It’s such a scary experience for anyone, let alone a child
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Why our work is so important</td>
</tr>
<tr>
<td>5</td>
<td>How we made a difference in 2016</td>
</tr>
<tr>
<td>6</td>
<td>Message from the President</td>
</tr>
<tr>
<td>8</td>
<td>Message from the Chief Executive</td>
</tr>
<tr>
<td>10</td>
<td>Regina and Davis: a recipe for life</td>
</tr>
<tr>
<td>12</td>
<td>Education and training</td>
</tr>
<tr>
<td>14</td>
<td>Research</td>
</tr>
<tr>
<td>16</td>
<td>Raising the profile of respiratory health</td>
</tr>
<tr>
<td>17</td>
<td>Areiawa’s story</td>
</tr>
<tr>
<td>18</td>
<td>Thanks to our supporters</td>
</tr>
<tr>
<td>19</td>
<td>Financials</td>
</tr>
<tr>
<td>35</td>
<td>Directory</td>
</tr>
</tbody>
</table>
TIHEI MAURI ORA!

We are focused on improving the lives of those with a respiratory condition in New Zealand.

We are putting respiratory illness on the national health agenda.

We intend to be a major force for change.

We need your help to make that happen.
Why our work is so important

Over 700,000 New Zealanders (1 in 6) live with a respiratory condition.

**Respiratory Disease**
- Affects 1 in 6 Kiwis

**Asthma**
- Affects 1 in 9 adults
- And 1 in 7 children
- 67 die from asthma each year
- That's 1 person a week

**COPD**
- 15% of Kiwis over 45 have COPD
- That's 200,000 people
- Most cases of COPD are linked to smoking
How we made a difference in 2016

Education and training

• Over 15,000 children in low-decile schools reached through the Sailor Puffer Fish show, an interactive and visual resource on asthma management.
• 200 health professionals provided with the latest findings and best practice information at our annual respiratory conference, attended by both national and international experts in the field of respiratory medicine.
• The Regional Partner Day enabled us to share vital information and new tools with societies, trusts and aligned respiratory educators.
• Over 44,000 resources delivered nationwide to health professionals and individuals with respiratory conditions including pamphlets, posters and booklets.
• Over 8,000 adult and child action plans provided to help better management.
• 55,000 people reached via healthy living stands at home shows.
• Easier access to health management advice, personal stories, and resources for families, caregivers, health professionals and those with respiratory conditions via our refreshed website.
• Over 100 products approved to carry the Sensitive Choice® blue butterfly logo.
• Two bimonthly e-newsletters dedicated to health professionals and individuals with respiratory conditions, containing respiratory health information, new findings and more.
• Support to 15 regional societies and trusts who provide specialised support to respiratory patients.

Research

• Establishment of a respiratory research portal.
• Funding for a Health Research Council Clinical Research Training Fellowship.
• Completion of the Adult Asthma Guidelines.
• Over $2 million of research funded in the last 10 years.

Raising the profile of respiratory health

• Following the Te Hā Ora: National Respiratory Strategy launched last year, the Foundation has broadened its focus from Asthma and COPD to all conditions outlined in the Strategy.
• Advocated for the Government and Ministry of Health to treat respiratory disease as a national health priority.
• Alerted the media about the increasing hospitalisations and deaths of bronchiectasis over the past decade, which resulted in significant national media coverage during February.
• Asthma Awareness Week and Balloon Day held again to maintain awareness.
• Schools targeted with Dance4Asthma and Hard2Breathe campaigns.
• Ambassador programme continued. Supporters this year included Lorde, Breakers, Brook Ruscoe and official ambassadors: Erin Simpson and Issac Luke.
• Active participation in other national and international awareness days including World Smokefree Day, World COPD Day, Bronchiectasis Day, World Allergy Week and World Asthma Day.
• First ever NZ Respiratory Awards staged to celebrate the success of New Zealanders with respiratory conditions and to recognise leading journalism in the area.
• Publication of Keeping in Touch magazine with latest news, events and updates for health professionals, health organisations, community groups and individuals around New Zealand.
The Foundation has had a very strong year, with many milestones passed in its strategic plan. We have completed the first stage in what is a substantial transformation of our organisation and how it operates to deliver better health outcomes.

**National Respiratory Strategy unveiled**

It began with the National Respiratory Strategy launched in November at our annual national respiratory conference. This was a top level, research based blueprint for improving the respiratory health of New Zealanders. It particularly laid bare the dreadful burden of disease for Māori and Pacific communities:

- “There are extreme and worsening inequities in respiratory health between Māori, Pacific and low-income groups and the rest of the New Zealand population.
- More than half of the people admitted to hospital with a poverty-related condition are there because of a respiratory problem such as asthma, bronchiolitis, acute infection or pneumonia.
- People living in the most deprived households are admitted to hospital for respiratory illness over three times more often than people from the wealthiest areas.
- Across all age groups, hospitalisation rates are much higher for Pacific peoples (2.6 times higher) and Māori (2.1 times higher) than for other ethnic groups.”

These sobering conclusions gave fresh impetus in 2016 to our Māori engagement strategy. Phase three of that strategy led us to form a new partnership with Turuki Healthcare in south Auckland. The Chief Executive will report more fully on the joint work programme we have initiated with this innovative organisation, but all going well, we see this partnership as a potential model for addressing the inequities in many parts of the country.

**Embedding our commitment**

The Foundation has signed off a new constitution, moving us from an incorporated society with limited membership, to a trust structure, open to new partners such as Turuki. This is much more than a cosmetic change. It gives concrete effect to our commitment to addressing unequal health outcomes.

The constitution provides for four permanent Māori members of the Board, and one Pacific member, from a Board that has a maximum of nine members and a minimum of seven. The Board Chair position is also to be a joint one: one Māori, one other.

Apart from myself, the new Board now comprises:

- Janice Kuka, Ngāti Ranginui, Ngāi Te Rangi
- Ruth Gardener
- Louise te Hinepouri Jurlina
- Cheryl Davies
- Matt Allen and
- Philip Aldridge
  with Kaumātua Peter and June Jackson.

The new Board members bring with them a strong mixture of skills and capability, including both clinical and service provider experience. This will position us very strongly as we continue to evolve in the future.

The National Respiratory Strategy incorporated not just asthma, but also other diseases such as COPD, bronchiectasis and childhood bronchiolitis – all areas the Foundation has been working on for many years. Since we were undergoing a transformation in 2016, we have taken the opportunity to re-brand ourselves as Te Hā Ora: the Asthma and Respiratory Foundation New Zealand.

**Strong focus on health outcomes**

We hope our new partnership with Turuki Healthcare will be an enduring one. Our aim is to ensure better health for the people of Mangere, Manurewa, Otara and Papatoetoe who suffer from respiratory diseases, especially their children. Both partners are aiming for real outcomes: in lower hospital admissions, in lower school absenteeism and increased ability for people to manage their own conditions. Turuki has already shown they can achieve results with rheumatic fever and other conditions, and they know their community: it’s no accident that they have staff who speak Te Reo Māori, Tongan, Burmese, Samoan, Niuean, French and Cantonese.

The two parties are to give effect to their partnership with a Memorandum of Understanding. That MOU sets out our shared values, and commits us to recognising the principles of the Treaty of Waitangi and implementation of the Pou Ora framework, with its pillars of Hauora, Toiora, Whanau Ora and Mauri Ora.

Continued on next page
Scientific Advisory Board established

Again, on the back of the National Respiratory Strategy, the Foundation has created a Scientific Advisory Board to advise and support the Board on all clinical and research matters. They include many national and international leaders in their fields of expertise:

• Professor Innes Asher
• Professor Richard Beasley
• Associate Professor Bob Hancox
• Dr Matire Harwood
• Professor Richard Edwards
• Dr Tristram Ingham
• John Kristiansen
• Betty Poot
• Teresa Demetriou

We are indeed privileged that they have agreed to fulfil this important role, and look forward to working with them.

Strategic plan progress

The Foundation reviewed and re-shaped its strategic plan in March 2016. It has three key components: financial stability, financial growth and, most importantly, delivery (prevention, treatment and cure).

In terms of financial stability, we achieved a surplus in 2016. Our financial situation has been greatly enhanced by the Chief Executive who has secured an additional $360,000 in revenue this financial year, and plans are being developed to broaden our income base further in the future. These successes are helping us to be more proactive in developing partnerships with other organisations who share our goals.

I would like to thank our donors and supporters for their generosity in the past 12 months, and in particular Pub Charity. We do not receive any income from the Government, so without their support we could not contemplate the important strategic changes we are making.

On behalf of the Board I would also like to record our thanks to our Chief Executive John Wills, who over the past year has been instrumental in driving us forward with both passion and pragmatism.

John Knight
President

Extract from the introduction to the National Respiratory Strategy by Professor Sir Mason Durie, KNZM, Emeritus Professor, Massey University.
Message from the Chief Executive

2016 has been a ground-breaking year. We are moving into a position of real leadership on respiratory health through advocacy, information and education; we have ushered in revolutionary constitutional change; and we have started the kind of partnership we hope will be a model for the future delivery of respiratory health services to those most in need...

National Health Strategy recognition

To get traction on the implementation of the National Respiratory Strategy we initiated a number of meetings with Ministry of Health earlier this year. We appreciated the enthusiasm and commitment of the Minister to ensure we got traction on this work. A multi-disciplinary taskforce was set up to address the issues which I was pleased to represent the foundation on.

The work of the Taskforce saw a paper presented to the Minister in October, recommending embedding key elements of the respiratory strategy into the wider National Health Strategy. This is a substantive achievement. Respiratory health has until now languished in our mainstream health programmes compared to other areas, and this development will make it easier to partner with like-minded organisations.

The key now is to attach clear targets against which progress can be measured.

Joint pilot project with Turuki Healthcare

The partnership with Turuki Healthcare is not just about a working relationship. It is also about action. We have co-developed a pilot programme which the Foundation will fund. It involves working with a cluster of schools in south Auckland to deliver on-going training, education, resources and services around respiratory health. It will involve working with the children, their parents or caregivers, schools and teachers as well as the wider community. At the end of 6 months there will be extensive evaluation, and then a period of up to two years to perfect the programme. We will be looking at particular markers of success, such as reduced school absenteeism and reductions in acute hospital admissions.

The programme has been created by weaving together a number of strands, including Turuki’s successful delivery of a rheumatic fever prevention, a child mentoring strategy that has worked well in Aboriginal and Torres Strait Island communities, and our successful Sailor the Puffer Fish school education programme.

The pilot will take a holistic approach: it will also aim to improve awareness of the importance of nutrition, diet, avoiding second-hand smoke and addressing poor housing conditions wherever possible – all of which affect respiratory health.

From the Foundations’ point of view, we want to facilitate new or improved service delivery to priority communities, not do it ourselves. We have already learned so much from the people at Turuki Healthcare about the issues around respiratory health for Māori: I’m not exaggerating when I say that for me, it is the greatest change I have experienced and the greatest partnership I have ever entered into. While we bring expertise to the table, we need to partner with people who understand their communities better than we will ever do.

New Scientific Advisory Board

As the President has mentioned, the establishment of our new Scientific Advisory Board is an important step forward. There is a plethora of research into respiratory illnesses, but until now no-one has been systematically evaluating it or advising service providers on what practices should be changed as a result, or implications for education and information dissemination.

Making sure all the material on our website is evidence-based will be another vital role of the Scientific Advisory Board. They are also about to begin work on selecting material for our respiratory research portal. We want this to be one of the ‘go-to’ centres globally for respiratory health research.

New Adult Asthma Guidelines

After nearly 15 years, the updated Adult Asthma Guidelines will be launched in November this year. I would like to say a special thank you to Professor Richard Beasley and his team for their work on this. Thanks also to Professor Innes Asher, who revised the Child and Adolescent Asthma Guidelines that will be available in 2017. Updated COPD guidelines are already on the Foundation’s website.
Digital strategy

One of the most pivotal projects we undertook in 2016 was a complete overhaul of our website, incorporating our new branding (asthmaandrespiratory.org.nz). This was a very extensive and time-consuming exercise, but one that was vital for our plans going forward. It now contains a wealth of information, in a new easy to navigate format, and we’ve added internal resources to ensure it is updated regularly. It is part of an integrated digital strategy for the Foundation, linking with social media platforms. Thanks to an excellent working relationship with Asthma Australia, for example, from 2017 we will have free use of an asthma management plan app they have developed.

We want the website to become a one-stop shop for information and mutual support for families dealing with respiratory illnesses, to find useful resources, to make contact with others facing the same issues and to tap into expert advice. A new suite of education and training packages are also under development for service providers and the health workforce to complement the face to face services they deliver.

Broadening awareness of the range of respiratory diseases also saw us rebrand our awards to the “New Zealand Respiratory Awards;” and for the first time we recognised the work of the media with four journalism awards: print and online; radio, television and health sector media.

Our annual Asthma Awareness Week broadened into ‘Breathe Better September’ – a whole month, and our messages focused much more tightly on prevention, following the direction set by the National Respiratory Strategy.

Funding

Putting the Foundation on a growing and sustainable funding path is axiomatic if we want to achieve our long term strategic objectives. It is therefore crucial that we diversify and deepen our financial base.

In 2016 we put considerable effort into building on our bequest programme, and we were able to treble income from that source. We have also been actively increasing our donor base (assisted with a new donations policy, posted on our website), and worked on a new membership model, corporate support and sponsorship strategies. We now have a marketing team of three, and hope to engage further expertise to help lead our bequest and membership programme into the future.

Partnerships

Over the past year we have created new partnerships with Allergy New Zealand and Medicines New Zealand. We also deepened our relationships with Asthma Australia and the Lung Foundation of Australia in 2016 and are working with a number of Asian organisations active in the respiratory health field.

A word of thanks

I would like to finish by thanking all our Partners and Donors around New Zealand for the huge commitment they have again made in 2016 to improve the lives of many thousands of New Zealanders, to our staff in the National Office in Wellington for their hard work during the year and to the Board for their support and direction. 2017 promises to build even more strongly on the solid new foundations we have collectively laid down over the past twelve months.

John Wills
Chief Executive

The Asthma and Respiratory Foundation NZ’s new partner, Turuki Health Care, was established in 1995 by a group of forward-thinking Māori midwives. These hard-working and dedicated women offered highly needed services to at-risk pregnant women and their babies in South Auckland. From these humble beginnings, Turuki is now one of the largest kaupapa Māori providers in Auckland, offering a comprehensive range of primary health care and social services to around 26,500 people every year. Everything they do is ultimately focused on achieving Wahine Oranga, Whānau Oranga. For more information, go to: turukihealthcare.org.nz.
That seems to be the successful recipe that mother and son Regina and Davis Herniman have used to cope with 12-year old Davis’ brittle asthma. In recognition of the struggles they have overcome, in 2016 they received the Cody Forbes Award for Courage at the New Zealand Respiratory Awards function.

Davis was diagnosed at three, and was first admitted to intensive care (ICU) at his local hospital at seven. Fast forward to 2015, and he was admitted seven times to the ICU unit that one year alone, and had to go onto a ventilator twice. Each of these events has been very scary, and he missed out on several months of school as a result.

Asthma is the cause of one in eight hospital stays, a third of which are children. While not common, brittle asthma is a particularly severe form of the disease. It’s dangerous, even life threatening. It’s difficult to deal with because it’s unstable and very hard to predict – for Davis, even the slightest change in temperature and weather can set it off.

Inside the lungs of a sufferer, the small airway passages suddenly become restricted by the muscles tightening around them, making it difficult to breathe. So they reach for their reliever inhaler which works to relax the muscles, but the medication is only ever short acting. So the tightening returns, causing swelling and the release of fluid into the air passages. In turn this causes a build-up of mucus, which, if not dealt with quickly, will shut the lungs down completely.

His nurse, Steph Parker, explains:

“We have to take him very seriously, right from when he walks in the door (to A&E). He normally seems no different from anyone else with asthma. But then he starts to work extremely hard with his breathing. So he needs intervention as soon as he comes in. There’s a special plan for Davis in A&E because he’s so brittle,” she says.

“It’s such a scary experience (ICU) for anyone, let alone a child, but he’s just amazing (how he deals with it).”

To help deal with his asthma, Davis has to take 6-8 pills each and every day, as well as monthly injections. As you can imagine, that’s not always easy for a boy his age to get into the habit of.

“We spend a lot of time helping him understand what’s going on when he gets asthma, what his different medications do and how to take them correctly,” says Steph.

She notes that his mother Regina has “made a huge effort to understand his condition.”

“T’m a nag, constantly at him about taking his medication, about keeping on top of it. I have to pull out the mum card – and every other card – to help him remember,” says Regina herself.

As she says, it is really important: “He looks really good but he picks things up quickly. People underestimate just how bad asthma can get, and how fast it can happen.”

It’ been tough on Regina. She saved Davis’s life when he had his very first asthma attack, and has had to deal with every single one since. She found last mother’s day especially hard when Davis was ventilated for the first time, having been flown from Tauranga to Starship Hospital in Auckland. “He tries to do everything everyone else is doing knowing that he can’t do most of the things other kids can do.”

There is a chance Davis could grow out of his asthma. Many children do. In the meantime they get through the challenges together, and keep cooking up that recipe.

Says Regina of her son: “You hear him before you see him. He’s very loud and cheeky.”

She loves him to bits, as he does her.

Thanks to NZ Woman’s Weekly for source material.

**In New Zealand:**

- over 460,000 people take medication for asthma – one in nine adults and one in seven children
- large numbers of children (3,730 or 430.9 per 100,000 in 2013) are still being admitted to hospital with asthma, and some of these will have had a potentially life-threatening attack
- by far the highest number of people being admitted to hospital with asthma are Māori, Pacific people and people living in the most deprived areas: Māori are 2.9 times and Pacific people 3.7 times more likely to be hospitalised than Europeans or other New Zealanders, and people living in the most deprived areas are 3.2 times more likely to be hospitalised than those in the least deprived areas
- the cost of asthma to the nation is over $800 million per year
This is a critical part of Asthma and Respiratory Foundation NZ’s work. We focus on providing education and training to health professionals with over 200 trained this year. We also focus on providing education and support to 15 regional societies and trusts to assist them to continue the great work they do in the community. The Foundation’s education service also extends to individuals with respiratory conditions as well as their family and caregivers.

Sailor the Pufferfish

Sailor the Puffer Fish Show is a bright, interactive and visual resource. Founded by Asthma Waikato, this great resource was rolled out to selected regions by the Asthma and Respiratory Foundation NZ to educate children in the community on asthma.

It is important that not only do children with asthma know what to do in an emergency, but that their peers and teachers do as well. With at least one person a week dying from asthma in this country and 7,364 asthma hospitalisations each year (over half of which are children), it is essential we educate children about asthma triggers, how to recognise an asthma attack and what to do in an emergency.

Sailor the Puffer Fish is definitely making a difference, as experienced by a school in the Waikato, where two people had asthma attacks a week after Sailor visited. Thanks to Sailor, they knew what to do before the ambulance arrived!

We continue to receive positive feedback from teachers about the effectiveness of this programme.

“I teach the new entrants and I’ve never seen them so engaged at a performance in the hall.”

– Kathryn Pierre, Ngāti Toa School

Performer Chris Lam Sam was busy all of term 2, delivering 50 Sailor shows to low-decile schools in the lower North Island region, and 27 shows in Auckland reaching over 15,000 children this year.

New Zealand Respiratory Conference

The New Zealand Respiratory Conference was held in November 2015, which brought together local and international experts in the respiratory field to present on best practice and latest research updates. The conference provided a valuable professional development opportunity for respiratory health professionals around the country.

The New Zealand Respiratory Conference, Stepping Stones to Improvement, was themed around the National Respiratory Strategy and presented cutting-edge research. The two day conference was an opportunity for respiratory health professionals to network and update their knowledge on best practice.

The feedback was very positive:

“There were some excellent speakers and having input from Australian experts was impressive.”

“It was a great conference. One of the best I have attended in over 35 years!”

Continued on next page
In April we launched the Asthma and Respiratory Foundation NZ’s revamped website, where users can find the latest research, useful resources, personal stories and health management advice in a mobile-friendly format for families, caregivers, health professionals and those with respiratory conditions.

asthmaandrespiratory.org.nz

Asthma Action Plans
Malachi Douds Nanapoy is a six-year-old boy from New Plymouth who has serious asthma. In the past he frequently ended up in hospital and developed pneumonia during winter.

Malachi now has an asthma action plan which he and his family follow. He only had one hospital visit in 2015, which is a big improvement from recent years.

For people with asthma like Malachi, having an asthma action plan to follow is incredibly important. It means families and caregivers will know what to do in the event of an asthma emergency, how to recognise asthma signs and what action to take. By following the steps on the plan, families like Malachi’s can take preventative measures to avoid being rushed to hospital.

This year we have distributed over 8,000 adult and child action plans to help manage the condition effectively.

Resources
The Foundation focuses on delivering resources on all respiratory conditions. These resources are targeted towards asthma patients, carers and health professionals. This year there was a strong focus on creating simple checklists so information is easy and simple to grasp and they were well received.

Over 44,000 resources were distributed nationwide to health professionals and individuals with respiratory conditions. These included pamphlets, posters and booklets.

Healthy living stands at home shows
The Foundation organises a range of healthy living stands at local home shows. This year we were at home shows both in Auckland and Wellington talking to those with asthma and other respiratory conditions as well as their families and caregivers.

With over 55,000 individuals attending these shows, it was a great opportunity to answer their questions and provide information on lifestyle choices to help manage asthma and allergies. A range of healthy living pamphlets and checklists were distributed during the shows.
Research

Respiratory diseases are common in New Zealand and are our third leading cause of death. Much of the burden of these diseases is preventable. It is vital to ensure methods to better manage these conditions are available to support adults and children battling with them every day.

Adult Asthma Guidelines

The Asthma and Respiratory Foundation NZ Adult Asthma Guidelines give simple, practical and evidence-based information for health professionals to diagnose and assess asthma in adults.

Latest research

The Adult Asthma Guidelines were last updated in 2002. Significant research that has been undertaken over the past years is now incorporated into the new guidelines. They include specific information for the New Zealand context, including available medications and relevant content for treating Māori and Pacific adults with asthma.

Many of the recommendations are based on breakthrough research done in New Zealand, which has led to improvements in the management of asthma worldwide, according to the guidelines’ lead researcher Professor Richard Beasley.

So much has changed in the treatment of asthma in recent years, so it’s vital that health professionals are aware of the best treatments for people with asthma.

Peer reviewed

The draft guidelines were peer-reviewed by a wide range of respiratory health experts and leading professional organisations, including the New Zealand Nurses Organisation Te Rūnanga o Aotearoa and Respiratory sections, the Pasifika GP Network, PHARMAC, the Royal New Zealand College of General Practitioners, the Thoracic Society of Australia and New Zealand and the Internal Medicine Society of Australia and New Zealand.

Key areas covered by the guidelines include:

- initial treatment choices
- stepwise approach to asthma treatment (pharmacological and non-pharmacological)
- self-management
- treatable traits (overlapping disorders, co-morbidities, environmental, behavioural)
- asthma in Māori
- asthma in Pacific peoples
- asthma in pregnancy
- management of acute severe asthma (including criteria for referral to hospital and/or admission)
- writing an asthma action plan

The guidelines will be summarised into a concise Adult Asthma Guide Summary for busy health professionals. The content will also be used for asthma action plans for patients, as well as training courses and tools for health professionals.
How the new guidelines will help adults with asthma

The guidelines mean every adult with asthma can receive the very best asthma advice and treatment, GP and Deputy Dean at Dunedin School of Medicine Jim Reid says.

“Implementing the guidelines nationwide will mean all asthma patients receive the same level of care and up-to-date information.”

The new guidelines consider the medicines available in New Zealand, and are also specifically tailored for Kiwis. For example, there is special advice for treating asthma in Māori and Pacific adults, and also for pregnant women with asthma. The best asthma treatment is not just about treating asthma attacks – it’s also about preventing the symptoms in the first place. Because of this, another key recommendation in the guidelines for people with asthma to have and use action plans to manage their condition. Associate Professor Reid says if health professionals follow the guidelines for diagnosis and treatment of asthma, it will mean optimum outcomes for patients.

Commissioned by the Asthma and Respiratory Foundation NZ and developed by a multidisciplinary group of respiratory health experts under the leadership of Professor Richard Beasley and the Medical Research Institute of New Zealand, the guidelines are completed and due to be published in The New Zealand Medical Journal in November 2016. Child and Adolescent Asthma Guidelines are being developed and will be released in 2017.

New research portal

A respiratory research portal is now available on the Foundation website.

This is a knowledge centre for healthcare workers. Pulling together research from all around the world, it’ll be the go-to place for anyone wanting to know more information about respiratory health.

Research is presented in various forms including frameworks, compilations and individual studies relating to respiratory health in New Zealand, and learnings we can take from other parts of the world.

asthmaandrespiratory.org.nz/research

Funded research

The Asthma and Respiratory Foundation NZ part-funded a Health Research Council Clinical Research Training Fellowship awarded to Dr Sandra Hotu. Dr Hotu is a Māori respiratory physician of Ngāti Maniapoto descent at Auckland City Hospital.

The fellowship will be used to undertake her PhD research over the next three years, based in Auckland City Hospital. Her focus will be on a model of care for Māori with chronic airways disease. It is designed to fill a significant gap in the evidence base and improve Māori health outcomes and equity of health.

“We aim to examine whether a novel model of care, tailored to Māori and people with chronic airways disease, is more effective than usual care in reducing exacerbation rates, health-related quality of life and exercise capacity,” she says.

We plan to use results from our interviews, focus group sessions and discussions with Māori community leaders along with current evidence to design the model of care then examine its effectiveness with a prospective, randomised controlled trial.”

Dr Hotu is currently working on her literature review, methodology planning and consulting with stakeholders.
Raising the profile of respiratory health

Many people think asthma is a mild disease, although over 67 deaths are caused by asthma each year. Other conditions on the rise, such as bronchiectasis, are less widely known. Few New Zealanders appreciate the number of people affected by respiratory conditions, the massive economic and personal costs, or that the trends are heading in a worrying direction. We put considerable effort into awareness raising activities. Most are national or local, but some are co-ordinated internationally.

Asthma Awareness Week, Balloon Day

The Spring season was a great opportunity to hold Asthma Awareness Week and raise much needed awareness about the 1 in 7 children and 1 in 9 adults dealing with asthma. Many societies, trusts, health professionals, community organisations, Sensitive Choice® Partners and individuals with asthma all got involved to raise awareness. Balloon Day was held during the week for societies and trusts to fundraise in their communities. Activities around the country included balloon blowing competitions, mufti days, bake sales, Exercise-athon and more.

#Hard2Breathe

The Hard2Breathe campaign in February was primarily a social media focused campaign to raise awareness of respiratory illnesses. The posts and ads in the campaign received tens of thousands of views, retweets, likes, shares and comments. We also had some really creative video entries from people of all ages.

Best of all, we ended the campaign touring schools in South Auckland with TV personality Erin Simpson and basketballers Brook Ruscoe and Mika Vukona.

We reached more than 800 children and encouraged them to talk more openly about asthma. The fun included asking students with asthma to take part in a balloon blowing competition to demonstrate the difficulty of exhaling with restricted airways.

New Zealand Respiratory Awards 2016

The inaugural NZ Respiratory Awards combined the Respiratory Achievers Awards that take place every two years and introduced Media Awards for the first time. The event was held in Wellington at Te Papa in April 2016. It celebrated the success of New Zealanders who have achieved great things in spite of their respiratory condition and recognised the important role the media plays in respiratory education. The event highlighted the importance of working together to fight respiratory disease in New Zealand.

We are proud to have been able to bring together inspiring everyday Kiwis, outstanding journalists and some of the top people in the healthcare community to raise awareness of respiratory disease in New Zealand.

National Bronchiectasis Day

The first National Bronchiectasis Day was held this year. The Bronchiectasis Foundation was founded by the previous Respiratory Achievers Award winner, Esther-Jordan Muriwai, who sadly passed away from the disease in June 2014.

World Asthma Day

It is now estimated that as many as 300 million people of all ages and ethnic backgrounds suffer from asthma globally. The burden of this disease on governments, health care systems, families and patients is increasing worldwide. This year there were a number of community events and the Foundation focused heavily on raising awareness through media releases that generated great coverage nationally.

Dance4Asthma

Dance4Asthma takes place each year to raise the profile of asthma in schools through dancing. The campaign encouraged schools to put together a dance video to the assigned 2016 song and post it on YouTube. More than 40 schools got involved. These schools received free Dance4Asthma packs with educational resources. Kiwi singer Lorde donated her song Team to the campaign. A $1000 cash prize to spend on technology and educational materials were given to each winning school.
Renarda Hooper talks about her journey with her daughter, Areiawa, and the challenges of diagnosing and treating asthma in babies and young children.

"Arei had never been diagnosed with Asthma, leaving us unaware of potential triggers and signs of a developing asthma attack"

My name is Renarda Hooper and I am the proud mom to three beautiful children, Areiawa, Milan and Enzo. In the early hours of June 3rd 2013, at Waikato Hospital, our whole world came crashing down. Our beautiful baby, Areiawa, was just two and a half years old when she took her last breath and collapsed in my arms - her precious life suddenly snatched by an acute asthma attack. The guilt of not being able to save our little girl will always haunt us but we are determined to help raise awareness of the importance of diagnosing this silent killer illness. It really has been such a struggle knowing we could have received so much support if we had the chance.

We encourage parents to be vigilant of their child’s behaviour, especially if diagnosis is uncertain. If you have been given a spacer/inhaler medication by your child’s GP as precaution, make sure you also learn the signs and symptoms of asthma. Talk with your child’s GP so they are aware of your concerns, especially if your child has a reoccurring cough, that isn’t necessarily due to a cold virus.

Our lovely little girl has taught us many invaluable lessons throughout this painful experience. Arei’s Ray of Hope has given her baby siblings a better chance to breathe easier. We hope that by helping to raise awareness of asthma, it will become a highlighted topic in New Zealand.

To my sweet Areiawa. Not a day goes by when you are not on my mind. I look at your baby sister and brother, and see you. I hope you know how very proud I am to be your mummy. I hope you know how much I love and miss you beyond belief. Your infectious smile, will forever light up our hearts. You will always be ‘my sunshine, my only sunshine’. I miss you! Love you always, Mummy.

In Love & Light,
Areiawa & Whānau.
Thanks to our supporters

Asthma and Respiratory Foundation NZ would like to thank the following sponsors:

A special thank you to our family of donors

As we go about our daily lives, breathing is something many of us don’t think twice about. There are, however, good people in our community who are making a difference to those who aren’t so fortunate, and the Foundation is the grateful recipient of a number of individual donations. Their reasons for giving are many: a family member affected by asthma or a respiratory condition, or perhaps a parent, a child, a work colleague or a loved one who has been lost to a respiratory disease. To the many individuals and organisations that make up our donor family, your ongoing commitment and interest in our work is vital, and on behalf of those who struggle to breathe freely, please accept our thanks. Without you we simply couldn’t do it. If you are interested in donating, please visit our website:

www.asthmaandrespiratory.org.nz
FINANCIALS
Contents

3  Entity Information
5  Approval of Financial Report
6  Statement of Service Performance
9  Statement of Financial Performance
10  Statement of Financial Position
11  Statement of Cash Flows
12  Statement of Accounting Policies
14  Notes to the Performance Report
Entity Information
The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

Legal Name of Entity
Asthma And Respiratory Foundation of New Zealand (Incorporated) Te Taumatua Huango, Mate Ha O Aotearoa Incorporated

Entity Type and Legal Basis
The Asthma & Respiratory Foundation of New Zealand (Inc) is an Incorporated Society registered under the Incorporated Societies Act 1908.

Registration Number
CC22906

Entity’s Mission

Mission: Better respiratory health for all New Zealanders through:

• Advocating to government to place respiratory disease as a higher priority
• Education and training respiratory health professionals on best practices
• Researching areas of respiratory health including prevention, diagnosis and treatment
• Raising awareness about respiratory disease and its effects in New Zealand
• Increasing quality and quantity of information available to those who suffer from respiratory illness

Entity Structure
The Asthma & Respiratory Foundation of New Zealand (Inc) is governed by a Board with a President and other members elected by members at the Annual General Meeting. Other support comes from board members, office staff and volunteers assigned to various project groups and committees.

Main Sources of Entity’s Cash and Resources
The Asthma & Respiratory Foundation of New Zealand (Inc) activities are funded by revenue from Donations, Grants, Corporate Sponsorship, Membership fees, Resource Sales, the Sensitive Choice Programme, and Interest Revenue from term deposits.

Main Methods Used by Entity to Raise Funds
The Asthma & Respiratory Foundation of New Zealand (Inc) raises funds through donations, grants, corporate sponsorship, membership fees, resource sales, the Sensitive Choice programme, and interest revenue from term deposits.

Entity’s Reliance on Volunteers and Donated Goods or Services
The Asthma & Respiratory Foundation of New Zealand (Inc) relies on Board Members volunteering their time and expertise to complete work in essential governance roles.
Entity Information

Physical Address
Level 3, Ranchhod Tower
39 The Terrace
Wellington 6011

Postal Address
PO Box 1459, WELLINGTON, 6140
Approval of Financial Report
The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

The Board are pleased to present the approved financial report including the historical financial statements of The Asthma & Respiratory Foundation of NZ (Inc) for year ended 30 June 2016.

APPROVED

[Signature]
Board Member
Date __________________________
Statement of Service Performance

The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

Description of Entity's Outcomes

Better awareness, management and care for all New Zealanders with respiratory conditions.

Description and Quantification of the Entity's Outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Detail</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch of the first ever National Respiratory Strategy – Te Hā Ora, The Breath of Life</td>
<td>A framework that outlines what needs to be done to improve respiratory health across all levels from government agencies to community organisations.</td>
<td>Printed copies distributed: 200 Website downloads: 74</td>
</tr>
<tr>
<td>National Respiratory Conference</td>
<td>Annual conference hosting both national and international experts in the field of respiratory medicine and best practice</td>
<td>200 health professionals</td>
</tr>
<tr>
<td>New Zealand Respiratory Awards</td>
<td>Take place every two years to celebrate the success of New Zealanders' with a respiratory condition who have achieved their goals despite their health conditions and great work media does to help raise awareness</td>
<td>105 entries and 10 winners</td>
</tr>
<tr>
<td>Updated website</td>
<td>The new website is mobile friendly, easy to use and includes a research portal, resource hub, current statistics, personal stories of those with respiratory conditions and health management advice.</td>
<td>Following the launch of the new site, engagement increased:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Average duration up 17.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pages per session up 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mobile duration up 18.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mobile pages per session up 22.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Conversion increased:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PDF tracking shows overall 26% increase.</td>
</tr>
<tr>
<td>Asthma Action Plans distributed</td>
<td>Action plans help families and caregivers know what it so in the event of an asthma emergency, how to recognise signs and what action to take.</td>
<td>Adult Self-Management Plans: 3180</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child Action Plans: 5000</td>
</tr>
<tr>
<td>Dance4Asthma</td>
<td>Health promotion campaign focused on educating primary, intermediate and secondary school children on asthma and importance of being active</td>
<td>40 schools got involved</td>
</tr>
</tbody>
</table>
### Description and Quantification of the Entity's Outputs (Continued)

<table>
<thead>
<tr>
<th>Output</th>
<th>Detail</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Awareness Week - Balloon Day</td>
<td>A yearly event which involves community groups and health organisations raising awareness of asthma through fundraising and/or educational events.</td>
<td>Distributed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 1200 posters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20,000 balloons</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 boxes of stickers</td>
</tr>
<tr>
<td>Sailor Puffer Fish show</td>
<td>Interactive and visual resource to educate children on asthma triggers, how to recognise an attack and what to do in an emergency.</td>
<td>78 low-decile schools in Auckland and Lower North Island educating over 15,000 children</td>
</tr>
<tr>
<td>Recipients of e-newsletter (health professionals and general public)</td>
<td>E-newsletters sent out bimonthly, one targeted to health professionals with industry updates, and a general one for everyone including information on managing respiratory conditions.</td>
<td>5,600 recipients</td>
</tr>
<tr>
<td>Recipients of printed newsletter – Keeping in Touch</td>
<td>A 16-page printed newsletter including the latest news, events and updates for health professionals, health organisations, community groups and individuals around New Zealand.</td>
<td>6,000 recipients</td>
</tr>
<tr>
<td>Educational resources</td>
<td>Resources for asthma patients, carers and health professionals e.g. understanding your inhaler, control your asthma, breathing and physical activity, diagnose and treatment on COPD</td>
<td>Printed copies distributed:19,031</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website downloads: 3877</td>
</tr>
</tbody>
</table>
Additional Information: Feedback

**Sailor Puffer Fish Show**

“I teach the new entrants and I’ve never seen them so engaged at a performance in the hall” Kathryn Pierre, Ngati Toa School following Sailor Puffer Fish show.

“Five families have been in touch this week to say that they learnt so much more about asthma and have now started to use their preventer medication because Sailor explained how important it is.” Porirua Asthma Society

**Conference**

“It was a great conference, one of the best I have attached in over 35 years” NZ Respiratory Conference attendee

“It was inspiring and of huge benefit – the stories that come out at the event are amazing and should be told more” NZ Respiratory Conference attendee

**Asthma Awareness Week**

“Even though me, her Daddy and whananau are left with her loss, we’re happy that we can help others who are suffering from asthma” Jess Fox, mother of Madison who got involved with Asthma Awareness Week to raise awareness

**NZ Respiratory Awards**

“Being an Achiever has helped Nathan realise that it doesn’t matter who you are – you can put yourself up as a good role model and show other kids that if you manage your asthma, it doesn’t have to stop you doing anything” Mother of award winner

**Asthma action plan**

“Malachi’s asthma is serious, and in the past he frequently ended up in hospital and developed pneumonia during the winters. We were only managing from crisis-to-crisis, with no proper plan in place. Malachi now has an asthma action plan which we now follow. He only had one hospital visit in 2015, which is a big improvement from recent years.” Mother of Malachi
# Statement of Financial Performance

**The Asthma & Respiratory Foundation of NZ (Inc)**

**For the year ended 30 June 2016**

<table>
<thead>
<tr>
<th></th>
<th>NOTES</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations, fundraising and other similar revenue</td>
<td>1</td>
<td>1,330,904</td>
<td>958,778</td>
</tr>
<tr>
<td>Fees, subscriptions and other revenue from members</td>
<td>1</td>
<td>1,988</td>
<td>2,213</td>
</tr>
<tr>
<td>Revenue from providing goods or services</td>
<td>1</td>
<td>515,214</td>
<td>574,361</td>
</tr>
<tr>
<td>Interest, dividends and other investment revenue</td>
<td>1</td>
<td>74,913</td>
<td>94,040</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td>1,923,018</td>
<td>1,629,391</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer and employee related costs</td>
<td>2</td>
<td>773,163</td>
<td>602,474</td>
</tr>
<tr>
<td>Costs related to providing goods or service</td>
<td>2</td>
<td>902,588</td>
<td>884,261</td>
</tr>
<tr>
<td>Other expenses</td>
<td>2</td>
<td>98,949</td>
<td>75,747</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td></td>
<td>1,774,700</td>
<td>1,562,483</td>
</tr>
<tr>
<td><strong>Surplus/(Deficit) for the Year</strong></td>
<td></td>
<td>148,318</td>
<td>66,908</td>
</tr>
</tbody>
</table>
## Statement of Financial Position

The Asthma & Respiratory Foundation of NZ (Inc)  
As at 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>NOTES</th>
<th>30 JUN 2016</th>
<th>30 JUN 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank accounts and cash</td>
<td>3</td>
<td>484,089</td>
<td>270,068</td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>3</td>
<td>171,343</td>
<td>126,074</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>3</td>
<td>1,850,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>2,505,433</td>
<td>2,396,142</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>5</td>
<td>31,701</td>
<td>26,588</td>
</tr>
<tr>
<td>Intangibles</td>
<td>6</td>
<td>75,536</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>107,237</td>
<td>26,588</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>2,612,669</td>
<td>2,422,730</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and accrued expenses</td>
<td>4</td>
<td>155,248</td>
<td>173,470</td>
</tr>
<tr>
<td>Employee costs payable</td>
<td>4</td>
<td>31,481</td>
<td>21,060</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>4</td>
<td>150,136</td>
<td>100,714</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>336,865</td>
<td>295,244</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>336,865</td>
<td>295,244</td>
</tr>
<tr>
<td><strong>Total Assets less Total Liabilities (Net Assets)</strong></td>
<td></td>
<td>2,275,805</td>
<td>2,127,486</td>
</tr>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surpluses or (deficits)</td>
<td>7</td>
<td>2,275,805</td>
<td>2,127,486</td>
</tr>
<tr>
<td><strong>Total Accumulated Funds</strong></td>
<td></td>
<td>2,275,805</td>
<td>2,127,486</td>
</tr>
</tbody>
</table>
Statement of Cash Flows
The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations, fundraising and other similar receipts</td>
<td>816,129</td>
<td>328,770</td>
</tr>
<tr>
<td>Fees, subscriptions and other receipts from members</td>
<td>1,988</td>
<td>2,213</td>
</tr>
<tr>
<td>Receipts from providing goods or services</td>
<td>1,018,048</td>
<td>1,266,138</td>
</tr>
<tr>
<td>Interest, dividends and other investment receipts</td>
<td>78,033</td>
<td>105,098</td>
</tr>
<tr>
<td>GST</td>
<td>11,787</td>
<td>3,565</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,847,309)</td>
<td>(1,443,914)</td>
</tr>
<tr>
<td><strong>Total Cash Flows from Operating Activities</strong></td>
<td>78,676</td>
<td>261,870</td>
</tr>
</tbody>
</table>

|                                |          |          |
| **Cash Flows from Investing and Financing Activities** |          |          |
| Receipts from sale of investments | 650,000  | 50,736   |
| Payments to acquire property, plant and equipment | (14,654) | (4,019)  |
| Payments to purchase investments | (500,000) | (510,515) |
| **Total Cash Flows from Investing and Financing Activities** | 135,346  | (463,798) |

|                                            |          |          |
| **Net Increase/ (Decrease) in Cash**      | 214,022  | (201,928) |

|                                |          |          |
| **Cash Balances**               |          |          |
| Cash and cash equivalents at beginning of period | 270,067  | 471,995  |
| Cash and cash equivalents at end of period | 484,089  | 270,067  |
| Net change in cash for period    | 214,022  | (201,928) |
Statement of Accounting Policies
The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

Basis of Preparation
The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting - Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses equal to or less than $2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)
The entity is registered for GST. All amounts are stated exclusive of goods and services tax (GST) except for accounts payable and accounts receivable which are stated inclusive of GST.

Income Tax
The Asthma & Respiratory Foundation of NZ (Inc) is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

Revenue Recognition
Interest revenue is accounted for on an accrual basis.

Revenue from the sale of goods is recognised when the Foundation has transferred to the buyer the significant risks and rewards of ownership of the goods.

Receipts from appeals, donations, sponsorships and legacies are recognised when they are received.

Revenue from grants is recognised when the grant conditions have been met. Any funding received where conditions have not been met is recognised as a liability at balance date.

Bank Accounts and Cash
Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Annual Leave Liability
A liability for annual leave is accrued and recognised in the statement of financial position. The liability is equal to the present value of the estimated future cash outflows as a result of employee services provided at balance date.

Accounts Receivable
Accounts Receivable are recorded at net realisable value.

Intangibles
Website development costs are capitalised as an intangible asset on the basis of the costs incurred to develop and bring to use the website.

Costs associated with maintaining the website are recognised as an expense when incurred.
Property, Plant and Equipment

Depreciation has been charged in the financial statement as follows:
  Furniture & Fittings 13% - 67% DV

Fixed Assets are recorded at cost less accumulated depreciation and are reviewed for impairment annually.

Changes in Accounting Policies

The entity transitioned on 1 July 2015 from preparation of Financial Statements in accordance with Old Generally Accepted Accounting Practice in New Zealand (Old GAAP) to preparation in accordance with Public Benefit Entity Simple Format Reporting - Accrual (Not-for-Profit) (PBE SFR-A (NFP)). The transition had minimal impact on the accounting policies of the entity. All accounting policies were applied consistently during the year.

Charitable Status

The Inland Revenue Department has approved the Asthma and Respiratory Foundation of New Zealand (Inc). for legal charitable and donee status. The Foundation is exempt from income tax subject to the sections within the Income Tax Act 2007, and was registered on 14 April 2008 as a charitable entity under the Charities Act 2005. Charities Commission Registration number CC22906.
# Notes to the Performance Report

The Asthma & Respiratory Foundation of NZ (Inc)
For the year ended 30 June 2016

## 1. Analysis of Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations, fundraising and other similar revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td>312,149</td>
<td>286,986</td>
</tr>
<tr>
<td>Grants</td>
<td>564,198</td>
<td>615,000</td>
</tr>
<tr>
<td>Legacies</td>
<td>454,557</td>
<td>56,793</td>
</tr>
<tr>
<td><strong>Total Donations, fundraising and other similar revenue</strong></td>
<td>1,330,904</td>
<td>958,778</td>
</tr>
<tr>
<td>Fees, subscriptions and other revenue from members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliation Fees</td>
<td>1,988</td>
<td>2,213</td>
</tr>
<tr>
<td><strong>Total Fees, subscriptions and other revenue from members</strong></td>
<td>1,988</td>
<td>2,213</td>
</tr>
<tr>
<td>Revenue from providing goods or services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Income</td>
<td>-</td>
<td>110,000</td>
</tr>
<tr>
<td>Corporate Sponsorship</td>
<td>133,331</td>
<td>145,676</td>
</tr>
<tr>
<td>Education, Courses &amp; Seminars</td>
<td>113,255</td>
<td>105,971</td>
</tr>
<tr>
<td>Sensitive Choice</td>
<td>268,627</td>
<td>212,714</td>
</tr>
<tr>
<td><strong>Total Revenue from providing goods or services</strong></td>
<td>515,214</td>
<td>574,361</td>
</tr>
<tr>
<td>Interest, dividends and other investment revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest Income</td>
<td>74,913</td>
<td>94,040</td>
</tr>
<tr>
<td><strong>Total Interest, dividends and other investment revenue</strong></td>
<td>74,913</td>
<td>94,040</td>
</tr>
</tbody>
</table>

## 2. Analysis of Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer and employee related costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>672,048</td>
<td>581,814</td>
</tr>
<tr>
<td>Travel &amp; Accommodation</td>
<td>101,115</td>
<td>20,660</td>
</tr>
<tr>
<td><strong>Total Volunteer and employee related costs</strong></td>
<td>773,163</td>
<td>602,474</td>
</tr>
<tr>
<td>Costs related to providing goods or services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual General Meeting</td>
<td>6,076</td>
<td>6,748</td>
</tr>
<tr>
<td>Courses, Seminars &amp; Events</td>
<td>142,998</td>
<td>112,143</td>
</tr>
<tr>
<td>Postage (including fundraising appeals)</td>
<td>118,225</td>
<td>69,425</td>
</tr>
<tr>
<td>Printing</td>
<td>93,819</td>
<td>65,488</td>
</tr>
<tr>
<td>Rent</td>
<td>97,232</td>
<td>78,336</td>
</tr>
<tr>
<td>Research Grants</td>
<td>41,978</td>
<td>178,604</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>402,259</td>
<td>373,518</td>
</tr>
<tr>
<td><strong>Total Costs related to providing goods or services</strong></td>
<td>902,588</td>
<td>884,261</td>
</tr>
<tr>
<td>Other expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>9,540</td>
<td>11,156</td>
</tr>
<tr>
<td>Loss on disposal of assets</td>
<td>-</td>
<td>2,006</td>
</tr>
</tbody>
</table>
Professional Services Fees 89,409 62,585  
Total Other expenses 98,949 75,747  

2016 2015

3. Analysis of Assets

Bank accounts and cash
Westpac Current Accounts 177,738 67,578  
Westpac Call Account 306,151 202,290  
Petty Cash 200 200  
Total Bank accounts and cash 484,089 270,068  

debtors and prepayments
Accounts Receivable 72,952 77,943  
Sundry Debtors & Prepayments 83,648 21,162  
GST 14,743 26,970  
Total Debtors and prepayments 171,343 126,074  

other current assets
Westpac Term Deposits 1,850,000 2,000,000  
Total Other current assets 1,850,000 2,000,000  

2016 2015

4. Analysis of Liabilities

Creditors and accrued expenses
Accounts Payable 108,027 118,817  
Sundry Creditors 47,221 54,653  
Total Creditors and accrued expenses 155,248 173,470  

Employee costs payable
Annual Leave Liability 31,481 21,060  
Total Employee costs payable 31,481 21,060

Other current liabilities
Revenue Received in Advance 150,136 100,714  
Total Other current liabilities 150,136 100,714  

2016 2015

5. Property, Plant and Equipment

Furniture and Fittings
Furniture and Fittings Owned 101,071 93,079  
Accumulated Depreciation - Furniture and Fittings Owned (76,932) (67,391)  
Total Furniture and Fittings 24,139 26,588  

Other Fixed Assets
Owned Fixed Assets 7,561  -  
Total Other Fixed Assets 7,561  -  
Total Property, Plant and Equipment 31,701 26,588  

Annual Report | The Asthma & Respiratory Foundation of NZ (Inc)  Page 15 of 16
6. Intangibles

The intangibles balance relates to website development costs that have been capitalised as an intangible asset on the basis of the costs incurred to develop and bring to use the website.

Costs associated with maintaining the website have been recognised as an expense when incurred.

<table>
<thead>
<tr>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Accumulated Funds</td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td>2,127,486</td>
</tr>
<tr>
<td>Accumulated surpluses or (deficits)</td>
<td>148,318</td>
</tr>
<tr>
<td>Total Accumulated Funds</td>
<td>2,275,805</td>
</tr>
<tr>
<td>Total Accumulated Funds</td>
<td>2,275,805</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Commitments</td>
<td></td>
</tr>
<tr>
<td>Commitments to lease or rent assets</td>
<td></td>
</tr>
<tr>
<td>Less than one year</td>
<td>90,166</td>
</tr>
<tr>
<td>One to two years</td>
<td>31,507</td>
</tr>
<tr>
<td>Two to five years</td>
<td>363</td>
</tr>
<tr>
<td>Total Commitments to lease or rent assets</td>
<td>122,036</td>
</tr>
<tr>
<td>Commitment to purchase property, plant and equipment</td>
<td>-</td>
</tr>
<tr>
<td>Commitments to provide loans or grants</td>
<td>-</td>
</tr>
</tbody>
</table>

9. Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at 30 June 2016 (Last year - nil).

10. Related Parties

There were no transactions involving related parties during the financial year.

11. Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last year - nil).

12. Ability to Continue Operating

The entity plans to cease operating within 12 months of balance date because of the transition to a Charitable Trust structure. The entity's assets and liabilities will be transferred to the new Charitable Trust at their opening carrying values on 1 July 2016.
**Directory**

**As at 1 November 2016**

**Patron**  
Her Excellency  
The Rt Hon Dame Patsy Reddy

**Ambassadors**  
Erin Simpson  
Issac Luke

**Board**  
John Knight, President  
Janice Kuka, Ngāti Ranginui, Ngaiterangi  
Ruth Gardener  
Louise Te Hinepouri Jurlina  
Cheryl Davies  
Matt Allen  
Philip Aldridge

**Kaumātua**  
Peter and June Jackson

**Strategic Adviser - Māori**  
Dr Tristram Ingham

**Scientific Advisory Board**  
Professor Innes Asher  
Professor Richard Beasley  
Associate Professor Bob Hancox  
Dr Matire Harwood  
Professor Richard Edwards  
Dr Tristram Ingham  
John Kristiansen  
Betty Poot  
Teresa Demetriou

**Life Members**  
Dr Graham Milne  
Justice Anthony J Ryan  
Angela Scott QSM  
Mary Taylor QSM  
Alison Wilkie

**Solicitors**  
Tuia Group

**Accountants**  
Deloitte

**Auditors**  
Moore Stephens Markhams

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PO Box 1459, Wellington  
04 499 4592  
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facebook.com/asthmaandrespiratoryfoundation  
Twitter.com/asthmafoundation

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**Staff**  
Chief Executive:  
John Wills  
National Manager, Operations and Projects:  
Chloe Bodley  
GM - Education and Research:  
Teresa Demetriou  
Donor Database Coordinator:  
Judy McLuskie  
GM - Marketing and Fundraising:  
Taniya Scott  
Marketing and Communications Coordinator:  
Vanessa Searing  
Office Coordinator:  
Siobhan Hayward