

annual report

2014-2015



HAEMOPHILIA FOUNDATION AUSTRALIA

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Haemophilia Foundation Australia (HFA) is the national peak body which represents people with haemophilia, von Willebrand disorder and other rare inherited bleeding disorders and their families throughout Australia.

HFA supports a network of state and territory Foundations in Australia and as a National Member Organisation of the World Federation of Hemophilia, HFA participates in international efforts to improve access to care and treatment for people with bleeding disorders around the world.

Our Mission:

to inspire excellence in treatment, care and support through representation, education and promotion of research.

Our Vision:

for people with bleeding disorders to lead active, independent and fulfilling lives.

Our Goals:

good governance

effective advocacy

strategic education and communication

financial sustainability

to advance research, care and treatment

to be the trusted national organisation and recognised community expert on inherited bleeding disorders

Our Governance

HFA is incorporated in Victoria. Its members are each of the state/territory Haemophilia Foundations around Australia. Each Foundation is represented on the HFA Council and Council elects office-bearers from its own number.

At the Annual General Meeting on 25 October 2014, a special resolution to change the HFA Constitution was considered. This had been preceded by a full consultation with members and legal advice. The HFA Council subsequently adopted a number of Constitution changes aimed at creating a smaller, more efficient and agile Council. The effect of the changes was that there would no longer be an Executive Board and each member Haemophilia Foundation would have just one representative on Council. Executive Board meetings would be replaced with up to 3 Council meetings during the year.

For the transition period it was decided that the regular election of office bearers would be deferred to give member Foundations time to nominate their single delegate to Council and give the delegate an opportunity to nominate for an office-bearer role. Existing office-bearers agreed to continue in office for the following year at the request of Council when an election of office-bearers would take place at the 2015 Annual General Meeting.

Consumer Affairs Victoria approved the amendments to Constitution on 8 December 2014.

HFA reports fully to Consumer Affairs Victoria and the Australian Charities and Not For Profit Commission.

Our Funding & Donor Partners

HFA has a national fundraising program. Our donors and funding partners include governments, companies, philanthropic trusts and foundations, service clubs and individuals. Corporate Partnerships are underpinned by memorandums of understandings and sponsorship agreements, and all government grants are subject to contracts and reported in the Annual Report and on the HFA website in a spirit of transparency.

Meet the Organisation

NATIONAL PATRON

The Right Honourable Sir Ninian Stephen, KG, AK, GCMG, GCVO, KBE.

STATE PATRONS

AUSTRALIAN CAPITAL TERRITORY - Dr Richard G Pembrey, AM, MBBS, MD, FRACP, FRCPA

WESTERN AUSTRALIA - Her Excellency the Honourable Kerry Sanderson, AO, Governor of Western Australia

NEW SOUTH WALES - Dr Kevin A. Rickard, AM, RFD

VICTORIA - The Honourable Alex Chernov, AC, QC, Governor of Victoria

TASMANIA - Lady Green

QUEENSLAND - His Excellency The Honourable Mr Paul de Jersey, AC, Governor of Queensland

President: Gavin Finkelstein Executive Director: Sharon Caris

LIFE GOVERNORS

Jennifer Ross AO	Alan Ewart (dec)	Mike Barry
Ted Troedson (dec)	Bevlee Cassell	Dawn Thorp
Alison Bellamy	Barbara Volk OAM	Bruce Fielding
Maxine Ewart (dec)	Fred Wensing	Rob Christie

COUNCIL MEMBERS

Gavin Finkelstein, Haemophilia Foundation Western Australia (HFWA) - PRESIDENT

Dan Credazzi, Haemophilia Foundation New South Wales (HFNSW) - VICE PRESIDENT

Ann Roberts, Haemophilia Foundation Victoria (HFV) - TREASURER

David Stephenson, Haemophilia Foundation Queensland (HFQ)

Maria Wensing, Haemophilia Foundation Australian Capital Territory (HFACT)

Garry Lynch, HFNSW (until October 2014)

Shane Meotti, HFWA (until October 2014)

Sarah Hartley, HFQ (until September 2014)

Adam Lish, HFQ (from September 2014 until October 2014)

Michelle Sullivan, HFV (until October 2014)

Jonathan Spencer, HFT (until September 2014)

David Fagan, HFT from October 2014

Paul Bonner, SA - observer

STAFF

Philippa Bagnell, Fundraising Co-ordinator (Part-time) February – April 2015

Sharon Caris, Executive Director

Natashia Coco, Director of Development (Part-time)

Carol Joy, Administration Officer, (Part-time)

Kevin Lai, Accountant (Part-time)

Joanne Luciani, Administration (Part-time) to December 2014

Jasmine Lai, Accounting Assistant (Part time)

Janine Staunton, Fundraising Officer (Part-time) from April 2015

Suzanne O’Callaghan, Policy Research & Education Manager

Hannah Opeskin, Health Promotion Officer (Part-time)

Kristine Robertson, Fundraising Manager (Part-time) to April 2015



Philippa Bagnell



Sharon Caris



Natashia Coco



Carol Joy



Joanne Luciani



Janine Staunton



Suzanne O’Callaghan



Hannah Opeskin



Kristine Robertson

PRESIDENT'S REPORT – *Gavin Finkelstein*



I am pleased to present my 2015 Report. The year commenced with evaluation and final reporting for the 2014 WFH World Congress, even though the Congress had been in the previous financial year in May. I am pleased to report that World Federation of Hemophilia (WFH) was well supported by HFA and the new model for our volunteer program has been suggested for future Congresses. The social events and welcome from the Australian bleeding disorders community has been reported as amongst the best ever, and the important features of a Congress such as the treatment room services at both the National Member Organisation Training at Creswick and at the Congress, along with the accessibility and disability service and support were ranked highly in evaluations. We had great in-country support for the Congress and so many

stakeholders played a part before or during the Congress to make it a success. The wider stakeholder community, including our member Foundations, community representatives and their families, health care professionals and government officials and the very experienced team at WFH contributed to that success. We are especially indebted to Dr John Rowell (Director, QLD Haemophilia Centre), Andrew Atkins (clinical nurse consultant, Royal Adelaide Hospital) and Abi Polus (physiotherapy specialist, The Alfred, Melbourne) for their meticulous planning for the treatment rooms. We should be pleased with the Congress result. We brought a huge team together, most of whom volunteered much of their time. We all worked hard. HFA has been rewarded firstly by the satisfaction of having a lead role in a successful Congress and secondly, a significant financial benefit which will be reported by our Treasurer.

WFH is already planning for the Congress in Orlando in July 2016 and I have no doubt our community will always have a very critical eye and enthusiasm for future Congresses following our experience of 2014.

Our challenge for future national conferences is to continue to make them viable and relevant. There is no doubt that we provide much of our education through our high quality education resources, always available in different formats including on line and print. HFA has a strong reputation for this. But our national conferences offer a unique opportunity for connection with others in a very different way. Bringing together our community with health professionals, industry and policy-makers at our conferences helps us to clarify our future objectives, goals, risks and opportunities and adds strength to our voice. The health system is under enormous pressure and we need to make sure the bleeding disorders community which is a very small but relatively high cost part of it, receives the government funding required at all levels. Bringing stakeholders together in forums such as our conferences is critical to maintaining the support we need for this. We do need to consider the strategic benefit of including New Zealand and other communities in our region, and we will do this in due course.

After 3 years of planning, consultation and briefings by the HFA Executive Board, Council and at State/Territory Foundation level, amendments to the Constitution were adopted at the 2014 Annual General Meeting. We hope these changes will create a more engaged Council with everyone at the table capable of faster and more streamlined decision making, rather than the tiered approach of operating with a Council and Executive Board and often protracted decision making processes. We believe these changes will be most effective when member Foundations have their most senior representatives on the HFA Council. We hope the changes will also support better succession planning and will also lead to cost savings once the new systems are in place.

In the area of treatment and care we have had a somewhat frustrating year. On the positive side, we are pleased the new national treatment guidelines for haemophilia are being developed by Australian Haemophilia Centre Director's Organisation (AHCDO) and the National Blood Authority (NBA). HFA has been identified as a key organisation to provide comment and we will pro-actively do so. We hope these guidelines will lead to a more consistent approach to treatment and care around Australia, as well as appropriate resource allocation for comprehensive care at haemophilia centres, particularly where effective comprehensive care is not available or very limited services are provided. Not only is comprehensive care linked positively to better health outcomes for people living with bleeding disorders, but optimal treatment and care is also the foundation of cost effectiveness.

We had hoped longer acting clotting factor treatment would have been funded for some people in Australia by now. Fewer treatments with less impact on small or damaged veins and a more personalized approach to treatment can be achieved, but funding is not yet available. Longer acting factors are described as "life changing" by those who have used them. They will make a huge difference and we are already aware of this because of their clinical trial experience in Australia and around the world. We will advocate for these products for our community and I hope there is a way towards funding soon.

However a more serious treatment issue is the delayed access to the new antiviral treatments for hepatitis C. In many cases these treatments will be life saving. We now have the potential in Australia to eliminate hepatitis C and it is beyond belief that these drugs are not funded so that people can be cured of their hepatitis C. The hepatitis C drugs have been described as real "game changers" and when I represented the bleeding disorders community at a government parliamentary inquiry a few months ago I made the point that many people with bleeding disorders have been through terrible experiences with unsuccessful older treatment regimens or have relapsed following initial treatment. Our community is living with long term hepatitis C infection and many need urgent treatment but this is unaffordable for them privately. They should have access to treatment with these new products and I will continue to advocate for them.

I draw attention to the important partnerships HFA has established over many years. We value our stakeholder relationships and partnerships with other consumer health organisations. During the year we pursued common issues and concerns for our community in a broader context, including with Hepatitis Australia on treatment access and we collaborated with the Consumers' Health Forum of Australia (CHF) on chronic illness and medicines access. We also stay connected with other organisations such as the Australian Federation of AIDS Organisations (AFAO), National Association of People with HIV Australia (NAPWHA), the Australian Red Cross Blood Service and the Australasian Society for HIV Medicine (ASHM). We value these partnerships, as we do the strong rapport we have developed over many years with various parts of the government so they understand the needs of our community and the purpose and value of our work. I wish to acknowledge our corporate partners, with whom we share a common objective to improve treatment and care and access to high quality medicines and their contribution to patient education and support through the partnerships we have established with them.

I wish to thank Council Delegates and State/Territory Presidents, and Committee Members of each of our member Foundations as well as our HFA staff who have worked hard during the year in support of our objectives.

HIGHLIGHTS

REPRESENTATION AND ADVOCACY

HFA is committed to its mission of representing the bleeding disorders community around Australia and to making sure the voice and experiences of people with bleeding disorders and their families is heard. In the last 12 months hepatitis C and MyABDR have been particularly prominent areas and it has been an important part of HFA work to invite community comment and promote ways to represent their views and treatment experience, as well as to seek the advice and support of experts.

Hepatitis C

The impact of hepatitis C on people with bleeding disorders who acquired the virus through their treatment products remains a major concern and a high priority for HFA.

In Australia before 1993 many people with bleeding disorders acquired hepatitis C from their blood products, particularly plasma-derived clotting factor concentrates. If they have not yet cleared the virus naturally or through treatment, they have had hepatitis C for more than 20 years. For many, advancing liver disease and limited treatment options are a real problem.

In December 2014 the Minister for Health, The Hon Peter Dutton MP, referred to the Standing Committee on Health to inquire into and report on Hepatitis C in Australia. It was crucial for the story and experiences of the bleeding disorders community to be part of the evidence heard by the inquiry. HFA surveyed bleeding disorders community members affected by hepatitis C and included their responses in evidence presented at the Public Hearing in January 2015 and in the HFA written submission. Gavin Finkelstein, HFA President, also told his personal story of living with hepatitis C at the Public Hearing.

Survey responses showed that treatment to cure their hepatitis C is urgently needed. Many spoke of their concern about advancing liver disease, previous unsuccessful attempts at treatment and the barriers posed by financial issues and distance from treatment centres. They described how health impacts of hepatitis C compounded with bleeding disorder issues and made it difficult to work and earn an income.

In November 2014 HFA convened a Hepatitis C Think Tank of haemophilia and hepatitis health professional experts to explore the best way forward. This resulted in a community health promotion campaign to encourage people with bleeding disorders and hepatitis C to make sure they are up-to-date with liver health monitoring and their treatment options. The Australian Haemophilia Centre Directors' Organisation (AHCDO) has also established a project to audit the hepatitis C status of patients at all Haemophilia Centres, which will enable targeted follow-up for individuals with hepatitis C.

Clinical trials of the new wave of direct acting antiviral (DAA) hepatitis C drugs have demonstrated that a cure may be within reach for nearly all people with hepatitis C. In the past 12 months, several of these DAAs have been evaluated by the Pharmaceutical Benefits Advisory Committee (PBAC) and recommended for subsidisation through the Pharmaceutical Benefits Scheme (PBS). HFA gave feedback to PBAC on these treatments in April and June 2015 and highlighted the importance of making them available and affordable through the PBS without delay.

It is a source of ongoing frustration for HFA that, in spite of these positive recommendations, price negotiations have meant these treatments are not yet available to our community members. In May 2015 HFA wrote to Australian Health Minister, the Hon. Susan Ley, about the critical and urgent need for people with bleeding disorders to have access to these treatments. We will continue to pursue every avenue possible around access to these new treatments for affected members.

Best practice treatment and care

In today's healthcare environment a strong evidence base is essential for establishing best practice treatment and care and to advocate for future directions in healthcare. HFA is committed to enabling people with bleeding disorders to participate actively in creating this evidence base.

Key to this is an increased use of MyABDR, which is a patient-controlled tool to enable people with bleeding disorders to contribute data about their home treatment. MyABDR is a secure app and web site that allows people with bleeding disorders and parents/caregivers to record treatments and bleeds, manage their treatment product inventory and update their contact details. It links directly to the Australian Bleeding Disorders Registry (ABDR), which is the system used nationally by Haemophilia Centres for the clinical care of their patients.

MyABDR is a collaboration between HFA, AHCD and the National Blood Authority (NBA) on behalf of Australian governments. The intention is to support best practice clinical care and treatment of people with bleeding disorders. HFA has taken a lead role in facilitating community consultation through focus groups and promoting user surveys, developing patient education materials, and promoting MyABDR to the community.

By June 2015 there were 511 registered MyABDR users. However, as more than 970 PWBD with moderate or severe diagnoses received treatment product in Australia in 2013-14, there is scope to increase uptake further and we are investigating ways to achieve this.

Data from the ABDR is used for clinical management and to help governments to plan for treatment product purchase and supply. It also has the potential to be a valuable source of research data to improve patient care. However, for data to be used this way it is important to have clear patient consent and when an opt-in consent replaced the former opt-out system for

the ABDR in January 2015, HFA was happy to support the process with education materials. AHCCDO was also working on a parallel process to obtain a broad approval from hospital ethics committees. It is exciting to see the research studies and the kinds of outcomes for patient care that could result from these developments.

Understanding the voice of the community

To understand and represent the needs of its community, HFA works closely with, and is accountable to, the State and Territory Foundations that are its members. We also directly ask our community to participate in surveys and provide comment on special issues where they have experience. Many of the issues HFA deals with are generated from the concerns raised by members of local Foundations, or their families. The HFA Constitution changes in 2014 should foster closer cooperation and encourage more pathways for us to hear the views of people affected by bleeding disorders, and ultimately to quicker decision-making and policy development. The community voice will be heard more clearly and responded to more quickly.

National representation

Over many years, HFA has established strong partnerships and collaborations with specialist health professionals, community organisations and government representatives. By contributing to government inquiries, initiating discussions about issues, proposing solutions and forming informal and formal strategic alliances we can and do influence effective outcomes. What is most important is that the experiences and needs of people with bleeding disorders and their families are contributed to this.

We made several submissions to government and other regulatory or professional bodies on policy matters including feedback on:

- The Australian Welfare System Review
- Review of Medicines and Medical Devices Regulation

Most importantly we rely on volunteers and staff who can represent the views and needs of our community or the health consumer in general. During 2014-2015 HFA volunteers and staff were invited or nominated to sit on committees and consultation meetings to represent consumer views including:

- Australian Red Cross Blood Service (the Blood Service) Review of Australian Blood Donor deferrals relating to injecting drug use
- Australian Bleeding Disorders Registry Steering Committee
- Medicines Australia Code of Conduct Committee
- Hepatitis Australia National Resource Network
- Australian Commission on Safety and Quality in Healthcare - Risk Communication Steering Group (on behalf of Consumer Health Forum of Australia)

COMMUNICATING WITH THE COMMUNITY

EDUCATION AND INFORMATION

Women and Girls' Project

Information and resources specifically for women who carry the gene and live with a bleeding disorder are a priority for HFA. Personal stories are an important part of these resources. Over the last year, HFA has sourced and published personal stories in every issue of *National Haemophilia* and created a new section on the HFA web site for them. Excerpts from these stories will form part of the new education resources, as well as quotes from other women in the HFA women's consumer review group.



Preparation of the *Haemophilia: carrying the gene* booklet is well underway. Women and bleeding disorders is a relatively new field. The information is based on the very latest research and developed from the experience and questions of Australian women who carry the gene who are contributing to the project.

Feedback from young women in the HFA youth needs assessment consultation in 2012, and at youth activities since then, has highlighted a need for specific information resources aimed at teenage girls and young women. In late 2014 HFA conducted a survey of young women with bleeding disorders and their parents to look more closely at the issues and formats that are relevant.

This information will be published on the Factored In web site, and other formats, if appropriate. It is being prepared alongside the women's resources and each will contribute to the other. It has also ensured that there is a focus on young women's issues when preparing conference sessions and in new resource development.

Education resources snapshot – in the last year

Haemophilia booklet – 584 print copies distributed; 1503 PDF downloads

Von Willebrand disorder booklet – 187 print copies distributed; 9232 PDF downloads

Mild haemophilia booklet – 236 print copies distributed; 1350 PDF downloads

Mild haemophilia fact sheet – 122 print copies distributed; 742 PDF downloads

Newly diagnosed folder – 23 print copies distributed; 3927 PDF downloads

COMMUNICATIONS

National Haemophilia, HFA's quarterly journal, is well-recognised in the community as a source of high quality, relevant and up-to-date educational information and news about bleeding disorders. It is available in print and online as a PDF, as a magazine through ISSUU, and with each article as a web page, and all versions are well-used. In July 2014 the special World Congress issue showcased the very successful Congress in Melbourne to both a national and international audience. Popular features have included women's personal stories; hepatitis C news; updates on medical issues, such as head injuries, gum bleeding and haemophilic arthropathy; family concerns such as bullying; travel; and youth activities.



The **Haemophilia Foundation Australia web site** is a major communication tool for HFA. It is a reliable and respected source of information for the Australian bleeding disorder community, health professionals, stakeholders, the general community and students. It has a large and increasing number of visitors, who generally look at several pages at a time and download many publications. More than 36% of visitors access it with smartphones and ipads/tablets. The most popular page views and downloads have been information about bleeding disorders, *National Haemophilia* journal and information about treatment services.

HFA is an accredited information partner with HealthInsite, which provides a national online gateway to high quality health information for the Australian community on behalf of governments in Australia.

Developing a high quality website infrastructure that can be shared by HFA and State and Territory Foundations is a goal of HFA Council. In 2015 planning commenced to implement the new national website structure. This is a complex project and we anticipate that it will take more than a year to complete.

The **HFA free email newsletter** is a popular and important way of connecting with bleeding disorder community members and supporters. It gives regular and timely updates about HFA activities and fundraising opportunities, new HFA publications and other news, and provides links to more information on the HFA web site.

Social media

Community members can easily be bombarded by social media messages and HFA has continued to target its presence on **Facebook** and **Twitter** by focusing on content that is relevant to bleeding disorders. HFA also advocates for its community in the social media sphere by using hashtags to connect to other related campaigns such as Love Your Liver during World Hepatitis Day. HFA's growing engagement on these platforms means that they are becoming one of HFA's major means of communication with the general community, with the HFA Facebook page having a particularly wide reach.

Joining the World Federation of Hemophilia #WorldHemoDay campaign in 2015 was an example of how effective these strategies have been. Some HFA Facebook posts reached more than 6,000 people per post, with more than 350 likes, comments and shares. It was an opportunity to promote HFA World Haemophilia Day activities, such as the AAMI Park red lights in Melbourne to raise awareness of bleeding disorders in the broader community.

HFA communications snapshot – over the last year

7063 copies of *National Haemophilia* posted to members

2613 copies of *National Haemophilia* downloaded from web site

661 HFA members received regular e-news

52,386 visits to view HFA web pages

1889 HFA facebook fans/"likes"

50% of HFA facebook fans/"likes" in 13-34 age group

265 followers of HFA on Twitter



YOUTH PROGRAM

The current year has seen some major new steps forward with HFA's youth program.

Factored In youth website



The Factored In website is an interactive blog-style, online community for young Australians with bleeding disorders and their siblings, aged 13 to 30. It includes youth-friendly, evidence-based

education material, personal stories and a popular Q & A section, with questions ranging from sport to vein care answered by expert health professionals. Members can also comment on content, upload their own personal stories and keep up to date with youth events across Australia.

The website was developed in 2012 with the input of young people and was reviewed in 2014. A survey of young people and feedback from youth delegates at the WFH 2014 Congress highlighted that young members are keen to have more control over the website, updating the events page with catch-ups that they organise and to have youth moderators in day-to-day roles such as approving comments. They also suggested a simpler menu structure and more dynamic home page.

This has led to an exciting new stage in the development of Factored In. In February 2015 special administrator roles were created for HFA youth moderators, along with moderation training. HFA also began planning for the redevelopment of Factored In: the new more attractive and user-friendly interface will be designed specifically to support the work of HFA youth moderators and youth leaders and mentors to engage with other young people with bleeding disorders.

Youth Moderation Training

The recent HFA consultation underlined that involving selected Factored In members as moderators would give young people a greater sense of ownership over the Factored In website.

In February 2015, 7 youth leaders from across Australia attended a youth moderation training weekend. Their roles are to moderate users' comments and stories, update and create local events and promote the website at local camps. Training covered the technical steps, communication skills and risk management. As part of their moderator role, they are also required to contribute to Factored In, create events on the site and provide feedback about potential improvements. Since training, the moderators have actively provided feedback about the site and regularly check the site for content to be moderated. Some of the moderators have contributed to the content on Factored In by creating their own stories to add to the site. This has been a successful way of engaging with other young people in the community and has resulted in a large increase in visitors following the training.

Future directions

To sustain the momentum with youth leaders, HFA is looking to develop an ongoing youth leadership and mentoring program, with an annual youth leadership training weekend as a central element. Funding is currently being sought for this.

Factored In Snapshot – over the last year

- 93 members
- 3,706 website visits
- 9,904 page views

PUBLIC AWARENESS

Haemophilia Awareness Week and Red Cake Day 2014

Haemophilia Awareness Week and Red Cake Day was held from 12 to 18 October 2014.

Haemophilia Foundation Australia and Haemophilia Foundations around the country worked together to raise awareness about inherited bleeding disorders.

There was great interest in the week and we had many supporters to help us fundraise and raise awareness over the week. Red Cake Day attracted strong participation continues to be a versatile concept for individuals, organisations, schools and companies that wanted to do something practical as well as raising awareness of the needs of people with bleeding disorders.

Almost 100 schools, hospitals, libraries, families and local communities around the country received promotional materials to help them run their own Red Cake Days and Haemophilia Awareness Week activities. They held different types of events, but they all worked together with HFA to raise awareness about bleeding disorders or host a Red Cake Day. We are grateful for their support. Uptake for this exciting event has continued to increase and HFA intends to promote it as a regular annual calendar item.

Many of our corporate supporters including Baxter, Biogen Idec and CSL held a Red Cake Day at their offices and raised awareness of the needs of people with bleeding disorders with their colleagues, many of whom work in other areas of their businesses.

An exciting Red Cake Day event at Customs House in Sydney was sponsored by Pfizer. With a wonderful 3D art piece of a Red Cake and cupcakes the day was a great success.



3D art at Customs House



Biogen Idec Red Cake

PAINT THE TOWN RED

Neerim South & Bendigo Bank Branches, South Gippsland Region



Now in its sixth year, the township of Neerim South in Victoria once again hosted 'Paint the town Red'. The event was organised by Donna Field and a wonderful team at the Neerim District Community Bank®. We are grateful that staff at Bendigo Bank Branches in the South Gippsland Region also displayed posters and promotional items to raise awareness about bleeding disorders and helped to raise funds.

ALISON'S HAEMOPHILIA CHALLENGE

Alison Cameron has a 2 year old son Jasper with mild haemophilia.

"We found out last year after a bump on Jasper's head wouldn't stop bleeding. This caused his forehead to swell dramatically. He spent a week in hospital receiving daily infusions of factor to help his blood clot and stop any bleeding. It was a traumatic time, watching him undergo all the necessary medical procedures. Having no family history of this rare genetic disorder, it was a shock to find out he had haemophilia," said Alison.

Alison set up challenges to complete during Haemophilia Awareness week and raised money at the same time. Said Alison,

"My challenges I set were -

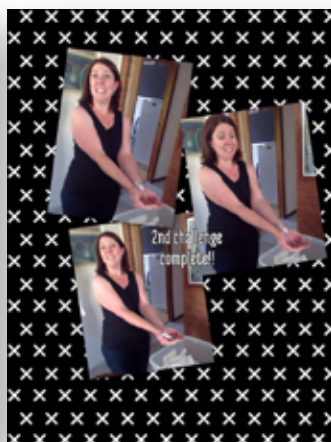
If donations reach \$150 I will dye my hair red (to reflect Red Cake Day, which is part of Haemophilia Awareness Week).

If donations reach \$250, I will hold a mouse! If you know me, you'll know how much I HATE mice so this is a big deal for me! I usually scream when I just see a mouse!

If I raise \$350, I will sing Karaoke in public! This scares me more than holding a mouse, probably because I am a terrible singer!

If I raise \$500, I will get a tattoo of a cupcake to reflect Red Cake Day! I'm a wuss when it comes to pain! Plus this is permanent so I think it's worth it!

"I have just hit \$1000 so have decided I will complete a high ropes course because I am afraid of heights so thought this is an appropriate personal challenge".



"If my two year old son, Jasper, can bravely face all that he has been through then I can face a few of my fears in order to raise awareness of haemophilia, which has no cure. He will have it for life and possibly pass it on to his children."

Thank you to Alison and her supporters.

CAMPS AND WORKSHOPS

Camps, groups and workshops

HFA supports a range of program and services run by the state/territory foundations including camps, parent carers groups, men's support groups, groups for women with bleeding disorders and rural education and outreach visits and workshops. These programs and services bring the community together, provide education and peer support, especially to those who would otherwise feel isolated and alone. In 2014-2015 HFA supported five peer support programs and family camps in different parts of Australia.

HFQ Youth Camp



19 boys between the ages of 8-18 and 4 facilitators and carers attended the Youth Camp at Emu Gully, Hilden Valley, Queensland. The theme for the 2015 camp focused on “Better use of prophylaxis & self-administration of clotting Factor”. The adventure activities were well received. The mud pit was seen as fun because you have to try your hardest and you get messy. The buggies also rated highly but one participant found the Milk Crate challenge a bit scary because he wasn't good with heights.

HFT Football Night

Fifteen young people and adults and 5 children attended Richmond V Hawthorn AFL match in Tasmania. The project brought young people who were interested in AFL football and sport in general to watch a game, share experiences and learn more about healthy participation. AFL football has attracted several young lads with bleeding disorders who have become accomplished AFL umpires.

TREASURER'S REPORT ~ Ann Roberts



I am pleased to present the HFA financial report for 2015 and draw attention to the audited financial reports that follow.

In many ways it has been an extraordinary year for HFA from a financial point of view. In summary, HFA income increased by 75%, operating expenses increased by 7%, while our objectives expenses decreased by 36%, resulting in a net decrease of 9% in all expenses and a net surplus of \$954,013. Further, HFA's investment funds grew by 79% during the year. This is indeed an unusual outcome that presents strong opportunities to support HFA's future objectives.

By way of explanation, there was an overall 107% increase in fundraising and donation income. This includes a cash receipt of \$450,000 received as part of a very generous bequest from the estate of the late Maxine Ewart for the Haemophilia Foundation Research Fund. Maxine and her husband Allan Ewart had been very strong supporters of the establishment of the Research Fund. We have been given an indication that further funds from Maxine's estate will be transferred to HFA during 2016. Conference sponsorship and income increased by 354% which includes a one off financial boost to HFA reserves. HFA's share of the WFH 2014 World Congress profit was \$540,108 and these funds will provide a welcome buffer against future financial stresses. It is important to note that our regular general fundraising income actually decreased by 13% during the year, which is concerning. Our fundraising staff are addressing ways to increase income and donations for HFA objectives.

Our overall bank and investment balances have increased from \$1,364,066 to \$2,301,814. Our investment income increased slightly this year, mainly due to the increased investments, as the effective return was 2.09% compared to 2.52% in the previous year. We have 74% of investment in various financial institutions under Macquarie Management and will review this after all bequest funds have been transferred to HFA.

There has been some uncertainty around the future of one of our two federal government grants this year. We have received two grants over many years, however the federal government fund which had funded our secretariat was devolved into other funding programs. When our three year grant expired in December 2015 the Department of Health extended the grant for a further 6 months, until a new grants program was developed and announced. HFA hopes that it will be eligible to apply under the new program for some of its secretariat and governance related expenses which would otherwise be unfunded.

We were pleased to receive additional funding under the second grant at the end of June 2015. This grant has increased to include additional funds of \$140,000 specifically for our website re-development. The independent review commissioned by the Department of Health in 2011 had identified inconsistencies with HFA and state/territory websites and while we had been working to address this, we did not have a clear budget pathway to rectify this. This grant is greatly appreciated as it will allow HFA and all Haemophilia Foundations to come together to redevelop all websites so that we continue to meet our objective of providing high quality information, education resources and communications to the bleeding disorders community and the broader community. We will of course have associated new deliverables to report, including tight timelines for completion of the website project. The additional funds were received in the current reporting period and have been reported as unexpended until next year. I note this grant is for the redevelopment of the website only, and will not cover ongoing website expenses for HFA or member Foundations.

HFA expenses for human resources increased by 6.2% for the year, and this is largely taken up by the costs associated with a staff member's retirement and a redundancy with the fundraising department re-structure. A share of \$8356 was paid across all staff as a small bonus in recognition of their efforts towards the 2014 Congress. Staff also received a CPI increase this year, but had not done so in the previous year.

The cost of Council and Executive meetings rose this year, as we had the regular amount of meetings compared to the year before when there had been one less meeting due to timing with the Congress.

Our administration costs include some of the costs associated with the office relocation, and further will be reported next year. Fundraising expenses were 22% lower than the previous year and represented a ratio of 14% of funds raised, which is the same as last year.

HFA objectives expenses were 32% lower than the previous year, and this is simply explained by the conference/congress cycle. We had spent \$151,644 in the previous year on the Congress, which is attributed to services and care, mostly to support delegates to attend the Congress. Fortunately this was covered by sponsorship income. The Gold Coast conference costs will mostly be reported in 2016.

Our newsletter expenses were significantly higher this year compared to the previous period simply due to timing – we had delayed the June 2014 *National Haemophilia* to include material from the Congress and this meant that five publications were produced in 2015 instead of the usual four. Other expenses were similar to previous years, however I note that the decline in research expenditure was due to the 2014-2015 research recipient not having received final ethics approval for his project by the end of the period. The funds have been held over and will be paid at the appropriate time to enable the research to proceed.

There was no distribution from the Damon Courtenay Memorial Endowment Fund; however we hope to be able to re-establish the Fund and make distributions in 2016. The Fund holds a balance of \$238,193.

Our significant financial highlights for the year are two-fold. The first is the financial benefit of the World Congress. This was a one off opportunity for HFA and its supporters to contribute globally at many levels, and the benefits have been vast. After finalization and audit, the Congress yielded WFH CAD\$2,689,880 and HFA received A\$540,000 by way of its share. This undoubtedly will give HFA some confidence about its future if these funds are managed carefully. The second highlight was the news of the Ewart bequest. Each of these significant events this year have left HFA in a much stronger position to be able to plan for future sustainability in terms of our objectives, and to impact more strongly on local research. However, we have a long way to go to become sustainable. We continue to rely on government funding so we have the capacity to operate our secretariat, without drawing down from our discretionary reserves. It is important to note that if the extraordinary income of \$990,108 from the Ewart estate and the Congress profit was deducted from the large surplus of \$954,013 for 2015, HFA would have had a net deficit of \$36,095.

Nevertheless, as I step down as Treasurer I believe I am leaving HFA in good shape. The Haemophilia Foundation Research Fund will give our community much hope for the future and the increased income potential from the Congress profit should be used to generate the future capacity of HFA to fund its objectives.

FINANCIAL REPORTS AND AUDIT REPORT

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
COUNCIL REPORT
FOR THE YEAR ENDED 30 JUNE 2015

Your council members submit the financial report of Haemophilia Foundation Australia Inc for the financial year ended 30 June 2015.

Council Members

The names of council members throughout the year and at the date of this report are :-

Dan Credazzi, NSW
Garry Lynch, NSW (resigned October 2014)
Ann Roberts, VIC
Michelle Sullivan, VIC (resigned October 2014)
Gavin Finkelstein, WA
Shane Meotti, WA (resigned October 2014)
Jonathan Spencer, TAS (resigned September 2014)
David Fagan, TAS (appointed October 2014)
David Stephenson, QLD
Sarah Hartley, QLD (resigned September 2014)
Adam Lish, QLD (appointed September 2014, resigned October 2014)
Maria Wensing, ACT

Principal Activities

The principal activities of Haemophilia Foundation Australia during the financial year are to support people with bleeding disorders and their families through representation, education and the promotion of research.

No significant change in the nature of these activities occurred during the year.

Operating Result

The surplus for the financial year amounted to \$954,013 (2014: \$57,689).

Signed in accordance with a resolution of the members of the council.

President
Gavin Finkelstein

Treasurer
Ann Roberts

Date : 03 October 2015

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	Note	2015 \$	2014 \$
INCOME			
Commonwealth government grants		346,415	338,240
Other project grants		34,071	74,065
Fundraising and donations		776,853	374,643
Conference sponsorships and income		660,893	145,575
Interest		38,499	33,257
State member levies		1,987	2,852
Other income		15,435	102,290
TOTAL INCOME		<u>1,874,153</u>	<u>1,070,922</u>
LESS : FOUNDATION OPERATING EXPENSES			
<u>Administration</u>			
Advertisement/recruitment		3,946	423
Audit		7,750	7,000
Annual reports		400	1,076
Bank fees and other service charges		1,174	1,185
Council meetings		21,901	11,758
Executive meetings		4,766	5,751
Personnel expenses		519,657	489,425
Professional insurance		1,730	5,013
Liaison and business development		983	1,215
Legal and consultancy fees		755	630
Travel		130	274
Moving costs		6,898	-
		570,090	523,750
<u>Property</u>			
Depreciation of assets		11,886	11,075
Leasing of photocopier		2,875	3,114
Lighting and heating		4,127	5,360
Insurance		1,759	1,246
Rent		48,792	41,460
Repairs and maintenance		3,995	3,799
Security		2,891	2,719
		76,325	68,773
<u>Fundraising</u>			
Appeals and production		24,464	27,128
Resource development		1,917	6,653
		26,381	33,781
TOTAL FOUNDATION OPERATING EXPENSES		<u>672,796</u>	<u>626,304</u>
SURPLUS OF INCOME OVER OPERATING EXPENSES		<u>1,201,357</u>	<u>444,618</u>

The above Income and Expenditure Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
INCOME AND EXPENDITURE STATEMENT (CONTINUED)
FOR THE YEAR ENDED 30 JUNE 2015

	<u>Note</u>	<u>2015</u>	<u>2014</u>
		\$	\$
SURPLUS OF INCOME BROUGHT FORWARD		<u>1,201,357</u>	<u>444,618</u>
LESS : FOUNDATION OBJECTIVES EXPENSES			
<u>Services and Care</u>			
Information technology		23,592	17,559
Executive		7,286	7,435
Financial assistance		2,276	500
Haemophilia conference and education sponsorships		3,428	151,644
WFH and other conferences		1,056	5,625
Health professionals		25,544	28,012
Newsletter		48,242	29,363
Postage		3,696	3,381
Printing and stationery		6,331	5,204
Specific project expenses		101,283	85,319
Subscriptions		4,833	3,519
Telephone		6,772	7,061
		234,339	344,622
<u>Education</u>			
Brochures and resources		2,521	2,465
Community awareness activities		5,836	5,074
		8,357	7,539
<u>Research</u>			
Research grants allocated		4,545	34,400
Expenses incurred		103	368
		4,648	34,768
TOTAL FOUNDATION OBJECTIVES EXPENSES		<u>247,344</u>	<u>386,929</u>
TOTAL SURPLUS FOR THE YEAR		954,013	57,689
ACCUMULATED FUNDS BROUGHT FORWARD		973,810	920,054
TOTAL AVAILABLE FUNDS		<u>1,927,823</u>	<u>977,743</u>
TRANSFER (TO) / FROM RESERVE	8	(4,307)	(3,933)
ACCUMULATED FUNDS CARRIED FORWARD	7	<u><u>1,923,516</u></u>	<u><u>973,810</u></u>

The above Income and Expenditure Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
ASSETS AND LIABILITIES STATEMENT
AS AT 30 JUNE 2015

	Note	2015 \$	2014 \$
CURRENT ASSETS			
Cash and Cash Equivalents	2	317,160	413,274
Investments	3	1,984,654	950,792
Trade and Other Receivables		7,258	6,549
Other assets		9,836	9,836
Total Current Assets		2,318,908	1,380,451
NON CURRENT ASSETS			
Property, plant and equipment	4	94,594	10,218
Total Non Current Assets		94,594	10,218
TOTAL ASSETS		<u>2,413,502</u>	<u>1,390,669</u>
CURRENT LIABILITIES			
Trade and Other Payables	5	8,654	7,000
Short-term Provisions	6	150,146	138,946
Grants received in advance		90,000	34,071
Total Current Liabilities		248,800	180,017
NON CURRENT LIABILITIES			
Long-term Provisions	6	2,993	2,956
Total Non Current Liabilities		2,993	2,956
TOTAL LIABILITIES		<u>251,793</u>	<u>182,973</u>
NET ASSETS		<u>2,161,709</u>	<u>1,207,696</u>
FOUNDATION'S FUNDS			
Accumulated funds	7	1,923,516	973,810
Reserve	8	238,193	233,886
TOTAL FOUNDATION'S FUNDS		<u>2,161,709</u>	<u>1,207,696</u>

The above Assets and Liabilities Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2015

	Note	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Interest received		38,499	33,257
Grants received		436,415	437,267
Receipts from constituents		1,455,168	625,360
Payments to suppliers and employees		(896,072)	(1,003,613)
Net cash flows from operating activities		1,034,010	92,271
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition and disposal of property, plant and equipment		(96,262)	(5,930)
Net cash flows used in investing activities		(96,262)	(5,930)
NET INCREASE CASH HELD		937,748	86,341
CASH BALANCE BROUGHT FORWARD		1,364,066	1,277,725
CASH BALANCE CARRIED FORWARD		2,301,814	1,364,066
Cash balance carried forward comprises : -			
Cash and cash equivalents	2	317,160	413,274
Investments	3	1,984,654	950,792
		2,301,814	1,364,066
Reconciliation of surplus for the year to the net cash flows from operating activities : -			
Total operating surplus for the year		954,013	57,689
Depreciation and amortisation		11,886	11,075
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		68,820	39,729
(Increase)/Decrease in receivables and other assets		(709)	(16,222)
Net cash flows from operating activities		1,034,010	92,271

The above Cash Flow Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015

NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012. The council has determined that the association is not a reporting entity.

The financial report has been prepared on an accrual basis and are based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these financial statements.

(a) Income Tax

The Haemophilia Foundation Australia Inc has obtained tax exempt status as a non-profit organisation and is exempt from the payment of Income Tax.

(b) Property, Plant and Equipment (PPE)

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(c) Employment Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

(d) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliability measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at reporting date.

(e) Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and short-term highly liquid investments with original maturities of three months or less.

(f) Revenue and Other Income

Revenue from the sale of literature is recognised upon delivery of the goods to customers.

Interest revenue is recognised using the effective interest rate method, which for floating financial assets is the rate inherent in the instrument.

Grant and donation income is recognised when the entity obtains control over the funds which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 30 JUNE 2015

(g) Leases

Lease of PPE, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the association, are classified as finance leases.

Finance Leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are amortised on a straight line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or over the term of the lease.

Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

(h) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

(i) Investments

Investments held are originally recognised at cost which includes transactions costs. They are subsequently measured at fair value which is equivalent to their market bid price at reporting date. Movements in fair value are recognised through an equity reserve.

(j) Comparative Figures

When required by Accounting standards comparative figures have been adjusted to conform with changes in presentation for the current year.

NOTE 2 : CASH AND CASH EQUIVALENTS

	2015	2014
	\$	\$
Cash at bank - CBA Office	46,638	132,262
Cash at bank - CBA Main	207,590	220,079
Cash at bank - Bendigo	62,932	60,933
	<u>317,160</u>	<u>413,274</u>

NOTE 3 : INVESTMENTS

Short term Deposits - Perpetual Trustees	276,338	272,030
Short term Deposits - Macquarie's Management	1,698,139	678,762
Short term Deposits - Macquarie Bank	10,177	-
	<u>1,984,654</u>	<u>950,792</u>

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED

ABN 89 443 537 189

NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
NOTE 4 : PROPERTY, PLANT AND EQUIPMENT		
Furniture and office equipment - at cost	244,431	148,168
Accumulated depreciation	(149,837)	(137,950)
	<u>94,594</u>	<u>10,218</u>
NOTE 5 : TRADE AND OTHER PAYABLES		
Trade creditors and accruals	8,654	7,000
	<u>8,654</u>	<u>7,000</u>
NOTE 6 : PROVISIONS		
Current		
- Annual leave	87,853	83,391
- Long Service leave	62,293	55,555
	<u>150,146</u>	<u>138,946</u>
Non-Current		
- Long Service leave	2,993	2,956
	<u>2,993</u>	<u>2,956</u>
NOTE 7 : ACCUMULATED FUNDS		
Accumulated funds are set aside for the following purposes: -		
- research	900,948	438,515
- discretionary projects and reserves	1,022,568	535,295
	<u>1,923,516</u>	<u>973,810</u>
NOTE 8 : RESERVE		
Damon Courtenay Reserve		
- balance at beginning of year	233,886	229,953
- special appeals and interest income	4,307	4,563
- sponsorships, allocations and costs	-	(630)
	<u>4,307</u>	<u>3,933</u>
- balance at end of year	<u>238,193</u>	<u>233,886</u>

The Damon Courtenay Memorial Endowment Fund was established with funds donated in memory of Damon Courtenay by his family. The funds are set aside in a trust account, with income generated used to finance care, treatment, education and welfare of people with haemophilia and their families, subject to conditions specified by the Courtenay family.

NOTE 9 : EVENTS AFTER THE BALANCE SHEET DATE

There have been no events after the balance sheet date that would materially affect the results contained within this report.

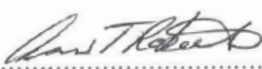
HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189

**ANNUAL STATEMENTS GIVE TRUE AND FAIR VIEW OF FINANCIAL POSITION AND
PERFORMANCE OF HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**

We, G Finkelstein and A Roberts, being members of the council of Haemophilia Foundation
Australia Inc, certify that :-

the statements attached to this certificate give a true and fair view of the financial
position and performance of Haemophilia Foundation Australia Inc. during and at the
end of the financial year of the association ending 30 June 2015.

President 
Gavin Finkelstein

Treasurer 
Ann Roberts

Date : 03 October 2015

HAEMOPHILIA FOUNDATION AUSTRALIA INC

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
HAEMOPHILIA FOUNDATION AUSTRALIA INC**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Haemophilia Foundation Australia Inc., which comprises the assets and liabilities statement as at 30 June 2015, the income and expenditure statement and the cash flows statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the committee on the annual statements giving a true and fair view of the financial position and performance of the association.

Council's Responsibility for the Financial Report

The council of Haemophilia Foundation Australia Inc is responsible for the preparation and fair presentation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 and is appropriate to meet the needs of the members. The council's responsibility also includes such internal control as the council determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those 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 is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Haemophilia Foundation Australia Inc as at 30 June 2015 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Haemophilia Foundation Australia Inc to meet the requirements of the Associations Incorporation Reform Act 2012. As a result, the financial report may not be suitable for another purpose.

M V Anderson & Co
M V ANDERSON & CO.
Chartered Accountants.
4th Floor, 313 La Trobe Street
Melbourne Vic 3000

Graeme S. Day
GRAEME S. DAY
Partner
Dated: 5 October 2015

Culture
Commitment
Confidence

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ACKNOWLEDGMENTS

We acknowledge and thank all supporters and donors for their generous support to HFA programs and education activities throughout the year:

Individual Donors over \$250

Mrs Lorna Aplin
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Mr M & Mrs S Barry
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Mr Heath Blake
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Dr Peter & Mrs Karen Boyd
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Mrs Marilyn Williams
Mr Russell Williamson
Mr A B C Wilson AM
Dr J York

Service Clubs over \$250

CWA - Gidgegannup
Lioness Club of Ballan
Lioness Club of Broome
Lioness Club of Dromana
Lions Club of Auburn Lidcombe
Lions Club of Bendigo
Lions Club of Birregurra & District
Lions Club of Blacktown City
Lions Club of Bondi
Lions Club of Bright
Lions Club of Brisbane Ekibin
Lions Club of Canberra Woden
Lions Club of Chelsea District
Lions Club of Clarence
Lions Club of Coonamble

Lions Club of Forrest and District
Lions Club of Goulburn City
Lions Club of Haddon and District
Lions Club of Innisfail
Lions Club of Jervis Bay
Lions Club of Kallangur
Lions Club of Lindenow
Lions Club of Lismore
Lions Club of Lorne
Lions Club of Orbost
Lions Club of Speed
Lions Club of The Entrance
Lions Club of Townsville Ross Valley
Lions Club of Trafalgar
Lions Club of Victor Harbor & Port Elliot
Lions Club of West Beach
Lions Club of Wynyard
Order of the Eastern Star -
Mortdale Chapter No 36
Rotary Club of Blackwater
Rotary Club of Griffith
Rotary Club of Korumburra

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The Flora & Frank Leith Charitable Trust
The Greatorex Foundation
The Marian & EH Flack Trust
The William Angliss VIC Charitable
Fund

Donations Received in Memory of:

Karen Crawley
Maxine Ewart
Marjorie Holloway
Christopher McCann
Barnaby "Baterz" Ward
Sally Webster
Ashley Stephen Williams

Bequests received from the Estates of:

The estate of Maxine Ewart

Corporate Donors over \$250

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Foot Print Electrical
Happy Valley Clinic
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**Haemophilia Awareness Week
& Red Cake Day**

Ms Debi Atherton
Mr Shane Attard
Ms Cheryl Barr
Mr Paul Bonner
Ms Tammy Borg
Mr Todd Bradshaw
Mr Stephan Bruun
Mr Michael Del Borrello
Mrs Donna Field
Mr Aymon Fox
Ms M Gorman
Mr Matthew & Mrs Naomi Grech
Ms Elizabeth Guce
Ms Meg Hayes
Mr Jamie & Mrs Tara Horkings
Ms Kathryn Illich
Mr Rainer Malkki
Mrs Natasha Marchese
Ms Virginia McDonald
M McHaffie
Ms Cheryl McKay
Mr Noel & Mrs Marilyn McMaster
K Morey
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Ms Gail Reeves
Ms Bonnie Sebire
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Ms Jennifer Sheehan
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Ms Geraldine Sullivan
Ms Margaret Sullivan
Ms Mary Sullivan
Ms Rose Symons
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Anglicare SA - The Platform
Bendigo Bank Neerim South
Fonterra
Suncorp Insurance
Wood & Grieve Engineers
Baxter Healthcare Pty Ltd
Novo Nordisk Pharmaceuticals
Pfizer Australia
Royal Adelaide Hospital
Sorell Community Health Centre
Sydney Children's Hospital
Hamilton Public School
Neerim South Primary School
St Joseph's Primary School

Corporate Partnerships

*This includes sponsorship for patient
education programs developed and run
by the Foundation*
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*HFA gratefully acknowledges the
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