

Council and Office Bearers 2011 – 2012 and Members of Committees	2
Donations and Bequests	3
Life Members and Members	4
The Foundation	5

TRUST FUNDS ADMINISTERED BY THE FOUNDATION

Hawke's Bay Electric Power Board Jubilee Children's Foundation Trust	6
George Forster Memorial Trust	6

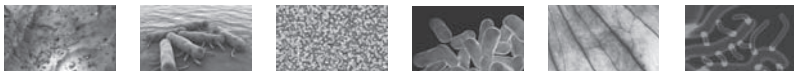
RESEARCH FUNDED BY THE FOUNDATION

The bone health, vegetables, herbs and fruit study (Scarborough fair study 2011)	7
What is the best method to monitor the severity of ongoing respiratory events in very preterm infants prior to discharge home from the neonatal nursery?	8
Emotional Communication between 'Nurses and Parents' of a child in Hospital: An Ethnographic Study:	9
An Evaluation of the Effectiveness of the Fostering Security Training Programme for Caregivers Raising Children with Histories of Early Trauma, Abuse, Neglect, and Children with Attachment Problems	10

CONTENTS

ANNUAL REPORT

Statement of Financial Performance	11
Statement of Movements in General Funds	12
Statement of Financial Position	12
Schedule of Grants	13
Notes to the Financial Statements	13 - 16
Dr George Forster Memorial Trust	16
The Hawkes Bay Electric Power Board Jubilee Children's Foundation	16



COUNCIL AND OFFICE BEARERS 1st April 2011 - 31st March 2012

President	Mr Andrew Wares	
Council	Mr Bill Dalton	Nominee, Mayor of Napier City Council
	Mrs Judith Baxter	Nominee, Mayor of Hastings District Council
	Mrs Di Petersen	Nominee, Mayor of CHB District Council
	Ms Benita Cairns	Nominee, Mayor of Wairoa District Council
	Ms Cath Kingston	Appointed by Members of the Foundation
	Mr Kevin Atkinson	Appointed by HBDHB
	Dr J Meates	Staff, Hawkes Bay Hospital
	Dr Paul Hendy	NZ Medical Assn - H.B. Branch
	Dr D M Barry	Appointed by Members of the Foundation
	Prof Bob Marshall	Appointed by Council
	Mrs Brenda Fine	Appointed by Council
	Mr Andrew Wares	Appointed by Council
Solicitors	Carlile Dowling	
Medical Director	Dr D M J Barry	
Secretary	Mrs Judith Baxter	
Treasurer	Mr Michael Jackson	

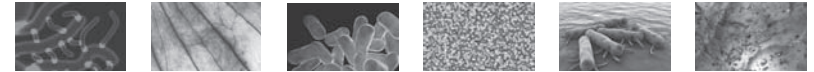
MEMBERS OF COMMITTEES

SCIENTIFIC AND HEALTH SERVICES COMMITTEE

Dr D M Barry
Dr J Meates
Dr M Arnold
Dr P Hendy
Cath Kingston
Prof B Marshall
Judith Baxter

FINANCE AND INVESTMENT COMMITTEE

Mr Andrew Wares
Mr Michael Jackson
Mr Bill Dalton
Mr Kevin Atkinson
Mrs J Baxter (Secretary)



DONATIONS AND BEQUESTS

Made for the Year Ended 31st March 2012

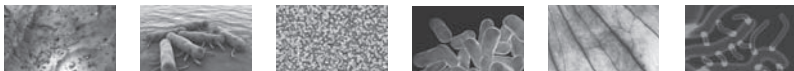
Atkinson, Mr D R	McQuilliam, Dr I
August, Mr C M	McIntosh, Mrs A E
Baker, Dr P C H	McLeod, Mr & Mrs A
Bayliss, Mr & Mrs N G	Millar, Mr & Mrs D G L
Broadhurst, Mr & Mrs M	Neal, Dr G
Dine, Mr & Mrs J	Patterson, Mr D
Fan, Dr C J	Petersen, Mrs Di
Fine, Mrs B	Povey, Mrs R
Glenny, Mrs E D	Ritchie, Dr B
Harris, Dr R G H	Roberts, Dr V
Hosking, Mrs F A B	Sheppard, Mrs A
Hawke, Mr P	Tatum, Mrs C K
Jolly, Dr M S C	Thompson, Dr W
Lopdell, Mr & Mrs B J	Vaughan, Dr J
Mc Connochie, Mrs J	Young, Mrs J

CORPORATE MEMBERSHIP

Hastings Building Society	\$200
H B Trust for the Elderly	\$200
Mrs Williamson	\$500
Womens Welfare Clinic	\$500
Graeme Lowe Foundation	\$10,000
City Medical Ltd. Napier	\$1,000

HONORARY MEMBERSHIP

McPherson, Dr I
Train, Mr A
Verry, Mr H
Collett, Mr M

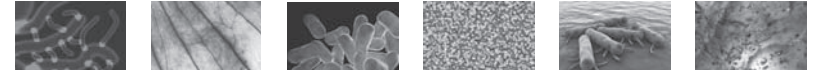


LIFE MEMBERS

Amyes, Mrs M	Medical Assn. of NZ .HB
Bannister, Dr P	Meech, Dr R J
Barry, Dr D M & J K	Meyer, Dr H
Beacham, Dr G	Munroe, Mrs A S
Beaumont, Dr J T L	Napier Lions Club
Bennett, Mr G W	Neal Dr R G
Bentall, Mr S	Nicholson, Dr N W
Bowes, Mr & Mrs G J	N.A. Dental Association
Boyce, Mr P G	N Z Nurses Association
Brownlie, Mr & Mrs J A	O'Brien, Dr P M
Chisholm, Dr R H	Proehl, Dr C
Davidson, Dr D	Rose, Dr J A
Doig, Dr D	Short, Dr M J
Duncan, Dr G	Smales, Dr L
Dykes, Dr C H	St. Pauls Presbyterian Thrift Shop
Eames, Dr J D	Taylor Dr Ian
English, Dr R M	The Doctors, Russell St. Hastings
Foote, Dr S	Travis, Mrs M
Forster, Mrs W	Thomson, Mr R H
Gare, Dr B L	Twigg, Dr P
Grayson, Dr D	The Hastings Health Centre
Hastings District Council	Van den Heaver Dr B J
Knight, Mr L J	Velvin Mrs J
Lawson, Dr D A	Wakeman, Dr J S
Luft, Dr A J	Wills, Dr R
Mason, Dr D F C	Wiggins, Dr M G
Mason Dr T J	Wilson Mrs. M

MEMBERS

Atkinson Dr D R	Hansen, Mrs S	Petersen, Mrs Di
August, Mr C M	Hawke, Mr P	Povey, Mrs R
Baker Dr P	Harris Dr R G H	Pratt, Dr J
Banister Dr J	Hendy, Dr R G H	Ritchie, Dr B
Bayliss, Mr & Mrs N G	Henderson Dr R	Roberts, Dr V
Ben jamin, Dr R & J	Hosking, Mrs F	Sheppard, Mrs A
Broadhurst, Mr G	Jolly, Dr MSC	Stark, Dr B
Brougham Mrs M	Lopdell, Mr & Mrs B	Taylor, Mrs D
Dine, Dr O W L	Lutter Mr R	Tatum, Mrs C K
Dine Mrs M	McConnochie Mrs J	Thompson, Dr W
Duncan, Mr A H	McIntosh, Mrs A E	Titchener, Dr D K
Fan, Dr C J	McLeod, B J & M A	Vaughan, Dr J
Fine, Mrs B	McQuillian Dr I W	Young, Mrs J
Gibson, Mr P	Millar, Mr & Mrs D	Young, Mrs C
Glenny, Mrs E D	Parker, Mr A G H	
Gush, Dr E W	Patterson, Mr & Mrs D	



THE FOUNDATION

In November 1960 a small number of people in Hawkes Bay met and discussed the importance of medical research in New Zealand and the feasibility of carrying out worthwhile research in Hawkes Bay. In particular it was noted that the doctors in Hawkes Bay who had undertaken specialist training overseas found, on coming home, a partial vacuum because of the lack of research facilities available locally. It was agreed that there was a need for facilities to be made available. The first meeting to establish the Hawkes Bay Medical Research Foundation was held on 16th March 1961 and the Foundation was registered shortly thereafter under the Incorporated Societies Act 1908. The objects of the Foundation are to promote, initiate and support research in all health related fields including medical and health education, knowledge and understanding.

A Governing body was set up comprising representatives of the Hospital Board, the medical profession, local authorities and Members of Parliament. Anyone could become a life member on payment of 100 pounds or a subscribing member on paying 1 pound annually. These rates converted to \$200 and \$2 by introduction of decimal currency but from 1 April 1994 became \$150 and \$10, with corporate membership being \$200.

Current rates are as follows: Life Membership \$200. Annual Subscription \$10. Corporate membership

equates to: Gold: \$10,000. Silver \$5,000 and Bronze \$2,000. A framed certificate is presented in appreciation of the grant or donation. Donations over \$5, and gifts and bequests are eligible, within limits, for tax exemptions and rebates.

The Foundation receives the wholehearted support of the Local Authorities, Service organisations and people of Hawkes Bay, and continues its role in medical research. Over the years the funds not used for research have been built up by donations, bequests, wise investments and recognition as a charitable organisation for taxation purposes. Funds have been made available for research into many areas and these include asthma, arthritis, cancer, cot deaths, diabetes leukemia, heart disease, mental health and community health.

It is important that the existence of the Foundation should be widely known and that the funds are available to encourage and assist health research and training.

Enquiries as to membership of the Foundation are available by going on-line, click on the Home page (Donate Now) button and Information on membership, the paying of subs and donation to the Golden Jubilee Fund is available. The bank account number is included for people wishing to make a direct bank deposit.

Bequests have been significant in the building up of funds and it can be of advantage to make a gift or legacy for research. A bequest may be made in the following form:

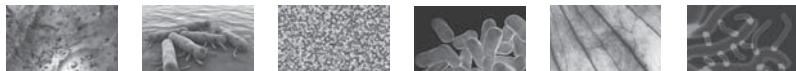
I give and bequeath to the Hawke's Bay Medical Research Foundation the sum of (or description of property or assets given) for the general purpose of the Foundation (or other specified purpose) for which receipt of the Secretary of the Foundation shall be a good discharge to my trustee.

Remember donations in lieu of floral tributes are acknowledged by the Foundation and next of kin or executors can be asked to specify that donations in lieu of floral tributes be made to the Foundation on death. This can be done by including a suitable request in the obituary notice.

www.hbmr.org.nz

Further information is available on request to:

The Secretary
Hawkes Bay Medical Research Foundation
P O Box 596 Napier. Phone/Fax 8799199



TRUST FUNDS ADMINISTERED BY THE FOUNDATION

HAWKES BAY ELECTRIC POWER BOARD JUBILEE CHILDRENS FOUNDATION TRUST

This Charitable Trust was formed in 1974 for the purpose of financing and encouraging research into illnesses and handicaps of children, whether caused by disease or accident and financing the care and treatment of children.

In August 1999 the Hawkes Bay Medical Research Foundation was appointed Sole Trustee of the Hawkes Bay Electric Power Board Jubilee Children's Foundation Trust.

A recent donation of \$20,000 was made from this Trust to The Hastings Health Centre "Family Violence Intervention Programme" to enable the evaluation of the Programme to continue. This research is NZ's first comprehensive programme of screening, identification, assessment, support and referral for both partner and child abuse in Accident and Medical and General Practice settings.

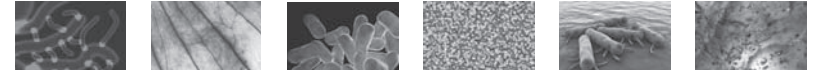
GEORGE FORSTER MEMORIAL TRUST

This Charitable Trust was established in 1993 in memory of the late George Forster. The purpose is to further the education of medical and allied staff in Hawkes Bay.

The main aim of the Trust is to sponsor lectures conducted by experts or specialists organized by the Trustees to be held in Hawkes Bay or elsewhere in New Zealand. The lecture or seminar held is known and promoted as the George Forster Memorial Lecture.

The visiting speakers for last year's 'Golden Jubilee' Annual General Meeting, Dr Giles Newton Howes and Professor Wayne Cutfield were sponsored by this trust.

A further aim is to support educational programmes and attendance at such programmes by the medical and allied staff (full or part time).



RESEARCH FUNDED BY THE FOUNDATION

THE BONE HEALTH, VEGETABLES, HERBS AND FRUIT STUDY (SCARBOROUGH FAIR STUDY 2011)

Caroline Gunn: Massey University, Palmerston North

HBMRF \$23,090

Introduction: The Bone Health, Vegetables, Herbs and Fruit Study (Scarborough Fair Study) involved 150 midlife women. Data collection was begun in August and completed in December 2011. We now have moved into the analysis phase which is expected to be completed by September 2012. In June/July 2011 150 postmenopausal women were recruited from Manawatu, Hawke's Bay and Auckland. After screening participants, they were allocated to one of 2 intervention groups (100 women) and 50 as control. Participant recruitment and compliance was excellent with a very low dropout rate. Three clinic visits were conducted over the August-December 2011 period with blood and urine samples collected and anthropometric measurements and DEXA scans (dual energy X-ray absorptiometry) including BMD (Bone Mineral Density) and full body composition being done. Plasma samples were analysed for bone markers and CVD markers (Cardiovascular disease). Results have been returned and inputted into statistical analysis. Twenty four hour urine samples were analysed for calcium, magnesium, sodium, potassium and creatinine.

Some plasma samples were retained for analysis of inflammatory markers which we expect may provide a clear link between any changes in bone markers and CVD markers.

Dietary and Anthropometric measurements: All 3 day Diet Diaries (beginning and end of study) have been subject to appropriate statistical analysis. Anthropometric measurements such as height, weight, blood pressure and end waist measurement has also been inputted.

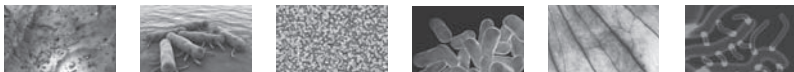
The women's scans have now been analysed. 10% of the women in the study showed T scores of -2.5 SD's below normal which is the W.H.O. criteria for osteoporosis. Results are being posted out, and participants will also get their body composition results (%fat % muscle.)

The study has attracted the interest of Dieter Adams, the Director of Food and Beverage/biotechnology at NZ Trade and Enterprise who has had initial discussions with us at Massey.

Results: This Feasibility study (the forerunner to the BHVHF) study was presented at NZ Nutritional Society Conference in December 2012 and Nutrition in Medicine Conference in Sydney 2011. A poster was presented at the Functional Foods one day symposium at Auckland University in December 2011.

Summary: The Scarborough Fair Study has been successfully completed and all laboratory analysis except for inflammatory markers has been done. A significant amount of data has been collected on the health status of NZ PM women. This is currently still being analysed using multivariate analysis techniques.

This study will also be presented as the basis of a PhD by Caroline Gunn.



WHAT IS THE BEST METHOD TO MONITOR THE SEVERITY OF ONGOING RESPIRATORY EVENTS IN VERY PRETERM INFANTS PRIOR TO DISCHARGE HOME FROM THE NEONATAL NURSERY?

Dr. Tamsin Roberts. Supervisor: Associate Professor Dawn Elder, Department of Paediatrics & Child Health, University of Otago, Wellington.

HBMRF \$4279

Introduction:

Why we did the research: Prior to discharge from the neonatal unit it is important to determine that an infant is stable from a respiratory perspective. Current practice is to monitor a premature infant using an apnoea monitor measuring breathing movement alone, with the assumption that the absence of alarms from the monitor demonstrates respiratory stability. These apnoea monitors are set to alarm after 20 seconds of no breathing detected, however previous research by Associate Professor Elder has shown that significant oxygen desaturation can occur with shorter breathing pauses. The purpose of this study was to determine whether 24-hour oximetry, which measures oxygen saturation, provides a more sensitive and specific measurement of respiratory instability than an apnoea monitor measuring breathing movements alone in preterm infants prior to discharge.

What we did: We recruited 30 infants from the Wellington Neonatal Intensive Care Unit who were born at 32 weeks gestation, and performed a modified

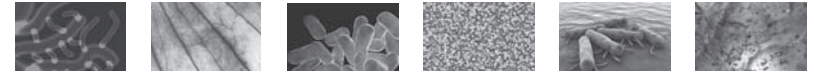
polysomnography (heart rate, breathing, oxygen saturation and sleep state), to assess their respiratory stability once they were 35 weeks postmenstrual age and nearly ready for discharge home. We then compared the performance of a 24-hour oximetry measuring oxygen saturation and an apnoea monitor measuring breathing movement alone at detecting the unstable infants having concerning respiratory events. We were able to analyse the data collected by the oximetry using the profox software that the Hawke's Bay Medical Research Foundation funded. Data collection and write up was done on the computer also kindly funded by the Foundation.

What we found: We found that a 24-hour oximetry had a higher sensitivity and likelihood ratio than an apnoea monitor set to alarm at 20 seconds of no breath detected, at identifying the unstable infants. We demonstrated that the 24-hour oximetry test was significantly better than the apnoea monitor by area under the curve analysis. We also found that despite no medical concerns about many of our participants, a

high proportion of them were identified as unstable by the modified polysomnography test.

What this means: Although this is a small study it raises important questions about the care of our preterm infants as they approach discharge. Many of our infants who were thought to be well were found to have unstable breathing patterns. It is usual practice to monitor infants pre-discharge on an apnoea monitor alone. What this research shows is that the unstable infants will not be identified by an apnoea monitor alone. We found that a 24-hour oximetry test is more accurate at detecting the unstable infants.

More research is needed to help us define respiratory stability in preterm infants and determine whether there are any neurodevelopmental consequences of unrecognised respiratory instability. I will no longer assume however that a preterm infant monitored without events by an apnoea monitor is stable. It would seem more appropriate to do a 24 hour oximetry test if there are concerns about an infant's breathing.



EMOTIONAL COMMUNICATION BETWEEN 'NURSES AND PARENTS' OF A CHILD IN HOSPITAL: AN ETHNOGRAPHIC STUDY:

Ruth Crawford: PhD Student

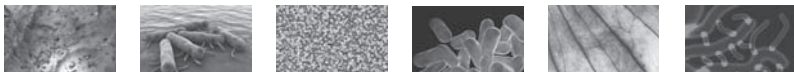
HBMRF \$5,000

Introduction: This study is an investigation of the experience of nurses who work in a children's ward and of the parents of those children, focusing on nurses' responses to the emotional concerns of the parents. Current literature indicates that nurses have difficulty communicating with parents when parents have emotional concerns. The setting for the research was a children's ward of a regional hospital. The researcher observed nurse-patient interaction, talked to parents and nurses about their experiences and also observed the context of the nurse-patient interaction in the ward setting. Follow up interviews were held with nurses and parents. This is original research, which it is anticipated, may provide nurses with insight into responses to parents' emotional concerns and a greater appreciation of the issues faced by parents of a child in hospital.

Results: Data collection took 280 hours of fieldwork in a paediatric ward of a regional hospital. Observations of interactions between nurses and parents of children in hospital was followed by interviews with 10

parents and 10 registered nurses. Data was analysed using the NVivo 8 programme. Preliminary findings suggest that for nurses, the paediatric ward is like a second home, where they move around freely and feel comfortable, whereas for parents, there are many restrictions on their activities. Nurses were found to be 'brokers' of the ward, and keepers of knowledge, with parents being outsiders. Parents wanted nurses to anticipate, be aware and be prepared for parents to have issues that affected them emotionally, and wanted nurses to ask them about their emotional concerns, how they were managing their situation and to acknowledge and support them. Parents struggled to keep strong, and to be perceived as coping, and were worried that if they did express their emotions, they may be perceived as weak. Nurses wanted to work with the parent, improving the child's condition, and were focused on the parent's physical needs, and the child's needs. Nurses understood why parents may feel emotional in hospital and picked up cues that the parent was emotional. Nurses' response to emotional communication was to try everything, including

respite care, food, referral to a social worker, and giving the parent information and reassurance. Nurses did not want the parent to breakdown, felt inadequate, nervous and overwhelmed when parents were emotional and avoided emotional communication.



AN EVALUATION OF THE EFFECTIVENESS OF THE FOSTERING SECURITY TRAINING PROGRAMME FOR CAREGIVERS RAISING CHILDREN WITH HISTORIES OF EARLY TRAUMA, ABUSE, NEGLECT, AND CHILDREN WITH ATTACHMENT PROBLEMS

Bernice B. Gabriel. Senior Psychologist. H.B.Health.

HBMRF \$18,363

Introduction: The mental health needs of children in care and foster placement breakdowns are of significant concern. Caregiver training and support is recognised as a vital component of mental health interventions for children in care.

This is a report on the first year of a three-year study to evaluate the effect of the Fostering Security (FS) training programme for caregivers of children with attachment and trauma related problems. The FS programme is jointly facilitated by mental health and child welfare services in the Hawke's Bay to integrate interventions for children in care. The programme aims to develop the parenting skills of caregivers so that they are better able to understand and manage the child's behaviours, and understand and manage their own responses to the child's behaviour, with the long-term aim being the prevention of placement breakdown.

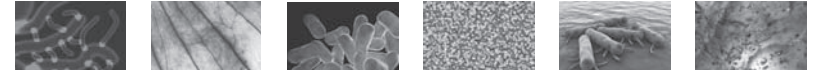
Research: This study will evaluate the effectiveness of the FS programme qualitatively and quantitatively, and will identify the mechanisms of change for caregivers. A modular analysis of the programme will also be undertaken to determine the relative value of the different components.

The first research group ran from April to July 2012. Pre, mid and post group interviews and questionnaires have been completed. Follow-up at three and twelve months is also planned. Feedback via participant evaluation forms indicate the programme's value and participant satisfaction. An initial qualitative look at the psychometric data indicates positive changes in caregiver capacity and child behaviour.

The second research group is due to begin in the fourth term in October 2012. There is already a waitlist of about 35 possible participants. This group will also be followed up at three and twelve months.

Future plans:

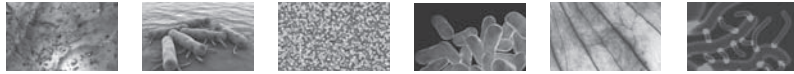
1. The research will be written up as a PhD thesis and as journal articles.
2. Plans are underway to increase the training capacity in the Hawke's Bay.
3. Mental health and child welfare teams in Auckland and Christchurch have been trained to deliver the FS programme. There is interest from other regions to receive the training as well.



THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC
STATEMENT OF FINANCIAL PERFORMANCE
For the Year Ended 31 March 2012

	2012	2011
Operating Revenue	\$	\$
Bequest	2,750	8,750
Donations	2,255	770
Grants	-	950
Interest - Sundry Bank Deposits	565	4,234
Portfolio Income - Forsyth Barr	43,927	36,853
Portfolio Income - Spicers Financial Services Ltd	13,482	16,522
Subscriptions	320	1,210
Gross Surplus from Trading	63,299	69,289
Other Income		
Change in Value of Portfolio Investments	(6,625)	36,018
Capital Profit (Loss) on Disposal of Investments	(23,017)	-
Total Other Income	(29,642)	36,018
Gross Surplus after Other Income	33,657	105,307
Expenses		
Accountancy and Secretarial Fees	4,692	2,870
ACC Levies	94	91
Audit Fees	1,915	3,165
Bank Fees & Charges	75	24
Portfolio Management Fee	8,013	10,620
Computer Expenses	-	41

	2012	2011
	\$	\$
General Expenses	198	963
General Meeting & Annual Reporting Expenses	3,569	5,211
Golden Jubilee Fund Expenses	7,842	-
Interest Paid	-	9
Postage	145	145
Printing & Stationery	682	556
Salary & Travelling	16,358	19,693
Total Expenses	43,583	43,388
Net (Deficit) Surplus before Depreciation Adjustments	(9,926)	61,919
Less Depreciation Adjustments		
Depreciation	208	223
Total Depreciation Adjustments	208	223
(Deficit) Surplus before Grants Approved	(10,134)	61,696
Less Grants Approved	30,834	51,452
Net (Deficit) Surplus	<u>(40,968)</u>	<u>10,244</u>



THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC
STATEMENT OF MOVEMENTS IN GENERAL FUNDS
For the Year Ended 31st March 2012

	2012	2011
	\$	\$
Revenue and Revaluations		
Net (Deficit) Surplus	(40,968)	10,243
Total Revenue and Revaluations	(40,968)	10,243
General Funds at the Beginning of the Year	1,141,117	1,130,874
General Funds at the End of the Year	<u>1,100,149</u>	<u>1,141,117</u>

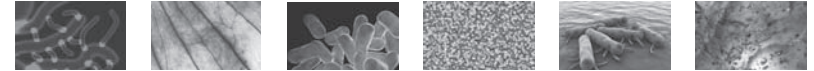
THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC
STATEMENT OF FINANCIAL POSITION
As at 31st March 2012

	Note	2012	2011
Current Assets		\$	\$
Cash & Bank Balances	2	27,229	2,210
Non Current Assets			
Property, Plant & Equipment	3	1,985	364
Term Investments	4	1,106,268	1,220,300
Total Non Current Assets		1,108,253	1,220,664
Total Assets		1,135,482	1,222,874
Current Liabilities			
Accounts Payable		35,333	61,757
The Hawkes Bay Electric Power Board			
Children's Foundation		-	20,000
Total Liabilities		35,333	81,757
Net Assets		1,100,149	1,141,117
General Funds			
Accumulated Losses	5	(19,938)	21,030
Capital Reserve	6	1,120,087	1,120,087
Total General Funds		<u>1,100,149</u>	<u>1,141,117</u>

President

Treasurer

Dated this 27th day of September 2012



THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC
SCHEDULE OF GRANTS
For the Year Ended 31st March 2012

	2012	2011
	\$	\$
Unexpended Grants from Last Year	56,452	30,096
Grants Approved		
Bone Health (C Gunn)	-	23,090
Family Violence (H Francis)	-	10,000
Fostering Security (B Gabriel)	-	18,362
Emotional Communication (R Crawford)	5,000	-
Respiratory Problems (D Elder / T Roberts)	4,279	-
Bikes in Schoold (B Marshall)	18,352	-
Talking to Babies in Neonatal Care Units (L Zmpfer)	8,400	-
	36,031	51,452
Grants Refunded or Cancelled during the Year		
O Schmediel	5,000	-
Nicole Kerr	197	-
	5,197	-
Net Grants Approved during the Year	30,834	51,452
Grants Not Yet Expended		
O Schmediel	-	5,000
Bone Health (Gunn)	-	23,090
Family Violence (Francis)	-	10,000
Fostering (Gabriel)	6,121	18,362
Bikes in Schools (Marshall)	18,352	-
Talking to Babies (L Zmpfer)	8,400	-
	32,873	56,452
Total Grants Expended for the Year	54,414	25,096

THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 31st March 2011

1 Statement of Accounting Policies

Reporting Entity

The Hawke's Bay Medical Research Foundation Incorporated (the Foundation) is an incorporated society under the Incorporated Societies Act 1908 and a registered Charity under the Charities Act 2005.

Two separate Trusts, (The Hawkes Bay Electric Power Board Jubilee Children's Foundation and the Dr George Forster Memorial Trust) governed and administered by the Council are also included with these financial statements.

The financial statements of the Foundation have been prepared in accordance with Generally Accepted Accounting Practice.

The Foundation is a qualifying entity for differential reporting purposes. The grounds upon which the Foundation qualifies are:

The Foundation is not publicly accountable as defined in the Framework for Differential reporting, and it is not large. All differential reporting exemptions have been applied.

Statement of Compliance and Basis of Preparation

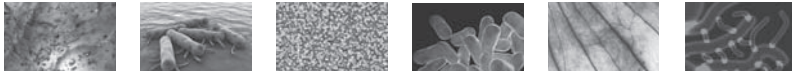
The Financial Statements of Hawkes Bay Medical Research Foundation Inc have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (NZ GAAP).

Hawkes Bay Medical Research Foundation Inc qualifies for differential reporting as it is not publicly accountable and there is no separation between the owners and the governing body. Hawkes Bay Medical Research Foundation Inc has taken advantage of all available differential reporting exemptions.

The measurement base adopted is historical cost, with the exception of certain investments which are recorded at market valuation.

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of the Statement of Financial Performance and Statement of Financial Position have been applied:

**(a) Revenue**

Revenue comprises Donations, Grants & Subscriptions amounts received.

Investment Income

Interest income is recognised in the Statement of Financial Performance as it accrues, using the effective interest rate method.

Dividend income is recognised on the payment date.

(b) Expenses

Expenses have been classified on their business function.

(c) Property, Plant & Equipment

Property, Plant & Equipment are recognised at Cost less aggregate depreciation. Depreciation has been calculated using rates considered by the Council to be appropriate. The rates used for office equipment range from 12% to 48% on a diminishing value basis.

(d) Income Tax

The Foundation is exempt from income tax as a charity under Section CW41 of the Income Tax Act 2007.

(e) Investments

Investments comprise non-operational cash holdings, bonds and portfolios administered by investment managers. Portfolio investments are carried at market value with both earnings and changes in the underlying asset values being included in the statement of financial performance. Other investments are at cost.

(f) Goods and Services Taxation (GST)

Revenues and expenses have been recognised in the financial statements inclusive of GST as the Foundation is not GST registered.

(g) Grants

Grants are accounted for once approved for payment by the Council. Unpaid grants are accrued as liabilities.

(h) Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on a basis consistent with those of previous financial statements.

2 Cash & Bank Balance

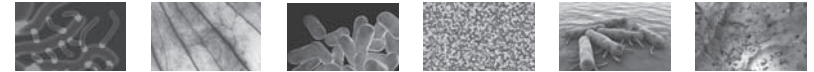
	2012	2011
	\$	\$
Bank Account Balances		
Bank of New Zealand - Current Account	117	2,075
Bank of New Zealand - Autocall Account	27,112	106
Cash on Hand	-	30
Total Cash & Bank Balances	<u>2,211</u>	<u>2,210</u>

3 Property, Plant & Equipment

	Cost	Depreciation Charged	Accumulated Depreciation	Closing Book Value
Property, Plant & Equipment 2012	\$	\$	\$	\$
Office Equipment	8,775	208	6,790	1,985
Total Property, Plant & Equipment	<u>8,775</u>	<u>208</u>	<u>6,790</u>	<u>1,985</u>
Property, Plant & Equipment 2011				
Office Equipment	6,946	223	6,582	364
Total Property, Plant & Equipment	<u>6,946</u>	<u>223</u>	<u>6,582</u>	<u>364</u>

4 Term Investments

	2012	2011
	\$	\$
Bank Fixed Deposits		
Bank Fixed Deposits	20,935	118,260
Spicers Financial Services		
Property	-	8,888
Equities - Australasian	-	42,895
Equities - Offshore	-	76,341
Fixed Interest	-	296,669



	2012	2011
	\$	\$
Cash	-	69,546
Total	-	494,339
Forsyth Barr Esam Cushing		
Property	27,563	16,244
Equities - Australasian	162,483	146,688
Equities - Offshore	48,412	38,552
Fixed Interest	531,023	367,673
Cash	315,852	38,544
Total	1,085,333	607,701
Total Term Investments	1,106,268	1,220,300
5 Accumulated Losses		
Opening Balance	21,030	10,787
Plus: Net Surplus	-	10,243
Less: Net Deficit	40,968	-
Accumulated Losses Closing Balance	(19,938)	21,030
6 Reserves		
Capital Reserve		
Opening Balance	1,120,087	1,120,087
Closing Balance	1,120,087	1,120,087
Total Reserves	1,120,087	1,120,087

7 Events Occurring After Balance Date

There were no subsequent events after balance date. (2011: Subsequent to year end the Trustees transferred the management of Spicers portfolio to Forsyth Barr Esam Cushing).

8 Investments - Spicers Financial Services

	2012	2011
	\$	\$
Opening Balance	494,339	498,831
Portfolio Income	13,482	16,522
Fees	(1,985)	(4,676)
Change in value of portfolio	-	8,662
Withdrawals to fund grants	-	(25,000)
Capital Withdrawals	(482,819)	-
Loss on sale of investments	(23,017)	-
Total Investments - Spicers Financial Services	-	494,339

9 Investments - Forsyth Barr Esam Cushing

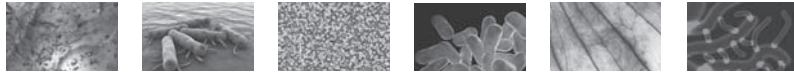
Opening Balance	607,701	574,436
Funds Introduced	446,359	-
Portfolio Income	43,927	36,852
Fees	(6,029)	(5,943)
Change in value of portfolio	(6,625)	27,356
Withdrawals to fund grants	-	(25,000)
Total Investments - Forsyth Barr Esam Cushing	1,085,333	607,701

10 Related Parties

Council member Judy Baxter (Secretary) is paid for the services rendered to the foundation.

Michael Jackson is a Director of PKF Carr and Stanton Limited and Treasurer of the foundation. PKF Carr and Stanton Limited perform accounting work on behalf of the trust.

The Dr George Forster Trust and The Hawkes Bay Electric Power Board Jubilee Children's Foundation are governed by the same council.



11 Bank Overdraft

There was no bank overdraft at balance date nor was any facility arranged.

12 Contingent Liabilities

Hawkes Bay Medical Research Foundation Inc has no capital commitments as at 31 March 2012, (2011 Nil).

13 Capital Commitments

Hawkes Bay Medical Research Foundation Inc has no contingent liabilities as at 31 March 2012, (2011 Nil).

THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC

GEORGE FORSTER MEMORIAL TRUST

For the Year Ended 31st March 2012

PURPOSE The Dr George Forster Memorial Trust was created for the purpose of furthering the education of medical and allied staff in the Hawkes Bay region. The Foundation acts as Trustee for this Trust.

Investments Held	2012	2011
	\$	\$
Westpac	52,028	50,461
TOTAL INVESTMENTS HELD	52,028	50,461
Movement In Equity		
Opening Balance	50,461	49,125
Net Surplus	1,567	1,336
Closing Balance	52,028	50,461

THE HAWKE'S BAY MEDICAL RESEARCH FOUNDATION INC

HAWKE'S BAY ELECTRIC POWER BOARD JUBILEE CHILDREN'S FOUNDATION TRUST

For the Year Ended 31st March 2012

PURPOSE The Hawkes Bay Electric Power Board Jubilee Trust was created for the promotion of research into the diseases and illnesses of children and the provision of facilities to further or assist such research. The Foundation acts as Trustee for this Trust.

CURRENT ASSETS	2012	2011
	\$	\$
Receivable from Hawkes Bay Medical Research Foundation Inc	-	20,000
TOTAL CURRENT ASSETS	-	20,000
NON CURRENT ASSETS - Investments Held	2012	2011
Bank of New Zealand Deposits	27,375	26,643
Bank of New Zealand Savings	25,477	313
Fletcher Building Ltd \$2500 8.5% due 15.3.15 (cost)	2,597	2,597
Fletcher Building Ltd \$3000 7.5% (Matured)	-	3,075
Spicers Financial Services Ltd	-	57,551
Forsyth Barr Cash Account	49,983	-
Total Non Current Assets - Investments Held	105,431	90,179
TOTAL ASSETS	105,431	110,179
Movement In Equity		
Opening Balance	110,179	106,165
Net Surplus	4,341	4,015
Changes in Value of Portfolio Investments	-	1,808
Profit (Loss) on Disposal of Investments	(9,090)	-
CLOSING BALANCE	105,431	111,987