



2008
ANNUAL REPORT
THE AUSTRALIAN LUNG FOUNDATION Inc



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

Table of Contents

Who We Are.....	3
Chairman's Message	4
Chief Executive Officer's Message	5
Our Programs.....	6
Awards.....	12
Acknowledgements	13
Financial Report.....	16



THE
AUSTRALIAN
LUNG
FOUNDATION

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nothing else matters"™*

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Front Cover Photograph
Lung Cancer Commemorative
Tree Planting Ceremony
Riverhills, Brisbane Qld
Photo courtesy Brisbane City Council

Who we are

The Australian Lung Foundation is responding to the need in the community to reduce the significant and debilitating cost of lung disease, both in human and monetary terms.

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 National Office located in Brisbane.

Vision

By 2020, The Australian Lung Foundation will be recognised by our professional peers, government and the community as the peak body for education, support, research, awareness and understanding of lung disease in Australia.

Mission

To promote lung health; elevate awareness of the symptoms of lung disease; advocate for screening and early diagnosis; provide support for those affected by lung disease; and facilitate and encourage research into lung disease.

Values

We strive for excellence and quality outcomes, with respect for the individual, integrity and ethical behavior as integral tools of caring for our people, whether they are patients, carers, family, stakeholders or employees.

Our Undertaking

The Australian Lung Foundation is focused on reducing the impact of lung disease on the community and with nine key areas of activity:

1. LungNet Support and Information Centre
2. Chronic Obstructive Pulmonary Disease (COPD)
3. Lung Cancer
4. Orphan Lung Diseases
5. Respiratory Infectious Diseases
6. Chronic Cough – Infants, Children and Adults
7. Multi-centre Clinical Trials Network
8. Research Awards
9. Indigenous Lung Health

Chairman's Message



Dr Robert Edwards, FRACP, FCCP
Photo courtesy Faith Thiang

As I write this report, The Australian Lung Foundation comes of age ... with our 18th birthday on 20th February 2009! As for each and every year of the Lung Foundation's existence, 2008 has seen a number of momentous changes and advancement of our cause.

In order to assist the development and oversight of our strategic plan, The Australian Lung Foundation National Council has formed an Executive Committee. Members of the Committee are drawn from the National Council. The regular meeting timetable for the Executive Committee enables us to concentrate on our strategic direction for the years ahead.

The 2009 to 2012 strategic plan will concentrate on development of the Lung Foundation community and "brand awareness" and will look to an industry consolidation, which we plan to work on in conjunction with The Thoracic Society of Australia and New Zealand.

In 2008, there were a number of changes in the National Council composition. Professor Philip Thompson from the Sir Charles Gairdner Hospital in Perth has joined the Council. We also welcomed the late Dr Bill Scowcroft who co-chaired the

COPD Patient Task Force and represents the interests of consumers at National Council Meetings. Dr Rima Staugas has stepped down from the National Council after four years of incisive and energetic input. We are most grateful for all she has done for the Lung Foundation and wish her well in her future endeavours.

We were honoured to have Her Excellency Ms Quentin Bryce AC accept the role of Patron of The Australian Lung Foundation. We plan to have a number of interactions with Ms Bryce and hope that her role as Governor General will assist us in raising awareness of lung disease and the role of The Australian Lung Foundation.

It has been pleasing to see the expansion in both the number and value of research awards available through The Australian Lung Foundation. Two new awards of note are the Webster Family COPD Research Fellowship of \$100,000 (awarded to Associate Professor Sandy Hodge) and the Ros Hogan Award of \$105,000, concentrating on the early detection of lung cancer (jointly awarded to Dr Phan Nguyen and Dr Daniel Stienfort).

The Australian Lung Foundation has benefited from a number of bequests and significant donations during the year, for which we are deeply grateful. On reviewing 18 years of the Foundation's existence, it is incredible to note our achievements with no on-going state or federal government assistance for our core activities.

There has been a significant number of Lung Foundation supporters becoming financial members this year with more than 800 by 31st December 2008, comprised mainly of people with a lung disease and their carers whilst approximately 25% are healthcare professionals. Membership gives the community an opportunity to voice their support of the only Australian charity devoted to serving all Australians with a lung disease.

My very sincere thanks to all those who support the Foundation ... be it financially or volunteering. Committee membership has grown in 2008. We now have many health professionals voluntarily assisting us on our various consultative groups and committees. Clearly, we could not function as effectively without this valued and generous input.

It is with great sadness that I record the loss of two of our principal supporters and volunteers in early 2009 – Professor Rob Pierce and Dr William (Bill) Scowcroft.

Professor Pierce was tragically killed during the 2009 February bushfires in Victoria. He was a tireless crusader for the improvement of lung health in our indigenous populations. I am honoured to have been able to work alongside Rob in his lobbying efforts both in the Northern Territory and at a Federal level. He will be sorely missed and the respiratory world is a poorer place without him.

Dr Scowcroft died in March 2009. He was a loyal and energetic volunteer for The Australian Lung Foundation, acting as Co-Chair of the Australian COPD Patient Taskforce, a member of the Lung Foundation's National Council and Convener of the Lung Life Support Group in Canberra. Bill was very active in advocating for people with COPD both here in Australia and Canada where he lived for many years.

As you will read in this report, 2008 has been an exceptionally busy and successful year for The Australian Lung Foundation. This is principally due to the dedicated and talented team at the National Office and you will find their reports herein most enlightening. I commend the report to you.

Dr Robert Edwards
National President

Chief Executive Officer's Message



William Darbishire FCA

The Australian Lung Foundation has focused on developing the next phase of our strategic planning and actions to enable achievement of the underlying goals during 2008. It is pleasing to report that the strategic plan for the previous planning period ended 31 December 2008 has delivered on all fronts and has in fact exceeded expectations.

Our strategic focus for 2009 is to develop partnerships with both industry and the corporate world; and to work closely with the Department of Health and Ageing and various government agencies. We plan to concentrate on development of our lung disease programs and activities by continuing to provide high-quality Secretariat services to our volunteer Consultative Groups Chairmen and Committee members.

Part of the strategic planning process involved establishing a strong resource base at the Lung Foundation to ensure capacity for delivering our next phase of development. This crucial phase is arguably one of our most important initiatives to date and will enable the Lung Foundation to celebrate our 21st birthday (2012) in

a positive and robust state. Owing to the lead times involved in delivery of projects (and associated strategic cash flow streams), the Lung Foundation has needed to invest considerable funds upfront.

In preparation for work on tasks identified to underpin the short to medium term goals in the strategic plan, the Lung Foundation has strengthened its team with the addition of the following senior management appointments - Director, Development (Margaret Goody) and Director, Operations (Monique Oosthuizen).

Early in 2008, the Lung Foundation's office in Lutwyche was sold to a developer who is planning to demolish the building. Coupled with a significant rent rise, this prompted the National Council resolution to move offices. We are now settled at 44 Brookes Street, Bowen Hills, not far from the Royal Brisbane Hospital.

The financial impact of strengthening the Lung Foundation executive and the costs associated with the office relocation has given rise to a small deficit in 2008 operations. Fund-raising income has also been slower than projected in 2008, which has also affected our results.

It is pleasing that a number of applications for project funding to federal and state government have been successful with funding for new initiatives. We have continued to advocate for those burdened by lung disease and have enjoyed some positive outcomes from these lobbying efforts. Highlights during the year include:

- Approval for two pilot projects under the COPD National Program; and
- Three-year funding arrangement under the QLD Health Chronic Disease Self-Management Service Provision Project. This is part of the Queensland Government \$155 million Chronic Disease Strategy.

2008 has seen the establishment of a number of LungNet self-help patient support groups. There are now approximately 126 groups with some 15,000 families on our LungNet database. We assist our LungNet community in a number of ways - with a toll-free telephone service; the www.lungfoundation.com.au website; and the traditional paper-based educational resources.

During the year, the LungNet team revamped the quarterly LungNet News publication; with more pages and there are now opportunities for our corporate partners to place advertisements.

In addition to the notable achievements outlined above, other highlights during the year included the:

- Launch of the Economic Impact of COPD Report, commissioned by the Lung Foundation from Access Economics and;
- Australian Lung Cancer Conference. We took the management and administration of the Conference in-house this year and the results have been very pleasing; with additional support and awareness for our Lung Cancer activities.

We have also been delighted by the Award of The Thoracic Society of Australia and New Zealand Medal of Honour to our Chairman Dr Robert Edwards for his untiring work over many years in the respiratory world, including Chairman of The Australian Lung Foundation for the past 16 years. It is a privilege and a pleasure for all of us at the Lung Foundation to work with Bob Edwards and the National Council.



William Darbishire
Chief Executive Officer

Our Programs

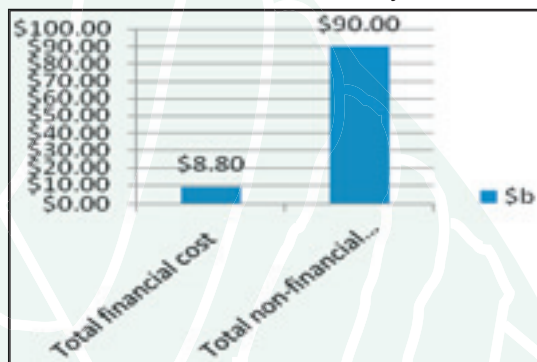
The Lung Foundation has a number of disease specific programs that are overseen by multi-disciplinary consultative groups of key opinion leaders. A brief overview of the 2008 activities of the various programs is outlined in the following pages.

Chronic Obstructive Pulmonary Disease (COPD) National Program

The COPD National Program, Chaired by Professor Peter Frith, had another successful year in 2008. The Australian Lung Foundation is very appreciative of the work by many clinical and patient volunteers whose commitment, energy and creativity are the driving force in meeting the goals of the COPD Strategic Plan. The following lists some of the key achievements of the year.

Advocacy

- Developed and submitted a submission to the Health and Hospital Reform Commission promoting increased access to pulmonary rehabilitation.
- Together, Access Economics and The Australian Lung Foundation published a new report on the costs of COPD to government, *Economic Impact of COPD and Cost Effective Solutions*. Key findings include:
 - 2.1 million Australians have COPD; of these 1.2 million have moderate to severe COPD
 - Of those with COPD, 47% are of working age (under 65)
 - 2008: cost of COPD on the community



The financial cost includes lost productivity (\$6.8 billion); direct health expenditure (\$0.9 billion); deadweight lost from transfers including welfare payments and foregone taxation (\$1.2 billion). Non-financial cost is loss of well-being.

COPD is more costly per case than cardiovascular disease, osteoporosis or arthritis.

- The launching of *Economic Impact of COPD and Cost Effective Solutions* attracted over 200 pieces of media coverage.

COPD Evaluation Committee



The COPD Evaluation Committee is one of the Consultative Groups overseen by the COPD National Program. The Committee's primary purpose is to update *The COPD-X Plan: Australian and New Zealand Guidelines for the management of Chronic Obstructive Pulmonary Disease (COPDX)* and meets quarterly to review and evaluate the latest published evidence in COPD. COPD-X is a continually evolving document and is accessible via The Australian Lung Foundation's COPD reference site, www.copdx.org.au.

An updated version of COPD-X was published on the site in November and a consumer summary of the document, *Breathe easier: Your guide to COPD* was developed and published (available both in hard copy and via www.lungfoundation.com.au).

The Australian Lung Foundation is grateful for the continued efforts and dedication of the COPD Evaluation Committee.

Juliet Brown
Executive Officer

Clinical support

- Breathe Easy, Walk Easy train-the-trainer program has been developed to introduce pulmonary rehabilitation in rural and remote Australia. Funding is currently being sought to trial the program in locations across Australia.
- Published on-line *A Manual for Pulmonary Rehabilitation: Standards and Evidence* (author: Professor P Frith).
- Prevent Puffer Problems campaign to promote the proper use of inhaled medications.

New patient resources

- New introductory information brochure on COPD (*Breathe Easier: Your Guide to COPD*).
- Published a self management resource for COPD patients: *Better Living with COPD: A Patient Guide* in partnership with Queensland Health.



Community awareness

World COPD Day – The Catch your Breath Walk for COPD participants with the Qld Health Minister, The Hon. Stephen Robertson.



The Catch your Breath walk was again a focus for World COPD events around Australia. More than 100 events, coordinated by Karen Wright, attracted well over 100 local media pieces, encouraging people to recognise symptoms of COPD and speak to their doctor about their lung health.

Heather Allan
Director, COPD National Program

Breathe Easy, Walk Easy Indigenous Lung Health

The Breathe Easy, Walk Easy rural and remote pulmonary rehabilitation training package program was funded by the Department of Health and Ageing (DoHA), Rural Health Support Education and Training (RHSET) 2006-2008. The aim of the project was to develop a pulmonary rehabilitation training package to enhance the capacity of rural and remote Allied and Primary health care staff to deliver pulmonary rehabilitation programs for people with Chronic Obstructive Pulmonary Disease (COPD) in their health district. The project resulted in the development of a complete training program.

From August to November 2007, a series of pilot workshops in Katherine and Darwin (NT) and Broome and Fitzroy Crossing (WA) were delivered to Allied and Primary health care workers. Evaluation of each workshop in association with ongoing community consultation facilitated continual improvement of the resources to effectively meet community health provider needs. In 2008, the training package was formally developed for hard copy and online access. In addition to very positive feedback from the pilot workshop attendees, there have been on-going extensive requests for this training package from community health providers in NSW, QLD, WA and the NT regarding access to this resource.

To ensure that this resource effectively meets community and health provider needs, the Lung Foundation is vigorously seeking funding for the final stage of this project, trialling the training package in the community setting. Current work is focused on the acquisition of sufficient funds to facilitate this two year project.

Eileen Boyle
Project Manager

COPD Pharmacy Screening Project

The COPD Pharmacy Screening Project is funded by the Pharmacy Guild of Australia under the Fourth Community Pharmacy Agreement. The full title of the project is *A collaborative screening, referral and management process to improve health outcomes in Chronic Obstructive Pulmonary Disease (COPD)*. Through collaboration between community pharmacy and general practice, this pilot project aims to raise awareness of COPD; identify people at risk of COPD for early referral by pharmacy to their general practitioner for assessment and management; and to involve community pharmacy in the ongoing management of COPD patients. The project is being trialled in Newcastle and the Lower Hunter Valley in New South Wales.

Commencing in June, the project is funded to October 2009. An Expert Advisory Panel was formed in 2008 to provide feedback on the COPD screening process and materials. Relevant respiratory experts in the Newcastle and Hunter areas have also been consulted. Materials for screening, referral and follow-up management have been developed and printed. Pharmacists from 15 pharmacies completed the one-day training program and COPD screening commenced at participating pharmacies in December 2008.

The feasibility of providing the program on a wider scale will be assessed at the completion of the project.

Phoebe Kearey
Project Manager

COPD Lungs in Action

Lungs in Action is funded by the Department of Health and Ageing (DoHA) to develop and pilot an exercise maintenance program for people with COPD. The project will result in two self-sustaining, low cost, community-based exercise programs in Cairns and the Gold Coast, Queensland.

Lungs in Action will play an important role in the lives of people with COPD as those who complete pulmonary rehabilitation report significant physical and emotional gains and an improved quality of life. However, they find it difficult to continue with exercise without ongoing support from a structured program or leader. This program provides a structure that will enable participants to maintain an exercise routine critical to keeping them well, socially connected and out of hospital.

For patients with moderate to severe COPD, a weekly community-based maintenance exercise class, supervised by a trained exercise leader, combined with a home exercise program will be effective for maintaining improvements following pulmonary rehabilitation. Classes will help patients improve their well-being and quality of life by reducing breathlessness, increasing exercise capacity and social contact, and reducing hospital admissions as a result of COPD related exacerbations.

Through this project, the Lung Foundation will develop and test a training program and self-sustaining business model that can be rolled out nationally should the pilot prove to be successful.

Funding started for this project in July and will continue to December 2010. Work in 2008 focused on the consultation with clinical experts and preliminary work to develop a training program and draft training manual.

Kristin Peters
Project Manager

Lung Cancer Program

The Lung Cancer Consultative Group (LCCG), Chaired by A/Professor Kwun Fong, is a broad based multidisciplinary group with national health professional and consumer representation whose purpose is to assist The Australian Lung Foundation with the development of lung cancer-related projects.

The strategic work plan for 2009-2011 will focus on five key areas for future lung cancer projects – Clinical; Community; Governance and Funding; Research; and Advocacy. The goal for 2009 is to build on existing lung cancer educational resources and develop broader community activities.

Prior to the commencement of the Thoracic Society of Australia & New Zealand Annual Scientific Meeting (TSANZ ASM) in Melbourne (Vic), LCCG hosted a three-hour satellite symposium. Invited speakers included: Professor Nico van Zandwijk, Dr Robert Chen, Dr Stephen Bamey, Dr Phillip Antippa and Ms Shoni Colquist.

The second Australian Lung Cancer Conference was held at the Gold Coast (Qld) from 21–24 August and showcased Australia's scientific and research skills. Addressing an audience of nearly 300 delegates from Australia (91%) and international (9%), the five keynote speakers were Dr Paul Bunn (Colorado, Denver USA); Dr James Jett (Rochester, Minnesota USA); Dr Andrew Turrisi (Detroit, Michigan USA); Dr Tai Omori (Kawasaki, Japan) and Dr Noriaki Kurimoto (Kawasaki, Japan). Five delegates from Nepal, Bangladesh, India and Malaysia were awarded travel scholarships to attend the conference.

Some interesting facts that rose out of this conference included the establishment of the Nepal Lung Cancer Foundation and the background of the winner of the Young Investigator Award for Best Oral Presentation, Jessica de Ryk (Iowa City, US). Jessica is originally from Adelaide and one of the students from the Iowa/South Australia Transnational Alliance program established some years ago to foster potential alliances between the countries for both students and academics.

The Australian Doctors Orchestra (ADO) chose The Australian Lung Foundation as its recipient for their 16th Charity Concert for 2008 held on 24th August at Bond University (Gold Coast, Qld). Comprised of 130 members from around Australia, the ADO played before an audience of approximately 450 people and raised more than \$5,000 for the Lung Foundation's lung cancer activities.

The International Association for the Study of Lung Cancer announced at its meeting in Chicago that Australia was successful in its bid to host their 15th World Conference in 2013. The bid was coordinated by the Lung Foundation. It is anticipated that this event will bring more than 7,500 delegates from around the world to Sydney (NSW).

During Lung Cancer Awareness Month, the LCCG hosted memorial tree plantings to commemorate the more than 7,000 Australians who die from lung cancer each year.

- The largest event was held in Brisbane on 16th November. With support from the Brisbane City Council, patients, family, friends and carers, 7000 trees were planted. A commemorative plaque was unveiled by Councillor Matthew Burke and Nick Johnston (husband of Kylie Johnston who died of lung cancer a year earlier).
- With the support of the Gold Coast City Council, 1600 trees were given away on 30th November – a figure representative of the number of Queenslanders who die from lung cancer each year. A commemorative tree was planted in the GC Botanic Gardens by Mayor Ron Clarke, William Darbishire and Dr Peter Cole.
- In New South Wales, the Liverpool Plains Shire Council donated 63 tree seedlings to the public for planting in remembrance of lung cancer sufferers.
- The Quirindi community in New South Wales also hosted a tree planting ceremony on 11th December in the grounds of Quirindi District Health Service.



Key note speaker, Dr Paul Bunn, with Chairman of the Lung Cancer Consultative Group, A/Professor Kwun Fong



*Gold Coast Tree Planting
Dr Peter Cole, Gold Coast Mayor Cr Ron Clarke and Lung Foundation CEO, Mr William Darbishire*

Glenda Colburn
Program Development Manager

Kylie Johnston Lung Cancer Network

In February, the Kylie Johnston Lung Cancer Network (KJLCN) Management Committee held its first bi-monthly teleconference to review, plan and implement patient/carer support initiatives for Australians living with lung cancer.

Under the Collaborative Cancer Support Networks Grants Program, Cancer Australia funded a grant for the "LOTE for Lung Cancer" project to translate patient support material into languages other than English. KJLCN is also an active

partner in the Peter MacCallum Cancer Centre Project, "Patients with Lung Cancer and their carers – Supporting through novel information models" which will produce an educational lung cancer patient/carer DVD as part of a package of resources for consumers.

In May, Queensland University of Technology final year Public Relations students presented a number of public relations plans for KJLCN to consider. The students presented highly professional and creative campaigns aimed at raising public awareness of the network and its key messages.

In August, the inaugural KJLCN Nurses Workshop was held prior to the Australian Lung Cancer Conference (Gold Coast, Qld). More than 52 nurses from throughout Australia and New Zealand attended the intensive one day workshop and feedback from delegates is very positive. Frances Ferguson, a Rural Cancer Nurse Coordinator (Orange, NSW), was sponsored by KJLCN to attend the workshop. A lung nurses' database is now established for the distribution of relevant news and information on patient support initiatives. Workshop presentations are available on the KJLCN website.

Our new on-line patient/carer forum was launched in August to help bring together Australians living with lung cancer via the website. Participation in this on-line forum has been slower than expected and KJLCN has developed an awareness raising campaign for this initiative. The target audience is lung cancer specialists and lung cancer nurses who have direct contact with newly diagnosed lung cancer patients.

Following the success of the inaugural 2007 Lunch for Lung Cancer fund raising events, KJLCN actively promoted 'Lunch for Lung Cancer' during Lung Health Awareness Month in November. More than 50 lunches were held in hospitals, cancer centres, restaurants and private homes and funds raised from this annual event will go towards the establishment of a Lung Nurse to be available on a toll-free number.

Other KJLCN fundraising highlights included the Brett McFall e-bay auction (Gold Coast) and the Matthew Pusey Photographic Exhibition (Vic).

Kerrie Callaghan
Coordinator, Projects and Communication

Australasian Lung cancer Trials Group (ALTG)

In 2008, the Australasian Lung cancer Trials Group (ALTG) activities increased at an exponential rate. The Group met several times during the year under the successful leadership of A/Professor Kwun Fong and as of August, Professor Michael Millward.

The ALTG was successful in receiving funding from Cancer Australia under its "Support for Cancer Clinical Trials Program" for the period January 2008 to June 2010. This funding will provide administration and trial management support towards developing new and existing trial concepts.

Two ALTG trials were activated in 2008 with the first patient being recruited at St Vincent's Hospital, Melbourne. Another two ALTG trials will open for patient recruitment in early 2009. Other trial concepts that were approved by the ALTG this year have initiated protocol development, feasibility surveys and submitting applications for funding.

To assist the ALTG, a Clinical Research Fellow was employed to continue with the development of trial protocols and other trial activities. This Fellow is based at the NHMRC Clinical Trials Centre in Sydney.

In 2008, the ALTG had a membership of 120 financial members which is rapidly expanding due to the interest in reducing the incidence, morbidity and mortality of lung cancer.

The progress of this Group has been gratifying and none of it would have been possible without the contributions of our diligent members.

Karen Lather
Group Administrator

LungNet Information and Support Centre

The LungNet Information and Support Centre continues to be a vital first point of contact for The Australian Lung Foundation. The Centre provides information and support to patients recently diagnosed with a lung condition, as well as resources for health professionals.

- Enquiries: The Centre is contactable via a toll-free number (1800 654 301) or email (enquiries@lungfoundation.com.au). Enquiry Statistics: the number of enquiries received by the Information and Support Centre increased substantially in 2008 and we anticipate that this situation will continue as the Foundation continues to become more widely known.

2008	2007	2006
4,493	3,260	2,931

- 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. The newsletter has a current mailing circulation of over 15,000 and is also accessible via www.lungfoundation.com.au. The newsletter mail-out is managed by a team of volunteers, and we thank them for their continued support.

- LungNet Patient Support Group Network: Patient support groups are active in all States and Territories and are an important means for patients to gain mutual support and ongoing education about their condition. The majority of groups have face-to-face meetings, but support is also available online or by telephone.
- LungNet Education Days: LungNet Education Days took place in all States in 2008, and were well-attended. They provided an opportunity for patients to listen to experts in the field of respiratory medicine and allied health, as well as enabling the Support Groups to interact with one another.
- The LungNet Team: The Information and Support Centre is managed by Juliet Brown and Jenny Hose, ably assisted by volunteer, Eileen Perry who unselfishly gives over two days of her time each week. The Australian Lung Foundation is extremely appreciative for the time and effort given by all our volunteers, especially our LungNet State Coordinators, Patient Support Group Leaders and Committee Members and the LungNet News team.

Juliet Brown
Program Development Manager

Pulmonary Interstitial Vascular Organisational Taskforce (PIVOT)

The focus of the PIVOT Consultative Group is the area of interstitial and orphan (rare) lung disease. Orphan lung diseases are defined as those which have a low prevalence and do not have a parent organisation to look after them. The PIVOT Group meets on a quarterly basis, with either a face to face meeting or by teleconference.

During 2008, the Group produced three new brochures, *Pulmonary Arterial Hypertension*, *Adult Interstitial Lung Diseases* and *Interstitial Lung Diseases in Children*.

A key project which PIVOT has been working on is the establishment of a national Registry, which will contain information on patients with orphan lung disease, as well as the doctors and specialists with medical expertise in this area. The Registry, which has been christened ARNOLD (Australasian Registry Network for Orphan Lung Disease) will be a joint initiative with the Thoracic Society of Australia and New Zealand (TSANZ). The Registry is in the process of being set up and, once established, will provide statistical information relating to the incidence and prevalence of orphan lung disease in Australia. It is also hoped that the information will increase understanding of what causes such diseases and assist in making the case for the necessity for clinical trials of new treatments in orphan lung disease. On 24th November, PIVOT issued a media release drawing attention to the development of the Registry. This was planned to coincide with the first Interstitial and Orphan Lung Disease Day, which The Australian Lung Foundation initiated as part of its Lung Health Awareness Month activities in November.

Juliet Brown
Executive Officer

Respiratory Infectious Diseases (RID) Program

Following on from the successful publication of the The Respiratory Infectious Diseases Case Statement, the RID Group, Chaired by A/Professor Tom Kotsimbos, reviewed its strategic direction for the next year and considered a number of areas for activity. As a result, the RID Group commenced work on Community Acquired Pneumonia as an initiative that targeted two areas – educating the community in lung health and influencing public policy. The Group was successful in obtaining sponsorship from CSL Biotherapies for 2008.

Karen Lather
Group Administrator

Cough In Children and Adults: Diagnosis and Assessment (CICADA)

In 2008, the CICADA group, Chaired by Professor Peter Gibson, focused on developing Australian Cough Guidelines. During 2009, a summary of the guidelines is planned for publication in the Medical Journal of Australia after which the guidelines will be available on www.lungfoundation.com.au. Endorsement will be sought from The Thoracic Society of Australia and New Zealand and all other relevant societies. The CICADA group is funded by The Australian Lung Foundation.

Karen Lather
Group Administrator

Multi-centre Clinical Trials Network

The Australian Lung Foundation's Multi-centre Clinical Trials Network (MCTN) is an established trials administration service, available to both clinical trial sponsors and Contract Research Organisations (CRO). The service provides access to both a large-scale Investigator network and patient database. MCTN is supported by an efficient and timely ethics submission process, underpinned by an established subject recruitment campaign management system.

In 2008, MCTN activities maintained a consistent number of clinical trial enquiries and participation on both a National and International base. Studies undertaken include disease areas of COPD and Alpha1-Antitrypsin Deficiency.

The MCTN will review its strategic plan in early 2009 to ensure that this service is kept up to date and current for the needs of our clients.

Glenda Colburn
Program Development Manager

Community Relations

The Australian Lung Foundation invested considerable resources in its Community Relations to enhance relationships with industry partners and further develop corporate partnerships as part of a deliberate strategy to build on its corporate brand.

The relocation of the office provided a great opportunity to refine and implement a consistent corporate branding exercise including the renaming of our website to www.lungfoundation.com.au, stationery, business cards, brochures, marketing material and signage.

Initial feasibility, planning, development and implementation of a range of fund raising initiatives were undertaken. Examples include: refinement of the bequest program; inaugural corporate fun run/walk (Queensland); November – national lung health awareness month; 2010 Breath of Life Music Festival (Tasmania); ASX-Reuters Charity Art Union, Regatta and Golf Day (New South Wales); Healthy Afternoon Activities (Northern Territory).

A signature fund-raising event for the Lung Foundation was the 3-day 2008 Breath of Life Music Festival held in March at the Reece High School (Devonport, Tas). The Breath of Life Music Festival caters for the whole family, particularly those with children in High School, and is an alcohol and drug free event. Workshops conducted on the Thursday and Friday were facilitated by artists and professional personnel working in the areas of musical performance. The Saturday concert featured artists such as Jimmy Barnes, Diesel, Brett Budgeon and Darryl Beaton who provided their performances at no cost. Key objectives are to promote lung health to the youth of the north-west coast of Tasmania and create awareness of lung disease (particularly pulmonary fibrosis) and its impact on the community.

Influential media and industry magazine personnel have been identified in the electronic, print and radio media.

A number of special interest groups of strategic importance for the Lung Foundation were coordinated through Community Relations – the Clean Air Alliance working with government and industry to promote the use of bio-fuels to improve air quality; Taskforce Sydney and the State Council of Victoria to investigate the feasibility of fund raising initiatives in their respective states.

Coordinated Christmas card sales / Christmas Seals Appeal and organised design of material by students from the Royal Brisbane Children's Hospital.

Margaret Goody
Director, Development



Diesel & Jimmy Barnes at the Breath of Life Music Festival Concert, Devonport, Tasmania
Photo courtesy Jason Morey



Mother and Partner of Matt Pusey
Photographic Exhibition of Matt's work, Melbourne

AWARDS

The Australian Lung Foundation offers a number of Awards to facilitate and encourage research into lung disease. An increasing number of high calibre applications are received each year for the various awards that are offered. The Research and Education 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 applicant that most closely meets the award criteria. The Australian Lung Foundation congratulates the winners of the 2008 Awards.

The Webster COPD Research Award
 Boehringer Ingelheim COPD Research Fellowship
 The Roslyn Hogan Award for the Early Detection of Lung Cancer

The Ludwig Engel Grant-in-Aid for Physiological Research
 The Slater & Gordon Asbestos Research Grant-in-Aid Fellowship
 The Lung Cancer Consultative Group Post-graduate Grant-in-Aid for Lung Cancer Research
 The Lung Cancer Consultative Group Under-graduate Grant-in-Aid for Lung Cancer Research
 John Read Prize for Physiological Research

Dr Sandra Hodge
 Dr Ian Yang
 Dr Phan Nguyen
 Dr Daniel Steinfert
 A/Professor Philip Robinson
 Professor Paul Reynolds

 Dr Natalie Smallwood

 Mr Hiang Chan
 Dr Jason Kirkness
 Dr Kate Barclay

PHOTO GALLERY



*Tree Planting – Gold Coast
 Alvarez Family, Cr Ron Clarke (Mayor Gold Coast City Council)
 William Darbshire (CEO, The Australian Lung Foundation)*



*Ms Gill Gilbert
 Lungs in Action Project*



*World COPD Day – 2008
 Manly foreshore walk, Manly
 New South Wales*



*World COPD Day – 2008
 Brisbane, Queensland*

ACKNOWLEDGEMENTS

The following people worked with The Australian Lung Foundation in a variety of voluntary roles, assisted by Lung Foundation staff during 2008. The Australian Lung Foundation appreciates their commitment and dedication.

Our Patron

Her Excellency Ms Quentin Bryce AC
Governor General of the Commonwealth of Australia

National Council

The National Council of The Australian Lung Foundation defines the strategic direction and policy, is responsible for corporate governance and regularly reviews progress against the strategic plan.

Dr Robert L Edwards, FRACP, FCCP
Dr Martin Phillips, FRACP
Mr Jim Mattock, FCA
A/Prof Peter W Holmes, FRACP, FCCP
Mr David Macintosh, BBus (UTS), FCS
Dr James Markos, MBBS, FRACP, FCCP
A/Prof Matthew Peters, MF, FRACP, FCCP
Mr John Caravousanos, FTIA
Prof Peter Frith, MBBS, FRACP, FCCP (Regent)
Prof Mark Holmes, MBBS.MD, FRACP
Dr Rima Staugas, MBBS, FRACP, MBA

Prof John Upham, MBBS (Hons), FRACP, PhD,
Prof Philip Thompson, MBBS FRACP FCCP MRACMA
Dr William Scowcroft, PhD (Genetics)
Prof Christine Jenkins, AM, MD, FRACP
Mr William Darbishire, FCA

Chairman ALF National Council
Deputy Chairman/Chairman ALF State Council WA
Treasurer/Chairman ALF State Council SA
Chairman, ALF State Council Vic
Chairman, Australian Respiratory Council
Chairman, ALF State Council Tas
Chairman, ALF State Council NSW
Council member
Chairman, COPD Coordinating Committee
TSANZ Research and Education Sub-Committee
Past President, Thoracic Society of Australia and New Zealand (TSANZ)
TSANZ Research and Education Sub-Committee
President-elect, TSANZ
Co-Chairman, Australian COPD Patient Taskforce
President, TSANZ
Secretary

COPD Coordinating Committee

Prof Peter Frith (Chairman)	Dr H. John Fardy
Prof Michael Abramson	Mr David Hayne
A/Prof Jenny Alison	Prof Christine Jenkins
Mrs Yvonne Bedson	A/Prof Christine McDonald
Ms Jenny Bergin	Ms Vanessa McDonald
A/Prof Peter Black	Dr Julia Walters
A/Prof Alan Crockett	A/Prof Ian Yang
Dr Robert Edwards	

COPD General Practice Advisory Committee

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

The Australian COPD Patient Taskforce

Mr Bryan Cliff, Co-Chairman	Mrs Hazel Mellor
Dr Bill Scowcroft, Co-Chairman	Ms Judith Hart
Ms Dianne Proctor	Ms Mary Duell
Mrs Gai Haviland	Mrs Christine Hunt
Ms Veronica Kemp	Mr Reg Hunt
Ms Marion Reece*	Mr Barry Blaikie
Mr Sandy Macgown	Mr Bill Morris
Mr Barry Neal	Mr Mike Watteau
	Mrs Thelma Nicholson

COPD Evaluation Committee

Prof Michael Abramson (Chairman)
Prof Alan Crockett
Prof Nicholas Glasgow
A/Prof Sue Jenkins
A/Prof Christine McDonald
A/Prof Richard Wood-Baker

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

Steering Committee

Eileen Boyle (Chairman)	Ms Monica Frain
A/Prof Graeme Maguire	Dr Naru Pal
Dr Carmel Nelson	Dr Andrew Bell
Dr David Atkinson	Ms Chris Flavell
Ms Elaine Jaeschke	A/Prof Jenny Alison
Ms Jan Saunders	Mr William Darbishire
	Ms Heather Allan

Expert Advisory Panel

Mr William Darbishire
Ms Heather Allan
A/Prof Jenny Alison
A/Prof Graeme Maguire
Ms Eileen Boyle

* The tireless efforts of Marion Reece who passed away 28th July, 2008 are acknowledged by all who worked with her.

COPD Pharmacy Screening Project Team and Expert Advisory Panel

Project Team

Ms Heather Allan (Chairman)
Dr Bandana Saini
Ms Simone Diamandis
Ms Phoebe Kearey
Dr Guy Gavagna
Mr David Marshall
Dr Geraldine Peterson-Clark

Expert Advisory Panel

Ms Heather Allan (Chairman)
Mr David Hayne
Mr Gary Wilcher
Prof Peter Frith
A/Prof Christine McDonald
Dr H. John Fardy
Ms Alison Crocker
Mr Peter Cox

Lungs in Action Steering Committee and Expert Advisory Panel

Steering Committee

Ms Kristin Peters (Chairman)
Ms Heather Allan
Ms Yvonne Bedson
Dr Nick Buckmaster
Ms Corinne French
Ms Liz Harper
Ms Sue Rayner
Ms Kelly Sinclair
Ms Lissa Spencer
Ms Sharon Wilesmith
Mr Trent Young

Expert Advisory Panel

Ms Heather Allan
A/Professor Jenny Alison
Ms Sue Bligh
Dr Angela Chang
Ms Judith Hart
A/Prof Graeme Maguire
Ms Kristin Peters
Ms Sally Watts
A/Prof Ian Yang

Lung Cancer Consultative Group

A/Prof Kwun Fong (Chairman)
Prof Bruce Robinson
Ms Caitlin Broderick
A/Prof David Ball
A/Prof Eddie Lau
Dr Jenny Ma Wyatt
Dr John Litt

A/Prof Matthew Peters
A/Prof Lou Irving
Dr Nick Pavlakis
Prof Nico van Zandwijk
A/Prof Paul Mitchell
Dr Peter Cole
Dr Rayleen Bowman
Ms Linda Christenson

Kylie Johnston Lung Cancer Network Management Committee

A/Prof Matthew Peters (Chairman)
Mrs Kerrie Callaghan
Ms Elissa Lewis
Mr Andrew Bowen
Ms Katharine Melville-Jones

Ms Mary Duffy
Mr Nick Johnston
Ms Elizabeth Simon

INAUGURAL CORPORATE FUN RUN/WALK Brisbane, Queensland



Registration Desk



Presentation Ceremony

Australasian Lung cancer Trials Group

Management Advisory Committee (MAC)

Prof Michael Millward (Chairman)
Dr Michael Boyer (SAC Chairman)
Ms Haryana Dhillon, Secretary
Dr Peter Flynn, Treasurer
A/Prof Kwun Fong
Ms Mary Duffy

Dr Geoffrey Hawson
Dr Martin Phillips
Dr Ben Solomon
Dr Richard Sullivan
Dr Shalini Vinod
Mr Gavin Wright
Mr William Darbishire
Ms Karen Lather

Scientific Advisory Committee (SAC)

Dr Michael Boyer (Chairman)
Dr Tim Christmas
A/Prof Kwun Fong
Prof Michael Millward
Dr Mahmood Alam

Dr Jeffrey Bowden
Mr Andrew Bowen
Dr Martin Stockler
Dr Andrew Wirth
Mr Gavin Wright
Mr William Darbishire
Ms Karen Lather

NHMRC Clinical Trial Centre Operational Executive Committee

Prof Michael Millward (President)
Dr Michael Boyer
A/Prof Kwun Fong
Dr Mahmood Alam

Ms Xanthi Coskinas
Ms Peta Forder
Dr Martin Stockler
Mr William Darbishire
Ms Karen Lather

LungNet State Coordinators

Mr Paul Cafarella (SA)
Mrs Lyn Joseph (Tas)
Mrs Lissa Spencer (NSW)

Ms Jenni Hibble (NT)
Mrs Rosemary Moore (Vic)
Ms Louise Ganderton /
Ms Sarah Jones (WA)

LungNet Volunteers

Mr Bryan Clift
Ms Christine Hunt
Ms Alice Jackson
Ms Renae McNamara
Ms Doreen Molesworth
Ms Margaret Moran
Ms Hilary Mulcahy
Ms Aileen Russell

Ms Maureen Smith
Ms Denise Stevenson
Mr Frank Stevenson
Ms Myrna Wakeling
Ms Judith Walters
Ms Clare Watts
Ms Sally Watts

Pulmonary Interstitial Vascular Organisation Taskforce (PIVOT)

Dr Ian Glaspole (Chairman)
A/Prof Eli Gabbay
Ms Nicole Goh
Dr Adrian Havryk
A/Prof Mark Holmes

A/Prof Peter Holmes
Dr Peter Hopkins
A/Prof Adam Jaffe
Dr Susanna Proudman
Mrs Miriam McLean
Dr Chris Zappala

Respiratory Infectious Diseases Group

A/Prof Tom Kotsimbos (Chairman)
Dr David Armstrong
Dr Nick Buckmaster
Dr David Hart
A/Professor Peter Holmes

A/Prof Paul Johnson
Dr Tom Konstantinos
A/Professor Joe McCormack
Dr Justin Waring
Dr Grant Waterer

Cough – Infants, Children Adults Diagnosis & Assessment

Prof Peter Gibson (Chairman)
A/Prof Robert Berkowitz
Prof Nicholas Glasgow
A/Prof Peter Katelaris
Prof Lou Landau
Prof Peter van Asperen

A/Prof Anne Chang
A/Prof Peter Holmes
Prof Andrew Kemp
Dr Peter Newcombe
Ms Anne Vertigan

DONATIONS

The Australian Lung Foundation is appreciative of all donations, whether large or small, to our organisation as they make a vitally important contribution in helping us to achieve our mission to promote lung health; elevate the awareness of the impact and symptoms of lung disease; provide education and support for those burdened by lung disease; and facilitate and encourage research.

PARTNERS

The Australian Lung Foundation is appreciative of the industry and corporate partners who are sharing the journey with us to achieve objectives that are mutually beneficial for our respective organisations and, most importantly, for those with lung disease, their carers and family and our community.

Actelion Australia
Air Liquide *Healthcare*
AstraZeneca Australia
Bayer HealthCare
Boehringer Ingelheim
Brisbane City Council

Cancer Institute NSW
CSL Biotherapies
Eli Lilly Australia
GlaxoSmithKline
International Association for the Study of Lung Cancer

Pfizer Australia
Qld Cancer Control Analysis Team
Roche Products
sanofi aventis
Sydney Convention & Visitors Bureau
Thoracic Society of Australia & New Zealand

Many of the programs that support our patients and carers and/or underpin the investigation of strategies that have the potential to improve the quality of life for those impacted by lung disease would not be possible without project funding from a variety of sources. The Australian Lung Foundation acknowledges and is very appreciative of this financial support.

Cancer Australia
Department of Health & Ageing (RHSET)
Department of Health & Ageing (Rural Primary Health Section)
Department of Health & Ageing (Healthy Active Australia)
Department of Health & Ageing (Pharmacy Guild – 4th Community Pharmacy Agreement)
Queensland Health

PHOTO GALLERY



World COPD Day
Queen Elizabeth Hospital, Adelaide, South Australia

World COPD Day
Tennant Creek Pharmacy,
Northern Territory



THE AUSTRALIAN LUNG FOUNDATION INC
FINANCIAL REPORT FOR THE YEAR ENDED 31 DECEMBER 2008

ABN 36 051 131 901

COUNCILLORS' REPORT

The Councillors present their report for the year ended 31 December 2008. The financial statements and specific disclosures included in the concise financial report have been derived from the full financial report of The Australian Lung Foundation Inc (the Foundation) for the year ended 31 December 2008.

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

Councillors

The following persons were Councillors of the Foundation throughout the year and up to the date of this report:

Mr John Caravousanos
Dr Robert Edwards
Professor Peter Frith
Professor Mark Holmes
Associate Professor Peter Holmes
Professor Christine Jenkins
Mr David Macintosh
Dr James Markos
Mr Jim Mattock
Associate Professor Matthew Peters
Dr Martin Phillips
Dr William Scowcroft (appointed 20 August 2008)
Dr Rima Staugas (resigned 20 August 2008)
Professor Phillip Thompson (appointed 20 August 2008)
Professor John Upham

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. The operating result for the year was a net deficit of \$1,686 (2007: surplus \$247,112).

Significant changes

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

Signed in accordance with a resolution of the Councillors.



Dr Robert Edwards, FRACP, FCCP
Chairman



Mr Jim Mattock
Treasurer

Dated this 13th day of March 2009

THE AUSTRALIAN LUNG FOUNDATION INC.

INCOME STATEMENT
For the year ended 31 December 2008

	2008 \$	2007 \$
Revenue - continuing operations		
Revenue from projects	2,133,979	1,354,575
Revenue from donations and bequests	147,107	440,408
Other income		
Overhead recovery	261,994	261,965
Dividends received	19,303	16,188
Membership fees	31,126	40,227
Sales of educational publications	12,608	21,431
Fundraising and events	36,828	43,531
Sundry income	50,296	1,000
Interest received	159,358	106,123
Expenses - continuing operations		
Project expenses	(2,147,945)	(1,430,918)
Employee benefits	(328,345)	(367,568)
Premises	(130,891)	(64,004)
Depreciation	(40,020)	(25,982)
Telecommunication	(18,336)	(17,308)
Website and internet	(16,177)	(2,803)
Marketing and fundraising events	(63,349)	(54,994)
Educational leaflets	(11,579)	(7,657)
Consultancy fees	(11,727)	0
General, administrative and other costs	(87,651)	(68,848)
Net surplus/(deficit) from continuing operations	(3,420)	245,366
Revenue - specifically designated activities		
Donations	182,600	169,880
Interest received	7,134	7,246
Expenses - specifically designated activities		
Research awards	(188,000)	(175,380)
Net surplus from specifically designated activities	1,734	1,746
Surplus/(deficit) before income tax	(1,686)	247,112
Income tax expense	0	0
Net surplus/(deficit) for the year	(1,686)	247,112

The accompanying notes form part of the financial report.

THE AUSTRALIAN LUNG FOUNDATION INC.

BALANCE SHEET
As at 31 December 2008

	2008 \$	2007 \$
Current assets		
Cash and cash equivalents	2,534,519	2,582,942
Trade and other receivables	198,173	113,166
Inventories	18,195	3,452
Total current assets	2,750,887	2,699,560
Non-current assets		
Financial assets	161,238	204,407
Property, plant and equipment	34,172	60,669
Total non-current assets	195,410	265,076
Total assets	2,946,296	2,964,636
Current liabilities		
Trade and other payables	1,168,139	1,134,423
Total current liabilities	1,168,139	1,134,423
Non-current liabilities		
Provisions	12,057	12,057
Total non-current liabilities	12,057	12,057
Total liabilities	1,180,196	1,146,480
Net assets	1,766,101	1,818,156
Equity		
Retained earnings	1,343,570	1,346,990
General reserve	300,000	300,000
Reserves for specifically designated funds	130,330	128,596
Fair value reserve	(7,799)	42,570
Total equity	1,766,101	1,818,156

The accompanying notes form part of the financial report.

THE AUSTRALIAN LUNG FOUNDATION INC.

CASH FLOW STATEMENT
For the year ended 31 December 2008

	2008 \$	2007 \$
Cash flows from operating activities		
Receipts from customers	2,656,464	2,768,115
Dividends received	19,303	16,188
Interest received	166,493	113,369
Payments to suppliers and employees	(2,869,961)	(2,940,834)
Net cash flows used in operating activities	(27,701)	(43,162)
Cash flows from investing activities		
Payment for property, plant and equipment	(13,523)	(12,429)
Acquisition of investments	(7,200)	(14,374)
Net cash flows used in investing activities	(20,723)	(26,803)
Net decrease in cash held	(48,424)	(69,965)
Cash and cash equivalents at the beginning of the financial year	2,582,943	2,652,908
Cash and cash equivalents at the end of the financial year	2,534,519	2,582,943

STATEMENT OF CHANGES IN EQUITY
For the year ended 31 December 2008

	General \$	Specifically designated funds \$	Fair value \$	Retained earnings \$	Total \$
Balance at 1 January 2007	300,000	128,350	38,989	1,101,624	1,568,963
Transfers to/(from) reserves	0	246	3,581	(1,746)	2,081
Surplus/(deficit) for the period	0	0	0	247,112	247,112
Balance at 31 December 2007	300,000	128,596	42,570	1,346,990	1,818,156
Balance at 1 January 2008	300,000	128,596	42,570	1,346,990	1,818,156
Transfers to/(from) reserves	0	1,734	(50,369)	(1,734)	(50,369)
Surplus/(deficit) for the period	0	0	0	(1,686)	(1,686)
Balance at 31 December 2008	300,000	130,330	(7,799)	1,343,570	1,766,101

The accompanying notes form part of the financial report.

THE AUSTRALIAN LUNG FOUNDATION INC.

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT
For the year ended 31 December 2008

1. **Basis of preparation of the concise financial report**

This concise financial report is an extract from the full financial report for the year ended 31 December 2008. 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 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 13 March 2009.

2. **Income tax**

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

3. **Segment reporting**

The Australian Lung Foundation Inc operates predominantly in Australia and in one business segment delivering services related to lung disease.

4. **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 2008.

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:

- a) has been derived and is consistent with the full financial report of The Australian Lung Foundation Inc for the year ended 31 December 2008; and
- b) complies with Accounting Standard AASB 1039 "Concise Financial Reports".

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



Dr Robert Edwards, FRACP. FCCP
Chairman

Dated this 13th day of March 2009



Mr Jim Mattock
Treasurer



INDEPENDENT AUDITOR'S REPORT

To the members of The Australian Lung Foundation Inc.

Report on the concise financial report

The accompanying concise financial report of The Australian Lung Foundation Inc (the Foundation) comprises the balance sheet at 31 December 2008, the income statement, statement of changes in equity and cash flow statement for the year then ended and related notes, derived from the audited financial report of Australian Lung Foundation for the year ended 31 December 2008. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

Councillors responsibility for the concise financial report

The Councillors of Australian Lung Foundation are responsible for the preparation and presentation of the concise financial report in accordance with Accounting Standard AASB 1039 "Concise Financial Reports" (including the Australian Accounting Interpretations) in accordance with Australian Lung Foundation's constitution. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report, selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of Australian Lung Foundation for the year ended 31 December 2008. Our audit report on the financial report for the year was signed on 13 March 2009 and was not subject to any modification. Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures with respect to the audit of the concise financial report included testing that the information in the concise financial report is derived from and is consistent with the financial report for the year, and examination on a test basis, of evidence supporting the amounts and other disclosures which were not directly derived from the full financial report. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039 "Concise Financial Reports".

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

Independence

We are independent of the Australian Lung Foundation, and have met the independence requirements of the Australian professional and ethical pronouncements.

Audit Opinion

In our opinion, the concise financial report of The Australian Lung Foundation Inc complies with Australian Accounting Standard AASB 1039 "Concise Financial Reports".

Signed at Brisbane, on the 13th March 2009

Handwritten signature of NAK Horwath in black ink.

WHK Horwath
Chartered Accountants

Handwritten signature of Don Langdon in black ink.

Don Langdon, Principal
Partner

Liability limited by a scheme approved under Professional Standards Legislation other than for the acts or omissions of financial services licensees.

Total Financial Solutions



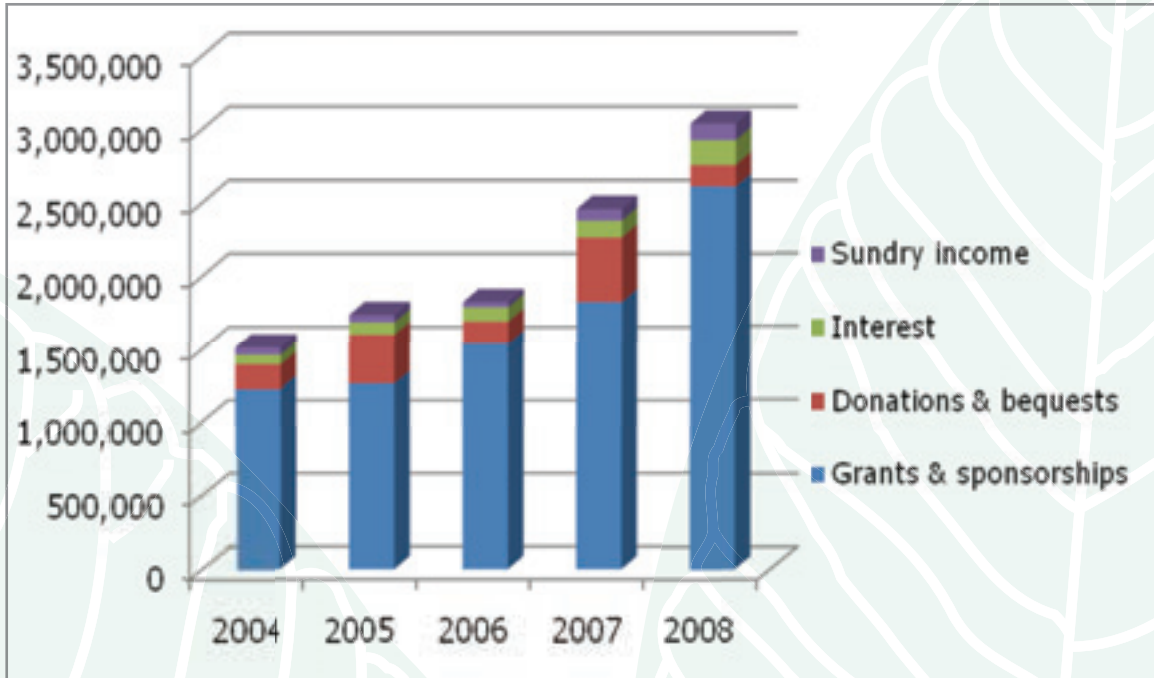
Horwath refers to Horwath International Association, a global entity.
Each member of the Association is a separate and independent legal entity.

Member Horwath International

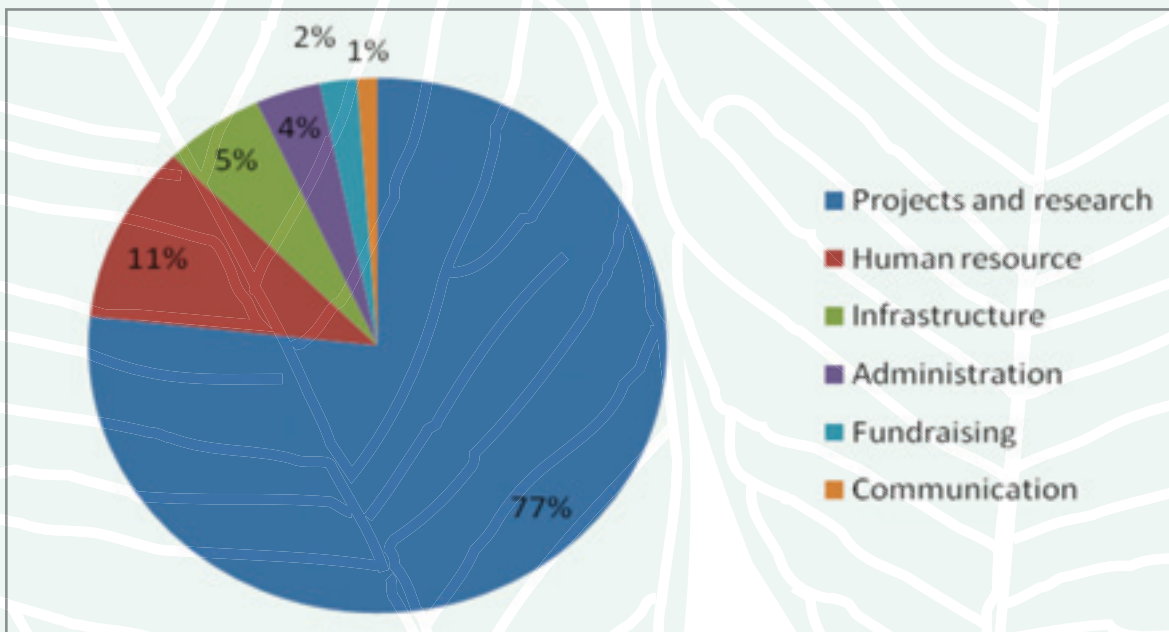
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Brisbane Queensland 4000 Australia
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Telephone +61 7 3238 3555 Facsimile +61 7 3210 6183
Email info.lris@whkhorwath.com.au www.whkhorwath.com.au
A WHK Group firm

**THE AUSTRALIAN LUNG FOUNDATION INC
FINANCIAL SUMMARY**

Funds Received



Funds Utilisation 2008





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



promote lung health



raise funds to encourage research into lung disease



influence public policy



support people living with lung disease



educate the community on impacts of lung disease



How can you make a difference?

- Donate today
- Become a member
- Subscribe on an annual basis
- Include a bequest in your Will

Together, we can create awareness

Together, we can provide support

Together, we can make a DIFFERENCE

1800 654 301

www.lungfoundation.com.au

Back Cover Photograph
World COPD Day Southbank, Brisbane, QLD
Photo courtesy Louise F. Wright



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

44 Brookes Street,
Bowen Hills Qld 4006
PO Box 847, Lutwyche Qld 4030

T: +61 7 3251 3600
F: +61 7 3852 5487
E: enquiries@lungfoundation.com.au
W: www.lungfoundation.com.au

SUPPORT THE WORK OF THE AUSTRALIAN LUNG FOUNDATION

Nearly 7.6 million Australians suffer from a chronic respiratory illness with common and rare forms of lung disease costing our community millions of dollars each year.

Your donation to The Australian Lung Foundation will help in its quest to:

- Provide education, patient and carer rehabilitation and support services; and
- Support medical and scientific research into the prevention and/or cure of lung disease.

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

If you would like to be part of this journey, contact The Australian Lung Foundation on 1800 654 301 for details on how you can support this work through donations by way of credit card, direct deposit, donation envelope.

As a public benevolent institution, all donations over \$2 to The Australian Lung Foundation are tax deductible.

As an alternative and after you have carefully considered family and friends in your Will, you might like to make a bequest under your Will to The Australian Lung Foundation. All you need to do is have your solicitor insert a clause in your Will or go to our website (www.lungfoundation.com.au) for examples of sample wording for the consideration of your legal adviser.