



Diabetic Society of Singapore

**ANNUAL REPORT 2014**

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## 1. GENERAL INFORMATION

The Diabetic Society of Singapore was set up in 25.9.1971 as a society. It was registered under the Charities Act on 27.9.1983.

Charity Registration No.	:	0005
UEN No.	:	S71SS0043E
IPC No.	:	HEF0040/G
Effective Date of IPC	:	01/07/2013 – 30/06/2016
Registered Address	:	141 Bedok Reservoir Road #01-1529 Singapore 470141
Management Committee	:	The Management Committee was elected on 26 April 2014 at the 43 <sup>rd</sup> Annual General Meeting.  Mr Yong Chiang Boon                      President Dr Kevin Tan Eng Kiat                      Vice President Dr Ben Ng Jen Min                          Vice President Ms Esther Ng Yeok Kheng                      Hon Secretary Mr Stanley Lim Bee Kang                      Asst Hon Secretary Mr Seah Peck Hwee                          Hon Treasurer Ms Caroline Lim Joo Peng                      Asst Hon Treasurer Dr Yeo Kim Teck                              Member Ms Kalpana Bhaskaran                          Member Mdm Rohanah Bte Pagi                          Member Ms Juliana Lim Bee Yoke                          Member
Advisor	:	Dr Warren Lee Wei Rhen
Auditor	:	<a href="#">Singapore Assurance PAC</a>
Patron	:	Minister for Health

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## 2. PRESIDENT'S MESSAGE

Dear members,

We are pleased to report that DSS successfully organized the 10<sup>th</sup> IDF-WPR Congress and 6<sup>th</sup> ASSD Meeting from 21<sup>st</sup> – 24<sup>th</sup> November last year at Suntec Singapore. This is a biennial IDF conference which attracted a total of 3013 doctors, scientists, researchers and allied health professionals involved in diabetes from Singapore and 30 countries around the world. It helped elevate the standing of Singapore and the Diabetic Society in the world of diabetes and brought us to the next level of understanding and fighting diabetes with new knowledge and skills. I would like to thank the dedication of the organizing committee who planned for 2 years leading up to the Congress.

In next two to three years, we would have to consolidate our operations in view of the increasing shortage of manpower and escalating operation costs. I believe the better use of IT technology and newest equipment will help us to serve our community effectively. We shall encourage our nurses to attend workshops and seminars to upgrade their knowledge and networking with other community partners.

The DSS diabetes support group also plays an important roles in promoting diabetes awareness and cares. They are actively engaging our members and the public in sharing their experiences and volunteering their services in DSS activities and programs. We hope all members would give your full support by joining their monthly activities.

Once again, I would like to thanks members, staff, members of management committee, volunteers, donors and well-wishers in one way or another and continue to give your support to DSS. Cheer!

Yours truly



Mr Yong Chiang Boon, PBM  
President (2014 – 2016)

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### **3. Administration**

#### **Mission**

To provide diabetes awareness, education and counselling to people with diabetes, their family members and the public. Through knowledge and discipline, the person with diabetes becomes better equipped to achieve a healthy and productive life.

#### **Objectives**

- To provide service to people with diabetes and to individuals interested in diabetes
- To undertake activities that promote the general well-being of people with diabetes
- To strive to remove prejudice and ignorance concerning diabetes.

#### **Membership**

The Society has 4,256 members, comprising of 1,331 Ordinary members, 2,913 Life members and 12 Associate members as at 31 December 2014.

#### **Management Committee**

A total of four (4) committee meetings were held during the period of January to December 2014.

#### **Staff**

The Society's 3 Diabetes Education and Care Centres and the mobile unit are manned by 3 full-time nurses, 6 administrative staff and 3 part-time nurses in 2014.

#### **Reserve**

The society treats the balance of the unrestricted fund as reserve to ensure the sustainability of the programmes. The Committee will review the amount annually to decide the need to raise funds.

#### **Staff Remuneration**

None of the staff was paid more \$50,000 per annum.

## 4 Programmes

### 4.1 Diabetes Education Programme

Providing education to the public and people with diabetes will help in raising the awareness and prevention of complications related to diabetes, through educational talks, seminars and workshops.

SN	Date	Event	Venue
1	11-1-14	Healthy Cooking to manage Diabetes using low GI recipies	Temasek Polytechnic
2	22-2-14	Public Forum - Diabetes Management made Easy	Suntec Singapore
3	9-3-14	Talk – Diabetes Awareness (Malay)	DSS Bedok
4	7-6-14	Diabetes & Ramadan	DSS Bedok
5	21-6-14	Public Forum - Eye-ducation	SNEC Auditorium
6	30-8-14	Public Forum - Diabetes & Your Feet - Love them or Lose them	HPB Lecture Hall

### Continuing Medical Education

DSS has been supporting pharmaceutical companies in providing CME for doctors and other allied healthcare professionals on diabetes related topics.

SN	Date	Events	Sponsors
1	14-1-14	Optimising Cardiovascular Outcomes in Type 2 Diabetes	Bristol Myers Squibb
2	23-1-14	Management of diabetes-A Nephrologist's Perspective	AstraZeneca
3	25-1-14	The Role of new and emerging therapies for blood glucose control	AstraZeneca
4	15-2-14	Where do SGLT2s fit in Diabetes Care	J & J
5	15-2-14	Management of Complex T2D Patients: Combining Oral and Insulin Therapies	Eli Lilly
6	19-2-14	T2DM Management; What's next after metformin?	Merck
7	19-2-14	Practical Issues in Management of Diabetes	Servier
8	25-2-14	Basal Plus approach: Next steps after Basal Insulin Initiation	sanofi-aventis
9	26-2-14	Practical Issues in Management of T2D	Servier
10	28-2-14	The Role of the Kidney: A novel dimension in the treatment of T2DM	AstraZeneca
11	28-2-14	Simple and Convenient Solution for Your Type 2 Diabetes Patients	Eli-Lilly
12	1-3-14	The Key to Your Challenging Road Ahead	Eli Lilly
13	4-3-14	Simplifying the Management of Patients with Declining Renal Function	Eli Lilly
14	7-3-14	Innovative Treatment target for managing type 2 diabetes: evidence from SGLT-2 inhibitor trials	AstraZeneca
15	14-3-14	Beyond Conventional Therapy in Diabetes	Merck
16	18-3-14	Compliance & Efficacy: Developing a Patient Centric Approach in Diabetes Management	AstraZeneca
17	19-3-14	Practical Issues in the Management of Type 2 Diabetes	Servier
18	20-3-14	Clinical Advances in Type 2 Diabetes: A Cardiologist's Perspective	AstraZeneca

19	27-3-14	Establishing a firm foundation in the Initial Management of Patients with T2DM	Merck
20	29-3-14	Advancing diabetes care: Changing paradigms in the treatment of Type 2 diabetes	AstraZeneca
21	29-3-14	Combination Therapies for Holistic Management in Diabetic Patients	MSD Pharma
22	9-4-14	Where do SGLT2s fit in Diabetes Care	J & J
23	9-4-14	Controlling Diabetes in Patients At High Risk of Cardiovascular Disease	AstraZeneca
24	10-4-14	SGLT2 Inhibition: Clinical Evidence and Practical Relevance	J & J
25	11-4-14	Where do SGLT2s fit in Diabetes Care	J & J
26	12-4-14	SGLT2 Inhibition: Clinical Evidence and Practical Relevance	J & J
27	24-4-14	Clinical Use of Incretin-Based Therapies in Type 2 Diabetes	Merck
28	24-4-14	Establishing a firm foundation in the Initial Management of Patients with T2DM	Merck
29	25-4-14	Clinical use of metformin	Merck
30	26-4-14	The Benefit and Value of GLP-1 in Early Start - Clinical & Real World Experience	Novo Nordisk
31	29-4-14	Developing a patient centric approach in diabetes management	AstraZeneca
32	6-5-14	Optimizing Cardiovascular Outcomes in Type 2 Diabetes	AstraZeneca
33	8-5-14	Minimizing Hypoglycemia without Compromising on Core	Novartis
34	8-5-14	Clinical advances in Type 2 diabetes: A cardiologist's perspective	AstraZeneca
35	9-5-14	SGLT2-Inhibitor: a new paradigm in the treatment of T2DM	J & J
36	14-5-14	SGLT2 Inhibitors-Changing Paradigms in the treatment of T2D	AstraZeneca
37	17-5-14	Cardiovascular Risk in Diabetes	Novartis
38	20-5-14	Developing a patient centric approach in diabetes management	AstraZeneca
39	22-5-14	Establishing a firm foundation in the Initial Management of Patients with T2DM	Merck
40	22-5-14	A year in practice: Clinical experience with SGLT-2 Inhibitors	AstraZeneca
41	23-5-14	A year in practice: Clinical experience with SGLT-2 Inhibitors	AstraZeneca
42	24-5-14	SGLT2 Inhibitors-A year in practice: Clinical data & real-life experience	AstraZeneca
43	30-5-14	Start & Stay - Simplifying Attainment of Target A1c in People with T2DM	Novo Nordisk
44	3-6-14	Changing Paradigms in the treatment of T2D	AstraZeneca
45	5-6-14	Changing Paradigms in the treatment of T2D	AstraZeneca
46	6-6-14	Developing a Patient centric approach in diabetes management	AstraZeneca
47	7-6-14	Diabetic Treatment in 14: What has changed?	Merck
48	10-6-14	Where do we fit SGLT2 in the management of T2DM	AstraZeneca
49	18-6-14	Hypoglycemia - A Potential Burden of Type 2 Diabetes Mellitus	Novartis
50	26-6-14	Developing a patient centric approach in diabetes management	AstraZeneca
51	27-6-14	SGLT2-Inhibition as a Target for Treatment in Patients with Type 2 Diabetes	J & J
52	3-7-14	Optimizing cardiovascular outcomes and safety updates in Type 2 diabetes	AstraZeneca
53	3-7-14	Diabetes Care-Beyond Conventional Boundaries	Servier
54	4-7-14	SGLT2-Inhibitors - Do we really need another OAD?	AstraZeneca
55	4-7-14	Optimizing cardiovascular outcomes and safety updates in Type 2 diabetes	AstraZeneca
56	5-7-14	Looking Beyond HbA1c in T2D Treatment	AstraZeneca
57	8-7-14	Role of DPP4-i in Minimizing Hypoglycemia in the Real World	Novartis

58	9-7-14	Translating once daily basal insulin in real life practice	Novo Nordisk
59	9-7-14	Developing a patient centric approach in diabetes management	AstraZeneca
60	10-7-14	Changing Paradigms in the treatment of T2D	AstraZeneca
61	18-7-14	SGLT-2 Inhibitors - Changing Paradigms in the Treatment of T2D	AstraZeneca
62	22-7-14	SGLT-2 Inhibitors - Changing Paradigms in the Treatment of T2D	AstraZeneca
63	23-7-14	New Way to Management Diabetes 14	J & J
64	25-7-14	Developing a patient centric approach in diabetes management	AstraZeneca
65	7-8-14	Diabetes Management - Achieving Glycemic Control and Prevention of Long Term Complications	Servier
66	14-8-14	Metformin Revisited-Beyond Glycemic Control	Merck
67	15-8-14	Optimization of Basal and Pre-mixed Insulin	Novo Nordisk
68	15-8-14	Clinical Use of Metformin in Primary Care	Merck
69	15-8-14	Developing a patient centric approach in diabetes management	AstraZeneca
70	19-8-14	Developing a patient centric approach in diabetes management	AstraZeneca
71	23-8-14	Dia-besity & the Metabolic Syndrome: The current management of obesity	Merck
72	23-8-14	Clinical Pearls in Management of the Diabetic Patient	Servier
73	26-8-14	Facing the challenges in the management of T2 diabetes with co-morbidities-the role of DPP4 inhibitors and fixed dose combinations	Eli Lilly
74	26-8-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & their Relevance in Real Life Clinical Practice	AstraZeneca
75	26-8-14	Facing the challenges in the management of T2 diabetes with co-morbidities-the role of DPP4 inhibitors and fixed dose combinations	Eli Lilly
76	29-8-14	SGLT2-Inhibition as a Target for Treatment in Patients with T2DM	J & J
77	3-9-14	SGLT2-Inhibition as a Target for Treatment in Patients with T2DM	J & J
78	4-9-14	Early Use benefit and value of GLP-1 analogue	Novo Nordisk
79	9-9-14	Developing a patient centric approach in diabetes management	AstraZeneca
80	12-9-14	Managing Complicated Type II Diabetes Patients. The advantages of initial combination therapy	Boehringer-Ingelheim
81	13-9-14	Change starts with GLP-1 Analogue-Evidence from clinical and real world experience	Novo Nordisk
82	18-9-14	Developing a patient centric approach in diabetes management	AstraZeneca
83	19-9-14	How to Make Full Use of SGLT2 Inhibitors-Learning from Real Life Evidence	AstraZeneca
84	19-9-14	Glucosuria: a new valuable therapy principle or a failure? Unanswered questions & real life evidence	AstraZeneca
85	20-9-14	How to Make Full Use of SGLT2 Inhibitors-Learning from Real Life Evidence	AstraZeneca
86	23-9-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & their Relevance in Real Life Clinical Practice	AstraZeneca
87	23-9-14	Metformin's Role in Current Diabetes Management	Merck
88	30-9-14	Combination therapy with DPP4 inhibitors: What is the evidence?	MSD Pharma
89	30-9-14	Updates in The Management of Diabetes	Servier
90	10-10-14	AMAC Region Type 2 Diabetes Speaker Masterclass	Novartis
91	11-10-14	Hypoglycemia-GAPPS and new insights with basal analogues	Novo Nordisk
92	11-10-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & their Relevance in Real Life Clinical Practice	AstraZeneca
93	13-10-14	Challenges in Diabetes Management in Special Populations	Novartis
94	16-10-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & their Relevance in Real Life Clinical Practice	AstraZeneca

95	16-10-14	An Update on Diabetes	Merck
96	16-10-14	Diabetes & Kidney, Intertwining Complexities	Novartis
97	21-10-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & their Relevance in Real Life Clinical Practice	AstraZeneca
98	24-10-14	Challenges in Diabetes Management in Renal-Impairment	Novartis
99	25-10-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & the Relevance in Real Life Clinical Practice	AstraZeneca
100	25-10-14	Facing the challenges in the management of T2D with co-morbidities-the role of DPP4 inhibitors and fixed dose combinations	Eli Lilly
101	1-11-14	Thinking out of the box - new ways of achieving targets in Diabetes Care	Eli Lilly
102	4-11-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & the Relevance in Real Life Clinical Practice	AstraZeneca
103	4-11-14	Translating once daily basal insulin in real life practice	Novo Nordisk
104	5-11-14	Changing Paradigms in the Treatment of T2D-SGLT2 Inhibitors & the Relevance in Real Life Clinical Practice	AstraZeneca
105	6-11-14	Early use benefit and value of GLP-1 analogue	Novo Nordisk
106	6-11-14	SGLT-2 Inhibitors & their relevance in real life clinical practice	AstraZeneca
107	7-11-14	DPP4-i as a solution to the challenges of treating patients with a high risk of hypoglycemia	Novartis
108	14-11-14	The use of SGLT2 inhibitors - From a Renal perspective	J & J
109	15-11-14	Diabetes: Making Sense of the Guidelines & New Treatment	AstraZeneca
110	19-11-14	Developing a patient centric approach in diabetes management	AstraZeneca
111	20-11-14	DPP4-Inhibitor: Solutions to Challenges in Glycemic Control	Novartis
112	21-11-14	10th IDF-WPR - 6th AASD Singapore 14 - Scientific Programme	DSS
113	21-11-14	The Benefits of early treatment and the role of initial combination: determining individualized targets	Eli Lilly
114	22-11-14	Optimizing glycemic control to improve renal outcomes	Servier
115	27-11-14	Benefits of Early Insulinisation (for Type 2 diabetes)	sanofi-aventis
116	29-11-14	GP Symposium	J & J
117	4-12-14	Beyond Conventional Treatment for Type 2 Diabetes	J & J
118	13-12-14	A patient-centric approach to treating diabetes	AstraZeneca

### **MSD Funded INOC (International Neighbourhood of Choice): Community Diabetes Education and Awareness Program**

DSS was awarded this program in 2014. With the grant from MSD, DSS accomplished the following in 2014:

- A. DSS's nurses attended 10th IDF-WPR - 6th AASD Congress 2014 and the monthly education program conducted by Association of Diabetes Educator (Singapore) to enhance the skills in diabetes management
- B. DSS conducted 2 full-day sharing sessions for 10 batches of nurses and care givers of the community health care organisations on diabetes care & management. A total of 181 staff from 16 community hospitals, nursing homes and home care services participated with positive feedbacks.
- C. A total of 9 health talks were conducted in the community with a total of 348 attendance. Type 2 diabetes risk assessment questionnaires were given to the participants during the talks. The results shown 12% are at risk of diabetes.

- D. A cartoon poster and booklet on Lay Hoon's story (Living well with diabetes) were developed

## 4.2 Diabetes Support Groups Programme

Diabetes support group (DSG) has been busy with monthly exercise events like brisk walking around various parts of the island and sharing sessions on healthy eating. DSG plays important role in helping members of the group to interact, learn and share their experiences. Monthly outdoor activities were organised by the group. The programme is targeted at those with diabetes, caregivers and family members who wish to have better understanding and control of diabetes.

<b>Walks</b>	
MacRitchie – TreeTop Walk	Saturday, 15 Feb 2014
Southern Ridges - From Marang Trail to Canopy Walk	Saturday, 29 Mar 2014
Gardens by the Bay n Marina Bay	Saturday, 26 Apr 2014
Pasir Ris Park	Saturday, 24 May 2014
Tampines Eco Green	Saturday, 21 Jun 2014
Admiralty Park	Saturday, 19 Jul 2014
Philanthropist Month Bazaar	Sat & Sun, 2 & 3 Aug 2014
Labrador Nature Reserve - Walking Trail	Saturday, 23 Aug 2014
Changi Point Coastal Walk	Saturday, 20 Sep 2014
Bukit Batok Nature Park	Saturday, 18 Oct 2014
DSG Booth @ Khoo Teck Puat Hospital	Saturday, 15 Nov 2014
Singapore Botanic Gardens	Saturday, 22 Nov 2014
<b>Sharing Sessions with Healthy Eating</b>	
DSS Bedok	Saturday, 10 May 2014
DSS Bedok	Saturday, 15 Nov 2014

The support group interacts online and they could be reached at [dss-dsg-owner@yahoogroups.com](mailto:dss-dsg-owner@yahoogroups.com).

## 4.3 Diabetes Awareness & Outreach Programme

The Society believes that promoting diabetes awareness to the community is vital in preventing diabetes. Through talks and community health screenings, we hope to educate the public on the awareness and knowledge of diabetes.

### Outreach Activities & Talks

In 2014, there was an increase in request from grassroots and private organisations for talks on diabetes. DSS hopes to engage more organisations and individuals in the coming years to tap on the educational talks and outreach events to promote the awareness.

S/N	Date	Event	Organisation
1	19-1-14	Health Screening	Bishan North CC
2	28-1-14	Health Talk	Singapore Police Force
3	5-3-14	Health Talk	Leica Microsystems
4	8-3-14	WDS International Women's Day	Downtown East

		Celebration	
5	22-3-14	Health Screening	Indian Muslim Social Service Assn
6	26-3-14	Health Talk	Wisma Mendaki
7	29-3-14	Health Talk @KDF World Kidney Day	Bishan CC
8	18-5-14	Health Screening	Thomson/Shunfu RC
9	18-5-14	Health Event	Alkaff Mosque
10	1-6-14	Health Screening	Abdul Gafoor Mosque
11	25-7-14	Health Talk	HP Singapore
12	17-8-14	Health Screening & Talk	Radin Mas CC
13	30-8-14	Health Talk @Temasek Polytechnic	Lions Befrienders
14	4-9-14	Health Talk	CIMB Bank
15	5-9-14	Health Talk	Seiko Instruments Singapore
16	4,11,17-10-14	Health Talk	Yue Hwa Chinese Products
17	2-11-14	Healthy Minds Happy Lives Carnival	Jurong Spring CC
18	15-11-14	World Diabetes Day	Khoo Teck Puat Hospital
19	15-11-14	World Diabetes Day	Mt Elizabeth Novena

### **10<sup>th</sup> IDF WPR Congress / 6<sup>th</sup> AASD Scientific Meeting World Diabetes Day 2014**

DSS hosted the 10<sup>th</sup> International Diabetes Federation – Western Pacific Region Congress & 6<sup>th</sup> Asian Association for the Study of Diabetes Scientific Meeting from 21 – 24 November 2014.

Held at Suntec Singapore, the IDF-WPR Congress brought together 28 diabetes-related societies and associations in the Asia-Pacific and featured closed to 100 speakers from over 20 countries who spoke at 90 plenary and symposia lectures and pre-congress workshops. Attended by over 3000 delegates from countries within and beyond the IDF Western Pacific Region, the Congress accorded the exchange of ideas, networks and friendships to forge future collaborations in tackling the diabetes epidemic.

Guest of Honour Minister for Health Singapore, Mr Gan Kim Yong, in his welcoming speech, agreed that diabetes is a major global health problem and also a major cause of disease burden in Singapore. He lauded the Society's work in enhancing diabetes awareness and improving diabetes care in Singapore and acknowledged the efforts of healthcare professionals and caregivers. He thanked all present for their commitment in tackling diabetes. DSS, in turn, would like to express its deep appreciation and thanks to the organizing and scientific committees, sponsors, speakers and all parties involved in one way or another for making this successful event possible.

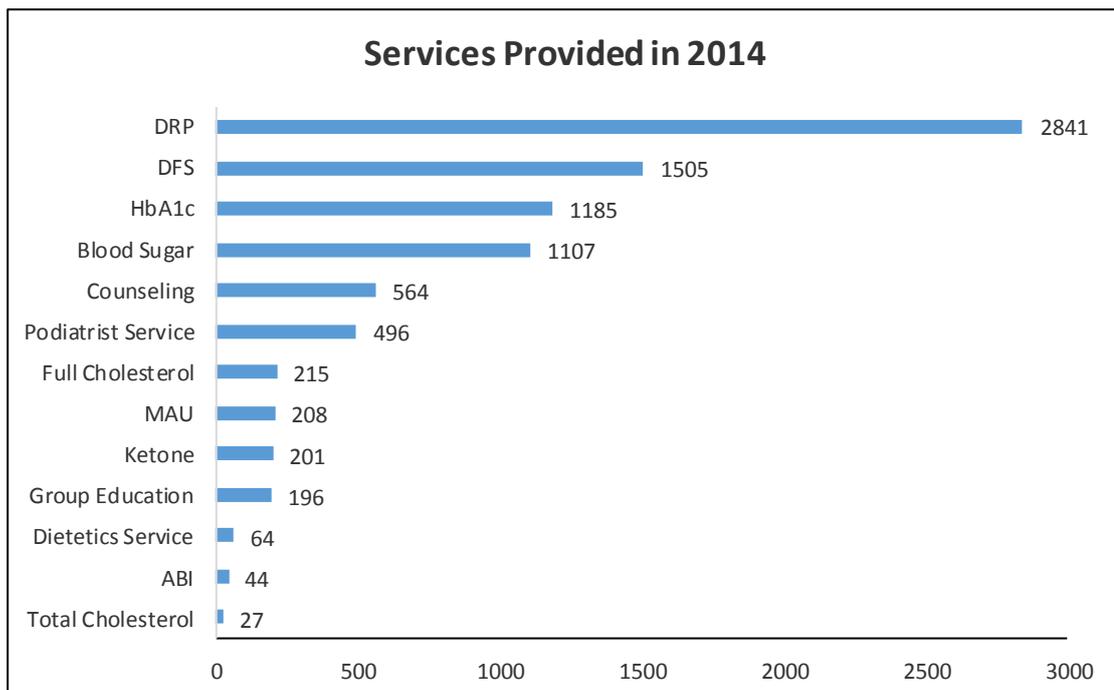
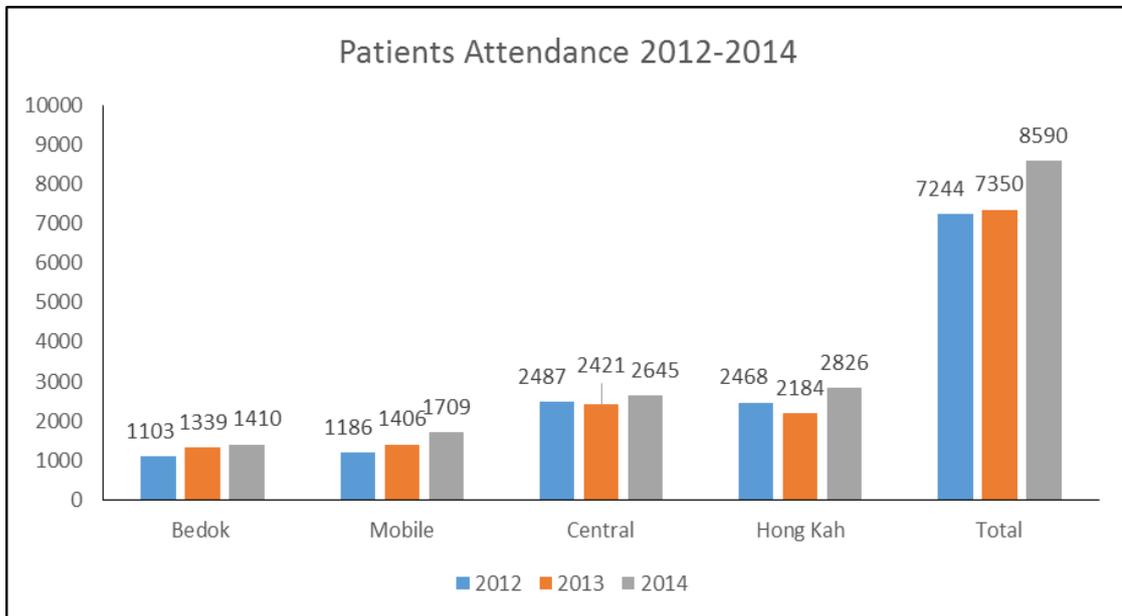
In conjunction with the 10<sup>th</sup> IDF-WPR Congress 2014, the Society also commemorated World Diabetes Day 2014 on 23 Nov 2014 as part of the lay program for people with diabetes. The event was graced by Prof. Mohammad Faishal Ibrahim, Parliamentary Secretary, Ministry of Health.

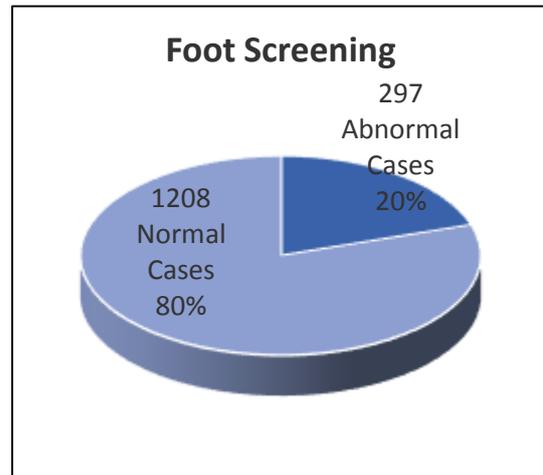
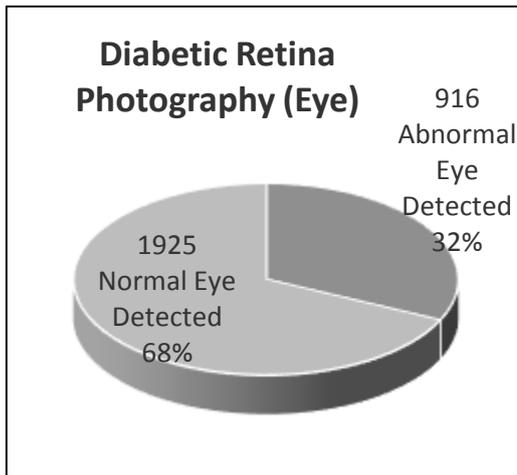
Besides the free HbA1c check and foot screenings by the podiatrists, activities like exercise demonstration, public forums and interview were held to educate the participants on diabetes control and management. Displays on healthy diet were put up by SNDA & Temasek Polytechnic.

#### 4.4 Diabetes Management & Care Programme

The programme aims to help people with diabetes and their caregivers in managing their diabetes so as to prevent complications. It also hopes to empower them to take ownership of their diabetes.

Diabetes complications like kidney failure, heart disease, blindness or amputation can be prevented if patients go for regular screenings through services provided by the Society.

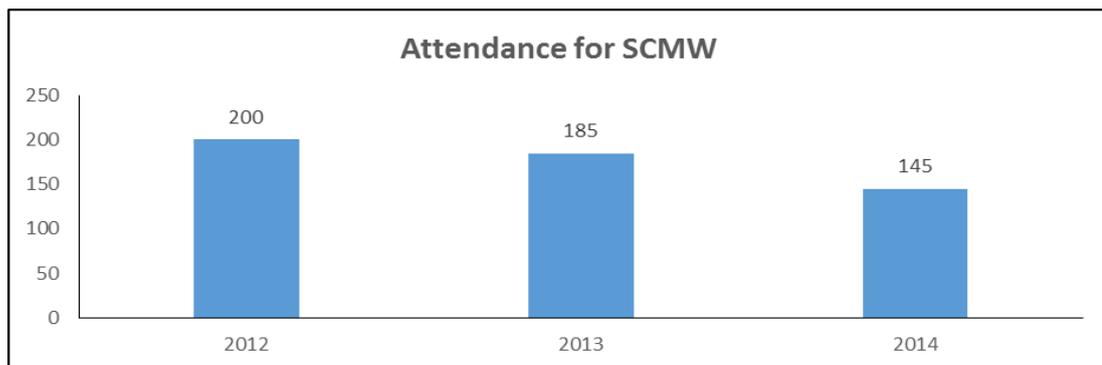




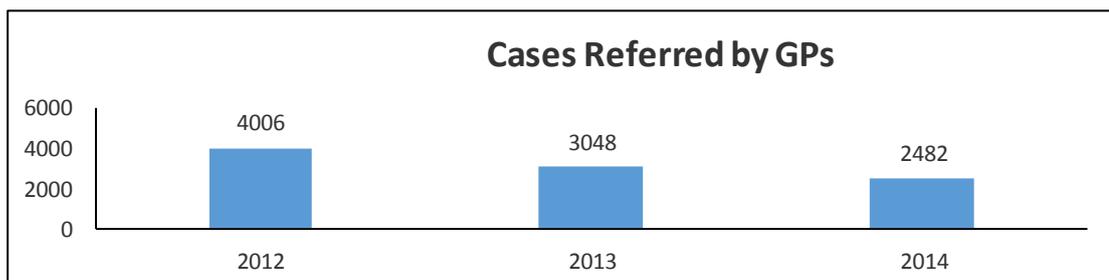
Patients with abnormal eye and feet results, the Society will refer them to their General Practitioners (GPs) for further investigation.

### Self Care Management Workshop

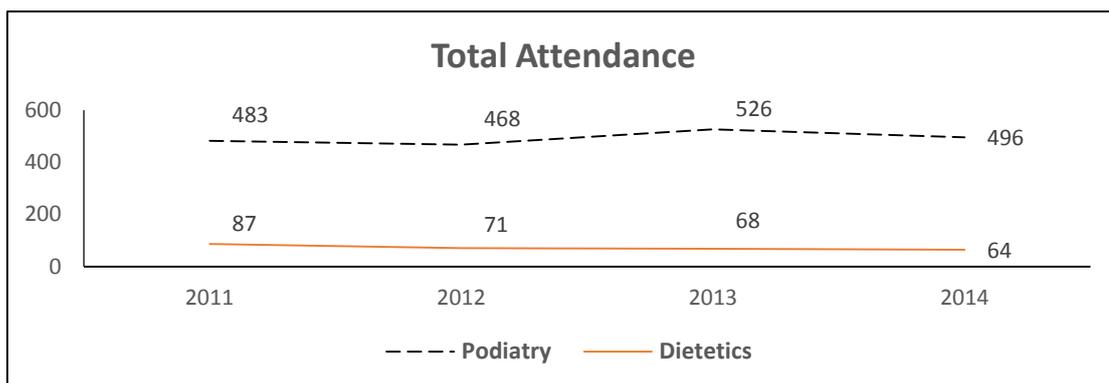
This comprehensive workshop is help people with diabetes, pre-diabetes, caregivers to learn how to manage & take control of their diabetes. Each workshop consists of 4 sessions. The focus is on the importance of diabetes control and on how to prevent diabetes complications.



### No of GP Referral Cases



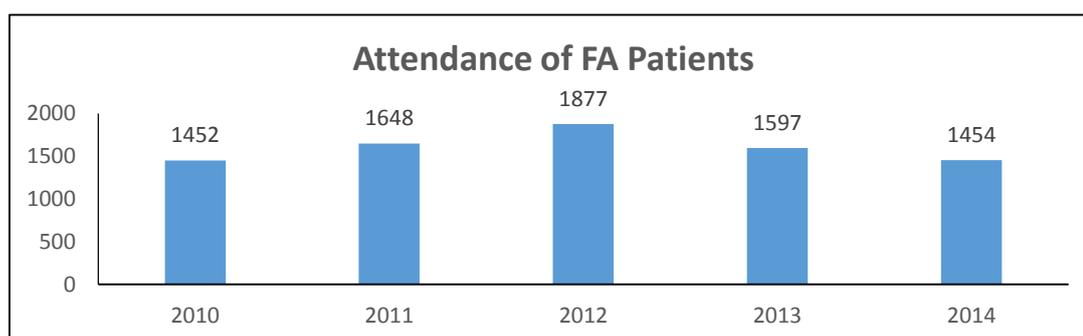
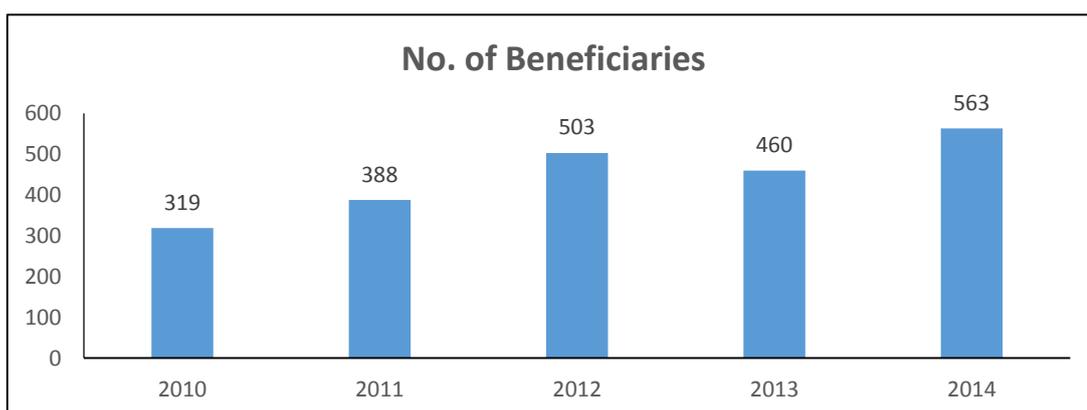
## Podiatry and Dietetics Sessions



### 4.5 Financial Assistance Programme - Lee Foundation Diabetes Care Fund

The number of referrals for Financial Assistance (FA) from medical social worker has increased. This programme is to help needy patients who cannot afford the required diabetes consumables to monitor their conditions. The Society employs a strict regime to ensure that the beneficiaries manage their diabetes towards an optimal control.

To ensure that the limited fund is utilized effectively, the screening process was more stringent. There were 728 applicants, 165 cases were rejected. The number of beneficiaries who received assistance in 2014 was 563



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#### **4.6 Donors, Sponsors and Volunteers**

DSS would like to thank all donors, sponsors and volunteers for their generous contributions and support during our Flag Day 2014.

DSS truly appreciates all those who contributed their times and efforts in supporting our programmes and activities all these years.

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**5. MINUTES OF THE 43RD ANNUAL GENERAL MEETING HELD ON SATURDAY, 26TH APRIL 14 AT GUILD ROOM, NUSS SUNTEC GUILD HOUSE, LEVEL 2, SUNTEC TOWER 5, SINGAPORE**

There were 37 members present.

The President of the Diabetic Society of Singapore, Mr. Yong Chiang Boon, called the meeting to order at 2:35 p.m. He welcomed all present to DSS 43rd Annual General Meeting.

In his opening message, Mr. Yong Chiang Boon informed that DSS has received S\$60K from corporate donation and the final counting of the DSS Flag day collection has not been finalized as we are awaiting report from Certis CISCO Security . He thanked students, DSS members, volunteers and staff for their efforts in the fund-raising event on DSS Flag Day which was held on 5 April 14. He briefly highlighted the 10th IDF-WPR Congress 14 which will be held on 21–24 Nov 14 at the Suntec Singapore International Convention & Exhibition Centre and also World Diabetes Day 14 to be held on 9 Nov 14 at Suntec Singapore.

Mr. Yong Chiang Boon thanked all Management Committee members who have given their invaluable time and support in serving on the DSS Management Committee. He also thanked all volunteers, sponsors, donors, namely Lee Foundation, Lions Club International and members of the Society for their continued support of DSS programs and activities.

1. Minutes of the 42nd Annual General Meeting held on 21st Apr 2013

Typographical errors and inconsistency of spelling of words were noted. The following amendment on page 15 – item 6 under AOM was corrected as follows – ‘Mr. Tan Chee Wat wanted clarification on the change of name of the Society’s magazine “DM Life” to “Diabetes Singapore” as recommended by the Editor-in-Chief Dr. Yeo Kim Teck who was not present to clarify.’ There being no further amendments, the minutes of the 42nd Annual General Meeting were unanimously passed, proposed by HJ P M Moideen and seconded by Mr. Lee Mon Cheong.

The matter on the name change of DSS magazine DM Life to Diabetes Magazine was discussed at this meeting and it was unanimously agreed by the members present to accept the change of name of Diabetes Singapore.

2. To receive and adopt the Annual Report of the Management Committee and the Audited Accounts for the period 1st Jan. to 31st Dec 2013

The Annual Report of the Management Committee with the topographical errors noted and the following amendments corrected was taken as read and accepted, proposed by HJ P M Moideen and seconded by Mr. Tan Chee Wat.

Page 6 of the Annual Report – Continuing Medical Education – First line to read ‘As a diabetes society, .’ Instead of the word ‘association’.

It was noted that there were a number of typographical and spelling errors in the audit report. Mr. Stanley Lim, the Hon. Treasurer, briefly presented the audited

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accounts. The audited accounts for the period 01 Jan to 31 Dec 2013 were unanimously accepted, proposed by Dr. Warren Lee and seconded by Ms Kalpana Bhaskaran.

3. To elect office-bearers for 14/2016 Management Committee

Dr. Warren Lee and Mr. Tan Chee Wat were appointed tellers for the voting process. The following persons were elected as office-bearers for the 14/2016 Management Committee.

President:	Mr Yong Chiang Boon (Re-elected)
Vice-Presidents:	Dr Kevin Tan Eng Kiat (Re-elected)
	Dr Ben Ng Jen Min (Elected)
Hon. Secretary:	Ms Esther Ng Yeok Kheng (Re-elected)
Asst, Hon. Secretary:	Mr Stanley Lim Bee Kang (Elected)
Hon. Treasurer:	Mr Seah Peck Hwee (Elected)
Asst. Hon. Treasurer:	Ms Caroline Lim Joo Peng (Elected)
Committee members:	Dr Yeo Kim Teck (Elected)
	Mdm Rohanah Bte Pagi (Elected)
	Ms Kalpana Bhaskaran (Elected)
	Ms Juliana Lim Bee Yoke (Elected)

It was proposed and agreed that the incoming Management Committee be empowered to co-opt a person in the position deemed fit.

4. To appoint auditors for the financial year ending 31st Dec 14

It was unanimously agreed that Messrs Singapore Assurance PAC be re-appointed as auditors for the financial year ending 31st Dec 14.

5. To transact any other business for which due notice has been given in accordance with Rule 7 of the Constitution.

- i) A letter was received from Mr. Lim Mon Cheong suggesting the upgrade of diabetes volunteer to Diabetes Ambassador. It was noted that the person has to go through a training provided by Health Promotion Board (HPB) in order to be a member of HPB Diabetes Ambassador. DSS members who are interested are encouraged to sign up for the training at HPB.

There being no other matters, the meeting ended at 3:45 p.m



Mr. Yong Chiang Boon  
Chairman

**DIABETIC SOCIETY OF SINGAPORE**  
Registration No. S71SS0043E  
(Registered under Societies Act)

**AUDITED FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED  
31 DECEMBER 2014**

**DIABETIC SOCIETY OF SINGAPORE**  
(Registered under Societies Act)

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## **DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

### **REPORT OF THE MANAGEMENT COMMITTEE**

#### **MANAGEMENT COMMITTEE**

The management committee in office at the date of this report are as follow:

President	Mr Yong Chiang Boon
Vice President	Dr Kevin Tan Eng Kiat
	Dr Ng Jen Min
Honorary Secretary	Ms Esther Ng Yeok Kheng
Assistant Honorary Secretary	Mr Stanley Lim Bee Kang
Honorary Treasurer	Mr Seah Peck Hwee
Assistant Honorary Treasurer	Ms Lim Joo Peng Caroline
Committee Member	Dr Yeo Kim Teck
	Ms Kalpana Bhaskaran
	Ms Rohanah Bte Pagi
	Ms Juliana Lim Bee Yoke

#### **CONFLICT OF INTEREST**

##### Statement of Purpose and Authority

The Society's basic policy on avoidance of conflict of interest rests on three premises:

- (a) Understanding what is a 'Conflict of Interest';
- (b) Declaration of Conflict of Interest; and
- (c) Abstention from decision making where Conflict of Interest has been declared or exists.

##### Definition of 'Conflict of Interest'

An operational definition of conflict of interest is when an individual is aware of "any interest in a transaction or arrangement that will affect his/her professional judgment to obtain the best value for the Society or to protect the interests of the Society."

Some of the more obvious conflicts of interest relate to:

- Procurement of goods or services (Contract with vendors);
- Hiring and personnel management pertaining to a close relationship with current board/committee members or decision makers;
- Provision of services or subsidies;
- Vested interest in other organisations that have dealings/relationships with the Society;
- Interest in joint ventures; and
- Major donors or representatives from major donors.

## **DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

### **REPORT OF THE MANAGEMENT COMMITTEE**

#### **CONFLICT OF INTEREST (CONT'D)**

##### Definition of 'Conflict of Interest' (cont'd)

At the beginning of each financial year, the acknowledgement of the 'Conflict of Interest' notice is served to individuals and the 'Declaration of Conflict of Interest' notice at the end of each financial year. Members must declare the existence of a conflict of interest as soon as the individual becomes aware of the situation. To aid members in discharging their responsibility in relation to the existence of a possible conflict of interest, members are required to declare their membership or significant involvement or interests in organisations that may pose a possible conflict of interest to the Society.

##### Abstention from Decision Making

Once an individual is aware of the existence of a conflict of interest, he/she must abstain from the decision making process pertaining to the possible conflict of interest. This means the individual should not influence the decision process. This does not necessarily prevent the individual from providing relevant and expert knowledge on the issue or participate in the discussion but he/she should not influence the decision.

#### **RESERVE POLICY**

The Society's primary objective is to provide diabetes awareness, education and counselling to people with diabetes, their family members and the public. Through knowledge and discipline, the person with diabetes become well equipped a healthy and productive life.

Pursuant to the Code of Governance for Charities and IPCs Guideline 6.4.1, the Management Committee has established a reserve policy ("Reserve Policy") for the Society. In setting the Reserve Policy, the Management Committee feels that it is more reasonable to use net liquid assets available to meet expenditure obligations as a reserve measurement instead of unrestricted funds. The reserves of the Society provide financial stability and the means for the development of their operations and activities. The Society intends to maintain the reserves at a level sufficient for its operating needs and regularly reviews the amount of reserves that are required to ensure that they are adequate to fulfill its continuing obligations. There are no changes to the reserve policy during the financial year ended 31 December 2014 and 31 December 2013.

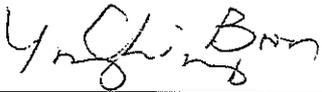
**DIABETIC SOCIETY OF SINGAPORE**  
(Registered under Societies Act)

**REPORT OF THE MANAGEMENT COMMITTEE**

**INDEPENDENT AUDITORS**

The independent auditors, Singapore Assurance PAC, have expressed their willingness to accept the re-appointment.

On Behalf of the Management Committee



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Yong Chiang Boon  
President



---

Esther Ng Yeok Kheng  
Honorary Secretary



---

Seah Peck Hwee  
Honorary Treasurer

Singapore

**DIABETIC SOCIETY OF SINGAPORE**  
(Registered under Societies Act)

**STATEMENT OF THE MANAGEMENT COMMITTEE**

The Management Committee is responsible for the preparation and fair presentation of these financial statements in accordance with Charities Accounting Standards, Charities Act, Chapter 37 (the "Charities Act") and Societies Act, Chapter 311 (the "Societies Act"). This responsibility includes:

- a) selecting and applying appropriate accounting policies; and
- b) making accounting estimates that are reasonable in the circumstances.

In our opinion, the accompanying financial statements are drawn up so as to give a true and fair view of the state of affairs of Diabetic Society of Singapore as at 31 December 2014 and of the financial results and cash flows for the financial year ended on that date in accordance with the Charities Accounting Standards, Societies Act and Charities Act.

The Management Committee has, on the date of this statement, authorised these financial statements for issue.

On Behalf of the Management Committee



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Yong Chiang Boon  
President



---

Esther Ng Yeok Kheng  
Honorary Secretary



---

Seah Peck Hwee  
Honorary Treasurer

Singapore

**INDEPENDENT AUDITORS' REPORT  
TO THE MEMBERS OF DIABETIC SOCIETY OF SINGAPORE**  
(Registered under Societies Act)

**Report on the Financial Statements**

We have audited the accompanying financial statements of Diabetic Society of Singapore (the "Society") set out on pages 7 to 29, which comprise the statement of financial position as at 31 December 2014, and the statement of financial activities and statement of cash flows for the financial year then ended, and a summary of significant accounting policies and other explanatory information.

*Management Committee's Responsibility for the Financial Statements*

Management Committee is responsible for the preparation and fair presentation of these financial statements in accordance with the Singapore Financial Reporting Standards and the Societies Act (the "Act"), and for such internal controls as management determines are necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

*Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Singapore Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Coordinating Council, as well as evaluating the overall presentation of the financial statements.

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

**INDEPENDENT AUDITORS' REPORT (CONT'D)**  
**TO THE MEMBERS OF DIABETIC SOCIETY OF SINGAPORE**  
(Registered under Societies Act)

*Opinion*

In our opinion, the financial statements are properly drawn up in accordance with the Singapore Financial Reporting Standards so as to present fairly, in all material respects, the state of affairs of the Society as at 31 December 2014 and the results, changes in accumulated fund and cash flows of the Society for the financial year ended on that date.

**Report on Other Legal and Regulatory Requirements**

In our opinion, the accounting and other records required by the regulations enacted under the Act, have been properly kept in accordance with the Act.

SINGAPORE ASSURANCE PAC  
Public Accountants and  
Chartered Accountants

Singapore

**DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

**STATEMENT OF FINANCIAL POSITION  
AS AT 31 DECEMBER 2014**

	<u>Note</u>	<u>2014</u> S\$	<u>2013</u> S\$
<b>ASSETS AND LIABILITIES</b>			
<b>Non-current asset</b>			
Plant and equipment	(3)	106,899	137,295
<b>Current assets</b>			
Inventories	(4)	32,120	35,759
Trade receivables	(5)	13,304	27,370
Other receivables	(6)	1,217,133	6,324
Cash and cash equivalents	(7)	569,698	420,560
		<u>1,832,255</u>	<u>490,013</u>
<i>Less</i>			
<b>Current liabilities</b>			
Trade and other payables	(8)	118,892	124,063
Deferred revenue	(9)	14,170	14,920
		<u>133,062</u>	<u>138,983</u>
<b>Net current assets</b>		1,699,193	351,030
<i>Less</i>			
<b>Non-current liability</b>			
Deferred revenue	(9)	10,440	10,630
		<u>1,795,652</u>	<u>477,695</u>
<b>Represented by:-</b>			
<b>UNRESTRICTED FUNDS</b>	(10)	1,588,434	309,461
<b>RESTRICTED FUNDS</b>	(11)	<u>207,218</u>	<u>168,234</u>
		<u>1,795,652</u>	<u>477,695</u>

The accompanying notes form an integral part of these financial statements.

**DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

**STATEMENT OF FINANCIAL ACTIVITIES  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

		Unrestricted Funds <u>2014</u> S\$	Restricted Funds <u>2014</u> S\$	Total Funds <u>2014</u> S\$	Total Funds <u>2013</u> S\$
	<u>Note</u>				
<b><u>Incoming resources</u></b>					
Voluntary income	(12)	192,487	215,724	408,211	334,548
Fund raising activities	(13)	157,674	-	157,674	-
Charitable activities	(14a)	692,817	-	692,817	764,208
Other incoming resources	(15a)	3,175,118	-	3,175,118	11,936
<b>Total incoming resources</b>		<b>4,218,096</b>	<b>215,724</b>	<b>4,433,820</b>	<b>1,110,692</b>
<b><u>Resources expended</u></b>					
Fund raising cost	(13)	(9,737)	-	(9,737)	-
Charitable activities	(14b)	(945,966)	(147,785)	(1,093,751)	(1,129,756)
Governance and operating costs	(16)	(94,900)	-	(94,900)	(86,001)
Other resources expended	(15b)	(1,917,475)	-	(1,917,475)	(1,318)
<b>Total resources expended</b>		<b>(2,968,078)</b>	<b>(147,785)</b>	<b>(3,115,863)</b>	<b>(1,217,075)</b>
<b>Net incoming/(outgoing) resources before transfer</b>		<b>1,250,018</b>	<b>67,939</b>	<b>1,317,957</b>	<b>(106,383)</b>
<b><u>Transfer</u></b>					
Care and share fund		15,946	(15,946)	-	-
Plant and equipment fund amortised	(11)	6,841	(6,841)	-	-
Renovation fund amortised	(11)	6,168	(6,168)	-	-
<b>Net movement in funds</b>		<b>28,955</b>	<b>(28,955)</b>	<b>-</b>	<b>-</b>
<b>Net incoming/(outgoing) resources after transfer</b>		<b>1,278,973</b>	<b>38,984</b>	<b>1,317,957</b>	<b>(106,383)</b>
<b><u>Reconciliation of Funds</u></b>					
Total Funds brought forward		309,461	168,234	477,695	584,078
Total Funds carried forward		<u>1,588,434</u>	<u>207,218</u>	<u>1,795,652</u>	<u>477,695</u>

The accompanying notes form an integral part of these financial statements.

**DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

**STATEMENT OF CASH FLOWS  
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

	<u>Note</u>	<u>2014</u> S\$	<u>2013</u> S\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Net incoming/(outgoing) resources after transfer		1,317,957	(106,383)
Adjustments for :			
Depreciation of plant and equipment		44,176	40,703
Interest income		(651)	(690)
		<u>43,525</u>	<u>40,013</u>
Operating profit/(loss) before working capital changes		1,361,482	(66,370)
<u>Changes in working capital</u>			
Inventories		3,639	(8,956)
Trade receivables		14,066	(12,221)
Other receivables		(1,210,809)	(180)
Trade and other payables		(5,171)	10,805
Deferred revenue		(940)	3,520
		<u>(1,199,215)</u>	<u>(7,032)</u>
<b>Net cash generated from/(used in) operating activities</b>		162,267	(73,402)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of plant and equipment		(13,780)	(2,640)
Interest received		651	690
<b>Net cash used in investing activities</b>		<u>(13,129)</u>	<u>(1,950)</u>
Net increase/(decrease) in cash and cash equivalents		149,138	(75,352)
Cash and cash equivalents at beginning of financial year		420,560	495,912
Cash and cash equivalents at end of financial year	(7)	<u><u>569,698</u></u>	<u><u>420,560</u></u>

The accompanying notes form an integral part of these financial statements.

## **DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

### **NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

These notes form an integral part of and should be read in conjunction with the accompanying financial statements.

The financial statements were authorised for issue as stated in the statement of the management committee.

#### **1. GENERAL**

Diabetic Society of Singapore (the “Society”) is registered under the Societies Act, Chapter 311 and domiciled in the Republic of Singapore. The Society is also a registered charity under the Charities Act, Chapter 37.

The address of its registered office and principal place of activities is 141 Bedok Reservoir Road, #01-1529, Singapore 470141.

The principal activities of the Society are to promote the understanding of the causes and treatment of diabetes and to publicise information concerning diabetes.

#### **2. BASIS OF PREPARATION**

##### **2.1 Statement of compliance**

The financial statements have been prepared in accordance with Charities Act, Chapter 37, Societies Act, Chapter 311 and Charities Accounting Standards (“CAS”)

##### **2.2 Basis of measurement**

The financial statements have been prepared on the historical cost basis except as otherwise described below.

##### **2.3 Functional and presentation currency**

The financial statements are presented in Singapore Dollar, which is the Society’s functional currency. All financial information is presented in Singapore Dollar.

##### **2.4 Use of estimates and judgments**

The preparation of financial statements in conformity with FRS requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

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

## DIABETIC SOCIETY OF SINGAPORE

(Registered under Societies Act)

### NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

#### 3. SIGNIFICANT ACCOUNTING POLICIES

##### 3.1 Financial instruments

###### (i) *Non-derivative financial assets*

The Society initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets (including assets designated at fair value through profit or loss) are recognised initially on the trade date, which is the date that the Society becomes a party to the contractual provisions of the instrument.

The Society derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows on the financial asset in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or retained by the Society is recognised as a separate asset or liability.

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

The Society classifies non-derivative financial assets into the loans and receivables category.

###### *Loans and receivables*

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise trade and other receivables and cash and cash equivalents.

###### *Cash and cash equivalents*

Cash and cash equivalents comprise fixed deposits, cash on hand and at bank.

###### (ii) *Non-derivative financial liabilities*

The financial liabilities are recognised initially on the trade date at which the Society becomes a party to the contractual provisions of the instrument.

## DIABETIC SOCIETY OF SINGAPORE

(Registered under Societies Act)

### NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

#### 3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

##### 3.1 Financial instruments (cont'd)

###### (ii) *Non-derivative financial liabilities (cont'd)*

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

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

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

Other financial liabilities comprise trade and other payables.

##### 3.2 Inventories

Inventories comprising medical related products and materials are stated at the lower of cost and net realisable value.

The cost of inventories is based on the weighted average basis, and includes expenditure incurred in acquiring the inventories, production or conversion costs, and other costs incurred in bringing them to their existing location and condition.

Net realisable value is the estimated selling price in the ordinary course of business, less estimated costs necessary to make the sale. Allowance is made for obsolete, slow-moving and defective inventories.

##### 3.3 Plant and equipment

Plant and equipment are stated at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. When parts of an item of plant and equipment have different useful lives, they are accounted for as separate items (major components) of plant and equipment.

The gain or loss on disposal of an item of plant and equipment is determined by comparing the proceeds from disposal with the carrying amount of plant and equipment, and is recognised net within other income/other expenses in profit or loss.

## DIABETIC SOCIETY OF SINGAPORE

(Registered under Societies Act)

### NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

#### 3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

##### 3.3 Plant and equipment (cont'd)

###### *Subsequent costs*

The cost of replacing a part of an item of plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Society, and its cost can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of the day-to-day servicing of plant and equipment are recognised in profit or loss as incurred.

###### *Depreciation*

Depreciation is based on the cost of an asset less its residual value.

Depreciation is recognised in profit or loss on a straight-line basis over their estimated useful lives of each component of an item of plant and equipment.

The estimated useful lives for the current and comparative years are as follows:

Office equipment	3 years
Furniture and fittings	3 years
Computers	1 year
Renovation	10 years
Motor vehicle	10 years

Depreciation methods, useful lives and residual values are reviewed at the end of each reporting period and adjusted if appropriate.

##### 3.4 Impairment

###### *(i) Non-derivative financial assets*

A financial asset not carried at fair value through profit or loss is assessed at the end of each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event has a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, indications that a debtor or issuer will enter bankruptcy and economic conditions that correlate with defaults.

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

**3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

**3.4 Impairment**

**(i) *Non-derivative financial assets***

*Loans and receivables*

The Society considers evidence of impairment for loans and receivables at a specific asset level. All individually significant loans and receivables are assessed for specific impairment.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows, discounted at the asset's original effective interest rate. Losses are recognised in profit or loss and reflected in an allowance account against loans and receivables. Interest on the impaired asset continues to be recognised. When a subsequent event (e.g. repayment by a debtor) causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through profit or loss.

**(ii) *Non-financial assets***

The carrying amounts of the Society's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. An impairment loss is recognised if the carrying amount of an asset or its related cash-generating unit (CGU) exceeds its estimated recoverable amount.

The recoverable amount of an asset or CGU is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or CGU.

Impairment losses are recognised in profit or loss. Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

## DIABETIC SOCIETY OF SINGAPORE

(Registered under Societies Act)

### NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

#### 3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

##### 3.5 Employee benefits

###### *Defined contribution plan*

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions into a separate entity and will have no legal or constructive obligation to pay further amounts. Obligations for contributions to defined contribution plans are recognised as an employee benefit expense in profit or loss in the periods during which services are rendered by employees.

###### *Short-term employee benefits*

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid under short-term cash bonus if the Society has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee, and the obligation can be estimated reliably.

Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the reporting date.

##### 3.6 Revenue recognition

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Society and the revenue can be reliably measured. Revenue is measured at the fair value of consideration received or receivable, excluding discounts, rebates and sales taxes or duty. The following specific recognition criteria must also be met before revenue is recognised:

- (i) Donations, subsidies and sponsorships are recognised upon receipts;
- (ii) Income from charitable activities and interest income are recognised on an accrual basis;
- (iii) Income from sale of medical goods are recognised upon delivery and acceptance of the goods sold;
- (iv) Service income are recognised upon completion of the services rendered; and
- (v) Income-related grants are credited to the statement of financial activities over the periods necessary to match them with the related expenditure.

## **DIABETIC SOCIETY OF SINGAPORE**

(Registered under Societies Act)

### **NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

#### **3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

##### **3.7 Lease payments**

Payments made under operating leases are recognised in profit or loss on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expenses, over the term of the lease.

Contingent lease payments are accounted for by revising the minimum lease payments over the remaining term of the lease when the lease adjustment is confirmed.

##### **3.8 Related parties**

A related party is defined as follows:

- (i) A person or a close member of that person's family is related to the Society if that person
  - (a) Has control or joint control over the Society;
  - (b) Has significant influence over the Society; or
  - (c) Is a member of the key management personnel of the Society or of a parent of the Society.
- (ii) An entity is related to the Society if any of the following conditions applies:
  - (a) The entity and the Society are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others);
  - (b) One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member);
  - (c) Both entities are joint ventures of the same third party;
  - (d) One entity is a joint venture of a third entity and the other entity is an associate of the third entity;
  - (e) The entity is a post-employment benefit plan for the benefit of employees of either the Society or an entity related to the Society. If the Society is itself such a plan, the sponsoring employers are also related to the Society;
  - (f) The entity is controlled or jointly controlled by a person identified in (i); or
  - (g) A person identified in (i) (a) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).

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#### **3. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)**

##### **3.9 Income tax**

The Society is exempt from income tax on income and gains under the Income Tax Act, Chapter 134 to the extent that these are applied to its charitable objects.

##### **3.10 Funds**

Restricted funds are funds held by the Society that can only be applied for specific purposes which may be declared by the donors or with their authority or created through legal process. Unrestricted funds are expendable at the discretion of the Society's Management Committee in furtherance of the Society's objects. Designated fund is part of the unrestricted funds earmarked for a particular project. The designation is for administrative purpose only and does not restrict the Management Committee's discretion to apply the fund.

Income and expenditure relating to specific funds are accounted for directly in the funds to which they relate. Common expenses, if any, are allocated on a reasonable basis to the funds based on a method suitable to this common expense. Assets and liabilities of the specific funds are pooled in the statement of financial position.

##### **3.11 Deferred income**

Deferred income refers to advances received from customers that are yet to be consumed as of the end of the financial year. These advances are specifically recognised at the end of the financial year. All consumed advances are recognised in the profit or loss in the month it is consumed.

Any expired unconsumed advances that are more than 12 months are also recognised in the profit or loss.

##### **3.12 New standards and interpretations not adopted**

A number of new standards, amendments to standards and interpretations are effective for annual periods beginning after 1 January 2014, and have not been applied in preparing these financial statements. None of these are expected to have a significant effect on the financial statements of the Society.

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**3. PLANT AND EQUIPMENT**

	<u>Office equipment</u> S\$	<u>Furniture and fittings</u> S\$	<u>Computers</u> S\$	<u>Renovation</u> S\$	<u>Motor vehicle</u> S\$	<u>Total</u> S\$
<u>Cost</u>						
Balance at 1/1/2013	247,344	149,476	20,566	338,090	80,000	835,476
Additions	-	2,640	-	-	-	2,640
Balance at 31/12/2013	247,344	152,116	20,566	338,090	80,000	838,116
Additions	1,049	5,811	6,920	-	-	13,780
Balance at 31/12/2014	<u>248,393</u>	<u>157,927</u>	<u>27,486</u>	<u>338,090</u>	<u>80,000</u>	<u>851,896</u>
<u>Accumulated Depreciation</u>						
Balance at 1/1/2013	231,066	148,498	20,566	221,988	38,000	660,118
Depreciation charge for the financial year	7,095	1,622	-	23,986	8,000	40,703
Balance at 31/12/2013	238,161	150,120	20,566	245,974	46,000	700,821
Depreciation charge for the financial year	7,278	1,923	2,988	23,987	8,000	44,176
Balance at 31/12/2014	<u>245,439</u>	<u>152,043</u>	<u>23,554</u>	<u>269,961</u>	<u>54,000</u>	<u>744,997</u>
<u>Net Carrying Amount</u>						
Balance at 31/12/2013	<u>9,183</u>	<u>1,996</u>	<u>-</u>	<u>92,116</u>	<u>34,000</u>	<u>137,295</u>
Balance at 31/12/2014	<u>2,954</u>	<u>5,884</u>	<u>3,932</u>	<u>68,129</u>	<u>26,000</u>	<u>106,899</u>

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Inventories comprise medical related products and materials which are stated at cost.

The cost of inventories recognised as an expense amounted to S\$380,688 (2013: S\$408,880) as disclosed in Note 14(b).

**5. TRADE RECEIVABLES**

Trade receivables are generally non-interest bearing, unsecured and are on 30 days (2013: 30 days) terms. They are recognised at their fair value on initial recognition.

The Society has trade receivables amounting to S\$11,174 (2013: S\$26,044) that are past due at the end of the reporting period but not impaired. These receivables are unsecured and the analysis of their aging at the end of the reporting period is as follows:

	<u>2014</u> S\$	<u>2013</u> S\$
Not past due and not impaired	2,130	1,326
Past due but not impaired:		
Less than 30 days	559	3,233
31 to 60 days	10,050	20,993
More than 61 days	565	1,818
	<u>11,174</u>	<u>26,044</u>
	<u>13,304</u>	<u>27,370</u>

**6. OTHER RECEIVABLES**

	<u>2014</u> S\$	<u>2013</u> S\$
Other receivables	1,211,596	-
Deposits	3,443	3,583
Prepayments	2,094	2,741
	<u>1,217,133</u>	<u>6,324</u>

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**7. CASH AND CASH EQUIVALENTS**

Cash and cash equivalents at the end of the financial year comprise the following:-

	<u>2014</u>	<u>2013</u>
	S\$	S\$
Cash and bank balances	368,690	220,028
Fixed deposits	201,008	200,532
	<u>569,698</u>	<u>420,560</u>

Fixed deposits are placed with a financial institution and mature in nine months (2013: nine months) from the financial year end. The effective interest rate is 0.286% (2013: 0.286% per annum).

**8. TRADE AND OTHER PAYABLES**

	<u>2014</u>	<u>2013</u>
	S\$	S\$
Trade payables	42,772	54,841
Other payables	48,386	42,853
Accrued expenses	27,734	26,369
	<u>118,892</u>	<u>124,063</u>

**9. DEFERRED REVENUE**

	<u>2014</u>	<u>2013</u>
	S\$	S\$
Due within 1 year	14,170	14,920
Due within 2 - 5 year	10,440	10,630
	<u>24,610</u>	<u>25,550</u>

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**10. UNRESTRICTED FUNDS**

	← Designated Fund →			Total S\$
	Unrestricted Income Fund S\$	Fund Raising Project S\$	Life Membership Fund S\$	
Balance at 1 January 2013	(224,789)	237,178	-	12,389
Deficit for the financial year	(88,454)	-	-	(88,454)
Transfer of fund	13,009	-	372,517	385,526
Balance at 31 December 2013	(300,234)	237,178	372,517	309,461
Surplus for the financial year	1,102,081	147,937	-	1,250,018
Transfer of fund	28,955	-	-	28,955
Balance at 31 December 2014	<u>830,802</u>	<u>385,115</u>	<u>372,517</u>	<u>1,588,434</u>

The unrestricted income funds are available to the Society to apply for the general purposes.

Fund raising project is monies received from fund-raising campaign organised by the Society to fund the daily operations.

The Life Membership fund is non-refundable. The non-refundable membership fund is to assist in the funding of the operating costs incurred by the Society.

**11. RESTRICTED FUNDS**

	Balance at 1/1/2014 S\$	Transfer/ receipts S\$	Transfer/ expenditure S\$	Balance at 31/12/2014 S\$
IDF-WPR Congress	(4,222)	6,777	(2,555)	-
DOT Program Fund	1,862	-	-	1,862
Plant and Equipment Fund	20,345	-	(6,840)	13,505
Lee Foundation Diabetes Care Fund	58,559	70,000	(77,117)	51,442
Lions Diabetes Program	36,917	-	(739)	36,178
Mobile Clinic Project	4,452	-	(4,452)	-
MSD grant	-	62,920	(62,920)	-
Nurse Training Fund	-	30,000	-	30,000
Care and share	-	46,027	(15,948)	30,079
Podiatry Fund	1,075	-	-	1,075
Renovation Fund	49,246	-	(6,169)	43,077
	<u>168,234</u>	<u>215,724</u>	<u>(176,740)</u>	<u>207,218</u>

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**11. RESTRICTED FUNDS (CONT'D)**

	Balance at <u>1/1/2013</u> S\$	Transfer/ <u>receipts</u> S\$	Transfer/ <u>expenditure</u> S\$	Balance at <u>31/12/2013</u> S\$
IDF-WPR Congress	-	-	(4,222)	(4,222)
DOT Program Fund	2,022	-	(160)	1,862
Plant and Equipment Fund	27,186	-	(6,841)	20,345
Lee Foundation Diabetes Care Fund	58,190	100,000	(99,631)	58,559
Lions Diabetes Program	40,675	-	(3,758)	36,917
Life Membership Fund	372,517	-	(372,517)	-
Mobile Clinic Project	14,610	-	(10,158)	4,452
Podiatry Fund	1,075	-	-	1,075
Renovation Fund	55,414	-	(6,168)	49,246
	<u>571,689</u>	<u>100,000</u>	<u>(503,455)</u>	<u>168,234</u>

IDF-WPR congress fund is designated to exchange ideas on diabetes research, prevention, management and education.

The DOT Program Fund is to empower the general practitioners through lectures and their patients via counselling by the Society's nurses.

The Plant and Equipment Fund is used for the setting up of branches. The Plant and Equipment Fund is designated to meet the capital cost of setting up community based diabetes education and care centre at Hong Kah and Boon Keng.

The Lee Foundation Diabetes Care Fund is designated to provide assistance to needy patients.

Lions Diabetes Program is the fund from Lions Clubs to subsidise the public in health screening and diabetes complication screening.

The Mobile Clinic Project is used for the setting up and operations of the Mobile Care Centre.

Nurse Training Fund is designated for the cost incurred for nurse training course purpose.

The Podiatry Fund is designated for providing podiatry services to people with diabetes in the community.

The Renovation Fund is designated to meet the cost of setting up satellite centres with objectives to promote public awareness of diabetes to members and general public.

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**11. RESTRICTED FUNDS (CONT'D)**

The Plant and Equipment Fund and Renovation Fund could be funded by donations or transfer from any of the above funds within the permissible use of funds stipulated by the donors.

Care and share is designated to provide for purchase of computer, renovation and recurrent expenses.

MSD grant is designated to encourage and support research in the field of diabetes, to acquire knowledge and to facilitate its application.

**12. VOLUNTARY INCOME**

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Donations - Tax deductible	49,976	97,636
- Non-tax deductible	4,072	1,859
Grant received	137,839	132,273
Sponsorship	600	2,780
	<u>192,487</u>	<u>234,548</u>
<i>Restricted fund</i>		
Donation - tax deductible	100,000	100,000
Grants received	108,947	-
Other	6,777	-
	<u>215,724</u>	<u>100,000</u>
	<u>408,211</u>	<u>334,548</u>

**13. FUND RAISING ACTIVITIES**

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Income:		
Flag day - Tax deductible	57,961	-
- Non-tax deductible	99,713	-
	<u>157,674</u>	<u>-</u>
Expenses:		
Flag day	<u>9,737</u>	<u>-</u>

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## (a) Incoming resources from charitable activities

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Blood and cholesterol tests	30,590	28,382
Counselling	6,968	12,336
Diabetes camp	-	6,410
Diabetes education meeting/public forum	4,199	10,666
Diabetes education, foot-care and screening	19,320	12,438
Diabetes retinal photography	36,282	24,594
Dietary services	1,437	1,406
Group education	2,969	6,008
Mobile clinic	-	19,074
Newsletters income	35,075	37,635
Outreach screening	712	2,544
Podiatry services	9,775	9,216
Sales of medical goods	457,332	487,784
Subscription and entrance fees	28,398	29,355
World diabetes day	59,500	74,700
Lions program package	260	1,660
	<u>692,817</u>	<u>764,208</u>

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14. **CHARITABLE ACTIVITIES (CONT'D)**

(b) Resources expended for charitable activities

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Advertisement	146	133
Blood and cholesterol tests	20,120	24,409
Depreciation of plant and equipment	44,176	40,703
Diabetes camp	-	2,682
Diabetes education meeting/public forum	3,295	9,865
Diabetes education, foot-care and screening	92	3,037
Diabetes retinal photography	18,726	16,612
Diabetes in community	1,398	3,322
Dietary services	1,200	1,470
Maintenance of equipment	1,286	2,423
Newsletters expenses	40,633	40,027
Podiatry services	6,487	6,555
Postage	1,477	1,506
Printing and stationery	4,212	6,366
Purchase of medical goods	380,688	408,880
Refreshment	63	19
Rental of office	11,353	11,353
Staff costs		
- Staff salaries and bonuses	293,434	304,100
- CPF and SDL contributions	38,110	41,645
- Staff training	86	435
- Staff welfare	4,917	4,627
Subscriptions and periodicals	1,422	1,257
Telecommunication	5,222	4,540
Transportation	2,517	177
Upkeep of office	20,690	11,235
Utilities	16,107	17,164
World diabetes day's expenses	28,109	47,285
	<u>945,966</u>	<u>1,011,827</u>
<i>Restricted fund</i>		
Charitable expenses for restricted funds	<u>147,785</u>	<u>117,929</u>
	<u><u>1,093,751</u></u>	<u><u>1,129,756</u></u>

The support cost of the Society which included staff cost, printing and stationery and office rental are apportioned based on the amount of time spent, floor area occupied and number of staff operating in the Society.

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**15. OTHER RESOURCES**

(a) Other incoming resources

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Interest income	651	690
Sundry income	7,147	11,246
Rent of venue	47,295	-
	<u>55,093</u>	<u>11,936</u>
Income from event - IDF WPR Congress		
- Registration fee	1,579,550	-
- Sponsorship	1,540,475	-
	<u>3,120,025</u>	<u>-</u>
	<u><u>3,175,118</u></u>	<u><u>11,936</u></u>

(b) Other resources expended

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
Sundry expenses	2,270	1,318
Expenses for event - IDF WPR Congress		
- Bank charges	29,993	-
- Insurance	16,748	-
- Marketing and promotion	24,873	-
- Material for participants	14,153	-
- Meals and social activities	366,157	-
- On site secretarial of congress	13,539	-
- Organiser expenses	456,242	-
- Other	7,426	-
- Printed matter and promotional material	65,252	-
- Rental and infrastructure	409,047	-
- Services cost	10,343	-
- Speakers and committee expenses	329,775	-
- Technical equipment	171,217	-
- Transportation	440	-
	<u>1,915,205</u>	<u>-</u>
	<u><u>1,917,475</u></u>	<u><u>1,318</u></u>

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**16. GOVERNANCE AND OPERATING COSTS**

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<i>Unrestricted fund</i>		
AGM Expenses	3,329	4,229
Auditors' remuneration	7,000	7,000
Bank charges	719	272
Consultancy and professional fees	20,658	8,263
Insurance	6,458	5,128
Printing & stationery	4,212	6,366
Rental of office	11,353	11,353
Staff costs		
- Staff salaries and bonuses	32,604	33,789
- CPF contributions	4,234	4,627
- Staff training	9	48
- Temporary staff	547	515
Telecommunication - headquarter	2,040	2,007
Transportation	1,737	2,404
	<u>94,900</u>	<u>86,001</u>

The governance and operating costs which included staff cost, printing and stationery and office rental are apportioned based on the amount of time spent, floor area occupied and number of staff operating in the Society.

**17. BOARD OF MANAGEMENT PERSONNEL**

The Society is governed by the Management Committee. All Committee members are volunteers and receive no monetary remuneration for their contributions.

**18. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES**

The Society has no formal risk management policies and guidelines, which set out its overall business strategies, its tolerance for risk and its general risk management philosophy. It has however established informal processes to monitor and control such risks on a timely and accurate manner. Such policies are monitored and undertaken by the Management Committee.

Risk management is integral to the whole business of the Society. The management continually monitors the Society's risk management process to ensure that an appropriate balance between risk and control is achieved. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Society's activities.

No derivatives shall be undertaken except for the use as hedging instruments where appropriate and cost-efficient. The Society does not use hedge instruments.

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#### 18. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (CONT'D)

The key financial risks include credit risk, liquidity risk and interest rate risk. The following provide details regarding the Society's exposure to the risks and the objectives, policies and processes for the management of these risks.

##### 18.1 Credit risk

Credit risk is the risk of loss that may arise on outstanding financial instruments should a counterparty default on its obligations. The Society's exposure to credit risk arises primarily from trade and other receivables. For other financial assets (including cash and cash equivalents), the Society minimises credit risk by dealing with high credit rating counterparties.

The Society's objective is to seek continual revenue growth while minimising losses incurred due to increased credit risk exposure. The Society trades with recognised and creditworthy third parties. Receivable balances are monitored on an ongoing basis with the objective of reducing the Society's exposure to bad debts to an insignificant level.

At reporting date, the carrying amounts of trade and other receivables and cash and cash equivalents represent the Society's maximum exposure to credit risk. No other financial assets carry a significant exposure to credit risk. There was no significant concentration of credit risk.

##### **Financial assets that are past due but not impaired**

There is no other class of financial assets that is past due and/or impaired except for trade receivables <see note 5>.

##### 18.2 Liquidity risk

Liquidity risk is the risk that the Society will encounter difficulty in meeting financial obligations due to shortage of funds.

To manage liquidity risk, the Society monitors its net operating cash flows and maintains an adequate level of cash and cash equivalents and funding facilities from the bank. In assessing the funding facilities, the management reviews its working capital requirements regularly.

The undiscounted contractual cash flows of trade and other payables, amounts owing to a director, related parties and shareholders are equivalent to their carrying amounts and are repayable within one year.

##### 18.3 Interest rate risk

The interest rate risk exposure is mainly arise from changes in floating interest rate. The Society is not exposed to significant interest rate risk as it does not have interest-bearing assets or liabilities except for fixed deposits which has a fixed interest rate. Accordingly, sensitivity analysis is not disclosed.

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The Society's objectives when managing its funds is to safeguard its ability to maintain adequate working capital to continue as going concern, to promote its objective to undertake activities that promote the general well-being of people with diabetes and to remove prejudice and ignorance concerning diabetes. These objectives remain unchanged from previous year.

The Society is not subject to externally imposed funds requirements.

**20. FINANCIAL INSTRUMENTS**

The fair value of financial assets and liabilities is at the amount at which the instrument could be exchanged or settled between knowledgeable and willing parties in an arm's length transaction, other than in forced or liquidation sale.

Fair value of financial instruments by classes that are not carried at fair value and whose carrying amounts are reasonable approximation of fair value.

The carrying amounts of trade and other receivables, cash and cash equivalents and trade payables and other payables are reasonable approximation of fair values, either due to their short-term nature or that they are floating rate instruments that are re-priced to market interest rates on or near the reporting date.

Financial instruments by category

The carrying amounts of financial instruments in each of the following categories are as follows:

	<u>2014</u>	<u>2013</u>
	S\$	S\$
<b>FINANCIAL ASSETS</b>		
Trade receivables	13,304	27,370
Other receivables	1,217,133	3,583
Cash and cash equivalent	<u>569,698</u>	<u>420,560</u>
	<u>1,800,135</u>	<u>451,513</u>
<b>FINANCIAL LIABILITIES</b>		
Trade and other payables	<u>118,892</u>	<u>124,063</u>