



**Facial Palsy UK**  
(A company limited by guarantee)

**Report and Unaudited Financial Statements**  
**For the Period Ended 30 June 2013**

**Charity number 1148115**  
**Company number 8107184**

**Facial Palsy UK**

(A company limited by guarantee)

**Financial Statements**

**For the Period Ended 30 June 2013**

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**Facial Palsy UK**

**Report of the Directors and Trustees for the period ended 30 June 2013**

The Directors and Trustees (henceforth referred to as the Trustees) present their directors' report and independently examined financial statements for the period from incorporation on 16 June 2012 to 30 June 2013.

**Reference and Administrative Information**

Charity Name:	Facial Palsy UK
Charity registration number:	1148115
Company registration number:	8107184
Registered Office:	Medina Cottage, Medina Place, Hove, BN3 2RF
Operational address:	PO Box 1269 Peterborough PE1 9QN

**Directors/Trustees**

C Nduka	Chair and Acting CEO
S Cufley	Treasurer
V Venables	
F Hawthorne	

**Independent Examiner** - Clark Brownscombe Limited, 8 The Drive, Hove, BN3 3JT

**Bankers** - HSBC, 125 Church Road, Hove, East Sussex, BN3 2AN

**Councils**

The Trustees are advised and supported in their work by the following bodies with no decision-making powers:

- The Medical Advisory Board composed of a multi-disciplinary group of experts in the field of facial palsy.
- Charity Representatives – people with personal experience of facial palsy are consulted for feedback on specific issues relevant to their experience, and help guide the work of the charity.

## **Our Aims and objectives**

### Purposes and Aims

Our charity's purposes as set out in the objects contained in company's memorandum of association are to:

- (i) improve the level of care and treatment of persons living with facial palsy by increasing awareness and understanding of facial palsy and its physical and psychological consequences;
- (ii) to assist the treatment and care of persons living with facial palsy by the provision of information, support, education and practical advice;
- (iii) to improve access to care by raising the profile of facial palsy and its consequences, through education and training of healthcare professionals, where such education and training is not normally provided by the statutory authorities;
- (iv) to raise funds to support and sponsor research and training for healthcare professionals involved in the management and treatment of facial palsy, where such activities are not normally provided by the statutory authorities;
- (v) to be an advocate for the facial palsy community in the development of service provision, education and research.

The aims of our charity are to increase awareness of facial palsy and its social, physical and psychological consequences, to improve the physical and emotional health of adults and children with facial palsy, and to promote diagnosis, acute and long-term management and rehabilitation of people living with facial palsy. Our aims fully reflect the purposes that the charity was set up to further.

### Ensuring our work delivers our aims

We review our aims, objectives and activities each year. This review looks at what we achieved and the outcomes of our work in the previous 12 months. The review looks at the success of our activities and the benefits they have brought to those groups of people we are set up to help. The review also helps us ensure our aim, objectives and activities remain focused on our stated purposes. We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees consider how planned activities will contribute to the aims and objectives they have set.

### The rationale for Facial Palsy UK's work

The term facial palsy generally refers to weakness of the facial muscles, mainly resulting from temporary or permanent damage to the facial nerve. We take the simplest things for granted in our lives, the ability to close our eyes for sleep at night, to hold food in our mouth as we eat, to kiss our loved ones, and to smile or even frown, but all these actions are controlled by the nerves in our face, meaning those with facial palsy cannot necessarily perform these functions. Added to the frustration of living with facial palsy is the public perception that the condition is purely a cosmetic issue, rather than a functional one affecting communication (facial expression), eating and drinking, and the closure of the eye on the affected side. There is also lack of awareness

about the condition facial palsy and children repeatedly report being bullied throughout their school days.

The need for a charity specifically for facial palsy was recognised following the development of the Facial Palsy Clinic at the Queen Victoria Hospital in East Grinstead. In 2009, Consultant Plastic and Reconstructive Surgeon Charles Nduka who set up the service conducted a survey and in conjunction with patient feedback noted that:

- The average duration between the onset of paralysis and referral to a specialist for treatment was 5.6 years which means that there is a huge unmet need for help.
- Patients were travelling from across the UK (including Northern Ireland and Scotland) in order to be seen.
- The information that patients had been given by some health professionals was incorrect and might impact negatively on their outcome.
- There were limited resources in the community to support patients, their relatives and partners.

Whilst existing charities help and support some patients with specific causes of facial palsy (such as the British Acoustic Neuroma Association, or the Bell's Palsy Association), many patients do not fall within any recognised group and were therefore without support.

#### The focus of our work

Our main objectives for the year have been to support people affected by facial palsy and also to increase awareness of the condition and how it impacts on the lives of those affected. The strategies we used to meet these objectives included:

- We set up a Community Advisory Board consisting of people with facial palsy. These volunteers played a key role in deciding what information, support and services were needed for people affected by the condition. We have now restructured with project specific panels to meet our needs as we grow, and ensure inclusivity.
- Providing a comprehensive website with information about the condition. All information has been verified by relevant health professionals and meets necessary timeliness requirements.
- Providing unbiased support by telephone and email, and signposting to relevant services.
- A media campaign highlighting the reasons behind the need for the charity. We featured several case studies of men, women and children across a range of ages and conditions. Articles were placed in various publications ranging from tabloids to popular magazines to health related journals.
- Creating a Facial Palsy Information Video to explain more about facial palsy and the challenges of living with the condition.
- Setting up a diverse Medical Advisory Board bringing together specialists in the field who can help guide our research and agenda for change.
- Providing advocacy services.
- Approaching relevant health professionals to set up additional support groups around the country.
- Creating charity leaflets which give more information about facial palsy and how it affects people.

## **How our activities deliver public benefit**

Our main activities and who we try to help are described below. Our charitable activities focus on improving support and information for people affected by facial palsy, improving treatment options and access to care for patients, and supporting and sponsoring education and research in this area. As a new charity our main focus this year has been on providing support and information and raising awareness of the needs of patients and their families.

## **Who used and benefited from our services?**

We are a national charity registered in England and Wales but being the only charity to support people affected by facial palsy due to any cause, we receive telephone calls and emails from all over the world. We operate in England and Wales in accordance with Charity Commission guidelines. Due to poor record keeping and a lack of understanding of the condition, it is difficult to give accurate numbers on the percentage of the population affected by facial palsy. The condition has over 30 different causes and there are estimated to be at least 100,000 people affected in the UK.

## Support and Information

Prior to February all of our enquiries were dealt with by volunteers. From mid-February we took on one full-time employee, our charity coordinator and communications officer, who deals with all initial enquiries as well as all operational requirements. Requests for support and information are received by email, telephone and post, as well as through social media channels such as Twitter and Facebook.

Many people are unsure how to access the help they need, often because GPs are also unsure about the different services available for people with facial palsy. There is a lack of understanding about the functional, social and psychological consequences of the condition, which makes it difficult for people to access appropriate treatment. Some people find it difficult to put into words the problems they are having and are embarrassed to broach the subject with their GP. Often people are told to learn to live with it or that their problems could be much worse, and they find it difficult to justify why they need help, particularly as facial palsy is often mistakenly assumed to be a cosmetic condition. For these people, talking things through with the charity reassured them that their problems were valid and gave them the confidence to approach their GP and access further help.

Support enquiries in the past year mostly involved signposting people to relevant sections of our website or organisations, or simply offering a friendly ear. Many people have never had the opportunity to speak about their experiences before and simply want someone to listen to them who understands and who does not disregard their feelings as unimportant. We received numerous enquiries asking how patients can get referred and where they should get referred to. We cannot and will not make recommendations so it is very difficult to meet the needs of patients who are frustrated by the lack of information available via the NHS. There is also the added complication of a 'postcode lottery'; some treatments are only available to people in certain areas of the country via the NHS. Complex medical enquiries were referred to relevant health professionals. Where there was no one appropriate on our Medical Advisory Board who could help, we contacted relevant organisations until we found the best person to answer the enquiry.

We received support enquiries from parents and grandparents of children with facial palsy. There is very much a 'wait and see' approach when babies are born with the condition, because in some cases it will resolve with time. While this is often wholly appropriate from a medical perspective, new parents face a period of uncertainty and need reassurance. New mothers contacted us for advice about feeding a baby who was having difficulty sucking. Some parents contacted us because they were unsure whether their child's speech development was hampered by their facial palsy. We provided helpful information covering areas such as eye care, speech, eating and drinking problems. We also put parents in touch with other parents who had experienced similar and could offer some support.

We received many phone calls from people dealing with residual effects of Bell's palsy. Once the person has regained their smile many people assume the condition has resolved, but synkinesis may persist, this is where the nerves become miswired during the recovery process. A person may find that every time they eat, their eye waters, or every time they smile their eye winks. There may also be persistent facial pain due to the facial muscles being tense. There is a lack of awareness among GPs about the treatment options available for these problems and we have been able to signpost patients and GPs to relevant information so the patient can hopefully achieve a better quality of life.

We received approximately 380 support enquiries in our first year (from our official launch in November 2012 until 30 June 2013). These have come from people with the condition, family members, friends, teachers, carers, GPs, surgeons, speech therapists, physiotherapists and more.

We have given support to people affected by the following conditions: acoustic neuroma, facial nerve neuroma, congenital facial palsy, facial palsy due to birth trauma, Moebius syndrome, Bell's palsy, BVVL, Guillain-Barre syndrome, Melkersson-Rosenthal syndrome, NF2, Ramsay Hunt syndrome, Stroke, Head trauma, CHARGE syndrome, Asymmetric crying facies, Hemifacial microsomia, Salivary gland tumour, Cholesteatoma, Hemangioma, Arteriovenous malformation, Plemorphic adenoma, and more. Occasionally we receive support enquiries from people who have been left with facial nerve damage after cosmetic procedures.

We received over 18,000 unique visitors to our website in our first year and there were nearly 20,000 page views on our Advice section alone. We expect these figures to double next year. We also delivered information via social media. By end of June we had 156 Twitter followers and 441 Facebook Likes. We have been fairly conservative in growing our social media following; ensuring people who like or follow us are relevant and have a genuine interest in the work of the charity.

We struggled to help a small percentage of people who needed Outreach support because we have insufficient funding to provide this kind of service. We sometimes receive phone calls from people who cannot access local support groups, e.g. due to terminal illness, being elderly or living in a remote area. These people would benefit from a home visit from a health professional. Often people with facial palsy are told to tape the eye closed at night but they are not usually shown how to do this or what kind of tape to use. Corneal ulceration can occur when the eyelid is too weak to close completely due to facial palsy and the protective tear film becomes less effective. This can lead to infection and cause blindness. A dedicated health professional would have been able to provide guidance and support in areas such as eye care, speech, eating and drinking problems, etc. We put as much information as we can on our website and send out printed information but in some cases a home visit would have been the best option.

Our first Facial Palsy UK support group at East Grinstead has approximately 30 members and people travelled up to 84 miles to attend this group every quarter. In addition to this we have a biannual support group in Newcastle which has also been well attended. We translated our adverts for support groups into several different languages and advertised them through a diverse range of channels. Equal access to our services is important to us. We surveyed our East Grinstead group and 70% said attending the group had improved their self-esteem and confidence, and 80% said knowing they were helping others by sharing experiences had also given them confidence. 70% said attending the group made them feel less isolated and 80% said they had learnt more about their healthcare options.

We created a Support Coordinators handbook with guidelines for running a support group and asked for volunteers to help health professionals set up new groups. Three volunteers with facial palsy were recruited with the aim of setting up three new support groups in October 2013. We also have a list of volunteers interested in providing telephone support but we need more resources before we can launch this kind of service, because training will be required.

Our information leaflets were used in some schools to raise awareness of facial palsy and to help answer questions from peers where there is a child in the school with the condition. We also started distributing leaflets to relevant hospital clinics, as far as funding allowed.

We connected people with others in a similar situation as another way of providing support. People can talk to someone who has had similar surgery, treatment or experiences.

We monitored the questions we received and planned Patient Guides around answering questions that people most need answers to. We also provided information to health professionals who wanted to better understand how they could support someone with facial palsy.

### Raising awareness

40 personal stories were submitted by people for use on the website. Our media volunteers have featured in approximately 60 different media channels in our first year. People have come forward for support after reading similar experiences to their own and feel empowered to ask for the help they deserve. Patient experiences on the website such as one about CBT have led to more people seeking therapy that can be hugely beneficial to them. Many people are unsure what their condition is called having never received a proper diagnosis and now have a greater understanding of the kind of services that may be available to them.

One of the key areas where we have been raising awareness is regarding the treatment of Bell's palsy patients, as receiving the correct medical treatment within 72 hours can be vital to their recovery outcome.

### **Fundraising**

We are very grateful indeed for all the many donations Facial Palsy UK has received in its first year. Individual fundraisers have raised in excess of £12,000, nearly 50% of our annual income for the year, this is an incredible achievement and we are very grateful to all those who took part in a wide range of activities.



## **Financial Review**

Being the charity's first year there have been considerable start-up costs, particularly in the areas of advertising and marketing. The deficit is facilitated by a loan of £17,000 from the charity's founder and Trustee Charles Nduka. As and when funds become available this loan will be repaid. Wavelength Marketing Communications were contracted to raise awareness of the charity between the months of October 2012 and January 2013 via an intensive PR campaign. The advertising equivalency value (AVE) for our launch month alone was £381,703. The publicity the charity received from our PR campaign resulted in more supporters as well as beneficiaries, so the income compared to expenditure was much healthier in the latter part of the year. The website design and build was paid for in this year and the on-going maintenance costs for the website were greatly reduced by 70% from June 2013 onwards. Investment in a quality Content Management System which is search engine friendly has helped us achieve position 1 in Google, Yahoo and Bing for the term 'facial palsy'. We are also now on page 1 of Google for the term 'Bell's palsy' – a very competitive term. Other one-off marketing costs included creating a film about facial palsy as well as video interviews with health professionals.

### Principal Funding Sources

The principal funding sources for the charity this year have been from individual donations and individual fundraisers, as well as the aforementioned loan from Mr Nduka. As a new charity we have not yet established long term sources of funding such as legacy funding, grant income and corporate partnerships. The charity was set up to meet the needs of people who have lived without support for many years, and we are therefore enthusiastically supported by the facial palsy community in our fundraising efforts.

### Investment and Reserves Policy

Being such a new charity there were insufficient funds at the end of the first year to consider an Investment or Reserves Policy. Going forward the charity needs to establish a policy whereby the unrestricted funds not committed or invested in tangible fixed assets held by the charity should be between 3 and 6 months of the expenditure. Budgeted expenditure for 2013/4 is £39,000. Reserves between £9,750 and £19,500 would be needed to meet the current working capital requirements of the charity in the event of unforeseen circumstances arising. The Trustees are well aware that it is unlikely to reach the upper figure for at least five years. In the short term the Trustees have also considered the extent to which existing expenditure could be curtailed, should such circumstances arise.

## **Plans for Future Periods**

The charity plans to continue the activities outlined above in the forthcoming years. Other future projects include:

### Awareness

- An Awareness Campaign placing literature into hospital clinics and GP surgeries.
- A national competition to create an image that best explains the nature and impact of facial palsy using any 2-dimensional medium.
- Creating a children's book explaining what it is like for someone with facial palsy.
- Working with documentary producers to create information films about facial palsy.
- Investigating how we can use modern technology to demonstrate the full impact of facial palsy.
- Raising awareness in schools such as through drama workshops.

### Support

- Support services project (employ support coordinator, set up additional support groups and provide outreach support)
- Applying for charity status in Scotland so we can operate across the border
- Support Workshops for people affected by facial palsy, e.g. non-verbal communication skills, assertiveness, back to work, parents and children, appearance, intimacy issues, Bell's palsy in pregnancy.
- Building a database of treatment providers
- Family Day for children affected by facial palsy
- Provide an information pack for newly diagnosed Bell's palsy patients

### Education and training

- Support the delivery of effective training of therapists for facial palsy clinics
- Provide literature to support health professionals who treat patients with facial palsy
- Increase the amount of information available on our website for health professionals
- Identify where there are geographical gaps in NHS treatment provision for patients with facial palsy and endeavour to improve services.

### Research

- Call for submissions from UK Academic Institutions to discover the true scale of long-term facial palsy based on data collected in primary and secondary care.
- Instigate a pilot study to evaluate the psychological, social and physical impacts of facial palsy in the UK.
- Establish a research committee through the Facial Palsy UK Medical Advisory Board including representatives of the facial palsy community. This committee will prioritise areas for research and funding applications.

## **Structure, Governance and Management**

### Governing Document

The organisation is a charitable company limited by guarantee, incorporated on 15/06/2012 and registered as a charity on 16/07/2012. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association as amended by Special Resolution 06/07/2012. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

### Recruitment and Appointment of Trustees

The directors of the company are also charity trustees for the purposes of charity law. Under the requirements of the Memorandum and Articles of Association the Trustees are elected to serve for a period of three years after which they must be re-elected at the next Annual General Meeting.

All Trustees give their time voluntarily and received no benefits from the charity. Any expenses reclaimed from the charity would be set out in note 5 to the accounts.

Mr S Cufley is retiring at the AGM and chooses not to be re-elected.

Miss L Watson was appointed as a member of the Board after year end on 13 October 2013 and will be re-appointed at the AGM for a further term of 3 years.

When necessary, one trustee will retire by rotation and, being eligible, offer themselves for re-election.

The Trustees seek to ensure that the needs of people with facial palsy are appropriately reflected through the diversity of the trustee body. To enhance the potential pool of trustees, the charity is seeking interested parties from the facial palsy community and other individuals with experience which will help us achieve our goals.

Relevant medical skills and NHS management experience are well represented on the Trustee Board, and we also have a trustee with charity experience. Trustees are requested to provide a list of their skills and update it each year. In the event of particular skills being lost due to retirements, individual are approached to offer themselves for election to the Board of Trustees.

### Trustee Induction and Training

As a new charity, most of the current Trustees were also founding members of the organisation. Therefore they had no formal training or introduction to the charity as you would normally expect with an established charity.

Any new trustees from now on will be sent all relevant documents which set out the operational framework for the charity including the Memorandum and Articles and details of the current financial position as set out in the published accounts. They will also be given copies of our latest Business and 3-year Strategic Plan, as well as have an introductory discussion with the Chair and

Acting CEO and other members of the Trustee Board. They are also signposted to relevant information on the Charity Commission website about 'the Essential Trustee'. They are given the opportunity to attend inexpensive relevant training courses offered through the Small Charities Coalition if they want to improve their skills and knowledge in a particular area which will benefit our charitable activities.

### Policies and Procedures

In our first year we have put in place comprehensive policies and procedures to ensure we have a solid platform to build on (e.g. data protection, data backup, health and safety, equal opportunities, diversity, anti-fraud, conflict of interest, ethical fundraising, volunteers, volunteer induction, bullying and harassment, risk assessment and management, child protection, photography, whistleblowing, safeguarding vulnerable adults, recruitment, complaints and more.) Procedures will be periodically reviewed to ensure that they continue to meet the needs of the charity.

### Risk Management

As part of our Business Plan the Trustees conducted a review of the major risks to which the charity is exposed. A risk register has been established and will be updated at least annually. We have taken particular care in ensuring we meet government and charity commission guidelines with our planned activities. We have also agreed a protocol for disclosure of potential conflicts of interest.

Key risks include:

- financial risks – the challenging economic climate means it is a difficult time for any business start-up. We need to diversify our funding sources and establish regular income streams.
- operational risks – we are currently operating with just one paid member of staff who is supported by a team of volunteers. We need to increase numbers of volunteers and take on additional staff as soon as funds allow. We would also benefit from additional trustees who would be willing to assist with operations management during this time of growth.

### Organisational Structure

Facial Palsy UK has a Trustee Board of up to 10 members who meet quarterly and are responsible for the strategic direction and policy of the charity. At present the board has five members from a variety of professional backgrounds relevant to the work of the charity.

A scheme of delegation is in place and day to day responsibility for the provision of the services rest with the Acting Chief Executive Officer along with Coordinator and Communications Officer. The Acting CEO is responsible for ensuring that the charity delivers the services specified and that key performance indicators are met. The Coordinator and Communications Officer has responsibility for the day to day operational management of the charity.

### Related Parties

The charity understands the importance of working with other relevant organisations whose services may be useful to our beneficiaries and vice versa. We liaise with organisations such as Changing Faces, Hearing Link, British Acoustic Neuroma Association and the Neuro Foundation to ensure we are not duplicating services, and promote services they are offering which may be of use to our contacts. Going forward we would expect to further our partnerships with relevant organisations.

### **Statement of responsibilities of the Trustees**

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company as at the balance sheet date and of its incoming resources and application of resources, including income and expenditure, for the financial year. In preparing those financial statements, the Trustees should follow best practice and:

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

The Trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and to enable them to ensure that the financial statements comply with the Companies Act 2006. The Trustees are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### Members of the Trustee Board

Members of the Trustee Board, who are directors for the purpose of company law and trustees for the purpose of charity law, who served during the year and up to the date of this report are set out on page 3.

In accordance with company law, as the company's directors, we certify that:

- so far as we are aware, there is no relevant information of which the company's independent examiners are unaware; and
- as the directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit/independent examination information and to establish that the charity's independent examiners are aware of that information.

### **Independent Examiner**

John Thacker of Clark Brownscombe Limited, was appointed as the charitable company's independent examiner during the year. He is willing to continue in office and a resolution to reappoint him will be proposed at the Annual General Meeting.

This report has been prepared in accordance with the Statement of Recommended Practice - Accounting and Reporting by Charities and in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice – Accounting and Reporting by Charities.

Approved by the Board of Trustees on 8 November 2013 and signed on its behalf by:

A handwritten signature in black ink, appearing to be 'C Nduka', written over a large, stylized, looped flourish.

**Mr C Nduka (Director)**

## **Independent Examiners' Report to the Trustees on the unaudited accounts of Facial Palsy UK**

I report on the accounts of the company for the period ended 30 June 2013 which are set out on pages 16 to 20.

### **Respective responsibilities of Trustees and Examiner**

The Trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

### **Basis of Independent Examiner's Report**

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and the seeking of explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and, consequently, no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in statement below.

### **Independent Examiner's Statement**

In connection with my examination, no matter has come to my attention:

- Which gives me reasonable cause to believe that, in any material respect, the requirements
  - a. to keep accounting records in accordance with section 386 of the Companies Act 2006; and
  - b. to prepare accounts which accord with the accounting records, comply with the accounting requirements of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities (revised 2005).

have not been met; or

- to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.



John Thacker BSc FCA  
Clark Brownscombe Limited  
8 The Drive  
Hove  
BN3 3JT

Date: 19 Nov 2013

**Facial Palsy UK**  
**Statement of Financial Activities (including Income & Expenditure Account)**  
**for the period ended 30 June 2013**

	Notes	Total 2013 (Unrestricted) £
<b>INCOME AND EXPENDITURE</b>		
<b>Incoming resources</b>		
<b>Incoming resources from generated funds:</b>		
Events and activities		15,329
Donations		10,567
		25,896
<b>Resources expended</b>		
Charitable Activities	3	28,904
Costs of generating funds	3	10,758
Governance costs	3	1,774
		41,436
Net outgoing resources for the year	2	(15,540)

The statement of financial activities includes all gains and losses in the year. All incoming resources and resources expended derive from continuing activities.

The notes on pages 18 to 20 form part of these Accounts



**Facial Palsy UK**  
**Balance Sheet as at 30 June 2013**

	Notes	2013	
		£	£
<b>Current Assets</b>			
Debtors		680	
Cash at bank and in hand		4,153	
		4,833	
 <b>Creditors: amounts falling due within one year</b>	 7	 20,373	
 <b>Net Current Liabilities</b>			 15,540
 <b>Total Assets Less Current Liabilities</b>			 (15,540)
 <b>Unrestricted funds</b>			 (15,540)
 <b>Total funds</b>			 (15,540)

The company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the period ended 30 June 2013.

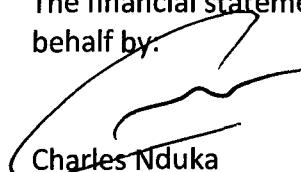
The members have not required the company to obtain an audit of its financial statements for the period ended 30 June 2013 in accordance with Section 476 of the Companies Act 2006.

The directors acknowledge their responsibilities for:

- (a) Ensuring that the company keeps accounting records which comply with Sections 386 and 387 of the Companies Act 2006 and
- (b) Preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of each financial year and of its profit or loss for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as is applicable to the company.

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

The financial statements were approved by the Board on 8 November 2013 and signed on its behalf by:

  
Charles Nduka  
Trustee

The notes on pages 18 to 20 form part of these Accounts

## Notes forming part of the Financial Statements for the period ended 30 June 2013

### 1. ACCOUNTING POLICIES

#### 1.1. Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008), the Companies Act 2006 and follow the recommendations in Accounting and Reporting by Charities: Statement of Recommended Practice issued in March 2005. The trustees recognise that there is a deficit of funds at 30 June 2013. They consider that it is appropriate to prepare the accounts on a going concern basis as the loan from Charles Nduka will not be repaid until funds are available.

#### 1.2. Income

This represents income from grants, donations and other fund raising activities.

Donations are credited to the income and expenditure account in the year in which they are received.

#### 1.3. Resources expended

Resources expended are recognised in the period in which they are incurred and include attributable VAT which cannot be recovered and are categorised as follows:

Charitable activities comprise all expenditure directly relating to the objectives of the charity.

Governance costs comprise all costs associated with constitutional and statutory requirements with which the charity must comply.

The costs of generating funds are those costs attributable to generating income for the charity.

#### 1.4. Unrestricted funds

Unrestricted funds are donations and other incoming resources receivable or generated for the objects of the charity without further specified purpose and are available as general funds.

#### 1.5. Designated funds

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

#### 1.6. Restricted funds

Restricted funds are to be used for specific purposes as laid down by the donor.

Expenditure which meets these criteria is charged to the fund, together with a fair allocation of management and support costs.

#### 1.7. Taxation

The charitable company is exempt from Corporation Tax on its charitable activities under Section 505(1) of the Income and Corporation Taxes Act 1988.

## 2. NET OUTGOING RESOURCES

	2013 £
The net outgoing resources are stated after charging:	
Independent Examiner's Fee	<u>450</u>

## 3. RESOURCES EXPENDED

Operating Expenses	Charitable activities	Cost of generating funds	Governance	Total
	2013 £	2013 £	2013 £	2013 £
Advertising & Marketing	11,519	7,920		19,439
Audit & Accountancy fees			450	450
Conference & Seminars			24	24
Employers National Insurance	631	210		841
General Expenses	75			75
Insurance	301		100	401
IT Software and Consumables	7,648			7,648
Legal Expenses			1,200	1,200
Online donation charges		31		31
Postage, Freight & Courier	373			373
Printing & Stationery	520			520
Salaries	6,953	2,318		9,271
Staff Training	45			45
Telephone & Internet	189	63		252
Travel - National	650	216		866
<b>Total Operating Expenses</b>	<b>£28,904</b>	<b>£10,758</b>	<b>£1,774</b>	<b>£41,436</b>

## 4. STAFF COSTS

The average number of employees during the year was 1.

	2013 £
The costs of employing those staff was: -	
Salaries and Wages	9,271
National Insurance	841
	<u>10,112</u>

No employee received emoluments of more than £60,000 in the year.

## 5. TRUSTEES

The trustees neither received nor waived any emoluments during the year.  
The amount of reimbursed expenses paid to the trustees was £NIL.  
Charity and Charity Trustees Indemnity Insurance of £100 was paid in the year.

## 6. DEBTORS

	<b>2013</b>
	<b>£</b>
<b>Due within one year</b>	
Other debtors and prepayments	200
Gift Aid receivable	480
	<u><b>680</b></u>

## 7. CREDITORS

	<b>2013</b>
	<b>£</b>
<b>Amounts falling due within one year</b>	
Taxation & Social Security	631
Accruals	2,742
Loan from Trustee	17,000
	<u><b>20,373</b></u>

## 8. COMPANY STATUS

The company is a private company limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding £1 towards the assets of the company in the event of liquidation during the time that they are members or within 12 months afterwards.