ANNUAL REPORT 2012-2013





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LIVING POSITIVE VICTORIA (PEOPLE LIVING WITH HIV/AIDS VICTORIA INCORPORATED)

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PHOTOGRAPHY

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PUBLICATION DESIGN

The Living Positive Victoria Annual Report 2012–2013 is designed by Ography, a proud supporter of Living Positive Victoria. ography.com.au

OUR VISION

All people with HIV live in dignity and are able to lead valued and meaningful lives as full participants in society.

OUR MISSION

Living Positive Victoria is a community-based organisation that works to advance the human rights and wellbeing of people living with HIV. Our mission is to educate, support and advocate on behalf of all people living with HIV in Victoria, as part of a society-wide response that seeks an end to the HIV epidemic.

PRESIDENT'S | Control | C

The 2012-2013 financial year has been a very productive one for Living Positive Victoria. This year has seen particularly strong involvement from the board, staff and volunteers with clear deliverables, increases in operational and program capacity and a greater participation by members in programs. Also, involvement in working groups and volunteering has increased to support members' health and wellbeing, as well as helping to improve peer support and achievements.

Changes to Living Positive Victoria's rules passed by the membership at the 2012 AGM were approved by Consumer Affairs Victoria and came into effect in February 2013 which resolve a number of rules that required clarity, compliance with regulatory changes and will improve governance.

Coinciding with the Australasian
HIV/AIDS Conference (17-19 October
2012) a number of Australian
organisations, including Living
Positive Victoria, backed the
Melbourne Declaration 2012
(www.melbournedeclaration.com).
This important declaration recognises
the major developments in political

and scientific evidence in the fight against HIV, principally the growing body of evidence that HIV treatment can prevent new HIV infections in addition to the life-changing benefits it provides to those already infected. In January 2013 the board and staff produced the Position Statement on Early HIV Treatment for Individual Benefit and for Prevention and a supporting Treatment as Prevention Fact Sheet to provide guidelines referencing the most up-to-date data for consideration for PLHIV when commencing treatment.

Over the past year the board supported a number of working groups with improved governance

including clear terms of references defining scope and objectives, the authority to recruit individuals from outside the board with specialised skills and experience, explicit authority to interface with external bodies and agencies as well as defining formal mechanisms for reporting back to the board with analysis and clear recommendations for action.

The Fundraising Development Working Group is charged with investigating and recommending strategies to ensure ongoing financial development options. The working group has a focus on securing additional funding streams to diversify income.

The Governance Working Group has researched and developed updated policy and procedures to ensure good governance of the organisation. The Strategic Plan, Business Plan and board policies are available on the web site for community review.

The Justice Working Group is made up of representatives of Living Positive Victoria and the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC) boards and individuals with skills and experience in this area. The working group continues advocating with the Office of Public Prosecutions (OPP) for the development of a set of prosecutorial guidelines for HIV exposure and transmission cases, along the lines of those adopted by the Crown Prosecution Service for England and Wales. The aim of this activitiy is to offer advice to the Office of Public Prosecution and the Department of Health to adopt processes that deliver the best outcomes for both individuals living with HIV and the community.

The Membership Working Group has reviewed existing activities as well as recommended new campaign activity to encourage Victorians to become members of the organisation and to get involved in a variety of activities covering participation in programs, focus groups as well as general volunteering.

In the NAPWHA HIV Stigma Audit (2012) the key recommendation was that the Australian community sector seek to develop a resilience-building program to support people living with HIV to better face stigma and discrimination. A review on resilience building programs uncovered a highly successful peer led and run leadership development program operating in Canada that could offer the foundation for a specific resilience development program in Australia. This program is part of the Positive Leadership Development Institute (PLDI) offered through the Ontario AIDS Network (OAN) based out of Toronto, Canada. NAPWHA, Living Positive Victoria and ACON have provided initial scoping and evaluation of the initial pilot looks very encouraging. We expect it to be a significant addition to the organisation's suite of programs.

The Board of Directors commenced work on evaluating the Strategic Plan 2010-2013 prior to developing a new multi-year Strategic Plan guide program and operational activities. Our community was consulted via an online survey in February and interviews with key stakeholders were completed in March. The new Strategic Plan covers a three year period to align with state and national HIV strategies.

The new Strategic Plan, recognises that a large proportion of people living with HIV are experiencing improved health outcomes and have a changing set of priorities to maintain and support health and wellbeing. A great deal of programming now focuses on challenging stigma, building resilience and establishing strong networks to health professionals for specialised medical care and peers for ongoing support. However, we must also continue to provide support and assistance to those living long-term with HIV and the unique challenges that might be related to early treatments and discrimination that present very real barriers to full civil participation. Individuals diagnosed

and living with HIV for a relatively short period have very good prospects for living long, healthy and productive lives providing they have access to up-to-date information, they are able establish a good relationship with a doctor with a good understanding of HIV as well as connect with HIV-positive peers for support and understanding. The new Strategic Plan positions the individual as the primary agent for improving health and wellbeing. Living Positive Victoria is focused upon assisting PLHIV to maximise their health and wellbeing, maintain confidence to build strong social relationships and participate in all aspects of society.

I would like to acknowledge and thank the key partnering organisations that support the work of Living Positive Victoria and I'd also like to thank the many supporters, both individuals and organisations, that maintain an interest in the work of the agency and make regular contributions both financial and in-kind. I'd also like to thank our principal funder the Victorian Department of Health for their ongoing support.

Finally, I would also like to acknowledge all directors that have served on the board over the 2012-2013 financial year. They have actively worked to ensure the ongoing long-term success of the organisation as well as represent and advocate for the broad interests of Victorians living with HIV.

Sam Venning

PRESIDENT

Living Positive Victoria

EXECUTIVE OFFICER'S | Continue of the continu

The past year has been hugely successful for the organisation with a number of new projects and expansion of existing services. The ENUF campaign has fast become an icon in the Victorian community with thousands of people signing up to the pledge, over 60 stories having been submitted which in turn have been crafted into over 100 campaign messages. So far the ambassador team have been out there spreading the message about HIV stigma and resilience with more ambassadors to join the team and further activities to spread the word through the lead up to AIDS 2014.

The Finance Learning and Independence program has replaced the Emergency and Distress Fund enabling members to get on top of their financial and learning pressures by providing a greater amount to individuals with a focus upon training and study. In 2012/13 there were two return to work/vocation/study applications and three extreme duress applications approved totalling over \$1,500.

We have also been focused upon investing in obtaining new grants for activities with over 15 new grant applications submitted. The most notable being the four year \$312,000 Commonwealth

Department of Health grant to scale up our capacity to recruit, train and deliver Positive Speakers Bureau sessions by older people living with HIV targeted at aged care providers.

Another new program – Generation Y Guys (GYG) – started up in April 2013. The idea of GYG started as a realisation from a group of young gay men living with HIV that there were few forums to meet other young people living with HIV in a safe and confidential setting. It is apparent that newly diagnosed young people living with HIV are facing different issues than previous generations where social stigma, shame and fear of rejection have more or less

replaced the direct fear of physical clinical complications of HIV.

AIDS 2014 has taken up a great deal of planning and coordination across the entire organisation and many staff have been working with existing and new community partners to support creative concepts and community activities which will see the agency have a huge presence at the conference. From working with the Victoria College of the Arts, Sircuit Bar, the City of Melbourne and many others – you can expect to see Living Positive Victoria aligned with numerous community, conference and cultural events.

This is also an opportunity to announce that over the course of the past year, the agency has garnered over \$85,000 in value in kind donations and volunteer hours. Over 48 different donors provided \$48,800 in discounts and other value in kind, while there were just over 1200 volunteer hours provided equating to nearly \$21,000 in additional human resource value.

of whom share a common vision and a goal to make our organisation mean something in the lives of people living with HIV in Victoria.

Brent Allan

EXECUTIVE OFFICER

Living Positive Victoria

Without doubt, many of the successes of the past year are placed squarely upon the efforts of the staff and volunteers. Everyone has grabbed hold of the notion of working smarter and stronger and we have only been able to achieve so much as a direct result of the energy and enthusiasm of the staff and volunteers. I have never been so proud of a team of colleagues and I admire their passion and commitment and respect them all for their ability to lead in their areas of work.

Working at Living Positive Victoria is very unique and very special – the collegiality, the dynamism and the individuality stand out as key strengths and defining features. It's an experience peppered with laughter, frustration and celebration among a diverse team of people all

NEW PATHS FOR FUTURE DIRECTIONS 2014-2017

Living Positive Victoria has been working on a new Strategic Plan that will see the organisation through until 2017.

The development of this new
Strategic Plan has included a number of consultation processes to ensure that relevant and interested stakeholders have had the opportunity to engage with and provide feedback on the new plan.

This plan identifies three major strategic goals that incorporate current developments in health promotion and advocacy of people living with HIV, treatment and prevention of the transmission of HIV and allows for future developments to be incorporated within the organisation's operations and programs.

These strategic goals continue to consolidate existing paths and define additional new paths that will guide the future directions for Living Positive Victoria in achieving its vision & mission.

The three identified strategic goals are:

- Excellent health promotion
 programs and services that inform
 and enable wellbeing
- 2. Effective advocacy that supports the individual and community to combat social exclusion
- A model community organisation that has sustainable development and excellence in governance and operations

Each of the strategic goals has defined strategic objectives that are designed to ensure that each strategic goal is achievable and has measurable outcomes for the organisation and ultimately for people living with HIV in Victoria and Tasmania.

Our health promotion programs and services are focused to support people living with HIV in achieving and maintaining the best possible physical and mental health.

They will include focusing on the broad goal of improving wellness, as well as managing the wide range of barriers to social inclusion including HIV stigma, dealing with diagnosis, relationships,

sexual negotiation and disclosure, and preventing HIV transmission.

We will focus on 'combination prevention' which has been shown to offer the best prospects for addressing the documented weaknesses in HIV prevention programming and for generating significant, sustained reductions of HIV incidence in diverse settings.

Combination prevention relies on the evidence-informed, strategic, simultaneous use of complementary behavioural, biomedical and structural prevention strategies that operate on different levels (e.g. individual, relationship, community, societal) to address the specific, but diverse needs of the populations at risk of HIV infection.

Living Positive Victoria will focus on advocating for, and employing in its own activities, an approach to policy development informed by evidence, critically examining this evidence and supporting the research sector in improving understanding of issues affecting people living with HIV.

It will also focus on enabling and empowering people living with and affected by HIV, to seek representation on relevant government, research and other advisory structures, and provide high-level input to improve health system and social policy processes affecting people living with HIV.

Informing members about advocacy issues remains a focus. Living Positive Victoria continues to prioritise the development of strategic partnerships and referral networks, including among mainstream health and support services, and to build advocacy coalitions by sharing knowledge and program models with other advocacy-based organisations.

Living Positive Victoria is committed to actively engage with and listen to its members and the communities, and will continue to represent and inform its decision-making processes in response. Additionally, it will provide mechanisms for people living with HIV to directly guide and inform its work through focus groups, committees and other consultative processes.

Living Positive Victoria continues to strive for the highest standards of professionalism, transparency, accountability and excellence in its management and governance. It will focus on critically analysing its policies, programs, resources, and strategic and business planning on a regular and structured basis. It is also committed to transparency by making its planning procedures and documents publicly available.

The organisation continues to become more fiscally robust with an increasing number of diverse funding streams. We are focused upon being a model organisation, building the capacity of the Board and continuously reviewing its performance to ensure that Living Positive Victoria is governed to the highest possible standard.

Living Positive Victoria is committed to representational diversity and encourages people living with HIV to engage with the organisation as employees, volunteers and Board members, and supports the professional and personal development of all committed actors to the PLHIV response.

Living Positive Victoria will ensure that it promotes the work it does, to draw public attention to the range and value of its work as well as build support, attract funding and encourage membership. We continue to focus on building formal strategic partnerships and working relationships with community, government, health sector, research and educational organisations, enhancing the organisation's network activities and providing opportunities for skills development and skill sharing across staff, volunteers and members.

We are entering a new era in the treatment and prevention of HIV and Living Positive Victoria is committed to its strategies and objectives that we believe will continue to build a robust effective health promotion advocacy organisation, whose work and activities actively contribute to a world where people living with HIV are recognised and supported as the key force behind ending HIV.

Greg Mutter

BOARD DIRECTOR
Living Positive Victoria



A year ago, Living Positive Victoria broke new ground by launching its new organisational brand and logo as well as the ENUF campaign. The ENUF campaign has been significant for a number of reasons. This is the first ever multi-media campaign produced by the organisation and the first in the country to use crowd-sourced text directly in the structure of the campaign.

The campaign also uses a number of strategies to elicit engagement including the involvement of high profile people as campaign ambassadors, a pledge and campaign manifesto to emphasise the call to action and a stylistic approach that focuses the reader on the messages rather than images.

The strength of the campaign lies in its structure – it uses a phonetic word symbol ENUF as a unique identifier – which identifies the campaign in an accessible and direct manner, complemented by simple black and white text thus grabbing the important initial interest. This is followed by short quotes from members of our community which immediately tunes the reader into the real voices and experiences of stigma and resilience.

To date, the campaign has cost less than \$25,000 – a remarkable feat considering its wide ranging appeal, recall and impact with almost 3,500 people signing up to support the campaign, eight unique ambassadors from across Australia representing media, sports, politics, business, arts and community representatives as well as tens of thousands of promotional items (buttons, t-shirts, postcards etc.) having been distributed.

The campaign is about to head into high gear with a dedicated staff person to shepherd campaign activities in the lead up to the International AIDS Conference in Melbourne in July 2014. Already on the drawing board are community activities such as the Spartan Race, potential new ambassadors, a theatre piece designed around the stories, video infographics, and a small army of ENUF volunteers who will take to the streets spreading the word of the ways that HIV stigma damages not only those living with HIV but the entire community. Our ambassadors continue to bring attention to the issues of HIV stigma and resilience through their everyday work and provide their faces and voices to an effort to call an end to HIV stigma.

Our supporters who take the pledge are the actors behind the change that needs to come.

To the over 100 businesses and agencies who have donated funds, services and products to the campaign – we thank you. The continued success of the campaign rests on your ongoing support.

However the real heroes of the campaign are the people who submit their stories and lay their experiences on the line in the collective effort to ensure that the lingering manifestations of stigma are drawn to people's attention.

As a crowd sourced and crowd funded campaign, we rely upon our donors and sponsors as well as the ongoing contributions from our community of support – members, pledge takers, and the general public – to stand up to HIV stigma and say they have had ENUF.



HEALTH PROMISE OF THE PROMISE OF THE

Health promotion remains a key activity across the organisation in promoting and enhancing the physical, emotional and social wellbeing of people living with HIV. In 2012/2013 engagements occurred through a range of new education, information and support activities with an increasingly greater focus on social media to inform and promote organisational activities and enhance discussion on the issues affecting PLHIV.

PHOENIX WORKSHOP

Now in its sixth year, Phoenix remains an important milestone for people newly diagnosed with HIV. It provides invaluable HIV related information covering a wide range of issues, while also providing an essential basis for learning important skills and techniques in managing a new diagnosis.

In the ongoing development of programs for newly diagnosed, facilitators of both Phoenix and ACON's Genesis programs co-facilitated each organisation's workshops to see first hand how our programs operate and to provide valuable feedback by swapping ideas on process and content.

Phoenix workshops Z follow-u

follow-up sessions

33

participants

5

organisational partnerships

"I was full of anxiety about being HIV positive and apprehension about doing this workshop with a group of strangers but after this weekend I feel I can now face the world with a new level of confidence and now feel that I can beat this!"

'I had denied my diagnosis for so long prior to the workshop but since then I am now much more accepting of it. I feel like I'm on the right path now.'

GENERATION Y GUYS (GYG)

The GYG group commenced earlier this year as a community development initiative to address the issues facing a new generation of people living with HIV. Self-organised by a group of young men living with HIV, the group meets on a monthly basis to discuss and share information on a range of issues including disclosure, relationships and treatments. The monthly gathering alternates between a focus on health promotion to develop health literacy skills, to a social component to expand social networks. The group has gone from strength to strength in a just a few months and now has a membership of over 35 young men keen to share experiences and learn new skills for living well with HIV.





QUIT FRESH START

Smoking cessation remains one of the most important things an HIV-positive person can do to reduce their risk of a number of illnesses including cardiovascular disease. In partnership with Quit Victoria, Living Positive Victoria continues to provide the *FRESH START* smoking cessation course to PLHIV who need assistance to quit. The delivery of one-on-one or group workshops continue to evaluate extremely well, with a peer support environment significantly increasing the chances of successful quitting.

"Even though I set my goal to quit just after the course and when I finish my exams, this course has provided me with the right tools to do it with great confidence. I've tried to quit before but now I know I can for good!"

2

group Quit *FRESH START* workshops

2

one-on-one sessions

10 participants

POSITIVE OUTLOOK ONLINE WORKSHOP

This new national online program, developed by Monash University in wide consultation with sector workers and people living with HIV, seeks to provide an opportunity for those participants who live in rural and regional areas to obtain valuable health information and receive peer support. Over seven weeks, Living Positive Victoria facilititated one of the peer online programs by coordinating discussion boards and a weekly live chat component to address questions of HIV health management and a range of social, physical and psychological issues. An evaluation is currently underway, with initial positive feedback recommending the ongoing continuation of this program.



A regular event on the festive calendar, the Christmas Hamper Appeal continues to impact the lives of PLHIV every year by providing gifts and support to those who are most

Last year, over 80 hampers were delivered to people in hospital or alone at home and distributed through volunteers and VAC/GMHC's Community Support Team. Once again, Sircuit contributed donations

and gifts through their annual party *Give* and DTs Hotel hosted their annual raffle to raise essential funds to purchase gifts for the hampers.

82

socially isolated over this period.

Christmas hampers to 21 women and 61 men \$4,200

value in kind donations

\$1,320

cash donations

18

sponsors and donors

PEER EDUCATION AND SUPPORT

Peer education includes the delivery of information, advice and support on a number of HIV-related issues to manage wellbeing and improve health literacy. Most significantly, this information is offered in a one-on-one or group environment that provides an opportunity to relate to someone as a peer with the shared experience of living with HIV.

In partnership with VAC/GMHC, Living Positive Victoria has provided weekly outreach sessions at the Positive Living Centre and delivered support and information to 70 clients. In late 2012, Living Positive Victoria also collaborated with Straight Arrows to provide peer education and support to 45 parents and children at their annual Camp Seaside retreat in Warnambool.











COMMUNICATIONS AND SOCIAL MEDIA

The start of 2013 heralded a unique opportunity to build and strengthen awareness of programs and achievements, re-invigorate new and existing messages, and connect and reconnect the broadest possible community with the work of the organisation.

Virtual presence grew substantially in 2013, from an average 700 visits per month to the single organisation website in 2011-12, to over 3,000 per month over the Jan-Jun 2013 period over the organisation and ENUF campaign sites. The use of social media enhances the direct and indirect reach of the organisation, enabling immediate reach of 585 individuals who have "Liked" our Facebook pages. In addition to this, Twitter keeps us in direct contact with 525 individuals and sector organisations in an immediate way.

The organisation maintained a strong presence in the media over this period, assisted by the launch of several ambassadors as part of the ENUF campaign rollout. There has been consistent coverage of the organisational activities in the gay press and radio, also in student press and radio. Particularly high periods of media saturation occurred during Midsumma in the GLBTI community and around the International Candlelight Memorial event in May, where there was a significant effort to engage the Southbank precinct and City of Melbourne constituency with the event invitation and message. Additional media highlights include ENUF Ambassadors Rachel Berger co-hosting The Conversation Hour with Jon Faine on 774 ABC and Natasha Stott Despoja on Channel 7's The Project.

Weekly reach of

140,000

readers through community press advertising

Weekly reach of

240,000

listeners through community radio advertising

22,000

annual visits to organisational and ENUF websites

Annual reach of

500,000

individuals through promotion to partner, community and arts agencies















Issues based media engagement focused on Treatment as Prevention, following the release of the organisation's position statement earlier this year.

Poslink remained an important and tangible communications tool during the year, providing the community with health information features on treatments, healthy living, updates from our sector partners and the personal stories of people living HIV.

The organisation continued to have a presence at major festivals and events, being present at Midsumma Carnival, Pride, Big Day Out, RMIT O-Week, Lunar Festival Richmond, Where the Heart Is and ChillOut. In addition to this there was a presence during the season of 8-the play at Chapel Off Chapel, Sircuit Bar for the month of March cumulated in the ENUF Dance Party, and a broad distribution of posters across the metro area in June. These activities promoted the ENUF campaign message, accumulating over 3,431 signatures to the ENUF Pledge, a database of about 700 supporters, and 63 stories of HIV-related stigma, discrimination and resilience.

Festival reach to

415,000

attendants

5,000

printed copies of Poslink distributed

7,200

safe sex packs distributed















HIV AND SEXUAL HEALTH CONNECT LINE

The HIV and Sexual Health Connect Line is a state-wide anonymous and confidential service that provides information and support about HIV and sexual health through appropriate referrals to all Victorians.

CALLER DEMOGRAPHICS

A majority of callers contacted the service in relation to a perceived risk exposure to HIV over any other broader sexual health issues. The majority of callers to the service continue to identify as male, heterosexual, and HIV antibody negative. The service also plays an important role in directing people away from clinical and support services when there has been an absence of risk for sexually transmissible infections (including HIV). Two thirds of the callers lived in metropolitan Melbourne while the remaining group live in regional Victoria.

1,418

Connect Line contacts

305

emails requesting information via www.connectline.com.au 649

calls

12,698

visits to website

HEP C AWARE UB2

Funding was received from the
Department of Health to produce
a suite of activities in relation to
raising awareness of the acquisition
of Hepatitis C through sexual contact
after \$100 prescribers were detecting
increased notifications amongst PLHIV
gay and other men who have sex with
men where there was no evidence to
support a history of injecting drug use.

The aim of the activities is to increase awareness of the transmission of Hepatitis C from sexual contact through a range of community based activities such as community forums, social marketing, social media and online forums. The evaluation of all activities is marked around measuring awareness and knowledge levels about the issue while ensuring activities do not create additional stigma towards people who are living with both HIV and HCV.











FINANCE LEARNING AND INDEPENDENCE PROGRAM (FLIP)

FLIP was launched on 1 January 2013; within the first six months enquiries about the program have outweighed applications received. Applications have been made to the value of \$1,590 with \$1,155 being dispersed. The majority of applications have been made for assistance with returning to study and other vocational training.

VOLUNTEER PROGRAM

In 2012/13 Living Positive Victoria carried out a scoping exercise to ascertain the viability and resourcing of a volunteer program for both Coventry House and the organisation, with a final recommendation for all volunteers to be based within Living Positive Victoria and to be utilised within an extensive suite of activities.

A significant achievement of the program has been supporting five volunteers through their experiences

volunteers recruited volunteer orientation programs

to gain employment. Volunteers are consistently being engaged across events, administration, peer facilitation, festival outreach, the Positive Speakers Bureau and other fundraising and awareness raising activities, with a further few expressing interest to join the organisation's Board of Directors.

Living Positive Victoria will be running a full and expanded volunteer program in the next business period and in the lead up to AIDS 2014. IN THE LOOP

A new workshop particularly aimed at those people who are supporting PLHIV in their life ran for the first time April 2013. It was a resounding success for the eight people who participated. Many participants have since reported using the information gained through the two Saturday workshops on repeated occasions.

"The program you put together was outstanding and in the past week or so I have called upon the information you provided at least twenty times a day. I have read a myriad of books on HIV but the experience of talking to people outweighs them all. Your calm and reassuring approach to all of us was a comfort beyond words"

WORKSHOP PARTICIPANT

volunteer activities utilising volunteers







POSITIVE SPEAKERS BUREAU (PSB)

200

presentations delivered to 10,488 people 248

individual talks by male presenters 87

individual talks by female speakers 130

dual speaker (male and female) presentations 22%

increase in talks

The commitment and passion of PSB trainees, experienced speakers and staff has played a valuable role in delivering an amazing result this financial year.

Our speakers' presentations are evaluated both quantitatively and qualitatively. They continue to be highly valued. Teachers, nurses, students and other agencies' staff comment on the enduring impact

of our speakers' presentations. Students are empowered to more openly discuss their sexual health and wellbeing with the nurses and student wellbeing staff.

POSITIVE SPEAKERS BUREAU SPONSORSHIP FOR 2012-13

The support from major pharmaceuticals enables the PSB to sponsor talks to the many schools and NGOs that do not have a capacity to pay for our speakers. The sponsorship also allows further personal and professional development of the speakers with additional training and resources to develop new and innovative ways of promoting the Bureau. We acknowledge Abbvie, Merck Sharp & Dohme, Janssen-Cilag Pty Ltd and Bristol Myers Squibb for their ongoing commitment and support.









POSITIVE SPEAKERS BUREAU HIV & SEXUAL HEALTH RURAL PROJECT

2012/13 has been a year of significant growth within the HIV and Sexual Health Rural Project.

183

talks delivered to 6,885 students

85

dual speaker (male and female) presentations

The rural schools' secondary school nurses have proactively and passionately promoted the work of our rural project. Their networks have significantly contributed to the huge increase in audience numbers.

SPEAKER RECRUITMENT AND TRAINING

The speakers' professional and personal growth is crucial to the ongoing success of the Positive Speakers Bureau. Their overall contribution and enthusiastic response to the HIV sector's work, to the training workshops and to personal coaching is hugely encouraging. This year we recruited and trained four PLHIV male speakers and three PLHCV speakers. Additionally three Living Positive Victoria staff participated in the *Basics of Public Speaking* workshop. All trainees enthusiastically embraced the challenges of the training workshops and most have progressed to become highly skilled speakers.

SENIOR VOICES PROJECT

A funding agreement with the Federal Department of Health and Aging was signed in June 2013 to implement the Senior Voices Project. This four year project will recruit senior PLHIV speakers, train them to present to aged care providers and staff to reduce HIV stigma and discrimination, challenge the myths about HIV and increase understanding about HIV. This project is an exciting first for a state based PLHIV organisation with the project utilising the use of PLHIV speakers to educate the aged care sector.













WORLD AIDS DAY LAUNCH AT THE VICTORIAN PARLIAMENT

Health Minister, the Honourable David Davis, once again launched World AIDS Day in front of 130 guests at the Victorian Parliament Gardens. At the event, the Minister announced the news that Melbourne will host the International AIDS Conference in 2014 and emphasised the involvement of the HIV sector in the lead up to the Conference.

Professor Margaret Hellard from the Burnet Institute spoke about her long term involvement in HIV research and the strong partnership approach to research. Meg Warner and John Manwaring from the PSB spoke about their very different journeys with HIV and gave the audience an insight into their resilience in coming to terms with the impact of an HIV diagnosis.

We are extremely grateful to the Burnet Institute for their support in launching the event and once again to Abbvie for their sponsorship of morning tea following this established event.

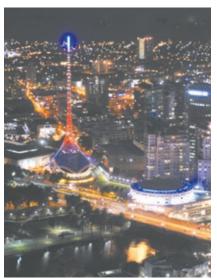
CHANGING VOICES 2 DVD

The development of *Changing*Voices 2 commenced in early 2013

with the participation of one female
and six male speakers. *Changing*Voices 2 being will be launched on
our website in late 2013 and through
social media platforms to make the
resource more widely available.











THE SEXUALLY ADVENTUROUS MEN (SAM) PROJECT

In 2012/13, the project has continued to establish, maintain and enhance relationships with SAM community groups, event organisers and venue owners to develop a range of initiatives, events and resources to inform the sexual health practices and health and wellbeing of SAM living with HIV. This program continues through VAC/GMHC.

BRISTOL MYERS SQUIBB REYATAZ HIV POSITIVE CAMPAIGN LAUNCH AT ASHM

The PSB participated in the development and support of this campaign and the recruitment of speakers Brent Allan, Paul Kidd, Deanna Blegg and Ji Wallace to participate in relating their stories of inspiration and resilience. The campaign was launched at the ASHM Conference in Melbourne in October 2012 and illustrated a positive depiction of PLHIV in their everyday lives. The concept showed how PLHIV achieve their heartfelt dreams, capture real people doing real things, tell captivating stories and leading extraordinary lives. Our thanks to Bristol Myers Squibb for the concept and the passion in leading and creating the campaign.



3 A community

SAM community forums/workshops

11,070

resources distributed at 60 different events

52,318

safe packs distributed at 46 different events

6

sets of safe sex posters targeted for specific parties, produced by the SAM Project in collaboration with partners









INTERNATIONAL AIDS CANDLELIGHT MEMORIAL

In May 2013, Living Positive Victoria hosted the International AIDS Candlelight Memorial ceremony at the Australian Centre of Contemporary Art in Southbank. Rachel Berger, ENUF Ambassador, addressed a crowd of 135 people and led a powerful and emotional call to remember those lost to HIV and to continue the fight to challenge HIV discrimination.

The International AIDS Candlelight Memorial unites some 1,200 communities in events across 115 countries to bring the whole community together with the aim of raising awareness about HIV and challenging HIV stigma. The community is encouraged to stand together, alongside people living with HIV, to remember the loved ones lost to HIV and AIDS and to give hope for the future together.

On a cold winter's evening, Craig Burgess and ENUF ambassadors Ji Wallace and Deanna Blegg narrated inspiring stories of resilience and encouraged all guests to place and light a candle on the ground in the shape of a red ribbon in memory and respect to all those affected by and lost to HIV and AIDS.







MEDIA TRAINING

In early 2013, Jo Pearson from Media Strategies ran a high-level media-training workshop at the SBS Radio Studios at Federation Square. There were eight participants, three male and one female PSB members, two Generation Y Guys members and two Living Positive Victoria staff.



MEETINGS ATTENDED 2012–13

NAME	TERM START	CURRENT/FINISH DATE	ATTENDANCE
Sam Venning	July 2012	June 2013	10/10
Dean Turner	July 2012	Dec 2012	4/5
Meg Warner (PWV rep)	July 2012	Oct 2012	2/2
Russell Varney	July 2012	Oct 2012	2/2
lan Muchamore	July 2012	June 2013	9/10
Neil Shepherd	July 2012	June 2013	10/10
Max Niggl (Staff rep)	July 2012	June 2013	10/10
Jeffrey Robertson	July 2012	Oct 2012	1/2
Stephen Eustace	Sept 2012	Oct 2012	0/1
John Donnon	July 2012	June 2013	8/10
Ryan Sherbrooke	July 2012	Dec 2012	3/5
Michael Casley	July 2012	Oct 2012	0/3
Stefanie Christian (SA rep)	July 2012	Sept 2012	0/2
Ben Riethmuller	July 2012	Sept2012	1/1
Avi Miller	Oct 2012	June 2013	7/8
Greg Mutter	Oct 2012	June 2013	7/8
Richard Keane	Oct 2012	June 2013	8/8
Shane Boyd	Oct 2012	Feb 2013	4/4

CURRENT



Brent Allan	

Suzy Malhotra, Manager Health Promotion
David Westlake, Business Support Officer
Cristian Cortez, Administrative Officer
Max Niggl, Speakers Bureau Coordinator
Don Harris, Senior Voices Project Officer
Andrew McLean, Administrative Assistant – Positive Speakers Bureau
Guy Hussey, Senior Policy and Programs Officer
Shannen Myers, Senior Health Promotion Officer
Daniel Brace, Senior Health Promotion Officer
Simon Bailey, Health Promotion Officer
Shannon Powers, ENUF Campaign Officer
Vic Perri, Health Promotion Officer

2012-2013 ANAR BUS

PRESIDENT'S AWARD

David Menadue

This is presented at the discretion of the President to an individual, group or organisation that has demonstrated visionary leadership in improving the quality of life for HIV-positive people. Often the recipient will have served over a long period and contributed to high level improvements in services for HIV-positive people and to an increased awareness of HIV issues.

RESEARCH PROGRESS AWARD

Sharon Lewin

This award is presented to an individual, group or organisation that has made an outstanding contribution to the positive community through research they have undertaken. General features of this award are the innovative, quality research that leads to a significantly enhanced understanding of the positive community that feeds the development of quality care initiatives or services.

SPEAKERS Bureau Award

Craig Burgess

This award is presented to an organisation, sponsor or individual that has made an outstanding contribution to the further development of the Positive Speakers Bureau. The recipient will have strengthened the capacity of the Bureau to deliver its vitally important work of reducing HIV stigma and discrimination in the wider community and raising awareness of the issues of living with HIV.

COMMUNITY ENDEAVOUR AWARD

Dean Beck

This award is presented to an individual, group or organisation in the community who through their endeavours has made a substantial and important contribution to the recognition of the issues and needs of HIV-positive people.

CLINICAL EXCELLENCE AWARD

Jenny McDonald

This award is presented to an individual, group or organisation that has made a prominent and exceptionally distinguished contribution to the treatment and care of HIV-positive patients.

HIV AWARENESS AWARD

Hide and Seek, Joy 94.9

This award is presented to an individual, group or organisation that has made a remarkable and striking contribution to significantly improve awareness in the community through the means of the media.

TREASURER'S LICENSER'S LICEN

This year I am proud to report Living Positive Victoria has indicated a surplus of \$34,258 for the year and our retained surplus at 30 June 2013 was \$58,980 compared to a retained surplus of \$24,722 last financial year. This means we recovered not only last year's loss but also posted a gain of \$58,908. This is an excellent result and one we are proud to have achieved.

Our operating grants from the
Department of Health increased from
\$1,080,433 to \$1,338,578 while in
accordance with a strategy adopted
at the commencement of the year,
interest acquired on funds received
from the Department have been
invested in higher interest earning
accounts (rather than remaining in
our Trust Account earning no interest)
until those funds are needed for
various projects. That interest
is up 200% on the previous year.

The Profit and Loss Statement in the audited financial statements indicates that we had \$242,288 in our Trust Account as at 30 June 2013 compared with only \$55,135 as at 30 June 2012. This figure was unfortunately the result of funding

from the Department arriving just prior to the audit period and we were unable to transfer the funds into our Max-I Direct Account where these funds earn a higher interest rate.

It may be presumed that with hefty deposits in the bank (up from \$344,035 to \$501,243 - an increase of 30%) that we have a surplus of cash at hand. Unfortunately this is not the case as these funds are from Government grants for projects we have not yet commenced at this time. These funds will be utilised by the organisation for projects in the coming 12-month period. We are attempting to ensure that every dollar counts to increase the amount available for the range of Living Positive Victoria programs and services.

Over the course of the past financial year, the agency has been able to gather over \$85,000 in value in kind which includes a mixture of volunteer efforts (42%) as well as reductions in costs and the value of donation of services (58%). Donations are also up 20% over the past financial year.

The operating income of the organisation has increased by just over \$78,000 during the year while our operating expenses are up \$48,574 over the last financial year. The operating grant for Coventry House has increased by \$98,000 ensuring the continuing service support to all three organisations that share Coventry House.

The Financial Learning and Independence Fund (FLIP) has replaced the old Emergency and Distress Fund. This new fund has a focus upon enabling members to get on top of their financial and learning pressures by providing a greater amount to individuals with a focus on training and study. It is important to stress here that the funds which are dispersed through this program come from donations and other funds raised by the organisation.

I am delighted to advise the membership that Living Positive Victoria is in a sound financial position. We are able to pay for the delivery of services we provide for members and the community and we are also able to pay any debts outstanding as at 30 June 2013.

While Living Positive Victoria is a 'not for profit' organisation, the organisation must, by necessity of the law, be able to pay debts when they fall due while at the same time not amass unreasonable surpluses. This necessitates a delicate balance between the organisation's financial stability and being able to acquit for funded programs and services

to the community. Our operating surplus this year is within industry standards of a 'not for profit' organisation (being 10% of income) and our surplus of <6% is deemed an acceptable figure.

Lastly, I would like to say a few words of thanks to some people who have made this year so memorable and successful.

I would like to thank our Executive Officer, Brent Allan, and his devoted staff for their ability to work within the guidelines of their budgets, yet providing and increasing services to people living with HIV and their communities of support, and for their unwavering dedication to our members generally.

To Akke Halma, our Financial Officer, for her meticulous attention to detail in matters financial over the past year. To the President, Sam Venning and the Board of Living Positive Victoria for their diligence and attention to the financial wellbeing or our organisation. And finally, to our auditors Hayes Knight Audit Pty Ltd. who have, as always, provided an extremely thorough and detailed audit service.

This will be my last annual report as the Treasurer for Living Positive Victoria, as I will be stepping down from the Board. I wish the new Treasurer all the best for the future and for the continued growth of success in the financial years ahead.

Neil Shepherd

TREASURER

FINANCIAL REPORT 7-7

BOARD OF DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2013

Your Board of Directors submits the financial report of People Living with HIV/AIDS Victoria Inc. for the financial year ended 30 June 2013.

BOARD OF DIRECTORS

The names of Board of Directors members throughout the year and at the date of this report are:

Sam Venning, Ian Muchamore, Neil Shepherd, Max Niggl, John Donnon, Avi Miller appt Oct 2012, Greg Mutter appt Oct 2012 and Richard Keane appt Oct 2012.

Dean Turner res Dec 2012, Meg Warner res Oct 2012, Russell Varney res Oct 2012, Jeffery Robertson res Oct 2012, Stephen Eustace appt Sept 2012 res Oct 2012, Ryan Sherbrooke res Dec 2012, Michael Casley res Oct 2012, Stephanie Christian res Sept 2012, Ben Riethmuller res Sept 2012, Shane Boyd appt Oct 2012 res Feb 2013.

INCORPORATION

The association was incorporated in Victoria on 7th December 1999.

PRINCIPAL ACTIVITIES

PLWHA Victoria is a not for profit, community based organisation representing all people living with HIV in Victoria since 1988 and is committed to the advancement of human rights and wellbeing of all people living with HIV.

PLWHA Victoria works closely in partnership with a range of HIV-sector and other organisations to deliver a comprehensive and coordinated response to the needs of PLHIV in Victoria, nationally and internationally.

Our mission is to educate, support and advocate on behalf of all people living with HIV in Victoria, as part of a society-wide response that seeks an end to the HIV epidemic.

SIGNIFICANT CHANGES

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

OPERATING RESULT

The operating result for the year was a profit of \$34,258 (2012: \$52,650 loss) and no provision for income tax was required as the Association is exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.

Sam Venning

Neil Shepherd PRESIDENT TREASURER

Southbank, 11 September 2013

STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2013

The Board of Directors has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Directors the financial report as set out on pages 1 to 13:

- a) Presents a true and fair view of the financial position of People Living with HIV/AIDS Victoria Inc. as at 30 June 2013 and its performance for the year ended on that date.
- b) At the date of this statement, there are reasonable grounds to believe that People Living with HIV/AIDS Victoria Inc. will be able to pay its debts as and when they fall due.

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

Sam Venning

PRESIDENT

Southbank, 11 September 2013

Neil Shepherd

TREASURER

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013	2012
		·	<u>'</u>
OPERATING INCOME			
Administration Fee		45,103	54,139
Corporate Grants Received		39,439	57,691
Donations		10,302	2,000
Emergency Distress Fund		-	2,389
Interest Received	2	3,747	1,336
Other Income		4,638	1,371
Speakers Bureau Fee Income		64,631	48,230
State Grants Received	1(a)	792,433	714,884
		960,293	882,040
LESS: OPERATING EXPENDITURE			
Administration Salaries and Superannuation		173,399	134,120
Administration		108,695	95,949
Board Expenses		16,176	33,450
Campaigns		143,204	94,346
Conferences		-	57,359
Depreciation	2	5,733	7,297
Employment Expenses		7,572	20,261
Entitlements and Provisions		14,963	22,257
Grants		1,705	5,600
Health Promotion		128,968	108,172
Health Promotion / Positive Education		76,542	55,187
Information Line		73,177	83,686
Poslink		-	20,122
Speakers Bureau		145,892	94,373
Sexual Adventurism		87,238	102,511
		983,264	934,690
PLUS: COVENTRY HOUSE INCOME			
Rent and On-Costs		418,392	320,612
Share and On-going Costs		-	26,171
		418,392	346,783

	Note	2013	2012
LESS: COVENTRY HOUSE EXPENDITU	IRF		
	JIL	200 005	100017
Rent		200,205	182,317
Body Corporate		52,967	61,643
Administration Costs		48,073	54,139
Cleaning		15,316	15,727
Electricity		16,344	11,887
Insurance		1,464	1,695
Kitchen		3,064	2,058
Stationery		6,728	2,195
Telephones / Internet		14,506	13,027
Volunteers		2,498	2,096
		361,165	346,783
Profit / (loss) before income tax		34,258	(52,650)
Income tax expense	1(d)/2	-	-
Profit / (loss) after income tax		34,258	(52,650)
Retained profits at the			
beginning of the financial year		24,722	77,372
Retained profits at the end of the financial year		58,980	24,722

The accompanying notes form part of this financial report.

ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2013

		2013	2012
	Note	\$	
CURRENT ASSETS			
Cash and Cash Equivalents	3	501,234	344,035
Trade and Other Receivables	4	48,706	23,300
Total Current Assets		549,940	367,335
NON-CURRENT ASSETS			
Plant and equipment	5	15,591	18,056
Total Non-Current Assets		15,591	18,056
Total assets		565,531	385,391
CURRENT LIABILITIES			
Trade and Other Payables	6	415,759	277,611
Total Current Liabilities		506,551	360,670
Total Liabilities		506,551	360,670
NET ASSETS		58,980	24,722
MEMBERS' FUNDS			
Retained Profits		58,980	24,722
Total Members' Funds		58,980	24,722

The accompanying notes form part of this financial report.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

	Note	2013	2012
CASH FLOWS FROM OPERATING ACTI	VITIES		
Receipts from sponsors, members donations and fundraising	ò,	146,615	149,254
Operating grants receipts		1,338,578	1,080,443
Interest received		3,747	1,336
Payments to suppliers and employees		(1,328,474)	(1,243,378)
Net cash provided by / (used in operating activities) B	160,466	(12,345)
CASH FLOWS FROM INVESTING ACTIV	'ITIES		
Purchases of plant and equipment	t	(3,267)	(1,522)
Net cash (used in) investing activities		(3,267)	(1,522)
Cash flows from Financing Acti	vities		-
Net increase / (decrease) in cash held		157,199	(13,867)
Cash at the beginning of the financial year		344,035	357,902
Cash at the end of the financial year	А	501,234	344,035

 ${\it The accompanying notes form part of this financial report.}$

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2013

2013	2019
\$	

NOTE A RECONCILIATION OF CASH

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows reconciled to the related items in the assets and liabilities statement as follows:

Cash and Cash Equivalents	(Note 3)	501,234	344,035
NOTE B RECONCILIATION OF NET COPERATING ACTIVITIES TO PROFIT A			N)
Profit / (loss) after income tax		34,258	(52,650)
Non-cash flows in profit / (los	ss) after inco	me tax:	
Depreciation		5,733	7,297
Changes in Assets and Liabilit	ties:		
(Increase) / decrease in trade ar other receivables	nd	(25,406)	37,573
Increase / (decrease) in provisio	ns	7,733	(5,802)
Increase / (decrease) in trade ar other payables	nd	138,148	(22,832)
Net cash provided by / (used operating activities	in)	160,466	(12,345)

The association has no credit stand-by or financing facilities in place. There were no non-cash financing or investing activities during the period.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012. The Board of Directors has determined that the association is not a reporting entity.

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

(a) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

(b) Income in Advance

Grants received are brought to account as income proportionately over the period covered by the grant therefore if the grant straddles the end of the financial year any unexpended grant monies are carried forward to the next financial year and recognised as income when the funds are effectively spent.

(c) Membership Subscriptions Income

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

(d) Plant and Equipment

Each class of plant and equipment are included at cost less depreciation and impairment losses or at independent valuation.

The carrying amount of plant and equipment is reviewed annually by the board to ensure that it is not in excess of the recoverable amount from these assets.

The depreciable amount of all fixed assets including capitalised leasehold improvements is depreciated on a diminishing balance value over their useful lives to the Association commencing from the time the asset is held ready for use.

(d) Plant and Equipment

Office Furniture

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset Depreciation rate
Old Computer Equipment 33.33%

New Computer Equipment 100%*

 in accordance with Department of Health funding which now treats computers as recurrent (non-capital) funding.

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained profits.

(e) Income Tax

The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

(f) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(g) 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 Tax 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 assets and liabilities statement are shown inclusive of GST.

(h) Employee Benefits

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

20%

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2013

2. PROFIT / (LOSS) AFTER INCOME TAX Profit / (Loss) after income tax has been determined after: Crediting as income Interest received 3,747 1,336 Charging as expenses: Depreciation of plant and equipment 5,733 7,297 Auditors' remuneration Auditing the accounts 2,600 2,500 Other services 1,000 750 3. CASH AND CASH EQUIVALENTS Petty Cash 3 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Interest Bearing Deposits 10,942 30,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. Accrued Expenses Accrued Expenses GST Liability 7. PROVISIONS Annual Leave Long Service Leave 8. LEASE COMMITMENTS Operating Lease Commitments Premises & Photocopier Payable - minimum lease payments between 12 months and 5 years greater than 5 years greater than 5 years	337,020 75,243 3,600	209,267 65,093	
Crediting as income Interest received 3,747 1,336 Charging as expenses: Depreciation of plant and equipment 5,733 7,297 Auditors' remuneration Auditing the accounts 2,600 2,500 Other services 1,000 750 Charging as expenses: ACASH AND CASH EQUIVALENTS Petty Cash 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Interest Bearing Deposits 10,942 30,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. Trade Creditors Accrued Expenses GST Liability *Refer to explanation at Note 3 *Annual Leave Long Service Leave Depreciation at Note 3 *Annual Leave Long Service Leave Permises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	75,243 3,600		
Interest received 3,747 1,336 Charging as expenses: Depreciation of plant and equipment 5,733 7,297 Auditors' remuneration Auditing the accounts 2,600 2,500 Other services 1,000 750 Charging as expenses: Auditing the accounts 2,600 2,500 Other services 1,000 750 Charging as expenses: Auditing the accounts 2,600 2,500 Other services 1,000 750 Charging as expenses: Charging as expenses: Substitute 1,336 Accrued Expenses *Refer to explanation at Note 3 *Annual Leave Long Service Leave Long Service Leave *B. LEASE COMMITMENTS Departing Lease Commitments Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. GST Liability *Refer to explanation at Note 3 *Annual Leave Long Service Leave Departing Lease Commitments Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	3,600	65,093	
Charging as expenses: Depreciation of plant and equipment 5,733 7,297 Auditors' remuneration *Refer to explanation at Note 3 Auditing the accounts 2,600 2,500 Other services 1,000 750 Annual Leave 3. CASH AND CASH EQUIVALENTS Petty Cash 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Interest Bearing Deposits 10,942 30,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. GST Liability *Refer to explanation at Note 3 *Note 3 *Note 3 *Note 3 *Refer to explanation at Note 3 *Note 3 *Note 3 *Note 3 *Refer to explanation at Note 3 *Note 3 *Note 3 *Note 3 *Note 3 *Note 3 *Note 4 *Note 3 *Note 5 *Not			
Depreciation of plant and equipment 5,733 7,297 Auditors' remuneration *Refer to explanation at Note 3 Auditing the accounts 2,600 2,500 Other services 1,000 750 Annual Leave Long Service Leave Petty Cash 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Interest Bearing Deposits 10,942 30,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 Fremises & Photocopier Max-I Direct Account 235,371 247,042 Fremises & Photocopier Payable – minimum lease payments 501,234 344,035 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project.	(104)	3,250	
Auditing the accounts Auditing the accounts Other services 1,000 750 CASH AND CASH EQUIVALENTS Petty Cash Cash at Bank 242,288 Account 11,920 10,492 Interest Bearing Deposits 10,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 Annual Leave Long Service Leave 8. LEASE COMMITMENTS Operating Lease Commitments Premises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	(104)	1	
Auditing the accounts 2,600 2,500 Other services 1,000 750 3. CASH AND CASH EQUIVALENTS Petty Cash 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Interest Bearing Deposits 10,942 30,942 Max-I Direct Account 235,371 247,042 Max-I Direct Account 235,371 247,042 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. 7. PROVISIONS Annual Leave Long Service Leave Nanual Leave Long Service Leave 4. LEASE COMMITMENTS Operating Lease Commitments Premises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	415,759	277,611	
Other services 1,000 750 7. PROVISIONS Annual Leave Long Service Leave			
Other services 1,000 750 Annual Leave Long Service Leave			
242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Max-I Direct Account 235,371 247,042 Max-I Direct Account 501,234 344,035 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. Long Service Leave 8. LEASE COMMITMENTS Operating Lease Commitments Premises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years			
Petty Cash 713 424 Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Operating Lease Commitments Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. 8. LEASE COMMITMENTS Premises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	54,407	53,415	
Cash at Bank 242,288 55,135 Emergency Relief & Distress Account 11,920 10,492 Operating Lease Commitments Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. 8. LEASE COMMITMENTS Premises & Photocopier Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years	36,385	29,644	
Emergency Relief & Distress Account 11,920 10,492 Operating Lease Commitments Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 not later than 12 months The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project.	90,792	83,059	
Emergency Relief & Distress Account 11,920 10,492 Operating Lease Commitments Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 not later than 12 months The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. greater than 5 years			
Interest Bearing Deposits 10,942 30,942 Premises & Photocopier Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 not later than 12 months The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. greater than 5 years			
Max-I Direct Account 235,371 247,042 Payable – minimum lease payments 501,234 344,035 The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. Payable – minimum lease payments not later than 12 months between 12 months and 5 years greater than 5 years			
The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. not later than 12 months between 12 months and 5 years greater than 5 years			
The significant increase in cash at bank is the result of receiving funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. between 12 months and 5 years greater than 5 years	259,956	050 261	
funding from the Commonwealth Department of Health for the HEP C Prevention HIV Co-infection project. greater than 5 years	445,558	252,361 705,514	
Frevention (The Co-injection project.	443,336	705,514	
	705 514	0.57.075	
4. TRADE AND OTHER RECEIVABLES Total Lease Liability The association has an operating lease for its	705,514	957,875	
Trade Debtors 40 498 23 300 The property lease is a non-cancellable lease	The association has an operating lease for its premises in Co The property lease is a non-cancellable lease, with a five-yea		
Prepayments 8,208 (commenced in March 2011) with rent payal Contingent rental provisions within the lease			
the minimum lease payments shall be increased the minimum lease payments and the minimum lease payments are minimum leased to the minimum lease payments are minimum leased to the minimum lease payments are minimum leased to the minimum leased	sed by 4% per	r annum.	
All option exists to reflew the lease at the end	An option exists to renew the lease at the end of the five-year te two additional terms of five years. The lease allows for the sub-le of all lease areas.		
Office Furniture et cost			
Unite Furniture at cost 64,056 64,045 The photocopier lease expires on 18 January Less Accumulated Depreciation (64,085) (64,045)	y 2014.		
571 - 9. ECONOMIC DEPENDENCE			
Computer Equipment at cost 44,433 44,160 The association is economically dependent of	n the Victoriar	 າ	
Government – Department of Health for the r Less Accumulated Depreciation (39,715) (40,184) 91.13% (2012 84.27%). A service agreement			
4,718 3,976 4.2790 A Service agreement is in place until the end of the 2015 financial		-barrillelif	
Relocation Assets at cost 61,764 61,764		_	
Less Accumulated Depreciation (51,462) (47,684)			
10,302 14,080			

18,056

15,591

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF PEOPLE LIVING WITH HIV/AIDS VICTORIA INC.

REPORT ON THE FINANCIAL REPORT

We have audited the accompanying financial report, being a special purpose financial report of People Living with HIV/AIDS Victoria Inc. (the association) which comprises the assets and liabilities statement as at 30 June 2013 for the year then ended, the income and expenditure statement, statement of cash flows, a summary of significant accounting policies, other explanatory notes and the statement by members of the Board of Directors.

Board's Responsibility for the Financial Report

The Board of Directors of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Reform Act 2012 and are appropriate to meet the needs of the members. The Board of Directors' responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; 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 of the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These 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 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 entity'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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee of management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board of Directors' financial reporting under the Associations Incorporation Reform Act 2012. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Qualification

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over all donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

Qualified Auditor's Opinion

In our opinion, except for the effects on the financial report of the matter referred to in the qualification paragraph, the financial report of People Living with HIV/AIDS Victoria Inc. presents fairly, in all material respects the financial position of People Living with HIV/AIDS Victoria Inc. as at 30 June 2013 and of its financial performance and cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Reform Act 2012.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist People Living With HIV /AIDS Victoria 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.

HAYES KNIGHT AUDIT PTY LTD

Hayes Wright andit

Chartered Accountants

Phelmanor

Andrew Wehrens

DIRECTOR

Melbourne, 12 September 2013

THANK YOU TO ALL OF YOU WHO CONTINUE TO SUPPORT OUR GROWTH AND DEVELOPMENT

Abbott Virology
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Australian Federation of AIDS Organisations (AFAO) Australian Research Centre

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Mannhaus

Melbourne Community Voice Melbourne Chargers

Melbourne Queer Film Festival

Michael O'Donoghue Michael Williams Michelle Wesley Midsumma Festival

Mike Evans

Multicultural Health and Support Service Natasha Stott Despoja

National Association of People Living with HIV/AIDS (NAPWHA)

Dr Norm Roth Nurse Betty Pat Garner Paul Friend Paul Kidd Paul Rathbone Paul Woodward Piercing HQ

Positive Life NSW Philip Sweeney Positive Living Centre Positive Speakers Bureau Positive Women Victoria Prahran Market Clinic

Pride March Rachel Berger Rebecca Matheson RMIT University O Week Queensland Positive People

QUIT Victoria Robert Mitchell

Royal District Nursing Service

Sarah Sarah Garner Scott Dunsdon Scott Murphy

Social Firms Australia

Stefan

Stephen Barber

Steven

Straight Arrows
TasCAHRD
The Laird
Tim Roberts
Tobin Saunders
Total Print
Trish Thompson
Toula Elefsiniotis

Victorian College of the Arts Victorian AIDS Council/Gay Men's Health Centre

Vic Bears Warren Donald Where the Heart Is Community Festival Josie Leung

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