



---

ANNUAL REPORT  
**2023**

---





# CONTENTS

<b>Our Leadership</b>	<b>4</b>
<b>Chair's Foreword</b>	<b>5</b>
<b>Chief Executive's Statement</b>	<b>6</b>
<b>Preventing Stroke in Aotearoa</b>	<b>7</b>
<b>Jamie's Story</b>	<b>9</b>
<b>Life After Stroke</b>	<b>10</b>
<b>Election Manifesto</b>	<b>12</b>
<b>Statement of Service Performance</b>	<b>14</b>
<b>Financial Statements</b>	<b>16</b>
Statement of Comprehensive Revenue and Expense	16
Statement of Financial Position	17
<b>Our Partners and Supporters</b>	<b>18</b>



# OUR LEADERSHIP

Our organisation is run by a Board of Directors and a National Leadership Team, comprising experts in the fields of medicine, business, health and NGO management. They are responsible for setting the strategic direction of the organisation, and for overseeing service delivery and day-to-day operations.

## THE BOARD



Dr John Gommans  
(Chair)



Derek McCormack



Tereki Stewart



Bill Hardie



Ruth Payne



Catherine Epps



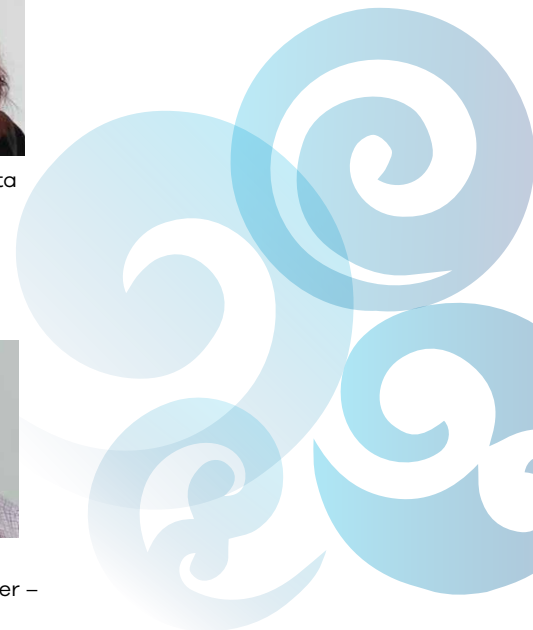
Fuimaono Tuiasau



Mark Ford



Prof. Anna Ranta



## NATIONAL LEADERSHIP TEAM



Jo Lambert,  
Chief Executive Officer



Julia Rout,  
General Manager –  
Health Promotion  
and Advocacy



Nita Brown,  
General Manager –  
Hauora Māori



Chris Green,  
General Manager –  
Marketing and  
Fundraising



Donna McMahon,  
General Manager –  
Corporate Services



Don Scandrett,  
General Manager –  
Northern Region



Nicky Mayne,  
General Manager –  
Midland Region



Chris Davis  
General Manager –  
Southern Region

# CHAIR'S FOREWORD

This year we reached a momentous milestone. Stroke Central, Stroke Tairāwhiti and the Stroke Foundation of New Zealand have merged so now there is one united nationally representative organisation for all of New Zealand's stroke affected communities. I thank the leadership and staff of both Stroke Central and Stroke Tairāwhiti for their contribution to the smooth merger process. I also thank our own team for creating a collaborative working climate that enabled these merger discussions, and for the significant work behind the scenes to reach this goal. In achieving this merger, we can now ensure that all stroke survivors receive consistent quality community support services and can amplify the voices of all New Zealanders impacted by stroke, calling on government and policy makers to respond to the growing stroke tsunami.

Despite a somewhat turbulent health system undergoing major reform, the team at the Foundation continues to make significant progress towards achieving the objectives of our strategic plan. In our life before stroke services, we have launched a new outreach service targeted at high-risk communities, Health15. In life after stroke, we have completed the national roll-out of Taking Charge After Stroke, a self-management 'talking therapy' intervention for people discharged home after stroke, giving them a toolkit to guide, support and manage their own recovery. These are just two examples of innovation at the Foundation. We also introduced a new advocacy role to the Foundation's team, with a commensurate increase in our media profile and political engagement.

The financial loss this year reflects the current challenging fiscal environment. With only 17% of our funding received through government contracts, we rely heavily on the goodwill of New Zealanders to support our essential community services. I thank the thousands of people who support our work, giving generously so that we can reduce the burden of stroke on society for everyone.



We thank Mike and Gay O'Sullivan and family, long-term supporters of the Stroke Foundation, for their generous gift that enabled us to further increase our property investment portfolio. Their donation to the Foundation has helped us to purchase two studio apartments as part of the new Paddington development on Taranaki Street in central Wellington.

This year, two long standing directors of the Stroke Foundation, Stewart Germann and Dr Elizabeth Spellacy retired from the board. The Foundation thanks Stewart and Liz for their many years of service and the contribution they have made to our success. In their place, we welcomed Tereki Stewart and Prof. Anna Ranta to the Foundation's governance team. Tereki Stewart

brings to the board his lived experience of stroke, as well as his considerable focus on equitable health outcomes for tangata whenua, supporting the Foundation to realise its responsibilities under Te Tiriti. Prof. Anna Ranta strengthens the Board's clinical and research expertise and will be fulfilling the role of Medical Director. Dr John Fink is retiring as Medical Advisor to the Foundation, and I thank him for his many years of service and support he has provided.

Finally, I acknowledge the work of everyone at the Foundation. Your hard work, tenacity and determination makes such an important contribution to our mission to prevent strokes, improve outcomes and save lives.

*He aha te mea nui o te ao? He tāngata, he tāngata, he tāngata!*

*What is the most important thing in the world? It is the people, the people, the people!*

**Dr John Gommans**  
**Chairperson of the Stroke Foundation's Board**

# CHIEF EXECUTIVE'S STATEMENT

Looking back on my second year as CEO of the Foundation, there is much we have achieved across all parts of our strategic plan. We have made considerable progress towards achieving these goals, guided by our two-year business plan, Mahi Tōtika – doing the right things well. This business plan has three core streams of work: looking after our people, working smarter, and achieving greater impact.

In focusing on our people, we have introduced Team Leader roles to provide additional support and development to our front-line teams and have a development programme specifically for our people leaders. We have formalised the staff appraisal and review programme and have introduced skills-based competency scales to create career pathways within our core Health Promotion and Community Stroke Advisor services. We have also implemented a new HR system, which includes a library of courses that our people can access to support their personal growth. In October, we had our first full staff conference since before COVID, with a great mix of speakers and learning activities. We invited our soon-to-be colleagues from Stroke Tairāwhiti and Stroke Central to join us, which proved to be a wonderful opportunity to share some whakawhanaungatanga and build relationships in an informal setting.

Over the last twelve months, we have made significant progress to improve our systems and processes, so that we can all work smarter, rather than harder, removing inefficiencies from the organisation. This has spanned all back-office functions and operational systems, strengthening, and streamlining our mahi to make it as easy as possible for our people to focus on delivering services in the community. Our people have embraced the changes these upgrades and improvements have brought, as we seek to operate as efficiently as possible.

In achieving greater impact, we have focused on the roll-out of Taking Charge After Stroke, as well as implementing the recommendations from the review of our services we undertook last year. We have introduced a new service, Health15, targeted specifically at raising awareness of

stroke risk in the construction sector, with our partners The Building Intelligence Group. The take-up of Health15 has surpassed our expectations and it is our intention in the coming year to extend this chargeable service to other industry sectors that are also at increased risk of stroke. This year we also launched resources and support services for young people who have been impacted by stroke, through our collaboration with Ed&I and Barnardos. Now our tamariki and rangatahi have information and counselling available to them, to help them cope with the life-changes they experience when someone they love has a stroke.



We continue to navigate the hiatus in the health system as it reorientates to meet the goals of the Pae Ora legislation. Once again, our contracts with Te Whatu Ora were rolled over with only a small increase that did not reflect the inflationary environment we operate in. To counter this, we turned to other funding sources to explore new community initiatives, taking a

Collective Impact approach to co-design our community life before and life after stroke services. Increasingly we rely on the goodwill of New Zealanders and philanthropic funders for more than 80% of our funding to support our much-needed community services, and we are incredibly grateful for every dollar we receive.

Our mission is simple and clear; we exist to prevent strokes, improve outcomes, and save lives. Everyday our people live and breathe this mission – it is our why, and it guides everything we do, and how we do it. I acknowledge the support of our Board, and the contribution that every team member has made this year towards our mission, so that we can continue to make a significant difference to the lives of thousands of New Zealanders.

*Tē tōia, tē haumatia*

*Nothing can be achieved without a plan, workforce and a way of doing things*

**Jo Lambert**  
**CEO**

# PREVENTING STROKE IN AOTEAROA

Our Life Before Stroke services prevent strokes by raising public awareness of stroke risk factors, providing free blood pressure and pulse checks, promoting the FAST message, and delivering workplace stroke prevention campaigns and tools.



## FREE BLOOD PRESSURE AND PULSE CHECKS

High blood pressure is a leading cause of stroke. However, many New Zealanders don't check their blood pressure regularly. We run two mobile clinics that provide over 10,000 free blood pressure checks each year, with a focus on high need communities. If people have high readings, they are referred to their health provider for further support. Our mobile clinics also screen for an irregular heartbeat or atrial fibrillation (AF). AF is a major risk factor for stroke, and Māori and Pacific communities experience AF at a younger age and higher rate than other New Zealanders. If an irregular pulse is detected, we support that person to ensure they follow up with their health provider.

This year, we visited 218 sites across Aotearoa and provided 11,475 free blood pressure checks.



## F.A.S.T. CAMPAIGN

It is vital to recognise when someone is having a stroke and to start treatment as soon as possible, because the sooner medical treatment begins, the less damage is done and the better the chance of a strong recovery. We train communities and workplaces on how to recognise the signs of stroke using the F.A.S.T. message (Face drooping; Arm weakness; Speech difficulties; Take action – call 111). We have an online toolkit that businesses can use, and we have free F.A.S.T. training online, which 102 people have completed in the last year.





## SUPPORT FOR BLOOD PRESSURE MANAGEMENT AND HEALTHY LIFESTYLES

'He Taonga – he taonga koe, he taonga te whānau, he taonga te whakapapa' is a free six-week online programme designed to provide whānau with support to build healthy lifestyles and reduce their risk of stroke. It is delivered through weekly emails that contain advice, support, and links to resources. 233 people signed up for He Taonga over the past year.



## COLLECTIVE IMPACT

Not everyone has the same risk of stroke, nor do all stroke survivors have the same outcomes. Risk factors and outcomes are worse for Māori and Pacific peoples and people in rural areas. Compared to NZ Europeans, the risk of stroke is 1.5 to 3 times greater for Māori, Pacific Peoples and Asians. They also have more severe strokes, recurrent strokes, experience stroke at a young age, and are less able to live independently when discharged from hospital. Recovery after stroke

can also be compromised depending on where you live, due to inequitable access to services, particularly rehabilitation programmes. The Stroke Foundation supports a pro-equity approach to our mahi recognising the need to do more for more people, in communities where the most support is needed. We are working with communities to create Collective Impact across the motu, creating an authentic co-design process with localities to explore and understand how we can better support these communities.

## TRANS-TASMAN SALT REDUCTION FORUM

Our Trans-Tasman Salt Reduction Forum addresses a significant health concern in New Zealand: high salt intake. Most New Zealanders eat double the recommended daily salt limit, with over 75% of it coming from processed foods. This collaborative effort, involving researchers and advocates, seeks to urge the government to take decisive action to reduce salt levels in processed foods, given our shared regulatory system with Australia. This initiative aims to protect public health by combating excessive salt consumption effectively.

## WORKPLACE HEALTH AND WELLBEING

We have partnered with the construction industry to develop a health and wellbeing service called Health15. The service brings advice, tests, and experts directly to worksites, making it easier for construction workers to prioritise their hauora. Employers cover the costs associated with people who need clinical follow-up, including time off work. We also work with sites to implement basic initiatives that support healthy lifestyles.





## JAMIE'S STORY

"I always thought a stroke was something that happened to people a lot older than me."

Jamie Summers was just 39 years old when he suffered a haemorrhagic stroke on December 14th, 2019.

"It started off as a regular Saturday morning, but I had an awfully sore neck and shoulder at the time. By 11:00 am, I was just overcome by a warm fuzziness in my temple," he remembers.

Jamie's wife, Sarah, noticed something was wrong when his face began to droop, and she quickly called an ambulance. Jamie credits Sarah with saving his life.

Jamie spent ten intensive days in hospital, and he was determined to be discharged by Christmas. While he achieved this goal, recovery wasn't easy. Jamie had to learn how to walk again and was plagued by fatigue, making it difficult to keep up with his two young sons.

Six months after his stroke, Jamie was able to return to full-time work in the construction industry. And now, armed with his firsthand experience, he is on a mission to prevent others in his industry from having a stroke.

Health15 is a joint initiative between the Stroke Foundation and The Building Intelligence Group, where Jamie works as a Project Director.

"As a stroke survivor with over 25-years' experience in construction, I know the risks that come with carrying out physically demanding work in a high stress environment, and how important it is to look after your health and wellbeing. We have a chance to save lives by reaching out to workers who wouldn't usually have time to access this vital health screening."

**Since its launch in February 2023, Health15 has reached 186 workers across two construction sites.**

Jamie calls himself "one of the lucky ones" but even three years after his stroke, he still experiences fatigue and emotional trauma. Health15 works to prevent people like Jamie from going through this experience.

"A stroke will change your life forever. Get your blood pressure checked; it could save your life."

# LIFE AFTER STROKE

We provide essential community support needed for people to make their best possible recovery and live their best life after stroke. Strokes can be devastating; not just for the person who has the stroke, but also their whānau, colleagues, friends, employers. We are by their side at this very difficult time. Every year we positively impact the lives of many thousands of New Zealanders.



## COMMUNITY STROKE ADVISOR SERVICE

Our free Community Stroke Advisor (CSA) service is considered our “recovery whare” and consists of four pou, or support stages. These four pou are information, support, service navigation, and advocacy. Together, they help people who have experienced a stroke, and their carers and whānau, navigate and connect to the support services they need. This service is critical for people to successfully manage their own recovery and reintegrate back into the community.



## RETURN TO WORK SERVICE

Getting back to work after a stroke can be a challenge. Working provides financial independence, confidence, social contact, structure to life, and improves our sense of wellbeing and self-worth. Our Return To Work Advisors (RTWAs) provide expertise and support to people who have experienced a stroke and their employers to guide them through this process.

In the last year, our four RTWAs supported 293 people (up from 201 in 2021-2022), resulting in 45% returning to work (compared to 30% in 2021-2022) .



## TAKE CHARGE AFTER STROKE

Take Charge After Stroke (TaCAS) is the only evidence-based person-centred, self-rehabilitation intervention available to people discharged home after stroke. Homegrown in Aotearoa and specifically designed for tangata whenua, clinical trials reported improved outcomes for Māori and Pacific whānau affected by stroke. During the year our CSA team received training on TaCAS and began rolling it out nationally.



One advisor described a client's experience with Take Charge After Stroke as a huge success. "She was struggling to see herself as capable and able, post-stroke, and how she defined herself post-stroke was creating barriers for return to work. Since TaCAS, her outlook has changed, she is confident at work and has resumed her role as "elder" with her whānau and within her Cook Island Māori community."



## STROKE AND CARER SUPPORT GROUPS

We unite people and whānau who have been impacted by stroke through a range of groups across the motu. As well as providing education and support, these groups enable people to share experiences and help each other.



## REHABILITATION SUPPORT

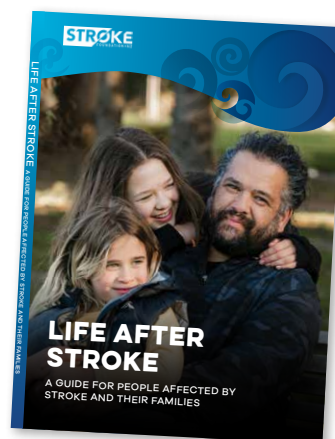
We connect clients to a range of therapies, including speech and communication therapies, physiotherapy, hydro physio, and art therapies.



## SUPPORT FOR TAMARIKI AND RANGATAHI

Stroke can affect everyone, and our tamariki and rangatahi are no exception. They may be curious, scared or simply confused about why things have changed. We have partnered with youth ambassador Edna Swart to create videos and online resources, answering young people's questions about life after stroke. These can be accessed here:

[www.familyandstroke.org.nz](http://www.familyandstroke.org.nz). Young people can also use Barnardos' 0800 What's Up service to chat with trained counsellors and build resilience, learn coping mechanisms, and support them to solve their own problems.



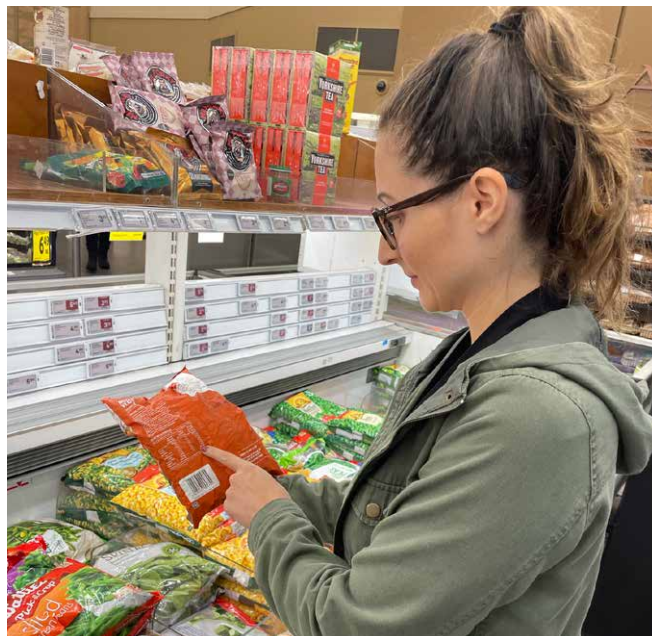
## FREE RESOURCES

We have a database of free resources to help whānau and communities reduce their risk and rebuild their lives after stroke. These are available on our website in a range of formats and languages. The book Life After Stroke is readily available in hospitals and through our CSAs.



# ELECTION MANIFESTO

In 2023, we engaged directly with politicians across the political spectrum to help us achieve greater impact. There are changes that we believe will help to improve equity in health outcomes for the stroke community and to reduce the risk of stroke. We produced an Election Manifesto that clearly outlines the priority actions that will have the greatest impact on preventing stroke and improving health outcomes after stroke. We have three Missions for our future Government:



## MISSION 1: REDUCE SALT AND PREVENT STROKE

Eating too much salt leads to high blood pressure, which is the leading cause of stroke. The recommended daily amount of salt is 5 grams, yet the average New Zealander consumes 8.5 grams a day. Reducing salt consumption isn't as easy as laying off the saltshaker, as 75% of the salt we consume comes from processed or packaged foods.

The World Health Organisation has identified salt reduction as a priority for saving lives, and ten years ago, New Zealand committed to reducing sodium intake by 30% by 2025. However, we aren't even close to delivering on this. We need our future Government to introduce mandatory industry standards that make it easier for New Zealanders to consume less salt.

### What we need from our future Government:

- Introduce the World Health Organization sodium limits for packaged food, with a target of 80% compliance within 5 years. This is the single most effective and low-cost way to reduce high blood pressure – the main cause of stroke.
- Make the Health Star Rating mandatory on food packaging so people can make informed and healthy food choices.



Image: Nikki Parlone



## MISSION 2: FUND COMMUNITY INNOVATION TO IMPROVE STROKE OUTCOMES

Due to insufficient Government funding, our health system is inconsistent for stroke survivors. There is an urban/rural divide, and there are gaps and delays in accessing essential rehabilitation services.

The Government has already made a commitment to establishing a national pathway after stroke in Te Pae Tata, the Interim NZ Health Plan. There are services that should be funded and integrated into the national pathway that would help to improve health outcomes and reduce inequities, including Take Charge After Stroke (TaCAS) and our Community Stroke Advisor Service.

### **What we need from our future Government:**

- Fund the national rollout of TaCAS. Created in Aotearoa, implemented overseas, but not funded here, the Stroke Foundation has self-funded TaCAS so more New Zealanders can live independently after their stroke. It's now time for the Government to fund TaCAS.
- Inclusion of TaCAS and our Community Stroke Advisory Service in the national stroke pathway so everyone has equitable access to a continuum of care that extends into the community.

## MISSION 3: CLOSE THE GAP – EQUITY SAVES LIVES

New Zealand essentially has a two-tier health system. ACC offers a comprehensive and coordinated range of supports, but conditions not covered by ACC are poorly resourced and complicated. Right now, this tiered system is failing our stroke community.

The first few weeks and months after stroke, the greatest recovery gains are made. The gaps and delays in accessing rehabilitation services and equipment are compromising the ability to recover and hurting whānau.

### **What we need from our future Government:**

- Eliminate the inequities in life-after-stroke rehabilitation and support services by providing people who have experienced stroke, especially tangata whenua, with culturally appropriate care, regardless of location, to a standard that someone expects when they receive services from ACC.

## LIFE BEFORE STROKE SERVICES

OVER **200**  
HOURS OF COMMUNITY  
OUTREACH SERVICES  
PER WEEK INCLUDING **FREE**  
**TESTS** AND **SUPPORT TO**  
**PEOPLE AT HIGH RISK**  
**OF STROKE**

SUPPORTED **13**  
COMMUNITY  
ORGANISATIONS TO  
DEVELOP **COMMUNITY**  
**LED SOLUTIONS** TO  
PROMOTE F.A.S.T.

OVER **200%**  
MORE PEOPLE  
COMPLETED OUR  
**ONLINE F.A.S.T.**  
**TRAINING &**  
**WORKPLACE**  
**TOOLKIT**

**94%**  
**INCREASE IN**  
**SIGN-UPS TO**  
**HE TAONGA,**  
OUR BLOOD  
PRESSURE  
MANAGEMENT  
& HEALTHY  
LIFESTYLES  
ONLINE TOOL

## 2022/2023

### ADVOCACY & INFLUENCE

DISCUSSED **STROKE FUNDING**  
**AND POLICY SETTINGS** WITH  
4 MINISTERS AND MULTIPLE  
OFFICERS OF THE CROWN

RESPONDED TO **CALLS FOR**  
**SUBMISSION** ON PROPOSED  
LEGISLATIVE CHANGES

CONTINUED TO GROW THE  
WORK OF THE **TRANS-TASMAN SALT**  
**REDUCTION ADVOCACY** FORUM

EDUCATED PEOPLE ON **THE LINK**  
**BETWEEN SALT & STROKE** WITH  
CONSUMER NZ

**PILOT AND LAUNCH OF HEALTH15**  
**TWO** CONSTRUCTION COMPANIES SIGNED UP  
**186** CONSTRUCTION WORKERS REACHED



**Health** 15  
Worksite **health + wellbeing**



# AT A GLANCE

## EQUITY

ALL NEW STAFF **RECEIVED TE TIRITI TRAINING** FROM GROUNDWORKS

**WEEKLY STAFF WĀNANGA** SUPPORTS DEVELOPMENT OF TE REO AND UNDERSTANDING OF TIKANGA

DEVELOPED A **CRITICAL REFLECTIVE PRACTICE** TOOL

DEVELOPED AND ROLLED OUT A **COLLECTIVE IMPACT METHODOLOGY** TO ENGAGE WITH HEALTH LOCALITIES

## LIFE AFTER STROKE SERVICES



**24%**

INCREASE IN REFERRALS **FOR OUR LIFE AFTER STROKE SERVICES**

**2887**

**PEOPLE ENGAGED** WITH OUR SERVICES

ROLL OUT OF TAKING CHARGE AFTER STROKE

**136** **SESSIONS DELIVERED**



**46%**

**OF ALL CLIENTS RETURNED TO WORK,** UP FROM 30% LAST YEAR



# STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSE

For the year ended 30 June 2023

	JUNE 2023	JUNE 2022
<b>Income</b>		
Bequests	761,970	795,913
Contracts	1,036,778	905,606
Donations	2,242,946	1,942,541
Depreciation Recovered	859	-
Grants	1,533,897	1,328,340
Rental Income	37,528	49,840
Sales	96,093	161,408
Subscriptions	440	439
Investment Income	50,914	30,192
Movement in Value of Investments	90,369	(135,695)
Realised Gain/(Loss) on Sale of Investments	(19,744)	(4,267)
Wage & Resurgence Subsidy	-	207,132
<b>Total Income</b>	<b>5,832,050</b>	<b>5,281,448</b>
<b>Operating Expenses</b>		
Audit fees	20,344	17,948
CRM Database Implementation Costs	1,829	132,121
Depreciation	103,467	97,573
Loss on Disposal of Fixed Assets	-	244
FAST Campaign	3,040	16,619
Finance & Accounting	37,077	30,433
Fundraising Expenses	550,133	674,502
Governance	19,301	6,523
Information Services	65,029	146,822
Investment Expenses	7,666	10,152
Operations	858,172	584,740
Property Expenses	248,587	220,109
Staff Remuneration	4,194,514	3,371,179
Sundry Expenses	62,413	870
<b>Total Operating Expenses</b>	<b>6,171,572</b>	<b>5,309,835</b>
<b>Surplus/(Deficit) for the year before grants</b>	<b>(339,522)</b>	<b>(28,387)</b>
<b>Allocations made</b>		
Northland Bequest Fund	21,901	17,898
JGS Reid Fund	4,959	3,619
<b>Total Allocations made</b>	<b>26,860</b>	<b>21,517</b>
<b>Total Surplus/(Deficit) for the year</b>	<b>(366,382)</b>	<b>(49,905)</b>
<b>Total Comprehensive Revenue and Expenses for the year</b>	<b>(366,382)</b>	<b>(49,905)</b>
<b>Net Trustees Income for the year</b>	<b>(366,382)</b>	<b>(49,905)</b>

# BALANCE SHEET

As at 30 June 2023

JUNE 2023      JUNE 2022

## Assets

### Current Assets

Cash and Cash Equivalents	656,882	1,344,429
GST Receivable	14,140	-
Receivables (from exchange transactions)	139,268	149,327
Prepayments	12,656	-
<b>Total Current Assets</b>	<b>822,946</b>	<b>1,493,756</b>

### Non-Current Assets

Fixed Assets	2,077,310	2,123,354
Investments	1,400,512	1,393,507
Investment Property	768,000	-
<b>Total Non-Current Assets</b>	<b>4,245,822</b>	<b>3,516,861</b>

<b>Total Assets</b>	<b>5,068,768</b>	<b>5,010,617</b>
---------------------	------------------	------------------

## Liabilities

### Current Liabilities

BNZ Credit Cards	12,997	15,022
Payables (from exchange transactions)	250,529	318,623
GST Payable	-	19,030
Accrued Holiday Pay	231,720	195,638
MSD Wage Subsidy Accrual	77,118	77,118
PAYE Payable and employee benefit liabilities	85,785	65,019
BNZ Loan - Current Portion	31,797	-
<b>Total Current Liabilities</b>	<b>689,946</b>	<b>690,450</b>

### Non-Current Liabilities

BNZ Loan	425,037	-
<b>Total Non-Current Liabilities</b>	<b>425,037</b>	<b>-</b>

<b>Total Liabilities</b>	<b>1,114,984</b>	<b>690,450</b>
--------------------------	------------------	----------------

<b>Net Assets</b>	<b>3,953,784</b>	<b>4,320,167</b>
-------------------	------------------	------------------

## Equity

Accumulated Funds	1,409,881	1,791,169
Revaluation Reserve	1,060,563	1,060,563
JGS Reid Fund	78,155	80,832
Northland Bequest Reserve	1,405,186	1,387,604
<b>Total Equity</b>	<b>3,953,784</b>	<b>4,320,167</b>



# OUR PARTNERS & SUPPORTERS

As a charity, our primary source of funding is from donations and fundraising. We are incredibly grateful for the support we receive and would like to thank all our partners and supporters for their contributions.

## MAJOR PARTNERS:

Estate of Ernest Hyam Davis  
& The Ted and Mollie Carr  
Endowment Trust



Mike and Gay O'Sullivan  
and family

lane neave.

## MAJOR FUNDERS:



## REGIONAL FUNDERS:



## OTHER FUNDERS:

AORAKI FOUNDATION  
 BASIL AND CYNTHIA HEWETT CHARITABLE TRUST  
 BENDIGO VALLEY SPORT AND CHARITY FOUNDATION  
 BLUESKY COMMUNITY TRUST  
 BURROWS BROTHERS CHARITABLE TRUST  
 CENTRAL LAKES TRUST  
 CHRISTCHURCH CASINO CHARITABLE TRUST  
 COMMUNITY TRUST OF MID AND SOUTH CANTERBURY  
 COMMUNITY TRUST SOUTH  
 DAVID ELLISON CHARITABLE TRUST  
 DRAGON COMMUNITY TRUST  
 DUNEDIN CASINO CHARITABLE TRUST  
 E M PHARAZYN TRUST  
 EASTERN & CENTRAL COMMUNITY TRUST  
 ESTATE OF GORDON LINDSEY ISAACS  
 FARINA THOMPSON CHARITABLE TRUST  
 F H MUTER TRUST  
 GEYSER COMMUNITY FOUNDATION  
 GOOD IN THE HOOD  
 GUY ANSON WADDEL CHARITABLE TRUST  
 HIGGINS BEQUEST TRUST  
 ILT FOUNDATION  
 KIWI GAMING FOUNDATION

LODGE TE PAPA NO 316 FREEMASONS CHARITY  
 LAWFORD ESTATE  
 LW NELSON CHARITABLE TRUST  
 MILESTONE FOUNDATION  
 MT WELLINGTON FOUNDATION  
 NZ COMMUNITY TRUST  
 P A BLACKMORE TRUST  
 PELORUS TRUST  
 RANO COMMUNITY TRUST  
 REDWOOD TRUST  
 ROTORUA ENERGY CHARITABLE TRUST  
 SAM MILLWARD FUND  
 SHACKLOCK CHARITABLE TRUST  
 SOUTH CANTERBURY TRUSTS  
 STEWART FAMILY CHARITABLE TRUST  
 SUNRISE FOUNDATION  
 TRILLIAN TRUST  
 THE ALBERT DANIEL HALLY TRUST  
 THE PHILLIP VERRY CHARITABLE FOUNDATION  
 W. DUNCAN BICKLEY TRUST FUND  
 WAIORA COMMUNITY TRUST  
 WEST COAST COMMUNITY TRUST  
 WHANGANUI COMMUNITY FOUNDATION

## SUPPORTERS:

BDO WELLINGTON, BW MILLER DEAN LTD, JA DAVEY, JBWERE, NZIER, NZ POST, ORANGEBOX



OUR MISSION:

To prevent strokes, improve outcomes and save lives.

OUR VISION:

A New Zealand where significant steps are taken to reduce the number of strokes, everyone understands and responds to key risk factors, and anyone affected by stroke is supported and empowered.

*Our mahi in FY22-23 to achieve our mission and vision.*



Level 1, Thorndon Rise Building  
95-99 Molesworth Street, Wellington 6011 PO Box 12482, Wellington 6144  
[stroke.org.nz](http://stroke.org.nz) 0800 STROKE (0800 78 76 53)