

Charity number: 1084729

**WORLD CHILD CANCER UK
(FORMERLY THE GORDON MORRISON CHARITABLE TRUST)**

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE PERIOD ENDED 31 DECEMBER 2013

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

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WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

Trustees

Gordon Morrison, BSc (Hons), Chairman
World Child Cancer Trustees (a company limited by guarantee)

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

Solicitors

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

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

CHAIRMAN'S STATEMENT FOR THE PERIOD ENDED 31 DECEMBER 2013

World Child Cancer UK has had another eventful and successful year. Before continuing, I would like to comment on the restructuring of the charity which occurred in 2013. World Child Cancer UK has ambitious plans to reach out to 10,000 children per year by 2018 and in order to do this it needs to expand globally. In order to achieve this, a restructuring took place in May 2013 whereby the assets and activities of World Child Cancer were transferred into World Child Cancer UK. The operations of the charity have not been affected in any way; it was simply a means to ensure that the charity as a whole can expand and help more children with cancer. As a result, the overall financial performance of World Child Cancer is split into two sets of accounts in 2013; up to 12 May 2013 they are included within the accounts for World Child Cancer and thereafter they are included in these accounts. However to make it easier to see how the charity has performed had the restructuring not occurred, a profit and loss account is set out on page 12 showing the results of the charity for the full twelve months. It is important to note therefore that my report below details the activities of World Child Cancer UK from 12 May 2013 only and activities prior to this are included within the accounts for World Child Cancer.

We secured financial and voluntary medical aid income of £1,165k during the year thanks to the support of our growing number of supporters, donors and volunteer doctors and nurses. The result is that we were able to provide financial support and voluntary medical aid of £1,110k to our child cancer projects in low-middle income countries. Here are the highlights of our achievements during 2013:

- Our work helped 2,655 children with cancer in thirteen countries by providing improved training for healthcare professionals, funding for drugs, improved facilities, development of child cancer registries, support for families and awareness campaigns.
- We continued funding existing projects in Malawi, Ghana, The Philippines, Bangladesh, Cameroon and Colombia and started funding a new 7-country project in Central America.
- Our projects utilised strong twinning partnerships with leading child cancer units in hospitals in high income countries including Dana-Farber/Children's Hospital Boston (US), Royal Sick Children's Hospital Edinburgh (UK), University College London Hospital (UK) and St Jude Children's Research Hospital (US).
- Funding from World Child Cancer UK built capacity by providing training for more than 820 healthcare professionals.

World Child Cancer UK was fortunate enough to be the charity partner of the Financial Times Seasonal Appeal 2013/14 which resulted not only in an increase in donations but in raising vital awareness around the world about what we do. Journalists from the Financial Times visited our projects in Ghana, Colombia and Malawi and also spent time in Myanmar where we hope to start a project in 2014. Their stories and photos were featured in the Financial Times, both in print and online, over a period of 6 weeks reaching out to the 2.2 million daily readers of the newspaper. The generosity of readers and staff of the Financial Times has been incredible and we are grateful for all their support. As part of the Financial Times Seasonal Appeal, we were successful in securing match funding from the UK government and corporate sponsors. The UK government, through the Department for International Development and UK Aid Match has matched every donation pound for pound raised through the Appeal. In addition, our corporate sponsors, Vitol Foundation and Celgene have pledged £600k towards our work and we are indebted to them for their support of the work we do.

In December we held our inaugural Christmas Carol service in London. The service was attended by around 350 people and raised £24k with DFID matched funding through the Financial Times campaign. We hope to repeat this event in 2014

Trustees continued to be very active during 2013. Our medical trustees gave a huge amount of time, specifically supporting existing new projects and in the development of new ones. We thank our business and fundraising trustees who continued to support the growth of the charity through introductions to contacts and through holding their own fundraising events, including a Bollywood event and golf days. New trustees have been recruited throughout the year to support and expand the current trustee team.

The charity is continuing to utilise the expertise and support of volunteers. Our work is made possible by the many doctors and nurses from high income countries who provide voluntary aid to our projects along with the commitment of the leaders and other professionals at our projects in low-middle income countries. The combination of World Child Cancer UK's financial aid and voluntary medical aid means that together we are

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**CHAIRMAN'S STATEMENT
FOR THE PERIOD ENDED 31 DECEMBER 2013**

able to make very significant improvements to the treatment and care of children with cancer in low-middle income countries with relatively small amounts of funding.

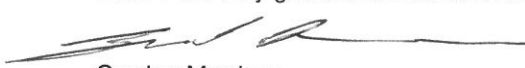
Our staff team has changed in the year with the appointment of our new Chief Executive, Allison Ogden-Newton. Allison's background in the social enterprise sector means she is expertly placed to guide the charity as it continues to develop. She brings a wealth of contacts and ideas for World Child Cancer and we are thrilled to welcome her to the team. In addition, the fundraising team has been strengthened with a reorganisation to focus on the more profitable areas of funding. We are also continuing an Internship Programme aimed at young people keen to gain experience of an international development charity. We are very grateful to our many volunteers who provide an invaluable service to the charity through fundraising, holding events, speaking on our behalf and helping at our challenge events.

I have already mentioned our partnership with the UK government and their UK Aid match programme and with the Vitol Foundation and Celgene. In addition to these supporters, we are grateful to our supporters from around the world, including child cancer parent support groups from Sweden, Norway and Canada, and other companies, trusts and individuals.

Our fantastic challenge event participants meant that 2013 was our best year to date in terms of fundraising. We recruited a team of 66 runners in the Royal Parks Half Marathon in October and our Orange Autumn Challenge in September attracted nearly 110 walkers. We also had a fantastic group of supporters pedalling in the RideLondon event and runners pounding the streets all around the world from Edinburgh to Istanbul and London to Jakarta. A special mention must go to the family of Sacha Gauci who is raising money for our Malawi project and have so far raised over £22k. An amazing tribute to a special 2 year old little boy.

In November 2013 I visited our project in Cameroon spending time meeting our project leaders, doctors, nurses and most importantly the children and parents that we are supporting. I never cease to be amazed by the dedication and professionalism of the people that work alongside us and support us. In Cameroon as in the other work we do we are helping to bridge the health inequality that exists between the developed and developing world. In Cameroon and elsewhere so many children are now surviving that previously had minimal hope.

We are indebted to our many supporters who make our work possible. There are too many to name individually but we are very grateful to each and every one of them.



Gordon Morrison
Chairman

Date 18TH APRIL 2014

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT FOR THE PERIOD ENDED 31 DECEMBER 2013

The Trustees present their annual report together with the audited financial statements of World Child Cancer UK (the charity) for the period ended 31 December 2013. The Trustees confirm that the annual report and financial statements of the charity comply with the current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in March 2005.

World Child Cancer UK (formerly The Gordon Morrison Charitable Trust) is a registered UK charity (No. 1084729). Our principal operating office is:

17 Rudolf Place
London
SW8 1RP

The Problem of Child Cancer in Low and Middle Income Countries

The diagnosis of cancer in a child is terrifying for them and their family. It's even more heartbreaking in low-middle income countries where the majority of children do not receive a diagnosis, treatment or pain relief. World Child Cancer UK works to improve diagnosis and treatment and care for some of the world's poorest children facing the frightening ordeal of cancer.

Child cancer is highly curable yet in low-middle income countries at least 100,000 children die needlessly every year from the disease – most dying without any effective pain relief. However, this figure is likely to be much higher because there are no accurate records of child cancer cases in developing countries and many children are never diagnosed. Poor diagnosis coupled with too few specially trained doctors and nurses and the mistaken belief that child cancer is too difficult to cure combine to create very low survival rates. In fact, around 50% of child cancers can be cured even within basic health systems with relatively simple and inexpensive procedures which have been known to doctors for decades.

World Child Cancer UK improves curative and palliative treatment for children with cancer in low-middle income countries by empowering local medics to develop locally appropriate, affordable and sustainable solutions to the problem of child cancer in their country.

Our objectives are to:

- Increase access to curative child cancer treatment for the world's poorest children
- Improve survival rates in the hospitals in which we work
- Increase the use of palliative care for children with incurable cancers
- Build capacity amongst healthcare professionals in low and middle income countries in the treatment of child cancer and improve facilities
- Improve the collection of data on the problem of child cancer in resource poor countries
- Raise awareness about child cancer and its curability in resource poor countries and amongst international healthcare funders
- Develop long-term sustainability for our projects.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT (continued) FOR THE PERIOD ENDED 31 DECEMBER 2013

Our projects are located in major teaching hospitals in low-middle income countries and twinned with experienced child cancer centres in high income countries. These twinning partnerships create a two-way exchange of expertise and skills. Our projects are selected by our medical Trustees using the following criteria:

- **Leadership** – Each project must have a dedicated and committed local leader- either a general paediatrician or adult oncologist if there is no paediatric oncologist.
- **Strategic planning** – The local project leader must submit a 5 year plan with measurable aims and objectives. There must be a genuine commitment to monitoring and evaluation of the project and funding is dependent on regular reporting.
- **Location** – The project centre must be in a low or middle income country which has stable local governance. The country must have experienced significant improvements in under-5 mortality rates over the last 10 years. The location of the project needs to be somewhere easily twinned and safe to visit and ideally has a common language with the twinning partner. It is not possible for us to send volunteers to countries with unstable societies experiencing civil war / conflict.
- **Commitment to working in partnership** – We work with hospitals which are committed to a genuine and long term twinning partnership based on mutual respect. The leader, having recognised that cancer in childhood is an emerging problem in the country has begun to draw together a team of doctors and nurses to tackle the challenge.
- **Accountability** – Demonstrating the impact of our work is important and we ensure that each project is committed to monitoring the impact of their work.
- **Long-term sustainability** – We identify projects which have the ability for long-term sustainability beyond the period of our grant. This usually involves identifying a local parent support group which can take on a long term fundraising role. Attempts should have been made to involve and seek the support of the hospital authorities, wider community and the national Ministry of Health.

World Child Cancer UK provides funding for each project for five years. Funding is provided for training and mentoring programmes, drugs, staff costs, child cancer registries, improvements to facilities, awareness campaigns and strategies to reduce the number of children who fail to complete the full course of treatment including development of the local parent support groups.

Each twinning partnership creates a sustainable new centre of child cancer treatment staffed by specially trained medics using simplified treatment protocols within a dedicated paediatric oncology ward. The result is improved access to treatment and a significant increase in survival rates as well as the provision of effective pain relief for children with incurable cancers.

A. STRUCTURE, GOVERNANCE AND MANAGEMENT

a. Constitution and Organisational Structure

World Child Cancer UK (formerly the Gordon Morrison Charitable Trust) is constituted and governed by a trust deed dated 1 December 2000. The Trustees are responsible for the overall governance of the Charity.

The number of Trustees shall be not less than two nor more than 4. Trustees shall, in the ordinary course, be appointed by resolution of the Trustees.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT (continued) FOR THE PERIOD ENDED 31 DECEMBER 2013

Trustees

Gordon Morrison, BSc (Hons) (Chairman)

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

David Henderson,	MA (Hons)	
Prof. MD Olle Bjork		
Dr Trijn Israels	MD, PhD	(Resigned 20 January 2014)
Louise Soanes,	RGN/RSCN, PGDip	
Anu Vedi,	CBE, ACA, MCIH	
Nicola Bishop		
Dr Janice Kohler,	FRCPCH	
Gordon Morrison	Bsc Hons	

The following directors have been appointed after the year end:

James King	(Appointed 12 March 2014)
Prof. Kathy Pritchard-Jones	(Appointed 12 March 2014)

Honorary Patrons

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

Officers

Allison Ogden-Newton, BA (Hons), MA (Hons), FRSA – Chief Executive
John Morrison, FCIS – Company Secretary
Rebecca Ross, BA (Hons), ACA - Finance Director

Committees

As well as the Board of Trustees, 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) Remuneration & Employment 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:

Gordon Morrison
David Henderson
Louise Soanes

ii) Fundraising sub-committee

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

Members:

Anu Vedi
David Henderson
Nicola Bishop

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT (continued) FOR THE PERIOD ENDED 31 DECEMBER 2013

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:

Louise Soanes
Trijn Israels
Janice Kohler
Cath Lam
Scott Howard
Abby White
Alison Finch
Liz Burns
Marc Hendricks
Alenjandro Gutierrez
Raul Ribeiro
Stephen Hunger

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustees are responsible 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).

Charity law requires the Trustees to prepare financial statements for each financial year. Under charity law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charity for that period. In preparing these 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 judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- 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 adequate 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.

b. 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.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**TRUSTEES' REPORT (continued)
FOR THE PERIOD ENDED 31 DECEMBER 2013**

c. Risk Management

The Trustees have assessed the major risks to which the charity is exposed, in particular those related to the operations and finances of the charity, and are satisfied that systems and procedures are in place to mitigate our exposure to the major risks.

a. B. OBJECTIVES AND ACTIVITIES

a. Our Impact

During 2013 we worked in thirteen countries across three continents.

Country	Hospital in Low-Middle Income Country	Hospital in High-Income Country	Start Date of Project
Malawi	Queen Elizabeth Central Hospital, Blantyre	Royal Victoria Infirmary, Newcastle (UK) and AMC University/EMMA Children's Hospital, Amsterdam (Netherlands)	Jan-09
Colombia	Instituto Nacional de Cancerlogia (INC), Bogota	Dana-Farber/Children's Hospital Boston (US)	May-09
The Philippines	Southern Philippines Medical Centre, Davao	St Jude Children's Research Hospital, Memphis (US) and University Hospital (Singapore)	Nov-09
Ghana	Korle Bu Teaching Hospital, Accra	Royal Hospital for Sick Children, Edinburgh (UK)	Nov-10
Cameroon	Mbingo Baptist Hospital Mutengene Baptist Hospital Banso Baptist Hospital	Tygerberg Hospital / Stellenbosch University, South Africa	Jan-12
Bangladesh	Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh	University College London Hospital (UCLH), UK and Great Ormond Street Children's Hospital, UK and British Columbia Children's Hospital, Vancouver, Canada	Sep-12
AHOPCA: Honduras, Guatemala, Dominican Republic, Costa Rica, El Salvador, Nicaragua, Panama	7-country alliance for funding data registration activities	St Jude Children's Research Hospital, Memphis (US)	Oct-13

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT (continued) FOR THE PERIOD ENDED 31 DECEMBER 2013

i.i Increasing Access to Treatment

During 2013 we worked in thirteen hospitals in Malawi, Ghana, Colombia, The Philippines, Cameroon, Bangladesh and a 7-country alliance in Central America (AHOPCA). By the end of 2013 our work was impacting on the lives of 2,655 children annually by providing improved curative and palliative treatment. We improved access to treatment by:

- Subsidising the cost of chemotherapy and palliative care drugs so that more children could be treated and more children could complete the full course of treatment.
- Funding awareness campaigns in The Philippines, Ghana, Cameroon and Malawi.
- Subsidising the salaries of nurses and doctors to ensure that there were adequate numbers of staff to treat all the children diagnosed with cancer in each hospital.
- Expanding our work and providing training to staff in satellite centres in the project countries which have links to the project centres.
- In Ghana we have finished completion of a new day care unit which provides a safe place for children to receive their chemotherapy treatment.

i.ii Improving Survival Rates

Over a five year period our projects aim to at least double survival rates in the hospitals in which we work. Survival rates are judged on event free survival at 1 year, 3 years and 5 years post completion of treatment. Our projects in Malawi, Colombia, The Philippines and Ghana which have been in operation for more than two years are showing significant improvements in survival rates.

- In Malawi, survival rates for Burkitt's lymphoma have reached 60% (an increase on 50% from 2011). Wilm's tumour survival rates are 46% (an increase from 35% in 2011). New protocols have been developed for retinoblastoma, Kaposi sarcoma and Acute Lymphoblastic Leukaemia.
- In Colombia, the project has seen an annual increase in the number of patients diagnosed.
- In The Philippines, the number of children diagnosed has increased and deaths from abandonment of treatment have reduced with the creation of two satellite treatment centres.
- In Ghana one-year survival rates have increased from a baseline of 40% to around 60% in the first two years of the project.

i.iii Improving the Provision of Palliative Care

Our work optimises the provision of palliative care to children with incurable types of cancer.

- During 2013 our twinning partnerships provided training for doctors and nurses in palliative care at all of our projects.
- In Cameroon our funding paid for a motorbike and a palliative care outreach nurse who will visit rural villages and see the patients in their homes with easier accessibility.
- Our Medical Trustees are advocating for improved funding for palliative care for children with cancer in low-middle income countries through their work with international healthcare funders and policy makers such as the World Health Organisation and the UK Government.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

TRUSTEES' REPORT (continued) FOR THE PERIOD ENDED 31 DECEMBER 2013

i.iv Building Capacity in the Treatment of Children with Cancer

We build capacity within the health systems of the countries in which we work by training doctors and nurses, improving facilities and developing national models for the treatment of child cancer:

- During 2013 we provided training for over 820 healthcare professionals in specialist paediatric oncology procedures and treatment. In the last three years we have trained around 2,270 healthcare professionals.
- Online training through our twinning partners is ongoing and is a cost-efficient way of continuously improving the knowledge and skills that the staff learn at the training workshops.
- Work is on-going in all our projects in the development of nationwide models for the care and treatment of children with cancer.

i.v Improving the Collection of Statistical Data on child cancer

We improve the collection of statistical data on child cancer so we can accurately predict incidence rates and improve treatment by understanding the reasons for treatment failure.

- During 2013 child cancer tumour registries were operating at all of our projects, with the Operations Manager of World Child Cancer having direct access to anonymised data recorded at the projects.
- A new project in 2013 was started in Central America linking 7 countries under the umbrella AHOPCA and assisting in database development at these project centres.

i.vi Raising awareness about child cancer in low and middle income countries and its curability

Through our work we aim to improve awareness about child cancer and its curability amongst parents and primary healthcare workers in low and middle income countries. In addition, we are advocating increased funding for cancer treatment in low and middle income countries.

- In Malawi, diagnosis has increased by 60% over a five year period. This is due in part to a poster awareness campaign and also word of mouth.
- In Colombia, diagnosis has increased by 75% over a three year period.
- In Ghana, diagnosis has increased by 100% due to an awareness campaign promoting the early signs and symptoms of child cancer.
- In The Philippines, the establishment of satellite diagnosis and treatment centres in rural areas of the island of Mindanao is encouraging earlier diagnosis.
- Rallies have been held at most projects as well as radio talks, television appearances and regular newspaper coverage of the childhood cancer issues.

i.vii Developing long-term sustainability for our projects

World Child Cancer UK provides seed-funding for projects for five years during which time local sources of funding are developed in order to take over from World Child Cancer UK at the end of the five year funding period. The development of local parent support groups is critical to the long term sustainability of our projects. We are also planning for succession of our project leaders which will be focused on in 2014. Already we are partially funding the specialist paediatric oncology training of a doctor in Malawi and a new training course has been started in the main medical school in Ghana thanks to the lobbying of our project leader to the Ministry of Health.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**TRUSTEES' REPORT (continued)
FOR THE PERIOD ENDED 31 DECEMBER 2013**

ii. Value of Voluntary Medical Aid

Our projects facilitate and leverage valuable voluntary medical aid from our twinning partner hospitals/Medical Ambassadors in developed countries and our project leaders in developing countries. Medical Ambassadors are experienced paediatric oncology doctors and nurses from developed countries who donate their time and expertise, mentoring and training programmes funded by World Child Cancer UK. In fact, the support of our volunteer medics is estimated to be at least equal in value to the financial aid made by World Child Cancer UK to each project. This ensures that we can achieve sustainable and significant improvements in the treatment of children with cancer in developing countries with relatively low levels of funding and that our partners receive value for money for their donations.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**TRUSTEES' REPORT (continued)
FOR THE PERIOD ENDED 31 DECEMBER 2013**

C. FINANCIAL REVIEW

During the period the income of World Child Cancer UK (formerly The Gordon Morrison Charitable Trust) was £1,168,179 (5 April 2013 - £44,398). Expenditure on charitable projects was £1,165,718 (5 April 2013 - £46,322).

The assets of World Child Cancer were transferred to World Child Cancer UK in the period and the the activities of World Child Cancer were continued in this charity.

A year on year income and expenditure analysis of the combined activities of World Child Cancer and World Child Cancer UK for the year to 31 December 2013 is shown below:

**STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED
31 DECEMBER 2013 HAD THE RE-ORGANISATION ON 12TH MAY 2013 NOT
TAKEN PLACE**

	2013	2012
	£	£
INCOMING RESOURCES		
Incoming resources from generated funds:		
Voluntary income	1,298,112	1,013,790
Investment income	189	429
TOTAL INCOMING RESOURCES	1,298,301	1,014,219
RESOURCES EXPENDED		
Costs of generating funds:		
Costs of generating voluntary income	203,520	179,812
Charitable activities	953,585	833,522
Governance costs	43,276	14,242
TOTAL RESOURCES EXPENDED	1,200,381	1,027,576

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**TRUSTEES' REPORT (continued)
FOR THE PERIOD ENDED 31 DECEMBER 2013**

i. Reserves and Reserves Policy

Free reserves amounted to £300,503 (5 April 2013 - £483,213). World Child Cancer UK commits to its projects for a period of five years. The Trustees have adopted a policy of having 6 to 12 months expenditure in reserves at any one time in order to provide assurance that the charity can meet its commitments. Currently, the Charity holds reserves equivalent to 8 months (5 April 2013 - 13 months) worth of direct costs in support of treatment programmes, excluding the value of donated costs.

ii. Going Concern

The Trustees believe 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.

D. PUBLIC BENEFIT

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

This report was approved by the Trustees on 18/4/14 and signed on their behalf by:



G Morrison (Chairman)

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

We have audited the financial statements of World Child Cancer UK (formerly the Gordon Morrison Charitable Trust) for the period ended 31 December 2013 set out on pages 16 to 28. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities).

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 company'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.

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 2013 and of its incoming resources and application of resources for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared in accordance with the requirements of the Charities Act 2011

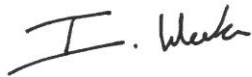
WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF WORLD CHILD CANCER UK (FORMERLY
THE GORDON MORRISON CHARITABLE TRUST)**

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: *29th April 2014*

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE PERIOD ENDED 31 DECEMBER 2013

	Note	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	Total funds 5 April 2013 £
INCOMING RESOURCES					
Incoming resources from generated funds:					
Voluntary income	2	131,564	1,029,655	1,161,219	-
Investment income	3	8	6,952	6,960	44,398
TOTAL INCOMING RESOURCES		131,572	1,036,607	1,168,179	44,398
RESOURCES EXPENDED					
Costs of generating funds:					
Costs of generating voluntary income	4	-	90,203	90,203	-
Charitable activities		79,869	1,085,849	1,165,718	46,322
Governance costs	6	-	36,116	36,116	40
TOTAL RESOURCES EXPENDED	8	79,869	1,212,168	1,292,037	46,362
NET INCOMING RESOURCES / (RESOURCES EXPENDED) BEFORE REVALUATIONS		51,703	(175,561)	(123,858)	(1,964)
Gains and losses on revaluations of investment assets	14	-	(1,331)	(1,331)	-
NET MOVEMENT IN FUNDS FOR THE YEAR		51,703	(176,892)	(125,189)	(1,964)
<i>Total funds at 6 April 2013</i>		-	483,213	483,213	485,177
TOTAL FUNDS AT 31 DECEMBER 2013		51,703	306,321	358,024	483,213

The notes on pages 19 to 28 form part of these financial statements.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)
REGISTERED NUMBER:

BALANCE SHEET
AS AT 31 DECEMBER 2013

		31 December 2013		5 April 2013
	Note	£	£	£
FIXED ASSETS				
Tangible assets	13	5,768	-	-
Investments	14	-		471,646
		<u>5,768</u>		<u>471,646</u>
CURRENT ASSETS				
Debtors	15	203,498	-	-
Cash at bank		160,438	11,567	
		<u>363,936</u>	<u>11,567</u>	
CREDITORS: amounts falling due within one year	16	(11,680)	-	
NET CURRENT ASSETS		<u>352,256</u>		<u>11,567</u>
NET ASSETS		<u>358,024</u>		<u>483,213</u>
CHARITY FUNDS				
Restricted funds	17	51,703	-	-
Unrestricted funds	17	306,321		483,213
TOTAL FUNDS		<u>358,024</u>		<u>483,213</u>

The Trustees consider that the is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the to obtain an audit for the period in question in accordance with section 476 of the Act. However, an audit is required in accordance with section 144 of the Charities Act 2011.

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and for preparing financial statements which give a true and fair view of the state of affairs of the as at 31 December 2013 and of its net resources expended for the period in accordance with the requirements of sections 394 and 395 of the Act and which otherwise comply with the requirements of the Act relating to financial statements, so far as applicable to the .

The financial statements have been prepared in accordance with the provisions applicable to small companies within Part 15 of the Companies Act 2006 and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**BALANCE SHEET (continued)
AS AT 31 DECEMBER 2013**

The financial statements were approved by the Trustees on *18th APRIL 2014* and signed on their behalf, by:



G Morrison (Chairman)

The notes on pages 19 to 28 form part of these financial statements.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention, with the exception of investments which are included at market value, and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008). The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), 'Accounting and Reporting by Charities' published in March 2005.

The Trustees believe 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.

1.2 Fund accounting

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the company 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.

1.3 Incoming resources

All incoming resources are included in the Statement of Financial Activities when the company has entitlement to the funds, certainty of receipt and the amount can be measured with sufficient reliability. For legacies, entitlement is the earlier of the company being notified of an impending distribution or the legacy being received.

Donated services or facilities, which comprise donated services, are included in income at a valuation which is an estimate of the financial cost that would have been incurred by the charity where such a cost is quantifiable and measurable. No income is recognised where there is no financial cost borne by a third party.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

1. ACCOUNTING POLICIES (continued)

1.4 Resources expended and liability recognition

All expenditure is accounted for on an accruals basis and has been included under expense categories that aggregate all costs for allocation to activities. Where costs cannot be directly attributed to particular activities they have been allocated on a basis consistent with the use of the resources.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities. Support costs are those costs incurred directly in support of expenditure on the objects of the company and include project management carried out at Headquarters. Governance costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

Grants payable are charged in the year when the offer is made.

1.5 Cash flow

The financial statements do not include a Cash flow statement because the charitable company, as a small reporting entity, is exempt from the requirement to prepare such a statement under the Financial Reporting Standard for Smaller Entities (effective April 2008).

1.6 Tangible fixed assets and depreciation

All assets costing more than £500 are capitalised.

Tangible fixed assets are stated at cost less depreciation. 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:

Office equipment	-	20% straight line
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1.7 Investments

Investments are stated at market value at the balance sheet date. The Statement of financial activities includes the net gains and losses arising on revaluations and disposals throughout the year.

1.8 Operating leases

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

1.9 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.

1.10 Pensions

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

1. ACCOUNTING POLICIES (continued)

The company contributes to the personal pension plans of its employees at rates agreed within their contracts of employment.

2. VOLUNTARY INCOME

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds Year ended 5 April 2013 £</i>
Donations	72,046	716,063	788,109	-
Donated services	-	289,907	289,907	-
Donation from World Child Cancer	59,518	23,685	83,203	-
	<hr/>	<hr/>	<hr/>	<hr/>
Voluntary income	131,564	1,029,655	1,161,219	-
	<hr/>	<hr/>	<hr/>	<hr/>

During the year the entire net assets of World Child Cancer were donated to World Child Cancer UK.

The net assets at the time of the transfer comprised of the following :

Fixed Assets	£6,574
Debtors/Prepayments	£4,644
Creditors/Accruals	-£37,243
Cash	£109,228
	<hr/>
Total net assets	£83,203
	<hr/>

The fair value of the assets was equivalent to the book value in the World Child Cancer financial statements.

3. INVESTMENT INCOME

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds 5 April 2013 £</i>
Investment income	8	6,952	6,960	44,398
	<hr/>	<hr/>	<hr/>	<hr/>

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

4. COSTS OF GENERATING VOLUNTARY INCOME

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds 5 April 2013 £</i>
Fundraising costs of grants and donations	-	49,372	49,372	-
Staff costs for generating income	-	40,831	40,831	-
	<u>-</u>	<u>90,203</u>	<u>90,203</u>	<u>-</u>

5. GRANTS TO INSTITUTIONS

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds 5 April 2013 £</i>
Grants to institutions	-	487,323	487,323	-

During the year, assets totalling £487,323 were donated to The Chaldean Charitable Trust.

6. GOVERNANCE COSTS

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds 5 April 2013 £</i>
Governance costs	-	35,180	35,180	40
Governance expense - wages & salaries	-	936	936	-
	<u>-</u>	<u>36,116</u>	<u>36,116</u>	<u>40</u>

7. SUPPORT COSTS

	Governance £	Total 2013 £	<i>Total funds 5 April 2013 £</i>
Legal and professional	19,825	19,825	-
Audit and accounting fees	11,280	11,280	-
Other costs	4,075	4,075	40
	<u>35,180</u>	<u>35,180</u>	<u>40</u>

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013

8. ANALYSIS OF RESOURCES EXPENDED BY EXPENDITURE TYPE

	Staff costs 2013 £	Other costs 2013 £	Total 2013 £	Total 5 April 2013 2013 £
Costs of generating voluntary income	40,831	49,372	90,203	-
Costs of generating funds	40,831	49,372	90,203	-
Direct Costs - Support of treatment programmes	218,377	947,341	1,165,718	46,322
Governance	936	35,180	36,116	-
	260,144	1,031,893	1,292,037	46,322

9. ANALYSIS OF RESOURCES EXPENDED BY ACTIVITIES

	Activities undertaken directly 2013 £	Donation of Assets 2013 £	Support costs 2013 £	Total 2013 £	Year ended 5 April 2013 £
Direct costs - Support of treatment programmes	467,488	487,323	158,874	1,113,685	46,322

The amounts spent were on projects in the Philippines, Colombia, Malawi, Ghana, Cameroon, Bangladesh, Zambia and AHOPCA – 7 country network in Central America.

10. NET INCOMING RESOURCES / (RESOURCES EXPENDED)

This is stated after charging:

	2013 £	Year ended 5 April 2013 £
Depreciation of tangible fixed assets:		
- owned by the charity	1,485	-
Operating lease costs	4,536	-
Foreign exchange (income)/expense	1,935	-

During the period, no Trustees received any remuneration (2013 - £NIL).
During the period, no Trustees received any benefits in kind (2013 - £NIL).

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

11. AUDITORS' REMUNERATION

	2013	<i>Year ended</i>
	£	<i>5 April</i>
		<i>2013</i>
		£
Auditors remuneration	4,500	-

12. STAFF COSTS

	2013	<i>Year ended</i>
	£	<i>5 April</i>
		<i>2013</i>
		£
Wages and salaries	220,855	-
Social security costs	27,007	-
Other pension costs	12,282	-
Donated services	-	-
Total	260,144	-

The average monthly number of employees during the year was as follows:

	2013	<i>Year ended</i>
	£	<i>5 April</i>
		<i>2013</i>
		£
Average	5	2

No (2012 - nil) employees received remuneration amounting to more than £60,000 during the year.

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

13. TANGIBLE FIXED ASSETS

	Office equipment £
Cost	
At 6 April 2013	-
Additions	7,253
	<hr/>
At 31 December 2013	7,253
	<hr/>
Depreciation	
At 6 April 2013	-
Charge for the period	1,485
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At 31 December 2013	1,485
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Net book value	
At 31 December 2013	5,768
	<hr/> <hr/>
At 5 April 2013	-
	<hr/> <hr/>

14. FIXED ASSET INVESTMENTS

	Listed securities £
Market value	
At 6 April 2013	471,646
Disposals	(477,156)
Change in market value	(1,331)
Increase in cash held as investments	6,841
	<hr/>
At 31 December 2013	-
	<hr/> <hr/>

15. DEBTORS

	31 December 2013 £	5 April 2013 £
Other debtors	189,524	-
Prepayments and accrued income	13,974	-
	<hr/>	<hr/>
	203,498	-
	<hr/> <hr/>	<hr/> <hr/>

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013

16. CREDITORS:

Amounts falling due within one year

	31 December 2013 £	5 April 2013 £
Other creditors	400	-
Accruals and deferred income	11,280	-
	<u>11,680</u>	<u>-</u>

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013**

17. STATEMENT OF FUNDS

	Brought Forward £	Incoming resources £	Resources Expended £	Gains/ (Losses) £	Carried Forward £
Unrestricted funds					
General Funds	483,213	1,015,224	(1,212,168)	(1,331)	284,938
Other General funds	-	21,383	-	-	21,383
	<u>483,213</u>	<u>1,036,607</u>	<u>(1,212,168)</u>	<u>(1,331)</u>	<u>306,321</u>
Restricted funds					
Restricted Funds	-	131,572	(79,869)	-	51,703
Total of funds	<u>483,213</u>	<u>1,168,179</u>	<u>(1,292,037)</u>	<u>(1,331)</u>	<u>358,024</u>

The restricted funds relate to monies donated to assist specific elements of the projects supported by the charity, including the funding of the projects in Malawi, Ghana, Colombia, Cameroon, Zambia, The Philippines and Bangladesh.

The carried forward restricted are made up as follows:

Malawi	£2,708
Mozambique	£4,280
Bangladesh	£8,371
Ghana	£35,603
Zambia	£578
Myanmar	£163

18. ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Restricted funds 2013 £	Unrestricted funds 2013 £	Total funds 2013 £	<i>Total funds 5 April 2013 £</i>
Tangible fixed assets	-	5,768	5,768	-
Current assets	51,703	312,233	363,936	483,213
Creditors due within one year	-	(11,680)	(11,680)	-
	<u>51,703</u>	<u>306,321</u>	<u>358,024</u>	<u>483,213</u>

WORLD CHILD CANCER UK (FORMERLY THE GORDON MORRISON CHARITABLE TRUST)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE PERIOD ENDED 31 DECEMBER 2013

19. OPERATING LEASE COMMITMENTS

At 31 December 2013 the charity had annual commitments under non-cancellable operating leases as follows:

	31 December 2013 £	5 April 2013 £
Expiry date:		
Within 1 year	19,368	19,445

20. RELATED PARTY TRANSACTIONS

Per the transfer agreement dated 12 May 2013, the entire net assets of World Child Cancer were donated to World Child Cancer UK. Gordon Morrison is both a trustee of World Child Cancer and World Child Cancer UK. The assets were transferred as it was considered in the best interests of furthering the charity's objectives of helping children with cancer. World Child Cancer UK has the same charitable objectives of World Child Cancer and the operations of the charity have not changed in any other way.

During the year, World Child Cancer UK donated assets totalling £487,323 to The Chaldean Charitable Trust. Gordon Morrison is both a trustee of World Child Cancer UK and The Chaldean Charitable Trust. The assets transferred were those belonging to The Chaldean Charitable Trust prior to the transfer in of assets from World Child Cancer and comprise investments owned by The Chaldean Charitable Trust.

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 £9,781 and an amount at least equal to this was donated back to the charity.