

OUR VISION

All women can freely make their own reproductive and sexual health choices.

OUR MISSION

To be the leading voice for women's reproductive choices in Queensland.

OUR VALUES

Key values underpin the work of Children by Choice, across all areas of the Association. We are:

- Pro choice and woman centred
- Ethical and evidence-based
- Non-judgemental and unbiased
- Confidential and respectful
- Committed to social justice, diversity and equity
- Dedicated to self-determination.

Children by Choice acknowledge the traditional owners of country throughout Queensland and their continued connection to land and community. We recognise the three separate cultures of Aboriginal, Torres Strait Islander and South Sea Islander people.

As women, we believe that women need to respect traditional owners, to communicate this respect to them, and to recognise the dispossession of the land and its ongoing effects on Aboriginal peoples today.

As a women's service, we acknowledge the sorrow of the mothers of the Stolen Generations and apologise for the removal of their children by white Australians.

Children by Choice Association Inc 237 Lutwyche Road PO Box 2005 Windsor Q 4030

07 3357 9933 www.childrenbychoice.org.au ABN 51 809 774 188



We are open 9am to 5pm Monday to Friday, offering statewide pregnancy counselling, information and referral by phone or in person at our Windsor office. We also provide sexuality and relationships education for young people and professional development training and support for health and community sector professionals. We were founded in 1972.

YEAR IN REVIEW

ВΥ

AMANDA BRADLEY
MANAGER, CHILDREN BY CHOICE

AND

LORRAINE PACEY
PRESIDENT, CHILDREN BY CHOICE

At Children by Choice our work is based around our values of being woman-centred, evidence-based, and committed to self determination. This, to us, is at the core of who we are, what we do, and how we work. This year we solidly focused on maintaining this by:

- Becoming an accredited No Interest Loans provider so that we can
 provide more services to more women needing financial support
 to access the healthcare they need. Achieving this accreditation
 took us three years and the implementation has been challenging.
 However, as a result we have a clear, structured process to
 provide financial support to women who need it most, at the time
 they need it most.
- Achieving Deductible Gift Recipient Status with the Australian Charities and Not-for-profit Commission and the Australian Tax Office. Gaining this status has entailed many hours of work by our staff; we anticipate that it will increase the value of donations made to the organisation to continue to fund our services.
- Coordinating the writing of the Queensland Health Therapeutic Termination of Pregnancy Guidelines Consumer Information Sheet which was published in April. This consumer information will help increase women's understanding of publicly available health services, and how they might be able to access them.
- Delivering the "Abortion isn't on any woman's bucket list" TED talk at TEDxSouthBank. Being invited to present this TED talk cemented our reputation as experts in the area of women's reproductive health in Queensland and helped raise awareness both of the work we do and why we do it.
- Producing a fantastic new website which has already been visited by thousands of people seeking information on pregnancy options.
- Opting into early adoption of the Human Services Quality Framework to ensure our organisation continues to be at the forefront of best practice in all that we do.

Of course, all of these amazing outcomes were delivered on top of the counselling and community education work that we are so passionate about and that gets us out of bed every day. In fact, we delivered so much counselling and community education work this year that our outcomes were significantly above and beyond our contracted requirements. In our drive to respond as best we can to the needs of our clients we have invested organisational funds to provide these increased services. As an organisation we take our financial management seriously and have managed to deliver services with a small deficit in each the last three years.

Early this year we were also delighted to share in the celebration of Beryl Homes, one of our founding members, whose contribution to services to women and the community was recognised with the granting of the Medal of the Order of Australia. Congratulations Beryl.

And of course, as the end of the financial year approached, we were heartened by Independent Member for Cairns Rob Pyne's call for abortion law reform. On 11 May Mr Pyne tabled a Bill to decriminalise abortion in Queensland by the omission of sections 224, 225 and 226 in the Queensland Criminal Code. While at the time of going to press reform has not yet been achieved, the year ahead for Children by Choice will be history making. We hope you will join us in our advocacy for law reform and help us to continue in our support of Queensland women facing an unplanned pregnancy.

www.childrenbychoice.org.au 3

THE PEOPLE OF CHILDREN BY CHOICE

OUR MANAGEMENT COMMITTEE

President Lorraine Pacey BComm(Hons), JP(Qual), MPRIA

Treasurer Ana Alexander
Committee members Dr Fiona Mack

Dr Caroline Harvey

Professor Heather Douglas BA, LLB, LLM, PhD

Dr Janet Fairweather FRACGP, MBBS, BSc, Dip. Child Health

Dr Kathleen Baird Bonney Corbin BSc, MA

Dr Nicola Sheeran BPsych(Hons), PhD(Clinical Psychology)

OUR STAFF

Manager Amanda Bradley DipAppArts, MICDA

Resouce Manager Selina Utting BA, MBA, AGIA

Counselling team Liz Price BA, BSocWk(Hons)

Sian Tooker BPsySc(Hons), GDAppLaw Michelle Reynolds BA, M(Couns)

Community education team Pamela Doherty BA, MA(ComDev)

Ashleigh Carrington BSocSc (HumServ)

Kate Marsh DipDes

OUR FUNDERS



and a program grant from the Samuel and Eileen Gluyas Charitable Trust managed by



OUR VOLUNTEERS AND STUDENT PLACEMENTS

Student placements

Counselling support volunteers

IT volunteer

Campaign and policy volunteers

Finance and admin volunteers

Mary, Tamara, Amber, Kim, Amanda

Caroline, Amanda

Ross

Rosie, Olivia, Sanne, Alison

Hila, Rohie, Kate

OUR EVENT PARTNERS









OUR PATRONS

Senator Claire Moore (ALP, Queensland) Senator Larissa Waters (Greens, Queensland) Sue Boyce (Former Liberal Senator, Queensland)

WHAT OUR CLIENTS SAY ABOUT US

I now feel I can breathe and see clearly. I have been helped so much.

- Female client

Very friendly, open minded and considerate of both parties.

- Male partner

Exceeded my expectations tenfold.

- Female client

Comfortable environment and open, honest attitude and advice.

- Male partner

Clearer head space for her, as well as a bit of further support that her choice is totally okay, regardless of what it is.

- Female support person

Still undecided, but feel more confident that I can come to a decision knowing I have all the facts and figures.

- Female client

I feel like I have a clearer understanding on how to help in the decision making process.

- Male partner

Time spent with us in session, individually and together as a couple. Good listening, non-judgemental

- Female client

I felt safe, comfortable to talk, listened to, and a genuine sense of care for my situation.

- Female client

Support and peace of mind. All the information I needed.

- Female client

Good advice, non judgemental, good ethics, practical.

- Male partner

I could really feel comfortable to open myself and get a better understanding about our options.

- Male partner

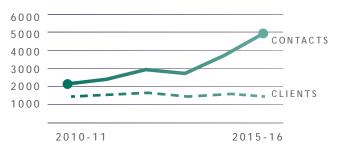
SUPPORTING WOMEN'S CHOICES: PREGNANCY COUNSELLING

IN 2015-16



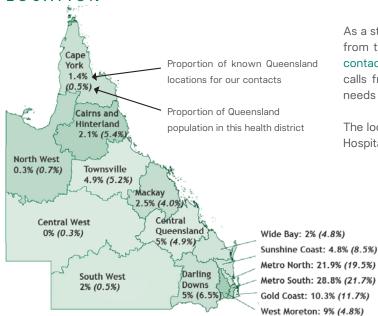
We saw fewer individual clients in 2015-16 than the previous year (1705 down from 1900), but the number of contacts we received from them has grown by almost 25%. A contact can be a phone call, email, text message or a face-to-face appointment, and many clients require more than one contact to resolve their issues or get the amount of information and support they need. The increasing number of contacts over time is graphed below for comparison.

CONTACTS AND CLIENTS



2015-16 saw the continuation of a pattern of recent years: relatively stable client numbers but increasing numbers of contacts. This is indicative of the growing complexity of our clients' cases, and the significant barriers many of them face to access services and support. It is also reflected in the growing percentage of work given over to finding and supplying financial assistance to disadvantaged women so they can access the contraception or abortion they seek, and to supporting those attempting to navigate the complicated pathways involved in accessing an abortion through the public hospital system.

LOCATION



As a statewide service, our clients each year can be located anywhere from the Torres Strait to Birdsville to Coolangatta. In 2015-16, 88% of contacts told us their location and were in Queensland (we do receive calls from interstate, as women across Australia grapple with similar needs and barriers to Queensland women).

The location of our contacts is broken down on this map by Health and Hospital Service (HHS) district.

Worthy of note is the increase in contacts from the Metro South HHS (28.8% of our contacts, up from 22% in 2014-15). This may be partially explained by the almost total absence of publicly provided abortion by hospitals in this HHS district, and the amount of assistance women in this regional therefore require in order to access services in the face of poverty, violence, and disadvantage.

INFORMATION SOUGHT

GENERAL ABORTION INFO 56%

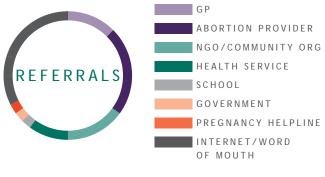
FINANCIAL ASSISTANCE FOR ABORTION 47%

SURGICAL ABORTION 25%

CLINIC DETAILS 24%

MEDICAL ABORTION 23%

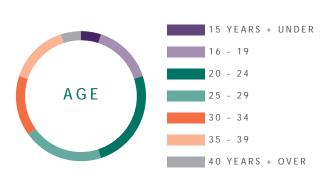
A quarter of contacts this year were from clients who told us that information or support for abortion had been difficult to find. The internet is full of biased and contradictory information, some health professionals are confused about abortion law and access or just plain obstructive, and many women rely on word of mouth or friends and family for information about their options. Women making decisions about pregnancy need reliable and accurate information about all their options, including abortion, so when this is hard to find it should be no surprise that a disproportionate number of our contacts still focus on this need.



Our position as a trusted service is evidenced by the high rate of referrals we receive from health and community sector professionals. Of the contacts who told us how they found us, almost 70% were referred by another service. The largest source of these referrals came from abortion providers, who refer to us for a multitude of reasons, including decision-making support and financial assistance. GPs were our second largest referrer, followed by other community or non-profit organisations. Interestingly, 2.5% of contacts were referred to us by other pregnancy helplines, usually for abortion access.



Of our clients who had confirmed their pregnancy and knew their gestation, the vast majority were in the first trimester of pregnancy - 12 weeks gestation and under - when they spoke to us. Only 5% of our work was with women whose pregnancies were over 20 weeks gestation, and of those, only half were considering or seeking abortion (and violence was a factor in the majority of these cases).



63%
OF OUR
WORK IS WITH
HEALTH CARE
CARD HOLDERS
OR WOMEN WITH
NO INCOME.



SUPPORTING WOMEN'S CHOICES: FINANCIAL ASSISTANCE



Our financial assistance program for disadvantaged women has been in operation since 2000. In the first year we provided \$2900 in small grants to disadvantaged women to help them access abortion services, and the program has continued to grow ever since.

We are now an accredited No Interest Loan Scheme (NILS) provider, and have a network of organisations within the sector who will work with us to support women in need. The program has also been expanded to include access to long acting reversible contraceptive (LARC), given the high up front costs for these devices can be prohibitive for women on low incomes. This year 93 women were able to access free or low cost LARCs through our financial assistance program.



In the past three years we've provided over \$220,000 in financial assistance, and over \$50,000 of this was due to cost reductions from dedicated and compassionate abortion providers. Almost 40% of financial assistance clients are experiencing violence, up from 30% two years ago.

EMPOWERING COMMUNITIES: YOUNG PEOPLE



92%
OF YOUNG PEOPLE
SAID THEY FELT
INCLUDED AND
COMFORTABLE IN OUR
EDUCATION SESSIONS

YOUNG PEOPLE SAID THE MOST IMPORTANT TOPICS WERE:

UNPLANNED PREGNANCY

ABORTION INFORMATION

WHERE TO GET HELP

DEBUNKING COMMON MYTHS

Our sexuality and relationships education prioritises young people most in need, including those disengaged from mainstream education. Disadvantaged young people are more at risk of experiencing poorer sexual and reproductive health outcomes than their peers, and are therefore more likely to experience unplanned pregnancy. Most of our education sessions this year were delivered in alternative schooling or behavioural support programs, community organisations, and young parenting support groups. We also participated in Mental Health Wellness Days at two high schools, providing information about unplanned pregnancy and our service to an extra 450 young people.

I understood it all and learnt a lot

If we didn't get it she explained it more clearly Clear and concise information and great presentation

There was no judgement, and it wasn't awkward She broke information into chunks

Everyone was included and we were all having fun The information she gave us was clear and direct

EMPOWERING COMMUNITIES: PROFESSIONALS



We use a variety of methods to deliver professional development activities, training and information to health and community sector professionals. Our focus is on capacity building with those organisations and individuals working with women around unplanned pregnancy, particularly those working in schools and health services, including hospitals. Participants this year included GPs, midwives, school based youth health nurses, and social workers. This year we also increased our presence in university settings, delivering guest lectures to nursing, midwifery, public health and medicine students.

Very informative - I didn't appreciate the lack of options for women with an unplanned pregnancy.

It introduced me to becoming a medical abortion provider.

Having counselling tips and case studies made it easy to put through into practice.

Great tips for opening up conversations with clients and how to be mindful of your own values.

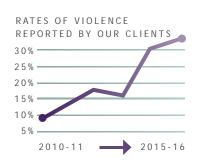
The session was informative and comprehensive - will recommend this training to others.

I've been provided with more skills and tools to provide support to women.

Got some great tips especially on asking difficult questions, and use of language.

EMPOWERING COMMUNITIES: RESPONDING TO VIOLENCE





The rate of violence amongst contacts to our service has more than tripled in recent years, from 10% of contacts in 2010-11 to 34% in 2015-16. Many of these women experience multiple forms of violence, including domestic or partner violence, sexual violence, and reproductive coercion. This year, 7% of our work was with women reporting both domestic and sexual violence. Women experiencing violence who seek to terminate their pregnancy often face additional hurdles to abortion access. They are more likely to present later in pregnancy and often report higher levels of financial control and surveillance; these hurdles can be compounded by the lack of publicly available abortion services.

WOMEN REPORTING
VIOLENCE REQUIRE
2 TO 3 TIMES
THE NUMBER OF
CALLS WITH OUR
COUNSELLORS TO
GET THE HELP
THEY NEED, AS
OUR GENERAL
CLIENT BASE.



We are a founding member of Ending Violence Against Women Queensland (EVAWQ), the peak body providing a statewide voice for the women's health, sexual assault, and domestic violence services on violence against women. The inaugural AGM for EVAWQ was held in October 2015, and our Manager Amanda Bradley was elected to the Committee. The strength of our ongoing involvement with EVAWQ is tied to the growing proportion of our clients reporting violence, and the critical need for more responsive health systems and support services.



FEEDBACK ON THE
OVERALL QUALITY AND
USEFULNESS OF THE
FORUM'S CONTENT:



In October 2015 we held a forum at Parliament House as part of Sexual Violence Awareness Month, called 'Beyond The Monster Myth'. It was aimed at health and community sector professionals, and worked to highlight the intersection between domestic and sexual violence and discuss best practice for screening and supporting women reporting violence. As part of our website redevelopment this year we've also added content for health and community professionals around recognising violence and coercion and the link between violence and pregnancy.

I have a personal history of domestic violence, and have found there is minimal understanding and a lot of stigma attached - therefore I make a point of asking my patients, otherwise very few women will voluntarily disclose.

- Queensland abortion provider interviewed as part of scoping paper on violence screening.

In October 2015, a volunteer completed a scoping paper on domestic violence, unplanned pregnancy and abortion. The paper looks at the data around these issues and the ways in which they intersect, and the current practice for screening women for violence in abortion provider settings. While violence screening is becoming a more standardised part of antenatal care, no specific program or standard is in place in abortion clinics. The paper proposes the development of a standard screening program to increase the uptake amongst providers.



100% of PARTICIPANTS IN A SURVEY OF QUEENSLAND ABORTION PROVIDERS WANTED TRAINING ON BEST PRACTICE DOMESTIC VIOLENCE SCREENING AND RESPONDING TO DISCLOSURE.

As a result of the findings of the scoping paper, we applied for and received project funding for the development of a domestic violence screening program, from the Samuel and Eileen Gluyas Charitable Trust managed by Perpetual Trustees. The Screening To Safety project aims to build the capacity of abortion providers in Queensland to screen and respond to domestic violence (including reproductive coercion), through the development of a screening model and training. The project will be launched in late 2016 and take around 18 months to complete.

CHANGING AUGING TUDES + SYSTEMS:

OUR NEW WEBSITE

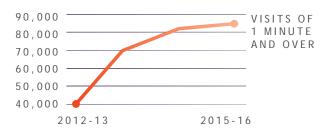


Our website at www.childrenbychoice.org.au was relauched in July 2015 with over 100 pages of information for women, men, and professionals on all aspects of pregnancy options and support, including:

- More indepth information on contraceptive options for women and men:
- Info for parents whose daughter (or son's girlfriend) is pregnant;
- Tips for couples trying to make a pregnancy decision together on how to open up an honest but supportive discussion;
- Expanded information for professionals, including best practice for supporting pregnant women, identifying reproductive coercion or violence, and becoming medical abortion providers; and
- More comprehensive information for women seeking financial assistance for abortion, or for workers supporting them.

Considerable work went into the redevelopment and we're grateful for the support we received from our students and volunteers, as well as James Morrell from Loudbox Media for his work developing the new site.

CHILDRENBYCHOICE.ORG.AU



Website traffic has significantly increased in recent years, to over 86,000 visits of a minute or longer in 2015-16. Around 70% of traffic to our site now comes from mobile or handheld devices, 40% is from interstate, and the majority of traffic comes from search engines. 'Children by Choice' is the most popular search term, and the other nine of the ten most used search terms are all related to abortion law and services, here in Queensland as well as interstate.

INFORMATION SOUGHT

ABORTION COSTS IN QUEENSLAND

AUSTRALIAN ABORTION LAW AND ACCESS

MEDICATION ABORTION

ABORTION CLINIC DETAILS (QLD)

SURGICAL ABORTION

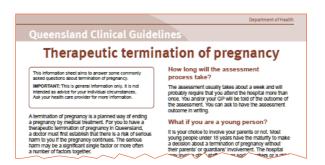
These five web pages make up half the traffic to our site, and the topics mirror the issues that callers to our counselling service want to know about. This year, our 'Australian Abortion Law and Access' page was the most viewed in April and May - the first time 'Abortion Costs in Queensland' hasn't been the top of the list since we started tracking this several years ago. The spike in traffic to this page over the two months was due to the highly publicised case of Q, a 12 year old forced to seek Supreme Court approval for an abortion in April, and the introduction of an abortion law reform bill to Queensland Parliament in May.

SOCIAL MEDIA



Our social media engagement continued to grow in 2015-16 and we're now connected to over 2000 supporters on Facebook and Twitter. Our most popular social media period was the day of awareness raising and mythbusing we ran across platforms on #sept28 to mark the International Day of Action for Safe Abortion and also the launch date of Australia's first national telehealth abortion service. This year, our Manager Amanda Bradley also delivered our first TEDx talk, 'Abortion is not on any woman's bucket list', which is available to watch online.

CHANGING ATTITUDES + SYSTEMS: HEALTH + SOCIAL POLICY





In 2013 Queensland Health released the first statewide clinical guideline on the provision of therapeutic termination of pregnancy in the state's hospitals. This year we were contracted by Queensland Health to lead the development of the consumer information companion document to the guideline. The consumer information is aimed at aiding women to navigate the pathways to accessing a termination at their local hospital. It was developed in partnership with a number of consumer organisations and supported by focus group consultation, and is now available on the Queensland Health website.

Children by Choice participated in the development of several important health and social policy measures during 2015-16, including the consultation process for the Queensland Sexual Health Strategy. We also made comprehensive submissions supporting the following:

- Exclusion zones for abortion providers [Health (Patient Privacy)
 Amendment Bill 2015, ACT];
- The development of a Queensland Women's Strategy; and
- The introduction of a legislated Human Rights Act for Queensland.

CHANGING ATTITUDES + SYSTEMS: ABORTION LAW REFORM



WE ARE PROUD TO
BE ONE OF
OVER 50
ORGANISATIONS
SUPPORTING
PRO CHOICE
QUEENSLAND'S
#ITSNOT1899
CAMPAIGN, ALONG
WITH OTHER
EXPERT GROUPS
IN THE HEALTH,
MEDICAL, LEGAL,
AND COMMUNITY
SECTORS.

On 10 May 2016, a bill to decriminalise abortion in Queensland was introduced to state parliament by independent MP for Cairns, Rob Pyne.

The Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016 would remove the three abortion statutes (sections 224, 225 and 226) from the 1899 Criminal Code. The Bill was referred to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee for inquiry. We made a comprehensive submission supporting the Bill to the Committee, and also appeared as witnesses at one of the inquiry's public hearings. We are also a key part of Pro Choice Queensland, a coalition of organisations and individuals supporting abortion law reform, and their campaign 'It's not 1899, abortion should not be a crime'.

There has been a groundswell of support for the campaign amongst our members, professional networks, peak bodies and expert groups, as well as in the broader community, and we hope the actions of the parliament reflect community expectation by supporting reform. The Bill has not yet come up for debate on the floor of parliament but this is expected to occur in late 2016 or early 2017.

AUDITED FINANCIAL STATEMENTS

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CHILDREN BY CHOICE ASSOCIATION INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report of Children by Choice Association Inc. (Children by Choice), which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

Management's Responsibility for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and *Associations Incorporation Act (QLD) 1981* (as amended by the Associations Incorporation and Other Legislation Amendment Act (QLD) 2007), and for such internal control as management determines is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about 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 judgement, 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 management, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Children by Choice as at 30 June 2016, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards General Purpose Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commission Act 2012, the Australian Charities and Not-for-profits Commission Regulation 2013 and Associations Incorporation Act (QLD) 1981 (as amended by the Associations Incorporation and Other Legislation Amendment Act (QLD) 2007).

BRISBANE

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Liability limited by a scheme approved under Professional Standards Legislation This is an extract from the audited financial statements. Copies of the full financial statements are available on request from Children by Choice, or online at the Australian Charities and Not-for-profits Commission website at www.acnc.gov.au.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report which describes the basis of accounting. The financial report is prepared to assist Children by Choice to comply with the financial reporting provisions of contract. As a result, the financial report may not be suitable for another purpose.

Hanrick Curran Audit Pty Ltd Authorised Audit Company: 338599

Michael Georghiou

Director

Brisbane, 28 October 2016

STATEMENT BY MEMBERS OF THE COMMITTEE

In the opinion of the committee the financial report as set out on pages 1:

- Present fairly the financial position of Children by Choice as at 30 June 2016 and its performance for the year ended on that date in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) of the Australian Accounting Standards Board.
- At the date of this statement, there are reasonable grounds to believe that Children by Choice will be able to pay its
 debts as and when they fall due.
- 3. Complying with Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

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

Treasurer.

Dated this 27th day of October 2016

Larraine Pace

PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 30 JUNE 2016

| | 2016 | 2015 |
|----------------------------------|----------|---------|
| | \$ | \$ |
| Income | | |
| Interest income | 4,203 | 5,339 |
| Membership fees | 1,761 | 2,012 |
| Grants | 314,769 | 532,451 |
| Trading and operating activities | 199,592 | 68,887 |
| Other income | 28,703 | 31,644 |
| Total income | 549,028 | 640,333 |
| Less: Expenses | | 0.040 |
| Advertising | 5,509 | 8,618 |
| Audit fees | 1,159 | 1,250 |
| Bank charges | 1,172 | 2,845 |
| Cleaning | 1,645 | 2,307 |
| Computer expenses | 2,282 | 1,934 |
| Consulting fees | 3,451 | 650 |
| Client support expenses | 62,790 | 73,757 |
| Depreciation | 7,285 | 4,289 |
| Employee benefits expense | 442,540 | 469,408 |
| Fundraising costs | 1,270 | 1,632 |
| Insurance | 8,803 | 8,409 |
| Motor vehicle expenses | 2,849 | 2,559 |
| Postage | 929 | 1,073 |
| Printing and stationery | 3,420 | 4,048 |
| Rates and taxes | 2,633 | 2,337 |
| Repairs and maintenance | 3,483 | 24,757 |
| Security costs | 1,487 | 1,195 |
| Sundry expenses | 7,517 | 5,454 |
| Telephone and fax | 14,767 | 17,208 |
| Training and development | 1,119 | 2,829 |
| Travel | 3,321 | 9,575 |
| Utilities | 2,199 | 1,973 |
| Total Expenses | 581,630 | 648,107 |
| Profit before income tax | (32,602) | (7,774) |

STATEMENT OF FINANCIAL POSITION 30 JUNE 2016

| | Note | 2016 \$ | 2015 \$ |
|--|------|--------------------|--------------------|
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | | 240,778 | 137,529 |
| Trade and other receivables | | 6,071 | 8,726 |
| Inventories | | 413 | 413 |
| Other assets | _ | 3,134 | - |
| TOTAL CURRENT ASSETS | _ | 250,396 | 146,668 |
| NON-CURRENT ASSETS | | 407.004 | 400.047 |
| Trade and other receivables Property, plant and equipment | 4 | 107,061 447,104 | 103,947 263,264 |
| TOTAL NON-CURRENT ASSETS | 4 _ | , | |
| | _ | 554,165 | 367,211 |
| TOTAL ASSETS | _ | 804,561 | 513,879 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | | 24,711 | 22,113 |
| Borrowings | | 5,525 | - |
| Employee benefits Other financial liabilities | | 58,135 | 55,989 |
| Other liabilities Other liabilities | | 155,000 21,215 | 24,768 29,557 |
| TOTAL LIABILITIES | _ | · | |
| | _ | 264,586 | 132,427 |
| NET ASSETS | _ | 539,975 | 381,452 |
| | | | |
| EQUITY | | | |
| Reserves | | 355,776 | 164,651 |
| Retained earnings | _ | 184,199 | 216,801 |
| TOTAL EQUITY | _ | 539,975 | 381,452 |