GENETIC ALLIANCE AUSTRALIA

ANNUAL REPORT · 1 JULY 2024 – 30 JUNE 2025

Connection. Support. Advocacy. Research.

Making the right connections since 1988.

genetic alliance AUSTRALIA

ACKNOWLEDGEMENTS

Before we begin

ACKNOWLEDGMENT OF AUSTRALIA'S FIRST PEOPLES

We acknowledge the Gadigal People of the Eora Nation as the Traditional Custodians of the lands on which we work, and we extend this respect to all Aboriginal and Torres Strait Islander Peoples across Australia. We pay our respects to Elders past and present, and honour the enduring strength of First Nations cultures, communities and knowledge. In our role connecting and advocating for families with rare, genetic and undiagnosed conditions, we commit to listening, learning and walking alongside First Nations peoples – in the spirit of truth – towards a better future.

ACKNOWLEDGMENT OF LIVED EXPERIENCE ACROSS OUR RARE COMMUNITY

Genetic Alliance Australia recognises the insight and expertise that people and families living with rare and undiagnosed genetic conditions bring. Lived experience informs our work and strengthens our purpose. We recognise that many people still face barriers to care, respect and support, and we are committed to systems that recognise people's expertise, uphold dignity and reflect the diversity of people's lives and identities.

ACKNOWLEDGING THE SUPPORT OF NSW HEALTH AND OUR SUPPORTERS

We acknowledge the support of NSW Health and the important role it plays in enabling our work. We also gratefully acknowledge the individuals, families, philanthropic supporters and sponsors whose donations make our work possible, and the Garvan Institute of Medical Research for the generous support. As a registered charity, every contribution extends the reach of our support, advocacy and connection.

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PART A · OUR YEAR, OUR IMPACT

Why our work matters — and why it's urgent

~2M
Australians live with a rare condition — nearly 1 in 12

80%
of rare conditions are genetic

~70%
begin in childhood

94%
have no approved treatment

7,000+
known rare conditions, and growing

Rare conditions are common. Equitable care is not.

Around 2 million Australians, nearly 1 in 12 people, live with a rare condition. There are more than 7,000 known rare conditions, most have a genetic basis, many begin in childhood, and for the overwhelming majority there is no approved treatment.

At the same time, advances in genomics are changing what it means to receive a rare diagnosis. More people and families are receiving answers for ultra-rare conditions, or genetic findings that are not yet fully understood. For some, that means being one of only a handful of people in the world known to have their condition. For others, it means having a genetic finding without a clear explanation of what it will mean for their health or their future.

Our ability to find answers is advancing faster than the systems of care and support around them. Too often, people and families are left to navigate complex, life-shaping questions with too little information, too few established pathways and too much responsibility placed on them to find the way forward.

That is where connection becomes a lifeline. Behind every number is a person and a family living with the reality of rare, genetic and often undiagnosed conditions — and at the moments they most need clarity, care and one another, connection is what we exist to provide.

Help us extend this work.

Donate • Partner • Volunteer • Connect

GOVERNANCE

Report from our Chair

An important year for Australia's rare and genomic health ecosystem

This year has been transformative for Genetic Alliance Australia and the broader rare disease and genomic health landscape. We find ourselves at a critical juncture where diagnostic capability, policy reform and community advocacy are aligning to reshape how Australia approaches genomic health and rare disease care.

Since year end, Parliament has introduced the Treasury Laws Amendment Bill to ban the use of adverse genetic test results in life insurance underwriting — a milestone after years of community advocacy, and one GAA and its partners and members have pressed for consistently. By removing this barrier, the Government recognises what we have long championed: genetic testing saves lives, and equitable access depends on trust and protection from discrimination.

The draft National Health Genomics Policy Framework 2026–2030 reinforces the same direction, with its emphasis on person- and family-centred care. Within that enabling environment we have deepened GAA's impact, most visibly through the launch of the Genetic Health Navigator, which embeds genetic counselling expertise directly in the rare disease community.

Remaining a sustainable not-for-profit that can meet this growing need is our key priority for the years ahead. This year, under Emma Bonser's leadership and with the Board's support, we have shown that authentic collaboration can improve individual lives and shift the system itself.

Combined with a robust new Strategic Plan and our third cycle of independent external accreditation, we have strengthened the institutional foundations we need to scale.

GAA has an experienced volunteer Board, with almost half its members long-term. As part of succession planning we welcomed Richard Pearson as Treasurer and Mairead Cusack, whose legal background complements the Board's clinical and advocacy strengths.

We are extremely sad to farewell Kathleen LaMarquand from the Board after more than seven years of service. As a previous Board Chair and Secretary, she has provided invaluable guidance to GAA over many years. Thank you, Kathleen; we wish you all the best and look forward to working with you in future, albeit not on the Board.

We could not deliver our services without the NSW Health grant, and we thank them for their continued support in a tight fiscal environment. To meet what our members need and to remain an independent, sustainable charity, additional external investment is required — and that will be a priority for GAA in 2026.

As we look forward, GAA is positioned to bridge policy ambition and lived experience. Our systems, processes and frameworks are in place; now comes implementation. Our role is to ensure that advances translate into real-world equity, that families navigate clear pathways, and that rare disease communities remain at the centre of system reform.

It has never been more important to ensure Australia's genomic future leaves no family behind.

Nicholette Conway

Board Chair, Genetic Alliance Australia

GOVERNANCE

A note from our CEO

This year has been one of both challenge and momentum for our rare, genetic and undiagnosed community. Across Australia, families continue to navigate a system where diagnostic capability is advancing faster than the support structures around it. Pathways remain fragmented, genetic literacy varies widely, and people still fall through the gaps at the moments they most need clarity, care and connection. Yet what has defined this year is not the complexity of the system, but the strength of the community working to improve it.

One of the most important milestones this year was the launch of the Genetic Health Navigator. Already, we are seeing how community-embedded genetic navigation and support can change the course of care for families who have struggled to find answers or coordination. The insights emerging from this service are also shaping our policy work, submissions and service design.

Our Horizon Scanning exploratory project brought together patient organisations, researchers, government and industry to consider how lived experience can inform system preparation for emerging technologies. This work will contribute to the NHMRC Partnership Grant establishing the Australian Innovation Observatory, where consumer insight will play a central role in understanding how new genomic and health innovations can be used responsibly and equitably.

I am deeply grateful to our community, our support group leaders, our partners and our Board, and I acknowledge the ongoing investment of NSW Health, which enables us to deliver essential services and ensure that lived experience continues to inform research, policy and practice.

As we look to the year ahead, our focus remains steady: build clearer pathways to diagnosis and care, strengthen peer-led communities, and advocate for systems that honour and reflect the people they serve.

Emma Bonser
CEO, Genetic Alliance Australia

A significant amount of our work is voluntary and none of this is possible without support.

As you read what follows, I hope you'll consider what your support could make possible for the individuals & families in these pages.

WHO WE ARE

About Genetic Alliance Australia

Genetic Alliance Australia is a national umbrella not-for-profit supporting and advocating for people living with rare, genetic and undiagnosed conditions, including those so rare there may be no dedicated support organisation. Since 1988, we have connected people with trusted information, peer support and services.

STRATEGY AT A GLANCE

Our Vision

A future where genetic advances bring answers, treatments, connection and care that strengthens people and communities at every stage of life, no matter how rare.

Our Mission

We connect, support, and advocate alongside people living with rare genetic and undiagnosed conditions. We link families, communities, and systems to improve access to care, build knowledge, peer connection, and self-advocacy.

THE VALUES THAT DRIVE OUR WORK

Listen & Learn

People with lived experience are experts in their own lives.

Champion Strengths

Every person, family and community has unique strengths to recognise and build on.

Collaborate & Amplify

Equity requires collaboration. We achieve more when we work together.

OUR STRATEGIC PRIORITIES

01

Pathways to Diagnosis & Care

Helping people navigate genetic healthcare, access trusted support and build clearer pathways to diagnosis and care.

345+ people and families supported through the Genetic Health Navigator Program and helpline 2024 -2025

02

Strong, Connected Communities

Connecting families and strengthening the peer-led groups and networks they rely on.

Database of 3500+ individuals and families
98 support groups & condition networks

- 114 cases of support group assistance 2024-2025
- 132 peer support group referrals made

03

Equitable Research & Responsive Systems

Embedding lived experience in research, policy and the translation of genetic advances into care.

16+ research partnerships · 12 state & national committees · 30+ research and sector partners

OUR IMPACT IN ACTION · PRIORITY 1

Pathways to Care: the Genetic Health Navigator

Genetic and genomic medicine is advancing rapidly, but finding a way through testing, services and care can still be difficult for people living with rare, genetic and undiagnosed conditions.

PEOPLE COME TO US AT MANY DIFFERENT POINTS

- Trying to understand a new or uncertain genetic result
- Working out whether further testing is possible
- Finding the right specialist or genetics service
- Reconnecting with care after years without follow-up
- Understanding what a diagnosis could mean for other family members

The journey to a diagnosis for people with rare genetic and undiagnosed conditions can be long, uncertain and isolating. Genetic information itself can be complex, services can be difficult to access, and people increasingly encounter genetics across many different parts of healthcare. For rare and undiagnosed families this can mean piecing together information and care across multiple services while managing the day-to-day realities of their condition.

GAA established the Genetic Health Navigator in late 2024 as a trusted point of connection through this complexity. Led by a certified genetic counsellor embedded in the rare disease community, the service provides one-to-one support to help people make sense of genetic information, testing and referral pathways, identify practical next steps, and connect with reliable information, specialist services and peer communities.

321

individuals and families supported — around 3 for every GHN working day, across every state and territory

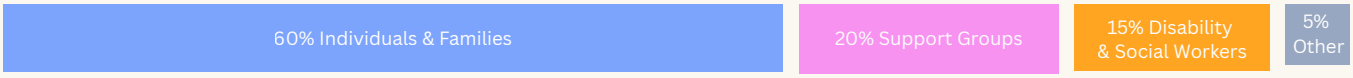
3.5 contacts / 2.7 hrs support

average contacts and hours per individual or family

45%+

of presentations are complex cases — more than double last year

WHO REACHES OUT



60% were families and individuals; 20% were rare-condition support-group leaders seeking advice or referring complex cases; 15% were social workers and disability support workers; and 5% were other healthcare professionals looking for support for their clients.

> *"It's one of the few times in this difficult journey we didn't feel alone. Someone finally understood our situation and helped us get the answers we've been seeking."*
>
> — ADULT LIVING WITH A RARE GENETIC CONDITION

A NOTE ON THE SERVICE

Our Navigator is a certified genetic counsellor, but this service does not replace care from your clinical team. It is informational and supportive: we do not provide medical advice, interpret clinical results, diagnose, treat or arrange testing. Always consult your doctor or healthcare provider for medical advice and decisions about your care.

OUR IMPACT IN ACTION · PRIORITY 2

Strong, Connected Communities

Small, volunteer-led rare condition organisations are often where families turn for practical information, peer connection and lived-experience support. GAA strengthens these groups and the networks around them, helping leaders share knowledge, connect families and work together on shared priorities.

98
support groups & condition-specific networks

114
instances of direct support to rare condition group leaders

132
connections to condition-specific peer groups

4
joint advocacy submissions & collaborative projects

Genetic Alliance Annual Forum 2024

Hosted by the Hon. David Harris MP, Minister for Medical Research, at NSW Parliament House, our 34th Annual Forum brought together more than 150 people across community, clinical care, research, policy and industry.

The inaugural Advocacy & Research Showcase gave 22 organisations a dedicated platform to share their work, build relationships and identify new opportunities for collaboration.

FORUM IMPACT

100%
satisfied or very satisfied

91%
said the Forum strengthened their understanding of current issues in genetic healthcare

88%
made a new connection or partnership

86%
said the Showcase helped them identify new opportunities for collaboration

"I've come away with practical ideas, new contacts, and a plan for moving forward with our planned research."

Forum attendee, 2024

Grief Counselling Peer Supervision

Rare condition support-group leaders often hold significant emotional responsibility for their communities, frequently in voluntary roles and without access to professional supervision. GAA's confidential small-group sessions with specialist grief counsellor Nathan McArthur provide space to reflect, build practical skills and strengthen safe and sustainable approaches to supporting others.

95%
Highly satisfied

100%
rated facilitation as Excellent

80%
valued the practical tools and strategies provided by the facilitor as highly relevant to their communities

> *"Working with Nathan has given me much more confidence in how I maintain safe boundaries while understanding how to best help my families."*
>
> Participant, Whole Families in Grief

Rare-NET: a shared forum for rare disease leaders

Launched through the GUaRD Collaborative, Rare-NET provides a regular online space for rare condition support-group leaders to learn from experts, share emerging issues and strengthen collective responses across genomics, healthcare and policy.

Sessions are member-led and practical: each one pairs expert input with open discussion, so leaders leave with something they can use in their own group.

35+
leaders attended a session on the National Health Genomics Policy Framework, helping inform GUaRD Collaborative feedback to Genomics Australia.

EXAMPLES OF SESSIONS

01 Trauma-informed genetic healthcare

02 Mental health in rare disease communities

03 The World Health Assembly rare disease resolution

04 The National Health Genomics Policy Framework 2026–2030

Recordings and session summaries are shared with all member support groups, so leaders who cannot attend live still benefit.

Equitable Research & Responsive Systems

We work to ensure lived experience helps shape rare and genomic research, policy and system readiness, so advances in diagnosis, treatment and technology can translate into better and more equitable care.

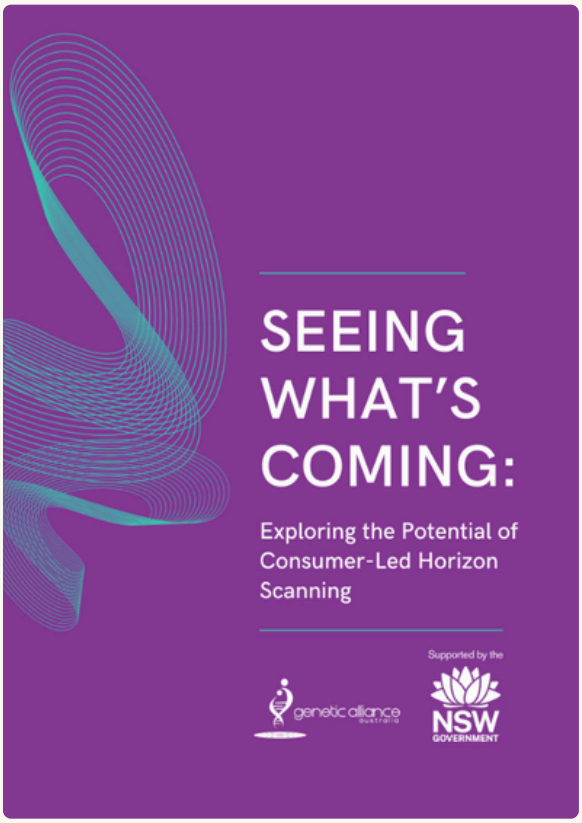
Seeing What's Coming

CONSUMER AND COMMUNITY PERSPECTIVES ON HORIZON SCANNING IN RARE CONDITIONS

In 2024–2025, Genetic Alliance Australia undertook an exploratory project with support from the NSW Office of Health and Medical Research, industry partners and leaders from the rare condition and cancer communities to examine how consumer and community expertise could contribute to formal horizon scanning.

Horizon scanning helps health systems identify emerging technologies and anticipate what may be needed to introduce them safely and effectively. For rare disease communities, however, this work is already happening every day.

Families and patient organisations often track emerging therapies, international research and clinical trials long before they reach routine care. They identify barriers to access, gaps in system readiness and practical implications that may not yet be visible through formal processes.



WHY THIS MATTERS

For people living with rare conditions, emerging technologies are not abstract future developments. Decisions about trials, treatments and access pathways can have immediate and lasting consequences.

"Community is hugely impacted by the quality and transparency of horizon scanning, for example, families making decisions about whether to undergo trials that may prevent their child from qualifying for future PBS-listed therapies or other trials in the pipeline."

Patient organisation leader

What we found

Rare disease communities are already horizon scanning out of necessity.

They routinely monitor emerging treatments, research, clinical trials and evidence internationally.

Community insight can reveal issues earlier.

Patient organisations can identify unmet needs, implementation barriers and unintended consequences before they are visible through formal processes.

Recognising this capability could improve system readiness.

Bringing community-held knowledge into horizon scanning could help anticipate barriers earlier and reduce delays between innovation and real-world access.

Lived experience adds information formal systems may otherwise miss.

Patient organisations bring knowledge from registries, natural history studies, community enquiries and the lived reality of navigating care.

Australia has an opportunity to approach horizon scanning not only as a tool for identifying new technologies, but as a more inclusive way of bringing together knowledge across the lifecycle of health innovation to better anticipate patient and community needs.

Where this leads next

The findings will contribute directly to the NHMRC Partnership Grant establishing the Australian Innovation Observatory, led by Dr Orin Chisholm at the University of Sydney.

GAA is a partner in the initiative, which will further explore how consumer and community capability can contribute to national horizon scanning and strengthen health-system readiness for emerging medical and health technologies.

READ THE FULL REPORT

Seeing What's Coming: Consumer and Community Perspectives on Horizon Scanning in Rare Conditions

DOWNLOAD THE REPORT

> *"Community is uniquely placed to contribute to implementation discussions. Horizon scanning is also an opportunity for support organisations to understand how their role may need to change as new technologies enter the health system."*
>
> Patient organisation leader

This project was supported by the NSW Office of Health and Medical Research, with contributions from patient organisation leaders, researchers, clinicians, policymakers and generous support from industry partners Alexion AstraZeneca Rare Disease, Sanofi Australia and Johnson & Johnson.

THE ASK

How you can help

Your support turns goodwill into answers for families who feel alone.

We are a registered charity delivering national support on the equivalent of less than one full-time staff member. Every contribution helps fund hours of one-to-one support, capacity for small support groups, and advocacy that changes systems.

FOUR WAYS TO HELP

Donate	One-off or regular giving — every dollar helps fund support for families and groups.
Become a member	Individuals and support groups — connect with the community and access Navigator services.
Volunteer	Share your professional expertise or lived experience with our community and committees.
Partner	Collaborate with us on research, policy or service delivery, or sponsor a program.

Give, join or start a conversation

geneticalliance.org.au · info@geneticalliance.org.au
Suite 2/280 Pitt St, Sydney NSW 2000
Scan the code to donate to our work

Our people

Everything in this report is delivered through a combination of funded and voluntary work. Our paid team is very small — the equivalent of less than one full-time staff member — and their work is extended by a large volume of unpaid effort from the team, our voluntary board, our support group leaders and our sector partners. The scale of what we achieve on this footing is only possible because of that combined effort; even modest additional funding and support can make a significant difference to our work.

OUR CORE TEAM

Emma Bonser

CEO · 0.6 FTE

Strategic health leader and lived-experience advocate with experience in health communication, system reform, digital health innovation, and policy across the life sciences and not-for-profit sectors.

Victoria Warn

GENETIC HEALTH NAVIGATOR · 0.2 FTE

Certified genetic counsellor with experience across clinical services and research in NSW, providing direct one-on-one support, information and care navigation across Australia.

Our Board

GAA is governed by a volunteer Board bringing together clinical genetics, law, finance, research, policy and lived experience — expertise that is given freely and is central to what we are able to deliver.

BOARD MEMBERS 2024–2025

Nicholette Conway
BOARD CHAIR

Twenty plus years of cross-sector leadership across rare disease and oncology in the pharmaceutical and MedTech industry, clinical research and health economics, commercialisation, and patient access.

Kathleen LaMarquand
DEPUTY CHAIR & INTERIM SECRETARY

Certified Genetic Counsellor with global experience in prenatal and general genetics, clinical leadership, and policy for Genetic Counsellors.

Richard Pearson
TREASURER

International finance leader with treasury, governance, and operational expertise, focused on sustainable financial performance.

Anastasia Ioannou
BOARD MEMBER

Executive leader in translational research, medical governance, and policy with deep health sector experience and AICD training.

Mairead Cusack
BOARD MEMBER

Experienced lawyer across multiple jurisdictions and strong advocate for equitable healthcare and accessible support services.

Dr Laura Yeates
BOARD MEMBER

Certified Genetic Counsellor and research leader in cardiac genetic counselling with expertise in psychosocial impact and family-centred intervention.

Clare Stuart
BOARD MEMBER

Advocacy and engagement specialist bringing lived experience and professional experience across health, disability, and policy.

Lizzy Harnett
BOARD MEMBER

Health leadership and clinical governance expert dedicated to children's healthcare consumer engagement and system reform.

GOVERNANCE & SUSTAINABILITY

Our Board is voluntary and skills-based, with subcommittees for financial stewardship, risk, governance and strategy. Lived experience shapes how services and policy positions are formed, and our systems — policy registers, risk logs, service agreements and data governance — are documented to withstand external scrutiny.

With ASES certification and our new Strategic Plan in place, our focus is workforce and volunteer capacity, long-term funding sustainability, and deeper partnerships across research, policy and care.

100%

achieved in our third ASES accreditation cycle

GOVERNANCE

Partnerships, committees & memberships

Research & grants

16+ research projects with GAA as Chief Investigator, Associate Investigator or Advisory Partner; 10 major grant submissions; 4 long-term projects funded through the MRFF and NHMRC, continuing to 2030.

Policy & systems influence

12 state and national committees influencing genomics policy, newborn bloodspot screening, precision medicine and rare disease system design; 2 national and 2 state submissions, including the National Genomics Health Policy Framework consultation and the NSW Select Committee on Fertility Support and Assisted Reproductive Treatment; consumer leadership roles on the Sydney Health Partners Genomics and Precision Medicine Clinical Advisory Group, the NSW Health Newborn Bloodspot Screening Expert Advisory Group, and the Agency for Clinical Innovation Clinical Genetics Executive Committee.

Academic, clinical & research partners (30+)

UNSW, Macquarie University, University of Technology Sydney, University of Sydney, University of Melbourne, Sydney Children's Hospital Network, Sydney Health Partners, Australian Genomics, Luminesce Alliance, Centre for Population Genomics, The Garvan Institute of Medical Research, and Rare Disease NSW.

National partnerships

Rare Voices Australia, Consumers Health Forum of Australia, Human Genetics Society of Australasia, Neurological Alliance Australia, Australian Self-Care Alliance, GUaRD Collaborative Australia, Health Consumers NSW.

International collaborations

APARDO, EURORDIS Rare Diseases Europe, Rare Diseases International, IAPO, and the WHO–RDI Collaborative Global Network for Rare Diseases (Western Pacific).

FINANCIALS

Financial Summary 2024–2025

Profit and Loss

GAA delivered solid revenue growth in FY2025, supported by expanded activity and a broader mix of funding sources.

Revenue Growth: Total revenue from ordinary activities increased by 16 percent ($175,071 in FY2025 compared with $150,441 in FY2024), reflecting growth in GAA's programs, events and partnerships.

Net Deficit: GAA recorded an operating deficit of $11,340 compared with a surplus of $12,354 in FY2024. The movement of $23,694 is primarily due to the cost of hosting additional events, including the Horizon Scanning workshop ($11,914), and one-off expenses for Australian Service Excellence Standards re-accreditation and the write-off of formation costs ($12,210).

Controlled Ongoing Expenses: Employee benefits increased by 13 percent in line with expanded operations ($109,273 in FY2025 compared with $96,884 in FY2024). Apart from the costs noted above, other ongoing operating costs showed minimal year-to-year variation, reflecting tight cost management during a period of increased activity.

CLASSIFICATION OF EXPENSES BY NATURE

ITEM	NOTE	2025	2024
Revenues from ordinary activities		175,071	150,441
Employee benefits expense		(109,273)	(96,884)
Depreciation and amortisation expenses		(437)	(220)
Auditing Fees		(8,627)	(3,000)
Other expenses from ordinary activities		(68,074)	(37,983)
Surplus (Deficit) from ordinary activities before income tax expense		**(11,340)**	12,354
Income tax expense relating to ordinary activities		-	-
Net Surplus (Deficit) from ordinary activities after income tax attributable to members of the company	4	**(11,340)**	12,354
Net increase (decrease) in asset revaluation reserve		-	-
Total change in equity of the company		**(11,340)**	12,354

Balance Sheet

GAA maintained a stable financial position in FY2025, with strong liquidity and modest year-on-year movements.

Net Assets: Net assets decreased by $11,340 to $278,445 (from $289,785 in FY2024), consistent with the operating deficit and additional program delivery.

Assets: Total assets decreased by $3,562 to $291,145 (from $294,707 in FY2024). At year end, balances included $255,472 in cash made up of call and term deposits with Westpac and $20,000 in capitalised website development costs.

Liabilities: Total current liabilities increased by $7,778 to $12,700 (from $4,922 in FY2024). Liabilities include PAYG and superannuation obligations under payables and annual leave balances under provisions.

ITEM	NOTE	2025	2024
CURRENT ASSETS			
Cash assets	5a	255,472	287,287
Debtors	5b	15,101	414
TOTAL CURRENT ASSETS		**270,573**	287,701
NON-CURRENT ASSETS			
Property, plant & equipment	6a	20,572	343
Formation Costs	6b	-	6,663
TOTAL NON-CURRENT ASSETS		**20,572**	7,006
TOTAL ASSETS		**291,145**	294,707
CURRENT LIABILITIES			
Payables	7	7,997	3,999
Provisions	8	4,703	923
TOTAL CURRENT LIABILITIES		**12,700**	4,922
TOTAL LIABILITIES		**12,700**	4,922
NET ASSETS		**278,445**	289,785
EQUITY			
Accumulated Surplus	4	278,445	289,785
TOTAL EQUITY		**278,445**	289,785

Cash Flows

Cash flow movements reflected increased program delivery and planned investment in digital infrastructure.

Operating Cash Flow: Net operating cash flow fell to a deficit of $11,149 (from a surplus of $9,686 in FY2024). The movement of $20,835 reflects increased activity and costs across the year.

Growth in Funding Sources: Income diversification continued with $15,523 in consulting revenues and $4,577 in interest income.

Investing Activities: FY2025 investment included $20,000 in website development to support GAA's new digital platform and condition library.

Cash Position: Cash at year end was $31,815 lower at $255,472 (down from $287,287 in FY2024). GAA remains in a strong liquidity position, with cash reserves equivalent to 15 months of forecast expenses (19 months in FY2024).

ITEM	NOTE	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES:			
Operating Grant Receipts		146,190	140,910
Receipts from Sponsorship		20,900	15,000
Donations Received		4,485	8,250
Consultancy Services		15,523	-
Payments to Suppliers and Employees		(202,824)	(154,474)
Interest Received		4,577	-
Net Cash Used by Operating Activities	10	**(11,149)**	9,686
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Assets		(20,666)	-
Net Cash Used by Investing Activities		**(20,666)**	-
Net Increase (Decrease) in Cash Held		**(31,815)**	9,686
Cash at Beginning of the year		287,287	277,601
CASH AT END OF FINANCIAL YEAR	9	**255,472**	287,287

Genetic Alliance Australia

ANNUAL REPORT 2024–2025

Your support turns goodwill into answers for families who feel alone.

Donate

Scan to give, or email us to talk about membership, volunteering and partnership.

info@geneticalliance.org.au

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