

The Australian Lung Foundation Inc.

# 2011

## Annual Report




**THE AUSTRALIAN  
LUNG FOUNDATION**

*"When you can't breathe...nothing else matters"™*



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Our vision is to  
“ensure lung health  
is a priority for all  
in Australia”...

## Strategic Goals

We endeavour to achieve this through four key strategic goals:

- ▶ Broaden our services to encompass all aspects of lung health
- ▶ Establish Strategic Collaborative Partnerships
- ▶ Focus on Brand Development and Management
- ▶ Maintain Organisational Capacity and Governance.

## Our values

We strive for excellence and quality outcomes, with respect for the individual, integrity and ethical behaviour as integral tools when we work with our community, whether they are patients, their families and carers, stakeholders or employees.

## Who we are

The Australian Lung Foundation was established in 1990 by a group of Thoracic Physicians concerned about both the chronic shortage of funds for research work in respiratory medicine and the impact of lung disease on our community. We are a registered charity with our Head Office located in Brisbane. The Australian Lung Foundation strives to meet the need in the community of reducing the significant and debilitating cost of lung disease, both in human and financial terms.



## Foreword



*Dr Robert Edwards, Chairman*



*William Darbishire, CEO*

2011 has certainly been a tough year for both The Australian Lung Foundation and those burdened by poor lung health, with devastating floods and Cyclone Yasi smashing our home state of Queensland at the very beginning of the year. Despite these challenging times, the Lung Foundation has grown once again in 2011, with many new projects undertaken and our employee numbers rising to 21.

On 8 March 2011, the Lung Foundation celebrated its 21st birthday! We hosted an enjoyable anniversary dinner in Perth, during the Thoracic Society of Australia and New Zealand Annual Scientific Meeting; when we paused briefly to both recognise the efforts of the scores of people who have made the journey possible and to reflect on the difference that we had made in our 21 years.

The Lung Foundation has certainly come a long way since the early days when the main focus was raising funds for research. We were sad that our pioneering National Council chairman Dr Geoffrey McLennan passed away just a few short months before this milestone date... He had been a constant supporter over the years.

As the only charity devoted to serving everyone with poor lung health in Australia, we made positive progress towards our vision:

### *'To Ensure Lung Health Is a Priority for All in Australia'*

We endeavour to achieve this vision by focusing on four key strategic goals. These are set out below with a short note of our key achievements in 2011.

#### **1. Broaden our services to encompass all aspects of lung health**

- ▶ During the year we successfully developed and launched The Australian Registry for patients with Idiopathic Pulmonary Fibrosis (IPF). This registry is the first of its kind in Australia and will underpin and drive research in the decades to come.

#### **2. Establish Strategic Collaborative Partnerships**

- ▶ One major positive result from advocacy work (together with our collaborating partners) over many years was the introduction of plain packaging of tobacco legislation. On 21 November 2011, one of the most momentous public health measures in Australia's history was delivered by the Australian Parliament – legislation requiring the plain packaging of tobacco products.
- ▶ The World Health Organization has recognised Australia's lead in tobacco control, singling out our plain packaging legislation as an example for the world to follow.



- ▶ Plain packaging means that the glamour is gone from smoking and cigarettes are now exposed for what they are: killer products that destroy thousands of Australian families.

### 3. Focus on Brand Development and Management

- ▶ The 'Show us your lungs!' campaign launch reached a record audience of 5.5 million and featured on all the major TV and Radio networks.
- ▶ In October 2011 we hosted an information evening at Parliament House in Canberra, to underpin our 'Show us your lungs!' campaign. This was a remarkable success. We were ably assisted by Parliamentarians – Dr Mal Washer and Dr Richard di Natale who performed free lung health checks for the numerous MPs, Senators and others attending the evening!

### 4. Maintain Organisational Capacity and Governance

- ▶ At the 2011 Annual General Meeting, Members approved the adoption of a new Constitution for The Australian Lung Foundation. This has enabled us to introduce up-to-date governance measures and other features which will strengthen and guide the organisation for years to come.
- ▶ As a result of these changes we have been able to reinforce the National Council, with the addition of four new members – namely: Prof Christine Jenkins, Dr Lucy Morgan, Prof Gary Anderson and Mr Peter Stapleton.

- ▶ An important element of our activity under this strategic goal is to ensure that projects we plan and deliver are sustainable in the long term.

The Lung Foundation would be unable to have achieved all this in 2011 without the panoply services donated by our volunteers. The number of volunteers working with us has grown once again this year and there are now over 650 people who selflessly give their time to the Lung Foundation.

Our grateful thanks also goes to the National Council Members who served and guided so diligently in 2011:

**Professor Gary Anderson**  
(appointed 15 December 2011)

**Mr John Caravousanos**  
(ceased 1 April 2011)

**Mr Andrew Churchill**

**Dr Robert Edwards**

**Professor Peter Frith**

**Professor Mark Holmes**

**Associate Professor Peter Holmes**

**Professor Christine Jenkins**  
(appointed 15 October 2011)

**Mr David Macintosh**

**Dr James Markos**

**Dr Lucy Morgan**  
(appointed 15 December 2011)

**Associate Professor Matthew Peters**

**Professor Martin Phillips**

**Professor Paul Reynolds**

**Dr David Serisier**  
(appointed 15 October 2011)

**Mr Peter Stapleton AM**  
(appointed 15 December 2011)

**Professor Philip Thompson**

**Professor John Upham**

**Mr William Darbishire**  
(Secretary)

As you will read in this Annual Report, 2011 has been another exceptionally busy and successful year for the Lung Foundation. This is principally due to the dedicated and talented team at the National Secretariat office; in particular our thanks go to Heather Allan (Director COPD National Program), Glenda Colburn (Director Lung Cancer National Program) and Chris Emery (Director of Operations), who have provided such dedicated direction and program leadership once again in 2011.

Lung disease is a leading cause of death in Australia with more than 50 Australians dying from lung disease each day. Clearly we must keep up the pressure and never give up in our mission.

Our strategy is very clear – the Lung Foundation will continue focusing on our vital strategic initiatives to make our organisation stronger, more agile and competitive as demand for our services inevitably grows.

We commend the 2011 Annual Report to you.



# Chronic Obstructive Pulmonary Disease National Program



**Heather Allan, Director**

The COPD National Program, under the leadership of Professor Peter Frith, marked a number of important milestones in 2011.

The significant achievements in the area of Chronic Obstructive Pulmonary Disease is as a result of the ongoing and generous contributions of our clinical and patient volunteers whose commitment, energy and creativity have been the driving force in meeting the goals set out in the COPD Strategic Plan.

Guiding our work are four important committees: The COPD Coordinating Committee (Chair – Prof Peter Frith), the General Practice Advisory Group (Chair – Dr Kerry Hancock), the COPD Evaluation Committee (Chair-Prof Michael Abramson) and the Australian COPD Patient Taskforce (Chair – Mr Bryan Clift). In addition, we are fortunate to have working groups overseeing

the development of: COPD Online (Chair – Dr Vanessa McDonald), Lungs in Action (Chair – Dr Lissa Spencer), the Pulmonary Rehabilitation Network (Associate Prof Jenny Alison) and the Primary Care Respiratory Toolkit program (Associate Prof Alan Crockett).

I would also like to acknowledge the outstanding work of staff members Juliet Brown (Executive Officer COPD Evaluation Committee), Liz Harper (Lungs in Action Project Manager), Judy Powell (Project Manager – Primary Care), and Karen Wright (Project Officer – COPD National Program).

The focus of 2011 was to develop clinical resources to support primary health care professionals in the diagnosis and management of COPD. Information on all these resources is available on the Lung Foundation website under professional resources. Achievements include:

## Stepwise Management of Stable COPD

Reflecting the COPD-X Management Guidelines, this new GP Guideline provides a one page pictorial summary of prioritised interventions, including both pharmacological and non-pharmacological for the management of COPD patients at different stages of disease severity.

## COPD Online

This comprehensive, 11 module online training program supports primary care nurses to identify and manage those with COPD and to support the nurse's role in facilitating patient self-management. COPD Online was completed for piloting in October 2011. It has now been tested by close to 50 nurses from 6 states working in urban, regional and rural settings, including

practice nurses, nurses in Medicare Locals and State Health services. Feedback from the pilot testing is currently being used to update the program for launching in the first quarter of 2012. It has been accredited by the Royal College of Nursing Australia and will attract 7 Continuing Nurse Education points.

## Primary Care Respiratory Toolkit

This new online decision support tool for primary care practitioners provides accessible and evidence-based point-of-care advice for the management of Chronic Obstructive Pulmonary Disease. The Toolkit, launched in November 2011, summarises The COPD-X Plan and includes other useful resources that support a stepwise approach to COPD management, lung function screening, spirometry interpretation and smoking cessation.

## Lungs in Action now in 5 states and including new Heart Failure training module

Lungs in Action programs are now present in 5 states across Australia, with two other states showing interest. The ongoing support of our Pulmonary Rehabilitation mentors is an important part of the success of this program. New to Lungs in Action was the addition of a module to support Heart Failure (NYHA Class II/III) patients. The new Lungs in Action training program, incorporating Heart Failure, has been accredited by Exercise and Sports Science Australia (ESSA) for 15 points and Fitness Australia for 15 points. By the end of 2011, 63 instructors had been trained and this resulted in the number of Lungs in Action programs increasing from 15 to 44 programs.



### Lung function screening

A clinical consensus paper promoting the use of lung function screening devices was approved in early 2011. These screening devices will have an important role in identifying those at risk of COPD for the purposes of recommending full assessment and diagnostic spirometry. Supporting the paper are: a training DVD, screening algorithm, instruction sheets and recording forms. In future we see community pharmacy playing an important role raising awareness of lung health and symptoms of lung disease by putting in place a screening service.

### Pulmonary Rehabilitation Toolkit translated and available to support PR in China

The Australian Lung Foundation worked with Dr Alice Jones, Director, Centre for East-meets-West in Rehabilitation Sciences, The Hong Kong Polytechnic University to translate our popular Pulmonary Rehabilitation Toolkit ([www.pulmonaryrehab.com.au](http://www.pulmonaryrehab.com.au)) into Mandarin. This important resource which supports the establishment of evidence-based pulmonary rehabilitation is now available throughout mainland China.

### New pulmonary rehabilitation network established

A national network of pulmonary rehabilitation practitioners was established to support increased access to pulmonary rehabilitation across Australia. The network is in its infancy but will aim to provide peer support to fledgling programs and drive the development of a program of clinical resources to complement the Pulmonary Rehabilitation Toolkit.

### Community awareness

In addition to our important work in clinical resources, we continued our work in raising awareness in the community about COPD and about Lung Health generally, including the launching of our 'Show us Your Lungs' campaign and our work to support World COPD Day.

To mark World COPD Day, we worked with the Woolcock Institute and the Austin Hospital to stage two free lung function testing events in Sydney and Melbourne respectively. Over the course of the day over 1,600 sets of lungs were

tested. We also were grateful to the 90 groups around the country who staged their own local event.

In a first for the Lung Foundation, we worked with the Australian Mens' Shed Association and Asthma Australia to develop and include a jointly branded lung health checklist that was included in a health promotion booklet distributed nationally to men across Australia. We also worked with one of the Brisbane sheds to offer free lung function testing with the Piko-6.

## The COPD-X Plan

### Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease

The COPD-X Plan: Australian and New Zealand Guidelines for the Management of Chronic Obstructive Pulmonary Disease (COPD-X) is a decision support aid for clinicians managing people with established COPD. It is available on a dedicated reference site, [www.copdx.org.au](http://www.copdx.org.au). As new evidence is published, the site is regularly updated by the COPD Evaluation Committee, which is overseen by the Lung Foundation's COPD National Program.

The COPD Evaluation Committee is chaired by Professor Michael Abramson and meets quarterly to review and evaluate the latest published evidence on COPD and to make recommendations for updating the content of COPD-X on the reference site. The site is well-utilised with a total of almost 175,000 visitors throughout 2011, an average of 477 visitors per day (a 9.5% increase on 2010). The average number of page views per day in 2011 was 1343 (a 31% increase on 2010). A new version of COPD-X was uploaded to the COPD-X reference site in August 2011 and this resulted in August returning the highest monthly total of visitors (57, 801) and page views per day (18, 307). A survey inviting feedback on COPD-X was uploaded in March 2011 to be available for 12 months.

The work of the Evaluation committee is coordinated by Juliet Brown, Executive Officer.



# Lung Cancer National Program



**Glenda Colburn, Director**

2011 was a productive year for the Lung Cancer National Program (LCNP) consolidating a range of ongoing projects in the area of clinical and public education, advocacy and public awareness.

The LCNP consists of four main aspects which are the Lung Cancer Consultative Group (Chair Prof Kwun Fong), the Australasian Lung cancer Trials Group (Chair Dr Prof Michael Millward), the Kylie Johnston Lung Cancer Network (Chair Prof Matthew Peters), and the Australian & New Zealand Lung Cancer Nurses Forum (Chair Mary Duffy). These consultative groups provide clinical advice and strategic guidance for the lung cancer program and are broad based multi-disciplinary groups of clinical and patient volunteers who strive to improve the outcomes for lung cancer and mesothelioma patients, carers and their families.

I would like to acknowledge the outstanding work of Kerrie Callaghan (Project Manager – Lung Cancer), Nigel McPaul (Project Officer–ALTG) and Karen Lather who left us in August on maternity leave – welcome to little Banjo Thomas Lather!

## The following lists some of the key achievements in 2011:

### 4th Australian Lung Cancer Conference (ALCC)

Initial planning to host the 4th ALCC in 2012 are well underway with the theme identified as Translating Research into Clinical Practice. ALCC will be held in Adelaide from 23 – 25 August 2012.

### IASLC World Conference on Lung Cancer (WCLC)

Glenda Colburn Director of LCNP, William Darbishire CEO, attended the 14th WCLC in Amsterdam in July as preparation for the Lung Foundation to host the 15th WCLC in Sydney in October 2013. The 2013 IASLC WCLC Organising Committee which includes Conference Presidents, Doctors Kwun Fong and Michael Boyer, are on target to deliver a successful World Conference in Sydney next year.

### Shine a Light on Lung Cancer

November is Lung Cancer Awareness Month and in 2011 the Lung Foundation was proud to be the first lung advocacy group, outside the United States, to host the Shine a Light on Lung Cancer vigils. Hundreds of Lung Foundation supporters attended vigils in Sydney, Perth and Canberra. These awareness vigils focused on key messages of – lung cancer is the biggest cancer killer; support for earlier diagnosis; and the need to stamp out the stigma around

a lung cancer diagnosis. All three vigils featured a torch-lit walk, patient stories and a minute's silence.

*Shine a Light on Lung Cancer is made possible through a partnership with the Lung Cancer Alliance, the US based non-profit organisation dedicated to patient support and advocacy for people living with lung cancer and those at risk for the disease.*

### Australasian Lung cancer Trials Group (ALTG)

- ▶ ALTG held business and members meetings through 2011, meeting several times during the year.
- ▶ Two new pilot studies were completed in 2011 and the ALTG had 7 trials open for recruitment. Other trial concepts that were approved by the ALTG in 2011 have initiated protocol development, feasibility surveys and submitted applications for funding. In October 2011 the Chairs of the ALTG Management Advisory Committee and Scientific Advisory Committee co-chaired a symposium on Mesothelioma: Key Phase III Trials Results: Implications and future trial options at the Clinical Oncological Society Australia (COSA) Annual Scientific Meeting.
- ▶ In 2011, the ALTG had 316 members and is continuing to expand due to interest in reducing the incidence, morbidity and mortality of lung cancer.

### ANZ-Lung Cancer Nurses Forum (ANZ-LCNF)

- ▶ **Website** launched, with an on-line Forum and a growing Nurse membership of over 130 nurses.





► **Lung Cancer Workshop** the ANZ-LCNF held a Lung Cancer Nurses Workshop in conjunction with the Cancer Nurses Society of Australia's Winter Congress in July 2011. Over 80 nurse delegates attended the workshop – one of the largest workshops in CNSA's Winter Congress history. The Workshop featured updates from the World Conference on Lung Cancer 2011, presentations on the management of clinical symptoms and a Cancer Australia update of their Lung Cancer Program. The workshop was privileged to have international guest speaker, Marilyn Haas, a US Nurse Practitioner.

### **Kylie Johnston Lung Cancer Network (KJLCN)**

Our patient/carer support initiative, also had a productive year with a focus on reviewing patient resources and piloting an innovative Telephone Support Group program for both patients and carers.

► **Website**

Launched the redeveloped website, on-line forum, and commenced a quarterly eNewsletter with a growing membership of over 400 consumers.

► **Lung Cancer DVD**

"Understanding, Managing, Living", in partnership with the Peter MacCallum Cancer Centre and Cancer Council Victoria, was translated into 12 languages – Mandarin, Cantonese, Greek, Italian, Turkish, Arabic, Farsi, Macedonian, Croatian, Serbian, Vietnamese and Malay.

► **On-Line Patient Resource** created a comprehensive on-line patient resource list for the KJLCN website. Special Acknowledgement goes to Peter McCallum Cancer Centre

Nurse Researcher, Allison Hatton, for her outstanding work on this significant patient resource.

► **National Lung Cancer Telephone Support Group Pilot**

For the first time in 2011, the Lung Foundation piloted monthly telephone support groups for patients and carers in partnership with and the generous support of Cancer Council New South Wales (CCNSW) and funded by Cancer Australia (Building Cancer Support Networks Initiative: Better Cancer Support Through Consumers Grants 2009).

More than fifty lung cancer patients and carers from around Australia were referred to these telephone support groups. The Groups were co-facilitated by the Foundation's Lung Care Nurse, Ainsley Ringma, and a CCNSW facilitator. The program was evaluated by the pilot participants to be highly commended and to have provided support, information and encouragement to group members.

Special acknowledgment goes to the CC NSW Telephone Support Group Team, Rosemary Taylor from the Sydney Adventist Hospital's Lung Cancer Support Group, Nurse Researcher, Allison Hatton and Dr Linda Mileschkin from Peter McCallum Cancer Centre for their guidance and support throughout this pilot project.

The National Lung Cancer Program's Director was also actively involved in the Lung Foundation's lung health awareness campaign, 'Show Us Your Lungs' and a Federal Government Parliamentary Briefing Night in October with Parliamentarians wearing Lung Cancer pins in November.

### **Vale to Karen Munro**

The Lung Foundation was saddened by the passing, on 23 September 2011, of lung cancer patient and advocate Karen Munro (pictured above) from Warragul, Victoria at the age of 41. Karen, a fitness fanatic and never-smoker was diagnosed with Stage 4 lung cancer in Feb 2010, but refused to let her diagnosis stop her from taking part in one of the activities she loved most – cycling. Karen was passionate about helping to raise awareness of lung cancer and through her Ride Hard to Breathe Easy initiative Karen raised valuable awareness of and funds for the Lung Foundation's lung cancer support initiatives. Karen's legacy will live on through Ride Hard to Breathe Easy as her family and friends build on her achievements.



## PIVOT, CICADA and BEWE



*Nigel McPaul, Group Project Officer*

### **Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT)**

In 2011, the Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT) continued to meet face to face and via teleconference with a new Chair Associate Professor Adam Jaffe taking over from Dr Ian Glaspole.

The group also welcomed two new members: Tony Hyams and Mary Murray.

In 2011, the Australian National Idiopathic Pulmonary Fibrosis (IPF) Registry under the direction of Dr Tamera Corte was developed and roll out began in late 2011 with the assistance of Project Manager Sacha Macansh.

The Australian National IPF Registry is a great opportunity for the PIVOT group and is expected to provide vital information on the incidence and prevalence of this disease throughout all of Australia.

### **Chronic Cough in Infants, Children and Adults: Diagnosis and Assessment (CICADA)**

In 2011, the focus of the Chronic Cough in Infants, Children and Adults: Diagnosis and Assessment (CICADA) group moved towards further implementation and promotion of The Australian Cough Guidelines published in 2010.

The Australian Cough Guidelines is a clinical guideline for the assessment of persistent cough in children and adults and was developed to assist GPs with a treatment program, using accurate diagnosis and understanding of the causes of cough.

Following a meeting in mid-2011 the CICADA group has started seeking funding for promotional material and patient information fliers educating patients on alarming symptoms and findings in chronic cough and how to recognise a chronic cough. The CICADA group is also currently working on an algorithm for adult chronic cough diagnosis which will be rolled out to GPs.

For further information, medical practitioners can access copies of The Australian Cough Guidelines from The Australian Lung Foundation website at: [www.lungfoundation.com.au](http://www.lungfoundation.com.au)

### **Breathe Easy Walk Easy (BEWE)**

The Breathe Easy, Walk Easy program continued to grow through 2011 conducting 'train-the-trainer' training in Mt Isa, QLD and Darwin, NT in June and July 2011.

The training programs were delivered to health professionals in these remote locations by Associate Professor Jenny Alison and it is expected that further face-to-face Breathe Easy, Walk Easy training will be delivered at these locations again in 2012.

In addition to conducting face-to-face training The Breathe Easy, Walk Easy program made considerable steps in a new direction in 2011, successfully securing funding from the National Rural Health Alliance to convert their existing face-to-face train-the-trainer program into an online training module.

This is an exciting opportunity for The Australian Lung Foundation and, in particular, pulmonary rehabilitation to develop a significant presence and make a positive impact in rural and remote Australia. Providing pulmonary rehabilitation training online is an effective way The Australian Lung Foundation can overcome the geographical challenges linked to catering to rural and remote communities and is an exciting opportunity for the COPD program.



# LungNet Information and Support Centre



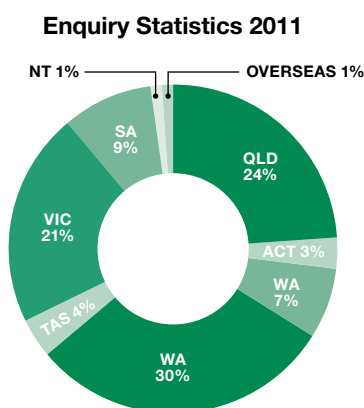
**Juliet Brown,**  
**Program Development Manager**

The LungNet Information and Support Centre (the Centre) provides information and support to patients recently diagnosed with a lung condition and/or their families and carers, as well as resources for health professionals.

The Centre is also the first point of contact for the Lung Foundation's awareness campaigns such as 'Show Us Your Lungs!' and the Lung Health Checklist, which focus on alerting the general public to the possible symptoms of lung disease.

## Enquiries

The Centre can be contacted via a free-call number (1800 654 301) or email ([enquiries@lungfoundation.com.au](mailto:enquiries@lungfoundation.com.au)). From January to September 2011, the Centre's expertise was supplemented by the Lung Care Nurse, Ainsley Ringma who was based in the Centre for two days per week to provide confidential



support and advice to those affected by lung disease. The expertise of the Lung Care Nurse is still available on a contract basis to support the work of the Centre.

## Enquiry Statistics

The number of enquiries received by the Centre in 2011 was over 6000 and a breakdown of the enquiries per state is shown above.

## Newsletter

LungNet News is an important means for the Lung Foundation to communicate regularly with patients, health professionals and other individuals interested in lung health. Published quarterly, the newsletter provides articles on lung health and information about the Lung Foundation's projects and initiatives. By the end of 2011, the newsletter was being mailed to approximately 12,700 households in Australia. This figure is roughly 2000 less than in December 2010 as a result of a data cleansing project conducted in February 2011, which eliminated the records of recipients who no longer wished to receive the newsletter. The newsletter continues to be made accessible via the Lung Foundation

website [www.lungfoundation.com.au](http://www.lungfoundation.com.au) and an electronic version will be also be available in 2012.

## LungNet Patient Support Group Network

Self-help Patient Support Groups continued to be active in all States and Territories in 2011, and are an important means for patients to gain mutual support and ongoing education about their condition. Whilst the majority of groups have face-to-face meetings, support is also available online or by telephone. The current number of Support Groups in Australia at the end of 2011 was 108.

## LungNet Education Days

In 2011, LungNet Education Days were organised in all States and the inaugural ACT LungNet Education Day took place in April. The Education Days provide an opportunity for patients to listen to experts in the field of respiratory medicine and allied health. Over 900 people registered for the 2011 Education Days.

## Pulmonary Rehabilitation Programs

The Centre maintains a list of over 300 pulmonary rehabilitation programs across Australia, the locations of which are listed on our website. Contact details are available from the Centre at the request of patients and health professionals.

## Volunteers

Our volunteer newsletter team expanded to 18 members in 2011. We are fortunate to have the ongoing assistance of our Information and Support Centre volunteer for two days a week and we celebrated her five year milestone in April 2011. All Lung Foundation staff were saddened by the passing of long-time newsletter team volunteer, Denise Stevenson in October, and she will be greatly missed.



## Community Relations



*Jo Mason-Smith, Marketing and Fundraising Manager*

This year, the Lung Foundation had a successful year in marketing and fundraising. We recruited two new members of staff within this area of the organisation – Jo Mason-Smith (Marketing and Fundraising Manager) and Bridget Dixon (Marketing and Public Relations Officer).

### Fundraising

In May 2011, we ran a tax appeal which was sent to our database. This appeal was a great success and surpassed the return from last year's appeal.

We have been very fortunate that this year a range of independent fundraisers have contacted the Foundation wishing to raise money to support our cause. These fundraisers include the Pat Carroll Running Group in Brisbane who ran the Gold Coast Marathon and the University of New South Wales Underwater Club and the Tasmanian Underwater Hockey Association who organised Australia's first ever Underwater Rugby / Underwater Hockey tournament.

The Lung Foundation was delighted to receive net funds of \$45,000 from the ASX-Thomson Reuters Charity Foundation in 2011. We are also pleased to report that we made a successful application for the 2012 award.

We received a number of In Memorium and bequest donations in 2011, including a significant bequest donation in December.

The 2011 Christmas cards were a big success with revenue exceeding those in the previous year. Our membership renewal has also increased in 2011.

### Public Awareness

This year the Lung Foundation organised a number of key initiatives which received media coverage. The main initiative was a national awareness campaign called 'Show Us Your Lungs'. The aim of this campaign was to inform the public about the importance of good lung health, to highlight the symptoms of lung disease and to encourage the community to take action if they had concerns about their lungs. The campaign featured actor John Jarratt (pictured above) in the Community Service Announcement and was a success, achieving media coverage on all television networks, a large number of radio stations and in the press. The Community Service Announcement to support the campaign has been played on the ABC and Foxtel networks. The Lung Foundation witnessed an increase in calls to our LungNet Information and Support Centre and more hits on our website as a direct result of the campaign.

The Lung Foundation also gained television coverage of another Community Service Announcement, featuring Dr. Harry Cooper to promote the pneumococcal pneumonia vaccination.

The fundraising and marketing team also provided support for other Lung Foundation activities during 2011. These include the Shine a Light on Lung Cancer vigils, World COPD Day and a successful lobbying event for politicians at Parliament House in Canberra.

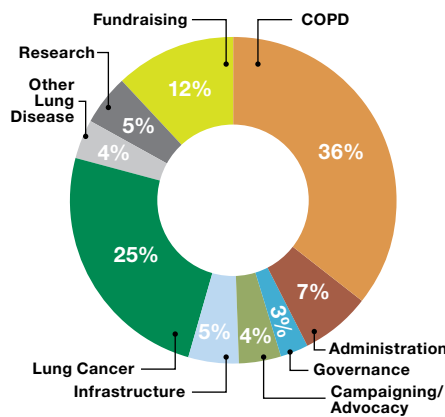


# Operations Report

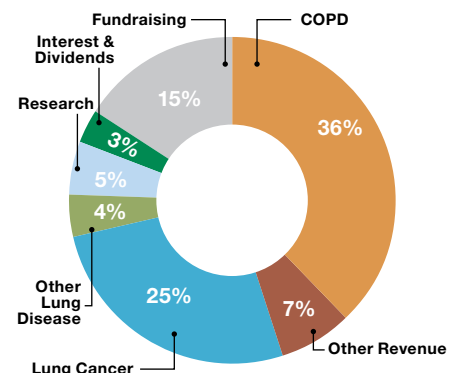


*Chris Emery, Director of Operations*

**The Australian Lung Fundation 2011 Combined Expenditures**



**The Australian Lung Fundation 2011 Combined Revenues**



In its 21st year of operations, The Australian Lung Foundation results show a deficit of \$57,619 due to our investment in fundraising and marketing personnel in the first half of the year.

While this has led to increases in fundraising, memberships and donations in 2011, it is expected that 2012 will result in an increased return on our investment in this area. We have continued to achieve increased returns on the Lung Foundation's investments during the year.

Net assets exceed \$2 million, which provides a level of financial stability to the Lung Foundation. During 2011, we have been able to maintain our Prudential Reserve (an initiative of the National Council), which ensures that the Lung Foundation has financial cover for at least 12 months of operational expenditure.

This is evidenced by the level of investments carried by the Lung Foundation, throughout the year.

As shown in the chart below, the administration expenses were maintained at a level of 7% of total expenditure. This is a favourable result when compared with other Not-for-Profit entities and our donors and supporters can be confident that the Lung Foundation will continue to ensure that the bulk of its income is spent on the delivery of our projects and the funding of research.

Our full-time equivalent employees increased to 16.2FTE's with the growth due to the addition of our fundraising and marketing personnel, and our new staff working on the development of the Australian IPF Registry. During the year, the Lung Foundation acquired the Australian distribution rights for the PiKo range of products, which will allow the Lung Foundation to increase the range of services that is provided to our stakeholders throughout Australia.

A clinical consensus paper promoting the use of lung function screening devices in the community was developed, which will support the marketing of the PiKo range of products in Australia.

Our stakeholders can have confidence that when developing long-term projects, the Lung Foundation endeavours to ensure that the identification of an enduring funding stream is embraced by individual Project Development Plans. This is done to ensure that the long-term projects are self-sustaining thus enabling them to continue the provision of important resources to the community we serve.

As always, the Lung Foundation could not have achieved its 2011 outcomes without the wonderful support of our volunteers, who continue to selflessly give their time to the Lung Foundation, either as members of our Consultative Committees or assisting with our Lungnet Program.

# Research Awards 2011

Each year, The Australian Lung Foundation reaches out to the Australian clinical community to identify and award those who have excelled in the area of respiratory medicine. In 2011 we received a large number of excellent nominations.

The Research Sub-Committee of the Thoracic Society of Australia and New Zealand reviews the applications against the relevant criteria and advises The Lung Foundation of the successful applicant that most closely meets the Award criteria.

## The Lung Foundation congratulates the 2011 winners.

Chronic Obstructive Pulmonary Disease Research Fellowship

**Dr Anne Holland**

Post-Graduate Grant-In-Aid for Lung Cancer Research

**Dr Bajee Krishna Sriram**

**Ms Po Yee Yip**

Under-Graduate Grant-In-Aid for Lung Cancer Research

**Mr John Mackintosh**

Ludwig Eugel Grant-In-Aid for Physiological Research

**Dr Rainer Haberberger**

Grant-In-Aid for New and Emerging Researcher

**Dr Katherine Baines**

PhD Top-Up Scholarship

**Dr Jennifer Perret**

# Acknowledgements

The Lung Foundation would like to acknowledge the fantastic efforts and selfless dedication of these generous volunteers.

## **COPD Coordinating Committee**

Prof Peter Frith (Chair)  
Prof Michael Abramson  
A/Prof Jenny Alison  
Dr Helen Bell  
A/Prof Alan Crockett  
Mr Bryan Clift  
Dr Robert Edwards  
A/Prof H. John Fardy  
Mr Peter Guthrey  
Mr David Hayne  
Prof Christine Jenkins  
Prof Christine McDonald  
Dr Vanessa McDonald  
Dr Julia Walters  
A/Prof Ian Yang

## **COPD General Practice Advisory Committee**

Dr Kerry Hancock (Chair)  
A/Prof Amanda Barnard  
Dr David Batt  
Prof Ian Charlton  
A/Prof H John Fardy  
Dr Chris Hogan  
Dr Steven Rudolph  
Dr Victoria Smith  
Dr Noela Whitby  
Dr Russell Wiseman  
Dr Sanjiva Wijesinha

## **The Australian COPD Patient Taskforce**

Mr Bryan Clift (Chair)  
Mr Barry Blaikie  
Mr John Blue  
Ms Jacque Carey  
Ms Judith Hart  
Ms Christine Hunt  
Mr Reg Hunt  
Ms Veronica Kemp  
Mr Roy Martin  
Mr Bruce Miller  
Mrs Thelma Nicholson  
Ms Caroline Polak-Scowcroft  
Ms Helen Reynolds  
Mr Mick Roberts  
Ms Megan Rushton  
Mr Mike Watteau

## **COPD Evaluation Committee**

Prof Michael Abramson (Chair)  
Prof Alan Crockett  
Dr Eli Dabscheck  
Prof Nicholas Glasgow  
A/Prof Sue Jenkins  
Prof Christine McDonald  
A/Prof Richard Wood-Baker  
A/Prof Ian Yang

## **Lungs in Action Steering Committee and Expert Advisory Panel**

### **Steering Committee**

Ms Julie Adsett  
A/Prof Jenny Alison  
Dr John Atherton  
Dr Nick Buckmaster  
Ms Corinne French  
Mr Luke Kane  
Dr Kate Pumpa  
Ms Sue Rayner  
Ms Menaka Sabaratnam  
Dr Lissa Spencer  
Dr Andrew Williams  
Mr Trent Young

### **Expert Advisory Panel**

A/Prof Jenny Alison  
Ms Sue Bligh  
Dr Angela Chang  
Ms Judith Hart  
Ms Sally Watts  
A/Prof Ian Yang

### **Mentoring physiotherapists and supporting staff**

Ms Julie Adsett  
Ms Helen Beeley  
Mr Howard Billany  
Ms Ianthe Boden  
Ms Bianca Condon  
Ms Barb Corliss  
Mr Richard Denniston  
Ms Susan de Pyle  
Ms Barbara Dilworth  
Ms Corinne French

# Acknowledgements (cont)

## cont

Ms Ellen Gibson  
Ms Anna Godo  
Ms Kylie Griffin  
Mr Simon Halloran  
Ms Anne Holland  
Ms Angela Hutchinson  
Mr Luke Kane  
Ms Sharon Kwiatkowski  
Ms Sue Lesmond  
Mr Gurpreet Luthera  
Mr Brad Lynch  
Ms Jo McLaren  
Mr David Macnamara  
Mr Chris Mavridis  
Ms Renae McNamara  
Ms Jane Millard  
Ms Penelope Minifie  
Ms Nadia Nester  
Ms Penny Prebble  
Ms Claire Regan  
Ms Ainsley Ringma  
Mr Campbell Rule  
Ms Kaye Salthouse  
Ms Helen Seale  
Ms Wendy Siddall  
Dr Lissa Spencer  
Ms Ngaire Standen  
Mr Richard Talbot  
Mr James Walsh  
Ms Sally Watts  
Ms Julie Witney  
Ms Nadia Zalucki

## **Breathe Easy, Walk Easy Rural and Remote Pulmonary Rehabilitation Training Package Expert Advisory Panel**

### **Expert Advisory Panel**

A/Prof Jenny Alison  
A/Prof Graeme Maguire

## **Lung Cancer Consultative Group**

Prof Kwun Fong (Chair)  
A/Prof David Ball  
Dr Rayleen Bowman  
Ms Caitlin Broderick  
Ms Linda Christenson  
Ms Belinda Clarke  
Dr Peter Cole  
Prof Jane Ingham  
Prof Lou Irving  
Ms Beth Ivimey  
A/Prof Eddie Lau  
Dr John Litt  
A/Prof Paul Mitchell  
Dr Nick Pavlakis  
A/Prof Matthew Peters  
Prof Bruce Robinson  
Prof Nico van Zandwijk

## **Kylie Johnston Lung Cancer Network Management Committee**

A/Prof Matthew Peters (Chair)  
Mr Andrew Bowman  
Ms Mary Duffy  
Mr Nick Johnston  
Ms Elissa Lewis  
Ms Katharine Melville-Jones  
Ms Maree Oborn

## **Australasian Lung Cancer Trials Group**

### **Management Advisory Committee (MAC)**

Prof Michael Millward (Chair)  
Dr Nick Pavlakis (SAC Chair)  
Dr Jenette Creaney (Treasurer)  
Ms Haryana Dhillon (Secretary)  
Dr Guy Bannink  
Ms Mary Duffy  
Dr Cameron Hunter  
Dr Ben Solomon  
Dr Richard Sullivan  
Dr Shalini Vinod  
Mr Gavin Wright

### **Scientific Advisory Committee (SAC)**

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Dr Jeffrey Bowden  
Mr Andrew Bowen  
Dr Michael Boyer  
Ms Christine Cocks  
Dr Andrew Davidson  
Mr Malcolm Feigen  
Dr Michael Franco  
Ms Coral Fuata  
Dr Mark McKeage  
Dr Ben Solomon  
Dr Martin Stockler  
Mr Ian Stubbin  
Ms Christine Tuddenham  
Mr David Wenzel  
Dr Andrew Wirth  
Mr Gavin Wright



### **NHMRC Clinical Trial Centre Operational Executive Committee**

Prof Michael Millward (President)  
Dr Michael Boyer  
Mr Chris Brown  
Ms Xanthi Coskinas  
Prof Kwun Fong  
Dr Martin Stockler  
Mr Eric Tso banis  
Ms Burcu Vachan  
Dr Ben Solomon

### **Australia and New Zealand Lung Cancer Nurses Forum**

Ms Mary Duffy (Chair)  
Ms Caitlin Broderick  
Ms Yolande Cox  
Ms Anne Fraser  
Ms Renae Grundy  
Mr Beth Ivimey  
Ms Kirsten Mooney  
Ms Judy Rafferty  
Ms Sharon Reinbrecht  
Mr Craig Scharf

### **Cough – Infants, Children, Adults Diagnosis and Assessment**

Prof Peter Gibson (Chair)  
A/Prof Robert Berkowitz  
Prof Anne Chang  
Prof Nicholas Glasgow  
Dr Adrian Harrison  
A/Prof Peter Holmes  
A/Prof Peter Katelaris  
Prof Andrew Kemp

Prof Lou Landau  
Dr Stuart Mazzone  
Dr Peter Newcombe  
Prof Peter van Asperen  
Dr Anne Vertigan

### **Pulmonary Interstitial Vascular Organisation Taskforce**

Prof Adam Jaffe (Chair)  
Dr Tamera Corte  
Dr Ian Glaspole  
Dr Nicole Goh  
Dr Adrian Havryk  
Prof Mark Holmes  
A/Prof Peter Holmes  
Dr Peter Hopkins  
Mr Tony Hyams  
Ms Mary Murray  
Dr Michael Musk  
Dr Susanna Proudman  
Dr Chris Zappala

### **LungNet State Coordinators**

Mr Paul Cafarella (SA)  
Ms Jenni Hibble (NT)  
Ms Lyn Joseph (Tas)  
Mrs Rosemary Moore (Vic)  
Ms Cathy Read (WA)  
Mrs Lissa Spencer (NSW)

### **LungNet News Volunteers**

Mrs Nerida Bartlett  
Ms Helen Choice  
Rev Elsie Clack  
Mr Ed Francis  
Mrs Florence Francis  
Mrs Pam Green

Mrs Janice Hawkins  
Mr Patrick Hogan  
Mrs Maureen Hogan  
Mrs Margaret Moran  
Mrs Hilary Mulcahy  
Mrs Penny Purkis  
Mrs Maureen Smith  
Mrs Denise Stevenson  
Mr Frank Stevenson  
Mrs Myrna Wakeling  
Mrs Judith Walters  
Mrs Clare Watts

### **COPD Online**

#### **Steering Committee**

Dr. Vanessa McDonald (Chair)  
Dr. Helen Cameron-Tucker  
Dr. Tanja Effing  
Dr. Kerry Hancock  
Ms. Suzanne Hull  
Ms. Anne Lonergan  
Ms. Rhona Macdonald  
Ms. Colleen McGoldrick  
Dr. Brett Toelle  
Ms. Jenna Vandyk  
Dr. Julia Walters

#### **Advisory Committee**

Ms. Tod Adams  
Ms. Helen Bolger-Harris  
Ms. Belinda Caldwell  
Ms. Adrienne James  
Ms Helen O'Brien  
Mr. Maurie O'Connor  
Mrs Ainsley Ringma  
Ms. Lynne Walker  
A/Prof Ian Yang  
Prof. Nick Zwar

**THE AUSTRALIAN LUNG FOUNDATION INC.**  
**CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2011**  
**COUNCILLORS' REPORT**

The councillors submit the financial report of The Australian Lung Foundation Inc. for the financial year ended 31 December 2011.

The financial statements and specific disclosures included in the concise financial report on pages 2 to 7 have been derived from the full financial report of The Australian Lung Foundation Inc ("The Foundation") for the year ended 31 December 2011.

The concise financial report is an extract from the full financial report for the year ended 31 December 2011. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report. The concise financial report cannot be expected to provide a full understanding of the financial performance, financial position and financing and investing activities of The Foundation as the full financial report.

A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

**Councillors**

The names of councillors in office throughout the year and at the date of this report are:

Professor Gary Anderson (appointed 15 December 2011)  
Mr John Caravousanos (ceased 1 April 2011)  
Mr Andrew Churchill  
Dr Robert Edwards  
Professor Peter Frith  
Professor Mark Holmes  
Associate Professor Peter Holmes  
Professor Christine Jenkins (appointed 15 October 2011)  
Mr David Macintosh  
Dr James Markos  
Dr Lucy Morgan (appointed 15 December 2011)  
Associate Professor Matthew Peters  
Professor Martin Phillips  
Professor Paul Reynolds  
Dr David Serisier (appointed 15 October 2011)  
Mr Peter Stapleton AM (appointed 15 December 2011)  
Professor Philip Thompson  
Professor John Upham  
Mr William Darbshire (Secretary)

**Principal activities**

The principal activities of The Australian Lung Foundation Inc during the course of the financial year were providing support to those burdened by respiratory disease through patient support groups, education and raising funds for research.

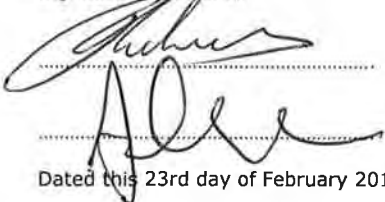
**Significant changes**

There was no significant change in the nature of these activities during the year.

**Operating results**

The deficit for the year ended 31 December 2011 was \$57,619 (2010: Surplus \$96,678)

Signed in accordance with a resolution of the councillors.



Dated this 23rd day of February 2012

# Statement of Comprehensive Income

The Australian Lung Foundation  
For the year ended 31 December 2011

	Notes	2011 \$	2010 \$
<b>Continuing operations</b>			
Revenue from projects		2,485,592	2,788,122
Revenue from donations and bequests		251,465	184,021
Revenue from specifically designated funds	3	183,232	149,404
Other income	2	732,436	598,831
<b>Total revenue from continuing operations</b>		<b>3,652,725</b>	<b>3,720,378</b>
Project expenses		(2,490,244)	(2,818,166)
Specifically designated fund expenses	3	(177,000)	(139,750)
Other expenses	4	(1,162,716)	(778,072)
<b>Surplus/(deficit) from continuing operations before finance income</b>		<b>(177,235)</b>	<b>(15,610)</b>
Finance income		119,616	112,288
<b>Net surplus/(deficit)</b>		<b>(57,619)</b>	<b>96,678</b>
Other comprehensive income			
Net unrealised gains / (losses) on investments		(11,577)	(17,491)
<b>Total comprehensive income</b>		<b>(69,196)</b>	<b>79,187</b>
Net surplus/(deficit) for the period is attributable to:			
Non-controlling interest		-	-
Owners of the parent		(57,619)	96,678
		<b>(57,619)</b>	<b>96,678</b>
Total comprehensive income for the period is attributable to:			
Non-controlling interest		-	-
Owners of the parent		(69,196)	79,187
		<b>(69,196)</b>	<b>79,187</b>

The accompanying notes form part of the financial report

# Statement of Financial Position

The Australian Lung Foundation  
For the year ended 31 December 2011

	Notes	2011 \$	2010 \$
<b>Current assets</b>			
Cash and cash equivalents		2,967,106	2,798,757
Receivables		275,342	251,597
Inventories		9,253	-
<b>Total current assets</b>		<b>3,251,701</b>	<b>3,050,354</b>
<b>Non-current assets</b>			
Available for Sale Financial assets		142,281	163,324
Property, plant and equipment		68,164	60,966
<b>Total non-current assets</b>		<b>210,445</b>	<b>224,290</b>
<b>Total assets</b>		<b>3,462,146</b>	<b>3,274,644</b>
<b>Current liabilities</b>			
Payables		1,266,081	1,041,184
Provisions		111,778	98,858
<b>Total current liabilities</b>		<b>1,377,859</b>	<b>1,140,042</b>
Non-current liabilities			
Provisions		36,672	17,791
<b>Total non-current liabilities</b>		<b>36,672</b>	<b>17,791</b>
<b>Total liabilities</b>		<b>1,414,531</b>	<b>1,157,833</b>
<b>Net assets</b>		<b>2,047,615</b>	<b>2,116,811</b>
<b>Equity</b>			
Retained earnings		1,604,811	1,668,662
General reserve		300,000	300,000
Reserves for specifically designated funds		160,094	153,862
Unrealised gains / (losses) reserve		(17,290)	(5,713)
<b>Total equity</b>		<b>2,047,615</b>	<b>2,116,811</b>

The accompanying notes form part of the financial report

# Statement of Cash Flows

The Australian Lung Foundation  
For the year ended 31 December 2011

	Notes	2011 \$	2010 \$
<b>Cash flows from operating activities</b>			
Receipts from customers		4,177,002	3,756,332
Dividends received		12,135	11,820
Interest received		130,469	118,296
Payments to suppliers and employees		(4,118,505)	(3,579,954)
<b>Net cash flows used in operating activities</b>		<b>201,101</b>	<b>306,494</b>
<b>Cash flows from investing activities</b>			
Investing in term deposits		(18,042)	(311,666)
Acquisition of plant and equipment		(32,752)	(38,049)
<b>Net cash flows used in investing activities</b>		<b>(50,794)</b>	<b>(349,715)</b>
<b>Net decrease in cash held</b>		<b>(150,307)</b>	<b>(43,221)</b>
<b>Cash and cash equivalents at the beginning of the financial year</b>		<b>2,487,091</b>	<b>2,530,312</b>
<b>Cash and cash equivalents at the end of the financial year</b>		<b>2,637,398</b>	<b>2,487,091</b>

The accompanying notes form part of the financial report

# Statement of Changes In Equity

The Australian Lung Foundation  
For the year ended 31 December 2011

	Notes	2011 \$	2010 \$
<b>Retained earnings</b>			
Balance at 1 January 2011		1,668,662	1,581,638
Surplus/(deficit)		(57,619)	96,678
Transfer to specifically designated funds reserve		(6,232)	(9,654)
<b>Balance at 31 December 2011</b>		<b>1,604,811</b>	<b>1,668,662</b>
<b>General reserve</b>			
Balance at 1 January 2011		300,000	300,000
<b>Balance at 31 December 2011</b>		<b>300,000</b>	<b>300,000</b>
<b>Specifically designated funds reserve</b>			
Balance at 1 January 2011		153,862	144,208
Transfer from income statement		6,232	9,654
<b>Balance at 31 December 2011</b>		<b>160,094</b>	<b>153,862</b>
<b>Unrealised gains / (losses) reserve</b>			
Balance at 1 January 2011		(5,713)	11,778
Transfers to/(from) reserves		(11,577)	(17,491)
<b>Balance at 31 December 2011</b>		<b>(17,290)</b>	<b>(5,713)</b>
<b>Total change in equity</b>			
Balance at 1 January 2011		2,116,811	2,037,624
Surplus/(deficit)		(57,619)	96,678
Transfers to/(from) reserves		(11,577)	(17,491)
<b>Balance at 31 December 2011</b>		<b>2,047,615</b>	<b>2,116,811</b>

# Notes to and forming part of the Financial Report

## The Australian Lung Foundation

For the year ended 31 December 2011

### 1. Basis of preparation of the concise financial statement

This concise financial report is an extract from the full financial report for the year ended 31 December 2011. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039 "Concise Financial Reports" and the Corporations Act 2001.

The financial statements, specific disclosures and other information included in the concise financial report are derived from and are consistent with the full financial report of The Australian Lung Foundation Inc ("the Foundation"). The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Foundation as the full financial report.

The full financial report of the Foundation complies with all Australian equivalents to International Financial Reporting Standards (AIFRS). The presentation currency used in this concise financial report is Australian dollars. The concise financial report was authorised for issue by the councillors on 23 February 2012.

A copy of the full financial report and auditors report will be sent to any members, free of charge, upon request.

	2011 \$	2010 \$
<b>2. Other income</b>		
Overhead recovery	399,650	391,616
Dividends received	12,135	11,820
Membership fees	67,444	59,233
Sales of educational publications	25,171	9,895
Fundraising and events	221,241	108,942
Sale of PiKo Products	622	-
Release prior year accrual	-	10,422
Sundry income	6,173	6,903
<b>Total other income</b>	<b>732,436</b>	<b>598,831</b>
<b>3. Specifically designated funds</b>		
<b>Revenue</b>		
Donations	174,750	143,396
Interest	8,482	6,008
	<b>183,232</b>	<b>149,404</b>
<b>Expenses</b>		
Research awards	(177,000)	(139,750)
<b>Net surplus from specifically designated funds</b>	<b>6,232</b>	<b>9,654</b>
<b>4. Other expenses</b>		
Premises	154,717	149,367
Depreciation	25,554	20,861
Telecommunication	19,957	12,634
Website and internet	28,198	34,055
Marketing and fundraising events	173,312	112,782
Employee benefits	428,561	238,984
Superannuation	113,857	90,021
Educational leaflets and guides	36,954	13,506
Cost of Sales - PiKo Products	1,800	-
Provision for Diminution - Investments	9,465	-
Research Awards	25,455	-
Strategic planning	8,029	14,724
General, administrative and other costs	136,857	91,138
<b>Total other expenses</b>	<b>1,162,716</b>	<b>778,072</b>

# Notes to and forming part of the Financial Report

The Australian Lung Foundation  
For the year ended 31 December 2011

## 5 Taxation

The Australian Lung Foundation Inc has been endorsed by the Australian Taxation Office as a Tax Exempt Charitable Entity.

## 6 Events subsequent to reporting date

No events have occurred subsequent to reporting date that will have a material effect on the financial report of The Foundation for the year ended 31 December 2011.

## 7 Discussion and Analysis

### a Statement of Comprehensive Income

Overall total revenue for 2011 is slightly less than 2010 revenue. This has been due to a decrease in Revenue from Projects (matched by a similar decrease in Project expenses). This has been offset by an increase in Revenue from donations and bequests (due to an increase in bequests received during the year), an increase in revenue from specifically designated funds (due to an increase in funding for grants payments) and an increase in Other Income (due to an increase in revenue from fundraising).

Overall total expenditure for 2011 shows a slight increase over 2010 expenses. While Project expenses have decreased from last year, this was offset by an increase in grants paid from the specifically designated funds and an increase in Other expenses (due to an increase in marketing and fundraising costs, an increase in employee costs due to an expanded fundraising and marketing team, and a slight increase in legal and professional costs).

Finance Income has increased as we have been able to secure better interest rates on our funds invested in term deposits during the year.

### b Statement of Financial Position

The Cash and Cash Equivalents increased from 2010 due to increased funds in term deposits as at 31 December 2011 and increased funds in DGR accounts due to increased donations received during 2011.

Receivables have remained at similar levels to the 2010 figure.

Financial assets have experienced a decrease due to a decrease in the market value of the investment portfolio of Australian equities.

Property, plant and equipment has increased due to the acquisition of a new IT server during the year.

Payables have increased due to an increase in Project liabilities due to new projects being initiated during 2011.

### c Statement of Cash Flows

Investing in Term Deposits represents those term deposits that have a maturity date which is more than 3 months past the financial year end date of 31 December 2011. The value of these term deposits are included in the value of cash and cash equivalents that appears in the statement of financial position.

### d Statement of Changes in Equity

In the specifically designated funds reserve, the transfer from statement of comprehensive income represents the annual movement in the valuation of funds set aside for a specific purpose.

In the unrealised gains / (losses) reserve, the revaluation losses are due to the revaluation of available for sale financial assets at balance date.



**THE AUSTRALIAN LUNG FOUNDATION INC  
ABN 36 051 131 901  
STATEMENT BY COUNCILLORS**

The councillors of The Australian Lung Foundation Inc declare that the concise financial report for the year ended 31 December 2011 set out on pages 2 to 7:

- (a) is an extract from the full financial report of the Australian Lung Foundation Inc. for the year ended 31 December 2011. The financial statements and specific disclosures have been derived from with the full financial report;
- (b) complies with Accounting Standard AASB 1039 "Concise Financial Reports"; and
- (c) The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities of the foundation as the full financial report, which is available on request.

This statement is made in accordance with a resolution of the Council and is signed on and behalf of the Council by:

Chairman   
Treasurer 

Signed at Brisbane, 23rd February 2012

## Independent Auditor's Report

### To the Councillors of the Australian Lung Foundation Incorporated

The accompanying concise financial report of The Australian Lung Foundation Incorporated, which comprises the statement of financial position as at 31 December 2011, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes and the councillors statement, is derived from the audited financial report of Australian Lung Foundation Incorporated for the year ended 31 December 2011. We expressed an unmodified audit opinion on that financial report in our report dated 24 February 2012. That financial report, and the concise financial report, does not reflect the effects of events that occurred subsequent to the date of our report on that financial report.

The concise financial report does not contain all the disclosures required by Australian Accounting Standards and accordingly, reading the concise financial report is not a substitute for reading the audited financial report of Australian Lung Foundation Incorporated.

#### **The Councillors' Responsibility for the Financial Report**

The Councillors are responsible for the preparation and fair presentation of the concise financial report in accordance with Australian Accounting Standard AASB1039: Concise Financial and for such internal control as the councillors' determine is necessary to enable the preparation of the concise financial report.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on the concise financial report based on our audit procedures which were conducted in accordance with Auditing Standard ASA810: *Engagements to Report on Summary Financial Statements*.

#### **Auditor's Opinion**

In our opinion the concise financial report derived from the audited financial report of the Australian Lung Foundation Inc for the year ended 31 December 2011 is consistent in all material respects with the audited financial report, in accordance with Australian Accounting Standard AASB1039: Concise Financial Reports.



**Crowe Horwath Brisbane**  
**Signed at Brisbane, 24 February 2012**



**Vanessa de Waal**  
**Partner**

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# Looking Ahead... Plans for 2012

Set out below is a selection of Lung Foundation activities for 2012, shown here under the relevant strategic goals.

## 1. Broaden our services to encompass all aspects of lung health

### Bronchiectasis Project –

Bronchiectasis is a debilitating condition which affects many Australians, including children. Proportionally there are more cases in indigenous communities.

In order to undertake research and provide the best possible diagnosis and treatment, we plan to establish a National Register which tracks Bronchiectasis patients across Australia. This would enable researchers to establish trends, question the results of different treatment options and understand the prevalence of this condition. The project will commence with a pilot program.

### Pulmonary Rehabilitation Training

**Online** – The Lung Foundation has been funded to convert our *Breathe Easy, Walk Easy Pulmonary Rehabilitation for Rural and Remote Australia (BEWE)* into an online accredited training program to support health care professionals to learn about and deliver evidence based pulmonary rehabilitation programs regardless of where they live in Australia. The online training will link to our Primary Care Respiratory Toolkit and will leverage work already completed in the BEWE program and in our other online training programs such as COPD Online and Lungs in Action.

### Medical Benefits Scheme (MBS)

**Submission** – In an effort to increase access to spirometry, pulmonary rehabilitation and maintenance exercise, we are advocating for new and improved Medical Benefit Scheme (MBS) item numbers. At present, there are limited rebate options available to the respiratory patient. We have engaged key stakeholders to support and assist with the development of a well-informed submission.

**COPD-X Version 3** – The Lung Foundation is looking to repackage The COPD-X Plan, its clinical guideline which aims to assist health professionals in the diagnosis and management of chronic obstructive pulmonary disease (COPD). The aim of the project is to redevelop the resource into a tool which is tailored specifically for the primary care health professional audience, including general practitioners.

**Australian IPF Registry** – Together with clinical and research experts the Lung Foundation is establishing the Australian Idiopathic Pulmonary Fibrosis (IPF) Registry. During 2012, Coordinators will be appointed to all States and 300 patients will be consented.

## 2. Establish Strategic Collaborative Partnerships

**Lung Health Alliance** – The Lung Foundation is currently working with key respiratory organisations in Australia to form The Lung Health Alliance. The purpose of this group is to form one voice for lung health in Australia and to collaborate on projects. This will avoid duplication of workload and benefit lung disease patients across Australia.

**Lungs In Action** – In 2012, the focus of the Lungs in Action program will be sustainability. We will continue to roll-out the program to new locations and simultaneously work on projects aimed at keeping low-cost programs in the community, while finding ways to ensure we are providing financial reward for the instructors. We aim to work closer with peak registration bodies such as the Australian Physiotherapy Association, Exercise and Sports Science Australia and Fitness Australia as well as other Not For Profit organisations who share similar goals in the provision of services to our patients.

## 3. Focus on Brand Development and Management

**Show us Your Lungs Day** – Show Us Your Lungs Day will take place on June, 27 in 2012. To coincide with World Spirometry Day, The Lung Foundation will again be working with local clinical partners to offer free spirometry testing in each capital city. The objective of the day is to promote the importance of taking your lung health seriously. We will aim to top our 2010 effort of testing 3,000 lungs!

**COPD Online: An interactive training program for primary care nurses to be launched** – 18 months in the making and with the clinical support of a multidisciplinary steering committee, COPD Online is an Australian first.

Participants will learn about COPD, how to identify and manage patients with COPD, and develop self-management plans with patients.

### Shine a Light on Lung Cancer –

November is Lung Cancer Awareness Month – the Lung Foundation will continue its Shine a Light on Lung Cancer campaign to raise awareness and support for those touched by lung cancer. The Lung Foundation will host vigils around Australia on 13th November and encourage Australians to get involved by either joining a vigil or hosting their own vigil.

### 2012 Breath Of Life Music Festival –

The 2012 Breath Of Life music festival will take place on March 10 and 11 in Launceston, Tasmania. Acts include international artists Fatboy Slim and Skrillex as well as Australian bands Icehouse, Eskimo Joe, Boy and Bear and The Hilltop Hoods.

## 4. Maintain Organisational Capacity and Governance

### Australian Lung Cancer Conference (ALCC) –

The Lung Foundation will host the 4th Australian Lung Cancer Conference from 23rd – 25th August 2012 at the Adelaide Convention Centre in South Australia. The conference aims to provide a forum to raise and discuss issues relating to translating advances into clinical practice; in a multidisciplinary team environment, for non-small cell lung cancer, small cell lung cancer and mesothelioma. It is anticipated that the ALCC 2012 will attract over 400 delegates.

**New Strategic Plan** – We will develop our strategic plan for 2013 – 2016 during the year.

**Grant Applications** – The Lung Foundation aims to secure funding for important projects throughout 2012. We will apply for at least one grant per month throughout the year.



## THE AUSTRALIAN LUNG FOUNDATION

*"When you can't breathe...nothing else matters"™*

44 Brookes Street  
BOWEN HILLS Qld 4006  
PO Box 847  
LUTWYCHE QLD 4030

**FREE CALL:** 1800 654 301

**WEBSITE:** [www.lungfoundation.com.au](http://www.lungfoundation.com.au)

### Support the work of The Australian Lung Foundation

Research by The Australian Lung Foundation shows that seven million Australians aged over 35 years are at risk of serious lung disease. This has a dramatic impact on the quality of life for patients, their families and carers and costs Australia billions of dollars each year.

By donating to The Australian Lung Foundation, you will assist us in our vision to make lung health a priority for all in Australia.

Together, we can create awareness, provide understanding and find a cure!

If you would like to be a part of the journey, contact The Australian Lung Foundation on 1800 654 301 or visit our website [www.lungfoundation.com.au](http://www.lungfoundation.com.au)