

VICTORIAN AIDS COUNCIL
GAY MEN'S HEALTH CENTRE

STATEMENT OF PURPOSE

LEADING OUR COMMUNITY IN THE FIGHT AGAINST HIV/AIDS AND STIS. VAC/GMHC WORKS TO CONFRONT THE CONTINUING CHALLENGES OF THE HIV/AIDS EPIDEMIC AND, INCREASINGLY, THE OVERALL HEALTH AND WELLBEING OF THE GLBT COMMUNITY.

OUR CORE WORK IS TO:

- * STRENGTHEN THE INDEPENDENCE, DIGNITY, HEALTH AND WELLBEING OF HIV POSITIVE PEOPLE AND THE GLBT COMMUNITY;
- * REDUCE THE TRANSMISSION OF HIV AND STIS;
- * ENHANCE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV/AIDS.

IN PARTICULAR WE ARE INVESTED IN BRINGING THE AIDS EPIDEMIC TO AN END.

VAC/GMHC ANNUAL REPORT 09/10

PRESIDENT'S REPORT	2
EXECUTIVE DIRECTOR'S REPORT	4
VICTORIAN AIDS COUNCIL GAY MEN'S HEALTH CENTRE 2009/2010 BOARD	6
HEALTH PROMOTION PROGRAM	10
HIV SERVICES PROGRAM	12
THE CENTRE CLINICS	16
COUNSELLING SERVICES PROGRAM	18
STRATEGIC DEVELOPMENT & ALLIED SERVICES PROGRAM	20
VICTORIAN AIDS COUNCIL INC. FINANCIAL REPORT	24
GAY MEN'S HEALTH CENTRE INC. FINANCIAL REPORT	34
CONSOLIDATED FINANCIAL REPORT	42
AWARDS 2009/2010	54
VAC/GMHC THANKS	57

PRESIDENT'S REPORT

Welcome to another report from our vibrant organisation.

Throughout the organisation we have seen many challenges and successes this year, and our Annual Report records some of these.

This year we lost the services of a wonderful doctor in Dr Louise Owen, who moved to Tasmania with her partner and family. We have also reviewed the operations of the Centre Clinic and are now ready to move forward with medical service provision on a much stronger financial footing.

Our Counselling Services Program is in the process of being amalgamated with Positive Counselling and the outcome should prove to be of benefit to everyone in our community as we continue to provide a first class counselling service.

The *Sixth National HIV Strategy 2010–2013* has been released and the national implementation plan is being developed. The flow on effect is still to be recognised in Victoria with the *HIV/AIDS Victorian*



Strategy 2002-2004 expiring long ago and then an *Addendum 2005-2009* added. We are still unsure what the Commonwealth implementation plan will be or how that plan, which will be signed off between the Commonwealth and Victoria, will influence what replaces the expired Victorian Strategy. We have heard a lot over the years about the centrality of the HIV Partnership to the Australian response but from where I sit right now, that partnership does not seem to be as strong and robust as in the past. We can only hope that the strategic frameworks are finalised quickly at both Commonwealth and State levels so that the great work that we and our range of partners do is continued and strengthened.

Elections are high in the minds of everyone at the moment with the election result for the federal government finally declared. We are now moving into election mode again at a State level and look forward to the continuing bi-partisan approach which has seen an amazing response to the HIV epidemic in Australia and Victoria.

VAC/GMHC has a number of established working partnerships with various organisations to assist in service delivery, health promotion and other services. These include The Alfred Hospital, Royal District Nursing Service (RDNS), Gay and Lesbian Health Victoria (GLHV), Australian Research Centre in Sex, Health and Society (ARCSHS) to name just a few. We would like to acknowledge their contribution and look forward to continuing to work with them in the future.

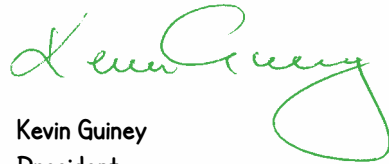
As the life of this Board comes to an end, we say goodbye to some members and welcome new members. I would like to take this opportunity to thank those Board members who will not be continuing but I'm sure will remain involved in the work of the organisation.

Volunteers are the backbone of our organisation. Thank you to each and every one of you, our "unpaid staff". We couldn't have done it without you and the Board and I thank you for your remarkable contributions over the past year.

By the time you are reading this report, we will have completed a major piece of work that is at the forefront of how we present VAC/GMHC to the world – our new website. I would encourage you all to check us out online at www.vicaids.asn.au. This new web presence will give us a greater reach to promote our internationally recognised health promotion work, allow the communities we serve to get accurate up to date information about the services we deliver, and enable us to keep in contact with you as our members and our volunteers.

This year we have seen a number of staff move on and we would like to thank them for their contribution to the smooth and efficient running of our organisation. Thank you to all those people. This also means we have a number of new staff who we welcome and look forward to working with.

Once again I wish to thank each and every one of you who have helped make our organisation what it is today.



Kevin Guiney
President

EXECUTIVE DIRECTOR'S REPORT



As I have grown older, one of the most noticeable changes is a changed perception of time. As a child, it seemed that Christmas and the long school holidays would never come; now, I am more likely to wonder where that last year went. My contribution to the Annual Report gives a welcome opportunity to pause and look back over the previous year as well as look forward to the year to come.

In an organisation as varied as VAC/GMHC, a lot happens in twelve months. The Program reports in this Annual Report will provide you with more detail of the key happenings this year and I commend those reports to you.

There are a number of common themes that impact on each of the Programs. We place a high store on ensuring that the work we do and the services we offer are relevant to the needs of our client base and are keeping pace with changes in the epidemic. The Board, management team, staff and volunteers are focused on making the best use of our financial and human resources to ensure we get

the best possible coverage for the money we spend. As in previous years, we have taken the opportunity in each Program area to review the services we offer and the way we deliver those services to maximise the benefits for the communities we serve.

One broad indicator I look at each year is what is happening with new diagnoses of HIV. VAC/GMHC is not responsible for what happens with new HIV infections, of course, as this figure is the cumulative result of decisions and behaviors of many individuals. However, as the key organisation funded to lead the community response to HIV in Victoria, we have a keen interest in surveillance figures. In 2009, HIV diagnoses remained stable in Victoria, with 261 cases in 2008 and 262 cases in 2009. However, there was an increase in new diagnoses in gay men with an increase from 188 to 199 cases. Engaging with gay men to drive those figures down remains a key challenge for all parts of the organisation and for the Health Promotion team in particular.

HIV and ageing is emerging as a major challenge for HIV sector community organisations and it was very useful, at the recent Vienna International AIDS Conference satellite sessions, to meet with our North American and European colleagues to discuss how they are responding to these challenges. The increasing numbers of ageing people living with HIV and the increase in HIV age-related co-morbidities will have implications across all VAC/GMHC services.

In our medical clinic, we will see a need for new standards of care particularly around issues like polypharmacy, standard monitoring for bone mineral density and cognitive functioning. The Australasian Society for HIV Medicine is likely to take the lead in developing new standards in this area. In our counselling area, we are likely to see an increased demand for psychosocial support, while care and support is likely to see a demand for new skills for volunteers and different types of support to enable people to live independently for as long as possible. For example, one speaker at the San Francisco AIDS Foundation/Gay Men's Health Crisis (SFAF/GMHC) satellite in Vienna indicated that falls prevention is now a standard part of GMHC's care for many of their homecare clients over 50. And early intervention and prevention/deferral is a new challenge for our health promotion work. At the policy level, there will be a need to engage with the aged care sector to ensure that the current age-related barriers to services do not prevent younger clients being able to access appropriate assessments and services.

In addition to the challenges in each Program area, there will be an additional challenge of coordinating these efforts *across* the Program areas so that we are taking an integrated approach to dealing with this client group. We will also need to develop relationships with the aged care sector and with new medical specialists, in particular medical oncologists and gerontologists. Our existing partnerships with AFAO and NAPWA will be critical as we gear up to meet these new challenges over the next few years.

VAC/GMHC is in a strong position to respond to these challenges, with a President and a Board that are highly engaged at a strategic level, an incredibly able management team and committed paid staff and volunteers. Our broad range of community, government, clinical and research partners continues to provide remarkable assistance. Thank you all for your amazing contribution this year and into the future.



Mike Kennedy
Executive Director

Kevin Guiney



David Menadue



Val Sands



Darryl Kosch ↑

Mark McColl ↗

VICTORIAN AIDS COUNCIL
GAY MEN'S HEALTH CENTRE
2009/2010 BOARD

Paul Kidd



Mike Kennedy

Michael Williams



↑ Chrissie Feagins

Don Hay



THE 2009/10 BOARD WAS:

Kevin Guiney (President), Michael Williams (Vice-President/Secretary), Mark McColl (Treasurer), Paul Kidd (PLWHA Victoria nominee), Val Sands, David Menadue, Chrissie Feagins, Darryl Kosch, Don Hay (staff representative) and Mike Kennedy.

VAC/GMHC BOARD REPORT

BOARD WORK PLAN

The Board met for a full day soon after its election to plan its work program. This year most of that work was progressed through the Board committees. Committees report to each Board meeting and any recommendations are considered and voted on by the Board as a whole. This process enables the committees to work through a level of detail that would be impossible at a Board meeting and has the added benefit of enabling the Board to draw on a wider pool of expertise.

A Board Briefing Paper accompanies all substantive matters for consideration and the Board considered 27 such papers this year.

The committees this year were the Finance Committee, the Research Promotion and Ethics Committee, the Political Organising Committee, and the Fundraising and Marketing Committee. The Board extends its thanks to all of the external members who assisted its work by participating as committee members this year.

In 2009/10 the Board also established two working groups – one to look at the

operations of the Centre Clinic to ensure the Clinic is sustainable into the future, and the other to consider how the VAC/GMHC “brand” is communicated internally and externally.

FINANCIAL REPORTS

This year, VAC/GMHC again passed the \$5 million milestone in operating revenue. It was a tighter year for us financially, although we posted a small surplus of \$30,750. This result was not unexpected, as this is a once in seven year cycle where we have 27 pay periods and for most of this year we were working with close to a full staff complement. Our decision a few years ago to establish a maintenance fund for the Claremont Street building was a prudent one as we needed to draw from those reserves for \$40,000 of repairs to the air conditioning system – an expense which would be unreasonable to meet out of a single year’s costs.

The Board would also like to especially acknowledge the ongoing generosity of four of our corporate partners. Oz Showbiz Cares/Equity Fights AIDS has been a

major contributor to our fundraising again this year. MAC Cosmetics, through their MAC AIDS Fund proceeds from the sale of VIVA GLAM lipstick and lipglass, is the major donor to the David Williams Fund. DaimlerChrysler Australia/Pacific Pty Ltd have continued their donation of a Mercedes Benz Viano for the Positive Living Centre providing transport and outings for PLC clients and enabling the vehicle to be used by other HIV sector organisations. Ballarat Art Gallery donated \$1 from every entry ticket to the exhibition *Queen – the unseen archive* and also donated a large number of photographic items, worth in excess of \$10,000, to VAC/GMHC for auction.

STRATEGIC FRAMEWORKS

After a six month delay resulting from protracted discussions with the States and Territories, the Commonwealth government this year launched five new national strategies: the *Sixth National HIV Strategy*, the first *National Hepatitis B Strategy*, the *Second National Sexually Transmissible Infections Strategy*, the *Third National Hepatitis C Strategy*, and the *Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy*. All strategies will run from 2010 to 2013. The development by the Commonwealth and States/Territories of Implementation Plans with agreed and measurable performance indicators and outputs was slowed by the federal election but we expect that it will resume quickly now that a new government has been sworn in.

The Victorian Strategies (HIV/AIDS, Hepatitis C, Sexually Transmissible Infections) were reviewed this year and we are awaiting formal notification of the strategic framework

that will replace them. As a State election is due in November, it is likely to be the first half of 2011 before a new policy framework is in place for Victoria. VAC/GMHC will be asking all of the political parties for information about their policy frameworks and partnership mechanisms as part of our pre-election advocacy work.

EMERGING ISSUES

One of the interesting things about being part of the VAC/GMHC Board is the opportunity to help shape the organisation's response to new and emerging issues. HIV and ageing has emerged as one such issue and Mike Kennedy's Executive Director's report for this year sets out some of the background to that issue. The Vienna International AIDS Conference released early and promising results from HIV biomedical prevention trials of a microbicide and of pre-exposure prophylaxis. There are many more such trials in the pipeline that will be reported over the next two years and the Board has chosen this topic for the Keith Harbour address at this year's AGM so our members and partners can get a sense of how this work is developing.

And finally, Australia is the only continent that does not have access to rapid HIV testing. There are now more than 70 community based and community run HIV rapid testing centres worldwide using a range of models. We have taken the opportunity to establish links with such centres in North America, South America, France and Spain as Australian community organisations, including VAC/GMHC, begin discussions about whether we should be involved in such work, what models would be appropriate in our context, and how this work might be funded.

Adam Hynes ↓

Grant O'Sullivan

Jason Asselin →



Jill Young ↑

↑
Maxine

HEALTH PROMOTION PROGRAM

At the recent International Union of Health Promotion Conference held in Geneva, there was a focus on the importance of social and cultural capital in the development of effective health promotion. In 2009/10 the VAC/GMHC Health Promotion Program has made significant headway in recognising and utilising both of these important concepts as a way of deepening our understanding of and relationship with the gay community.

The Sexually Adventurous Men Project utilises a community development approach to encourage gay men to determine the direction of the project, under the coordination of a member of the Health Promotion team who is a peer from that community. This is important because, after 26 years of safe sex messaging that has consistently reinforced the need for gay men to use condoms and water-based lube when engaging in anal sex, there is a real need to move beyond those messages to recognise, and to some degree celebrate, the variety of sexual expression between men who have sex

with men. The project has been involved in a variety of community events over the course of the year. Some of these include the Midsumma and Leather Pride Festivals, esoteric sex workshops, dance and sex parties, focus group discussions and one-on-one discussions with sexually adventurous men. The success of the project is in some ways a testament to the need for us to listen and respond to the needs of our targeted communities when developing health promotion initiatives.

Another initiative, in response to the social and cultural capital engendered by online media, is the Queer as Fxxk Facebook and YouTube project. This project, originally a collaboration between the Burnet Institute, Melbourne University, Family Planning Victoria and VAC/GMHC, is a narrative drama comprised of two to three minute episodes centred around the activities in a share house of gay men. Each episode is posted on YouTube and on the dedicated Facebook page where 'fans' of the drama can comment on the characters and the situations in which they find themselves.

Ilan Werbeloff →

Carlos Sepulveda



↑ Tex McKenzie

↑ Colin Batrouney

Aswin Phorugngam

So far the drama has focused on unprotected sex, safe sex, regular testing, negotiating open relationships, PEP and strategic positioning. The drama has over 1300 fans and the second series will look at issues related to stigma and discrimination experienced by HIV positive men and the issues that arise in sero-discordant relationships as well as the difficulties that young men face when coming out. Although the Burnet Institute developed the pilot project, *Queer as Fxxk* has now been integrated into the core activities of the Health Promotion Program and this initiative will be developed further in 2011.

In all the work we do, understanding the social and cultural context in which gay men live and manage their lives binds all parts of the Health Promotion Program. This is true of peer education, outreach, therapeutic groups and our community development work. The campaign that captures this most clearly is *Staying Negative*. There have been many demands placed on gay men over the last 26 years

and the narratives that form the basis of the *Staying Negative* campaign are filled with love, loss, grief, family, joy, dependence, friendship, sex, drugs and a whole lot more. In fact, if anyone was looking for a barometer of where gay men have been and how they feel about the future as we continue to live with an epidemic, then just dipping into the *Staying Negative* site – www.stayingnegative.net.au – gives a richly diverse picture. This campaign, along with the other initiatives I have mentioned, are really the basis of where the Program is going as we head into the second decade of the new millennium.

Colin Batrouney
Program Manager

Russell Grice →

HIV SERVICES PROGRAM



Heather Morgan ↑ Alex Nikolovski ↑

The past year has been one of transformation and transition for the HIV Services Program, with the release of the Positive Living Centre (PLC) Review, *A Shift in Focus*, and the subsequent implementation of some of its recommendations. A client forum was held to address questions arising and an interim PLC Reference Committee was formed to assist in the initial stages of the review implementation. This committee comprised of HIV Services staff and representatives from key agencies and sector partners, including the Royal District Nursing Service (RDNS), PLWHA Victoria, the Alfred I.D. Social Work team, Royal Melbourne Hospital, Positive Women, Straight Arrows and the AIDS Housing Action Group (AHAG).

The initial focus of change was the establishment of a client care coordination model and the recruitment of staff to fill associated positions. An extensive process of staff recruitment concluded early in 2010 and established a team which operates within a health promotion framework, providing client support via casework, advocacy, and referral pathways. This team maximises our response to identified needs

within a limited budget and ensures our requirements for client and site coverage can be met. We now have a diverse group of highly committed and experienced staff with a broad skill mix.

The adoption of the client care model offers four streams of support services at the point of entry into the HIV Services Program:

1. Care Coordination, responsible for client intake into the whole Program, allowing the opportunity to identify needs and assess best service provider linkages, both internal and external, and to offer appropriate case work and client co-ordination as required.
2. PLC Operations, including Centre-based services such as nutritional services, complementary therapies and a range of health and wellbeing focussed activities and events.
3. Community Volunteer Support Services, covering functions that are delivered by trained volunteers including medical transport, drop-ins, group activities and PK Tix.

Marcus Younger



← Campbell Smith

Sue Robinson



Alec West ↑

Staff absent: Don Hay, Michael Riches

4. In Home Support, managing residential properties, providing paid attendant care and case management of clients.

It is important to note that these changes to the structure and systems at the PLC were carried out while continuing to deliver services. The Review recommended closing the PLC for several months to bring about such change, a recommendation that was not adopted. The Review also highlighted the need to re-focus our interface with agencies and consumers; hence an advisory group will be established to assist with planning at the PLC. The new committee will become the HIV Services Advisory Group (HSAG) and will work with the management team in bringing sector and service issues to the table. A consumer reference group will also be formed and a representative of that group will sit on the HSAG.

The HIV Services Program has a valuable working relationship with the RDNS and regards them as our community based clinical arm. We are anticipating the renewal of our Memorandum of Understanding, which will ensure clients continue to be well supported in the community by this formal

arrangement. HIV Services also continues to work closely with sector partners that include PLWHA Victoria, Straight Arrows, Positive Women and a range of Indigenous, Youth, and CALD Services. We liaise regularly with the s100 service providers, the major hospital social work departments and the HIV HARP (Hospital Admission Risk Program). HIV Services will continue to forge strong collaborative arrangements and relationships with sector agencies and continue to establish other mutually beneficial partnerships.

There is increasing research that living long-term with HIV, despite well-monitored, appropriate treatments, predisposes an individual to other co-morbidities (medical problems that coexist with the diagnosis of a separate primary medical issue). It is currently thought that even if the virus is well-managed and at undetectable levels, the immune system is in a chronic state of low activation, placing the body under stress. It is now postulated that long-term HIV infection (25 years or more) combined with the side effects from Highly Active Anti-Retroviral Therapy (HAART) may lead



George Kolias

John Hall ↑

Richard Gray



Lynda Horn



Deirdre Byrne ↗

Lizzie Craig

to an accelerated ageing process. The HIV Services Program is very aware of the emerging issues for long term survivors of HIV and is working towards best practice outcomes. Client care coordination is essential to effectively address the issue of more complex care needs and recognise there is a need to be proactive in the debate to educate the community and service providers.

POSITIVE LIVING CENTRE (PLC)

The past year saw a continued increase in new clients coming to the PLC and associated service usage: over the year more than 13,000 client and guest visits to the Centre were recorded; PLC lunches and dinners continue to evolve with an emphasis on good nutrition and variety, attracting an average of over 100 clients and guests every week; the Pantry services an average of 80 to 100 clients each fortnight and we have seen a consistent improvement in the variety and quality of items provided, including fruits and vegetables.

Complementary Therapies continue to offer clients a range of well attended services from yoga (260 participants across the year), massage (350 individual consultations), Naturopathy (225 individual consultations) and Vitamart. In addition, a variety of exercise classes attracted over 650 participants throughout the year. Our partnership with the School of Southern Therapies underpins the provision of acupuncture and ensures that clients have increased options in confronting pain management and side effects from medications.

COMMUNITY SUPPORT

Community Support established a new staff team throughout 2009/10 and continues to build its network of volunteer support teams. There are now eight teams throughout Melbourne, responding to the needs of clients in their respective areas. The program is seeing more issues related to ageing, which has increased both the need for practical support and demand for volunteer transport to medical appointments, particularly from the outer areas of Melbourne.

Reducing social isolation remains a key focus for Community Support. In the past year there were three retreats at Daylesford, Balnarring and Queenscliff; the North and South Drop-in groups provided monthly lunches and PK Tix distributed more than \$110,000 of donated tickets to arts and sporting events. In partnership with the Royal District Nursing Service, Community Support also finalised plans to trial a nutrition support project to deliver fresh food and pantry items to its more isolated clients.

IN HOME SUPPORT

In-Home Support (IHS) continues to support people living with HIV who require intensive support. The overall aim is to maintain client independence within the community, via the provision of case management to eleven clients living in IHS properties, with a further fifteen clients receiving outreach services. Over 4000 hours of attendant care has been provided to these clients in the past year.

IHS is in its second year of trialling a cluster residential model of six units on the one property. Although not without teething issues, the model is progressing extremely well with clients providing considerable support to each other, while a number are also building strong relationships with the surrounding community. Most clients involved have experienced improved independence, improved health outcomes and increased socialisation. Within IHS we are experiencing the effects of an ageing population and with this the increased incidence of co-morbidities. Vascular disease, type 2 diabetes and osteoporosis are common in our population, adding increased complexity to already complex lives and to the management of client care.

DAVID WILLIAMS FUND (DWF)

DWF continues to offer more holistic services aimed at tackling financial issues before they become significant problems for clients - looking at the underlying causes of financial distress and enhancing health outcomes through skills development and information acquisition through further education. Study Assist continues to contribute towards the cost of further education (i.e. books, enrolment fees, short courses, etc.) aimed at improving confidence, skills, sense of achievement and qualifications, which can lead to greater independence with less reliance on a support fund.

Over the financial year there were 1310 requests for financial assistance, comprising a total of \$165,000 with over \$122,000 dispersed in response to these applications. Of these the highest requests were related to food vouchers (\$36,930), medical needs (\$15,900), education/Study Assist (\$12,900), bedding and manchester (\$7,541) and rent assistance (\$6,932).

VOLUNTEERS

It is vital to acknowledge all the volunteers who support the HIV Services Program. The dedication and hard work they have put into this service over the past twelve months, totalling over 14,000 hours, is truly remarkable and without them the multitude of services could not be offered.

It is the determination, energy and commitment of many individuals that ensure our services evolve and are provided in an effective, high-quality manner.

John Hall
Program Manager

Simon Powell ↓

BK Tee

Paul Halton →



Nan Presswell ↑

THE CENTRE CLINICS

The Centre Clinics are one of a kind. For more than 20 years they have been a haven for members of the GLBT community who seek medical care in an unhurried, nonprejudicial and friendly environment. Committed to providing access to free quality healthcare, the Centre Clinics remain one of the very few bulk billing medical centres in Australia and are one of just three private GP clinics in Victoria with a specialty interest in the health management of people living with HIV.

Suck it and See, a study conducted by The Burnet Institute's Centre for Population Health with which the Centre Clinic was involved, estimated that about 10% of sexually active gay men in Melbourne are HIV positive and about 20% of these are completely unaware of their HIV status. In line with one of the core objectives of VAC/GMHC, the Centre Clinics strive to reduce the transmission of HIV and STIs in the GLBT community through an emphasis on education, counselling and screening. The recent employment of a practice

nurse, a first for the St Kilda Centre Clinic, aims not only to achieve this goal but also to facilitate the clinical management of the 450 HIV positive clients of the Clinic. In July 2010 we welcomed Simon Powell as our first practice nurse. Simon was initially involved as part of a project/study called ESTIHM (Enhancing STI screening in Homosexually active Men). Preliminary results showed that complete STI testing increased from 38.9% to 53.8%, or about 15%, after the introduction of a practice nurse.

Currently, the Clinics are actively responsible for the health of 4,478 men and women, a more than 10% increase from last year. 175 new clients accessed the services of the Clinics between July 2009 and July 2010 and the demand for our services will continue to increase in an environment where experienced HIV doctors are in short supply. In order to maintain our exceptional delivery of healthcare, the Clinics address this resource constraint by inviting highly experienced HIV s100 prescribers to join

↓ Stephen Rowles

Ken Mackie
↓

David Spencer

Andrew
Timmins
↙



BeJay Hope ↑



Absent: Pauline Cundhill

the team. This year we were fortunate to add Dr Nanette Presswell and Dr Pauline Cundhill to our team.

In 2009/2010 we also farewelled several staff members, including our Clinical Director Dr Louise Owen, who moved with her family to Tasmania, Dr Matt Penn and receptionist Sean O'Connor. We also ceased operating the Northcote branch of the Centre Clinic which, since its inception in 1992, cared for our "north-of-the-river" clients. Its official closure in August 2010 ensures that we are able to concentrate our current resources to meet the increasing needs of the St Kilda Centre Clinic.

Our continued collaboration with tertiary institutions and research centres ensures an ongoing commitment and contribution to clinical and academic aspects of HIV. Every year the Clinic is significantly involved in various studies conducted by the National Centre in HIV Epidemiology and Clinical Research and the results of some of these important studies are

cornerstones for clinical decision making. The Clinic has been a site for HIV and STI sentinel surveillance since March 2006. We are also a site for the Victorian NPEP Service and, since the program started in August 2005, there have been a total of 137 people presenting to the Clinic for HIV Post Exposure Prophylaxis.

The Centre Clinic encourages its individual staff members in their pursuit of learning and our doctors attend both international and local conferences in order to stay abreast of current knowledge and treatment paradigms. In 2009 Dr Stephen Rowles became a fellow of the Australasian Chapter of Sexual Health Physicians, an appointment which maintains the Centre Clinic as an accredited centre for advanced training.

Dr BK Tee
Acting Clinical Director

COUNSELLING SERVICES PROGRAM

Demetry Apostle



Jake Hayes

The VAC/GMHC Counselling Services Program has continued to offer a professional and diverse range of therapeutic services to meet the needs of the HIV-affected and GLBT communities. During the past year we have received 265 telephone enquiries and conducted 2,559 face to face counselling sessions. The issues that clients typically present with are anxiety, depression, relationship difficulties and challenges around coming to terms with an HIV diagnosis. Recently, there has been a noted increase in new diagnoses, quite a number of younger males have approached the service around coming out issues, and more mature men are presenting with issues around living longer term with HIV.

The Counselling Service offers a truly unique Program as, in addition to the Counselling staff, it is strongly supported by the work of our 25 professionally qualified volunteers in order to ensure that the consistent demand for counselling is met. As in other parts of the organisation, the volunteer counsellors bring a genuine desire to help those in the community to live satisfying and productive lives. They are supported in their work by a team of highly qualified and experienced supervisors, who offer

both individual and group supervision to our counsellors. Professional Development is offered to both staff and volunteers in order to ensure continued learning and knowledge of best practice. Student placements and internships within the Counselling Service are highly sought after, due to the reputation the service has amongst tertiary institutions for providing strong learning opportunities. Offering student placements enables us to equip new professionals to work with sensitivity in the GLBT and HIV affected communities and to take this learning to the mainstream services in which they may then find employment.

The Counselling Service is currently working towards an amalgamation with Positive Counselling to create a single community based counselling service that can better meet the needs of our client groups. This amalgamation will bring together dedicated and experienced clinicians who will work together to develop and extend our current services, not only for the benefit of clients but for other workers in the field, potentially through training programs and secondary consultation. We are looking at offering Counselling services from another site,

Julia Byford



Trish Thompson



in addition to Claremont Street, in order to allow greater access for clients widely spread across Melbourne and other areas.

The therapeutic group program has again offered a group for women living with HIV following the success of our 2009 group. Counsellors have provided services to Straight Arrows, Positive Women and PLWHA Victoria to support their programs, such as Phoenix workshops and retreats for members. We are also looking at working collaboratively with the Cancer Council Victoria to address the needs of HIV positive men with a cancer diagnosis. A second 'Connected' workshop was held early in 2010.

Recognising a gap in services for some people affected by HIV, VAC/GMHC Counselling and PLWHA Victoria developed a workshop to offer information and support to family members, friends and partners of people living with HIV. The first 'Connected' workshop ran in 2009, and participants at that workshop went on to create their own support group. Other programs are currently being developed, including an event for serodiscordant couples.

The Counselling staff members have been invited to deliver presentations to other services and at conferences, to raise awareness of the issues faced by our client groups. Some presentations in the past 12 months have looked at diversity in culture, spirituality and sexuality; same-sex domestic violence; the experience of same-sex couples in a heteronormative society, and a presentation at a Well Being day for queer youth held by the ALSO Foundation, to ensure young same sex attracted men and women are aware of our service, and the support they can access. This is particularly important as Beyond Blue has recognised that same-sex attracted young people are particularly vulnerable to risks of suicide and self harm. It is also of note that so many of our Counselling clients have had the experience of being bullied at school, resulting in long term difficulties.

The Counselling Service looks forward to an exciting time ahead, as we grow our service to meet the challenges of the community.

Trish Thompson
Acting Program Manager

Boris Bistrovic
↘

STRATEGIC DEVELOPMENT & ALLIED SERVICES PROGRAM

The SDAS Program continues to provide the organisation with exemplary business infrastructure and policy support – managing HR, Finance, VAC/GMHC Volunteers, Board and Governance, Administration, Facility Maintenance, OH&S, Policy, Fundraising, Communications, IT and Website Development. The Program has evolved significantly over the past few years and its work now additionally encompasses organisational communications, public relations and website coordination. One of our greatest achievements this year was the development of the new VAC/GMHC website – www.vicaids.asn.au officially launched in late September 2010. We acknowledge and thank all Program areas of VAC/GMHC in this achievement – we did it collaboratively! The organisation is committed to ensuring this site will continue to be updated and refreshed, keeping our web presence ever evolving and in sync with our target populations and community partners.

FINANCE AND HR

Finance and Human Resources continues to successfully manage the financial and statutory requirements of the organisation.

During the year the program managed and maximised the organisation's resources through prudent cash flow management, with the aim of improving our future sustainability and growing existing and new services. An organisation the size of VAC/GMHC requires diligence by all staff to achieve budget targets, fundraising objectives and funding obligations, and this has ensured the ongoing viability of the organisation in 2009/10 and into the future. Again SDAS fulfilled organisational HR requirements with efficient staff management procedures including intake, orientation and ongoing support for all VAC employees. Further, VAC/GMHC is committed to ensuring a well resourced, safe and culturally happy workplace and so is resolved to having up to date OH&S and related policy and internal supportive infrastructure and systems.

INFORMATION TECHNOLOGY

This year we installed new hardware firewalls at each of our three sites. These devices, aside from the primary purpose of securing our network on the Internet, also provide two other major advantages; they work together

Paul Rees

Sian Syddall



Shane Kelly



Shuli Smith

Absent: Archie Serafica

to form a Virtual Private Network, allowing data to travel securely between our sites via the Internet, and they require very little maintenance.

In line with our Information Technology strategy of ensuring that our servers are modern, well maintained and fully supported we installed a new file, print and application server at the St Kilda Centre Clinic site. This affords a robust and reliable basis for the site's expanding Information Technology needs. Increasingly, the Clinic's medical and administrative staff rely on technology services to do their work.

The Network Support Officer position has also this year provided significant technical input into, and support for, both the database and website development projects.

FUNDRAISING

Fundraising is a crucial part of the organisation, as it not only generates income to afford non-government funded projects, but is also an effective medium through which VAC/GMHC can build its

profile in the community, and increase awareness around HIV.

2009/10 was a challenging year in many respects, with uncertainty around the global financial crisis threatening to affect giving across the charitable sector and internally the VAC/GMHC Fundraising & Communications Coordinator role was filled on a temporary part-time basis for some time. Luckily Australia remained fairly stable during the global recession, and our donors and sponsors have stayed loyal to our cause, meaning the predicted impact of the GFC did not fully eventuate.

In June 2010 the role of Fundraising & Communications Coordinator was filled on a full-time basis, and work began on developing a re-visioned strategy for the new financial year.

Towards the end of 2009 we embarked on a new and exciting project, our regular giving program Committed to the Cause enlisting the assistance of a face-to-face fundraising agency, Public Outreach, to undertake donor recruitment on the streets

Viveka de Costa

Fiona Tunley

Luke Rogers



Peter Mensfeld

of Melbourne. Overall, this partnership has proved extremely successful, securing over 220 monthly givers for VAC/GMHC, all agreeing to donate upwards of \$15 per month towards our work. An important finding from this pilot was the broad demographic range of donors who signed up to the program, reaffirming that our cause appeals not only to the GLBT community, but also across the wider community. Whilst evaluation is still being undertaken to enhance and improve the Committed to the Cause program, we aim to continue with donor recruitment in 2011.

As always, VAC/GMHC continues to sustain a robust events program, as this has traditionally proved an effective fundraising and awareness tool. In September 2009, we staged the third Short & Girly comedy show, which starred a line-up of high profile female comedians. The show was an overwhelming success, generating significant funds for VAC/GMHC, and is fast becoming an established event on the comedy circuit.

During AIDS Awareness Week, VAC/GMHC staff and volunteers took to the streets of Melbourne to sell red ribbons as part of our World AIDS Day campaign. Additionally, merchandise was distributed to hundreds of locations, and we particularly thank Oz Showbiz Cares who undertook their annual theatre collection, raising significant funds for our work.

This year our corporate partnerships remained as strong as ever, with MAC Cosmetics donating \$102,589 to the David Williams Fund, and commercial businesses such as The Market and The Laird Hotel providing valuable assistance through sponsorship and fundraising. We also acknowledge companies who have provided us with gift-in-kind support, including DaimlerChrysler Australia/Pacific Pty Ltd, Southern Star and The National Theatre.

VAC/GMHC extends a huge thank you to all of our donors and supporters who played a part in our fundraising efforts this year.

VOLUNTEERISM

Volunteers are an integral part of VAC/GMHC, playing a key role in its operations, health promotion and community services. Not only do our volunteers support us in carrying out our Programs' services, they assist the organisation to build and maintain grounded connections with the communities we serve. Last year over 300 people volunteered with VAC/GMHC. Volunteers come to us from all walks of life, including Corporate Volunteers and students. VAC/GMHC recognises that without the skill, generosity and commitment of our volunteers it would be impossible to maintain either the range or quality of our services.

BREAKDOWN OF VOLUNTEER HOURS ACROSS THE ORGANISATION

By using the average Victorian wage of \$31 (unless stated otherwise) we have been able to put a dollar amount on the hours contributed by VAC/GMHC volunteers.

For the financial year of 2009/10 there have been a total of 21,314 volunteer hours, equalling \$849,321.36 of in kind donations.

COMMUNITY SUPPORT PROGRAM
7190 hours = \$222,890
POSITIVE LIVING CENTRE
7082 hours = \$219,542
HEALTH PROMOTION
3188 hours = \$98,828
FUNDRAISING
552 hours = \$17,112
NIGHT MANAGERS
1248 hours = \$38,688
COUNSELLING (\$37.50)
1334 hours = \$50,025
HALC (\$240)
720 hours = \$172,800
NAB
82 volunteers over 20 days = \$29,436

COMMUNITY PARTNERSHIPS - (WORKING WITH THE VOLUNTEER PROGRAM)

NAB

NAB continues to support VAC/GMHC, providing volunteers to assist us in a range of activities. NAB encourages its staff to volunteer for 2 days per year, and also actively promotes its own Workplace Giving program. This enables NAB staff to donate regularly through their salaries with such donations matched to a value of \$1200 per employee annually.

THE SALVATION ARMY EMPLOYMENT PLUS

Working with Employment Plus we are engaging mature aged jobseekers to volunteer for VAC/GMHC. Voluntary work entitles mature aged jobseekers to meet their Centrelink obligations and provides us with valuable volunteering hours across peak periods, daytime, during the week.

RMIT SURVEY

We are excited about working with RMIT to conduct research about volunteerism at VAC/GMHC. This survey will be sent to all volunteers exploring areas such as demographics and reasons for volunteering. The results of this survey will be written up as a research report and will inform future recruitment and ongoing retention of volunteers.

I acknowledge and thank all members of the SDAS Program for their amazing effort this year.

Fiona Tunley
Program Manager

VICTORIAN AIDS COUNCIL INC. FINANCIAL REPORT

REG NO A3609

BOARD OF DIRECTORS' REPORT FOR THE YEAR ENDED 30TH JUNE 2010.

Your Board of Directors submits the financial report of the Victorian AIDS Council Inc. for the financial year ended 30 June 2010.

BOARD OF DIRECTORS

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

Kevin Guiney, Mark McColl, Valarie Sands, Mike Kennedy, Don Hay, Michael Williams, Paul Kidd, David Menadue appt Nov 2009, Chrissie Feagins appt Nov 2009 and Darryl Kosch appt Nov 2009. Laura Redgrave term exp Oct 2009, Bill Calder term exp Oct 2009 and Grant Davies res Oct 2009.

INCORPORATION

The Victorian AIDS Council Inc. was incorporated on 16 January 1985.

PRINCIPAL ACTIVITIES

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by HIV / AIDS, especially gay and bisexual men.

SIGNIFICANT CHANGES

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

FINANCIAL RESULTS

The profit for the year was \$40,291 (2009: \$107,629) 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.



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30TH JUNE 2010

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 24 to 31:

- Presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30 June 2010 and its performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council 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:



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

INCOME STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	Note	2010 \$	2009 \$
Income			
Bequests, Fundraising & Sales		229,805	154,239
Donations		206,225	310,573
Fees received		557,961	494,202
Grants received		4,308,892	4,096,437
Interest received	3	105,857	126,394
Membership fees		1,932	3,220
Other income		23,981	25,494
		5,434,653	5,210,559
Less:			
Expenditure			
Advertising, Campaign materials and Photography		663,310	552,502
Attendant care		117,618	109,157
Building maintenance		101,677	149,095
Consultants fees		259,928	226,879
Cost of sales		187,743	174,361
Depreciation	3	52,249	92,088
Emergency relief grants		102,017	91,910
Interest paid	3	64	32
Other operating expenses		991,776	929,843
Rental expense on operating leases:			
– minimum lease payments		78,333	84,376
Salaries, superannuation and on-costs		2,790,600	2,647,260
Telephone		49,047	45,427
		5,394,362	5,102,930
Profit after income tax	1(D) / 3	40,291	107,629
Retained profits at the beginning of the financial year		1,398,389	1,290,760
Retained profits at the end of the financial year		1,438,680	1,398,389

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

BALANCE SHEET AS AT 30TH JUNE 2010

	Note	2010 \$	2009 \$
Current Assets			
Cash and cash equivalents	4	2,800,101	3,033,386
Trade and other receivables	5	319,229	188,539
Total Current Assets		3,119,330	3,221,925
Non-Current Assets			
Property, plant and equipment	6	199,282	227,978
Total Non-Current Assets		199,282	227,978
Total Assets		3,318,612	3,449,903
Current Liabilities			
Trade and other payables	7	1,524,153	1,729,265
Employee entitlements	8	355,779	322,249
Total Current Liabilities		1,879,932	2,051,514
Total Liabilities		1,879,932	2,051,514
Net Assets		1,438,680	1,398,389
Members' Funds			
Retained profits		1,438,680	1,398,389
Total Members' Funds		1,438,680	1,398,389

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

		2010 \$	2009 \$
Cash flows from Operating Activities			
Receipts from members		1,932	3,220
Core funding grant receipts, donation & bequests		4,492,220	4,599,686
Receipts from sales of publications & services		557,961	513,462
Interest received		92,168	110,566
Payments to suppliers and employees		(5,326,583)	(4,780,797)
Net cash provided by / (used in) operating activities	B	(182,302)	446,137
Cash flows from Investing Activities			
Purchases of plant and equipment		(23,553)	(8,359)
Net cash (used in) investing activities		(23,553)	(8,359)
Cash flows from Financing Activities			
Funds loaned		(4,500)	(14,500)
Net cash (used in) Financing Activities		(4,500)	(14,500)
Net increase / (decrease) in cash held		(210,355)	423,278
Cash at the beginning of the financial year		2,812,320	2,389,042
Cash at the end of the financial year	A	2,601,965	2,812,320

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	2010 \$	2009 \$
Note A Reconciliation of Cash		
For the purposes of the cash flow statement, 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 cash flow statement is reconciled to the related items in the balance sheet as follows:		
Cash at bank	2,774,901	3,008,244
Cash on hand	5,050	5,350
Interest bearing deposits	8,416	8,048
Support group bank accounts	11,734	11,744
Bank overdraft – (unsecured)	(198,136)	(221,066)
	2,601,965	2,812,320
Note B Reconciliation of net cash provided by / (used in) operating activities to profit after income tax		
Profit after income tax	40,291	107,629
Non-cash flows in profit after income tax:		
Depreciation and amortisation	52,249	92,088
Building maintenance fund	50,000	50,000
Changes in Assets & Liabilities:		
(Increase) / decrease in trade and other receivables	(126,190)	129
Increase / (decrease) in trade and other payables	(232,182)	129,209
Increase / (decrease) in employee entitlements	33,530	67,082
Net cash provided by / (used in) operating activities	(182,302)	446,137

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 30TH JUNE 2010

1. STATEMENT 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 Act 1981 (Vic). The Board of Directors has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

AASB 101	Presentation of Financial Statements
AASB 107	Cash Flow Statements
AASB 108	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110	Events Occurring After Reporting Date
AASB 112	Income Taxes
AASB 116	Property, Plant and Equipment
AASB 117	Leases
AASB 118	Revenues
AASB 1031	Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

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.

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

A) GRANTS RECEIVED

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

B) MEMBERSHIP SUBSCRIPTIONS INCOME

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

C) 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 except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance method over their useful lives to the association commencing from the time the asset is held ready for use.

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

Class of fixed asset	Depreciation rate
Plant and equipment	6.00%
Office furniture	6.60%
Motor vehicles	25.00%
Leasehold improvements	10.00%
Computer equipment	33.33%

Depreciation rates are based on those recommended by the Department of Human Services. 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.

D) INCOME TAX

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

E) 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.

F) PROVISION FOR MAINTENANCE

Provision is made for future repairs to be made to the premises at Claremont Street due to its state of disrepair.

G) EMPLOYEE PROVISIONS

The amounts expected to be paid to all employees for their pro-rata entitlements to long service leave and annual leave are accrued annually at current wage rates.

2. OPERATING REVENUE

	2010	2009
	\$	\$
Bequests, Fundraising & Sales	229,805	154,239
Donations	206,225	310,573
Fees received	557,961	494,202
Grants received	4,308,892	4,096,437
Interest received	105,857	126,394
Membership fees	1,932	3,220
Other income	23,981	25,494
	5,434,653	5,210,559

3. PROFIT AFTER INCOME TAX

	2010 \$	2009 \$
Profit after income tax has been determined after:		
Crediting as income:		
Interest received	105,857	126,394
Charging as expenses:		
Interest paid	64	32
Amortisation of leasehold improvements	8,887	8,887
Depreciation of plant and equipment	43,362	83,201
Auditors' remuneration		
- Auditing the accounts	11,500	11,500
- Other services	3,500	3,500
	15,000	15,000

4. CASH AND CASH EQUIVALENTS

Cash at bank	2,404,667	2,712,439
Cash at bank – employee entitlements	370,234	295,805
Cash on hand	5,050	5,350
Interest bearing deposits	8,416	8,048
Support group bank accounts	11,734	11,744
	2,800,101	3,033,386

5. TRADE AND OTHER RECEIVABLES

Accrued revenue	125,805	1,547
Prepayments	12,359	24,005
Sundry debtors	23,063	9,485
Unsecured loan – AIDS Trust Australia	30,000	30,000
Unsecured loan – Gay Men's Health Centre Inc.	128,002	123,502
	319,229	188,539

6. PLANT AND EQUIPMENT

Computer equipment at cost	677,099	670,686
Less accumulated depreciation	(624,010)	(606,989)
	53,089	63,697
Motor vehicle at cost	27,515	27,515
Less accumulated depreciation	(27,515)	(23,161)
	-	4,354
Leasehold improvements at cost *	90,870	90,870
Less accumulated amortisation	(74,823)	(65,936)
	16,047	24,934
Office furniture at cost	690,641	682,502
Less accumulated depreciation	(560,495)	(547,509)
	130,416	134,993
	199,282	227,978

* To the Clinic in Fitzroy Street, St.Kilda.

7. TRADE AND OTHER PAYABLES

	2010 \$	2009 \$
Bank overdraft – (unsecured)	198,136	221,066
Building maintenance fund (Note 1F)	160,000	150,000
Capital grant in advance (unexpended)	47,721	-
Grants in advance (unexpended)	1,017,254	1,155,798
GST payable	-	61,713
Trade creditors	101,042	89,801
PAYG payable	-	25,287
Project funds in advance (unexpended)	-	25,600
	1,524,153	1,729,265

8. EMPLOYEE ENTITLEMENTS

Provision for annual leave	186,795	168,393
Provision for long service leave	168,984	153,856
	355,779	322,249

9. LEASING COMMITMENTS

Operating lease commitments		
Rental properties, motor vehicles & photocopiers		
Payable – minimum lease payments		
- not later than 12 months	99,502	88,817
- between 12 months and 5 years	80,121	158,796
- greater than 5 years	-	-
	179,623	247,613

The association has two (2) property leases, seven (7) motor vehicle leases and two (2) photocopier leases.

The property and motor vehicle leases are paid monthly in advance and the photocopier leases are paid quarterly in advance.

The property leases are non-cancellable leases, each with a five-year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five-year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC.

REPORT ON THE FINANCIAL REPORT

We have audited the accompanying financial report, being a special purpose financial report, of Victorian AIDS Council Inc. (the association), which comprises the balance sheet as at 30 June 2010 for the year then ended, and the income statement, the cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

BOARD'S RESPONSIBILITY FOR THE FINANCIAL REPORT

The board of management 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 Act 1981 (Vic) and are appropriate to meet the needs of the members. The board of management's 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 board 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 management's financial reporting under the Associations Incorporation Act 1981 (Vic). 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 have complied with the independence requirements of Australian professional ethical pronouncements.

QUALIFICATION

As is common for organisations of this type, it is not practicable for the association to maintain effective systems of internal controls over 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 matters referred to in the qualification paragraph, the financial report of Victorian AIDS Council Inc. presents fairly, in all material respects the financial position of Victorian AIDS Council Inc. as of 30 June 2010 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 Act 1981 (Vic).

Clements Dunne & Bell Partnership
Chartered Accountants

Clements Dunne & Bell

Andrew Wehrens
Partner

A. Wehrens.

Melbourne, 8 September 2010

GAY MEN'S HEALTH CENTRE INC. FINANCIAL REPORT

REG NO A0010550F

BOARD OF DIRECTORS' REPORT FOR THE YEAR ENDED 30TH JUNE 2010.

Your Board of Directors submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30 June 2010.

BOARD OF DIRECTORS

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

Kevin Guiney, Mark McColl, Valarie Sands, Mike Kennedy, Don Hay, Michael Williams, Paul Kidd, David Menadue appt Nov 2009, Chrissie Feagins appt Nov 2009 and Darryl Kosch appt Nov 2009. Laura Redgrave term exp Oct 2009, Bill Calder term exp Oct 2009 and Grant Davies res Oct 2009.

INCORPORATION

The Gay Men's Health Centre Inc was incorporated on 22 August 1986.

PRINCIPAL ACTIVITIES

The principal activity of the association during the financial year was the provision of accommodation to the Victorian AIDS Council Inc, as the owner of the Claremont Street site.

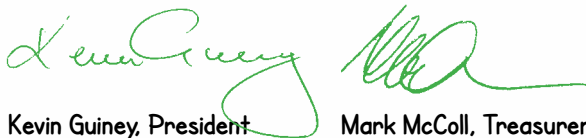
SIGNIFICANT CHANGES

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

OPERATING RESULT

The loss for the year was \$4,541 (2009: \$4,538 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.



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

STATEMENT BY THE BOARD OF DIRECTORS FOR THE YEAR ENDED 30TH JUNE 2010

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 34 to 39:

- Presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30 June 2010 and its performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre 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:



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

INCOME STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	Note	2010 \$	2009 \$
Income			
Interest received	3	-	2
		-	2
Less:			
Expenditure			
Auditors fees	3	4,500	4,500
Depreciation		-	-
Other expenses		41	40
/ (Loss)		4,541	4,540
Profit after income tax	1(D) / 3	(4,541)	(4,538)
Retained profits at the beginning of the financial year		1,058,108	1,062,646
Retained profits at the end of the financial year		1,053,567	1,058,108

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

BALANCE SHEET AS AT 30TH JUNE 2010

Current Assets			
Cash and cash equivalents	4	626	665
Total Current Assets		626	665
Non-Current Assets			
Property, plant and equipment	5	6,940,000	6,170,000
Total Non-Current Assets		6,940,000	6,170,000
Total Assets		6,940,626	6,170,665
Current Liabilities			
Trade and other payables	6	132,503	128,003
Total Current Liabilities		132,503	128,003
Total Liabilities		132,503	128,003
Net Assets		6,808,123	6,042,662
Members' Funds			
Reserves	7	5,754,556	4,984,556
Retained profits		1,053,567	1,058,106
Total Members' Funds		6,808,123	6,042,662

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	Note	2010 \$	2009 \$
Cash flows from Operating Activities			
Interest received		-	2
Payments to suppliers and employees		(41)	(39)
Net cash provided by (used in) operating activities	B	(41)	(37)
Cash flows from Investing Activities		-	-
Cash flows from Financing Activities		-	-
Net increase / (decrease) in cash held		(41)	(37)
Cash at the beginning of the financial year		665	702
Cash at the end of the financial year	A	626	665

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

Note A Reconciliation of Cash

For the purposes of the cash flow statement, 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 cash flow statement is reconciled to the related items in the balance sheet as follows:

Cash at bank	626	665
	626	665

Note B - Reconciliation of net cash provided by / (used in) operating activities to profit / (loss) after income tax

Profit (Loss) after income tax	(4,541)	(4,538)
Non-cash flows in profit (Loss) after income tax:		
Depreciation	-	-
Changes in Assets & Liabilities:		
(Increase) / decrease in trade and other receivables	4,500	4,501
Net cash provided by / (used in) operating activities	(41)	(37)

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 30TH JUNE 2010

1. STATEMENT 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 Act 1981 (Vic). The Board of Directors has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

AASB 101	Presentation of Financial Statements
AASB 107	Cash Flow Statements
AASB 108	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110	Events after the Balance Sheet Date
AASB 112	Income Taxes
AASB 116	Property, Plant and Equipment
AASB 117	Leases
AASB 118	Revenue
AASB 1031	Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

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.

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

A) GRANTS RECEIVED

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

B) EMPLOYEE BENEFITS

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

C) PROPERTY, PLANT AND EQUIPMENT

Each class of property, 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 except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance method over their useful lives to the Association commencing from the time the asset is held ready for use.

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

Class of fixed asset	Depreciation rate
Building	0%
Plant and equipment	6%

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.

D) INCOME TAX

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

2. OPERATING REVENUE

	2010	2009
	\$	\$
Interest received	-	2
	-	2

3. PROFIT (LOSS) AFTER INCOME TAX

Profit (Loss) after income tax has been determined after:

Crediting as income:		
Interest received	-	2
Charging as expenses:		
Auditors' remuneration		
- Auditing the accounts	3,000	3,000
- Other services	1,500	1,500
	4,500	4,500

4. CASH AND CASH EQUIVALENTS

Cash at bank	626	665
	626	665

5. PROPERTY, PLANT AND EQUIPMENT

	2010 \$	2009 \$
Freehold land and building – 6-8 Claremont Street at independent valuation 30 June 2010	6,750,000	-
10 car parking spaces – 11-17 Daly Street at independent valuation 30 June 2010	190,000	-
Freehold land and building – 6-8 Claremont Street at independent valuation 30 June 2008	-	6,000,000
10 car parking spaces – 11-17 Daly Street at independent valuation 30 June 2008	-	170,000
	6,940,000	6,170,000
Plant and equipment at cost	33,446	33,446
Less accumulated depreciation	(33,446)	(33,446)
	6,940,000	6,170,000

The land and building at 6-8 Claremont Street South Yarra and the ten (10) car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines, and have not been used in the purchase of the land, buildings or car parking spaces.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were independently valued on 30 June 2010 by Mr. Gerard Browne Valuer, Assoc Dip Val (RMIT), Licenced Real Estate Agent, in accordance with a policy of property revaluation every two years.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra will be revalued again at the 30th June 2012.

6. TRADE AND OTHER PAYABLES

Unsecured loan – Victorian AIDS Council Inc.	128,003	123,503
Accrued creditors	4,500	4,500
	132,503	128,003

7. RESERVES

Asset revaluation reserve	5,754,556	4,984,556
	5,754,556	4,984,556
Movements during the year		
Opening balance	4,984,556	4,984,556
Revaluation increment on freehold land and building – 6-8 Claremont Street	750,000	-
Revaluation increment on 10 car parking spaces	20,000	-
Closing balance	5,754,556	4,984,556

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF GAY MEN'S HEALTH CENTRE INC.

REPORT ON THE FINANCIAL REPORT

We have audited the accompanying financial report, being a special purpose financial report, of Gay Men's Health Centre Inc. (the association), which comprises the balance sheet as at 30 June 2010 for the year then ended, and the income statement, the cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

BOARD'S RESPONSIBILITY FOR THE FINANCIAL REPORT

The board of management 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 Act 1981 (Vic) and are appropriate to meet the needs of the members. The board of management's 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 board 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 management's financial reporting under the Associations Incorporation Act 1981 (Vic). 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 have complied with the independence requirements of Australian professional ethical pronouncements.

AUDITOR'S OPINION

In our opinion, the financial report of Gay Men's Health Centre Inc. presents fairly, in all material respects the financial position of Gay Men's Health Centre Inc. as at 30 June 2010 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 Act 1981 (Vic).

Clements Dunne & Bell Partnership
Chartered Accountants

Clements Dunne & Bell

Andrew Wehrens
Partner

A. Wehrens

Melbourne, 8 September 2010

CONSOLIDATED FINANCIAL REPORT

BOARD OF DIRECTORS REPORT FOR THE YEAR ENDED 30TH JUNE 2010

Your Boards of Directors submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. (collectively called 'the associations') for the financial year ended 30 June 2010.

BOARDS OF DIRECTORS

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

Kevin Guiney, Mark McColl, Valarie Sands, Mike Kennedy, Don Hay Michael Williams, Paul Kidd, David Menadue appt Nov 2009, Chrissie Feagins appt Nov 2009 and Darryl Kosch appt Nov 2009. Laura Redgrave term exp Oct 2009, Bill Calder term exp Oct 2009 and Grant Davies res Oct 2009.

INCORPORATION

The Victorian AIDS Council Inc. was incorporated on 16 January 1985 and the Gay Men's Health Centre Inc. was incorporated on 22 August 1986.

PRINCIPAL ACTIVITIES

The principal activities of the associations during the financial year was that of providing support, education, and advocacy for all those affected by HIV / AIDS, especially gay and bisexual men and promoting the health and well being of gay and bisexual men.

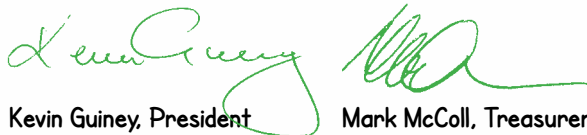
SIGNIFICANT CHANGES

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

FINANCIAL RESULTS

The profit for the year was \$35,750 (2009: \$103,091) and no provision for income tax was required as the associations are exempt from income tax.

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



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

STATEMENT BY THE BOARDS OF DIRECTORS FOR THE YEAR ENDED 30 JUNE 2010

The Boards of Directors have determined that the associations are not reporting entities 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 Boards of Directors, the financial report as set out on pages 42 to 50:

- Presents a true and fair view of the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30 June 2010 and their performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

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



Kevin Guiney, President

Mark McColl, Treasurer

South Yarra, 6 September 2010

INCOME STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	Note	2010 \$	2009 \$
Income			
Bequests, Fundraising & Sales		229,805	154,239
Donations		206,225	310,573
Fees received		557,961	494,202
Grants received		4,308,892	4,096,437
Interest received	3	105,857	126,397
Membership fees		1,932	3,220
Other income		23,981	25,494
		5,434,653	5,210,562
Less:			
Expenditure			
Advertising, Campaign materials and Photography		663,310	552,502
Attendant care		117,618	109,157
Building maintenance		101,677	149,095
Consultants fees		259,928	226,879
Cost of sales		187,743	174,361
Depreciation and amortisation	3	52,249	92,088
Emergency relief grants		102,017	91,910
Interest paid	3	64	32
Other operating expenses		996,317	934,385
Rental expense on operating leases:			
– minimum lease payments		78,333	84,376
Staff services and on costs		2,790,600	2,647,260
Telephone		49,047	45,426
		5,398,903	5,107,471
Profit after income tax	1(E)/3	35,750	103,091
Retained profits at the beginning of the financial year		2,456,497	2,353,406
Retained profits at the end of the financial year		2,492,247	2,456,497

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

BALANCE SHEET AS AT 30TH JUNE 2010

	Note	2010 \$	2009 \$
Current Assets			
Cash and cash equivalents	4	2,800,727	3,034,051
Trade and other receivables	5	191,227	65,036
Total Current Assets		2,991,954	3,099,087
Non-Current Assets			
Property, plant and equipment	6	7,139,282	6,397,978
Total Non-Current Assets		7,139,282	6,397,978
Total Assets		10,131,236	9,497,065
Current Liabilities			
Trade and other payables	7	1,528,654	1,733,765
Employee entitlements	8	355,779	322,249
Total Current Liabilities		1,884,433	2,056,014
Total Liabilities		1,884,433	2,056,014
Net Assets		8,246,803	7,441,051
Members' Funds			
Reserves	9	5,754,556	4,984,556
Retained profits		2,492,247	2,456,495
Total Members' Funds		8,246,803	7,441,051

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

Cash flows from Operating Activities			
Receipts from members		1,932	3,220
Core funding grant receipts, donation & bequests		4,492,220	4,559,686
Receipts from sales of publications & services		557,961	513,462
Interest received		92,168	110,567
Payments to suppliers and employees		(5,331,124)	(4,745,335)
Net cash provided by (used in) operating activities	B	(186,843)	441,600
Cash flows from Investing Activities			
Purchases of plant and equipment		(23,551)	(8,359)
Net cash (used in) investing activities		(23,551)	(8,359)
Cash flows from Financing Activities			
Funds loaned		-	(10,000)
Net cash (used in) Financing Activities		-	(10,000)
Net increase / (decrease) in cash held		(210,394)	423,241
Cash at the beginning of the financial year		2,812,985	2,389,744
Cash at the end of the financial year	A	2,602,591	2,812,985

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

CASH FLOW STATEMENT FOR THE YEAR ENDED 30TH JUNE 2010

	2010	2009
	\$	\$
Note A Reconciliation of Cash		
For the purposes of the cash flow statement, 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 cash flow statement is reconciled to the related items in the balance sheet as follows:		
Bank overdraft – (unsecured)	(198,136)	(221,066)
Cash at bank	2,775,527	3,008,909
Cash on hand	5,050	5,350
Interest bearing deposits	8,415	8,048
Support group bank accounts	11,734	11,744
	2,602,591	2,812,985

Note B Reconciliation of net cash provided by ordinary activities to profit after income tax

Profit after income tax	35,750	103,091
Non-cash flows in profit after income tax:		
Depreciation and amortisation	52,249	92,088
Building maintenance fund	50,000	50,000
Changes in Assets & Liabilities:		
(Increase) / decrease in trade and other receivables	(126,190)	630
Increase / (decrease) in trade and other payables	(232,182)	128,709
Increase / (decrease) in employee entitlements	33,530	67,082
Net cash provided by / (used in) operating activities	(186,843)	441,600

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 30TH JUNE 2010

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1981 (Vic). The Boards of Directors has determined that the associations are not reporting entities.

The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

AASB 101	Presentation of Financial Statements
AASB 107	Cash Flow Statements
AASB 108	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110	Events Occurring After Reporting Date
AASB 112	Income Taxes
AASB 116	Property, Plant and Equipment
AASB 117	Leases
AASB 118	Revenues
AASB 1031	Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The consolidated 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.

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

A) PRINCIPLES OF CONSOLIDATION

The combined financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. comprises the consolidated financial reports of both Associations. Any transactions between the two Associations or any monies owing or owed have been eliminated so as to present a report as if the two Associations were one entity.

B) GRANTS RECEIVED

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

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) PROPERTY, PLANT AND EQUIPMENT

Each class of property, 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 except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance method over their useful lives to the associations commencing from the time the asset is held ready for use.

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

Class of fixed asset	Depreciation rate
Plant and equipment	6.00%
Office furniture	6.60%
Motor vehicles	25.00%
Leasehold improvements	10.00%
Computer equipment	33.33%

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

Both the Associations have 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) EMPLOYEE BENEFITS

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

H) PROVISION FOR MAINTENANCE

Provision is made for future repairs to be made to the premises at Claremont Street due to its state of disrepair.

2. OPERATING REVENUE

	2010 \$	2009 \$
Bequests, Fundraising & Sales	229,805	154,239
Donations	206,225	310,573
Fees received	557,961	494,202
Grants received	4,308,892	4,096,437
Interest received	105,857	126,396
Membership fees	1,932	3,220
Other income	23,981	25,494
	5,434,653	5,210,561

3. PROFIT AFTER INCOME TAX

Profit after income tax has been determined after:

Crediting as income:		
Interest received	105,857	126,396
Charging as expenses:		
Amortisation of leasehold improvements	8,887	8,887
Depreciation of plant and equipment	43,362	83,201
Interest paid	64	32
Auditors' remuneration		
- Auditing the accounts	14,500	14,500
- Other services	5,000	5,000
	19,500	19,500

4. CASH AND CASH EQUIVALENTS

Cash at bank	2,775,527	3,008,909
Cash on hand	5,050	5,350
Interest bearing deposits	8,416	8,048
Support group bank accounts	11,734	11,744
	2,800,727	3,034,051

5. TRADE AND OTHER RECEIVABLES

Accrued revenue	125,805	1,547
Prepayments	12,359	24,005
Sundry debtors	23,063	9,485
Unsecured loan – AIDS Trust Australia	30,000	30,000
	191,227	65,037

6. PROPERTY, PLANT AND EQUIPMENT

	2010 \$	2009 \$
Freehold land and building – 6-8 Claremont Street at independent valuation 30 June 2010	6,750,000	6,000,000
10 car parking spaces – 11-17 Daly Street at independent valuation 30 June 2010	190,000	170,000
Plant and equipment	33,446	33,446
Less accumulated depreciation	(33,446)	(33,446)
	-	-
Computer equipment at cost	677,099	670,686
Less accumulated depreciation	(624,010)	(606,989)
	53,089	63,697
Motor vehicle at cost	27,515	27,515
Less accumulated depreciation	(27,515)	(23,161)
	-	4,354
Leasehold improvements at cost	90,870	90,870
Less accumulated amortisation	(74,823)	(65,936)
	16,047	24,934
Office furniture at cost	690,641	682,502
Less accumulated depreciation	(560,495)	(547,509)
	130,416	134,993
	7,139,282	6,397,978

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines and have not been used in the purchase of the land and building or car parking spaces.

The land and building at 6-8 Claremont Street South Yarra and the 10 car parking spaces at 11-17 Daly Street South Yarra were independently valued on 30 June 2010 by Mr. Gerard Browne Valuer, Assoc Dip Val (RMIT), Licenced Estate Agent, AAPI in accordance with a policy of property revaluation every two years.

The land and building at 6-8 Claremont Street South Yarra and the car parking spaces at 11-17 Daly Street South Yarra will be revalued again at 30 June 2012.

7. TRADE AND OTHER PAYABLES

Bank overdraft – (unsecured)	198,136	221,066
Building maintenance fund	160,000	150,000
Capital grant in advance (unexpended)	47,721	-
Grants in advance (unexpended)	1,017,254	1,155,798
GST payable	-	61,713
Trade creditors	105,542	94,301
PAYG payable	-	25,287
Project funds in advance (unexpended)	-	25,600
	1,528,653	1,733,765

8. EMPLOYEE ENTITLEMENTS

	2010	2009
	\$	\$
Provision for annual leave	186,795	168,393
Provision for long service leave	168,984	153,856
	355,779	322,249

9. RESERVES

Asset revaluation reserve	5,754,556	4,984,556
	5,754,556	4,984,556
Movements during the year		
Opening balance	4,984,556	4,984,556
Revaluation increment on freehold land and building	750,000	-
Revaluation increment on car parking spaces	20,000	-
Closing balance	5,754,556	4,984,556

10. LEASING COMMITMENTS

Operating Lease Commitments		
Rental Properties, Motor Vehicles and Photocopier		
Payable – minimum lease payments		
- not later than 12 months	99,502	88,817
- between 12 months and 5 years	80,121	158,796
- greater than 5 years	-	-
	179,623	247,613

The association has two (2) property leases, seven (7) motor vehicle leases and two (2) photocopier leases.

The property and motor vehicle leases are paid monthly in advance and the photocopier leases are paid quarterly in advance.

The property leases are non-cancellable leases, each with a five-year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five-year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF VICTORIAN AIDS COUNCIL INC. & GAY MEN'S HEALTH CENTRE INC.

REPORT ON THE FINANCIAL REPORT

We have audited the accompanying consolidated financial report, being a special purpose financial reports, of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. (the associations), which comprises the balance sheet as at 30 June 2010 and the income statement, cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

BOARD'S RESPONSIBILITY FOR THE FINANCIAL REPORT

The boards of management of the associations are 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 reports, are consistent with the financial reporting requirements of the Associations Incorporation Act 1981 (Vic) and are appropriate to meet the needs of the members. The boards of management's 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 entities internal controls. An audit also includes evaluating the appropriateness of

accounting policies used and the reasonableness of accounting estimates made by the boards 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 boards of management's financial reporting under the Associations Incorporation Act 1981 (Vic). 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 have complied with the 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 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 consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial reports of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. presents fairly, in all material respects the consolidated financial position of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as of 30 June 2010 and of their consolidated financial performance and consolidated 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 Act 1981 (Vic).

Clements Dunne & Bell Partnership
Chartered Accountants

Andrew Wehrens
Partner

Clements Dunne & Bell

A. Wehrens.

Melbourne, 8 September 2010

**ADDITIONAL STATISTICAL FINANCIAL INFORMATION FOR THE SEVEN YEARS ENDED
30TH JUNE 2010 (UNAUDITED)**

For the year ended	2010	2009	2008	2007	2006	2005	2004
	\$	\$	\$	\$	\$	\$	\$
Income and Expenditure							
Total Income	5,434,653	5,210,561	4,962,486	4,016,673	3,716,365	3,761,764	3,682,800
Government Funding	4,308,892	4,096,437	3,940,524	3,024,842	2,930,568	2,875,281	2,945,468
Members Fees	1,932	3,220	4,273	7,637	4,662	6,407	3,557
Interest	105,857	126,395	129,868	72,954	21,265	24,603	21,822
Other Income	1,017,972	984,508	887,821	911,240	759,870	855,473	711,953
Total Expenditure	5,398,903	5,107,470	4,431,113	3,874,832	3,664,262	3,677,088	3,590,764
Profit / (Loss)	35,750	103,091	531,373	141,841	52,103	84,676	92,036
Assets and Liabilities							
Current							
Assets	2,991,954	3,099,087	2,492,525	2,072,030	1,402,257	1,173,042	1,009,852
Property, Plant & Equipment(1)	7,139,282	6,397,978	6,481,707	3,951,079	3,974,103	3,646,550	3,662,872
Total Assets	10,131,236	9,497,066	8,974,232	6,023,109	5,376,360	4,819,592	4,672,724
Creditors	1,528,654	1,733,765	1,381,104	1,503,990	1,029,021	860,523	827,957
Employee entitlements	355,779	322,249	255,167	262,531	232,592	226,425	196,799
Total Liabilities	1,884,433	2,056,014	1,636,271	1,766,521	1,261,613	1,086,948	1,024,756
Reserves (1)	5,754,556	4,984,556	4,984,556	2,434,556	2,434,556	2,104,556	2,104,556
Members' Funds	2,492,247	2,456,495	2,353,405	1,822,032	1,680,191	1,628,088	1,543,412
Financial Ratios							
Current Ratio	1.588	1.507	1.520	1.173	1.111	1.080	0.985
General Performance							
Employees;							
Full Time	29 (F)	25 (F)	24 (F)	24 (F)	28 (F)	23 (F)	30 (F)
Part Time	26 (P)	22 (P)	15 (P)	20 (P)	21 (P)	26 (P)	19 (P)
Volunteers	261	278	280	302	155	145	142
Members	384	448	446	370	405	425	448

(1) All business real estate property is owned by the Gay Men's Health Centre Inc and was last revalued as at 30 June 2010.

Its purchase was funded solely by funds raised by the way of donations, bequests, sponsorship and other fundraising activities and initiatives. All grant received have been used entirely as specified in grant guideline and were not used in the purchase of the land and building or car parking spaces.

AWARDS 2009/2010

PRESIDENT'S AWARD

The 2010 President's Award is presented to the staff of the Alfred Hospital Infectious Diseases Unit.

This award recognises the dedication and contribution made over many years, starting way back at Fairfield Hospital in the early days of the HIV epidemic, continuing today and undoubtedly continuing for a long time to come.

The Alfred Hospital Infectious Diseases Unit is full of quiet achievers, many staff and nurses who provide an exemplary service for the many patients who attend the clinic. There is always a smile at the front desk with the receptionists greeting each patient individually. For some of us who have been attending the ID Clinic for more than 20 years, we have seen a range of staff come and go but the philosophy and attitude has remained consistently upbeat and welcoming.

The staff at the ID Clinic are some of the unsung heroes of the HIV epidemic and I would like to pay tribute to their care, attention and their unwavering commitment to excellence in the support of their patients and of their colleagues, the doctors and nurses and research assistants who populate the halls of the ID Clinic.

GAY AND LESBIAN COMMUNITY AWARD

Nick Ward has been the Returning Officer for the Victorian AIDS Council and the Gay Men's Health Centre Annual Board elections since 2000. Each year Nick has

conducted the electoral process of calling for nominations, preparation of the ballot papers, storage and security of returned postal votes, the conduct of the count and the declaration of results. Nick's services in a voluntary capacity over the past decade have been an important part of making the organisation democratic and accountable to its members and this award recognises and thanks him for that work.

GENERAL COMMUNITY AWARD

Early in 2010, Ballarat Art Gallery staged a Queen memorabilia exhibition, attracting thousands of visitors, from which the Gallery donated \$1 per entrance fee, resulting in a total cash donation of \$7392. After the exhibition closed, the Gallery donated a large number of photographic items from the exhibition to VAC/GMHC for auctioning, with an estimated value of around \$10,000. Not only has the Gallery displayed commendable financial generosity to our cause, but they have also demonstrated their support for people living with HIV in Victoria by providing free entry to the exhibition for a number of our most vulnerable clients.

MEDIA AWARD

In April and May, 2010, Andie Noonan published a series of articles in *Southern Star* about the failure of Royal Melbourne Hospital to deal appropriately with a request for post-exposure prophylaxis (PEP). Andie's articles followed through from the original complaint about the hospital Emergency Department staff's lack

of knowledge about PEP and its dismissive treatment of the request and obtained a public apology from the Hospital and an undertaking to reinforce the existing protocols and re-train staff in appropriate procedures. The stories also enabled VAC/GMHC to publicise the PEP Hotline at The Alfred as a point of information and referral for people seeking PEP. Andie's persistence and tenacity led to excellent news stories, a good outcome for her informants and the distribution of important health information to the community.

VAC/GMHC SPECIAL SERVICE AWARD

Ian Foote is the volunteer coordinator of the PK Tix Project.

Ian is no stranger to VAC/GMHC having volunteered in Community Support since the day the organisation began.

In 1997/98 Ian was awarded a life membership for his (then) 15 years of service to VAC/GMHC in the HIV Services Program in particular. Although he could have 'retired' from volunteerism after such service, he didn't. Two years ago Ian became the Coordinator of the PK Tix service. PK Tix - or Peter Knight Ticketing service – is a social isolation project which provides client access to a range of social, cultural and sporting events across the spectrum of the entertainment industry, at little or no cost.

Ian's exceptional 27 years of service to VAC/GMHC stands as a testament to the invaluable role volunteers play in the organisation. Ian Foote's commitment

to the cause has not only enhanced our service provision, but enriched the lives of our clients, those who work with him and indeed the sector.

VAC/GMHC SPECIAL SERVICE AWARD

Noel Brown has been a volunteer with VAC/GMHC since 2008 and has taken on several roles within the organisation. He is a Night Manager at the Peter Knight Centre on a weekly basis, as well as being in the reserve pool of Night Managers, often called on to fill other shifts at short notice. Noel is the Treasurer of Community Support's Chelsea volunteer team and is involved in organising social support activities for the team's clients. He also spends many hours a month transporting Community Support clients to medical appointments and helping others to get to the monthly South Drop-in lunches. Recently, Noel was an integral part of the trial of Community Support's nutrition project, Tuckerbag Meals, collecting bags of food from the Positive Living Centre after finishing his Wednesday Night Manager shift and delivering them to clients the next morning. Noel is also a committed member of VAC/GMHC's volunteer events team.

Noel has a talent for making people feel at ease and his warm and optimistic manner is a great asset in his dealings with clients, staff and other volunteers. He works tirelessly in the community, also volunteering with other organisations, and is always willing to do that little bit extra to ensure that the job is done.

VAC/GMHC SPECIAL SERVICE AWARD

Bert Pei commenced with the Health Promotion Program's Outreach Project in August 2008. From the outset, Bert's interest lay with online outreach: working from home on his own computer chatting with other same sex attracted guys about HIV and sexual health in general. With the exception of short periods of time when he has needed a break to complete studies or take annual leave (a week or so at most), Bert has committed to a weekly online shift since he commenced with the project.

Bert has also provided regular individual mentoring and training for new Outreach Project volunteers and has presented on his outreach experience regularly in group training and in volunteer updates.

RESEARCH AWARD

For the past six years the Australian National NeuroAIDS Brain and Tissue Bank (ANNBTB), under the leadership of Dr Edwina Wright, has been collecting data on the neuro-cognitive effects of HIV on the brain. People with HIV involved in this study have regular assessments of their general and cognitive health and agree to donate brain tissue to the ANNBTB project for future research after their death. Thus, the ANNBTB constitutes an important clinical and pathological research repository for Australian researchers with an interest in HIV neurological disease and the complex association between the brain and HIV. At the time of the launch of the ANNBTB, Dr Wright, the Head of the Bank commented, 'If you're involved in this project you will make a huge difference'. Through her

commitment and vision in setting up the ANNBTB, Dr Wright has made an enormous difference to our knowledge about HIV and this Award recognises this important work.

LIFE MEMBERSHIPS

Melissa Thompson and Grant Davies have been volunteer Night Managers on the reception desk at Claremont Street since 1998 and 2000 respectively. Over that period, they have both worked for three hours each week to enable us to keep our building open until 9pm, extend the range of our services and make the Claremont Street building accessible to the many community groups who use it as a meeting and training space. Between 6pm and 9pm, the Night Managers are the front line between the organisation and its members, clients and the general public. In person, and on the phone, they need to be able to combine tact, good humour, broad knowledge about the organisation and its work, and a sensitivity to clients and their issues in a role that can, at times be highly pressured, especially at busy times of the year. Both Melissa's and Grant's work over the past decade represent an outstanding and sustained contribution and merit the organisation's highest award.

In addition, Grant was elected to the VAC/GMHC Board in 2005 and served four terms as Vice President/Secretary.

VAC / GMHC WOULD LIKE TO THANK



55 Porter Street Sauna
A Bar Called Barry
Abbott Australia
Adam Richard
Adam Wright
AFAO
AIDS Housing Action Group (AHAG)
AIDS Memorial Quilt Project
AIDS Trust of Australia
Alfred I.D. Social Work Team
ALSO Foundation
Andrea Powell
Anna Phylaxis
Anne Bambrook
Anne Mitchell
Anthony Acheson/The Gay Gardener
ANZ Bank
ARCSHS
Arid Zone
Astor Theatre
Australian Ballet
Australian Shakespeare Company
Ballarat Art Gallery
Bay City Sauna Caulfield
Bay City Sauna Seaford
BearNation
Beat Bookshop
Bell Shakespeare Company
Bendigo Bank Windsor
Bev Greet
Beyond Black
Beyond Dance Party
Boroondara Volunteer Resource Centre
Brad Schmidt
Brian Price
Burnet Institute
Cal Wilson
Cath Hill
Catherine Barrett
Celia Pacquola
Chapel off Chapel
ChillOut Festival
Circus Oz
City of Melbourne
Claire Hooper
Click N Drag
Club 80
Code Black
Colin Krycer
Consumer Credit Fund
Country Awareness Network (CAN)
David McCarthy
David Menadue
David Williams Fund Committee
Denise Scott
Disability Attendant Support Services (DASSI)
Doris Beecher
Douglas Holgate
Dr Alan Street
Dr Gregory Murray
DTs Hotel
Duncan Hewitt
Frank from the Drama Downunder campaign
Gay and Lesbian Health Victoria
Gaydar
Gel Works
Gilead Sciences
GLOBE

Glyde Sexual Health	MAC AIDS Fund
Grant Cook	MAC AIDS Trust
Green Room	MAC Cosmetics
Hadleigh Adams	Manark Printing
Hannah Gadsby	Mannhaus
Hares & Hyenas bookshop	Mannie De Saxe
Hepatitis C Victoria	Marg Hayes
HIV Consultancy	Maureen Plain
HIV Hepatitis & STI Education Resource Centre	MCV
Horst von Sanden	MEGAfist
Hothouse Entertainment	Melbourne Gay and Lesbian Chorus
Housing Choices Australia	Melbourne International Arts Festival
i2 Management	Melbourne International Comedy Festival
Jacqui Round	Melbourne Leather Pride
Janet McLeod	Melbourne Queer Film Festival
Jeffrey Grierson	Melbourne Sexual Health Centre
Jeffrey Robertson	Melbourne Symphony Orchestra
John Fowler	Melbourne Theatre Company
John O'May	Melissa Tumbas
John Sands	Mercedes Benz
Jon Jackson	Merck Sharp & Dohme
Joy 94.9	Metlink
Judith Lucy	Metro Trains
Judy Frecker	Michelle Wesley
Kendall Lovett	Midsumma Festival
Kerrie Boyd	Mind
Kerrilea Rice	Multicultural Health and Support Service
Kitty Flanagan	Musica Viva
Koala of Course	NAB Corporate Volunteers
Kodiak	Nalla Burk
Krista Watts	Naomi Ngo
Leo Heimbürger	National Australia Bank (NAB)
Liz Crock	National Centre for HIV Social Research
Lucy Hunter	National Centre in HIV Epidemiology & Clinical Research
Luke Gallagher	National LGBT Health Alliance

National Theatre
Neal Warrington
Nick Ward
Northern Melbourne Institute of TAFE
Northside Clinic
Nurse Betty/FUR
OBM Advertising
Opera Australia
Oz Showbiz Cares / Equity Fights AIDS
Palais Theatre
PLWHA Victoria
PLWHA Victoria Positive Speakers Bureau
Polly Filla
Positive Women Victoria
Prahran Market Clinic
Prateek Rajbhandari
Pride March Victoria
Q Magazine
Quilt Project
Rachel Berger
Rebecca Matheson
Research, Promotion and Ethics
Committee Members
Rosz Craig
Roy's Antiques
Royal District Nursing Service
Royal Melbourne Hospital
Sarah Collins
SAX Health Care
Scott Heim
Sgt Scott Davis
Sharon Horvat-Danilovic
Simon Hall Plumbing
Sircuit
Sitback Solutions
Sonny Williams

Southern Star
Spa Guy Sauna
Stephanie Christian
Straight Arrows
Suzy Malhotra
Ten Plus Club
The Alfred Hospital
The estate of the late Clair Putteney
The estate of the late Dawn Hibbert
The estate of the late Graham Victor Jelleff
The estate of the late Sharan Pantan
The Hon. Michael Kirby AC CMG
The Laird Hotel
The Market Hotel
The Production Company (The Pratt
Foundation)
The Xchange Hotel
Time 4 Fitness
Trevor Williams
University Of New South Wales
VAC/GMHC Volunteers
Vic Perri
VicBears
Victoria Police
Victoria Police Gay and Lesbian Liaison
Officers
Victorian Aboriginal Community Controlled
Health Organisation
Victorian Arts Centre
Victorian Infectious Diseases Service
(VIDS)
Vincent Christian
Virginia Cummins
Wet On Wellington Sauna
WISE Employment
WoofClub
World War Wonderful
Zara

PETER KNIGHT CENTRE

6 Claremont Street South Yarra Victoria 3141

P: 1800 134 840 / 03 9865 6700 F: 03 9826 2700

E: enquiries@vic aids.asn.au W: www.vic aids.asn.au

POSITIVE LIVING CENTRE

51 Commercial Road South Yarra Victoria 3141

P: 1800 622 795 / 03 9863 0444 F: 03 9820 3166

THE CENTRE CLINIC

Rear 77 Fitzroy Street St Kilda Victoria 3182

P: 03 9525 5866 F: 03 9525 3673

