Charity no. 1152399

Action for Pulmonary Fibrosis

Report and Unaudited Financial Statements

30 June 2017

Action for Pulmonary Fibrosis

Reference and administrative details

For the year ended 30 June 2017

Charity number

1152399

Registered office and operational address

EBS Ltd
Unit E1 City Wharf
Davidson Road
Lichfield
WS14 9DZ

Trustees

The trustees who served during the year were as follows:

Karen Hughes	(Chair)
John R Morgan	(Treasurer) (resigned April 2017)
Howard Almond	(appointed January 2017)
Elizabeth Bray	(re-appointed April 2017)
Michael Bray	(died January 2017)
Wendy Dickinson	
Anthony Gowland	(appointed April 2017)
Dr Simon Hart	
Neil Hicks	(resigned August 2016)
Dr Gisli Jenkins	
Stephen Jones	(appointed January 2017)
John F Morgan	
Dr Helen Parfrey	

Changes to the trustee board since the financial year end and up to date of this report are as follows:

Karen Hughes	(stood down at end of term of office October 2017)
Anthony Gowland	(resigned October 2017)
John F Morgan	(resigned October 2017)

Bankers

CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JQ

Independent examiners

Godfrey Wilson Limited
Chartered accountants and statutory auditors
5th Floor Mariner House
62 Prince Street
Bristol
BS1 4QD

The trustees are pleased to present their report and the accounts for the year to 30 June 2017.

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2015).

Introduction

Action for Pulmonary Fibrosis (APF) has grown significantly in the four years since it was formed in 2013. This could only be achieved by the generous donations and committed fundraising activities of our supporters. During the year APF has continued to undertake a range of activities to support patients and their families living with pulmonary fibrosis and to represent patients in working towards a better outcome for all.

Idiopathic Pulmonary Fibrosis (IPF), the most common form of pulmonary fibrosis, is a devastating, terminal lung condition with increasing numbers of patients – around 30,000 adults in the UK. There is no cure and it has no known cause. Each year around 6,000 people die from IPF and the average life expectancy from diagnosis is only three years. Compared with diseases of similar prognosis IPF receives little attention and limited research funding. Many more adults suffer from pulmonary fibrosis where the cause can be identified, often related to their occupation or another medical condition. The disease causes scar tissue to build up in the lungs, ultimately preventing the lungs from transferring oxygen into the body. This leads to breathlessness that worsens as the disease progresses and ultimately ends in respiratory failure.

Action for Pulmonary Fibrosis works hard to address its objects to support, educate, raise awareness and to provide funds for research.

Structure, governance and management

Action for Pulmonary Fibrosis was registered with the Charity Commission in England and Wales as a Charitable Incorporated Organisation (CIO) in June 2013. The governing document is a Constitution approved by the trustees on 28 May 2013.

All trustees have direct experience of IPF, either as patients, family members or medical professionals.

The trustees meet formally four times a year to assess the charity's progress, to formulate general policy and strategy, to ensure charity regulations are adhered to and to plan the activities for the coming period. These meetings are supported by regular email contact and telephone conferences. During the period of this report the trustees also undertook responsibility for the day-to-day management of the charity, including the authority for all expenditure.

Appointment of new trustees

The board of trustees regularly reviews the skills and experience of members and identify further skills required. They seek to appoint new members to strengthen the board and where necessary to replace any member who leaves the board.

New appointments are considered and agreed by all trustees at a meeting of the board or by electronic communication. A process is in place which includes at least three trustees meeting with a prospective new trustee as well as receipt of a formal application, giving personal details and outlining the skills and experience which the applicant can bring to APF. This is reviewed by all trustees. New trustees are invited to attend a trustee meeting prior to confirmation of appointment.

Objects and activities

Charity objects

The stated objects of Action for Pulmonary Fibrosis are:

a) Advancing education and raising awareness of Pulmonary Fibrosis, the symptoms associated with it and encouraging earlier diagnosis of the condition;
b) Promoting research into the understanding, diagnosis, causes and treatments of Pulmonary Fibrosis through donations and grants to related research projects in order that the useful results of research are disseminated for public benefit; and
c) Providing support to patients and families suffering from Pulmonary Fibrosis in any other way the trustees see fit.

A key aim of the charity is to support patients and their families and we do this through our work with support groups, directly through online information and through personal contact. This will continue to be a focus as well as developing our involvement in research through the award of grants to young researchers and for specific research projects. APF works to improve the quality of care for patients. We will continue to seek the views of patients to ensure that we accurately reflect their needs. We will also raise awareness via appropriate channels of the issues faced by patients regarding diagnosis and management of care.

Our values:

The stated values of Action for Pulmonary Fibrosis continue to be:

- **Integrity** - APF will work with transparency and integrity in all that it does; putting the interests of patients and families first;
- **Collaboration** - the charity will work in a spirit of partnership with other organisations, when it is appropriate and beneficial to do so, so that knowledge and expertise can be shared;
- **Support** - give people living with IPF the best possible quality of life; and
- **Commitment** - bring energy and resourcefulness to all activities.

Our vision:

A world in which everyone living with pulmonary fibrosis has a better future.

Achievements and performance

During the year the charity continued to undertake activities which addressed all three of its main charity objects.

1. Support for Patients

The work with patient support groups across the country and in encouraging and assisting with the development of new groups remains a high priority for APF.

During the year the charity continued its project to develop new support groups which resulted in 11 new groups being fully established across the UK. A number of others are in the process of being set up. Assistance to group leaders and small financial grants were provided to enable the groups to get off to a successful start. The feedback from patients and family members who attend group meetings is invariably very positive. Patients gain from sharing experience and knowledge as well as learning from medical professionals more about the disease and its management. The isolation that patients and family members feel when diagnosed with pulmonary fibrosis can be devastating and, at least to some extent, is alleviated by the contact and companionship that they gain from attendance at support groups. Although the number of groups has increased markedly over the last two years with now 42 groups, the demand for even more groups continues. It is notable that certain parts of the country still have few if any support groups and these are areas on which APF will focus. To enhance our effectiveness in working with patient support groups the charity has engaged the services of a part-time support group co-ordinator to assist trustees.

A Voice of the Patient Council was established last year which invited patients to register via the website. The purpose of the council is to establish a consultative group of patients across the country who share their knowledge and experience to help other patients and families. The group now has approximately 40 members, with new members signing up each month. It represents patients across the country and met for the first time in autumn 2016.

APF trustees continued to attend meetings of support groups across the UK to learn from attendees on how the charity can best support patients and their families, and to offer encouragement for their local activities. Acting as the Voice of the Patient, trustees continue to take every opportunity to highlight the needs of patients and promote improvements in the patient experience.

2. Education and Awareness Raising

The charity has continued to explore ways in which it can contribute to improving the understanding of IPF and other forms of pulmonary fibrosis and to ensure that care for patients at least meets national guidelines (e.g. the NICE Quality Standard on IPF), wherever they live in the UK. This includes a better understanding of the disease amongst non-specialist healthcare professionals, particularly those working in the community who are often involved in the care of patients. The charity is also working to bring attention of the disease to policy makers and funders as well as raising awareness amongst the general public.

Although the prognosis for patients with IPF is worse than for most cancers the care pathway is not well defined and the experience of patients with regard to standards of care vary across the country. The patient survey ***Working Together: Delivering a Better Future for IPF Patients***, which was conducted by APF in 2015, highlighted that care at its best was excellent, but there were too many reports from patients of a less good experience.

Action for Pulmonary Fibrosis provided funds to support the establishment of the Interstitial Lung Disease (ILD) specialist nurse network (ILD/INN). The network enables ILD specialist nurses across the country to connect with each other to share good practice and to meet for continuous professional training. The group also arranges an annual conference which is open to local and community health professionals.

As a result of this co-operation, ILD/INN, in partnership with Acton for Pulmonary Fibrosis, this year started to offer a series of educational workshops for local and community healthcare professionals across the UK to improve their understanding of the disease and the needs of PF patients. Planning is underway to expand the programme next year.

Trustees made presentations at various patient and professional training events including pharma company staff training. They have made contributions to publications on IPF for the medical profession giving the patient's perspective aiming to improve the knowledge and understanding of the disease amongst medical professionals and companies involved in the provision of treatments for patients.

Opportunities have also been taken to highlight the charity's work by attendance at major medical conferences including the Primary Care Respiratory Society and the British Thoracic Society.

Action for Pulmonary Fibrosis has represented the patient perspective at consultations held by the National Institute for Health and Care Excellence (NICE) and the Scottish Medicines Consortium (SMC) relating to decisions on new drug approvals and the development of the IPF Quality Standard by NICE which the charity was pleased to support.

Last year, research was carried out to identify significant issues which needed attention in order to improve the level of implementation of the NICE IPF Quality Standard. A report - ***Fit for the Future: Future-proofing care for patients with IPF*** was completed in June 2016 followed by a launch at Westminster in July. The report identified that the actual number of IPF patients was not known resulting in it being impossible to ensure that the necessary medical support was in place. Ongoing discussions are taking place, regarding this issue and other aspects of IPF care with the all-party parliamentary group for Respiratory Health.

The charity continued its involvement with international IPF patient groups. The aim is to connect the groups to share the experience of IPF patients and identify areas which could be developed for the benefit of all. Whilst it is intended to continue to bring together the wider global representatives, there has been a particular move for more specific contact across European groups as indicated in earlier reports by the presentation of an IPF European Charter to the European Parliament. This led to the establishment of the European IPF Federation (EU-IPFF) of which Action for Pulmonary Fibrosis is a founder member. Its first action was to prepare a declaration to be presented to the European Parliament with the support of more than 50% of MEPs. This was achieved in the summer of 2016 and the Federation will be following this up for action on improvements for IPF patient care across Europe including the UK.

3. Research

As reported last year, the trustees of Action for Pulmonary Fibrosis set up a research fund in 2015 and further funds have been set aside this year. It currently stands at £357,080. The trustees have actively considered how best the fund can be used and several options were discussed. We have decided to finance a £300,000, three-year research fellowship into the causes and treatments for IPF. The fellowship will be launched in the next financial year.

The charity has taken the opportunity to further support young researchers by offering travel fellowships to attend and present their work at major international conferences. Three researchers were supported to attend international conferences during the year. Funding for these awards has been made from the general cash account, not the research fund.

Fundraising and donations

The activities of Action for Pulmonary Fibrosis are entirely dependent on the funds raised through voluntary donations and the fundraising activities of individual supporters who have been personally affected by the disease.

The charity trustees are extremely grateful for the efforts of all our fundraisers and of our donors in supporting our work. We are inspired by the individuals and teams of fundraisers who undertake a wide variety of challenges including climbing, running, swimming and cycling as well as arranging events, coffee mornings and much more to raise funds. We are also enormously appreciative of the families who arrange funeral donations in memory of their loved ones.

During the year, we scaled up our efforts to communicate with supporters and the general public using social media. We have developed an excellent website and have an active presence on Facebook, Twitter and other social media.

Volunteers

In addition to the trustee role, and as described above, most trustees carried out operational duties for the charity as volunteers. There are no other appointed volunteers.

Plans for the future

In the first three years, the trustees undertook most of the charity operations and activities themselves. As the charity has grown it has become necessary to bring in appropriate expertise to carry out all the ongoing and planned activities. During the year, four part-time contractors were retained to support operations, support group coordination, fundraising and communications.

During the coming year many of the activities reported above will be continued in order to further advance the charity's objects.

These include:

- Patient support groups - the demand for these groups continues and APF will support further new groups in the coming year as well as continuing to liaise with existing groups and provide support where requested. We will also encourage the formation of regional alliances of support groups in different parts of the country;
- The programme of training sessions for healthcare professionals to enhance knowledge about PF and the care needs of patients, will be expanded during the year;
- Trustees will continue to engage with policy makers and pursue the proposed actions identified in the report *Fit for the Future: Future-proofing care for IPF patients*, including developing ways to estimate more accurately the number of people in the UK living with pulmonary fibrosis;
- The Voice of the Patient Council will be developed with further meetings and activities;
- The Ambassador role will be developed and more ambassadors recruited; and
- The 3-year research fellowship will be launched and consideration given to setting up a programme of smaller research grants.

Grants

Action for Pulmonary Fibrosis makes small grants on request to new patient support groups to help them become established. This is on the basis that they will become self-sustaining within a year. Three grants were made during the year.

During the year a grant was made to Nottingham City Hospital to improve ward room facilities for patients and family members when hospitalised, particularly at end of life. APF provided equipment and resources for four side rooms to enable a family member to stay overnight with the patient and to provide a facility for small family groups to be together. A grant for study fees was made to the specialist nurse to undertake evaluation of the facility. A full evaluation of the care rooms for IPF patients at Nottingham City Hospital will be reported on in the next financial year.

Public benefit statement

The charity trustees have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission in exercising their powers or duties.

Financial review

The charity's main source of funds is from individual fundraisers and memorial donations. Two small corporate grants were received during the year to assist with specific activities. Total income for the year was £360,820 and total expenditure was £141,368, details of which are set out in the attached accounts. In addition to the expenditure a further sum of £100,000 was transferred to the designated fund for Research.

The charity has no debt or guarantees. The charity has no employees.

Risk management

Responsibility for risk management lies with trustees and a risk register has been established which is reviewed annually. Risks identified are minimal and controls are in place to manage them.

Reserves policy

A Reserves Policy has been established which requires a minimum of 50% of projected annual core expenditure to be retained separately as Reserves. This is reviewed annually at the October trustee meeting. The projection of increased operational costs for the coming year resulted in agreement to increase the balance on the Reserves account to meet the requirements of the Policy. This was carried out and the Reserves Account balance currently stands at £145,000.

Statement of responsibilities of the trustees

The trustees are required to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charity and the incoming resources and application of resources, including the net income or expenditure, of the charity for the year. In preparing those financial statements the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees confirm that to the best of their knowledge there is no information relevant to the independent examination of which the independent examiners are unaware. The trustees also confirm that they have taken all necessary steps to ensure that they themselves are aware of all relevant examination information and that this information has been communicated to the independent examiners.

The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Independent examiners

Godfrey Wilson Limited were re-appointed as independent examiners to the charity during the year and have expressed their willingness to continue in that capacity.

Approved by the trustees on 27 January 2018 and signed on their behalf by

Stephen Jones - Chair

Independent examiner's report

To the trustees of

Action for Pulmonary Fibrosis

I report to the trustees on my examination of the accounts of Action for Pulmonary Fibrosis (the CIO) for the year ended 30 June 2017, which are set out on pages 10 to 18.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 (‘the Act’).

I report in respect of my examination of the CIO’s accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner’s statement

Since the CIO’s gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

(1) accounting records were not kept in respect of the CIO as required by section 130 of the Act; or
(2) the accounts do not accord with those records; or
(3) the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a ‘true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Date:
Alison Godfrey FCA
Member of the ICAEW
For and on behalf of:
Godfrey Wilson Limited
Chartered accountants and statutory auditors
5th Floor Mariner House
62 Prince Street
Bristol
BS1 4QD

Action for Pulmonary Fibrosis

Statement of financial activities

For the year ended 30 June 2017

	Note	Restricted £	Unrestricted £	**2017 Total** **£**	2016 Total £
Income from:					
Donations and legacies	3	-	345,199	**345,199**	334,376
Charitable activities	4	8,200	7,105	**15,305**	24,100
Investments		-	316	**316**	121
Total income		8,200	352,620	**360,820**	358,597
Expenditure on:					
Raising funds		-	58,948	**58,948**	27,707
Charitable activities		4,263	78,157	**82,420**	60,974
Total expenditure	6	4,263	137,105	**141,368**	88,681
Net income		3,937	215,515	**219,452**	269,916
Transfers between funds		-	-	**-**	-
Net movement in funds	8	3,937	215,515	**219,452**	269,916
Reconciliation of funds:					
Total funds brought forward		-	486,894	**486,894**	216,978
Total funds carried forward		3,937	702,409	**706,346**	486,894

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 14 to the accounts.

Action for Pulmonary Fibrosis

Balance sheet

As at 30 June 2017

	Note	£	2017 £	2016 £
Current assets				
Debtors	11	**8,264**		3,090
Cash at bank and in hand		**712,324**		490,886
		720,588		493,976
Liabilities				
Creditors: amounts falling due within 1 year	12	**14,242**		7,082
Net current assets			**706,346**	486,894
Net assets	13		**706,346**	486,894
Funds	14			
Restricted funds			**3,937**	-
Unrestricted funds				
Designated funds			**427,167**	326,850
General funds			**275,242**	160,044
Total charity funds			**706,346**	486,894

Approved by the trustees on 27 January 2018 and signed on their behalf by

Stephen Jones - Chair

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Action for Pulmonary Fibrosis meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the items of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from the government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

d) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

e) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

f) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

g) Allocation of support costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of the time spent on each of these areas as follows:

Raising funds	30%
Charitable activities	70%

h) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

i) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

j) Creditors

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

k) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2. Prior period comparatives

	Restricted £	Unrestricted £	**2016 Total £**
Income from:			
Donations and legacies	-	334,376	**334,376**
Charitable activities	10,000	14,100	**24,100**
Investments	-	121	**121**
Total income	10,000	348,597	**358,597**
Expenditure on:			
Raising funds	-	27,707	**27,707**
Charitable activities	10,000	50,974	**60,974**
Total expenditure	10,000	78,681	**88,681**
Net income	-	269,916	**269,916**
Transfers between funds	-	-	**-**
Net movement in funds	-	269,916	**269,916**

3. Income from donations and legacies

	Restricted £	Unrestricted £	**2017 Total £**	2016 Total £
Legacies	-	4,000	**4,000**	26,540
Donations from individuals and fundraising	-	341,199	**341,199**	307,836
Total income from donations and legacies	-	345,199	**345,199**	334,376

4. Income from charitable activities

	Restricted £	Unrestricted £	**2017 Total £**	2016 Total £
Corporate grants	8,200	7,105	**15,305**	24,100
Total income from charitable activities	8,200	7,105	**15,305**	24,100

5. Government grants

The charitable incorporated organisation received no government grants during the year (2016: £nil).

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	**2017 Total £**	2016 Total £
Freelance costs	21,227	37,975	4,486	**63,688**	23,521
Travel and subsistence	-	-	10,117	**10,117**	6,837
Grants payable (note 7)	-	7,967	-	**7,967**	29,521
Direct costs	-	3,111	-	**3,111**	-
Fundraising costs	19,877	-	-	**19,877**	7,824
Marketing and communications	3,864	746	-	**4,610**	7,044
Admin costs	-	-	19,561	**19,561**	9,040
Other staffing costs	-	-	7,228	**7,228**	-
Governance costs	-	-	5,209	**5,209**	4,894
Sub-total	44,968	49,799	46,601	**141,368**	88,681
Allocation of support costs	13,980	32,621	(46,601)	-	-
Total expenditure	**58,948**	**82,420**	**-**	**141,368**	88,681

7. Grants payable

	Grants to support groups £	Grants to individuals £	Medical grants £	**2017 Total £**	2016 Total £
Travel grants (4 individuals)	-	3,000	-	**3,000**	2,250
Nottingham University Hospital	-	-	4,429	**4,429**	5,891
Hertfordshire Support Group	300	-	-	**300**	-
Wolverhampton Support Group	200	-	-	**200**	-
Plymouth Support Group	38	-	-	**38**	-
Interdisciplinary Nurse Network	-	-	-	**-**	20,000
Leicester PF Support Group	-	-	-	**-**	530
Leeds PF Support Group	-	-	-	**-**	500
Great Yarmouth PF Support Group	-	-	-	**-**	350
	538	3,000	4,429	**7,967**	29,521

8. Net movement in funds

This is stated after charging:

	2017	2016
	£	£
Trustees' remuneration	**Nil**	Nil
Trustees' reimbursed expenses (see note 15)	**6,581**	5,747
Independent examiner's remuneration:		
▪ Independent examination (including VAT)	**2,460**	2,400

9. Staff costs and numbers

Staff costs were as follows:

	2017	2016
	£	£
Freelance staff	**63,688**	23,521

No freelancers earned more than £60,000 during the year.

The key management personnel of the charity comprise the trustees, who did not receive any remuneration in the current or prior year.

The charity had no employed staff in the current or prior year.

10. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

11. Debtors

	2017	2016
	£	£
Accrued income	**8,264**	3,070
Other debtors	**-**	20
	8,264	3,090

12. Creditors : amounts due within 1 year

	2017	2016
	£	£
Trade creditors	**11,782**	4,682
Accruals	**2,460**	2,400
	14,242	7,082

13. Analysis of net assets between funds

	Restricted funds £	Designated funds £	General funds £	**Total funds** **£**
Current assets	3,937	427,167	293,421	**720,588**
Current liabilities	-	-	(14,242)	**(14,242)**
Net assets at 30 June 2017	**3,937**	**427,167**	**275,242**	**706,346**

14. Movements in funds

	At 1 July 2016 £	Income £	Expenditure £	Transfers between funds £	**At 30 June 2017** **£**
Restricted funds					
Roche Products Limited	-	8,200	(4,263)	-	**3,937**
Total restricted funds	-	8,200	(4,263)	-	**3,937**
Unrestricted funds					
Designated funds					
Research fund	256,831	-	-	100,249	**357,080**
Core costs reserve	70,019	-	-	68	**70,087**
Total designated funds	326,850	-	-	100,317	**427,167**
General funds	160,044	352,620	(137,105)	(100,317)	**275,242**
Total unrestricted funds	486,894	352,620	(137,105)	-	**702,409**
Total funds	486,894	360,820	(141,368)	-	**706,346**

Purposes of restricted funds

Roche Products Limited	Donation received from Roche Products Limited, to provide short training sessions on IPF for hospital respiratory nurses, community nurses and other associated health care professionals and to develop supporting educational materials.

14. Movements in funds (continued)

Purposes of designated funds

Research fund	The trustees have established the research fund to award funds to research programmes indicating clear objectives for the development of knowledge leading to a better understanding of the causes of IPF and, ultimately, a cure.
Core costs reserve	The core costs reserve has been established in line with the charity's reserves policy to retain a minimum of 50% of projected annual core expenditure separately as reserves. This is reviewed annually.

15. Related party transactions

Trustees' reimbursed expenses comprised the following payments during the year:

	2017 **£**	2016 £
Computer equipment	**-**	27
Hotels	**1,336**	974
Subsistence	**380**	548
Telephone charges	**-**	83
Travel expenses	**4,745**	4,115
Other expenses (gifts, stationery and postage)	**120**	-
	6,581	5,747

All expenses were incurred in the course of the organisation's charitable activities.

During the year, Alex Croft, the daughter of trustee Wendy Dickinson, invoiced the charity £20,280 (2016: £16,380) for freelance services provided. A balance of £2,600 (2016: £1,260) was outstanding at the year end, included within trade creditors.

The trustees are not aware of any other related party transactions during the period.