research Foundation for the support of research.

At 31 December 2015, the Foundation had 77.73 FTE employees (31 December 2014: 76.27 FTE employees).
Financial Statement 2015

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.
The Foundation’s Values encompass commitment to excellence, working cooperatively, proactive leadership and making a difference.

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 short term Business Priorities/Strategic Goals include:
• Increased Awareness
• Growth of Holiday Dialysis
• Government submissions (Indigenous)
• Stakeholder engagement
• New revenue generation
• Research Foundation funding
• Data base consolidation and growth

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 include:
• Increase awareness of kidney health
• Increase prevention, early detection and best practice management of kidney disease
• Improve access and equity to kidney treatment and support
• Support live kidney donation and efforts to increase rates of deceased donation
• Enable sustainable and relevant kidney research

Performance Measurement
KHA will continue to review targets based on projections and business priorities required to deliver strategic priorities.

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
Other than the matter described below, no matters or circumstances have arisen in the interval between the end of the financial year and the date of this report, any item, transaction or event of material and unusual nature likely, in the opinion of the Directors 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.

On Thursday 7th of April 2016 Ms Anne Wilson resigned as Managing Director and Chief Executive Officer of Kidney Health Australia. The financial effects of changes to the role of Chief Executive Officer will be recorded in the 2016 annual financial statements.

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 2015.

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 2015. 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.
8 Financial Statement 2015

Insurance Premiums
The Foundation has paid insurance premiums of $9,131 (2014: $9,131) 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 129 and forms part of the directors’ report for the year ended 31 December 2015.

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

_____________________________________________
Mr. Peter Jon Hartshorne
Director

Dated at Melbourne 6th day of May 2016.
### Statement of surplus and deficit and other comprehensive income
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Surplus and deficit</th>
<th>Note</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue and other income</td>
<td>4</td>
<td>12,321,636</td>
<td>12,830,208</td>
</tr>
<tr>
<td>Consulting fees</td>
<td></td>
<td>(576,914)</td>
<td>(472,873)</td>
</tr>
<tr>
<td>Depreciation and amortisation expenses</td>
<td></td>
<td>(276,656)</td>
<td>(264,829)</td>
</tr>
<tr>
<td>Research grant expenses</td>
<td></td>
<td>(491,312)</td>
<td>(522,000)</td>
</tr>
<tr>
<td>Health and medical program expenses</td>
<td></td>
<td>(622)</td>
<td>(42,238)</td>
</tr>
<tr>
<td>Lottery prizes expenses</td>
<td></td>
<td>(1,230,949)</td>
<td>(1,010,960)</td>
</tr>
<tr>
<td>Meeting and travel expenses</td>
<td></td>
<td>(155,197)</td>
<td>(210,656)</td>
</tr>
<tr>
<td>Meeting and travel program expenses</td>
<td></td>
<td>(504,885)</td>
<td>(677,228)</td>
</tr>
<tr>
<td>Occupancy and lease expenses</td>
<td></td>
<td>(915,599)</td>
<td>(829,008)</td>
</tr>
<tr>
<td>Employee expenses</td>
<td></td>
<td>(6,306,325)</td>
<td>(6,063,941)</td>
</tr>
<tr>
<td>Postage, freight and stationery expenses</td>
<td></td>
<td>(524,562)</td>
<td>(536,287)</td>
</tr>
<tr>
<td>Technology expenses</td>
<td></td>
<td>(423,963)</td>
<td>(428,002)</td>
</tr>
<tr>
<td>Telecommunications expenses</td>
<td></td>
<td>(190,798)</td>
<td>(183,289)</td>
</tr>
<tr>
<td>Telecommunication product expenses</td>
<td></td>
<td>-</td>
<td>(331,684)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>5</td>
<td>(1,743,866)</td>
<td>(1,459,867)</td>
</tr>
<tr>
<td><strong>Results from operating activities</strong></td>
<td></td>
<td>(1,020,012)</td>
<td>(202,654)</td>
</tr>
<tr>
<td>Finance income</td>
<td>10</td>
<td>269,176</td>
<td>277,301</td>
</tr>
<tr>
<td>Finance costs</td>
<td>10</td>
<td>(7,723)</td>
<td>(23,328)</td>
</tr>
<tr>
<td><strong>Net finance income / (costs)</strong></td>
<td></td>
<td>261,453</td>
<td>253,973</td>
</tr>
<tr>
<td>Income tax expense for the period</td>
<td>3(4)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>(Deficit) / Surplus for the year</strong></td>
<td></td>
<td>(758,559)</td>
<td>51,319</td>
</tr>
</tbody>
</table>

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 96 to 127.
The Australian Kidney Foundation
T/A Kidney Health Australia

Statement of changes in equity
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>General Reserve</th>
<th>Note</th>
<th>Revaluation Reserve of Priscilla Kincaid-Smith Kidney Research Foundation</th>
<th>Capital Profits Reserve</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></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as at 1 January 2014</td>
<td>1,846,149</td>
<td>Balance as at 31 December 2014</td>
<td>1,897,468</td>
<td>Balance as at 1 January 2015</td>
<td>1,897,468</td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>Total comprehensive income for the year</td>
<td></td>
<td>Total comprehensive income for the year</td>
<td></td>
<td>Total other comprehensive income</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>Total comprehensive income for the year</td>
<td>51,319</td>
<td>Total comprehensive income for the year</td>
<td>139,176</td>
<td></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td>Other comprehensive income</td>
<td></td>
<td>Other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of financial securities</td>
<td>10</td>
<td>Other comprehensive income</td>
<td>(134,987)</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Net gain on sale of investments recorded through equity</td>
<td>10</td>
<td>Other comprehensive income</td>
<td>-</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Transfer from/(to) accumulated surplus/(deficit)</td>
<td></td>
<td>Other comprehensive income</td>
<td>51,319</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td>51,319</td>
<td>Total comprehensive income for the year</td>
<td>87,857</td>
<td>Total other comprehensive income</td>
<td>87,857</td>
<td></td>
</tr>
<tr>
<td>Balance as at 1 January 2015</td>
<td>1,897,468</td>
<td>Total comprehensive income for the year</td>
<td>252,560</td>
<td>Total comprehensive income for the year</td>
<td>5,016,531</td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>Total comprehensive income for the year</td>
<td>293,587</td>
<td>Total comprehensive income for the year</td>
<td>5,016,531</td>
<td></td>
</tr>
<tr>
<td>Loss for the year</td>
<td>-</td>
<td>Total comprehensive income for the year</td>
<td>293,587</td>
<td>Total comprehensive income for the year</td>
<td>5,016,531</td>
<td></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td>Total comprehensive income for the year</td>
<td>87,371</td>
<td>Total comprehensive income for the year</td>
<td>5,016,531</td>
<td></td>
</tr>
<tr>
<td>Net change in fair value of financial securities</td>
<td>10</td>
<td>Other comprehensive income</td>
<td>(108,451)</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Net loss on sale of investments recorded through equity</td>
<td>10</td>
<td>Other comprehensive income</td>
<td>-</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Transfer from/(to) accumulated surplus/(deficit)</td>
<td></td>
<td>Other comprehensive income</td>
<td>758,559</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td>758,559</td>
<td>Other comprehensive income</td>
<td>87,371</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>758,559</td>
<td>Other comprehensive income</td>
<td>(108,451)</td>
<td>Other comprehensive income</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Balance as at 31 December 2015</td>
<td>1,138,909</td>
<td>Other comprehensive income</td>
<td>758,559</td>
<td>Other comprehensive income</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 96 to 127.
### Statement of financial position
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>4,999,686</td>
</tr>
<tr>
<td>Other receivables</td>
<td>7</td>
<td>228,529</td>
</tr>
<tr>
<td>Inventory</td>
<td>8</td>
<td>20,856</td>
</tr>
<tr>
<td>Prepayments</td>
<td></td>
<td>334,043</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>1,083,114</td>
</tr>
<tr>
<td>Equity securities - Fair value through other comprehensive income</td>
<td>9</td>
<td>4,094,834</td>
</tr>
<tr>
<td>Prepayments</td>
<td></td>
<td>4,491</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>11</td>
<td>1,545,838</td>
</tr>
<tr>
<td>Intangibles</td>
<td>12</td>
<td>125,334</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>5,770,497</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>6,853,611</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>13</td>
<td>997,389</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>14</td>
<td>686,479</td>
</tr>
<tr>
<td>Provisions</td>
<td>15</td>
<td>12,500</td>
</tr>
<tr>
<td>Deferred income</td>
<td></td>
<td>568,503</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>2,264,871</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>13</td>
<td>18,667</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>14</td>
<td>59,253</td>
</tr>
<tr>
<td>Provisions</td>
<td>15</td>
<td>273,928</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>351,848</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>2,616,719</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td>4,236,892</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>16</td>
<td>4,236,892</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td></td>
<td>4,236,892</td>
</tr>
</tbody>
</table>

The statement of financial position is to be read in conjunction with the notes of the financial statements set out on pages 96 to 127.

### Statement of cash flows
For the year ended 31 December 2015

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash receipts in the course of operations</td>
<td></td>
<td>12,001,453</td>
</tr>
<tr>
<td>Cash payments in the course of operations</td>
<td></td>
<td>(13,011,014)</td>
</tr>
<tr>
<td>Cash generated (used in)/from operations</td>
<td></td>
<td>(1,009,561)</td>
</tr>
<tr>
<td>Dividends received</td>
<td></td>
<td>167,235</td>
</tr>
<tr>
<td>Interest/Distributions received</td>
<td></td>
<td>101,776</td>
</tr>
<tr>
<td>Interest paid</td>
<td></td>
<td>(7,723)</td>
</tr>
<tr>
<td><strong>Net cash from operations</strong></td>
<td></td>
<td>(748,273)</td>
</tr>
<tr>
<td><strong>Cash flows (used in)/from investing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment and intangibles</td>
<td></td>
<td>(679,556)</td>
</tr>
<tr>
<td>Proceeds from sale property, plant and equipment and intangibles</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Proceeds from sale of investments</td>
<td></td>
<td>941,006</td>
</tr>
<tr>
<td>Acquisition of investments</td>
<td></td>
<td>(841,698)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td></td>
<td>(580,248)</td>
</tr>
<tr>
<td><strong>Cash flows (used in)/from financing activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment of financial lease liability</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash (used in) financing activities</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash and cash equivalents</td>
<td></td>
<td>(1,328,521)</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of period</td>
<td></td>
<td>1,828,206</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents at 31 December</strong></td>
<td></td>
<td>4,999,685</td>
</tr>
</tbody>
</table>

The statement of cash flows is to be read in conjunction with the notes of the financial statements set out on pages 96 to 127.
Notes to the financial statements

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.
Details of the Foundation’s accounting policies are included in Note 3

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 (“AASS’s”) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (“AASSB”) and the Australian Charities and Not-for-profits Commission Act 2012.
The financial report was approved by the Board of Directors on 6 May 2016.
(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 the Foundation’s accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.
Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised prospectively.

(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

(ii) Assumptions and estimation uncertainties
Information about assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment in the year ending 31 December 2015 is included in the following notes:
• Note 3(f) and Note 17 - impairment
Notes to the financial statements (continued)
Note 3: Significant accounting policies (continued)
(a) Financial instruments (continued)
Non-derivative financial assets (continued)

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 2015 for loans, receivables and 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 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 24.

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.

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.
Notes to the financial statements (continued)
Note 3: Significant accounting policies (continued)
(b) Property, plant and equipment (continued)
(iii) Depreciation (continued)
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:
- Office furniture, equipment and motor vehicles: 3 - 7 years
- Leasehold property: 9 - 15 years
- Buildings: 40 years
- Under construction: N/A

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 - 3 years

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

(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 appointed 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.
Notes to the financial statements (continued)

Note 3: Significant accounting policies (continued)

(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 in 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.

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 an 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.

(i) Make good provision

A provision for make good is recognised when the Foundation has a 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 at the reporting date. Future make good 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.
(ii) 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).

(i) 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 are effective for annual periods beginning after 1 January 2015, however the Foundation has not early applied the following new or amended standards in preparing theses financial statements.

• AASB 15 Revenue with Contracts with Customers

AASB 15 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces existing revenue IAS 18. IFRS 15 is effective for annual periods beginning on or after 1 January 2018, with early adoption permitted.

The Foundation is assessing the potential impact on it’s financial statements resulting from the application of AASB 15

• AASB 16 Leases

AASB 16 Leases requires companies to bring most operating leases on-balance sheet from 1 January 2019. Companies with operating leases will appear to be more asset-rich, but also more heavily indebted. AASB 16 is effective for the Foundation’s 2019 financial statements. The Foundation does not plan to adopt this standard early and the extent of the impact has not been determined.

The following new standards are not expected to have a significant impact of the financial statements;

• Annual Improvement AASB 2012 - 2015 cycle

(n) Financial risk management

Overview
The Foundation has exposure to the following risks from their use of financial instruments:

• Credit Risk
• Liquidity risk
• Market 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.
Financial risk management (continued)

The Foundation does not expect any counterparty to fail to meet its obligations.

Counterparties that have strong credit ratings. Given these high credit ratings, management ensures minimal credit risk taken, and an unlikelihood of impairment losses.

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.

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.

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 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.
Notes to the financial statements (continued)

Note 3: Significant accounting policies (continued)

(o) 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.

(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>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bequests</td>
<td>2,686,624</td>
<td>2,180,050</td>
</tr>
<tr>
<td>Donations and fundraising income</td>
<td>1,817,818</td>
<td>1,974,284</td>
</tr>
<tr>
<td>Other charitable income</td>
<td>1,992,780</td>
<td>2,728,377</td>
</tr>
<tr>
<td>Lottery ticket sale income</td>
<td>5,442,629</td>
<td>5,308,690</td>
</tr>
<tr>
<td>Government grants</td>
<td>177,687</td>
<td>264,778</td>
</tr>
<tr>
<td>Other income</td>
<td>204,098</td>
<td>374,029</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,321,636</strong></td>
<td><strong>12,830,208</strong></td>
</tr>
</tbody>
</table>

Note 5: Other expenses

<table>
<thead>
<tr>
<th></th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising expenses</td>
<td>36,935</td>
<td>93,411</td>
</tr>
<tr>
<td>Professional fees</td>
<td>97,727</td>
<td>104,183</td>
</tr>
<tr>
<td>Bank and merchant charges</td>
<td>113,373</td>
<td>91,681</td>
</tr>
<tr>
<td>Publication expenses</td>
<td>4,716</td>
<td>2,052</td>
</tr>
<tr>
<td>Insurance expenses</td>
<td>59,589</td>
<td>57,130</td>
</tr>
<tr>
<td>Legal expenses</td>
<td>134,463</td>
<td>38,019</td>
</tr>
<tr>
<td>Public awareness expenses</td>
<td>120,283</td>
<td>85,361</td>
</tr>
<tr>
<td>Net loss on disposal of property, plant and equipment</td>
<td>1</td>
<td>61,942</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1,176,779</td>
<td>926,088</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,743,866</strong></td>
<td><strong>1,459,867</strong></td>
</tr>
</tbody>
</table>
Note 6: Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2015  $</th>
<th>2014  $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank balances</td>
<td>499,686</td>
<td>1,128,202</td>
</tr>
<tr>
<td>Call deposits</td>
<td>-</td>
<td>700,004</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents in the statement of cash flows</strong></td>
<td><strong>499,686</strong></td>
<td><strong>1,828,206</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>2015  $</th>
<th>2014  $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>228,529</td>
<td>321,589</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>228,529</td>
<td>321,589</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 Nil (2014: $8,525) recognised in the current year.

Note 8: Inventory

<table>
<thead>
<tr>
<th></th>
<th>2015  $</th>
<th>2014  $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>20,856</td>
<td>4,081</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,856</td>
<td>4,081</td>
</tr>
</tbody>
</table>

During the year end 31 December 2015 changes in inventory included in ‘other expenses’ amounted to $77,464 (2014: $148,231). In 2015 the write-down of inventories to their net realisable value amounted to Nil (2014: $27,648). The write-downs and reversals are included in ‘other expenses’.

Note 9: Equity Securities - fair value through other comprehensive income

<table>
<thead>
<tr>
<th></th>
<th>2015  $</th>
<th>2014  $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity Securities</td>
<td>4,094,834</td>
<td>4,110,062</td>
</tr>
<tr>
<td><strong>Cash and cash equivalents in the statement of cash flows</strong></td>
<td><strong>4,094,834</strong></td>
<td><strong>4,110,062</strong></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.

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 $4,094,834 (2014: $4,110,062) 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 $409,483 (2014: an increase of $411,006). An equal change in the opposite direction would have decreased equity by $409,483 (2014: a decrease of $411,006). The analysis is performed on the same basis for 2014.
Note 10: Finance income and finance costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income on bank deposits</td>
<td>14,749</td>
<td>13,790</td>
</tr>
<tr>
<td>Interest income on equity securities financial assets</td>
<td>1,040</td>
<td>993</td>
</tr>
<tr>
<td>Dividend income on equity securities financial assets</td>
<td>167,235</td>
<td>150,170</td>
</tr>
<tr>
<td>Distribution income on equity securities financial assets</td>
<td>85,987</td>
<td>112,035</td>
</tr>
<tr>
<td>Reversal of impairment</td>
<td>165</td>
<td>313</td>
</tr>
<tr>
<td><strong>Total finance income</strong></td>
<td>269,176</td>
<td>277,301</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(7,723)</td>
<td>(23,328)</td>
</tr>
<tr>
<td><strong>Total finance costs</strong></td>
<td>(7,723)</td>
<td>(23,328)</td>
</tr>
<tr>
<td><strong>Net finance income/(costs)</strong></td>
<td>261,453</td>
<td>253,973</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:

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total interest income on financial assets</td>
<td>15,780</td>
<td>14,783</td>
</tr>
</tbody>
</table>

Note 11: Property plant and equipment

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office furniture, equipment and motor vehicles</td>
<td>3,259,416</td>
<td>2,765,026</td>
</tr>
<tr>
<td><strong>Accumulated depreciation</strong></td>
<td>(2,339,403)</td>
<td>(2,154,756)</td>
</tr>
<tr>
<td>Building</td>
<td>517,773</td>
<td>517,773</td>
</tr>
<tr>
<td><strong>Accumulated depreciation</strong></td>
<td>(18,877)</td>
<td>(5,933)</td>
</tr>
<tr>
<td>Leasehold property</td>
<td>351,884</td>
<td>385,118</td>
</tr>
<tr>
<td><strong>Accumulated depreciation</strong></td>
<td>(226,855)</td>
<td>(240,703)</td>
</tr>
<tr>
<td>Under construction</td>
<td>1,900</td>
<td>14,510</td>
</tr>
<tr>
<td><strong>Accumulated depreciation</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sub-total of fixed assets</td>
<td>1,545,838</td>
<td>1,261,035</td>
</tr>
</tbody>
</table>

**Total property, plant and equipment - at net book value**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office furniture, equipment and motor vehicles</td>
<td>1,545,838</td>
<td>1,261,035</td>
</tr>
</tbody>
</table>

Reconciliations

**Office furniture, equipment and motor vehicles:**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>610,270</td>
<td>514,203</td>
</tr>
<tr>
<td>Re-classification</td>
<td>3,685</td>
<td>173,000</td>
</tr>
<tr>
<td>Additions</td>
<td>490,706</td>
<td>90,300</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(184,648)</td>
<td>(167,233)</td>
</tr>
<tr>
<td><strong>Carrying amount at end of period</strong></td>
<td>920,013</td>
<td>610,270</td>
</tr>
</tbody>
</table>
## Note 11: Property plant and equipment (continued)

<table>
<thead>
<tr>
<th>Buildings</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>511,840</td>
<td>363,859</td>
</tr>
<tr>
<td>Re-classification</td>
<td>-</td>
<td>517,773</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>-</td>
<td>(357,776)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(12,944)</td>
<td>(12,016)</td>
</tr>
<tr>
<td><strong>Carrying amount at end of period</strong></td>
<td>498,896</td>
<td>511,840</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leasehold property:</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>124,415</td>
<td>117,029</td>
</tr>
<tr>
<td>Re-classification</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>76,966</td>
<td>35,000</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>(48,598)</td>
<td>(9)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(27,754)</td>
<td>(27,605)</td>
</tr>
<tr>
<td><strong>Carrying amount at end of period</strong></td>
<td>125,029</td>
<td>124,415</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under construction</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>14,510</td>
<td>107,462</td>
</tr>
<tr>
<td>Re-classification</td>
<td>(86,100)</td>
<td>(690,773)</td>
</tr>
<tr>
<td>Additions</td>
<td>73,490</td>
<td>600,737</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>-</td>
<td>(2,916)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Carrying amount at end of period</strong></td>
<td>1,900</td>
<td>14,510</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-total of fixed assets</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,545,838</td>
<td>1,261,035</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total property, plant and equipment - at net book value</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,545,838</td>
<td>1,261,035</td>
<td></td>
</tr>
</tbody>
</table>

## Note 12: Intangible assets

<table>
<thead>
<tr>
<th></th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software at cost</td>
<td>1,350,002</td>
<td>1,229,193</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(1,224,668)</td>
<td>(1,173,358)</td>
</tr>
<tr>
<td><strong>Reconciliations</strong></td>
<td><strong>125,334</strong></td>
<td><strong>55,835</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Software:</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at beginning of period</td>
<td>55,835</td>
<td>59,380</td>
</tr>
<tr>
<td>Re-classification</td>
<td>82,415</td>
<td>-</td>
</tr>
<tr>
<td>Additions</td>
<td>38,394</td>
<td>62,850</td>
</tr>
<tr>
<td>Disposals/write-downs</td>
<td>-</td>
<td>(8,420)</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(51,310)</td>
<td>(57,975)</td>
</tr>
<tr>
<td><strong>Carrying amount at end of period</strong></td>
<td><strong>125,334</strong></td>
<td><strong>55,835</strong></td>
</tr>
</tbody>
</table>

## Note 13: Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other trade payables</td>
<td>484,762</td>
<td>453,310</td>
</tr>
<tr>
<td>Non-trade payables and accrued expenses</td>
<td>512,627</td>
<td>536,568</td>
</tr>
<tr>
<td><strong>Total current</strong></td>
<td><strong>997,389</strong></td>
<td><strong>989,878</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-current</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-trade payables and accrued expenses</td>
<td>18,667</td>
<td>25,083</td>
</tr>
<tr>
<td><strong>Total non-current</strong></td>
<td><strong>18,667</strong></td>
<td><strong>25,083</strong></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 (2014: $50,000), Sabcom Pty Ltd secured by a Security Deposit equivalent to the guarantee amount of $36,455 (2014: $36,455) and CBRE Pty Ltd secured by a Security Deposit equivalent to the guarantee amount of $47,760 (2014: Nil).

There have been no claims made which would require a drawdown of the guarantee facilities. Hence, there is no liability recognised at 31 December 2015.
Note 14: Employee benefits

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 and Adelaide offices over the life of each lease; which is 5 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.

The Priscilla Kincaid-Smith Kidney Research Foundation Reserve
The Priscilla Kincaid-Smith Kidney Research Foundation has been established by The Australian Kidney Foundation to promote kidney research to save and improve the lives of Australians with kidney disease. This Reserve was previously named as “Australia Kidney Research Foundation” in the comparative year.

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 24.
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>Note</th>
<th>Carrying Amount 2015 $</th>
<th>Contracted Amount 2015 $</th>
<th>Carrying Amount 2014 $</th>
<th>Contracted Amount 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity securities - fair value through other comprehensive income</td>
<td>9</td>
<td>4,094,834</td>
<td>4,110,062</td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>7</td>
<td>228,529</td>
<td>321,589</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>499,686</td>
<td>1,828,206</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,823,049</strong></td>
<td><strong>6,259,857</strong></td>
<td></td>
<td></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>189,414</td>
<td>-</td>
<td>238,649</td>
<td>-</td>
</tr>
<tr>
<td>Past due 30 days</td>
<td>2,407</td>
<td>-</td>
<td>82,500</td>
<td>-</td>
</tr>
<tr>
<td>Past due 60+ days</td>
<td>36,708</td>
<td>-</td>
<td>8,965</td>
<td>8,525</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>228,529</strong></td>
<td>-</td>
<td><strong>330,114</strong></td>
<td><strong>8,525</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment losses - Trade receivables:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>8,525</td>
<td>15,776</td>
</tr>
<tr>
<td>Impairment loss recognised/(reversed)</td>
<td>(8,525)</td>
<td>(7,251)</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td><strong>0</strong></td>
<td><strong>8,525</strong></td>
</tr>
</tbody>
</table>

Management assessed that the impairment loss at 31 December 2015 of Nil (2014: $8,525) 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>Carrying Amount 2015 $</th>
<th>Contracted Amount 2015 $</th>
<th>Carrying Amount 2014 $</th>
<th>Contracted Amount 2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and Other Payables</td>
<td>13</td>
<td>1,016,056</td>
<td>1,016,056</td>
<td>1,014,961</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,016,056</strong></td>
<td><strong>1,016,056</strong></td>
<td><strong>1,014,961</strong></td>
<td><strong>1,014,961</strong></td>
</tr>
</tbody>
</table>

Trade and other payables have contractual cashflows which are 18 months or less.

Interest rate risk:

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>499,686</td>
<td>1,828,206</td>
</tr>
<tr>
<td>Fixed rate instruments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managed funds</td>
<td>623,732</td>
<td>814,238</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.
Notes to the financial statements (continued)

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 $4,993 (2014: $18,282). A decrease in the opposite direction would decrease equity and the surplus and deficit by $4,993 (2014: $18,282). The analysis is performed on the same basis as 2014.

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 $6,237 (2014: $8,142). A decrease in the opposite direction would decrease equity and the surplus and deficit by $6,237 (2014: $8,142). The analysis is performed on the same basis for 2014.

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 Nil (2014: $2,113). A decrease in the opposite direction would decrease equity by Nil (2014: $2,113). The analysis is performed on the same basis for 2014.

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 $6,237 (2014: $8,142). A decrease in the opposite direction would decrease equity and the surplus and deficit by $6,237 (2014: $8,142). The analysis is performed on the same basis for 2014.

Fair values
Fair value hierarchy
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.

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 Nil (2014: $2,113). A decrease in the opposite direction would decrease equity by Nil (2014: $2,113). The analysis is performed on the same basis for 2014.

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>Note</th>
<th>2015</th>
<th>2014</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>7</td>
<td>228,529</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>499,686</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>9</td>
<td>4,094,834</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>13</td>
<td>(1,014,056)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>728,215</strong></td>
<td><strong>728,215</strong></td>
</tr>
<tr>
<td>Equity instruments - fair value through other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 December 2014</td>
<td>Level 1</td>
<td>Level 2</td>
</tr>
<tr>
<td>2,548,963</td>
<td>1,561,099</td>
<td>-</td>
</tr>
<tr>
<td>31 December 2015</td>
<td>Level 1</td>
<td>Level 2</td>
</tr>
<tr>
<td>3,255,267</td>
<td>839,567</td>
<td>-</td>
</tr>
</tbody>
</table>
Notes to the financial statements (continued)

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>Fair value</th>
<th>Dividend income recognised</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 $</td>
<td>2014 $</td>
</tr>
<tr>
<td>Financial assets</td>
<td>4,094,834</td>
</tr>
<tr>
<td></td>
<td>167,235</td>
</tr>
</tbody>
</table>

During the year, the Foundation has disposed investments in equity instruments amounting to $941,005 (2014: $670,126) based on the advice provided by the investment fund managers and subsequent approval by the CFO. The net cumulative loss on disposal for the year amounted to $108,451 (2014: surplus of $222,844), 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 Foundation 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>Non-cancellable operating lease rentals -</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>664,075</td>
<td>447,780</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>1,816,984</td>
<td>1,069,266</td>
</tr>
<tr>
<td></td>
<td>2,481,059</td>
<td>1,517,046</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 $807,871 was recognised as an expense in the statement of comprehensive income in respect of operating leases (2014: $661,239)
The Australian Kidney Foundation
T/A Kidney Health Australia

Notes to the financial statements (continued)

Note 20: Reconciliation of cash flows from operating activities

<table>
<thead>
<tr>
<th>Note</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Loss) / Surplus for the period</td>
<td>(758,559)</td>
<td>51,319</td>
</tr>
<tr>
<td>Adjustments for -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>276,657</td>
<td>264,829</td>
</tr>
<tr>
<td>(Reversal of) impairment loss on receivables</td>
<td>(165)</td>
<td>36,114</td>
</tr>
<tr>
<td>Other non-cash adjustments</td>
<td>12,199</td>
<td>61,942</td>
</tr>
<tr>
<td>In kind donations for property, plant and equipment and equities</td>
<td>(139,293)</td>
<td>(126,165)</td>
</tr>
<tr>
<td>Makegood recognition</td>
<td>70,527</td>
<td>-</td>
</tr>
<tr>
<td>Operating profit before changes in working capital and provisions</td>
<td>(538,634)</td>
<td>288,039</td>
</tr>
<tr>
<td>Change in trade and other receivables</td>
<td>93,224</td>
<td>258,058</td>
</tr>
<tr>
<td>Change in prepayments</td>
<td>(118,446)</td>
<td>88,170</td>
</tr>
<tr>
<td>Change in inventory</td>
<td>(16,775)</td>
<td>27,869</td>
</tr>
<tr>
<td>Change in provisions and employee benefits</td>
<td>39,112</td>
<td>162,799</td>
</tr>
<tr>
<td>Change in trade and other payables</td>
<td>1,095</td>
<td>24,360</td>
</tr>
<tr>
<td>Change in deferred income</td>
<td>(207,850)</td>
<td>27,982</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from operating activities</td>
<td>(748,273)</td>
<td>877,277</td>
</tr>
</tbody>
</table>

Note 21: Subsequent events

Other than the matter described below, no matters or circumstances have arisen in the interval between the end of the financial year and the date of this report, any item, transaction or event of material and unusual nature likely, in the opinion of the Directors 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.

On Thursday 7th of April 2016 Ms Anne Wilson resigned as Managing Director and Chief Executive Officer of Kidney Health Australia. The financial effects of changes to the role of Chief Executive Officer will be recorded in the 2016 annual financial statements.

Note 22: Auditors’ remuneration

<table>
<thead>
<tr>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit services</td>
<td></td>
</tr>
<tr>
<td>Auditors of the Foundation - KPMG Australia:</td>
<td></td>
</tr>
<tr>
<td>Audit of financial report</td>
<td>55,800</td>
</tr>
<tr>
<td>Other assurance services - KPMG Australia</td>
<td>36,860</td>
</tr>
<tr>
<td>Total auditors’ remuneration</td>
<td>92,660</td>
</tr>
</tbody>
</table>

Note 23: Related parties

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

Non-executive Directors
Mr. V G Harink (Appointed December 2004) (Appointed Chairman April 2010, resigned March 2016)
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)
Prof. A Collins (Appointed in December 2009)
Prof. J C Craig (Appointed December 2011)
Prof. C Pollock (Appointed December 2014)
Mr. D Morgan (Appointed December 2014) (Appointed interim Chair March 2016)

Non-executive Directors are not paid compensation with the exception of those transactions noted below.

Executive
Ms R Caré (Chief Financial Officer and Company Secretary, Appointed April 2010)
Notes to the financial statements (continued)

Note 23: Related parties (continued)

<table>
<thead>
<tr>
<th>Key management personnel compensation</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term employee benefits</td>
<td>419,076</td>
<td>415,295</td>
</tr>
<tr>
<td>Other long term benefits</td>
<td>104,926</td>
<td>94,611</td>
</tr>
<tr>
<td></td>
<td>524,002</td>
<td>509,906</td>
</tr>
</tbody>
</table>

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

Other key management personnel transactions with the Foundation

The following non-executive directors received remuneration for their services to the Foundation.

<table>
<thead>
<tr>
<th>Non-executive director</th>
<th>Services Provided</th>
<th>2015 $</th>
<th>2014 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. C Pollock</td>
<td>Consultation, review of CARI</td>
<td>$11,064</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 25: Contingencies

The Foundation is defending an action brought by the lessor of the Foundation’s former South Australian office. The amount of the claim at present is not able to be reliably estimated. Further information about likely developments in the defence of this action has not been included in this report because in the opinion of the Directors disclosure of the information would be likely to result in unreasonable prejudice to the Foundation.
Director’s 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 80 to 127 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 2015 and of its performance for the financial year ended on that date; and
      (ii) complying with 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:

Dated at Melbourne 6th day of May 2016.

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

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 as at 31 December 2015 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

Amanda Bond
Partner
Melbourne
6 May 2016

Auditor’s Independence Declaration under subdivision 60-C section 60-40 of Australian Charities and Not-for-profits Commission Act 2012

To: the directors The Australian Kidney Foundation T/A Kidney Health Australia

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 31 December 2015 there have been:

(i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG, an Australian partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative (“KPMG International”), a Swiss entity.

Liability limited by a scheme approved under Professional Standards Legislation.
Abbreviations

ACDPA  Australian Chronic Disease Prevention Alliance
AKTN  Australasian Kidney Trials Network
ANZDATA  Australian and New Zealand Dialysis and Transplant Registry
ANZSN  Australian and New Zealand Society of Nephrology
CARI  Caring for Australians with Renal Impairment
CEO  Chief Executive Officer
CKD  Chronic kidney disease
HDAC  Home Dialysis Advisory Committee
KCAT  Kidney Check Australia Taskforce
KHA  Kidney Health Australia
KHIS  Kidney Health Information Service
NAIDOC  National Aboriginal and Islander Day Observance Committee
NCC  National Consumer Council
NGO  Non-governmental Organisation
NVDPA  National Vascular Disease Prevention Alliance
RTAC  Reproductive Technology Accreditation Committee
SSR  Speech to Speech Relay
STELLAR  Stem cell based therapy for kidney repair
TSANZ  Transplantation Society of Australia and New Zealand
TTY  Telephone Typewriter

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Email: wa@kidney.org.au

Hearing impaired
TTY/Voice 133 677
Speak & Listen (SSR) 1300 555 727
384 participated in Kidney camps and activities across Australia

$496,000 disbursed for kidney health research

Kidney Kar Rally
Winner—Rusty Racing
Top Fundraiser—Team Rboat

My Kidneys, My Health resources published

8,770 Facebook fans

Emorgo Kidney Transplant House supported 16 families

100% satisfaction rating

New website launched

194,324 average monthly visitors

Big Red Kidney Walk

3057 participants

$496,000 disbursed for kidney health research

9,000 Facebook fans

Emorgo Kidney Transplant House supported 16 families

Priscilla Kincaid-Smith
Kidney Research Foundation launched

Most Innovative Service 2015 Victorian Government Healthcare Awards

Excellence in Community Accessibility National Disability Awards

Big Red Kidney Bus awarded: