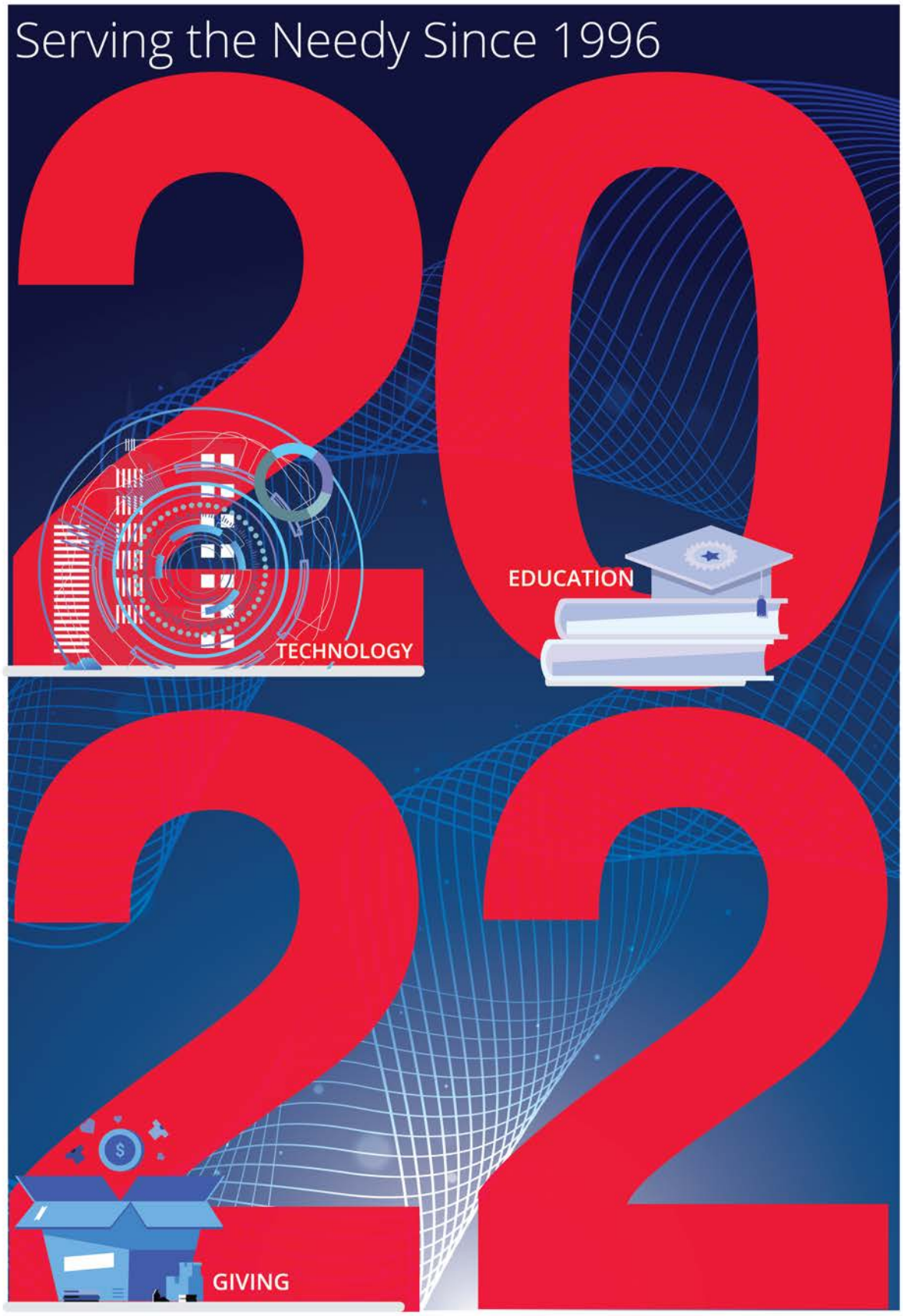
KIDNEYSG
Dialysis Foundation



KIDNEY DIALYSIS FOUNDATION
ANNUAL REPORT FY 2021/2022

About the Kidney Dialysis Foundation

Founded in 1996, the Kidney Dialysis Foundation (KDF) is a company limited by guarantee. It is registered as a charity under the Charities Act 1994 and is governed and monitored by our Charity Sector Administrator, the Ministry of Health on behalf of the Commissioner of Charities.

KDF is also an Institution of Public Character (IPC) dedicated to providing subsidised dialysis treatments and holistic care to needy members of the community – many of whom are from the lowest 10% income-group of Singapore's population. Through quality care, education, and research, KDF ensures that this vulnerable group of patients will not be deprived of treatment due to their financial situation.

Our Mission

To look after the needy with end-stage kidney disease through quality care, education, and research.

Our Vision

To ensure that no kidney patient will perish because of the lack of funds for dialysis and to find a cure for kidney and kidney-related diseases.

Contents

Kidney Dialysis Foundation (KDF)

Our Business Model

What is Dialysis?

Kidney disease has no cure and is a life-long ailment. Kidney patients undergo peritoneal dialysis or haemodialysis to remove waste from their body, allowing them to maintain their quality of life.

THE MAJORITY OF KDF PATIENTS UNDERGO HAEMODIALYSIS

3 TIMES A WEEK | **4 HOURS** EACH DAY

IN ANY OF OUR
4 DIALYSIS CENTRES ISLAND-WIDE

They also take daily medication and have regular check-ups. These **treatments will cost a patient more than $2,000 a month.**

What Makes Us Different

Most underprivileged end-stage kidney patients are being **referred to the Foundation by medical social workers from restructured hospitals.**

They **undergo means-testing before admission.**

Oftentimes, **these patients belong to the lowest 10% income-group in Singapore**, with a monthly income of less than $1,200. 100% of our patients receive subsidies for their dialysis treatment and care.

What Do We Do

KDF leaves an impact in the lives of our patients and the public through these three key pillars:

TREATMENT

We give our patients a second lease of life through quality, subsidised dialysis treatments, medication, and other complementary care

EDUCATION

We educate our patients and the public on information related to kidney health to help them make informed life choices

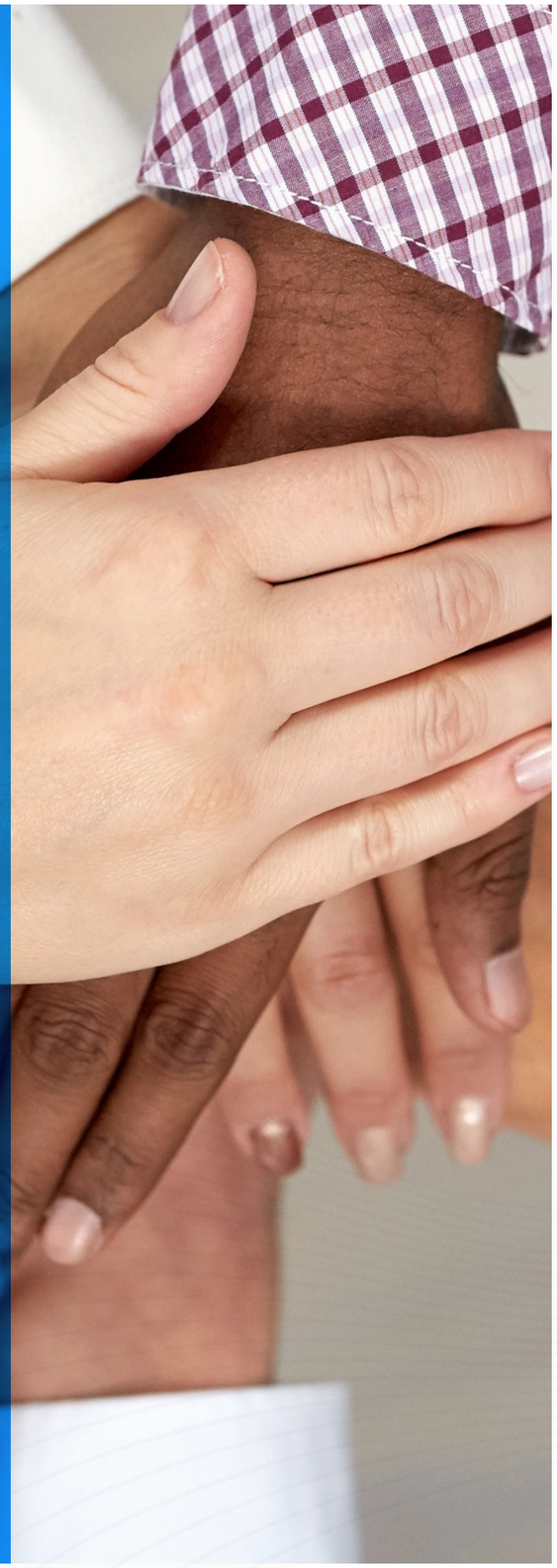
RESEARCH

We have undertaken a strategic commitment to advance research in the areas of kidney health and kidney-related diseases

How Do We Do It

This is made possible by engaging and investing in talent and technology, **with support from our donors, staff, and community partners.**

Organisation Structure



General Manager

HR Development and Admin

Finance

Patient Welfare Services

Clinical Services

Resource Development and Communications

Stakeholder Engagement

Our key stakeholders are those who shape our strategic directions significantly or are directly impacted by them. Engaging our key stakeholders helps us focus on issues that are most relevant to them. It is important to align our actions and performance with the expectations of our stakeholders, as it allows us to define our strategic priorities and guides our initiatives, leading us to achieve our vision and mission.

Patients

Patients are at the heart of what we do at KDF. We strive to provide high-quality treatment and care for underprivileged kidney patients in Singapore, and to support them wholeheartedly in their battle against kidney disease.

Why We Engage

To understand their needs so we may deliver change and improve our services.

Our Impact

KDF provides services to our patients at the most affordable rates according to their financial circumstances. 100% of our patients receive subsidies for the following services, with 81% of them not needing to pay any out-of-pocket fees.

Dialysis treatments • Transportation • Medication • Complementary care services

ATIENTS

100%
of our patients receive subsidies for dialysis, medication, and transportation

81%
of them do not need to pay any out-of-pocket expenses

61%
of them belong to the lowest income tier in Singapore (PCI of $1,200 and below)

Donors

Donors entrust their resources to charity organisations like KDF, so that we may support those in need. We value two-way communication with our donors, so that they are updated with the latest initiatives at KDF and how resources are being used to help our beneficiaries.

Why We Engage

To provide them with comprehensive and honest information so they may make informed giving decisions with confidence.

We want to help our donors do good, and to do it well.

Our Impact

KDF strives to build a sound and effective resource allocation strategy, to maximise the impact of contributions from donors. For FY21/22, 86.20% of KDF's expenses was channelled to providing subsidised treatments and care for patients.

ONORS

Community Partners

KDF exists to serve the needy in the community. Strong support from the government and society, as well as strategic partnerships with other like-minded Social Service Agencies (SSAs) will empower us to reach out holistically to more needy kidney patients in Singapore.

Why We Engage

To understand and comply with public policies and regulations, which affect our industry and helps us to refine our initiatives. Strict compliance to these standards is vital to boosting our brand reputation, enabling us to serve our beneficiaries better.

Our Impact

As KDF strives to be an exemplary charity organisation, we uphold the responsibility of complying with all regulations and public policies in Singapore, to contribute to the vibrant charity landscape and strong social fabric of our country. KDF was awarded the Charity Transparency Award by the Charity Council in 2016, 2017 and 2018.

Our People

Employees and volunteers are essential to any organisation's success. We place the utmost priority on the physical and mental well-being of our team.

Why We Engage

To ensure a positive working environment with high levels of job satisfaction, to boost team synergy and service quality at KDF.

Our Impact

We are committed to cultivating a strong sense of purpose amongst our people through growth opportunities and active employee engagements.

Media

The media is a powerful communication medium for building awareness for KDF and our initiatives.

Why We Engage

To garner more support for our underprivileged kidney patients. Through strong, multi-channel exposure, we may strengthen extensive connections with our stakeholders and audiences.

Our Impact

KDF actively engages our stakeholders through multiple media channels, including print and social media, to provide the latest news and updates on our initiatives.

Reimagine KDF **Through Technology**

The COVID-19 pandemic has accelerated the need for social service agencies like KDF to adopt digital solutions as we are given the option to move engagements to virtual platforms. This has opened up more collaborative possibilities, but also created new challenges for the sector.

"Integrating SERRE into the Foundation's existing infrastructure enables us to enjoy a seamless sharing of key medical data and patient information with other healthcare institutions."

Dr Lim Cheok Peng
Chairman, Kidney Dialysis Foundation

As a social service agency focused on delivering high quality healthcare treatments to our beneficiaries, how do we incorporate the use of complementary technology alongside the need for human touch in our services? As KDF embarks on a new journey of digitalisation, the Foundation is collaborating with local med-tech company BioInfoComm and Fresenius Medical Care to prioritise the implementation of an electronic medical records (EMR) system *SERRE*, coupled with a complementary risk incident reporting software, *proMISE IRIS* in our dialysis centres.

Research has shown that with the adoption of EMR, the quality of patient care has improved in renal dialysis centre settings. This is the result of efficient sharing of standard patient information across key medical institutions, leading to a more strategic allocation of the level of care in the patients' treatment plans.

The EMR system will be customised to KDF's existing workflows within a renal dialysis centre setting in the following areas,

- **Workflow Support**
- **Access and Communications**
- **Training and Support**

With the adoption of these technology, less time is spent on 'pushing the pencil', and our clinical staff can offer more focused, in-person attention to our patients.

Reimagine KDF **Through Education**

End stage renal disease is a growing concern nationwide. Due to modern lifestyles, the prevalence of kidney failure has grown over the years. There is no cure for kidney failure. As such, there is a need to step up on preventive and educational efforts. We understand the importance of advocating for better kidney health to the younger generations, because the lifestyle choices that they make when they are young will carry through and determine the state of their health when they get older.

In a longstanding industry partnership with the Nanyang Academy of Fine Arts (NAFA), KDF engages the students of NAFA constantly to be a part of the Foundation's various advocacy projects and efforts. A leading example is the annual KDF Charity Calendar project. Students from the NAFA fine arts faculty are encouraged to conceptualise and propose unique designs that are reflective of the Foundation's lifesaving cause and that can also act as a reminder to others to make conscious, healthy choices.

Before they embark on the conceptualising process, students sit through an introductory presentation to educate them on the importance of inculcating life-long habits to maintain healthier kidneys. Their designs are then submitted into a competition, with the best design selected to be featured on the KDF Charity Calendar.

This year, the winning design revolved around the theme 'Commitment'. This is to pay homage to the work we have done with the needy for the past 25 years and will continue to so in our patients' lifetime.

The effects of the pandemic have been greatly felt by the masses, and if left unaddressed, will leave a lasting negative impact on our mental health. As such, it is important to take care of ourselves.

Hence, the unique calendar features monthly illustrations detailing simple acts of self-care, such as watering your plants, or phoning your loved ones to check-in on them. These actions also serve as a gentle reminder that taking care of our physical and mental wellbeing is our biggest commitment to ourselves, and that it is okay to take a step back and focus on yourself when times are challenging.

Through this strategic partnership with a leading educational institution like NAFA, KDF aims to foster like-minded, sustainable relationships beyond the social service sector, and in turn develop a more collaborative ecosystem for the sector.

> "I believe when a person shows commitment, it doesn't mean that they are not tired nor that the work they do is not tiring, it means that they persevere, armed with both passion and promise."

Designer of the KDF Charity Calendar 2022

Jovina Rahardjo

Nanyang Academy of Fine Arts

Reimagine KDF **Through Giving**

In line with Singapore's efforts for charities to adopt more accessible fundraising platforms, KDF has engaged in a partnership with local fintech firm GivePlease to put in place forward-thinking fundraising solutions such as a donation microsite and to onboard Tap-to-Give wireless donation terminals with our community partners.

The Tap-to-Give wireless donation terminals features a seamless and secure integration with Singpass, allowing donors to retrieve their personal particulars safely by scanning a Singpass QR code for tax-deductible receipts. One of KDF's first community partners to adopt the donation terminals is popular Taiwanese bakery KAZO, who has onboarded 4 of them at their various outlets island wide. To raise awareness and to encourage the public to donate, $2 KAZO vouchers were distributed for every donation made via these terminals.

During the lunar new year window this year, both organisations came together to organise a virtual Chinese New Year goodies charity bake sale. The sale received strong support from patrons of the Foundation and KAZO. Part of the proceeds made from the sale went into supporting KDF's underprivileged patients through subsidised dialysis treatments, medication, transportation assistance and holistic care. The charity sale was a success, raising close to $15000.

This unique partnership with an up-and-coming F&B brand popular amongst the young and old will enable KDF to engage a new donor base through unconventional means. By getting different parties to come together and by leveraging on these valuable partnerships, the Foundation aims to empower communities and make giving more accessible for everyone in Singapore.

"GivePlease is pleased to be able to offer our platforms for this very purpose of encouraging giving to benefit needy kidney patients with a tap."

Mr Adam Lindsay
Managing Director of GivePlease

"With these terminals and targeted fundraisers, giving is simplified and more convenient. It is easy to reach out to our customer base and encourage them to do their part for charity."

Ms Yam Sim
Founder of KAZO

Questions & Answers
with the Chairman
Dr Lim Cheok Peng

"Reimagine KDF" is a phrase that is prominently featured when discussing the Foundation's progress this year. What exactly is Reimagine KDF?

Pandemic management measures that were in place for the past 2 years have resulted in a sizeable population of Singapore's workforce taking to working remotely. As such, new working habits have developed, and we have since learned to embrace remote work tools and platforms, which are now integrated into our workflows both at the office and at our dialysis centres.

As we transition into a pre-endemic state, there is no room to be complacent. Instead of reverting to traditional work and management styles, we took this perfect opportunity to fortify the Foundation's processes and infrastructure, making seamless hybrid work models a reality within the organisation.

At its core, Project Reimagine KDF is a two-year digitalisation roadmap, which will oversee significant process changes within the Foundation, including the adoption of technological advancements to bring about positive impact for our staff and beneficiaries.

These advancements include scalable platforms and applications providing functional insights and analytics to support growing business needs. The project is off to a strong start. We have established a partnership with a leading local medical technology company, BioInfoComm (BIC) and Fresenius Medical Care (FMC), and work is in progress to implement an Electronic Medical Records (EMR) and a Risk Incident Reporting system – *SERRE* and *proMISE IRIS* respectively, across our dialysis centres.

What is the significance of the EMR implementation in the Foundation's progress?

Each time our patients visit their doctor for reviews, key information from the visit such as diagnoses and prescriptions will be documented, and this constitutes the patient's medical record. In the past, it was a norm for such records to be managed on paper. Considering the growing complexity of patients' medical needs over the years, restructured healthcare institutions have since transitioned to storing medical records electronically in a digital repository.

Integrating *SERRE* into the Foundation's existing infrastructure enables us to enjoy a seamless sharing of key medical data and patient information with other healthcare institutions, many of which are KDF's key community partners. On top of managing kidney failure, more than 60% of our patients suffer from various chronic illnesses such as ischaemic heart disease and diabetes, among others.

As such, these patients may require more attention, and their medical requirements are constantly reviewed and updated to maintain accuracy. Having a digital repository will allow our staff to have unfettered access to the latest information, ensuring that our patients are supported with safe, quality, and holistic care.

The chances of paper records being compromised are high, which is why the Foundation prioritises incorporating digital solutions to offer our dialysis services effectively and securely, while ensuring that the integrity of our staff and patients' personal data remains intact. However, digitalisation also comes with a set of unique risks as data can be exposed to various network vulnerabilities. We will introduce robust security measures to mitigate these risks.

Onboarding a complementary incident reporting system like *proMISE IRIS* in a controlled renal environment allows our clinical personnel to adopt a structured approach to incident reporting. The system helps them to understand and identify potential risks before, during and after a patient's treatment. This will in turn prevent incidents of a similar nature from happening again in the future. In addition, there are plans in place to extend the use of *proMISE IRIS* in our office workplace setting.

By prioritising prevention, the Foundation will be able to fortify its clinical compliance practices and build better processes and systems across the organisation.

KDF commemorated a significant milestone, its 25th anniversary, last year. How has this changed the relationships between KDF's community partners?

25 years of serving the needy through rapidly changing landscapes has showed us the potential and benefits of collaborative efforts with various community partners. When the excitement of new collaborative efforts starts to wane, the element of sustainability comes into focus – how can we ensure that these endeavours remain sustainable and develop resilience in the face of uncertainties in the long run? As a medium-sized charity, it was important for KDF to reach out to the larger community, ensuring that our message of awareness and prevention remains relevant and heard. As such, we needed the right vehicle to do so, and our relationship with popular Taiwanese bakery KAZO fitted the bill.

KAZO first approached KDF with the intention of wanting to do their part for the underprivileged and to spread the message of social good. Upon discussion, we realised that both organisations were built on the similar Foundation of valuing quality in the services that we offer. This joyful alignment in values resulted in KDF and KAZO's first collaborative fundraiser last year – an online Chinese New Year goodies charity bake sale. The fundraiser was a success, with proceeds from the sale going into the Foundation, supporting the treatment and holistic needs of our kidney patients. It was a win-win situation for both organisations and there was room for this relationship to develop further.

More recently, in partnership with local fintech company GivePlease, KDF introduced digital Tap-to-Give donation terminals to make giving more convenient. KAZO was one of our first community partners to open their doors to us, generously offering to place these terminals across their outlets island-wide, willingly becoming an ambassador for our life-saving cause. Relationships with community partners like KAZO and GivePlease have become increasingly dynamic, and the Foundation will continue to dedicate resources to better sustain these valuable partnerships.

Who are KDF's stakeholders and what is your unique value proposition to them?

Kidney disease is a life-long and financially draining condition. The full cost of dialysis treatments, excluding medications and other essential treatments, can set a patient back by more than $25000 a year. As Singapore's dedicated dialysis service provider that is focused on serving the underprivileged, KDF has become a strategic partner for medical social workers at hospitals.

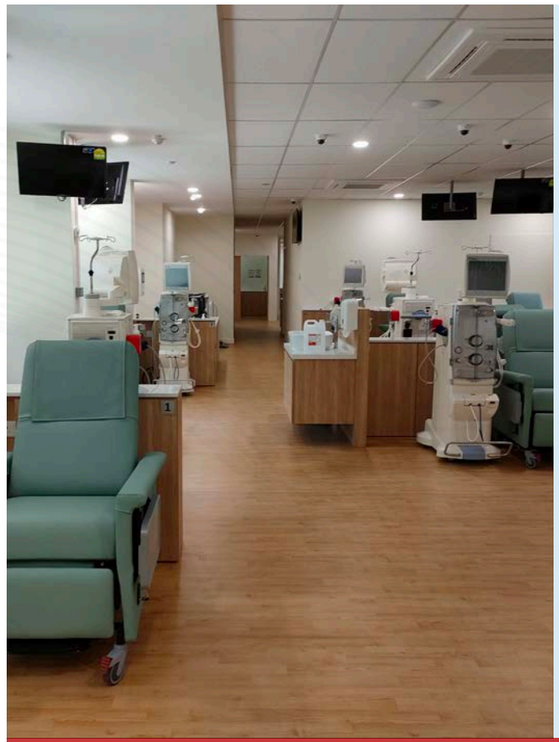
KDF was founded on the growing need to provide life-saving dialysis treatments and support to kidney patients who belonged to the lowest 10% income-group in Singapore.

Today, we continue to stay true to our mission of serving the needy. 100% of our patients do not pay full fees for their dialysis treatments and medication after receiving financial support from government grants and KDF subsidies, with 81% of them not needing to pay any out-of-pocket fees. Our patients continue to be at the heart of what we do as we strive to uphold excellence in our treatment quality and patient care.

Through KDF's community outreach programmes, we will use our resources and knowledge to bridge awareness gaps in the community, lift the spirits of the ill, and make a difference in the lives of those in need. Health education is universal, and we understand the importance of creating and developing relevant educational materials to empower kidney patients and the public with information to make beneficial life choices.

With 4 dialysis centres under our belt, we now have enhanced capacity to treat up to 432 kidney patients. We will continue to send our staff for training to ensure that our patients receive the best affordable care. This is only possible with the unwavering support from our donors, staff, and community partners, who believe in doing good, and doing it well. As we progress, the needs of our stakeholders will also continue to evolve. The Foundation will continue to maintain governance, fortify engagement with partners, and forge ahead to make the most of opportunities that come our way in the foreseeable future.

Foundation Milestones



2020

JANUARY

Constructing KDF's 4th Dialysis Centre at Admiralty Link

With 3 dialysis centres established in the Western and Central regions of Singapore, we identified that underprivileged patients in the northern region were being underserved, and that there was a need to reach out to them via a dedicated dialysis centre.

With a generous donation of 1.1 million SGD from the San Wang Wu Ti Religious Society, KDF was able to secure a location accessible from Sembawang MRT and commenced building works for a new dialysis centre.

2021

FEBRUARY

KDF 25th Anniversary

For KDF's 25th anniversary, KDF's corporate communications partner, BlackSun PLC, gave the Foundation's logo a fresh spin and included a matching anniversary logo fixture to commemorate this milestone. The refreshed logo retains the Foundation's primary colours – red and blue.

Red is the colour of fire and blood, and is associated with energy, strength, and determination. Blue is the colour of the sky and symbolises trust and wisdom. The bold capital letters accentuate the Foundation's mission of serving the needy, and its vision of ensuring that no kidney patient will perish because of the lack of funds for dialysis.

The 2 components of the logo bring across a strong identity centred around kidney-related advocacy work in Singapore, supported by the 3 pillars of quality care, education, and research.

2022

FEBRUARY

San Wang Wu Ti – KDF Dialysis Centre @ Admiralty Link Operationally Ready

With the easing of governmental protocols for renal dialysis centres, it became our priority to protect and better manage our immunocompromised patients. When the Admiralty Link dialysis centre was operationally ready, we created shifts that were dedicated to COVID-positive and symptomatic patients to dialyse in a safe, controlled environment while they recovered.

The San Wang Wu Ti - KDF at Admiralty Link is equipped with 19 haemodialysis stations, providing state-of-the-art care for up to 114 patients at a time.

MARCH

Commencement of *Project Reimagining KDF*: Electronic Medical Records (EMR) System and Incident Risk Reporting Software

KDF strives to provide high quality care for our patients in a safe environment. We place utmost importance on keeping accurate, up-to-date patient profiles, and ensuring that data security and privacy remains uncompromised.

By engaging the expertise of local med-tech company BioInfoComm and Fresenius Medical Care (FMC), we will be onboarding an Electronic Medical Records (EMR) system and an incident risk reporting software – *proMISE IRIS*. These are parts of *Project Reimagine KDF*, a 2-year long project to fortify the work processes and digital systems in the organisation.

Strengthening Our Services

KDF continues to provide uninterrupted dialysis treatments and care for our patients, many of whom are elderly or immunocompromised. In order to adapt to changes brought by the pandemic, we have made several enhancements within our dialysis centres and processes, to ensure that our patients can continue to dialyse safely with us.

2003

KDF Bishan Centre increased its capacity to 20 dialysis stations to accommodate more patients.

2009

The KDF Portable Subsidy Programme was introduced for high dependency patients to receive financial assistance while dialysing in a suitable medical environment.

2010

KDF installed platform weighing scales with larger standing surfaces in our dialysis centres to improve the safety of our patients, including elderly and those with mobility challenges.

2017

KDF Centre Managers were assigned to each of our 4 dialysis centres. Centre Managers are responsible for the overall clinical and nursing operations at each centre.

2018

The dialysis machines at KDF Bishan centre were **replaced with Haemodiafiltration (HDF) machines to improve the quality and safety** of dialysis for our patients.

All KDF dialysis centres started using **single-use dialysers, to increase efficiency and eliminate potential error risks** during patients' dialysis treatments.

2020

Due to the COVID-19 pandemic, **KDF started teleconsultation sessions for all our dialysis centres.** These virtual consultations allow renal physicians to make therapeutic adjustments and establish care plans for dialysis patients remotely.

Dialysis machines at KDF SWWT-KA were also **replaced with Haemodiafiltration (HDF) machines to improve the quality and safety** of dialysis for our patients.

2022

Kidney Dialysis Foundation began implementations of Electronic Medical Records (EMR) *SERRE* and the Risk Incident Reporting System, *proMISE IRIS* with BioInfoComm and Fresenius Medical Care (FMC). This is part of a two-year initiative, **Project *Reimagine KDF*, which seeks to improve existing work processes and digital systems within the organisation**.

Replacement works for the Reverse Osmosis[1] systems for KDF Ghim Moh centre commenced as well.

[1]Reverse Osmosis is a method used to seperate a high percentage of pollutants from water by forcing it through a semi-permable membrane.

2021 At A Glance

Number of KDF Dialysis Centres

4 Dialysis Centres

Number of patients we have helped

983 patients received helped from KDF as of end of FY21/22

COLLATERAL OUTREACH

Number of Collaterals

180689

collaterals shared in FY21/22

MEDIA OUTREACH
Video Views

Number of Health Webinars

7 Health Webinars conducted in FY21/22

Number of viewers from these health webinars

322 viewers in FY21/22

Number of Visits to KDF Website

3631

visits in FY21/22

Amount of Livestream views

Estimated

98593

accumulated views in FY21/22

SOCIAL MEDIA OUTREACH
Facebook/Meta, Instagram, LinkedIn

Total

6093

followers as of end of FY21/22

Number of followers on FB

5600

Number of followers on IG

266

Number of followers on LinkedIn

227

NUMBER OF STAFF

Number of Nursing Staff

39

Nurse Training Hours

897 hours

Number of Main Office Staff

20

Staff Training Hours

280 hours

DONORS, VOLUNTEERS & COMMUNITY

Number of Individual Donors

42411

donations made by Individuals in FY21/22

Number of Organisations

76

donations made by Corporations in FY21/22

Number of Volunteers (CCC, Doctors etc.)

34

active volunteers in FY21/22

Number of Community Partners Engaged

ABOUT 20

Community partners engaged in FY21/22

AMOUNT RAISED

Number of Fundraisers / Campaigns

9 unique fundraising campaigns in FY21/22

Number of Appeal Letters

25000 letters sent in FY21/22

Number of Donation Boxes (Physical and Digital)

65 PHYSICAL Donation Boxes in place in FY21/22

5 DIGITAL GivePlease terminals introduced in FY21/22

Patient Welfare Programmes

The Foundation's mission has remained simple and clear – to serve underprivileged end-stage kidney patients and ensure that they have access to life-sustaining dialysis treatments and care. KDF also provides complementary programmes, such as the Adopt-a-Patient programme, and medication and transport subsidies to help our patients dialyse with ease.

Exercise Programme

Patients with end-stage kidney disease have diminished physical functions and capabilities due to their muscles wasting. They also have reduced visceral protein storage and physical function attributable to uremic myopathy and neuropathy[7], which can influence long-term hospitalisation and mortality.

Since 2019, KDF has been implementing a dialysis centre-wide exercise programme to help improve overall fitness for our patients. Physical fitness is an essential component in helping patients overcome illness, maintaining physical health and cultivating discipline and perseverance.

Subsidised Dialysis Programme

KDF operates 4 haemodialysis centres with a combined patient capacity of 432 seats. The centres are strategically located in Admiralty, Bishan, Ghim Moh, and Kreta Ayer. Since 1996, KDF has been serving underprivileged patients by providing subsidies of varying amounts according to their financial situation, determined through the Ministry of Health's means-testing assessment.

Portable Subsidy Programme for Peritoneal Dialysis (PD)

Since 2017, KDF provides subsidies for routine blood tests and solution packages to underprivileged patients, who choose to receive peritoneal dialysis in the comforts of their home under this portable subsidy programme.

> "KDF's subsidies really took a huge financial load off the family. It was a relief to see mum's medical bills get smaller, thanks to KDF's assistance."
>
> **Ms Azzurra**
> **Caregiver and Daughter of Mdm Zawiah, a KDF patient for 10 years**

Portable Subsidy Programme for Haemodialysis (HD)

For high-dependency haemodialysis patients who are unable to receive treatment at KDF dialysis centres due to their complex medical conditions, this programme enables them to dialyse in a suitable medical environment while still benefitting from KDF subsidies.

Subsidised Medication Programme

In addition to dialysis treatments, patients also require medications to complement their treatments. With this programme, patients receive subsidies for the medications they require. Medications covered under this programme include Erythropoietin Injections (EPO), Calcijex, Venofer, Lanthanum Carbonate, Cinacalcet, Hepatitis Vaccinations and Zemplar. Supplemental protein feeds are also provided to patients at a highly subsidised rate.

Adopt-A-Patient Programme

Patients who are unable to afford the co-payment portion of their treatment fees due to debilitating financial difficulties receive a second-tier subsidy from KDF through this programme. The programme has significantly reduced or, in many cases, completely eliminated out-of-pocket expenses for these patients.

Transport Subsidy Programme

The transport subsidy programme was launched in November 2016 to provide patients with a transport allowance for their journeys to and from the dialysis centre. Patients eligible for this programme are those with mobility issues or those who have moderate-to-high fall risks.

[7] An accumulation of urea and other waste products in the body, leading to muscle and nerve damage

Holistic **Patient Care**

Patient Orientation and Education

Upon qualifying for the programme, all new patients are educated on their treatments and the dialysis process by nursing personnel. A patient handbook comprising all necessary information is distributed to the patients. On a periodic basis, patients are also educated by the primary nurse and the dietician on their medication and dietary compliance.

Clinical Care and Regular Reviews

KDF dialysis centres are supported by a group of nephrologists from restructured hospitals and the private sector. Medical reviews of patients are conducted monthly and special arrangements are made with family physicians working in the vicinity of KDF dialysis centres for urgent medical coverage, should the need arise.

KDF's dialysis centres at Bishan, Ghim Moh, and Admiralty Link are directly managed by the Foundation. Professional teams of nurses from external service providers operate the Kreta Ayer dialysis centre, in accordance with the medical and nursing protocols established by KDF.

Hepatitis B Core Screening for Patients

To enhance patients' protection against the Hepatitis B virus (HBV), KDF initiated a Hepatitis B core screening for patients. In FY21/22, 81.2% of KDF patients, who were HBsAg (surface antigen of Hepatitis B virus) negative and whose Anti-HBs (Hepatitis B antibodies) were less than 100, were screened to identify any possible occult Hepatitis B infections, which can be a cause of infection.

Psychosocial Support

Renal Friends, a patient support group for all kidney patients and their families, was formed in 1997. It facilitates continuous learning and creates opportunities for socialising and mutual bonding. The group organises events at least twice a year, with the aim of enabling patients and their families to interact with one another and share knowledge to better manage their care.

When physical health education seminars and outings were suspended due to the pandemic, we ensured that our patients continued to receive regular psychosocial support through phone calls, donations of essentials, and partnering other social service agencies (SSA) to fulfil unique requirements such as getting refurbished desktops to meet the homebased-learning (HBL) needs of their school-going children.

As part of our care spectrum, KDF adopts a comprehensive approach towards patient care, which encompasses quality treatment, regular reviews, continuous education, and addressing psychosocial needs.

Clinical Standards **and Efficacy**

Quality of care is a priority to KDF. Procedures and standards have been put in place to ensure consistent and high-quality service delivery across KDF dialysis centres and to encourage the continual education of our nurses.

Continuous Quality Improvement

Under the guidance of KDF's Medical Director, a team comprising of the dialysis centres' charge nurse and KDF nursing personnel regularly monitors the indicators of dialysis adequacy (KT/V) to achieve a level of 1.2 or greater. For FY21/22, 96.27% of KDF patients achieved this. Nutritional performance indicators such as albumin, potassium and phosphate levels in the patients have also been closely monitored.

Infection Prevention and Control Audits

All KDF dialysis centres conduct infection control audits twice a year to ensure that patients receive a high standard of care in a safe environment. This helps to reduce any incidences of infection, thereby increasing both patient and staff safety. For FY21/22, two rounds of audits were held at KDF's four dialysis centres in September 2021 and March 2022. All centres achieved a rating of above 80%.

Safe Care for Our Patients

High standards of cleanliness and hygiene are essential to providing safe care for immunocompromised kidney patients. KDF implements regular inspections on environmental cleanliness, cleaning practices and disinfection product use in all our dialysis centres. Stringent Housekeeping Assistance trainings are also in place to ensure compliance with KDF's cleaning standards. For FY21/22, two rounds of audits were held at three of KDF's dialysis centres. All Housekeeping personnel achieved a rating of above 85%.

Clinical Drills

Medical emergencies that can occur in a dialysis setting include cardiac arrest, air embolism, suspected pyrogenic reactions, profound hypotension or hypertension and significant blood loss. Clinical drills for such medical emergencies are conducted annually at KDF dialysis centres to ensure that all nursing staff are adequately prepared to recognise and respond to such medical emergencies. In FY21/22, clinical drills were conducted and assessed at KDF's Bishan, Ghim Moh, and Kreta Ayer dialysis centres.

Glucose Monitoring

All registered nurses at KDF dialysis centres are certified to be proficient in the use of a glucometer to monitor patients' blood glucose levels. They are also trained on how to assess and react to complications. An annual recertification test on glucose monitoring is conducted by the centre's charge nurse to maintain staff competency.

Intravenous (IV) Administration of Medicines

Recertification on the administration of specific intravenous medicines for all registered nurses at KDF dialysis centres is conducted yearly by KDF nursing personnel and is endorsed by the Foundation's Medical Director. For FY 21/22, pharmacist Dr Loh Huei Xin provided IV training on pharmacology for 13 registered nurses, followed by a certification exercise conducted by KDF. A register of approved staff for administering intravenous medication is kept by KDF nursing personnel and the charge nurses of the dialysis centres.

Staff Competency Check

Annually, a competency check on dialysis procedures is conducted on the centres' nursing staff in collaboration with the charge nurse of each centre. This ensures that the standards of practice across all KDF dialysis centres are maintained according to KDF's nursing protocol and guidelines.

In-Service Education

As the field of nursing is constantly changing rapidly, in-service education is imperative for nurses to maintain their competencies and keep abreast of the latest developments in nursing care. Nursing-related in-service education is regulated by the Singapore Nursing Board, which awards 'Continuing Professional Education' (CPE) points for participants, and this is taken into account for the renewal of practising certificates. For FY 21/22, KDF conducted four CPE accredited in-service education sessions for our nurses.

Preceptor Coaching

KDF receives students from Nanyang Polytechnic's Advanced Diploma in Nephro-Urology for their clinical placement at our Bishan dialysis centre. To facilitate and optimise the students' learning, our clinical preceptors completed a coaching course held at the Institute of Technical Education (ITE). This course enabled our clinical preceptors to better support the students during their clinical practicum, and to enrich the students' learning experience.

Patient **Profile**

Patients are typically referred to the Foundation by medical social workers from restructured government hospitals and are subjected to means-testing[1]. KDF has served 983 patients to date, 78 of whom have gained a new lease of life through a kidney transplant.

Patient Statistics

Patients under the haemodialysis programme are cared for at KDF dialysis centres, while those under the peritoneal dialysis programme receive portable subsidies for their treatment and laboratory tests.

As of 31 March 2022, our total patient count stood at 275. Of these, 96% of patients opted for haemodialysis.

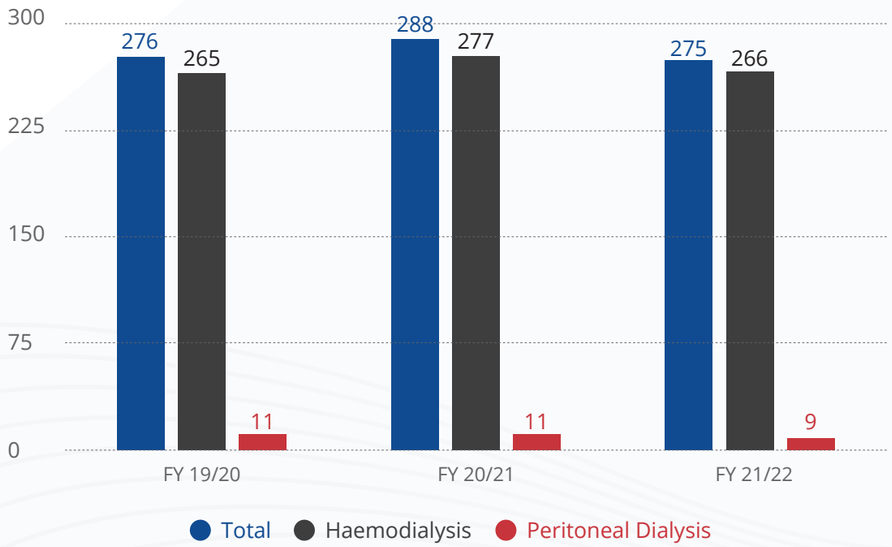


Figure 1: *Distribution of patients by treatment type*

For patients who are unable to receive treatment at KDF dialysis centres due to their complex medical conditions, they will receive portable subsidies from KDF to dialyse at a private centre.

As of 31 March 2022, 6 patients benefitted from our haemodialysis portable subsidies.

[1] *Means-testing is used to determine the amount of subsidies each patient is eligible for. Persons from lower-income households will be granted higher subsidies under the means-testing framework*

Age

Elderly patients (above 61 years old) form the largest segment of patients served at KDF, followed by those in the middle-age range (41 – 60 years old).

As of 31 March 2022, 64% of KDF patients were elderly and 32% were middle-aged, with only 4% in the age group of 40 years old and younger.

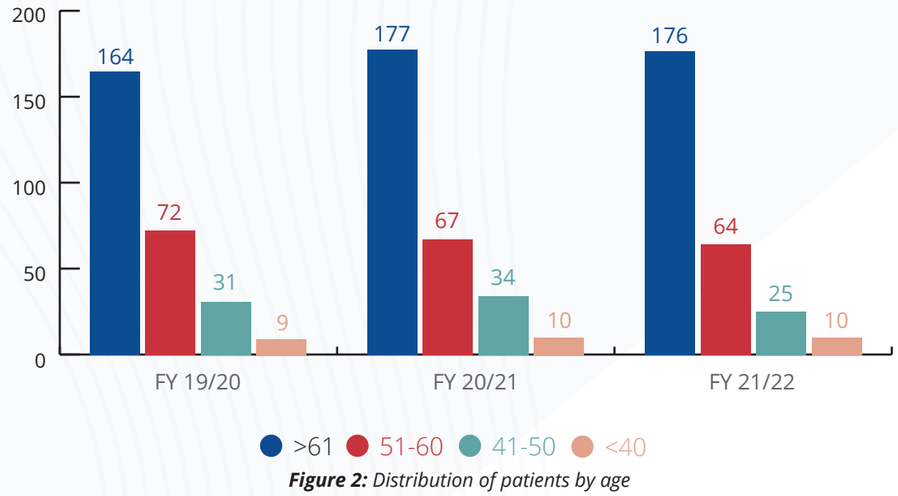


Figure 2: *Distribution of patients by age*

Gender and Race

Gender distribution among KDF patients was fairly equal. In terms of racial composition, Chinese patients accounted for 69%, while Malay patients formed more than a quarter of the total patient population.

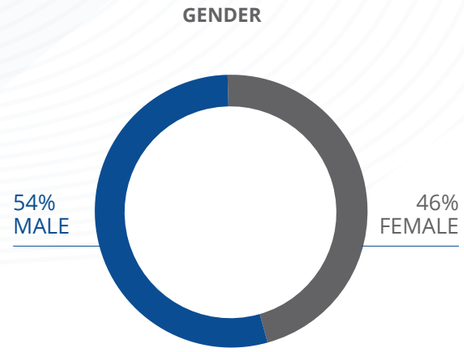


Figure 3: *Distribution of patients according to gender*

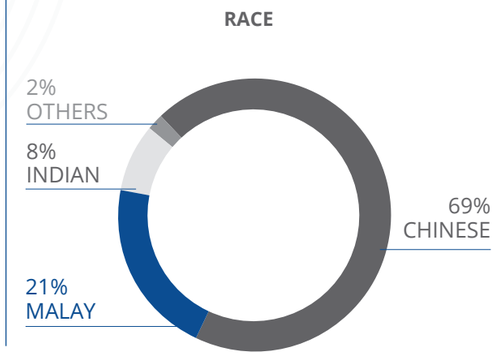


Figure 4: *Distribution of patients according to race*

Employment Status

Only 12% of KDF patients are employed, with the rest being either retired, homemakers or unable to find employment due to age or underlying medical conditions. Those employed were mostly blue-collar workers such as drivers, machine operators, cleaners or general workers.

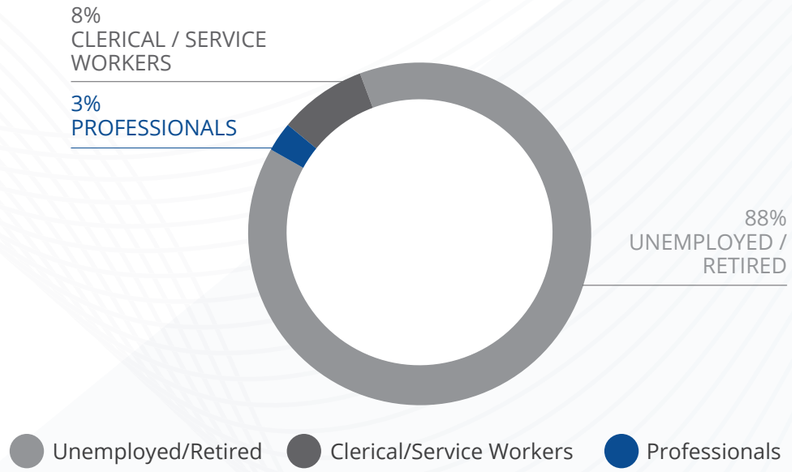


Figure 5: *Distribution of patients by employment type*

Mobility

While most of our patients were independent, close to a quarter of our patients were wheelchair-bound, and the rest required some form of assistance or supervision. Since 2019, we have been hiring dialysis aides to support these patients at our dialysis centres, to prevent injuries and accidents from happening.

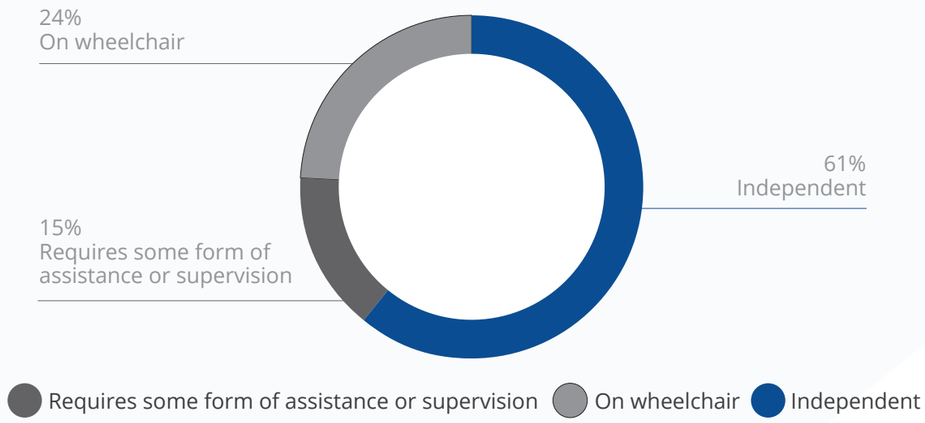


Figure 6: *Distribution of patients by mobility*

Patient Subsidy

KDF patients receive subsidies of varying amounts for their dialysis treatments, medication, and transportation fees, depending on their household income.

As of 31 March 2022, 81% of our patients did not have to pay any out-of-pocket expenses for dialysis treatments.

Patient Out-of-pocket Expenses	Patient Count		Total	Percentage
	HD	PD		
$0	217	8	225	81
$1-$200	32	1	33	12
$201-$400	10	0	10	4
Above $400	7	0	7	3
Total	**266**	**9**	**275**	**100%**

Table 1: *Out-of-Pocket expenses of patients for dialysis treatment*

Based on means-testing criteria set by the Ministry of Health (MOH), 93% of KDF's patients qualified for government subsidies. The table below shows the number of KDF patients who were under the various income-bands under the MOH means-test.

Monthly per capita income	Patient Count		Total	Percentage
	HD	PD		
$0 - $800	126	5	131	48
$801 - $1200	34	2	36	13
$1201 - $1900	55	0	55	20
$1901 - $2000	7	1	8	3
$2001 - $2800	26	0	26	9
Above $2800	18	1	19	7
Total	**266**	**9**	**275**	**100%**

Table 2: *Patients per capita income based on MOH means-test*

Outreach & **Education**

The pandemic has accelerated KDF's adoption of technology across various nodes of the Foundation's operations. As KDF continues to move upstream with our outreach efforts, we have been actively incorporating the use of digital aids and platforms and working closely with community partners to fortify our programmes and initiatives. This is to ensure that we continue to be relevant in advocating for better kidney health and sharing the message of prevention across generations.

Through our online and physical outreach and educational programmes, we have reached out to more than 20 community partners, educating more than 150,000 people about the importance of maintaining a healthy lifestyle for better kidney health.

"We are pleased to support the good work that KDF does to the people around the Kreta Ayer-Kim Seng vicinity."

Ng Shou Jin
New Hope Community Services

Health Webinars

With the adoption of remote, video conferencing platforms, we were able to transform our health education model by converting physical health talks into concise digital content in the form of health webinars. This allowed us to break down geographical barriers and extend our educational offerings conveniently to a greater demographic.

Our health webinar topics included an introduction to how the kidney functions, promoting diabetes awareness and various other kidney-health related topics.

Since then, we have engaged corporates like Sam Woh Corporation and Frasers Property, who were keen to empower their staff to take ownership of their own health. On a grassroots level, KDF also partnered with Limbang Green RC, Serangoon Community Club, and Mount Sinai Neighbourhood Committee (MSNC) to hold a series of health webinars for the residents in the area, creating a lasting impact for them to take charge of their own health.

Since the introduction of health webinars, we have reached out to more than 3000 viewers and participants.

Outreach Efforts

'Mount Sinai Neighbourhood Committee: Together We Can' Community Virtual Event

Mount Sinai Neighbourhood organised a virtual community event, 'Mount Sinai Neighbourhood Committee: Together We Can', in support of KDF and to spread the message of maintaining good kidney health. Viewers were treated to dance performances by the children of Pat's Schoolhouse, a martial arts showcase, and musical performances by residents and performing artistes. There was also a charity art auction, kindly made possible by local artist and Mount Sinai resident Miss Gek. The event reached out to more than 150 participants and was a resounding success.

Christmas With Kindness Gifting Drive with DUO Galleria

From 15 November 2021 to 20 December 2021, DUO Galleria made the Christmas season a special and memorable one through the kind gestures and donations of the community and their partners to help spread cheer and happiness.

KDF patients were asked to write their wish lists to be fulfilled. These lists were given to DUO Galleria and their partners and tenants, who conducted a gifting drive. While most of our patients had requested for supermarket and shopping mall vouchers for their household usage, some others requested for household appliances. It was a success, benefitting more than 200 KDF patients.

In addition to this gifting drive, we were invited to set up an informational booth within their premises to share more about our beneficiaries and to educate DUO Galleria's staff and tenants on the importance of keeping our kidneys healthy.

The Giving Machine with The Co.@ Duxton

KDF was selected to be part of a collaboration with co-working space company Co.@Duxton for The Giving Machine, alongside New Hope Community Services, a social service agency that works to restore hope to the displaced and disadvantaged.

In partnership with the Kreta Ayer-Kim Seng Citizens' Consultative Committee, vending machines were set up in the vicinity. With six different tiers of donation amounts, donors were able to donate gifts such as supermarket, taxi, food court or bread vouchers via this unique vending machine. These vouchers helped to ease the day-to-day living expenses of our patients.

Fundraising

KDF is heavily reliant on public funding to sustain our programmes for underprivileged patients and to sustain our operations. For FY21/22, fundraising income accounted for more than a quarter of the Foundation's total income.

Chinese Community Committee

Since its formation in 2003, fundraising directors and members of the Chinese Community Committee (CCC) have been dedicating their time, resources and personal networks to build and strengthen KDF's ties with the local Chinese community, associations, clans, and temples with the common aim of raising funds for the Foundation. Fundraising efforts during the seventh lunar month remains the primary responsibility of the CCC.

Core Committee Members (FY21/22)

Mr Ong Lian Kwang - 翁两光
Mr Lawrence Lim - 林胜来
Mr Peter Sng - 孙财安
Master Hui – 慧戒师傅
Mr Tong Lee Song - 董理松
Mr David Lim - 林绍光
Mr Albert Seah - 佘汉宽
Mr Francis Yap - 叶世品
Mr Ron Chan - 陈天文
Ms Chen Ming Pai - 陈明佩

Seventh Lunar Month Fundraising

Since the formation of the CCC 19 years ago, the seventh lunar month has constantly been a notable month for the Foundation. Funds were raised from table-to-table solicitations and the auctioning of KDF charity icons at various dinner sites. However, due to pandemic related measures, physical auction events were suspended until further notice.

Through various digital fundraisers and appeals, a grand total of $422770 was raised through the adoption of the KDF Charity Icon this year.

KDF Sing for Charity

Sing for Charity, an online singing performance, was first organised in collaboration with the Serangoon Community Club (SRCC) to raise funds for KDF in 2019. This year, artistes and residents from Serangoon came together during the Chinese Mid-Autumn season to sing for this charitable cause. The 2-hour long digital fundraiser was live-streamed on Facebook. A total of $538663 was raised through this meaningful event.

KDF Got To Walk

Got To Walk is a virtual walkathon first conceptualised in 2020, aiming to raise awareness of the importance of kidney health, and to raise funds to sustain KDF's efforts to provide subsidised dialysis for the poor. The virtual walkathon serves to advocate prevention by promoting a healthy, active lifestyle and to inspire conscious lifestyle choices.

To mark 25 years of serving the needy, all registered Got To Walk 2021 participants were encouraged to complete a distance of 25km between 6 to 15 August 2021. With the generous support from Singapore Pools, our lead sponsors and dedicated trailblazers, the event saw a total of 1223 participants accumulating an impressive 43951km, and raising $315112.00.

KDF Charity Calendar

The KDF Charity Calendar is a signature annual project of the Foundation to create a desk calendar with meaningful designs. KDF collaborated with fine arts students from the Nanyang Academy of Fine Arts (NAFA) for the 2022 edition of the charity calendar. Themed 'Commitment', it signified the Foundation's promise to our beneficiaries. A total of $224066.53 was raised from the sales of the charity calendar in this fiscal year.

Donation Box

Made possible by partnerships with retail outlet owners who are supportive of our cause, 65 KDF donation boxes could be found all over Singapore. Our partners included *U Mart, Ong Jit Sang Sundries, Killiney Kopitiam, Kim San Leng (F&B) Group, Pet Lovers Centre, Kwan Inn Vegetarian Food* and many other independent retailers. As of 31 March 2022, a total of $36278.96 was raised from this project.

Machine and Centre Sponsorship

Annually, KDF receives donations to support the running of our dialysis centres and for the purchase of dialysis machines and medical equipment.

This year, KDF community partners including Lions Club Singapore (Nassim) and popular celebrity geomancy expert Master Hui, rallied their supporters together in support of the Foundation to sponsor a total of 8 haemodialysis machines for various KDF dialysis centres.

This fiscal year, a total of $49657.20 was raised from machine and equipment-related donations.

Legacy Giving

A legacy giving programme was launched by KDF in 2018 to cover planned giving, where members of the public could bequest part of their estate to KDF. The programme also included memorial giving, where donors could honour their departed loved ones by making a donation in memory of the deceased. In this fiscal year, a total of $36028.07 was raised through this programme.

Board Of **Directors**

Chairman

Dr Lim Cheok Peng

Appointed on 18 Nov 2010

Chairman,
Ophir Ventures Sdn Bhd

Honorary Chairman

Dr Gordon Ku

Resigned on 1 Sept 2020

Consultant Nephrologist and Physician,
Ku Kidney & Medical Centre

Director

Mr Cheng Wai Keung

Appointed on 1 Feb 1996

Chairman and Managing Director,
Wing Tai Holdings Ltd

Deputy Chairman,
Temasek Holdings (Private) Ltd

Director

Mr Stephen Lee Ching Yen

Appointed on 1 Feb 1996

Managing Director,
Great Malaysia Textile Investments Pte Ltd

Director,
Temasek Holdings (Private) Ltd

Director

Mr Watson Ong

Appointed on 1 Dec 2005

Managing Director,
Magnus Mckeever Industries Pte Ltd

Director

Mr Yeoh Oon Jin

Appointed on 1 Dec 2005

Former Executive Chairman, Singapore,
PricewaterhouseCoopers LLP

Board Of **Directors**

Director

Mr Wong Yew Meng

Appointed on 15 Mar 2010

Retired Partner
PricewaterhouseCoopers LLP

Director

Mdm Chan May Ping

Appointed on 22 Jun 2016

Former Managing Director,
DBS Bank Ltd

Director

Mr Uantchern Loh

Appointed on 20 Jul 2016

CEO, Asia Pacific
Black Sun Pte Ltd

Director

Mr Chan Soo Sen

Appointed on 10 Oct 2016

Retired Member of Parliament
Chairman, SCP Consultants Pte Ltd

Director

Mr Roy Quek Hong Sheng

Appointed on 1 July 2020

Founder and Chairman,
St. Joseph's Institution International School

Research Advisory Board

CHAIRPERSON

Prof Yap Hui Kim
Head and Senior Consultant,
Department of Paediatric, Nephrology
National University Hospital

MEMBERS

A/Prof Lina Choong Hui Lin
Senior Consultant,
Department of Renal Medicine
Singapore General Hospital

Dr Grace Lee
Consultant
Nephrologist and Physician,
Grace Lee Kidney & Medical Centre

A/Prof Evan Lee
Senior Consultant,
Department of Medicine, Nephrology
National University Hospital

Mr Watson Ong
Managing Director,
Magnus McKeever Industries Pte Ltd

Medical Advisory Board

CHAIRPERSON AND MEDICAL DIRECTOR

A/Prof Lina Choong Hui Lin
Senior Consultant and Director of Dialysis,
Department of Renal Medicine
Singapore General Hospital

MEDICAL DIRECTOR (PERITONEAL DIALYSIS)

Dr Grace Lee
Consultant Nephrologist and Physician,
Grace Lee Kidney & Medical Centre

MEMBERS

Prof Woo Keng Thye
Emeritus Consultant and Advisor,
Department of Renal Medicine
Singapore General Hospital

A/Prof Evan Lee
Senior Consultant,
Department of Medicine, Nephrology,
National University Hospital

Dr Stephen Lim
Consultant Surgeon and Urologist,
Stephen Lim Surgery

Dr Tan Seng Hoe
Senior Nephrologist & Physician,
SH Tan Kidney & Medical Clinic

Dr Lim Cheok Peng

Mr Watson Ong

Visiting Doctors

A/Prof Lina Choong Hui Lin

Dr Grace Lee

Dr Tan Seng Hoe

Dr Htay Htay
Consultant,
Department of Renal Medicine
Singapore General Hospital

Dr Manish Kaushik
Senior Consultant,
Department of Renal Medicine
Singapore General Hospital

Dr Ng Tsun Gun
Renal Physician,
T G Ng Kidney & Medical Centre

Dr Pwee Hock Swee
Consultant Nephrologist and Medical Director,
Renal Team
Pwee Renal and Dialysis Clinic

Dr Stephen Chew
Specialist and Physician,
Stephen Chew Centre for Kidney Disease & Hypertension

A/Prof Tan Han Khim
Senior Consultant,
Department of Renal Medicine
Singapore General Hospital

Adjunct Assistant Professor Timothy Koh Jee Kam
Senior Consultant,
Department of Renal Medicine
Tan Tock Seng Hospital

Dr Wong Jiunn
Consultant,
Department of Renal Medicine
Singapore General Hospital

Dr Yeoh Lee Ying
Senior Consultant,
Department of Renal Medicine
Sengkang General Hospital

Other Office Bearers:

LEGAL ADVISORS
Ms Angela Wong
Mr John Tan

SECRETARY
Tricor Evatthouse Corporate Services

TREASURER
Ms Jacqueline Yee

AUDITORS:
EXTERNAL AUDITOR
KPMG LLP

INDEPENDENT INTERNAL AUDITOR
Shared Services for Charities Limited

Board **Committees**

Audit & Risk Committee

Chairperson
Mr Yeoh Oon Jin

Members
Mr Cheng Wai Keung
Mr Stephen Lee Ching Yen

Communications and IT Committee

Chairperson
Mr Uantchern Loh

Members
Mr Chan Soo Sen
Mr Watson Ong

Human Resources Committee

Chairperson
Mdm Chan May Ping

Members
Mr Roy Quek
Mr Uantchern Loh

Investment Committee

Chairperson
Dr Lim Cheok Peng

Members
Mdm Chan May Ping
Mr Cheng Wai Keung
Mr Uantchern Loh
Mr Wong Yew Meng

Patient Programme Selection & Review Committee

Chairperson
Mdm Chan May Ping

Members
Mr Roy Quek
Mr Watson Ong

Tender Committee

Chairperson
A/Prof Lina Choong Hui Lin

Co-Chairperson
Mr Watson Ong

Members
Mr Chan Soo Sen
Dr Ng Tsun Gun
Dr Stephen Lim

Budget & Finance Committee

Chairperson
Mr Watson Ong

Members
Mr Chan Soo Sen
Mr Uantchern Loh

Fundraising Committee

Chairperson
Mr Chan Soo Sen

Members
Mr Uantchern Loh
Mr Watson Ong

Fundraising Sub-Committee

Chairperson
Mr Ong Lian Kwang (Chinese Community Committee)

The Board is assisted by the following working committees:

Audit and Risk Committee

The Audit and Risk Committee is responsible for:

- Financial reporting, risk management systems, and reviewing governance policies periodically.
- Assessing the independence and objectivity of external auditors and recommending the appointment and removal of external auditors to the Board.
- Engaging external auditors throughout the auditing process, including understanding the nature and scope of the audit before auditing, and reviewing issues such as regulatory compliance, or key accounting and audit judgements, during and after the audit.
- Reviewing errors identified during the audit and obtaining all necessary explanations from the management and auditors regarding the errors.
- Overseeing the annual internal audit programme, discussing its compliance with accounting standards and proposals by the external auditor, and reviewing its effectiveness periodically.
- Ensuring coordination between internal and external auditors.

Communications and IT Committee

The Communications and IT Committee is responsible for:

- Overseeing the technological requirements and communication efforts of the Kidney Dialysis Foundation and safeguarding its reputation.
- Ensuring all internal and external communication messages are accurate, consistent, honest, ethical, and upholds the dignity of Kidney Dialysis Foundation's beneficiaries and cause.
- Ensuring that all initiatives, purchases and communication efforts may promote awareness and contribute to a positive reputation for the Kidney Dialysis Foundation.
- Advising on the Kidney Dialysis Foundation's technological needs, and the financial resources allocated to acquiring necessary technology.
- Addressing budgeting for training and purchases.
- Overseeing the progress of initiatives.

Human Resources Committee

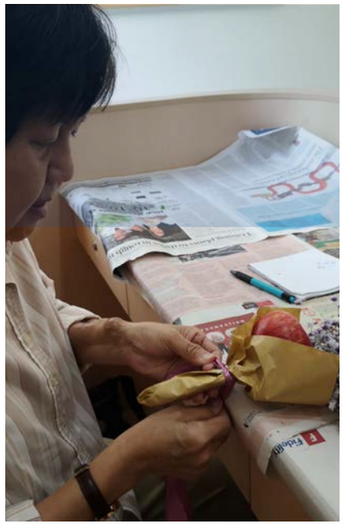
The Human Resources Committee is responsible for:

- Ensuring adequate policies are in place for recruitment, retention, training, and assessment of staff to run operations and programmes of the Kidney Dialysis Foundation to achieve its vision and mission.
- Overseeing the drafting of employment terms, guidelines and policies for staff and volunteers.
- Ensuring that fair and transparent processes are in place for remuneration, regular supervision, appraisal and personal development of the staff and key volunteers.
- Ensuring that the safety and well-being of staff and key volunteers are protected with appropriate insurance coverage and effective workplace grievance handling channels.

Investment Committee

The Investment Committee is responsible for:

- Evaluating the contemplated investment and portfolio companies of the Kidney Dialysis Foundation and recommending the investment and disinvestments of portfolio companies to the Board.
- Reviewing and discussing with the management the diversity and risk of Kidney Dialysis Foundation's investment portfolio, the performance of portfolio companies, and reporting the results of investment activities to the Board



- Examining the results of operations, anticipated additional capital requirements, return on investment, level of management support required, budgets, forecasts and variance reports, and advise the management accordingly.
- Ensuring that investments comply with the regulations and guidelines of the Kidney Dialysis Foundation

Patient Programme Selection & Review Committee

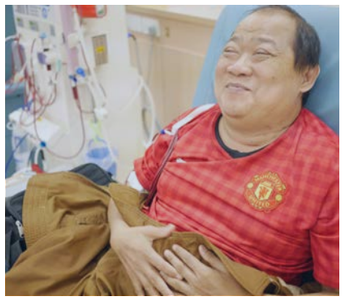
The Patient Programme Selection & Review Committee is responsible for:

- Advising and overseeing the selection and review of patients admitted into the Subsidy Programmes at the Kidney Dialysis Foundation.
- Approving the criteria proposed by the management for the selection of patients based on non-medical conditions.
- Reviewing and approving the computation of the cost of dialysis treatments, medication and any other programmes for which Kidney Dialysis Foundation would be offering financial subsidies.
- Ensuring that new and existing subsidy programmes remain aligned with the vision and mission of the Kidney Dialysis Foundation.

Tender Committee

The Tender Committee is responsible for:

- Overseeing the tender process and award of contracts of $100,000 and above to third-party providers of goods and services.
- Ensuring that the interest of the Kidney Dialysis Foundation is protected during the tender and decision-making process.



Budget & Finance Committee

The Budget & Finance Committee is responsible for:

- Advising and overseeing the budgetary processes, including the allocation of financial resources, and finance matters of the Kidney Dialysis Foundation.
- Producing, updating, and keeping track of the Kidney Dialysis Foundation's budget, while ensuring the smooth operation and financial solvency of the Foundation.
- Reviewing and approving departmental budgets.
- Overseeing the allocation of financial resources of the Kidney Dialysis Foundation.
- Maintaining fiscal responsibility and a clear overview of the Kidney Dialysis Foundation's overall financial status.

Fundraising Committee

The Fundraising Committee is responsible for:

- Assisting the Board to raise funds to meet the funding requirements of the Kidney Dialysis Foundation.
- Ensuring that fundraising projects and activities are transparent, ethical and upholds the public's confidence in the cause of the Kidney Dialysis Foundation.
- Advising realistic and achievable income targets and cost-income ratios for the execution of fundraising projects.
- Ensuring that approved projects adopt corporate governance, the best practices and standards required by the regulators and the Kidney Dialysis Foundation.
- Ensuring that fundraising projects are executed within their cost and income targets, and the expected cost-income ratio.

Corporate **Governance**

Accountability and Transparency

KDF is in full compliance with the 'Governance Evaluation Checklist' listed on the Charity Portal of the Ministry of Culture, Community and Youth (MCCY). The Foundation's annual report and financial statements are available for scrutiny on the portal and on the KDF website. In recognition of its exemplary disclosure practices, KDF was awarded the Charity Transparency Award by the Charity Council in 2016, 2017 and 2018.

Board of Management and Renewal

The KDF board of directors convened once through a virtual meeting in the recently concluded financial year. The meeting's attendance record is as reflected below:

Board Director	Designation	Attendance September 2021
Dr Lim Cheok Peng	Chairman	Present
Mr Cheng Wai Keung	Board Director	Present
Mr Stephen Lee Ching Yen	Board Director	Present
Mr Watson Ong	Board Director	Present
Mr Yeoh Oon Jin	Board Director	Present
Mr Wong Yew Meng	Board Director	Present
Mdm Chan May Ping	Board Director	Present
Mr Chan Soo Sen	Board Director	Absent with apologies
Mr Uantchern Loh	Board Director	Present
Mr Roy Quek Hong Sheng	Board Director	Present
Ms Jacqueline Yee	Treasurer	Present
A/Prof Lina Choong	Medical Director	Present
Dr Grace Lee	Medical Director	Present

Table 3: *Board meeting attendance for FY21/22*

Of the current board, five members have served on the KDF board for more than ten consecutive years. They include Mr Cheng Wai Keung and Mr Stephen Lee, who are the founding members of the Foundation. Reappointment of the four long-serving directors was based on their subject expertise and experience managing the Foundation, as well as their understanding of the charity sector and its related legislation in Singapore.

Internal Audits

An independent third party commissioned by the board conducts annual internal audits to ensure that the operations of the Foundation are in compliance with established guidelines and regulations set by the Commissioner of Charities, Sector Administrator and relevant government bodies. They also ensure that the Foundation adopts best practices recommended for the charity sector.

For FY21/22, Shared Services for Charities Limited was appointed as KDF's independent internal auditor. Over the course of the year, they reviewed the following areas:

- Cash and Investment Management; and Human Resource Payroll
- Receipts and Collections
- Fundraising
- Procurement and Payments
- Fixed Asset Management
- Personal Data Protection Act (PDPA)

Conflict of Interest Policy

KDF has policies in place to prevent and address actual and perceived conflicts of interest that will affect the integrity, fairness, and accountability of the Foundation. These policies are clearly stated in the Foundation's Code of Governance and Conduct and are adopted by the Foundation, board members and staff.

In situations where a potential conflict of interest should arise, the board will evaluate the situation and the affected party will abstain from voting on the transaction. For this financial year, the Chairman, board members and staff have declared that they do not have any personal interest in the business transactions or contracts that KDF has entered.

Whistleblowing Policy

KDF has in place a whistleblowing policy that is made known to all staff of the Foundation. The policy ensures that there are proper avenues for employees to raise concerns about actual or suspected improprieties and that all reports are taken seriously and investigated accordingly.

KDF maintains a zero-tolerance policy towards fraud. This policy applies to members of the board, committee members, staff, volunteers and to the Foundation's vendors, suppliers and partners, to the extent that the Foundation's resources or reputation may be involved or affected.

Financial Policies

Fund Allocation And Expenditure

The Charities Regulations (Fund-raising Appeals for Local and Foreign Charitable Purposes) require that the total fundraising expenses of a charity shall not exceed 30% of the total receipts from fundraising and sponsorships for that year. For FY21/22, the total fundraising expenses incurred by KDF was 18.08% of all donations raised for the year.

The Foundation remains committed to channelling a large portion of funds received into patient care by keeping money spent on publicity, fundraising and administration to a minimum. Below is the breakdown of the Foundation's expenditure for FY21/22:

Reserves Policy

KDF upkeeps a reserve policy that provides clarity on the Foundation's management of its reserves. The policy applies to the part of the Foundation's income funds that are freely available for its operating purposes. It excludes endowment funds, restricted funds and designated funds.

As of 31 March 2022, assuming KDF receives no income at all, the accumulated surplus would enable KDF to sustain the cost base of FY21/22 for 4.39 years. As dialysis treatment is a long-term commitment, it is the intention of the board of directors to ensure that the level of reserves is adequate to support KDF's programmes for its needy patients during their lifetime and fulfil its commitment towards education and research.

Top Executive Remuneration

The board of directors of the Foundation render their services on a voluntary basis and do not receive any remuneration. However, the general manager receives a remuneration that is approved by the board of directors. For FY21/22, one employee of the Foundation received an annual remuneration of above $100000.

Salary Range	Number of Executives
$100001 - $150000	1

Table 4: *Top Executive Remuneration for FY21/22*

Donor
Recognition

We would like to extend our heartfelt thanks to our dedicated donors for their continuous support all these years. As a non-profit charity organisation, your gifts help us empower the lives and bring hope to our underprivileged patients.

$50000 and above

Odyssey Reinsurance Company
Singapore Totalisator Board
Teoh Beng Seng

$10000 — $49999

Affluence Resource Pte Ltd
Aranda Investments Pte Ltd
ConocoPhillips Asia Ventures Pte Ltd
GET International Pte Ltd
Hong Leong Foundation
Hui Master International Geomancy Pte Ltd
Lee Foundation Singapore
Mandai Link Logistics Pte Ltd
MPS Trading Pte Ltd
Obayashi Singapore Private Limited
Scan - Bilt Pte Ltd
Sin Hoe Seng Oil Pte Ltd
The Shaw Foundation Pte
Trailblazer Foundation Ltd
Wing Tai Holdings Ltd
Chan Chow Pheng Grace
Chan Mui Noi
Chan Wing To
Choo Bee Ching
Goh Hwee Lan
Goh Jia Le
Inderjit Singh Gill
Lai Siu Bue
Lee Jian Kuan
Lee Poh Kheng
Leong Family
Lim Boon Eng Julie
Lim Him Chuan
Lim Yuan En
Lim Yuan Guang
Low Kwang Tong
Oan Chim Seng
Pang Ming How
Seah Wong Chi
Tang Poh Kheng
Wong Pui Ying
Wong Siew Kheng

$5000 — $9999

Accesstech Engineering Pte Ltd
Alcare Pharmaceuticals Pte Ltd
Gain City Best-Electric Pte Ltd
Intac Systems Solution Pte Ltd
Pei Hwa Foundation Ltd
Poh Tiong Choon Logistics Ltd
S.K. Rosenbauer Pte Ltd
Steward Cross Pte Ltd
The Centre for Inner Studies in Singapore Ltd
Thekchen Choling Singapore Ltd
Thomson Shin Min Foundation
Trustees of Isaac Manasseh Meyer Trust Fund
Yong Khian Pte Ltd
Cheong Lay Kheng
Chin Judy
Chris Tew Boon Pin
Dr Kwok Yew Kai Colin
Goh Chuen Meng
Goh Jong Aik
Goh Seok Eng
Hong Eng Chua
In Memory of Mdm Phua Chak
Joleen Wang Xiao Jun
Khoo Whee Leng
Koh Tat Lee
Late Mdm Lucy Lim Kwai Heng
Late Teo Yoke Lan
Lee Han Chew
Lee Teck Piang
Lim Cher Kiang
Lim Chin Huat
Lim Xiao Hua
Low Hwee Chua
Mak Kai Hon
Ng Boon Seng
Ng Wei Yong William
Ong Mong Siang
Richard Lee Hee Kwee PBM
Sim Bak Sun
Soong Wei San
Tan Koon Chwee
Tan Yang Guan
Tiong Shu
Wong Choon Kheong
Wong Yee Lih

$1000 — $4999

A Lioe & Associates Pte Ltd
Acumed Medical Pte Ltd
Additive Specialities Pte Ltd
Aik Lee Solutions Pte Ltd
AM Global Pte Ltd
AV One FM & Engineering Pte Ltd
AWAK Technologies Pte Ltd
Behn Meyer Specialty Chemicals LLP
Business Continuity Planning Asia Pte Ltd
Chai Chee United Temple
Cheng Hong Siang Tng (Charitable Organisation)
Cheng Hong Welfare Service Society
Cheng Li Kopitiam Pte Ltd
Compitek Corp. Pte Ltd
Dou Yee Enterprises (S) Pte Ltd
Edacpower Electronics Pte Ltd
Enterprise Assurance PAC
Erecon Construction Co Pte Ltd
Eye Lighting Asia Pacific Pte Ltd
Fei Siong FS
Flygod International Trading Pte Ltd
Gennal Industries Pte Ltd
Gloss & Glow Pte Ltd
Grandluxe Private Limited
Guan Ho Construction Co Pte Ltd
Healthy Land Group Pte Ltd
Hiap Teck Metal Co (1968) Pte Ltd
Ho Bor Kee Co. Pte Ltd
Interlocal Exim Pte Ltd
Inverfuture International Pte Ltd
JR Life Sciences Pte Ltd
Jurong East St24 Merchants & Hawkers Zhong Yuan Hui
Kee Marine Pte Ltd
Kim Lian Huat Works Pte Ltd
Kwan Tzi Zhai Vegetarian Catering
Lee Tat Seng Polyethylene Company
Li An Foodstuff Pte Ltd
Lim Kim Guan Co
LV Automation Pte Ltd
New Century Cafe Pte Ltd
Noco Trading Pte Ltd
Outsource Asia Industries (2008) Pte Ltd
Peck Brothers Construction Pte Ltd
Plant Electrical Instrumentation Pte Ltd
Q N Q Enterprise Pte Ltd
SC Golf Club
Seacold Seafoods (S) Pte Ltd
Seng Hup Foo Pte Ltd
Sengkang Import & Export Pte Ltd
Sengkang Trading Enterprise
Serangoon North Merchants Association
SFL Builders Pte Ltd
SG Enviro Pte Ltd
Sin Fu Lee Company
Solely Construction Pte Ltd
Source Manufacturing Pte Ltd
Superpixel Pte Ltd
Tak Products & Services Pte Ltd
Techgems Engineering & Construction Pte Ltd
Terang Company Pte Ltd
Tian Teck Investment Holding Co Pte Ltd
TLG Technology Pte Ltd
Union Gas Holdings Limited
Uniplus Management Services
Universal Augers Pte Ltd
Wu Long Gong Welfare Association
Yangzheng Foundation
Yee Lee Pte Ltd
Yuan Zong Reno Pte Ltd
Zu-Lin Temple Association
Aamir Hatim Nakhoda
Alberto Medina Almazan
Alex Neroth Jacob
Alvin Chew Lee Guan
Andrew Koh Hue Boo
Ang Chee Yam
Ang Chor Meng
Ang Er Qian
Ang Hwee Fang
Ang Kok Seng
Ang Shew Chin
Ang Siew Khing Carole
Anisah Mohamed Affandi
Arun S/O Ramachandran
Aw Bee Hong
Aw Chieh Boon
Bay Siew Yee
Brenda Yap Yock Lan
Catriona Yan Sze Lui
Cecilia Kooi Leng Yee
Chan Ah Cheng
Chan Chai Ling
Chan Kwee Kee
Cheah Soo Kiang
Chee Hon Seong
Chee Yew Chung
Chen Hsiao Ying
Chen Mei Jun
Chen Yew Nah
Cheng Chien Wei
Cheng Jian Fenn
Cheong Hock Soon Andy
Chew Lean Huat
Chew Sung Kit
Chia Fan Yan James
Chia Hwee Kiat
Chia I-Ling
Chia Soon Hien Frankie
Chia Yuet Hing
Chim Tek Xin
Chin Chee Ong
Chin Hon Choong
Chin Yau Seng
Chng Hup Jeng
Chong Siong Hin
Choo Choong Huat
Chris Chua Choon Hock
Chua Hoon Hong
Chua Kim Chiu
Chua Thiam Chok
Chua Wei Wei- PN
Chye Sin Seng Edward
Cuthbert Chan Heng Kiat
Daniel Tan Soon Ping
David Lee Eng Thong
Ding Yee Shih Justine
Dr Ann May Yin
Dr Ann May Yin
Dr Eng Hsi Ko Peter
Dr Ho Nai Yin
Dr Ho Wei Kuo James
Dr Inderjeet Singh Rikhraj
Dr Irene Kwee Nee Irene Chia
Dr Kan See Mun
Dr Kong Wai Kin Adams
Dr Loke Hing Leng
Dr Saleha Bte Johari
Dr Shermela Appan
Dr Tan Kim Ping
Dr Tey Su Hui Jeannie
Dr Yap Lian Eng Ivy
Du Min
Du Xin
Edwin Voong Hon Lim
Estate of Wee Aik Koon
Esther Margaret Tan Kim Tiau
Foo Jie Wen Thomas
Foo Tiang Ann
Foo Yee Ling
Fung Swee Kim Maureen
Gan Soh Har
Gao Jianping
Gao Nanzhen
Gay Siew Hui Pauline
Goh Cher Ngann Alan
Goh Jing Sua
Goh Kok Dee
Goh Kwang Soon Joel
Goh Lee Eng
Goh Mee See
Goh Puay Hoon
Goh Seng Khim
Goh Yan Ling
Gwee Tiong Kee Ronald
Han Hui Fong
Hazel Poa Koon Koon
Hee Siew Fong
Hendra Othman Husodo
Heng Hong Ngee Roger
Heng Kian Hong
Ho Kim Seng
Ho Kok Sun Kevin
Ho Poey Wee
Ho Thye Keong
Hoe Hwee Chin
Hong Ying Kwee
Hoo Wei Chet
In Memory of Late Mdm Lee Suy Chu
Irene Tiono Tiauw
Jamie Gu Jiazhen
Jiang Fang
Jioe Inge Munardi
Joelle Chua Xiao Ying
Judy Goh
Kamal Kant S/O Chhotalal
Kang Siew Bee
Kannan PS
Kapde Tushar
Ke Zai Dao
Kee Siew Hiang
Kevin Hadinata
Khong Ah Moey (Kang Ya Mei)
Khoo Boo Jin
Khoo Swee Im
Khoo Teng Peng
Khoo Whee Luan
Khor Hock Seng
Kng Swee Meng
Koh Beng Ling
Koh Chin Fah
Koh Kha Chuang
Koh Kuan Hock
Kuah Hok Ann
Kwik Wan Ling Regina
Kwok Ngat Khow
Late Gun Cho Wey
Late Mr Goh Sian Chay
Lau Hau Sian
Leau Ser Yang
Lee Fook Sun
Lee Hock Beng Harold
Lee Kar Hoe
Lee Mimi
Lee Pheng Hui Brian
Lee Soon Leng
Lee Swee Leng
Lee Thian Soo
Lee Yan Kit
Lee Yih Chyi
Lek Soon Hoon Angela
Leong Meng Soon Henry
Leong Mok Kam
Leong Quee Ching Karen
Liang Kim Poh
Liew Chih Wai
Liew Ming Hau
Lilu
Lim Boon Heng
Lim Cheng Cheng
Lim Chin Khing
Lim Chong Beng Ivan
Lim Eng Joo
Lim Ewe Teck Andy
Lim Fang Peng
Lim Hoo Yang
Lim Hwee Leng
Lim Soh Din
Lim Tow Peng
Lim Tuang Lee
Lim Whee Kong
Lim Yuan Kang
Liu Chengliang
Liu Qing
Lo Chin Chai Daniel
Loh Pui Fun
Lorraine Tan Mei Ling
Low Kim Lin
Low Peng Fah
Low Phui Hiong
Lu Nguan Soo
Lu Zhi Ying
Lui Yew Sing
Mani Sujathan
Margaret Neo Kee Heng
Moeez H Nakhoda
Molly Tan nee Seet
Mong San Siong
Mun Soi Yue
Neo Say Leong
Neo Tee Boon
Ng Chee Weng

Donor **Recognition**

Donor **Recognition**

Ng Cheow Boo
Ng Chiew Hai
Ng Chuan Lim
Ng Kai Khuay
Ng Ngee Cheng Adeline
Ng Seng Tat
Ng Soh Yong Trina
Ng Sor Poh
Ng Wei Teck Michael
Ng Weng Pan
Ngien Hoon Ping
Ngo Soo Lin
Nick Chen Seong Khee
Norris Ruby Patricia
Oh Ah Lay
Ong Ban Seng
Ong Binh Chan
Ong Chee Eng
Ong Leong Hee Danny
Ong Liang Hong
Ong Seow Yong
Ong Tiong Soon
Oo Ai Li
Oon Peng Lim
Phua Ah Huat
Phua Gim Hock
Phua Wan Ting
Poh Geok Kiow Renee (Fu Yujiao)
Poon Chec Chong
Quek Boon Chin
Quik Lee Lee
Raymond Ng Kian Hin
Roger Chan Kum Onn
Sanam Kaurani
Seah Chor Nah
Seah Sherley
Seet Iris
Seow Joon Chong
Seow Yong Meng
Shi Soon Heng-PN
Shui Swee Haur
Siew Wai Fun
Sim Lye Hee
Sim Piah Hui
Sim Soo Hoon Eunice
Sio Sit Min
Soh Lee Yong
Song Wilson
Soo Chung Fatt
Steven Lim Ghim Guan
Steven Luk Chiew Peng
Sun Lin
Swami
Swee Yew Seng Philip
Tan Bee Hiok
Tan Boon Huat
Tan Boon Yeong
Tan Chiap Hua
Tan Chung Pheng
Tan Fong King
Tan Gek Gnee
Tan Gek Tiang
Tan Gim Chian Tony
Tan Hong Seng
Tan Hua Moy
Tan Hui Keng
Tan Jin Kiat Kelvin
Tan Jit Seng Jan
Tan Jun Qi
Tan Khee Jeslin
Tan Kok Boon
Tan Lian Leng
Tan Nguang Huay
Tan Peng Yee
Tan Puay Hiang
Tan Siew Choo
Tan Sin Lip
Tan Siok Tze Jennifer
Tan Soo Hwee
Tan Soon Teck
Tan Suan Chin
Tan Tzy Ngar
Tan Xiao Yi
Tang Mun Chee
Tang See Chim
Tay Eng Huat
Tay Lim Tiang
Tay Suan Ngoh
Tay Watt Moi
Tay Woon Teck
Teo Boon Lie
Teo Hee Lian
Teo Kar Hui Jason
Teo Kee Meng
Teo Poh Geok
Teo Siew Kim
Teo Sze Lin
Then Guang Yaw
Thio Syn Kym Wendy
Ting Cher Lan
Tommy Lim Ngoh Tee
Tow Soon Kim
Uantchern Loh
Wee Kay Hwa
Wee Kim Yew Arthur
Wee Loke Khiam Robert
Widianto Ngadimin
William Nursalim
Wilson Mizoguchi
Winnie Leong Siew Peng
Wong Bee Eng
Wong Bor Horng
Wong Chin Yong Mark
Wong Chit Sieng
Wong Pei Pow
Wong Seow Foong
Wong Sook Wai
Wong Yew Choo
Woo Kok Wai
Woo Thim Choy
Woon Lejean
Woon Wee Hao
Yam Ah Mee
Yap Kim Yiau
Yap Pett Chin
Yap Wei Khia
Yap Wenjie
Yee Siew Kai
Yeo Beng Hoe
Yeo Kim Chuan
Yeo Lee Kiang Christ
Yeo Lee Kiaw
Yeo Lee Neo
Yeoh Loy Lean
Yong Chin Chin
Zee Chow Seng

Kidney Dialysis Foundation Limited

(A Company Limited by Guarantee)

Registration Number: 199600830Z

ANNUAL REPORT

YEAR ENDED 31 MARCH 2022

FINANCIAL STATEMENTS

Directors' **Statement**

We are pleased to submit this annual report to the members of the Kidney Dialysis Foundation Limited (the "Foundation") together with the audited financial statements of the Foundation for the financial year ended 31 March 2022.

In our opinion:

(a) the financial statements set out on pages FS1 to FS35 are drawn up so as to give a true and fair view of the financial position of the Foundation as at 31 March 2022 and the financial performance, changes in funds and cash flows of the Foundation for the year ended on that date in accordance with the provisions of the Companies Act 1967, Charities Act 1994 and other relevant regulations ("the Charities Act and Regulations") and Financial Reporting Standards in Singapore; and

(b) at the date of this statement, there are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they fall due.

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

DIRECTORS

The directors in office at the date of this statement are as follows:

Dr Lim Cheok Peng - Chairman
Yeoh Oon Jin
Cheng Wai Keung
Stephen Lee Ching Yen
Watson Ong Choon Huat
Wong Yew Meng
Chan May Ping
Uantchern Loh
Chan Soo Sen
Roy Quek Hong Sheng

PRINCIPAL ACTIVITIES

The Foundation was incorporated on 1 February 1996 as a Foundation limited by guarantee and is registered as a charity under the Charities Act 1994 and other relevant regulations.

The principal activities of the Foundation during the financial year have been those relating to the provision of subsidised and/or free medical treatment and dialysis services for patients suffering from kidney and kidney related illnesses. These activities are funded by donations received from the general public and subsidies from the Government (administered by the Ministry of Health). The Foundation generally does not accept patients who are financially able to pay for dialysis treatment at private centres. There have been no significant changes in such activities during the financial year.

The Foundation's secondary strategic mission is to identify and support research in the area for the prevention, treatment and cure of kidney and kidney related diseases. The Foundation signed a memorandum of understanding in November 2007 with The National University of Singapore ("NUS") to collaborate in the area of research for the prevention, treatment and cure of kidney and kidney related diseases. To achieve this, a Research Fund was set up to solicit donations to support and fund research for the prevention, treatment and cure of kidney and kidney related diseases. In July 2011, the Foundation continued the collaboration with NUS with the signing of a 5-year gift agreement at an annual minimum pledge of $350,000. In July 2016, the Foundation signed a gift agreement for the funding of $1,200,000 for another 3 years to continue the Foundation's collaboration with NUS. In October 2018, the Foundation further continued the collaboration

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Directors' statement
Year ended 31 March 2022

Directors' **Statement**

with NUS with the signing of a 3-year gift agreement for the funding of $1,500,000. The gift agreement was discontinued by the Foundation upon approval during the Annual General Meeting held on 22 August 2019.

DIRECTORS' INTERESTS

Directors, who are also members of the Foundation, are Mr Cheng Wai Keung and Mr Stephen Lee Ching Yen. The members do not have a personal interest in the Foundation.

As the Foundation is a Foundation limited by guarantee and has no share capital, the statutory information required to be disclosed by the directors under Section 201 (6) (g) and Section 201 (12) of the Companies Act 1967 does not apply.

Neither at the end of, nor at any time during the financial year was the Foundation a party to any arrangement whose objects are, or one of whose objects is, to enable the directors of the Foundation to acquire benefits by means of the subscription to or acquisition of debentures of the Foundation or any other body corporate.

SHARE OPTIONS

As the Foundation is a Foundation limited by guarantee and has no share capital, the statutory information required to be disclosed under Section 201 (12) of the Companies Act 1967 does not apply.

AUDITORS

The auditors, KPMG LLP, have indicated their willingness to accept re-appointment.

On behalf of the Board of Director

Dr Lim Cheok Peng
Director

Yeoh Oon Jin
Director

24 August 2022

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Kidney Dialysis Foundation Limited ('the Foundation'), which comprise the statement of financial position as at 31 March 2022, the statement of income and expenditure and other comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, as set out on pages FS1 to FS35.

In our opinion, the accompanying financial statements are properly drawn up in accordance with the provisions of the Companies Act 1967 ('the Companies Act'), the Charities Act 1994 and other relevant regulations ('the Charities Act and Regulations'), and Financial Reporting Standards in Singapore ('FRSs') so as to give a true and fair view of the financial position of the Foundation as at 31 March 2022 and the financial performance, changes in funds and cash flows of the Foundation for the year ended on that date.

Basis for opinion

We conducted our audit in accordance with Singapore Standards on Auditing ('SSAs'). Our responsibilities under those standards are further described in the 'Auditors' responsibilities for the audit of the financial statements' section of our report. We are independent of the Foundation in accordance with the Accounting and Corporate Regulatory Authority Code of Professional Conduct and Ethics for Public Accountants and Accounting Entities ('ACRA Code') together with the ethical requirements that are relevant to our audit of the financial statements in Singapore, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ACRA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information contained in the annual report. Other information is defined as all information in the annual report other than the financial statements and our auditors' report thereon.

We have obtained all other information prior to the date of this auditors' report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of management and directors for the financial statements

Management is responsible for the preparation of financial statements that give a true and fair view in accordance with the provisions of the Companies Act, the Charities Act and Regulations and FRSs and for devising and maintaining a system of internal accounting controls sufficient to provide a reasonable assurance that assets are safeguarded against loss from unauthorised use or disposition; and transactions are properly authorised and that they are recorded as necessary to permit the preparation of true and fair financial statements and to maintain accountability of assets.

In preparing the financial statements, management is responsible for assessing the Foundation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

The directors' responsibilities include overseeing the Foundation's financial reporting process.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SSAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with SSAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.

- Obtain an understanding of internal controls relevant to the audit 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 Foundation's internal controls.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Foundation to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Report on other legal and regulatory requirements

In our opinion, the accounting and other records required to be kept by the Foundation have been properly kept in accordance with the provisions of the Companies Act, and the Charities Act and Regulations.

During the course of our audit, nothing has come to our attention that causes us to believe that during the year:

(a) the Foundation has not used the donation monies in accordance with its objectives as required under Regulation 11 of the Charities (Institutions of a Public Character) Regulations; and

(b) the Foundation has not complied with the requirements of Regulation 15 of the Charities (Institutions of a Public Character) Regulations.

KPMG LLP

KPMG LLP
Public Accountants and Chartered Accountants

22 August 2022

Statement of **Financial Position**
As at 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

	NOTE	2022 $	2021 $
NON-CURRENT ASSETS			
Plant and equipment	5	1,615,318	1,313,835
Intangible assets	6	358,094	10,632
Total Non-Current Assets		1,973,412	1,324,467
CURRENT ASSETS			
Trade and other receivables	7	986,986	1,705,528
Inventory	8	27,449	27,449
Cash and cash equivalents	9	44,933,518	43,502,367
Total Current Assets		45,947,953	45,235,344
Total Assets		47,921,365	46,559,811
NON-CURRENT LIABILITIES			
Deferred capital grants	10	1,001,409	13,588
Grants received in advance	11	493,348	1,568,234
		1,494,757	1,581,822
CURRENT LIABILITIES			
Deferred capital grants	10	120,670	68,800
Grants received in advance	11	4,230,277	4,636,143
Trade and other payables	12	1,072,085	1,576,770
		5,423,032	6,281,713
Total Liabilities		6,917,789	7,863,535
Net Assets		41,003,576	38,696,276
FUNDS OF THE FOUNDATION			
Unrestricted Funds			
General Fund		39,277,377	36,986,078
Restricted Funds			
Building Fund	13	1,100,000	1,093,160
Patient Welfare Support (“PWS”) Fund	14	626,199	617,038
Total Funds		41,003,576	38,696,276
MEMBERS’ GUARANTEE	4	300	300

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

Statement of Income and **Expenditure and Other Comprehensive Income**
Year ended 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

			RESTRICTED			
2022	**NOTE**	**Unrestricted General Fund $**	**Building Fund $**	**CST Fund $**	**PWS Fund $**	**Total $**
INCOME/INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary income (donations)	17	2,207,306	6,840	—	30,701	2,244,847
Funds generating activities	17	1,549,827	—	—	—	1,549,827
Sponsorship	17	49,657	—	—	—	49,657
Investment income	18	196,884	—	—	—	196,884
Others		896,079	—	—	—	896,079
		4,899,753	6,840	—	30,701	4,937,294
Charitable activities						
Charitable income (mainly dialysis services and medication fees)	19	3,539,554	—	—	—	3,539,554
Less: subsidies to patients	19	(608,413)	—	—	(21,540)	(629,953)
Government subsidies	20	3,353,878	—	441,061	—	3,794,939
		6,285,019	—	441,061	(21,540)	6,704,540
Total income/incoming resources		11,184,772	6,840	441,061	9,161	11,641,834
Expenditure/Resources expended						
Cost of generating funds						
Cost of generating voluntary income	21	490,934	—	—	—	490,934
Cost of fund generating activities		203,969	—	—	—	203,969
		694,903	—	—	—	694,903
Cost of charitable activities						
Dialysis services and medication cost	22	7,604,827	—	441,061	—	8,045,888
Governance costs	23	593,743	—	—	—	593,743
Total expenditure/resources expended		8,893,473	—	441,061	—	9,334,534
				—	—	
Net surplus/(deficit) for the year, representing total comprehensive income for the year	24	2,291,299	6,840	441,061	9,161	2,307,300

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

Statement of Income and **Expenditure and Other Comprehensive Income** (continued)
Year ended 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

			RESTRICTED				
2021	**NOTE**	**Unrestricted General Fund $**	**Building Fund $**	**CST Fund $**	**PWS Fund $**	**Research Fund $**	**Total $**
INCOME/INCOMING RESOURCES							
Incoming resources from generated funds							
Voluntary income (donations)	17	2,315,034	101,665	—	249,307	5,150	2,671,156
Funds generating activities	17	648,182	—	—	—	—	648,182
Sponsorship	17	157,816	—	—	—	—	157,816
Investment income	18	442,755	—	—	—	—	442,755
Others		530,003	—	—	—	—	530,003
		4,093,790	101,665	—	249,307	5,150	4,449,912
Charitable activities							
Charitable income (mainly dialysis services and medication fees)	19	3,162,357	—	—	—	—	3,162,357
Less: subsidies to patients	19	(543,013)	—	—	(25,225)	—	(568,238)
Government subsidies	20	3,377,612	—	1,358,609	—	—	4,736,221
		5,996,956	—	1,358,609	(25,225)	—	7,330,340
Total income/incoming resources		10,090,746	101,665	1,358,609	224,082	5,150	11,780,252
Expenditure/Resources expended							
Cost of generating funds							
Cost of generating voluntary income	21	495,258	—	—	—	—	495,258
Cost of fund generating activities		85,840	—	—	—	—	85,840
		581,098	—	—	—	—	581,098
Cost of charitable activities							
Dialysis services and medication cost	22	6,311,186	—	1,358,609	—	—	7,669,795
Governance costs	23	521,976	—	—	—	—	521,976
Total expenditure/resources expended		7,414,260	—	1,358,609	—	—	8,772,869
				—	—		
Net surplus/(deficit) for the year, representing total comprehensive income for the year	24	2,676,486	101,665	—	224,082	5,150	3,007,383

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

Statement of **Changes in Funds**
Year ended 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

	Unrestricted General Fund $	**Restricted Building Fund $**	**Restricted PWS Fund $**	**Restricted Research Fund $**	**Total $**
At 1 April 2020	34,304,442	991,495	392,956	—	35,688,893
Transfer between funds[1]	5,150	—	—	(5,150)	—
Net surplus for the year, representing total comprehensive income for the year	2,676,486	101,665	224,082	5,150	3,007,383
At 31 March 2021	36,986,078	1,093,160	617,038	—	38,696,276
Net surplus for the year, representing total comprehensive income for the year	2,291,299	6,840	9,161	—	2,307,300
At 31 March 2022	39,277,377	1,100,000	626,199	—	41,003,576

Note 1:
In 2021, the Foundation transferred $5,150 from Research Fund to Unrestricted General Fund as the KDF-NUS Research Fund was discontinued by the Foundation upon approval by the Board of Directors during the Annual General Meeting held on 22 August 2019. Further information is included in Note 15.

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

Statement of **Cash Flows**
Year ended 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

2022	NOTE	Unrestricted General Fund $	RESTRICTED Building Fund $	CST Fund $	PWS Fund $	Total $
Cash flows from operating activities						
Net surplus for the year		2,291,299	6,840	—	9,161	2,307,300
Adjustments for:						
Depreciation of plant and equipment		252,481	—	176,483	—	428,964
Gain on disposal of plant and equipment		(19,627)	—	—	—	(19,627)
Loss on disposal of intangible assets		3	—	—	—	3
Amortisation of intangible assets		13,062	—	379	—	13,441
Impairment loss on trade receivables		7,496	—	—	—	7,496
Amortisation of deferred capital grants		—	—	(176,862)	—	(176,862)
Utilisation to fund operating expenditure		—	—	(264,199)	—	(264,199)
Government grants and subsidies income		(3,353,878)	—	—	—	(3,353,878)
Investment income		(196,884)	—	—	—	(196,884)
		(1,006,048)	6,840	(264,199)	9,161	(1,254,246)
Changes in:						
- Trade and other receivables		660,837	—	—	—	660,837
- Trade and other payables		(504,685)	—	—	—	(504,685)
- Cash (used in)/generated from operations		(849,896)	6,840	(264,199)	9,161	(1,098,094)
Government grants and subsidies received		3,353,878	—	—	—	3,353,878
Net cash flows from/(used in) operating activities		2,503,982	6,840	(264,199)	9,161	2,255,784
Cash flows from investing activities						
Proceeds from disposal of plant and equipment		23,378	—	—	—	23,378
Purchase of plant and equipment		(734,198)	—	—	—	(734,198)
Purchase of intangible assets		(360,906)	—	—	—	(360,906)
Changes in placement of fixed deposits with banks, net		4,399,022	—	—	—	4,399,022
Interest received		247,093	—	—	—	247,093
Net cash flows from investing activities		3,574,389	—	—	—	3,574,389
Net increase/(decrease) in cash and cash equivalents		6,078,371	6,840	(264,199)	9,161	5,830,173
Gross transfer between funds (Note A)		(264,199)	—	264,199	—	—
Cash and cash equivalents at beginning of year		26,672,988	1,093,160	—	617,038	28,383,186
Cash and cash equivalents at end of year	9	32,487,160	1,100,000	—	626,199	34,213,359

Note A
The transfer between Unrestricted General Fund and CST Fund relates to utilisation of funds granted by Ministry of Health.

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

Statement of **Cash Flows** (continued)
Year ended 31 March 2022

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

2021	NOTE	Unrestricted General Fund $	RESTRICTED Building Fund $	CST Fund $	PWS Fund $	Research Fund $	Total $
Cash flows from operating activities							
Net surplus for the year		2,676,486	101,665	—	224,082	5,150	3,007,383
Adjustments for:							
Depreciation of plant and equipment		150,868	—	99,660	—	—	250,528
Gain on disposal of plant and equipment		(23,023)	—	—	—	—	(23,023)
Amortisation of intangible assets		10,873	—	18,937	—	—	29,810
Amortisation of deferred capital grants		—	—	(118,597)	—	—	(118,597)
Utilisation to fund operating expenditure		—	—	(1,240,012)	—	—	(1,240,012)
Government grants and subsidies income		(3,377,612)	—	—	—	—	(3,377,612)
Investment income		(442,755)	—	—	—	—	(442,755)
		(1,005,163)	101,665	(1,240,012)	224,082	5,150	(1,914,278)
Changes in:							
- Trade and other receivables		(923,646)	—	—	—	—	(923,646)
- Trade and other payables		700,489	—	—	—	—	700,489
- Cash (used in)/generated from operations		(1,228,320)	101,665	(1,240,012)	224,082	5,150	(2,137,435)
Government grants and subsidies received		3,377,612	—	5,215,877	—	—	8,593,489
Net cash flows from/(used in) operating activities		2,149,292	101,665	3,975,865	224,082	5,150	6,456,054
Cash flows from investing activities							
Proceeds from disposal of plant and equipment		31,423	—	—	—	—	31,423
Purchase of plant and equipment		(1,133,510)	—	—	—	—	(1,133,510)
Purchase of intangible assets		(3,290)	—	—	—	—	(3,290)
Changes in placement of fixed deposits with banks, net		9,802,328	—	—	—	—	9,802,328
Interest received		664,488	—	—	—	—	664,488
Net cash flows from investing activities		9,361,439	—	—	—	—	9,361,439
Net increase/(decrease) in cash and cash equivalents		11,510,731	101,665	3,975,865	224,082	5,150	15,817,493
Gross transfer between funds (Note A)		3,981,015	—	(3,975,865)	—	(5,150)	—
Cash and cash equivalents at beginning of year		11,181,242	991,495	—	392,956	—	12,565,693
Cash and cash equivalents at end of year	9	26,672,988	1,093,160	—	617,038	—	28,383,186

Note A
The transfer between Unrestricted General Fund and CST Fund relates to utilisation of funds granted by Ministry of Health.
The transfer between Unrestricted General Fund and Research Fund relates to utilisation of funds for its approved designated purposes (see note 15).

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

These notes form an integral part of the financial statements.
The financial statements were authorised for issue by the Board of Directors on 24 August 2022.

1 DOMICILE AND ACTIVITIES

The Foundation was incorporated in the Republic of Singapore on 1 February 1996 as a Foundation limited by guarantee and is registered as a charity under the Charities Act 1994 and other relevant regulations. Its registered office is Block 333 Kreta Ayer Road, #03-33 Singapore 080333.

The Foundation is a registered member of the Ministry of Health's General Fund. The Foundation has also been granted Institution of a Public Character ("IPC") status since February 1996.

The principal activities of the Foundation are those relating to the provision of subsidised and/or free medical treatment and dialysis services for patients suffering from kidney and related illnesses. These activities are funded by donations received from the general public and subsidies from the Government (administered by the Ministry of Health). The Foundation generally does not accept patients who are financially able to pay for dialysis treatment at private centres.

The Foundation's secondary strategic mission is to identify and support research in the area for the prevention, treatment and cure of kidney and kidney related diseases. The Foundation signed a memorandum of understanding in November 2007 with The National University of Singapore ("NUS") to collaborate in the area of research for the prevention, treatment and cure of kidney and kidney related diseases. To achieve this, a Research Fund was set up to solicit donations to support and fund research for the prevention, treatment and cure of kidney and kidney related diseases. In July 2011, the Foundation continued the collaboration with NUS with the signing of a 5-year gift agreement at an annual minimum pledge of $350,000. In July 2016, the Foundation signed a gift agreement for the funding of $1,200,000 for another 3 years to continue the Foundation's collaboration with NUS. In October 2018, the Foundation further continued the collaboration with NUS with the signing of a 3-year gift agreement for the funding of $1,500,000. The gift agreement will be used to fund research projects undertaken by NUS Medicine to prevent, treat and cure kidney and kidney-related diseases. On 22 August 2019, it was approved during the Annual General Meeting that the Research Fund will be discontinued by the Foundation.

2 BASIS OF PREPARATION

2.1 Statement of Compliance

The financial statements have been prepared in accordance with Financial Reporting Standards in Singapore ("FRSs").

2.2 Basis of Measurement

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

2.3 Functional and Presentation Currency

The financial statements are presented in Singapore dollars, which is the Foundation's functional currency.

2.4 Use of Estimates and Judgments

The preparation of the financial statements in conformity with FRS requires management to make judgements, 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 prospectively.

Management is of the opinion that there have been no critical judgments in applying the Foundation's accounting policies that would result in a significant effect on the amounts recognised in the financial statements or assumptions and estimation uncertainties that would have a significant risk of resulting in a material adjustment within the next financial year.

Note to the **Financial Statements**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

2.5 Changes in Accounting Policies

New standards and amendments

The Foundation has applied the following amendments to FRSs for the first time for the annual period beginning on 1 April 2021:

- *COVID-19-Related Rent Concessions (Amendments to FRS 116)*
- *COVID-19-Related Rent Concessions beyond 30 June 2021 (Amendment to FRS 116)*
- *Interest Rate Benchmark Reform – Phase 2 (Amendments to FRS 109, FRS 39, FRS 107, FRS 104 and FRS 116)*

The application of these amendments to standards do not have a material effect on the financial statements.

3 SIGNIFICANT ACCOUNTING POLICIES

The accounting policies set out below have been applied consistently by the Foundation to all periods presented in these financial statements.

3.1 Financial Instruments

(i) Recognition and initial measurement

Non-derivative financial assets and financial liabilities

Trade receivables issued are initially recognised when they are originated. All other financial assets and financial liabilities are initially recognised when the Foundation becomes a party to the contractual provisions of the instrument.

A financial asset (unless it is a trade receivable without a significant financing component) or financial liability is initially measured at fair value plus or minus, for an item not at fair value through profit and loss (FVTPL), transaction costs that are directly attributable to its acquisition or issue. A trade receivable without a significant financing component is initially measured at the transaction price.

(ii) Classification and subsequent measurement

Non-derivative financial assets

On initial recognition, a financial asset is measured at amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Foundation changes its business model for managing financial assets, in which case all affected financial assets are reclassified on the first day of the first reporting period following the change in the business model.

Financial assets at amortised cost

A financial asset is measured at amortised cost if it meets both of the following conditions and is not designated as at FVTPL:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- Its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets: Business model assessment

The Foundation makes an assessment of the objective of the business model in which a financial asset is held at a portfolio level because this best reflects the way the business is managed and information is provided to management. The information considered includes:

- the stated policies and objectives for the portfolio and the operation of those policies in practice. These include whether management's strategy focuses on earning contractual interest income, maintaining a particular interest rate profile, matching the duration of the financial assets to the duration of any related liabilities or expected cash outflows or realising cash flows through the sale of the assets;
- how the performance of the portfolio is evaluated and reported to the Foundation's management;
- the risks that affect the performance of the business model (and the financial assets held within that business model) and how those risks are managed; and
- the frequency, volume and timing of sales of financial assets in prior periods, the reasons for such sales and expectations about future sales activity.

Transfers of financial assets to third parties in transactions that do not qualify for derecognition are not considered sales for this purpose, consistent with the Foundation's continuing recognition of the assets.

Non-derivative financial assets: Assessment whether contractual cash flows are solely payments of principal and interest

For the purposes of this assessment, 'principal' is defined as the fair value of the financial asset on initial recognition. 'Interest' is defined as consideration for the time value of money and for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs (e.g. liquidity risk and administrative costs), as well as a profit margin.

In assessing whether the contractual cash flows are solely payments of principal and interest, the Foundation considers the contractual terms of the instrument. This includes assessing whether the financial asset contains a contractual term that could change the timing or amount of contractual cash flows such that it would not meet this condition. In making this assessment, the Foundation considers:

- contingent events that would change the amount or timing of cash flows;
- terms that may adjust the contractual coupon rate, including variable rate features;
- prepayment and extension features; and
- terms that limit the Foundation's claim to cash flows from specified assets (e.g. non-recourse features).

A prepayment feature is consistent with the solely payments of principal and interest criterion if the prepayment amount substantially represents unpaid amounts of principal and interest on the principal amount outstanding, which may include reasonable additional compensation for early termination of the contract. Additionally, for a financial asset acquired at a significant discount or premium to its contractual par amount, a feature that permits or requires prepayment at an amount that substantially represents the contractual par amount plus accrued (but unpaid) contractual interest (which may also include reasonable additional compensation for early termination) is treated as consistent with this criterion if the fair value of the prepayment feature is insignificant at initial recognition.

Non-derivative financial assets: Subsequent measurement and gains and losses

Financial assets at amortised cost

These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in profit or loss. Any gain or loss on derecognition is recognised in statement of income and expenditure.

Non-derivative financial liabilities: Classification, subsequent measurement and gains and losses

Financial liabilities are classified as measured at amortised cost.

These financial liabilities are initially measured at fair value less directly attributable transaction costs. They are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses are recognised in statement of income and expenditure.

(iii) Derecognition

Financial assets

The Foundation derecognises a financial asset when:

- the contractual rights to the cash flows from the financial asset expire; or
- it transfers the rights to receive the contractual cash flows in a transaction in which either:
  - substantially all of the risks and rewards of ownership of the financial asset are transferred; or
  - the Foundation neither transfers nor retains substantially all of the risks and rewards of ownership and it does not retain control of the financial asset.

Transferred assets are not derecognised when the Foundation enters into transactions whereby it transfers assets recognised in its statement of financial position, but retains either all or substantially all of the risks and rewards of the transferred assets.

Financial liabilities

The Foundation derecognises a financial liability when its contractual obligations are discharged or cancelled, or expire. The Foundation also derecognises a financial liability when its terms are modified and the cash flows of the modified liability are substantially different, in which case a new financial liability based on the modified terms is recognised at fair value.

On derecognition of a financial liability, the difference between the carrying amount extinguished and the consideration paid (including any non-cash assets transferred or liabilities assumed) is recognised in profit or loss.

(iv) Offsetting

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Foundation currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

(iv) Cash and cash equivalents

Cash and cash equivalents comprise cash balances and fixed deposits that are subject to an insignificant risk of changes in their fair value. For the purpose of the statement of cash flows, fixed deposits with maturity greater than 90 days are excluded.

3.2 PLANT AND EQUIPMENT

Recognition and measurement

Items of plant and equipment are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the costs directly attributable to bringing the assets to a working condition for their intended use, and an estimate of the cost of dismantling and removing the items and restoring the site on which they are located when the Foundation has an obligation to remove the asset or restore the site. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

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 recognised statement of income and expenditure

Subsequent costs

The cost of replacing a component 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 component will flow to the Foundation, and its cost can be measured reliably. The carrying amount of the replaced component is derecognised. The costs of the day-to-day servicing of plant and equipment are recognised in statement of income and expenditure as incurred.

Depreciation

Depreciation is based on the cost of an asset less its residual value. Significant components of individual assets are assessed and if a component has a useful life that is different from the remainder of that asset, that component is depreciated separately.

Depreciation is recognised in statement of income and expenditure on a straight-line basis over the estimated useful lives of each component of an item of plant and equipment, unless it is included in the carrying amount of another asset.

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

Air-conditioners	-	4 years
Computers	-	3 years
Furniture and fittings	-	3 years
Medical equipment	-	4 years
Office equipment	-	3 years
Renovations	-	3 years

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

Plant and equipment valued at less than $1,000 are not capitalised and are expended to statement of income and expenditure in the year of acquisition.

3.3 INTANGIBLE ASSETS

Intangible assets that are acquired by the Foundation and have finite useful lives are measured at cost less accumulated amortisation and accumulated impairment losses.

Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure is recognised in statement of income and expenditure as incurred.

Amortisation is calculated based on the cost of the asset, less its residual value. Amortisation is recognised in statement of income and expenditure on a straight-line basis over the estimated useful lives of intangible assets from the date that they are available for use, since this most closely reflects the expected pattern of consumption of the future economic benefits embodied in the asset.

The estimated useful life for the current and comparative years is as follows:

Software	-	3 years

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

3.4 INVENTORIES

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is based on the first-in first-out allocation method, 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 the estimated costs of completion and estimated costs necessary to make the sale.

3.5 IMPAIRMENT

(i) Non-derivative financial assets

The Foundation recognises loss allowances for expected credit losses (ECLs) on financial assets measured at amortised cost.

Loss allowances of the Foundation are measured on either of the following bases:

- 12-month ECLs: these are ECLs that result from default events that are possible within the 12 months after the reporting date (or for a shorter period if the expected life of the instrument is less than 12 months); or
- Lifetime ECLs: these are ECLs that result from all possible default events over the expected life of a financial instrument.

Simplified approach

The Foundation applies the simplified approach to provide for ECLs for all trade receivables. The simplified approach requires the loss allowance to be measured at an amount equal to lifetime ECLs.

General approach

The Foundation applies the general approach to provide for ECLs on all other financial instruments. Under the general approach, the loss allowance is measured at an amount equal to 12-month ECLs at initial recognition.

At each reporting date, the Foundation assesses whether the credit risk of a financial instrument has increased significantly since initial recognition. When credit risk has increased significantly since initial recognition, loss allowance is measured at an amount equal to lifetime ECLs.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECLs, the Foundation considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Foundation's historical experience and informed credit assessment and includes forward-looking information.

If credit risk has not increased significantly since initial recognition or if the credit quality of the financial instruments improves such that there is no longer a significant increase in credit risk since initial recognition, loss allowance is measured at an amount equal to 12-month ECLs.

The Foundation considers a financial asset to be in default when:

- the debtor is unlikely to pay its credit obligations to the Foundation in full, without recourse by the Foundation to actions such as realising security (if any is held); or
- the financial asset is more than 90 days past due.

The maximum period considered when estimating ECLs is the maximum contractual period over which the Foundation is exposed to credit risk.

Measurement of ECLs

ECLs are probability-weighted estimates of credit losses. Credit losses are measured at the present value of all cash shortfalls (i.e. the difference between the cash flows due to the entity in accordance with the contract and the cash flows that the Foundation expects to receive). ECLs are discounted at the effective interest rate of the financial asset.

Credit-impaired financial assets

At each reporting date, the Foundation assesses whether financial assets carried at amortised cost are credit-impaired. A financial asset is 'credit-impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

Evidence that a financial asset is credit-impaired includes the following observable data:

- significant financial difficulty of the debtor;
- a breach of contract such as a default or being more than 90 days past due; or
- it is probable that the debtor will enter bankruptcy or other financial reorganisation.

Presentation of allowance for ECLs in the statement of financial position

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of these assets.

Write-off

The gross carrying amount of a financial asset is written off (either partially or in full) to the extent that there is no realistic prospect of recovery. This is generally the case when the Foundation determines that the debtor does not have assets or sources of income that could generate sufficient cash flows to repay the amounts subject to the write-off. However, financial assets that are written off could still be subject to enforcement activities in order to comply with the Foundation's procedures for recovery of amounts due.

(ii) Non-financial assets

The carrying amounts of the Foundation'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 assets' recoverable amounts are estimated. An impairment loss is recognised if the carrying amount of an asset or its 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. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or CGU.

Impairment losses are recognised in statement of income and expenditure. Impairment losses recognised in respect of CGU are allocated to reduce the carrying amounts of the other assets in the CGU (group of CGU) on a pro rata basis.

Impairment losses recognised in prior financial years 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.

3.6 EMPLOYEE BENEFITS

(i) Defined contribution plans

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 pension plans are recognised as an expenditure/resource expended in statement of income and expenditure in the financial years during which services are rendered by employees.

Note to the **Financial Statements**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

(ii) 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 Foundation 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.

3.7 GRANTS

An unconditional grant and contribution is recognised in statement of income and expenditure as other income when the grant becomes receivable.

Government grants and contributions are recognised initially as grants received in advance at their fair value where there is reasonable assurance that they will be received and all required conditions associated with the grants and contributions will be complied with by the Foundation.

These grants and contributions that compensate the Foundation for expenses incurred are recognised in statement of income and expenditure as government subsidies on a systematic basis in the same financial years in which the expenses are recognised.

Grants and contributions utilised for the purchase/construction of depreciable assets are initially recorded as deferred capital grants on the statement of financial position. Deferred capital grants are then recognised in statement of income and expenditure over the financial years necessary to match the depreciation of the assets purchased or constructed with the related grants and contributions. Upon disposal of the plant and equipment, the balance of the related deferred capital grants is recognised in statement of income and expenditure to match the net book value of the assets written off.

Special Employment and Wage Credit Schemes

Cash grants received from the government in relation to the Special Employment and Wage Credit Schemes are recognised as incoming resources in the statement of income and expenditure upon receipt.

Other government grants

Other government grants include Jobs Support Scheme ("JSS"), Job Growth Incentive ("JGI") and Community Care Salary Enhancement ("CCSE") grants.

JSS, JGI and CCSE grants are recognised in the statement of income and expenditure as 'other income' on a systematic basis over the periods in which the Foundation recognises the related expenses, unless the conditions for receiving the grant are met after the related expenses have been recognised. In this case, a grant is recognised when it becomes receivable.

3.8 LEASES

At inception of a contract, the Foundation assesses whether a contract is, or contains, a lease. A contract is, or contains, a lease if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

Short-term leases and leases of low-value assets

The Foundation has elected not to recognise right-of-use assets and lease liabilities for leases of low-value assets and short-term leases, including IT equipment. The Foundation recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

3.9 FUNDS STRUCTURE

(i) General fund

The general fund is available for use at the discretion of the management in furtherance of the Foundation's general objectives and purposes. The fund is available to apply for general purposes of the Foundation as set out in its governing document.

Income generated and expenditure incurred in a general fund will be presented as unrestricted general income and expenditure, respectively.

(ii) Designated funds

The designated fund is available for use at the discretion of the management within particular projects in furtherance of the Foundation's objectives that the management have identified and earmarked.

Designated funds are funds which are part of the unrestricted general fund, but earmarked for a particular project. The designation is made for administrative purposes only and does not contain any legal restrictions in relation to the Foundation's discretion to apply the fund. Management of the Foundation will pass a Directors' Resolution to approve the designation fund for purposes of a particular project earmarked by the Foundation.

Designated fund is accounted for as part of the Foundation's unrestricted designated funds. Income generated and expenditure held in designated funds will be presented as designated general income and expenditure, respectively.

(iii) Restricted funds

Restricted fund is a fund subject to specific purpose, declared by the donor(s) or with their authority or created through a legal process, but still within the wider objectives of the Foundation. The restricted fund is available for use at the discretion of the management within specified projects in furtherance of the Foundations' objectives that have been identified by donors of the funds or communicated to donors when sourcing for the funds.

Restricted fund may be a restricted income fund, which is expendable at the discretion of the Foundation in furtherance of some particular aspect(s) of the objects of the Foundation, or may be a capital fund, where the assets are required to be invested or retained for actual use, rather than expended.

Restricted fund has to be separately accounted for. Income generated and expenditure incurred in a restricted fund will be legally subjected to the restrictions of the fund.

(iv) Transfer of funds

Generally, transfers of funds within the Foundation involve the transfer of available funds in the unrestricted funds of the Foundation to the unrestricted designated fund at the discretion of management as and when it is deemed appropriate and in furtherance of the objectives and purposes of the designated funds. Approval of transfers is made through a Directors' Resolution passed by the Board of Directors of the Foundation. The Foundation's practice is that no fund transfers are made out of the restricted funds to other funds established by the Foundation. However, unrestricted funds may be spent and transferred to the restricted funds to meet any overspending or deficit in the restricted funds, as approved by Board of Directors of the Foundation.

3.10 INCOMING RESOURCES

(i) Voluntary income (donations) and funds generating activities

Voluntary income (comprising donations from direct appeals, fundraising through newsletters and websites, outright donations and sponsorships) are recognised as income in the financial year as received or receivable when and only when all of the following conditions have been satisfied:

- the Foundation obtains the right to receive the donation;
- it is probable that the economic benefits comprising the donations will flow to the Foundation; and
- the amount of donation can be measured reliably.

Incoming resources from the sale of goods from fund raising activities is recognised at the point of sale.

Donations-in-kind are recognised based on their estimated fair values.

The gross incoming resources in relation to funds raised or collected for the Foundation by individuals not employed or contracted by the Foundation, are the net proceeds remitted to the Foundation by the organisers of the event, after deducting their expenses.

Donations with restriction and/or conditions attached shall be recognised as income if the restrictions and conditions are under the Foundation's purview and it is probable that these restrictions and conditions would be met.

(ii) Investment income

Investment income comprises interest income on funds invested and is recognised on an accrual basis, using the effective interest method.

(iii) Charitable income (mainly dialysis services and medication fees)

The transaction price is allocated to each PO in the contract on the basis of the relative stand-alone selling prices of the promised goods or services. The individual standalone selling price of a good or service that has not previously been sold on a stand-alone basis, or has a highly variable selling price, is determined based on the residual portion of the transaction price after allocating the transaction price to goods and/or services with observable stand-alone selling prices. A discount or variable consideration is allocated to one or more, but not all, of the performance obligations if it relates specifically to those performance obligations.

The transaction price is the amount of consideration in the contract to which the Foundation expects to be entitled in exchange for transferring the promised goods or services. The transaction price may be fixed or variable and is adjusted for time value of money if the contract includes a significant financing component. Consideration payable to a customer is deducted from the transaction price if the Foundation does not receive a separate identifiable benefit from the customer. When consideration is variable, the estimated amount is included in the transaction price to the extent that it is highly probable that a significant reversal of the cumulative revenue will not occur when the uncertainty associated with the variable consideration is resolved.

Revenue may be recognised at a point in time or over time following the timing of satisfaction of the PO. If a PO is satisfied over time, revenue is recognised based on the percentage of completion reflecting the progress towards complete satisfaction of that PO.

3.11 RESOURCES EXPENDED

Revenue may be recognised at a point in time or over time following the timing of satisfaction of the PO. If a PO is satisfied over time, revenue is recognised based on the percentage of completion reflecting the progress towards complete satisfaction of that PO.

(i) Allocation of support costs

Support costs comprise staff costs of the head office relating to general management, human resource and administration, budgeting, accounting and finance functions, and maintenance of the IT infrastructure.

The costs have been specifically allocated to charitable activities and governance cost based on an 75:25 ratio, since the Foundation operates one head office that provides the overall governance for the Foundation and dialysis centres that provide the dialysis services and medication.

No support costs were allocated to research activities.

(ii) Costs of generating funds

The costs of generating funds are those costs attributable to generating income for the Foundation, other than from undertaking charitable activities and includes an apportionment of support costs.

(iii) Costs of charitable activities

Costs of charitable activities comprise all costs incurred in undertaking its work in the pursuit of the charitable objects of the Foundation. The total costs of charitable expenditure include an apportionment of support costs.

(iv) Governance costs

Governance costs comprise all costs attributable to the general running of the Foundation, associated with the maintenance of the Foundation's governance infrastructure and in ensuring public accountability. These costs include costs related to constitutional and statutory requirements, and include an apportionment of support costs.

3.12 NEW STANDARDS AND INTERPRETATIONS NOT ADOPTED

A number of new standards, interpretations and amendments to standards are effective for annual periods beginning after 1 April 2021 and earlier application is permitted; however, the Foundation has not early adopted the new or amended standards and interpretations in preparing these financial statements.

The following new FRSs, interpretations and amendments to FRSs are not expected to have a significant impact on the Foundation's financial statements.

- *FRS 117 Insurance Contracts and amendments to FRS 117 Insurance Contracts*
- *Reference to the Conceptual Framework (Amendments to FRS 103)*
- *Property, Plant and Equipment – Proceeds before Intended Use (Amendments to FRS 16)*
- *Onerous Contracts – Costs of Fulfilling a Contract (Amendments to FRS 37)*
- *Classification of Liabilities as Current or Non-current (Amendments to FRS 1)*
- *Annual Improvements to FRSs 2018 – 2020*
- *Disclosure of Accounting Policies (Amendments to FRS 1 and FRS Practice Statement 2)*
- *Definition of Accounting Estimates (Amendments to FRS 8)*
- *Deferred Tax related to Assets and Liabilities arising from a Single Transaction (Amendments to FRS 12)*

4 MEMBERS' GUARANTEE

The Foundation is a Foundation limited by guarantee whereby each member of the Foundation undertakes to meet the debts and liabilities of the Foundation, in the event of its liquidation, to an amount not exceeding $100 per member.

5 PLANT AND EQUIPMENT

	Air-conditioners $	Computer $	Furniture and fittings $	Medical equipment $	Office equipment $	Renovations $	Total $
Cost							
At 1 April 2020	98,567	146,213	243,470	1,929,914	100,643	765,750	3,284,557
Additions	9,250	36,146	—	1,061,900	24,664	1,550	1,133,510
Disposals	(5,171)	(26,730)	(6,716)	(204,523)	(13,655)	(1,551)	(258,346)
At 31 March 2021	102,646	155,629	236,754	2,787,291	111,652	765,749	4,159,721
Addition	33,965	14,310	117,895	322,143	39,811	206,074	734,198
Disposals	(10,272)	(13,644)	(10,091)	(174,000)	(26,809)	—	(234,816)
At 31 March 2022	126,339	156,295	344,558	2,935,434	124,654	971,823	4,659,103
Accumulated depreciation							
At 1 April 2020	69,768	133,319	241,522	1,586,312	77,584	736,799	2,845,304
Depreciation for the year	14,871	13,617	1,063	187,962	15,114	17,901	250,528
Disposals	(5,171)	(21,651)	(6,714)	(202,786)	(12,073)	(1,551)	(249,946)
At 31 March 2021	79,468	125,285	235,871	1,571,488	80,625	753,149	2,845,886
Depreciation for the year	16,505	16,815	14,203	336,630	17,719	27,092	428,964
Disposals	(9,916)	(12,443)	(10,091)	(173,991)	(24,624)	—	(231,065)
At 31 March 2022	86,057	129,657	239,983	1,734,127	73,720	780,241	3,043,785
Carrying amounts							
At 1 April 2020	28,799	12,894	1,948	343,602	23,059	28,951	439,253
At 31 March 2021	23,178	30,344	883	1,215,803	31,027	12,600	1,313,835
At 31 March 2022	40,282	26,638	104,575	1,201,307	50,934	191,582	1,615,318

6 INTANGIBLE ASSETS

	Software $	Development in-progess $	Total $
Cost			
At 1 April 2020	436,018	—	436,018
Additions	3,290	—	3,290
Disposals	(7,756)	—	(7,756)
At 31 March 2021	431,552	—	431,552
Additions	45,986	314,920	360,906
Disposals	(20,885)	—	(20,885)
At 31 March 2022	456,653	314,920	771,573
Accumulated depreciation			
At 1 April 2020	398,866	—	398,866
Depreciation for the year	29,810	—	29,810
Disposals	(7,756)	—	(7,756)
At 31 March 2021	420,920	—	420,920
Depreciation for the year	13,441	—	13,441
Disposals	(20,882)	—	(20,882)
At 31 March 2022	413,479	—	413,479
Carrying amounts			
At 1 April 2020	37,152	—	37,152
At 31 March 2021	10,632	—	10,632
At 31 March 2022	43,174	314,920	358,094

Software under development in-progress is not depreciated as it is not ready for use as at 31 March 2022.

7 INTANGIBLE ASSETS

	2022 $	2021 $
Trade receivables	395,484	1,134,944
Less: Allowance for doubtful trade receivables	(16)	(1,486)
	395,468	1,133,458
Interest receivable	84,510	134,719
Grant receivables	366,732	43,223
Other receivables	16,205	4,205
Deposits	24,166	97,581
	887,081	1,413,186
Prepayments	99,905	292,342
	986,986	1,705,528

The Foundation's exposures to credit risk related to trade and other receivables are disclosed in note 27.

8 INVENTORY

	2022 $	2021 $
Medical consumables	27,449	27,449

In 2022, inventories of $1,292,757 (2021: $890,732) were recognised as an expense during the year.

9 CASH AND CASH EQUIVALENTS

	2022 $	2021 $
Fixed deposits	43,289,042	38,149,424
Cash held with bank	1,644,476	5,352,943
Cash and cash equivalents in statement of financial position	44,933,518	43,502,367
Less:		
Fixed deposits with maturity greater than 90 days	(10,720,159)	(15,119,181)
Cash and cash equivalents in the statement of cash flows	34,213,359	28,383,186

The effective interest rates per annum relating to fixed deposits at the reporting date range from 0.35% to 0.75% (2021: 0.28% to 2.03%) per annum. The fixed deposits mature at intervals of one to twelve months (2021: one to twelve months).

10 DEFERRED CAPITAL GRANTS

	Note	2022 $	2021 $
Balance at the beginning of the year		82,388	200,985
Add:			
Grants received for capital expenditure transferred		1,216,553	—
from grants received in advance	11	1,298,941	200,985
Less:			
Amortisation during the year	24	(176,862)	(118,597)
Balance at the end of the year		1,122,079	82,388
Classified as:			
Non-current		1,001,409	13,588
Current		120,670	68,800
		1,122,079	82,388

11 GRANTS RECEIVED IN ADVANCE – RESTRICTED COMMUNITY SILVER TRUST FUNDS

The Community Silver Trust Fund ("CST") was set up in November 2012 for government grants received from the Trustees of the Community Silver Trust. The Community Silver Trust is managed by the Ministry of Health on behalf of the Trustees. The grant received is used to improve the capability of the Foundation's existing services in achieving higher quality care and affordable step down care.

The government grants received are first accounted for as grants received in advance and the utilisation of these grants are set out below:

	Note	2022 $	2021 $
Balance at the beginning of the year		6,204,377	2,228,512
Add:			
Grants received during the year		—	5,258,135
		6,204,377	7,486,647
Less:			
Transferred to deferred capital grant	10	(1,216,553)	—
Refunded on expired grants		—	(42,258)
Utilisation to fund operating expenditure			
• Centre operating costs		(123,312)	—
• Exercise rehabilitation programme		(140,887)	(138,372)
• Service providers		—	(1,101,640)
	20	(264,199)	(1,240,012)
Balance at the end of the year		4,723,625	6,204,377
Classified as:			
Non-current		493,348	1,568,234
Current		4,230,277	4,636,143
		4,723,625	6,204,377

12 TRADE AND OTHER PAYABLES

	2022 $	2021 $
Trade payables	313,175	929,795
Other payables	189,066	176,026
Goods and Services Tax payables, net	32,703	58,881
Accrued operating expenses	450,103	369,300
Accrual for unutilised annual leave	87,038	42,768
	1,072,085	1,576,770

The Foundation's exposures to liquidity risk related to trade and other payables are disclosed in note 27.

13 RESTRICTED BUILDING FUND

The Building Fund was set up in November 2017 for the development of a new haemodialysis centre. San Wang Wu Ti Religious Society has pledged to donate an amount of $1,000,000. A restricted Building Fund has been set up accordingly to account for this donation since January 2017. During the year, the Foundation has received a donation of $6,840 (2021: $101,665) from San Wang Wu Ti Religious Society.

14 RESTRICTED PATIENT WELFARE SUPPORT FUND

The Patient Welfare Support Fund ("PWS") was set up in June 2016 to fund the Adopt-A-Patient Scheme ("APS"). This fund is used strictly for the direct benefit of patients only. In addition to providing secondary funding for patients unable to cope with their out-of-pocket payment for dialysis treatment, the PWS Fund includes providing transportation subsidies, meal vouchers and other needs as approved by the Patient Programme Selection and Review ("PPSR") Committee. Patient eligibility is based on individual financial circumstances and determined by the Foundation's social workers and approved by the PPSR Committee.

	2022 $	2021 $
Balance at beginning of the year	617,038	392,956
Donations received	30,701	249,307
Subsidies provided to patients	(21,540)	(25,225)
Balance at the end of the year	626,199	617,038

15 RESTRICTED RESEARCH FUND

The Research Fund consists of donations solicited and received by the Foundation for the purpose of supporting and funding research in the area for the prevention, treatment and cure of kidney and kidney related diseases. In November 2007, a memorandum of understanding was signed with The National University of Singapore, whereby identified research projects will be funded. Donations from the Research Fund will be channelled to the KDF-NUS Research Fund. To continue the collaboration established in 2007, a gift agreement was signed in July 2011. A minimum amount of $1,750,000 was pledged towards the KDF-NUS Research Fund over a period of five years commencing from the financial year ended 31 March 2012.

In 2018, the Foundation signed a gift agreement with NUS for a funding of $1,500,000 over 3 years for the research for prevention, treatment and cure of kidney and kidney related diseases.

In 2020, the Foundation transferred $492,830 from the Unrestricted General Fund to the Restricted Research Fund to support the research. As at 31 March 2020, cumulative to date, the Foundation has donated $3,650,000 to the KDF-NUS Research Fund.

In 2021, the Foundation transferred $5,150 from the Restricted Research Fund to the Unrestricted General Fund as the KDF-NUS Research Fund was discontinued by the Foundation upon approval during the Annual General Meeting held on 22 August 2019.

16 RESTRICTED ON DISTRIBUTION OF RESERVES

The Foundation's Memorandum of Association provides that no portion of the income and property of the Foundation shall be paid by way of dividend, bonus or otherwise to the members of the Foundation.

17 INCOMING RESOURCES FROM GENERATED FUNDS

Donations received during the year are included as follows:

	2022 $	2021 $
Voluntary income (donations)	2,244,847	2,671,156
Income from funds generating activities	1,549,827	648,182
Sponsorship	49,657	157,816
	3,844,331	3,477,154

During the year, the donations received comprise tax-deductible and non-tax-deductible donations of $3,443,914 (2021: $2,916,442) and $400,417 (2021: $560,712) respectively.

Sponsorships received in 2022 and 2021 comprised cash sponsorship.

18 INVESTMENT INCOME

	2022 $	2021 $
Interest income on fixed deposits	196,884	442,755

19 CHARITABLE INCOME

	2022 $	2021 $
Dialysis services and medication fee	3,539,554	3,162,357
Less: Subsidies to patients	(629,953)	(568,238)
	2,909,601	2,594,119

20 GOVERNMENT SUBSIDIES

Government subsidies received of $3,353,878 (2021: $3,377,612) are recognised under charitable activities as incoming resources in the statement of income and expenditure and other comprehensive income to fund the related expenditure incurred during the financial year.

The Foundation receives government subsidies on dialysis services provided to patients who meet the Ministry of Health's criteria for subsidised haemodialysis and peritoneal dialysis. The government subsidies received for peritoneal dialysis are remitted to the peritoneal dialysis solution provider.

The Foundation also receives grants from the Community Silver Trust. The CST provides a dollar-for-dollar matching grant administered by the Ministry of Health. The grant received is used to improve the capability of the Foundation's existing services in achieving higher quality care and affordable step-down care.

The related expenditures charged to the statement of income and expenditure and other comprehensive income that were funded through CST grants are set out below:

	Note	2022 $	2021 $
Operating expenditures	11	264,199	1,240,012
Depreciation of plant and equipment	24	176,483	99,660
Amortisation of intangible assets	24	379	18,937
		441,061	1,358,609

21 COST OF GENERATING VOLUNTARY INCOME

	2022 $	2021 $
Direct mailing materials and services	195,190	252,553
Staff costs	249,080	209,822
Administrative and operating expenses	46,664	32,883
	490,934	495,258

Note to the **Financial Statements**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

22 DIALYSIS SERVICES AND MEDICATION COST

	2022 $	2021 $
Expenditure paid to dialysis service providers and medication expenditure	2,049,588	3,089,658
Honorarium paid to visiting doctors	127,000	89,600
Staff costs	2,989,187	2,269,592
Depreciation of plant and equipment	409,071	234,958
Amortisation of intangible assets	4,955	—
Rental and utilities	225,773	133,329
Non-claimable GST input tax	186,390	327,224
Repair and maintenance expense	90,556	78,793
Administrative and operating expenses	1,963,368	1,446,641
	8,045,888	7,669,795

Donated services

The Foundation receives professional services from doctors and lawyers on a voluntary basis. Honorarium totalling $127,000 (2021: $89,600) for 12 (2021: 12) volunteer doctors was paid directly to the restructured hospitals and volunteer doctors for the services rendered.

23 GOVERNANCE COSTS

	2022 $	2021 $
Staff costs	291,149	272,449
Depreciation of plant and equipment	19,893	15,570
Amortisation of intangible assets	8,486	29,810
Rental and utilities	11,264	14,396
Reversal of GST input tax	(593)	(5,702)
Repair and maintenance expense	55,843	42,727
Administrative and operating expenses	207,701	152,726
	593,743	521,976

24 NET SURPLUS FOR THE YEAR

Net surplus for the year includes the following:

	Note	2022 $	2021 $
External audit fees		48,175	43,450
Internal audit fees		30,650	24,275
Depreciation of plant and equipment			
• General fund		252,481	150,868
• CST	20	176,483	99,660
Amortisation of intangible assets			
• General fund		13,062	10,873
• CST	20	379	18,937
Gain on disposal of plant and equipment		(19,627)	(23,023)
Impairment loss on trade receivables		7,496	—
Short-term leases		68,100	26,760
Amortisation of deferred capital grants	10	(176,862)	(118,597)
Special Employment & Wage Credit Scheme		(36,273)	(36,561)
Jobs Support Scheme grant		(69,020)	(414,813)
Job Growth Incentive grant		(205,367)	(54,912)
Community Care Salary Enhancement grant		(554,858)	—
Staff costs (see below)		3,529,416	2,751,863
Salaries, bonuses and other costs		3,168,533	2,473,394
Contributions to defined contribution plans		360,883	278,469
		3,529,416	2,751,863

The Foundation received $41,564 and $148,604 (2021: $442,269 and $54,912) in relation to Jobs Support Scheme grant ("JSS") and Job Growth Incentive ("JGI"). JSS is a wage subsidy programme introduced in Singapore in response to the COVID-19 coronavirus pandemic. JGI is a wage subsidy programme to encourage hiring of new local employees. The grants are recognised in the statement of income and expenditure as 'other income' on a systematic basis over the periods in which the Foundation recognises the related expenses. As a result, $274,387 (2021: $469,725) was recognised as other income and the residual amount of $nil (2021: $27,456) was deferred and recognised in other payables.

25 TAXATION

The Foundation is registered as a charity under the Charities Act 1994. With effect from YA2008, all registered charities are not required to file income tax returns and will enjoy automatic income tax exemption. No provision for taxation has been made in the Foundation's financial statements.

26 RELATED PARTIES

For the purpose of these financial statements, parties are considered to be related to the Foundation if the Foundation has the ability, directly or indirectly, to control the party or exercise significant influence over the party in making financial and operating decisions, or vice versa, or where the Foundation and party are subject to common control or common significant influence. Related parties may be individuals or other entities.

Key management compensation

Key management personnel, who are the trustees/office bearers, of the Foundation are those persons having the authority and responsibility for planning, directing and controlling the activities of the Foundation. The Board of Directors and the General Managers (including human resources, finance, nursing and social work) are considered as key management personnel of the Foundation. The Board of Directors of the Foundation renders its services on a voluntary basis and does not receive any remuneration. However, the General Managers received remuneration that is approved by the Board of Directors.

	Salaries $	AWS and variable bonus $	Contributions to Central Provident Fund $	Total $
31 March 2022				
Key management personnel	348,906	68,274	58,844	476,024
31 March 2021				
Key management personnel	350,868	42,993	56,526	450,387

During the financial year, no other key management personnel received any reimbursement of expenses, allowances or any other forms of payments, except as described above.

Other related party transactions

The aggregate value of transactions and outstanding balances with key management personnel and entities over which they have control or significant influence were as follows:

	Transaction value for the year ended 31 March		Balance outstanding as at 31 March	
	2022 $	2021 $	2022 $	2021 $
Type of services rendered				
Internal audit services	30,650	24,275	—	—

A Director of the Foundation also sits on the Board of Directors of another non-profit organisation, Shared Services for Charities Limited. The selection of internal audit services was based on the Foundation's tender and procurement process, which takes into consideration the price, professional competency and objectivity, robustness and meticulousness of the proposed internal audit approach as important selection criteria.

Other than the above, there are no other related party transactions during the year.

27 FINANCIAL INSTRUMENTS

Financial risk management

Overview

The Foundation has exposure to the following risks arising from financial instruments:

- credit risk
- liquidity risk
- market risk

This note presents information about the Foundation's exposure to the above risks, the Foundation's objectives, policies and processes for measuring and managing risk, and the Foundation's management of capital.

Risk management framework

The Board of Directors has overall responsibility for the establishment and oversight of the Foundation's risk management framework. The Board has established the Audit Committee, which is responsible for developing and monitoring the Foundation's risk management policies. The Audit Committee reports regularly to the Board of Directors on its activities.

The Foundation's risk management policies are established to identify and analyse the risks faced by the Foundation, to set appropriate risk limits and controls, and to monitor risks and adherence to limits. Risk management policies and systems are reviewed regularly to reflect changes in market conditions and the Foundation's activities. The Foundation, through its training and management standards and procedures, aims to develop a disciplined and constructive control environment in which all employees understand their roles and obligations.

The Foundation's Audit Committee oversees how management monitors compliance with the Foundation's risk management policies and procedures, and reviews the adequacy of the risk management framework in relation to the risks faced by the Foundation. The Foundation's Audit Committee is assisted in its oversight role by Internal Audit. Internal Audit undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported to the Audit Committee.

Credit risk

Credit risk is the risk of financial loss to the Foundation if a counterparty to a financial instrument fails to meet its contractual obligations, and arises primarily from the Foundation's cash and cash equivalents and trade and other receivables.

The carrying amounts of financial assets represent the Foundation's maximum exposure to credit risk, before taking into account any collateral held. The Foundation does not hold any collateral in respect of its financial assets.

Trade receivables

Management has a credit policy in place and the exposure to credit risk is monitored on an ongoing basis.

The Foundation establishes an allowance for impairment that represents its estimate of incurred losses in respect of trade receivables. The main components of this allowance are specific loss component that relates to individually significant exposures, and collective loss component established for groups of similar assets in respect of losses that have been incurred but not yet identified. The collective loss allowance is determined based on historical data of payment statistics for similar financial assets.

Exposure to credit risk

The exposure to credit risk for trade receivables at the reporting date by counterparty was:

	Carrying amount	
	2022 $	**2021 $**
Corporate – insurance providers	386,535	1,111,762
Individual patients	8,933	21,696
	395,468	1,133,458

The carrying amount of the Foundation's most significant customer, an insurance provider was $200,131 (2021: $809,352) as at 31 March 2022.

Impairment losses

A summary of the exposures to credit risk for trade receivables at the reporting date is as follows:

	2022		2021	
	Not credit impaired $	**Credit impaired $**	**Not credit impaired $**	**Credit impaired $**
Not past due	242,969	—	265,267	—
Past due 1-30 days	13,274	—	373,958	—
Past due 31-60 days	138,962	—	399,362	—
Past due 61-90 days	263	—	94,871	—
Past due more than 365 days	—	16	—	1,486
Total gross carrying amount	395,468	16	1,133,458	1,486
Loss allowance	—	(16)	—	(1,486)
	395,468	—	1,133,458	—

The Foundation's credit impaired trade receivables of $16 as at 31 March 2022 (2021: $1,486) is related to a few patients that have informed the Foundation of their inability to pay for the outstanding invoices due to financial difficulties. The Foundation had made full allowance for impairment losses on these receivables.

Expected credit loss assessment for trade receivables

The Foundation uses an allowance matrix to measure the ECLs of trade receivables from individual customers, which comprise a very large number of small balances.

Loss rates are calculated using a 'roll rate' method based on the probability of a receivable progressing through successive stages of delinquency to write-off. Roll rates are calculated separately for exposures in different segments based on the following common credit risk characteristics - geographic region, age of customer relationship and type of product purchased.

The following table provides information about the exposure to credit risk and ECLs for trade receivables for customers as at 31 March:

	Weighted average loss rate	**Gross carrying amount $**	**Impairment loss allowance $**	**Credit impaired**
2022				
Current (not past due)	—	242,969	—	No
1 – 30 days past due	—	13,274	—	No
31 – 60 days past due	—	138,962	—	No
61 – 90 days past due	—	263	—	No
More than 365 days past due	100%	16	(16)	Yes
		395,484	(16)	

	Weighted average loss rate	Gross carrying amount $	Impairment loss allowance $	Credit impaired
2022				
Current (not past due)	—	265,267	—	No
1 – 30 days past due	—	373,958	—	No
31 – 60 days past due	—	399,362	—	No
61 – 90 days past due	—	94,871	—	No
More than 365 days past due	100%	1,486	(1,486)	Yes
		1,134,944	(1,486)	

Loss rates are based on actual credit loss experience over the past four years. These rates are multiplied by scalar factors to reflect differences between economic conditions during the period over which the historic data has been collected, current conditions and the Foundation's view of economic conditions over the expected lives of the receivables. Scalar factors are based on actual and forecast Singapore Consumer Price Index Growth rate.

Movements in allowance for impairment in respect of trade receivables

The movement in the allowance for impairment in respect of trade receivables during the year was as follows:

	Lifetime ECL	
	2022 $	2021 $
Balance at beginning of the year	1,486	1,486
Impairment loss recognised	7,496	—
Amount written off	(8,966)	—
Balance at the end of the year	16	1,486

Cash and cash equivalents

The Foundation held cash and cash equivalents of $44,933,518 as at 31 March 2022 (2021: $43,502,367). The cash and cash equivalents are held with bank counterparties, which are rated from A3 to Aa1 (2021: A3 to Aa1), based on Moody's ratings, except for fixed deposits of $3,374,186 (2021: $8,536,345) which has been placed with a financial institution with no available credit rating.

Impairment on cash and cash equivalents has been measured on the 12-month expected loss basis and reflects the short maturities of the exposures. The Foundation considers that its cash and cash equivalents have low credit risk based on the external credit ratings of the counterparties. The amount of the allowance on cash and cash equivalents is insignificant.

Interest receivables, grant receivables, other receivables and deposits

Impairment on these balances has been measured on the 12-month expected loss basis which reflects the low credit risk of the exposures. The amount of the allowance on these balances is insignificant.

Liquidity risk

The Foundation has minimal exposure to liquidity risk as its operations are funded by government grants and subsidies, as well as donations from corporations and individuals. The Foundation has ensured sufficient liquidity through the holding of highly liquid assets in the form of cash and cash equivalents at all times to meet its financial obligations when they fall due. The cash flow maturity of the grants received in advance is identified based on the respective funding projects' agreed time period with Ministry of Health (note 11).

Cash outflows of these balances are only expected when the project expired with unutilised funding balances.

Fixed deposits are placed with reputable financial institutions, which yield better returns than cash at bank. The fixed deposits generally have short-term maturities so as to provide the Foundation with the flexibility to meet working capital needs. All fixed deposits mature within one year.

The following are the expected contractual undiscounted cash outflows of financial liabilities, including interest payments and excluding the impact of netting agreements:

		Cash flows		
	Carrying amount $	Contractual cash flows $	Within 1 year $	Between 1 to 5 years $
2022				
Non-derivative financial liabilities				
Trade and other payables	1,072,085	(1,072,085)	(1,072,085)	—
2021				
Non-derivative financial liabilities				
Trade and other payables	1,576,770	(1,576,770)	(1,576,770)	—

Market risk

Market risk is the risk that changes in market prices, such as interest rate and foreign exchange rates will affect the Foundation's income or value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising returns.

The Foundation's exposure to market risk for changes in interest rates relates primarily to the Foundation's investment portfolio.

Interest rate risk

At the reporting date, the interest rate profile of the Foundation's interest-bearing financial instruments was as follows:

	2022 $	2021 $
Fixed rate instruments		
Fixed deposits	43,289,042	38,149,424

The Foundation does not account for any fixed rate financial assets at fair value through statement of income and expenditure. Therefore, changes in interest rates at the reporting date would not affect the Foundation's statement of income and expenditure.

Foreign currency risk

The financial assets and liabilities of the Foundation are primarily denominated in Singapore dollars. The Foundation has no significant exposure to foreign currency risk.

Capital management

The Foundation defines "capital" to be the unrestricted funds and restricted funds. The primary objective of the Foundation is to ensure that it maintains a healthy capital position through donations and government grants to sustain its operations.

There are no changes in the Foundation's approach to capital management during the year. The Foundation is not subject to any externally imposed capital requirements.

Accounting classifications and fair values

The carrying amounts of financial assets and liabilities, all of which are not measured at fair value, are as follows. No separate disclosure is made on their fair values as their carrying amounts are reasonable approximations of fair value due to the short period to maturity.

	Note	Amortised cost $	Other financial liabilities $	Total carrying amount $
31 March 2022				
Cash and cash equivalents	9	44,933,518	—	44,933,518
Trade and other receivables*	7	887,081	—	887,081
		45,820,599	—	45,820,599
Trade and other payables	12	—	(1,072,085)	(1,072,085)
31 March 2021				
Cash and cash equivalents	9	43,502,367	—	43,502,367
Trade and other receivables*	7	1,413,186	—	1,413,186
		44,915,553	—	44,915,553
Trade and other payables	12	—	(1,576,770)	(1,576,770)

* Excludes prepayments

Note to the **Financial Statements**

Kidney Dialysis Foundation Limited
(A Company Limited by Guarantee)
Year ended 31 March 2022

Supplementary Financial Information – Statement of Financial Position

	RESTRICTED			
	Unrestricted General Fund $	PWS Fund $	Building Fund $	Total $
2022				
Non-current assets				
Plant and equipment	1,615,318	—	—	1,615,318
Intangible assets	358,094	—	—	358,094
Total non-current assets	1,973,412	—	—	1,973,412
Current assets				
Trade and other receivables	986,986	—	—	986,986
Inventories	27,449	—	—	27,449
Cash and cash equivalents	43,207,319	626,199	1,100,000	44,933,518
Total current assets	44,221,754	626,199	1,100,000	45,947,953
Total assets	46,195,166	626,199	1,100,000	47,921,365
Non-current liabilities				
Deferred capital grants	1,001,409	—	—	1,001,409
Grants received in advance	493,348	—	—	493,348
	1,494,757	—	—	1,494,757
Current liabilities				
Trade and other payables	1,072,085	—	—	1,072,085
Deferred capital grants	120,670	—	—	120,670
Grants received in advance	4,230,277	—	—	4,230,277
	5,423,032	—	—	5,423,032
Total liabilities	6,917,789	—	—	6,917,789
Net assets	39,277,377	626,199	1,100,000	41,003,576
2021				
Non-current assets				
Plant and equipment	1,313,835	—	—	1,313,835
Intangible assets	10,632	—	—	10,632
Total non-current assets	1,324,467	—	—	1,324,467
Current assets				
Trade and other receivables	1,705,528	—	—	1,705,528
Inventories	27,449	—	—	27,449
Cash and cash equivalents	41,792,169	617,038	1,093,160	43,502,367
Total current assets	43,525,146	617,038	1,093,160	45,235,344
Total assets	44,849,613	617,038	1,093,160	46,559,811
Non-current liabilities				
Deferred capital grants	13,588	—	—	13,588
Grants received in advance	1,568,234	—	—	1,568,234
	1,581,822	—	—	1,581,822
Current liabilities				
Trade and other payables	1,576,770	—	—	1,576,770
Deferred capital grants	68,800	—	—	68,800
Grants received in advance	4,636,143	—	—	4,636,143
	6,281,713	—	—	6,281,713
Total liabilities	7,863,535	—	—	7,863,535
Net assets	36,986,078	617,038	1,093,160	38,696,276

Supplementary Financial Information – Income Generating Activities and Related Costs

Voluntary Income and Cost of Generating Voluntary Income

	Income		Expenses*	
	2022 $	2021 $	2022 $	2021 $
Activities				
Direct appeal	708,800	1,264,150	(197,987)	(204,778)
Communications, such as newsletters and website	1,352,996	1,212,772	(150,348)	(139,521)
Outright donation	183,051	189,084	(79,397)	(60,757)
Research	—	5,150	—	—
Sponsorship	49,657	157,816	(63,202)	(90,202)
Total	2,294,504	2,828,972	(490,934)	(495,258)

* Expenses pertaining to staff costs, administrative and operating expenses of resource development and communication department are apportioned and allocated to the individual activities based on proportion of voluntary income earned.

Funds Generating Activities and Cost of Funds Generating Activities

	Income		Expenses*	
	2022 $	2021 $	2022 $	2021 $
Activities				
Lunar 7th month	961,433	193,504	(110,378)	(27,445)
Got to walk	315,112	–	(15,685)	–
Flag day	600	19,359	–	–
Donation boxes/Pledge cards	35,949	40,745	(4,762)	(1,855)
Millennium Ride	2,443	105,621	(67)	(41,158)
Others	234,290	288,953	(73,077)	(15,382)
Total	1,549,827	648,182	(203,969)	(85,840)

KIDNEYSG
Dialysis Foundation

MAIN OFFICE

Blk 333 Kreta Ayer Road #03-33
Singapore 080333

Tel: 6559 2630
Fax: 6225 0080
Email: enquiries@kdf.org.sg

HAEMODIALYSIS CENTRES

Bishan Centre
Blk 197 Bishan Street 13 #01-575/583
Singapore 570197
Tel: 6254 9514 **Fax:** 6254 9512

Ghim Moh Centre
Blk 6 Ghim Moh Road #01-188
Singapore 270006
Tel: 6469 1178 **Fax:** 6469 3511

San Wang Wu Ti –
KDF Dialysis Centre @ Kreta Ayer
Blk 333 Kreta Ayer Road #03-33
Singapore 080333
Tel: 6225 4263 **Fax:** 6225 2613

San Wang Wu Ti –
KDF Dialysis Centre @ Admiralty Link
Blk 405 Admiralty Link #01-40
Singapore 750405
Tel: 6555 1020 **Fax:** 6225 0080

REGISTRATION DETAILS:

KDF is a company limited by guarantee. It is registered as a charity under the Charities Act 1994 and is governed and monitored by the Charity Sector Administrator, the Ministry of Health on behalf of the Commissioner of Charities.

Charity Registration No. 1156 dated 22 February 1996
Company Registration No. 199600830Z
GST Registration No. 19-9600830-Z
IPC Registration No. HEF0021/G
(Status renewed up to 29 October 2024)

KDFsg kdf.sg kdfsg www.kdf.org.sg