



MACULAR DEGENERATION NEW ZEALAND

see our vision



ANNUAL REPORT 2011-2012

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OUR VISION

To reduce the incidence of macular degeneration in NZ.

OUR OBJECTIVES

Increase **Awareness** of MD

Promote **Education** about MD

Enhance the quality of life and **Support** for people with MD

Pursue **Research** into the causes, prevention and treatment of MD

Offer **Representation** to advocate for the best interests of the entire MD community

MD IN THE SPOTLIGHT THANKS TO *HOO, LINE & SINKER*

MDNZ was most fortunate to develop a relationship with brilliant Wellington filmmakers Andrea Bosshard and Shane Loader through Torchlight Films.

Their NZ film, *Hook Line & Sinker*, is about a warm and passionate family from Wellington who have to find a way to deal with the tough times when their Dad begins to lose his sight and is diagnosed with macular degeneration (MD).

Asked why MD was used as the disability in the film, Director, Shane Loader, said they wanted to make the film about work and worth. "So we were looking to create a character who values himself through his work and then look at what happens to that person when that activity is taken away." The main character, called PJ, is a truck driver, played by Rangimoana Taylor. "When we thought about a truck driver, we thought what would stop a driver driving? And it's losing his sight, for sure."

The innovative production using improvisation was devised by Andrea and Shane. "The actors individually developed characters, based on real life. Actors, Carmel McGlone and Geraldine Brophy, were full of praise for the way it was done. "The whole process was a highlight. Andrea and Shane live life in an extraordinary way. There is artistry and beauty in everything they do."

Dame Kate Harcourt, who has macular degeneration, and who plays the mother Maire in the film, is an Ambassador for Macular Degeneration NZ. She suggested contacting Dr Dianne Sharp, Chair of MDNZ, to tell her about the film that was the



beginning of a productive relationship.

MDNZ is supporting the film to encourage New Zealanders to have regular eye checks and to ensure that the best treatment is more widely available.

Following the world premiere in Wellington, and a special screening at the Auckland Museum auditorium sponsored by Blackmores, the movie was promoted throughout the country at a number of regional premieres. The generous support of Visique and a number of ophthalmologists, flew stars of the movie and directors to these events. Film-goers were thrilled to hear more about the production and to have the chance to ask questions from them and more specifically questions about MD from local ophthalmologists and optometrists who also attended.

Both the movie itself, and the promotional efforts, did an excellent job of increasing awareness of macular degeneration across New Zealand.



Hook Line & Sinker actors, Rangimoana Taylor, Carmel McGlone and Geraldine Brophy with Lois and Mark Grayburn.



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RAISING OUR PROFILE AND MD AWARENESS

MDNZ had a powerful presence at the Save Sight Society meeting. Hundreds of pamphlets and resource materials were distributed, and participants enjoyed learning more about MD and the benefits of Low Vision aids and technologies.



MDNZ appoints first General Manager



General Manager Jeanine Gribbin pictured with Dr Dianne Sharp.

This year MDNZ appointed the first General Manager – Jeanine Gribbin.

Jeanine had more than 10 years experience in the not-for-profit sector. In this position she effectively created awareness of eye health and helped those affected by MD to get the best possible treatment and access to services that will enhance their independent living.

THE FREEMASONS ROSKILL FOUNDATION

MDNZ owes a huge debt of gratitude to the Freemasons Roskill Foundation for their financial support.

All not-for-profit organisations are feeling a financial pinch because of the global recession, so the support of organisations like the Freemasons is more important than ever.

The Freemasons Roskill Foundation share MDNZ's vision to reduce the incidence of macular degeneration. Their generous donation will support our education and awareness initiative that is directed at New Zealand's older population.

This initiative aims to reduce the incidence of MD by making people aware of risk factors and encouraging them to seek professional help as soon as they experience any

symptoms. The campaign also seeks to help those with MD to enjoy an independent and enjoyable life in their own communities.



From left, Angus Graham, Ross Nicholson, Dr Dianne Sharp, Jeanine Gribbin, and David Mace Chairman of the Freemasons Roskill Foundation.

MDNZ Celebrates Another Successful Year

The MDNZ Christmas party was the perfect opportunity for Ambassadors, sponsors, supporters, trustees and staff to celebrate another productive, busy and successful year, which



included partnering with Torchlight Films in the production *Hook, Line & Sinker*, and the appointment of Jeanine Gribbin as General Manager. Guests heard about MDNZ's future plans that include the production of an informational DVD, another Vision Van tour and an awareness week.

Dr Philip Polkinghorne thanked MDNZ's sponsors and partners Blackmores, Novartis, RANZCO, SMP Solutions, Humanware, Alcon, Team Motor Group, Visique and a number of ophthalmologists.

MDNZ Ambassador, John Adshead (left) and MDNZ Trustee, Viv Jones (right) greet guests.



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GOODFELLOW SYMPOSIUM: A HUGE HIT!

More than 500 health professionals including GPs, optometrists and nurses attended the Goodfellow Symposium on 24 March at the Langham Hotel.



A short presentation from Assoc Prof Philip Polkinghorne was the perfect introduction to Dr Dianne Sharp's keynote address, *The Aging Eye: Integrated Care*.

Naomi Meltzer, Optometrist LV specialist, stressed the importance of rehabilitation services and the use of low vision aids and technologies to improve functionality.

Following these presentations, a panel including representatives from NZAO, Royal College of

GPs, RNZFB, together with a person affected by MD, discussed patient scenarios, and two ophthalmologists highlighted management strategies available for people with MD.



"...the patient scenarios was a successful format and we should develop this further in the future"



"...there was a real hunger for information about Macular Degeneration"

"...the booth was constantly busy with great conversations and questions galore"

OUR GUIDING PRINCIPLES AND VALUES

ACCESS AND EQUITY

MDNZ is committed to equity of access to treatments, care and rehabilitation.

KNOWLEDGE

MDNZ values its knowledge and continues to develop expertise, drawing on its own and others experience.

CULTURAL RECOGNITION

MDNZ is committed to attaining and implementing the dual heritage for the partners of the Te Tiriti o Waitangi (the Treaty of Waitangi) and respecting the cultural diversity of people, encouraging people of all nationalities to utilize MDNZ's facilities and services.

SOCIAL JUSTICE

MDNZ pursues social justice and works to empower the MD community and strives to oppose any disadvantage they may be experiencing.

INVESTMENT

MDNZ invests in the future by using resources and knowledge to improve the future of the MD community.

CHANGE

MDNZ is persistent in pursuing change and works creatively to make a real difference for the MD community.

CONSIDERATION

MDNZ respects the client and all those with whom it relates in the meeting of its objectives.

MDNZ's work as a charity aims to meet the real needs of the people it represents and as such operates in the best interest of its client; the MD community.

It engages and depends upon the active support of volunteers, individuals and organizations and is guided by the following principles:

PARTICIPATION

MDNZ encourages active participation of families, friends and communities.

STANDARDS

MDNZ will uphold the highest ethical standards in its daily work and its relations with all parties.

APPRECIATION

MDNZ appreciates the contributions made by Government, advocates, volunteers and other non-government organisations, staff and all who work for the common good of the MD community.

PARTNERSHIPS

MDNZ will value, support and work with all partners including the medical profession, corporate and allied health care professionals, and national and international agencies to improve the life of people with MD.

VALUES

MDNZ Trustees, committee members, staff and volunteers have common shared values and commitment towards those with MD:

- Respect for the dignity of the person.
- Compassion, concern, support and understanding.
- Integrity, trustworthiness, honesty, Loyalty, reliability and the highest standard of ethical behaviour in an environment of total quality care.
- Competency: Focus on effective, appropriate, high quality care in the advocacy for and the administration of services for people with Macular Degeneration, their family and carers.



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CHAIRMAN'S REPORT

It is a great pleasure to present this report and be excited about the future for MDNZ.

During the year in review MDNZ has continued to forge ahead with a number of great opportunities which have enabled us to increase awareness and offer education about MD. We have continued to strengthen partnerships with a number of organisations including Blackmores, Novartis, Bayer, RANZCO, SMP Solutions, Humanware, NZ Optics, Visique, Freemasons Roskill Foundation, NZAO, and many individuals and companies who have supported us in a multitude of ways. We are grateful for the support of a number of community grants and trusts.

In April 2011 MDNZ partnered with Torchlight films to bring 12 regional premieres through the country for the movie, *Hook Line and Sinker*. With sponsorship from Visique and a number of Ophthalmologists, local teams organised some great premiere events. The spin-off is continuing and now, the special edition DVD is available. Thanks to the RNZFB the DVD has audio description and captions making it one of the first NZ feature movies for the vision and hearing impaired. Special features include MDNZ Ambassador, Philip Sherry, facilitating an interview with a member of the MD community along with actor, Rangimoana Taylor. A short feature with key facts about MD is also included.

A major milestone in July 2011 was the appointment of a General Manager, Jeanine Gribbin, who brought experience in fundraising and developed a passion for MD with an enthusiasm for the objectives of MDNZ. She led the first MDNZ awareness week in May 2012 which was a great success, raising the profile of MDNZ within NZ.

The Clear Focus NZ vision 2020 report released in August, identified MD as the major cause of blindness, accounting for 48% of NZers with severely impaired vision.

Macular Degeneration Foundation Australia continues to be supportive to the NZ organisation of MDNZ and we congratulate them as they celebrate 10 years of service in Australia. Their publication, *"Eyes on the Future"* report by Deloitte Access Economics and Macular Degeneration Foundation 2011, provides powerful data of the economic impact of MD within Australia. By 2030, because of the ageing population, the numbers of affected people will increase by 70% in the absence of effective treatment and prevention efforts. Compared with other chronic diseases in the community, MD is 3 times more common than dementia and half as common as diabetes.

While our NZ population has similar demographics, we are able to extrapolate from the Australian

cont. over

material to give us an indication of the impact of MD in NZ . In Australia the economic impact of MD is estimated in this report to be AU\$2.55 billion in 2010. Adjusting for population and currency, an estimate of the cost to NZ in 2010 would be over half a billion dollars (NZ\$0.64 billion). The “*Eyes on the Future*” document identified a number of limitations to treatment access including lack of awareness by the population and primary healthcare workers. Current therapies for wet MD can halt the progress and may even lead to significant improvement in vision. All treatment trial results identify that the best visual results follow treatment at an early stage of the disease. MDNZ identifies the importance of raising awareness and education about MD to reduce the impact of this condition in NZ

To assist this education and awareness campaign, MDNZ developed an information DVD about MD. This 17min DVD is suitable for a wide range of groups including service groups, groups of friends, family members or individuals wanting to gain an understanding of this condition.

For people who are affected with late MD and have already lost vision, low vision services can provide vision aids and technologies to improve the capacity to read, increase confidence, improve mobility and support workforce participation. It is estimated that 90% of people with vision impairment could benefit from rehab services but only 20% of this group actually use available services. MDNZ aims to work with other organisations including Sight Loss Services in the field of low vision to ensure access and availability of low vision services throughout the country.

I have been privileged to attend a number of international conferences over the past year and note that MD is an area of active research. Progress in current and future treatment options for MD continues to be a hot topic. Considerable interest within NZ about current MD research has led to a series of public seminars providing information on current and future treatments as well as research areas. These are being held throughout the country, presented by local Ophthalmologists who are sharing their passion to make a difference for families with MD. A pamphlet summarising current treatment and research areas has been well received.

Vision loss prevents healthy and independent ageing. The number of phone calls on the 0800 line in response to articles in Age Concern magazine is an indication of the thirst for more understanding about MD and the need for support.

We continue to provide educational seminars to healthcare professionals including GPs, Optometrists and Pharmacists and have a presence at Ophthalmology, Optometry and General Practice conferences.

Special thanks to my fellow Trustees for their support, commitment and on-going hard work. Thank you to our MDNZ Ambassadors who have offered their support, participated in functions, provided media opportunities, met with us to brainstorm ideas and offered their high profile personalities to the cause. It is with sadness that we acknowledge the passing of Sir Wilson Whineray in October 2012.

MDNZ aims to continue to work within the New Zealand community to raise awareness, offer educational opportunities and reduce the impact of MD.



Dr Dianne Sharp
FRACS, FRANZCO

MACULAR DEGENERATION AWARENESS IN NEW ZEALAND GALAXY RESEARCH APRIL 2012

This study measured and evaluated the awareness and understanding of Macular Degeneration in the New Zealand population aged 15 years and over. The study was conducted on the New Zealand Consumer Link Telephone Omnibus from the 17 to 22 April 2012.

It established important benchmarks of awareness and understanding of Macular Degeneration in New Zealand.

“Have you ever heard of a condition called Macular Degeneration?”

Almost one third (31%) of New Zealanders aged 15+ years say that they have heard of Macular Degeneration when prompted with the name. Among New Zealanders aged 50 years and over, awareness of Macular Degeneration is 53%.

- This level of awareness among New Zealanders aged 50+ years is at the level of prompted awareness found in Australia in 2007. The current level of awareness in Australia is 86% among ages 50+ years on this measure suggesting that there is significant opportunity to grow awareness of Macular Degeneration in New Zealand among the primary age target of 50+ years.

“Which part of the body do you think is affected by Macular Degeneration?”

One in four (23%) of New Zealanders aged 15+ years understood that Macular Degeneration affects the eyes and among New Zealanders aged 50 years and older 41% understood that Macular Degeneration is an eye disorder.

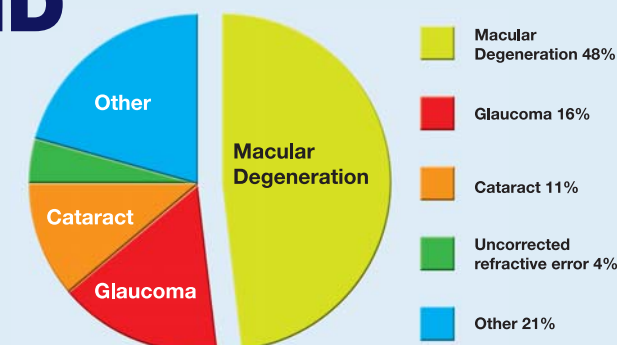
- This is also at the level of understanding found in Australia among ages 50+ years in 2007. The current level of understanding is 78% suggesting that there is significant opportunity to grow understanding of Macular Degeneration as an eye disorder in New Zealand.

This Galaxy research identifies a significant opportunity for promotion of awareness and understanding of Macular Degeneration in New Zealand. The strong growth trend of awareness and understanding of Macular Degeneration in Australia indicates that a similar programme in New Zealand will be of significant benefit to New Zealanders.

KEY FACTS ABOUT MD

Throughout the western world macular degeneration is the most common cause of blindness among the over 50s.

- In New Zealand MD is estimated to affect 1 in 7 people over 50 in some way
- Current smokers have 3 times the risk of developing MD and tend to develop MD a decade earlier than non-smokers
- It is estimated the number of people with MD will increase by 70% by 2030
- Of those most at risk 50 years+, 47% have not heard of Macular Degeneration
- About half those with MD in one eye will become impaired in their second eye within 5 years
- Untreated, the majority of people with wet MD become functionally blind within 2 years



- 50% of people who have MD in one eye will develop MD in their second eye within 5 years
- People with MD are more likely to suffer injury from falls and tend to need residential care at higher rates than those with normal sight
- There is over 40% higher incidence of depression in MD patients than elderly people without MD
- Visual impairment decreases the quality and length of life

MDNZ 2011-2012 AMBASSADORS



**Sir Wilson Whineray
KHZM OBE**
"Macular Degeneration doesn't sound good. If you care then you can help. Lets do it and do it now!"



**Sir Peter Leitch
KNZM QSM**
"Macular Degeneration causes blindness. Are you at risk? I know I am."



Mr Philip Sherry JP
"MD was the bane of my mother's life. I saw the effects at first hand and will do all I can to raise awareness of this disease"



**Sir Colin Meads
KHZM MBE**
"We don't expect to lose our ability to read or to see the joyful expressions on our grandchildren's faces"



**Dame Kate Harcourt
DNZM**
"I have macular degeneration. It's a condition that is very common in older people."



Mr John Adshead JP
"Vision is very important and hopefully MDNZ can help in this regard"



**Dame Rosie Horton
DNZM, QSO, QSM**
"By raising awareness of MD we can save sight and make sure our lives are filled with fresh memories"

MDNZ 2011-2012 TRUSTEES



MDNZ Trustees from left back row: Assoc. Prof Philip Polkinghorne, Sandra Budd and Allan Jones; Front row: Naomi Meltzer, Dr Dianne Sharp and Viv Jones.

THROUGH THE EYES OF OUR PATIENTS



LYNETTE'S STORY

Lynettes early diagnosis and treatment saved her from going blind. I was 40 when I discovered I had macular degeneration. I know a lot of elderly people get it but mine was hereditary; both my mother and grandfather had macular degeneration so I knew it was possible that I would get it too. I found out that I had macular degeneration quite by accident after something flew into my eye and scratched my cornea. My ophthalmologist noticed bleeding at the back of my eye. It was then that he told me I had macular degeneration. My first thought was that I still had the other eye but then the specialist told me that it would affect both eyes. I had the option of having the affected eye lasered at the public hospital or go for private treatment. I chose the private option but it was quite aggressive and in the end it didn't save my sight. Two years later macular degeneration affected the other eye. I drove to work turned on the computer and then couldn't see; I picked up my cell phone and couldn't see the numbers; my central vision had gone. I immediately went for treatment which meant injections into my eye which eventually restored the sight in that eye. I now go to Auckland every month for injections; although I know that eventually I will lose my remaining sight. As soon as the vessels in the centre of the eye go, that's it! The most important thing that people must realise is how quickly they must act if they have any signs of macular degeneration. It's critical that as soon as you see something abnormal you get immediate attention and don't leave it 'til next week!' If Lynette had not sought immediate assistance, she would now be legally blind.



DON'S MACULAR JOURNEY

Just overnight, eight years ago, I lost the central vision in my left eye which was diagnosed as wet Macular Degeneration.

This had the makings of a complete life change for me as I had recently retired and I was starting to really enjoy my two hobbies. The first was Cake Icing which I had been doing for over 20 years. I iced wedding cakes, 21st and celebration cakes, sometimes up to three a week. With only one eye to focus with and trying to do fine lace work etc., my condition would definitely put this out of reach. My second hobby was wood turning which I had taken up a couple of years previously on retiring from a lifetime in the carpentry and joinery trade. Endeavouring to do fine detail work on a lathe with one eye is not the most sensible of activities. In many respects I was really fortunate that the macular problem happened so quickly as it made me seek medical advice immediately and I was visiting an Eye Specialist in Auckland within two weeks. With the treatment I have been able to receive over these past years, my vision has been restored to give me near normal eyesight and I have been able to play bowls and enjoy the hobbies I love. I have since given up my cake decorating activities but have expanded my woodturning as well as experimenting with a little carving. I haven't had so much fun in years and it certainly keeps me from getting under my wife's feet! I feel that I cannot speak highly enough of all the medical staff I have come in contact with during my journey over the past few years, as without them and the drugs now available, I feel certain that my life would not be as full as it is. At this point I would plead with anyone who is aware of any distortion whatsoever in their vision, to contact an Eye Specialist as soon as possible. Acting as quickly as I did gave me my successful result. Of that I am absolutely certain. So please remember that the sooner you get to the experts, the sooner life can be lived to the full.

FINANCIAL REPORT

FOR THE YEAR ENDED 31 MARCH 2012

Profit & Loss

Macular Degeneration New Zealand Trust For the 12 months ended 31 March 2012

	Mar-12	Mar-11
Income		
Donations Received	49,828	40,275
Functions	8,695	-
Grants received	81,000	25,000
Interest Income	361	257
Other Revenue	113	290
Sales	4,106	-
Total Income	144,103	65,822
Gross Profit	144,103	65,822
Less Operating Expenses		
Advertising	1,597	-
Awareness and education	9,996	-
Bank Fees	194	262
Computer & Website	6,120	988
Contracting	35,834	-
Depreciation	1,643	2,825
Educational Seminars	196	7,144
Entertainment	777	-
Freight & Courier	(27)	(118)
Fundraising	1,208	6,381
General Expenses	76	144
Launch and Functions	29,465	5,916
Meeting Expenses	546	685
Office Expenses	805	2,935
Postage	406	240
Printing & Stationery	2,984	10,285
Subscriptions	212	-
Telephone & Internet	232	276
Wages and ACC	6,115	42,904
Total Operating Expenses	98,377	80,867
Net Profit	45,727	(15,045)

Notes

This statement is to be read in conjunction with the Notes to the Financial Statements and the accompanying Compilation Report.

Balance Sheet

Macular Degeneration New Zealand Trust As at 31 March 2012

	31 Mar 2012	31 Mar 2011
Assets		
Current Assets		
Accounts Receivable	3,500	10,020
Prepayments	-	1,032
Total Current Assets	3,500	11,052
Bank		
Westpac Bank	76,335	26,159
Total Bank	76,335	26,159
Fixed Assets		
Computer Equipment	7,839	6,458
Less Accumulated Depreciation on Computer Equipment	(5,275)	(3,633)
Total Fixed Assets	2,563	2,825
Total Assets	82,398	40,036
Liabilities		
Current Liabilities		
Accrued Expenses	10,930	7,530
GST	(6,764)	-
Total Current Liabilities	4,165	7,530
Total Liabilities	4,165	7,530
Net Assets	78,233	32,506
Equity		
Current Year Earnings	45,727	(15,045)
Retained Earnings	32,506	47,551
Total Equity	78,233	32,506

Notes

Signed 

This statement is to be read in conjunction with the Notes to the Financial Statements and the accompanying Compilation Report.

Movements in Equity

Macular Degeneration New Zealand Trust As at 31 March 2012

	31 Mar 2012	31 Mar 2011
Equity		
Opening Balance	32,506	47,551
Current Year Earnings	45,727	(15,045)
Total Equity	78,233	32,506

Notes to the Financial Statements

Macular Degeneration New Zealand Trust For the year ended 31 March 2012

1. Statement of Accounting Policies

Macular Degeneration New Zealand Trust is a Trust. These Financial Statements are general purpose financial statements and have been prepared in accordance with generally accepted accounting practices.

The accounting principles recognised as appropriate for the measurement and reporting of earnings and financial position on an historical cost basis have been used, with the exception of certain items for which specific accounting policies have been identified.

2. Changes in Accounting Policies

There have been no changes in Accounting Policies. All policies have been applied on bases consistent with those used in previous years.

3. Fixed Assets and Depreciation

All fixed assets are recorded at cost less accumulated depreciation.
Depreciation of the assets has been calculated at the maximum rates permitted by the Income Tax Act 2007.
The entity has the following asset classes:
Computer Equipment. 50% Diminishing Value

4. Goods and Services Tax

These financial statements have been prepared on a GST exclusive basis with the exception of Accounts Receivable and Accounts Payable. The Trust registered for GST from September 2011.

5. Accounts Receivable

Receivables are stated at their estimated realisable value. Bad debts are written off in the year in which they are identified.

6. Audit

These financial statements have been audited.

7. Contingent Liabilities

At balance date contingent liabilities have been estimated at nil.

8. Fixed Assets

The entity has the following fixed assets recorded:

Computer Equipment	2,563
At cost	7,839
Less Accumulated Depreciation	(5,275)
Total Fixed Assets	2,563



Independent Auditor's Report To the TRUSTEES of the MACULAR DEGENERATION NZ TRUST For the year ended 31 March 2012

We have audited the financial statements on pages 4 to 8, being the statements of financial performance, movements in equity, financial position, notes and accounting policies. The financial statements provide information about the past financial performance of MACULAR DEGENERATION NZ TRUST, and its financial position as at 31 March 2012. This information is stated in accordance with the accounting policies set out on page 8.

Trust Board's Responsibilities

The management board are responsible for the preparation of financial statements, under the application of the general purpose reporting requirements, to give a true and fair view of the financial position of MACULAR DEGENERATION NZ TRUST, and of the 12 month results of its operations for the year ended 31 March 2012.

Auditor's Responsibilities

It is our responsibility to express an independent opinion on the financial statements presented by the trustees, and to report our opinion to you.

We conducted our audit in accordance with generally accepted international auditing standards in New Zealand. On this basis, an audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making the risk assessments, the auditor considers internal controls, relevant to the organisations preparation of the financial statements, in order to design audit procedures, which are appropriate for the circumstances, but not specifically for the purpose of expressing an opinion on the entity's internal control. Based on the audit assessment of risk, an appropriate level of sample testing, has

been used to gain the evidence relevant to the amounts and disclosures in the financial statements.

Basis of a Qualified Opinion

We obtained sufficient and adequate audit evidence, to give reasonable assurance that the financial statements are free from material misstatements, except that our work was limited in the verifying of the opening balances. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in these general purpose financial statements.

Other than in our capacity as auditors, we have no other relationship with or interests in the MACULAR DEGENERATION NZ TRUST.

Opinion

We have not audited the 31 March 2011 year. Thus, we are unable to express an opinion on the comparatives, or the opening balance sheet items. We have obtained all the other information and explanations we have required.

In our opinion, except for any adjustments should we have obtained sufficient audit evidence on the opening balances, and the affect those adjustments would have had on the current year financial performance, the financial statements on pages 4 to 8, give a true and fair view of the financial position of MACULAR DEGENERATION NZ TRUST as at 31 March 2012, and of the results of its operations, for the year ended on that date.

Our audit was completed on 15th October 2012, and our qualified opinion is expressed as at that date.

Peter Conaglen CA PP
Manukau



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MAJOR FUNDERS AND SUPPORTERS

MDNZ wishes to thank our major donors and supporters without whose support we would not have been able to achieve the objectives set out in the first year of our strategic plan.

A SINCERE THANK YOU TO ALL OF YOU.



OUR CONTACTS

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LEGAL ENTITY

MDNZ is a Charitable Trust registered under
the Charitable Trusts Act 1957

Charity Commission Registration Number: CC42203



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