

WORLD CHILD CANCER UK

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2016

WORLD CHILD CANCER UK

CONTENTS

| | Page |
|--|---------|
| Reference and administrative details of the charity, its trustees and advisers | 1 |
| Chairman's statement | 2 |
| Trustees' report | 3 - 13 |
| Independent auditor's report | 14 - 15 |
| Statement of financial activities | 16 |
| Balance sheet | 17 |
| Cash flow statement | 18 |
| Notes to the financial statements | 19 - 30 |

WORLD CHILD CANCER UK

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY, ITS TRUSTEES AND ADVISERS FOR THE YEAR ENDED 31 DECEMBER 2016

Trustees

Corporate trustee - World Child Cancer Trustees, whose Directors are:

Anu Vedi, CBE, ACA, MCIH

Louise Soanes, RGN/RSCN, BSc, MSc

Dr Janice Kohler, FRCPCH

James King, DipPFS

Professor Kathy Pritchard-Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci

Doctor Shaun Wilson PhD (Birmingham) MRPCH, DCH (RSA), MBChB (UCT)

Professor Lorna Awo Renner MBChB, MPH (Liv), FRCPCH (UK)

Karen Brade

Helen Griffiths

Roderick Macmillan MA

Anuj Chande

Rachel Hollis

Charity registered number

1084729

Principal operating office

17 Rudolf Place, London, SW8 1RP

Independent auditor

Crowe Clark Whitehill LLP, 10 Palace Avenue, Maidstone, Kent, ME15 6NF

Bankers

C Hoare & Co, 37 Fleet Street, London, EC4P 4DQ

The Cooperative Bank, 80 Cornhill, London, EC3V 3NJ

Metro Bank, One Southampton Row, London, WC1B 5HA

Solicitors

Bates Wells & Braithwaite LLP, 2-6 Cannon Street, London, EC4M 6YH

WORLD CHILD CANCER UK

CHAIRMAN AND CEO STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2016

The Chairman and CEO present their statement for the period.

2016 was a successful year for World Child Cancer. Our programme strategy has brought even more clarity and focus to our work supporting children with cancer and their families.

Income in 2016 was £2,074,235, compared with £2,374,356 in 2015. However, if our hugely successful one-off partnership with Deutsche Bank is excluded, income growth in 2016 compared with 2015 was actually 38%. We are very proud that for every £1 donated, 83p of this is spent on charitable activities with the remainder used to generate even more income.

In 2016, we helped 5,524 children with cancer to access improved services and 3,800 healthcare professionals accessed training opportunities.

Much has been achieved so far, but we are very aware how much more needs to be done, and we must continue to rise to one of the great challenges of our time. What drives us on is the knowledge that childhood cancer is mostly curable, and the belief it is our duty to save children who are dying when they do not need to.

We are fortunate to work with the most fantastic team - our truly dedicated staff; brilliant volunteer doctors and nurses who give their time selflessly; and all the heroic health workers who work tirelessly across our programmes despite a severe shortage of resources, but no shortage at all of commitment and kindness.

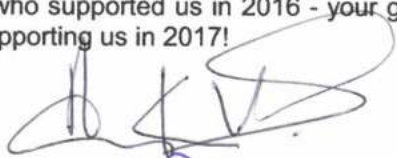
During 2016 there have been a number of changes on our Board as we have sought to strengthen our governance. We are confident that we now have the team which will drive World Child Cancer to even greater success in future years.

We have launched our Ambassadors programme with a group of very committed supporters who will help us to raise significant new funding in 2017 and beyond.

We have registered with the new Fundraising Regulator – our fundraising has always been ethical and in-line with best practice and we will ensure it remains so.

Thank you to everyone who supported us in 2016 - your generosity saved lives, but there are many more lives to save. Please keep supporting us in 2017!

Name Anu VEDI CBE
Chairman



Name Jon Rosser
CEO



Date

7th March 2017

WORLD CHILD CANCER UK

TRUSTEES' REPORT FOR THE YEAR ENDED 31 DECEMBER 2016

The Trustees present their annual report together with the audited financial statements of for the year 1 January 2016 to 31 December 2016. The Trustees confirm that the annual report and financial statements of the charity comply with the Charities Act 2011, the requirements of the charity's governing document and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

World Child Cancer is a UK registered charity (No. 1084729) in England and Wales. Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

Why focus on improving care for children with cancer?

We are often asked why we focus on childhood cancer and why it should be a priority? Our answer is that we believe that no child should be left to die of a painful illness when they could be cured with relatively simple and affordable treatments.

The inequality in current care

In the developed world, one of the enormous medical success stories of the last fifty years is the improved chance of survival for children with cancer. This has improved significantly and today 80% of children who develop cancer in this part of the world will survive. In the developing world, the picture is very different and survival rates can be as low as 10%. Thousands of children are dying each year or suffering unnecessarily, when they could be treated or cured. We believe that all children, regardless of where they live, deserve better care.

Improving access to care

Many childhood cancers are curable if detected and treated early enough. They are also relatively simple and inexpensive to treat. The availability of generic medicines and medical procedures, which have been known to doctors for decades, means that we already have the expertise to treat these children. There are other challenges which also need to be addressed, to give children a better chance of survival. These start at the local community level where there is little awareness amongst frontline health workers or understanding of cancer in children, and a mistaken belief that it isn't curable. Often childhood cancer is not diagnosed, or is diagnosed too late for effective treatment to take place. In fact, a large percentage of children with cancer never get to a specialist centre to receive care, treatment or pain relief. By raising awareness in the community, and basic training for community health workers, we can change this.

Across the developing world there is a shortage of trained doctors and nurses to provide the right levels of care. We believe that investment in training is essential to improving survival rates. One of the most successful ways to do this is to 'twin' hospitals in the developed world with local teams in the developing world. This provides a powerful partnership and two-way exchange of knowledge and expertise. It also gives the local team access to resources and techniques which are currently out of their reach. Advancements in technology have given rise to innovative ways for these teams to work together. It is now common for them to hold virtual mentoring sessions, case discussions and remote diagnosis; which speed up treatment for children.

**TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2016**

Supporting families

There is often little or no funding for childhood cancer care from local sources, so families are faced with huge medical bills. This is a significant barrier to a child starting treatment. Many children don't complete their treatment either, as it is often long and expensive; placing a burden on the wider family. With specialist centres usually situated in the capital, many families have to travel long distances and live away from their homes whilst their child is being treated. They lose their livelihoods or suffer a significant drop in income, something which affects the whole family. We believe that families need more support, so that their children can be treated and cared for properly. Our work includes a range of support services for families including investments in family accommodation at the hospital, subsidising medical and travel costs and providing training and support to help parents earn a living whilst away from home.

We can make a difference

Improving childhood cancer survival rates in the developing world is achievable and affordable. We are investing in sustainable programmes which make a real difference to the lives of thousands of children each year, but we want to do more as we believe all children, wherever they live, should have an equal right to healthcare so they do not die of a potentially survivable illness. In the long run, we aim to persuade governments to make adequate provision in their national health budgets to provide for all children with cancer.

Put simply, World Child Cancer does the following:

- Facilitates training for local healthcare staff;
- Covers the costs of twinning partner activities;
- Improves healthcare facilities;
- Pays for additional staffing;
- Improves access to medicines and other much needed resources;
- Supports awareness raising and advocacy campaigns to raise the profile of the inequality in current care;
- Provides practical support for families to help them cope when their child is diagnosed with cancer.

2016 was a tremendous year

World Child Cancer helped 5,524 children with cancer to access improved services and 3,800 healthcare professionals accessed training opportunities.

Programme highlights of 2016

In 2016, we implemented our new programme strategy, focusing on the strengthening of holistic services around childhood cancer care at the programmes we support. With funding from UK Aid we were able to continue the development of satellite centres in Ghana and Bangladesh. We were also able to open a hospital school in Myanmar and provide specialist training for the multi-disciplinary team.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

Bangladesh

Location: Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka

Medical Lead: Professor Afiquel Islam

Twinning Partner Hospitals: UCLH UK & BCCH Vancouver

Programme Start Date: June 2012

- A new project focusing on improving palliative care for children with cancer commenced in 2016, providing specialist training for doctors and nurse leaders.
- A country-wide paediatric oncology nursing curriculum has been accepted by the government.
- Financial support for drug costs and transport was provided to patients in Dhaka, ensuring more children had the chance of completing their treatment.
- World Child Cancer opened a new office in Dhaka and the team are forging new partnerships with civil society organisations in the country for collaborative working.
- UK AID funded core activities in Bangladesh and enabled growth of the programme to key strategic satellite centres around the country; extending our support and building the capacity of healthcare professionals to provide improved care.

Malawi

Location: Queen Elizabeth Central Hospital (QECH), Blantyre

Medical Lead: Dr George Chagaluka & Professor Elizabeth Molyneux

Twinning Partner Hospitals: RVI Newcastle & VUMC Amsterdam

Project Start Date: January 2009

- New treatment protocols were introduced for more complex tumours, expanding on the care that can be provided for patients at QECH.
- Financial aid for families has been increased, and more children are being reached through follow-up visits to their homes.
- The government has funded two nurses for the ward, who are undergoing training with the experienced nursing staff.
- Survival rates for Burkitt lymphoma and Wilms' tumour continue to improve.
- There is a growing interest in paediatric oncology amongst junior doctors, providing future opportunities for succession planning.

Ghana

Location: Korle Bu Teaching Hospital (KBTH), Accra

Medical Leads: Dr Lorna Renner & Dr Cathy Segbefia

Twinning Partner Hospital: Royal Hospital for Sick Children, Edinburgh

Programme Start Date: November 2010

- A bead-making income generation project was established at KBTH which allows mothers of patients to acquire a new skill and raise funds for treatment costs.
- Advocacy efforts with policy makers have resulted in an agreement to re-assess the inclusion of childhood cancer drugs into the health insurance scheme.
- Succession planning is under-way, with two doctors receiving specialist training overseas in paediatric oncology.
- UK AID funded key activities in Ghana, including awareness events to raise the profile of childhood cancer in the community.
- Two Twinning visits have taken place, providing training in both Accra and Kumasi and enabling access to training for staff from the satellite centres around the country.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

Philippines

Location: South Philippines Medical Centre (SPMC), Davao City, Mindanao

Medical Lead: Dr Mae Dolendo

Twinning Partner Hospitals: St Jude, USA & University Hospital Singapore

Programme Start Date: November 2009

- A new satellite centre has been opened on Mindanao, to further improve access to treatment for more children in the region.
- Facilities within the network have been renovated and improved due to the support of government and hospital administrators.
- A new 50-bed cancer unit has been opened at SPMC, with the infrastructure to provide quality care for more children in Davao.
- Regular training opportunities are strengthening the satellite network teams, producing dedicated and skilful nurses around the country.
- Patient numbers are increasing through improved diagnosis and referrals from satellite centres as well as increased awareness activities in the community.

Cameroon

Location: Mutengene Baptist Hospital, Banso Baptist Hospital, Mbingo Baptist Hospital

Medical Leads: Dr Francine Kouya / Professor Peter Hesselning

Twinning Partner Hospital: Stellenbosch University / Tygerberg Children's Hospital

Programme Start Date: January 2012

- A new twinning partnership was agreed with Leeds (UK) to implement succession planning for key mentors from South Africa. The partnership will provide increased support and training opportunities for healthcare staff in Cameroon.
- Palliative care nurse Joel Kaah made 122 home visits in 2016 and continued to reach children in remote settings who would otherwise have been without care.
- Construction began on a new hostel for patients and families to give them a safe place to stay at Mbingo hospital and reduce the need for travelling back and forth.
- Patients no longer have to pay for diagnostic or management costs, and nutritional support is provided to families through the programme.
- Long-term follow-up of patients has shown that those treated for Burkitt lymphoma now have a 55% survival rate.

Myanmar

Location: Yangon Children's Hospital, Yangon, Myanmar

Medical Lead: Dr Aye Aye Khaing

Twinning Partner Hospital: Guy's & St Thomas', London & Dana Farber / Boston Children's Hospital

Programme Start Date: July 2014

- Education for nurses is progressing with trainers from Boston, including capacity building opportunities for staff from Mandalay Children's Hospital.
- The pathology team at YCH have been receiving specialist support from experts in London, tackling the problem of missed and delayed diagnosis.
- A new hospital school was opened in the paediatric oncology department, to enable children to access academic and play education during treatment.
- A partnership with The Amelia Project is ensuring that transport costs are covered for patients to travel to and from hospital for appointments.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

- Work with satellite centres in the region has been explored, and advocacy efforts have resulted in a National Cancer Control Plan highlighting children's needs
- Training has commenced for frontline health workers around the country, in an effort to improve diagnosis and referral rates to YCH.

Collaborative Wilms' Tumour Africa Project

Location: Malawi, Ghana, Cameroon, Ethiopia & Zimbabwe
Steering Committee: Dr Israels, Prof Molyneux, Dr Renner, Dr Kouya
Twinning Partner Hospital: VUMC Amsterdam
Programme Start Date: March 2014

- Two new centres joined the collaboration in 2016; Ethiopia and Zimbabwe, taking the number of participating centres to eight.
- The collaboration continued to strengthen, resulting in the increase of overall survival rates to over 50%, and increase of 25% since the start of the programme.
- The number of patients abandoning treatment has also decreased, from 31% to around 13%, thanks in part to the provision of free treatment, subsidised transport and nutritional support.
- A working meeting was held during the SIOP conference in Dublin, October 2016, and mentors from the steering committee visited both of the new sites to provide support and training for multi-disciplinary teams involved in this collaboration.

Mexico

Location: Pachuca & Oaxaca
Medical Lead: Dr Arturo Moreno Ramirez, Dr Yannis Cortes & Dr Rodriguez Brindis
Twinning Partner Hospital: Children's Mercy Hospital, Kansas City, USA
Programme Start Date: November 2015

- Programme developed and supported by World Child Cancer USA
- Approx. 800 cases expected in the region, with survival rates currently of around 50% and 20% of families not able to complete treatment.
- Education activities resulted in 150 nurses and 100 doctors accessing training in paediatric oncology.

Value of voluntary medical aid

Our projects facilitate and leverage valuable voluntary medical aid from twinning partner hospitals in developed countries and healthcare teams in developing countries. Twinning partners are experienced paediatric oncology healthcare professionals (doctors, nurses, pharmacists and other experts) who donate their time and expertise for free through mentoring and training. The availability of voluntary medical aid ensures that World Child Cancer can achieve sustainable and significant improvements to the treatment of children with cancer in developing countries with relatively low levels of funding and also ensures that our partners receive value for money for their donations.

Looking forward to 2017

In 2017 we will be developing new programme plans for Ghana, Bangladesh and Myanmar, with the aim of improving access, equity and quality of care for as many children as possible. A new family support home is being built in Cameroon, and a new twinning partner will be providing their support to this programme in 2017; Leeds General Infirmary, in the UK. We also look forward to supporting holistic services such as palliative care, pathology expertise and education for children while they are in hospital. New partnerships with like-minded organisations will also strengthen our work, and increase the impact we can have on children and families.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

A. STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution and Organisational Structure

World Child Cancer UK is constituted and governed by a trust deed dated 1 December 2000. The Trustee is responsible for the overall governance of the Charity.

The number of Trustees shall be not less than two persons or a trust corporation, nor more than four. Trustees shall, in the ordinary course, be appointed by resolution of the Trustees.

Trustees

Corporate trustee World Child Cancer Trustees, whose Directors that served in the year are:

Anu Vedi, CBE, ACA, MCIH
David Henderson, MA (Hons) (resigned 14 June 2016)
John Perry, MA Cantab (resigned 1 February 2017)
Louise Soanes, RGN/RSCN, BSc, MSc
Dr Janice Kohler, FRCPCH
Nicola Bishop (resigned 1 January 2017)
James King, DipPFS
Professor Kathy Pritchard Jones, BMBCh, PhD, FRCPCH, FRCP (Edin), FMedSci
Professor Shaun Wilson PhD (Birmingham) MRPCH, DCH (RSA), MBChB (UCT) - appointed 6 May 2016
Professor Lorna Awo Renner MBChB, MPH (Liv), FRCPCH (UK) - appointed 7 April 2016
Karen Brade - 19 August 2016
Helen Griffiths - appointed 1 October 2016
Roderick Macmillan MA - appointed 20 September 2016
Anuj Chande - appointed 20 September 2016
Rachel Hollis - appointed 25 November 2016

Honorary Patrons

Professor Tim Eden MB.BS, DRCOG, MRCP(UK), FRCPE (London), FRCPATH, FRCPCH, FRCR
Gill Thaxter
Lady Joanna Staughton
Rhys Williams
Caitriona Balfe

Officers

Jon Rosser BA (Hons) - Chief Executive
Rebecca Ross, BA (Hons), FCA - Finance Director and Company Secretary

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

Committees

As well as the Corporate Trustee, World Child Cancer UK has a number of sub committees to aid in the running of the charity. The details of these committees are listed below:

i) HR and Governance sub-committee

This sub-committee is responsible for overseeing all employment matters and recommends the appointment of new Trustees. In respect of staff it monitors staff performance through appraisals, reviews salaries and ensures employment legislation is adhered to.

Members:

Louise Soanes

David Henderson

ii) Fundraising sub-committee

The purpose of this sub-committee is to monitor and evaluate fundraising strategy and performance. Further to identify fundraising and networking opportunities.

Members:

Nicky Bishop (Chair)

James King

John Perry

Other members who are not Trustee representatives:

Grahame Hindes

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

iii) Project sub-committee

This sub-committee reviews new project applications and monitors existing projects. For potential new projects applications are received and the objectives, outcomes and budgets are reviewed and a recommendation is made to the Board of Trustees whether the project should be approved. Existing projects submit qualitative and financial reports which are reviewed to ensure the objectives of the project are being realised.

Members:

Janice Kohler (Chair)

Louise Soanes

Shaun Wilson

Other members who are not Trustee representatives:

Trijn Israels

Carlos Rodriguez-Galindo

Gabriele Calaminus

Scott Howard

Catherine Lam

Alison Finch

Abby White

Annabel Foot

Stephen Hunger

Sandra Luna-Fineman

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustee is responsible for preparing the Trustee report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping proper accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008. They 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.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

Policies Adopted for the Induction and Training of Trustees

The charity is relying upon the guidance issued by the Charities Commission in relation to the induction and training of Trustees.

Risk Management

Risk to the charity is actively managed and the register of risks is reviewed on a quarterly basis by the trustee and relevant sub-committees. In addition, the senior management team monitor and act upon the risks identified in the risk register. The trustee has assessed the major risks to which the charity is exposed and is satisfied that there are appropriate systems and procedures in place to mitigate the exposure to the major risks. In summary however, the major risks are considered to be:

- (i) The risk of not achieving income budget. This is as a result of the general fundraising environment and due to the Charity's existing funding from DFID coming to an end. This risk is being mitigated through robust planning, additional funding applications and a solid fundraising strategy.
- (ii) The lack of inclusion of childhood cancer within the UN sustainable development goals thereby meaning that advocacy and lobbying should be a key part of World Child Cancer's work to address this.
- (iii) Ensuring value for money and effective spending at our overseas programmes is of paramount importance and is addressed through rigorous financial controls, the employment of local programme coordinators and robust monitoring and evaluation.
- (iv) The ability to demonstrate the impact of our work is critical to the success of future funding and this matter continues to be addressed

B. FINANCIAL REVIEW

2016 was a challenging but ultimately successful year. Income in the year was £2,074,235 (2015 - £2,374,356) which, against the backdrop of a tough economic environment and after the huge success of 2015, was a considerable achievement. We continue to receive valuable funds from a wide variety of sources and it is hoped that this breadth of supporters will help to protect the charity's income should one particular income stream reduce.

Expenditure on charitable activities in 2016 was £1,918,268 (2015 - £1,640,006) and direct programme funding increased by 26% bringing much needed help to children and their families in the countries in which we work.

We are proud of the fact that for every £1 received, 83p of it is spent on charitable activities with the remainder used to generate even more income.

World Child Cancer is committed to implementing its 3 year strategy between 2016 and 2018 which aims to reach more children and their families and develop paediatric oncology services in the countries in which we work.

WORLD CHILD CANCER UK

TRUSTEES' REPORT (continued) FOR THE YEAR ENDED 31 DECEMBER 2016

i. Reserves and Reserves Policy

In deciding on the level of reserves required, World Child Cancer UK has considered the environment in which it operates, the risks it faces, its strategic and operational objectives and the type of income it receives. Furthermore, World Child Cancer UK wishes to ensure that essential services to beneficiaries can be maintained, particularly given the vulnerability of the children and the families who are helped by the organisation.

As a result, World Child Cancer UK has adopted a policy of having 3 types of reserves – restricted, designated and unrestricted.

Restricted reserves are funds which have a restriction placed on them by the donor. As at 31 December 2016 restricted funds totalled £138,858 (2015 - £79,603). Further details of the restricted funds is shown in note 14.

Designated reserves are funds designated for use by the Trustees and the policy adopted is to have 12 months' worth of direct programme costs. As each programme's budget is agreed annually and the majority of the programmes do not have alternative sources of funding, a 12 month commitment is considered appropriate. Unrestricted reserves are those funds that should be available to the charity to be used in the event of a downturn in income, unexpected costs or if any of the key risks facing the charity materialise. Having considered all factors, it is considered appropriate that 3 months' worth of operational costs are held as unrestricted reserves.

As at 31 December 2016, World Child Cancer UK meets its reserves policy and holds £418,168 of designated funds and £254,264 of unrestricted reserves, which equates to approximately 6 months' worth of operating costs. The Charity recognises that unrestricted reserves are in excess of the 3 months' worth stated in the reserves policy and is actively taking steps to reduce this through increasing programme spend.

The reserves policy is reviewed on an annual basis to ensure it is appropriate and offers satisfactory safeguards to the charity's beneficiaries, its staff and other relevant parties.

ii. Going Concern

The Trustee believes that the charity has adequate resources to continue in operational existence for the foreseeable future as future funds receivable are anticipated to be sufficient to fund committed projects. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

iii. Public Benefit

When considering the charity's activities, the Trustee has complied with the duty in Section 4 of the Charities Act 2006 to have due regard to the Charities Commission's general guidance on public benefit.

WORLD CHILD CANCER UK

**TRUSTEES' REPORT (continued)
FOR THE YEAR ENDED 31 DECEMBER 2016**

PAY POLICY FOR SENIOR STAFF

The HR and Governance sub-committee review the pay and benefits for all staff once per year and set pay based on industry benchmarks. It was agreed during 2016 that there would be no pay increase for any staff during 2017.

This report was approved by the Trustee on 7/3/17 and signed on their behalf by:



Anu VEDI CBE
Chairman

WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

We have audited the financial statements of World Child Cancer UK for the year ended 31 December 2016 set out on pages 16 to 30. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The financial statements have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standards applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statements of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has been withdrawn.

This has been done in order for the accounts to provide a true and fair view in accordance with the Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

This report is made solely to the charity's trustees in accordance with section 154 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITOR

The Trustees' responsibilities for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), and for being satisfied that the financial statements give a true and fair view, are set out in the Statement of Trustees' responsibilities.

The Trustees have elected for the financial statements to be audited in accordance with the Charities Act 2011. Accordingly we have been appointed as auditor under section 144 of the Charities Act 2011 and report to you in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

WORLD CHILD CANCER UK

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF WORLD CHILD CANCER UK

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31 December 2016 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and in other respects the requirements of the Charities Act 2011

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustees' report is inconsistent in any material respect with the financial statements; or
- the charity has not kept adequate accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Ian Weekes (senior statutory auditor)

For and on behalf of

Crowe Clark Whitehill LLP

Statutory Auditor

10 Palace Avenue
Maidstone
Kent
ME15 6NF
Date:

21st March 2017

WORLD CHILD CANCER UK

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 DECEMBER 2016

| | Note | Restricted funds 2016 £ | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|--|------|----------------------------------|------------------------------------|-----------------------------|-----------------------------|
| INCOME FROM: | | | | | |
| Donations and legacies | 2 | 480,288 | 1,585,881 | 2,066,169 | 2,374,025 |
| Investment Income | 3 | 5,057 | 3,009 | 8,066 | 331 |
| TOTAL INCOME | | 485,345 | 1,588,890 | 2,074,235 | 2,374,356 |
| EXPENDITURE ON: | | | | | |
| Costs of raising funds | 4 | - | 350,254 | 350,254 | 330,505 |
| Charitable activities: Support of treatment programmes | | 426,090 | 1,492,178 | 1,918,268 | 1,640,006 |
| TOTAL EXPENDITURE | 7 | 426,090 | 1,842,432 | 2,268,522 | 1,970,511 |
| NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES | | 59,255 | (253,542) | (194,287) | 403,845 |
| NET MOVEMENT IN FUNDS | | 59,255 | (253,542) | (194,287) | 403,845 |
| RECONCILIATION OF FUNDS: | | | | | |
| Total funds brought forward | | 79,603 | 925,974 | 1,005,577 | 601,732 |
| TOTAL FUNDS AT 31 DECEMBER 2016 | | 138,858 | 672,432 | 811,290 | 1,005,577 |

All activities relate to continuing operations.

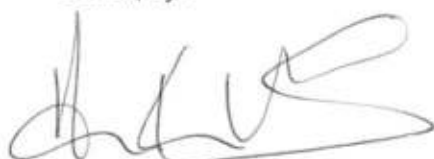
The notes on pages 19 to 30 form part of these financial statements.

WORLD CHILD CANCER UK

BALANCE SHEET
AS AT 31 DECEMBER 2016

| | Note | £ | 2016 £ | £ | 2015 £ |
|---|------|----------------|----------------|------------------|------------------|
| FIXED ASSETS | | | | | |
| Tangible assets | 11 | | 12,026 | | 15,343 |
| CURRENT ASSETS | | | | | |
| Debtors | 12 | 117,271 | | 65,859 | |
| Cash at bank and in hand | | 787,432 | | 963,341 | |
| | | <u>904,703</u> | | <u>1,029,200</u> | |
| CREDITORS: amounts falling due within one year | 13 | (105,439) | | (38,966) | |
| NET CURRENT ASSETS | | | 799,264 | | 990,234 |
| NET ASSETS | | | <u>811,290</u> | | <u>1,005,577</u> |
| CHARITY FUNDS | | | | | |
| Restricted funds | 14 | | 138,858 | | 79,603 |
| Unrestricted funds excluding designated funds | 14 | 254,264 | | 340,804 | |
| Designated funds | 14 | 418,168 | | 586,150 | |
| Total Unrestricted funds | 14 | | <u>672,432</u> | | <u>925,974</u> |
| TOTAL FUNDS | | | <u>811,290</u> | | <u>1,005,577</u> |

The financial statements were approved by the Trustees on 7 March 2017 and signed on their behalf, by:



Anu Vedi CBE
Trustee

The notes on pages 19 to 30 form part of these financial statements.

WORLD CHILD CANCER UK

CASH FLOW STATEMENT
FOR THE YEAR ENDED 31 DECEMBER 2016

| | Note | 2016 £ | 2015 £ |
|--|------|-----------|-----------|
| Cash flows from operating activities | | | |
| Net cash (used in)/provided by operating activities | 16 | (173,871) | 389,124 |
| Cash flows from investing activities: | | | |
| Purchase of tangible fixed assets | | (2,038) | (16,862) |
| Net cash used in investing activities | | (2,038) | (16,862) |
| Change in cash and cash equivalents in the year | | (175,909) | 372,262 |
| Cash and cash equivalents brought forward | | 963,341 | 591,079 |
| Cash and cash equivalents carried forward | 17 | 787,432 | 963,341 |

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant notes to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and Charities Act 2011.

World Child Cancer UK constitutes a public benefit entity as defined by FRS 102.

Principal activity

World Child Cancer is a UK registered charity (No. 1084729) in England and Wales and the principal activity is that of improving the diagnosis, treatment and care for children with cancer in low and middle income countries.

Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

1.2 Fund accounting

Unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Charity for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

1. ACCOUNTING POLICIES (continued)

1.3 Income

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

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(s) 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.

Donated services or facilities are recognised when the Charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time is not recognised.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the Charity which is the amount the Charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

1.4 Resources expended and liability recognition

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Support costs are those costs incurred directly in support of expenditure on the objects of the Charity and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the Charity and compliance with constitutional and statutory requirements.

Costs of raising funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

1.5 Tangible fixed assets and depreciation

All assets costing more than £500 are capitalised.

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

1. ACCOUNTING POLICIES (continued)

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

| | | |
|------------------------|---|-------------------|
| Leasehold improvements | - | 20% straight line |
| Fixtures & fittings | - | 20% straight line |
| Office equipment | - | 20% straight line |

1.6 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.

1.7 Operating leases

Rentals under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

1.8 Debtors

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

1.9 Cash at Bank and in hand

Cash at bank and 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.

1.10 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the charity anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.11 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 with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

1. ACCOUNTING POLICIES (continued)

1.12 Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated into sterling at rates of exchange ruling at the balance sheet date.

Transactions in foreign currencies are translated into sterling at the rate ruling on the date of the transaction.

Exchange gains and losses are recognised in the Statement of financial activities.

1.13 Pensions

The Charity operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Charity to the fund in respect of the year.

Previously, the company contributed to the personal pension plans of its employees at rates agreed within their contracts of employment.

1.14 Accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The charity makes estimates and assumptions concerning the receipt of Voluntary Medical Aid, which is a donated service. The calculation of the estimated financial cost of this aid is based on the time spent by volunteers and what the salary cost of those volunteers would have been if they were employed by the charity. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results.

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

2. INCOME FROM DONATIONS AND LEGACIES

| | Restricted funds 2016 £ | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|------------------------------|----------------------------------|------------------------------------|-----------------------------|-----------------------------|
| Donations | 480,288 | 779,165 | 1,259,453 | 1,691,897 |
| Donated services | - | 806,716 | 806,716 | 682,128 |
| | <u>480,288</u> | <u>1,585,881</u> | <u>2,066,169</u> | <u>2,374,025</u> |
| Total donations and legacies | 480,288 | 1,585,881 | 2,066,169 | 2,374,025 |

World Child Cancer UK receive financial support from the Department for International Development for two of their projects. In 2016, £194,532 (2015: £80,850) was received from the DFID UK Aid Match Programme for 'Development of Child Cancer Satellite Treatment Networks in Bangladesh and Ghana', component code 203559-108.

World Child Cancer UK also received funding totalling £92,865 (2015: £31,298) from the Global Poverty Action Fund in the year to 31 December 2016 for 'Improving Diagnosis, Treatment and Care for Children with Cancer in Myanmar', funding number GPAF-INN-054.

In 2015, of the total donation and legacy income, £2,082,677 was to unrestricted funds and £291,348 was to restricted funds.

3. INVESTMENT INCOME

| | Restricted funds 2016 £ | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|-------------------|----------------------------------|------------------------------------|-----------------------------|-----------------------------|
| Investment income | 5,057 | 3,009 | 8,066 | 331 |
| | <u>5,057</u> | <u>3,009</u> | <u>8,066</u> | <u>331</u> |

In 2015, of the total investment income, £ 290 was to unrestricted funds and £ 41 was to restricted funds.

4. COSTS OF RAISING FUNDS

| | Restricted funds 2016 £ | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|---|----------------------------------|------------------------------------|-----------------------------|-----------------------------|
| Fundraising costs of grants and donations | - | 150,665 | 150,665 | 187,310 |
| Staff costs for generating income | - | 199,589 | 199,589 | 143,195 |
| | <u>-</u> | <u>350,254</u> | <u>350,254</u> | <u>330,505</u> |

In 2015, of the total cost of raising funds, £330,505 was to unrestricted funds and £ NIL was to restricted funds.

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

5. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

| | Total 2016 £ | Total 2015 £ |
|-----------------------|--------------------|--------------------|
| Project costs | 603,774 | 477,809 |
| Other direct costs | 124,086 | 85,897 |
| Voluntary medical aid | 806,717 | 682,128 |
| Wages and salaries | 262,927 | 308,957 |
| National insurance | 25,389 | 22,630 |
| Pension cost | 21,634 | 10,906 |
| | <u>1,844,527</u> | <u>1,588,327</u> |

In 2015, of the total cost of charitable activities, £1,279,617 was to unrestricted funds and £360,389 to restricted funds.

6. SUPPORT COSTS

| | Support costs £ | Total 2016 £ | Total 2015 £ |
|---------------------------|-----------------------|--------------------|--------------------|
| Legal and professional | 14,259 | 14,259 | 11,625 |
| Audit and accounting fees | 11,410 | 11,410 | 11,967 |
| Other costs | 9,508 | 9,508 | 2,946 |
| Wages and salaries | 27,946 | 27,946 | 21,909 |
| National insurance | 2,822 | 2,822 | 2,174 |
| Pension cost | 2,526 | 2,526 | 1,058 |
| Depreciation | 5,270 | 5,270 | - |
| | <u>73,741</u> | <u>73,741</u> | <u>51,679</u> |

7. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

| | Staff costs 2016 £ | Depreciation 2016 £ | Other costs 2016 £ | Total 2016 £ | Total 2015 £ |
|---|--------------------------|---------------------------|--------------------------|--------------------|--------------------|
| Expenditure on raising voluntary income | 199,589 | - | 150,665 | 350,254 | 330,505 |
| Costs of generating funds | <u>199,589</u> | <u>-</u> | <u>150,665</u> | <u>350,254</u> | <u>330,505</u> |
| Direct Costs - Support of treatment programmes | 343,244 | 5,270 | 1,569,754 | 1,918,268 | 1,640,006 |
| | <u>542,833</u> | <u>5,270</u> | <u>1,720,419</u> | <u>2,268,522</u> | <u>1,970,511</u> |

WORLD CHILD CANCER UK

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016**

8. NET INCOMING RESOURCES/(RESOURCES EXPENDED)

This is stated after charging/(crediting):

| | 2016 £ | 2015 £ |
|--|--------------|--------------|
| Depreciation of tangible fixed assets: - owned by the charity | 5,270 | 5,667 |
| Operating lease rentals | 50,099 | 37,560 |
| Foreign exchange (income)/expense | (11,349) | 6,849 |
| | <u>5,020</u> | <u>5,667</u> |

During the year, no Trustees received any remuneration (2015 - £NIL).
During the year, no Trustees received any benefits in kind (2015 - £NIL).

9. AUDITORS' REMUNERATION

| | 2016 £ | 2015 £ |
|-----------------------|--------------|--------------|
| Auditors remuneration | 6,765 | 6,630 |
| | <u>6,765</u> | <u>6,630</u> |

10. STAFF COSTS

Staff costs were as follows:

| | 2016 £ | 2015 £ |
|-----------------------|----------------|----------------|
| Wages and salaries | 464,681 | 449,242 |
| Social security costs | 42,344 | 41,572 |
| Other pension costs | 35,808 | 20,015 |
| | <u>542,833</u> | <u>510,829</u> |

The average number of persons employed by the Charity during the year was as follows:

| | 2016 No. | 2015 No. |
|---|-------------|-------------|
| Programmes, administration, fundraising and finance | 13 | 12 |

The number of higher paid employees was:

| | 2016 No. | 2015 No. |
|-------------------------------|-------------|-------------|
| In the band £70,001 - £80,000 | 1 | 1 |

The key management personnel comprise the CEO, Finance Director, Director of Fundraising and Head of Programmes. The total remuneration of key management personnel in the year was £302,921 (2015 - £211,744)

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

11. TANGIBLE FIXED ASSETS

| | Leasehold improvements £ | Fixtures & fittings £ | Office equipment £ | Total £ |
|-----------------------|--------------------------------|-----------------------------|--------------------------|------------|
| Cost | | | | |
| At 1 January 2016 | 14,383 | 5,478 | 8,472 | 28,333 |
| Additions | - | - | 2,038 | 2,038 |
| Disposals | - | - | (5,136) | (5,136) |
| At 31 December 2016 | 14,383 | 5,478 | 5,374 | 25,235 |
| Depreciation | | | | |
| At 1 January 2016 | 2,876 | 3,848 | 6,266 | 12,990 |
| Charge for the year | 2,877 | 1,096 | 1,297 | 5,270 |
| On disposals | - | - | (5,051) | (5,051) |
| At 31 December 2016 | 5,753 | 4,944 | 2,512 | 13,209 |
| Net book value | | | | |
| At 31 December 2016 | 8,630 | 534 | 2,862 | 12,026 |
| At 31 December 2015 | 11,507 | 1,630 | 2,206 | 15,343 |

12. DEBTORS

| | 2016 £ | 2015 £ |
|--------------------------------|----------------|---------------|
| Other debtors | 87,607 | 60,709 |
| Prepayments and accrued income | 29,664 | 5,150 |
| | <u>117,271</u> | <u>65,859</u> |

13. CREDITORS: Amounts falling due within one year

| | 2016 £ | 2015 £ |
|------------------------------------|----------------|---------------|
| Other taxation and social security | 10,578 | 13,567 |
| Other creditors | 8,827 | 4,713 |
| Accruals and deferred income | 86,034 | 20,686 |
| | <u>105,439</u> | <u>38,966</u> |

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

13. CREDITORS: Amounts falling due within one year (continued)

| | |
|------------------------------------|---------------|
| | £ |
| Deferred income | |
| Deferred income at 1 January 2016 | - |
| Resources deferred during the year | 67,015 |
| | <u>67,015</u> |

14. STATEMENT OF FUNDS

| | Brought Forward £ | Income £ | Expenditure £ | Transfers in/out £ | Carried Forward £ |
|------------------------------|-------------------------|------------------|--------------------|--------------------------|-------------------------|
| Designated funds | | | | | |
| Designated Funds - all funds | 585,170 | - | (585,170) | 418,168 | 418,168 |
| | <u>585,170</u> | <u>-</u> | <u>(585,170)</u> | <u>418,168</u> | <u>418,168</u> |
| General funds | | | | | |
| General Funds | 340,804 | 1,588,890 | (1,257,262) | (418,168) | 254,264 |
| | <u>340,804</u> | <u>1,588,890</u> | <u>(1,257,262)</u> | <u>(418,168)</u> | <u>254,264</u> |
| Total Unrestricted funds | 925,974 | 1,588,890 | (1,842,432) | - | 672,432 |
| | <u>925,974</u> | <u>1,588,890</u> | <u>(1,842,432)</u> | <u>-</u> | <u>672,432</u> |
| Restricted funds | | | | | |
| Restricted Funds | 79,603 | 485,345 | (426,090) | - | 138,858 |
| | <u>79,603</u> | <u>485,345</u> | <u>(426,090)</u> | <u>-</u> | <u>138,858</u> |
| Total of funds | 1,005,577 | 2,074,235 | (2,268,522) | - | 811,290 |
| | <u>1,005,577</u> | <u>2,074,235</u> | <u>(2,268,522)</u> | <u>-</u> | <u>811,290</u> |

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016

The designated funds are designated for use on our programmes in Ghana, Cameroon, Malawi, the Philippines, Bangladesh, Myanmar and the Wilms' Tumour Africa project. They are expected to be spent within 12 months of the year end.

As noted in the reserves policy, the Trustees have designated funds for future programme expenditure. Included within the designated programme expenditure funds are the following items:

We have designated £32k for our Malawi project to spend on ward equipment, patient support packs, local staff stipends and training costs.

£73k is designated for use on our UK Aid project in Ghana and Bangladesh and will be spent on developing childhood cancer satellite treatment networks. A further £24k has been designated to use on the new palliative care programme in Bangladesh, supporting children where active treatment is not a possibility and £1k will be spent on training doctors in Ghana.

£47k has been designated for use in Cameroon on chemotherapy drugs, training, parent support costs, a palliative care programme and medic salaries.

£62k has been designated for use on our GPAF project and activities in Myanmar. An additional £8k is designated to be spent on patient transport costs and the school programme at Yangon Children's Hospital.

We have designated £27k for use on our Wilms' Tumour project in sub-saharan Africa and attendance at SIOP conferences.

We have designated £40k for use in the Philippines where it will be spent further developing the successful childhood cancer satellite treatment network.

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | Restricted funds 2016 £ | Unrestricted funds 2016 £ | Total funds 2016 £ | Total funds 2015 £ |
|-------------------------------|--|--|---------------------------------------|---------------------------------------|
| Tangible fixed assets | - | 12,025 | 12,025 | 15,341 |
| Current assets | 138,858 | 765,846 | 904,704 | 1,029,202 |
| Creditors due within one year | - | (105,439) | (105,439) | (38,966) |
| | 138,858 | 672,432 | 811,290 | 1,005,577 |

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

16. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

| | 2016 £ | 2015 £ |
|--|------------------|----------------|
| Net (expenditure)/income for the year (as per Statement of financial activities) | (194,287) | 403,845 |
| Adjustment for: | | |
| Depreciation charges | 5,270 | 5,667 |
| Increase in debtors | (38,997) | (35,758) |
| Increase in creditors | 54,143 | 15,370 |
| Net cash (used in)/provided by operating activities | (173,871) | 389,124 |

17. ANALYSIS OF CASH AND CASH EQUIVALENTS

| | 2016 £ | 2015 £ |
|--------------|----------------|----------------|
| Cash in hand | 787,432 | 963,341 |
| Total | 787,432 | 963,341 |

18. PENSION COMMITMENTS

The Charity has introduced a defined contributions pension scheme during the year. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £35,808 (2015 - £20,016).

Prior to the introduction of this scheme pension contributions were made to the private pension plans of the employees by the Charity.

19. OPERATING LEASE COMMITMENTS

At 31 December 2016 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

| | 2016 £ | 2015 £ |
|-------------------------|-----------|-----------|
| Amounts payable: | | |
| Within 1 year | 9,390 | 9,390 |

WORLD CHILD CANCER UK

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2016

20. RELATED PARTY TRANSACTIONS

No charity Trustee received any remuneration or benefit in kind for professional or other services rendered to the Charity). Travel expenses incurred by Trustees' were reimbursed totalling £232 (2015: £Nil).

James King, one of the trustees of WCC UK is a partner at Price Bailey, a chartered accountancy firm, who manage an interest bearing bank account on behalf of WCC UK. The year end balance was £450,000 (2015: £150,000).