

Trustees' Report and Financial Statements
for the year ended 30 June 2007

Registered number: 5841312

Charity number: 1116556

Hepatitis B Foundation UK

(Limited by Guarantee)



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REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY AND ITS TRUSTEES

for the year ended 30 June 2007

Trustees

Jangu Banatvala CBE

Elizabeth Boxall

Jo Cooper

John Eyre

David Mutimer

Stella Pendleton

Nicholas Tatman

Howard Thomas

Andrew Wilson

Arie Zuckerman (Chair)

Company registered number

5841312

Charity registered number

1116556

Registered office

The Great Barn

Godmersham Park

Canterbury

Kent CT4 7DT

Company secretary

Penny Wilson-Webb

Accountants

Reeves+Neylan LLP

Chartered Accountants

Montague Place

Quayside

Chatham Maritime

Chatham ME4 4QU

REFERENCE AND ADMINISTRATIVE DETAILS OF THE CHARITY AND ITS TRUSTEES (continued)

Bankers

NatWest
Letchworth Garden City Branch
Station Place
Letchworth Garden City
Herts SG6 3AL

Solicitors

Martin Collings & Co Solicitors,
10 Church Street (St Paul's),
Canterbury,
Kent,
CT1 1NH.
Tel: 01227 763399

CHAIRMAN'S STATEMENT

for the year ended 30 June 2007

The chairman presents his statement for the period.

Viral hepatitis remains a major public health problem throughout the world, an infection which is caused by several types of viruses - hepatitis A, B, C, D and E, of which hepatitis B is of particular importance. Some two billion people (over a third of the world's population) have been infected with hepatitis B; and four million cases of acute hepatitis B occur every year.

At least 350 million people are infected persistently with hepatitis B virus, known as the "carrier state", with marked geographical differences. Progression to chronic liver disease occurs in up to 25% of carriers, and many progress to cirrhosis and liver cancer. Liver cancer is the seventh most common cancer in males and the ninth in females, and is caused by hepatitis B virus in about 80% of cases. Hepatitis B virus is therefore a potent carcinogen, second only to tobacco. The annual number of deaths world-wide from liver cancer is 500,000, and most cases can be prevented by immunisation.

A highly effective and safe vaccine against hepatitis B has been available for some 25 years, and the World Health Organisation has recommended universal infant and/or adolescent immunisation since 1991. This policy has been implemented effectively in 168 countries, but the UK is one of the few countries using targeted immunisation of "high risk" groups only, a programme which is known to be ineffective in reducing the levels of hepatitis B in the general community.

Over 1000 cases of symptomatic acute hepatitis B are notified each year in the UK, but notification is unreliable, and many infections are, in any case, not recognised because the proportion of silent infections and infections without jaundice range from 3 to 10 for each case of hepatitis with jaundice.

The Department of Health estimates that 180,000 people, or 0.3% of the UK population, are infected chronically with hepatitis B, with an estimated 7,700 new cases of chronic hepatitis B each year. It is likely that these figures are underestimated, particularly with a paucity of adequate epidemiological studies in the general and migrant population and lack of public awareness of the importance of this infection, among other factors.

CHAIRMAN'S STATEMENT (continued)

The establishment last year of the Hepatitis B Foundation UK is, therefore, an important and welcome development with clear objectives listed below. Considerable early progress is being made, and I am grateful to my fellow trustees, advisors and contributors to the work of the Foundation and particularly to Mrs Penny Wilson-Webb, the Foundation's Co-ordinator, who has worked tirelessly to organise and promote the Foundation.

Arie J. Zuckerman, MD, DSc, FRCP, FRCPath, FMedSci
Chairman

Date: July 2007

TRUSTEES' REPORT

for the year ended 30 June 2007

The Trustees, who are also directors of the charity for the purposes of the Companies Act, submit their annual report and the financial statements of Hepatitis B Foundation UK (the company) for the year ended 30 June 2007. The Trustees confirm that the annual report and financial statements of the company comply with current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in March 2005.

Structure, governance and management

Constitution

The Hepatitis B Foundation UK is a charitable company limited by guarantee.

Registered Company Number 5841312 - 08 June 2006

Registered Charity Number 1116556 - 31 October 2006

Registered with the Data Protection Act Number PZ9586049

It therefore abides by a Memorandum of Association and Articles of Association. There are currently 10 company directors who are also known as trustees in the Charity Commission documents.

The Hepatitis B Foundation UK has developed an equality and diversity policy.
The Hepatitis B Foundation UK has developed ethical guidance.

Method of appointment of trustees

The method of appointing and recruiting new trustees is laid down in the Articles of Association. The existing trustees appoint new trustees by a vote. The number of trustees shall be not fewer than three but (unless otherwise determined by ordinary resolution) shall not be subject to any maximum. Trustees are asked to resign or stand for re-election after three years. The trustees vote the Chair, again for three years.

New trustees and advisors are offered a training session to enable them to become knowledgeable regarding their legal duties as trustees and to look at the role and function of the charity.

TRUSTEES' REPORT (continued)

Organisational structure and decision making

The current trustees are as follows:

- Jangu Banatvala CBE, Emeritus Professor of Clinical Virology, Guy's, King's and St Thomas' School of Medicine, London.
- Elizabeth Boxall, Consultant Clinical Scientist, Health Protection Agency, West Midlands Public Health Laboratory.
- Jo Cooper, Hepatology Nurse Specialist, Southampton General Hospital.
- John Eyre, Formerly Principal Lecturer, School of Information Studies, London Metropolitan University.
- David Mutimer, Reader in Medicine (Birmingham University), and Honorary Consultant Hepatologist (Liver and Hepatobiliary Unit, Queen Elizabeth Hospital, Birmingham).
- Stella Pendleton, Nurse Advisor and Website Manager.
- Nicholas Tatman, Specialist Hepatology Nurse, University College London.
- Howard Thomas, Professor of Medicine, Head of Department of Hepatology and Gastroenterology, Division of Medicine, Imperial College London, St Mary's Hospital Campus, London.
- Andrew Wilson, Financial Director.
- Arie Zuckerman (Chair), Emeritus Professor of Medical Microbiology, University College London; Consultant on Hepatitis (WHO) since 1970; formerly Principal and Dean, Royal Free and University College Medical School, University College London.

The charity is grateful for the support of its advisors.

Medical advisors

- Geoffrey Dusheiko, Professor of Medicine and Honorary Consultant, Centre for Hepatology, Royal Free and University College School of Medicine, Royal Free Hospital, London.
- Graham Foster, Professor of Hepatology, Queen Mary University, London.
- Brian Gazzard, Professor of HIV Medicine, Chelsea and Westminster NHS Foundation Trust.
- Roger Williams, Professor of Hepatology and Director, Foundation for Liver Research, Institute of Hepatology, Royal Free and University College School of Medicine, London.

TRUSTEES' REPORT (continued)

- Jane Zuckerman, Head of Academic Centre for Travel Medicine and Vaccines, Royal Free and University College Medical School, London, and Director of the WHO Collaborating Centre for Reference, Research and Training in Travel Medicine.

Nurse advisor

Pramen Maulayah, Clinical Specialist Nurse Hepatitis, Kings College London.

Patients' advisory group

James, Jo, Marc and Simon.

Public relations consultant

Geoffrey Bowden, Nexus

Co-ordinator, Company Secretary and Treasurer

Penny Wilson-Webb

Members

We are grateful to our trustees and advisors for their support and encouragement. They have this year become increasingly involved in fund raising, helping us develop services and policy that they would like the Government to pursue.

Trustees and advisors have been actively involved in the development of education material and its dissemination.

Risk management

The trustees have assessed the major risks to which the company/charity is exposed and are satisfied that systems are in place to minimise that risk exposure.

TRUSTEES' REPORT (continued)

Objectives and activities

Policy and objectives

The objectives of the Hepatitis B Foundation UK are to:

- promote interventions designed to prevent hepatitis B infection, including universal immunisation;
- promote the welfare of people with hepatitis B infection and its related complications by educating
 - people with hepatitis B infection
 - health professionals and others who care for them
 - the general public;
- facilitate supportive networking between patients, their families and friends;
- research into all aspects of hepatitis B.

Our mission is to:

- draw together people with hepatitis B, thereby giving them a bigger collective voice to exact better services, and enabling them to support one another;
- make all health professionals aware of issues related to hepatitis B such as the often slow diagnosis and the need for successful treatment and symptom control pathways to be shared;
- work to ensure that people with hepatitis B have access to the best possible services across the United Kingdom.

Hepatitis B virus infection

Every year in Europe an estimated one million people are infected with the hepatitis B virus, 90,000 will become chronic carriers and 24,000 will die. Worldwide over 350 million people are chronically infected with the virus and it is estimated that one million will die annually as a result of hepatitis B virus related liver disease. The World Health Organization (WHO) states that prevalence of the disease is lowest in countries with the highest standards of living. WHO has divided the world into three distinct areas in relation to the prevalence.

TRUSTEES' REPORT (continued)

- High prevalence: Sub-Saharan Africa, parts of America and South America, and most of Asia including the Pacific basin
- Medium prevalence: Indian subcontinent, Eastern Europe and parts of South America, North Africa and Western Europe.
- Low prevalence: most of North America, most of Western Europe including the UK, and all of Australia, New Zealand and Japan

However even in countries with areas of low prevalence, such as North America, the mortality from hepatitis B was five times that from the Haemophilus influenzae B virus and ten times that from the measles virus prior to universal vaccination of infants

The virus is spread essentially by blood-to-blood contact. The main transmission routes vary according to the prevalence of the infection. In countries with a high prevalence, such as Asia and Sub-Saharan Africa, transmission is mainly from mother to baby or horizontal from person to person usually in childhood. In medium and low prevalence countries it is thought that the main transmission route is sexual or through injecting drug use, now that blood for transfusion is screened routinely.

In 1991, the WHO has suggested that all countries undertake universal vaccination. As of March 2006, 168 countries have such a programme in place. The United Kingdom, Ireland, the Netherlands, and the Nordic countries choose to provide hepatitis B vaccines only to well defined at risk groups, whilst other countries in Europe have a universal vaccination policy in place.

Professor Patrick Marcellin of the Viral Hepatitis Research Unit France is reported to have said "Europe is likely to see a significant increase in the prevalence and incidence of hepatitis B in the near future as high numbers of immigrants from countries where chronic hepatitis B is endemic, settle across Europe."

We know the high risk occupations, we know the high risk lifestyles, we know the high prevalence countries and we know that a debate and discussion needs to be had to look at the estimated prevalence of chronic hepatitis B infection in the United Kingdom so that measures can be taken to ensure adequate services and treatment as well as measures to protect those who have no immunity.

TRUSTEES' REPORT (continued)

The work of the Hepatitis B Foundation UK focuses on education and understanding to stop the spread of the virus and to persuade Government to provide services to help those with the virus and to help control its spread.

Strategies for achieving objectives

- Recognising that there are at least 7,000 people a year with hepatitis B entering the country. These people and their family and friends are unaware of their disease status and the need for testing and treatment.
- Ensuring that funding for hepatitis B treatments is justly and fairly administered bearing in mind the problem many patients have with the development of drug resistance. The Foundation strongly objects to postcode prescribing.
- Improving the diagnosis of the disease at primary health care level and the offering of free testing and vaccination for those at risk and their partners, families or other household contacts.
- Ensuring that there are targets for treatment from general practice to consultant and that the NICE guidelines are adhered to.
- Increasing the numbers of the liver transplants for this group of patients.
- Ensuring all those in the Green Book entitled to free vaccination receive it.
- Working towards the ideal of universal vaccination to protect the nation against hepatitis B-related liver disease.

TRUSTEES' REPORT (continued)

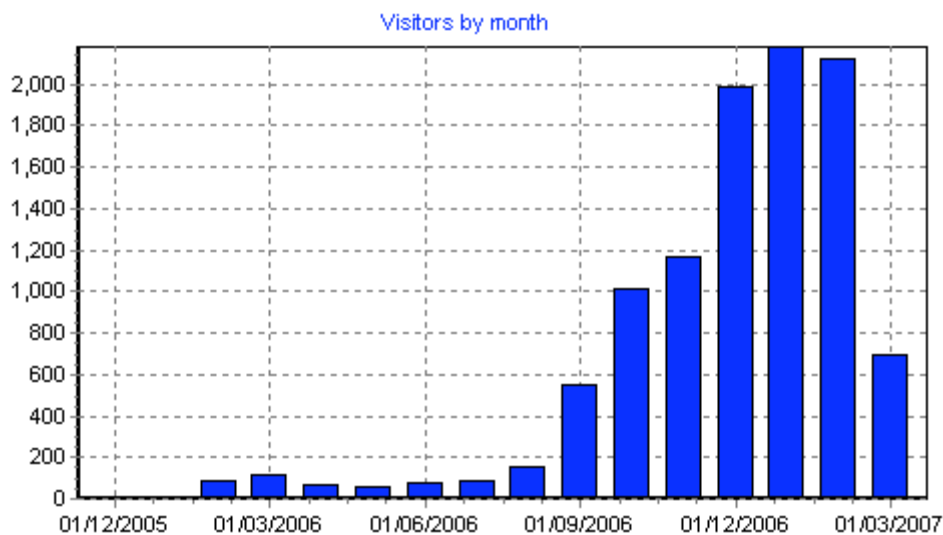
Achievements and performance

Review of activities

Website

There was a single web page at the beginning of January 2006. This maintained an Internet presence for the Hepatitis B Foundation UK whilst we looked for funds and developed the website. That went live at the beginning of September 2006. It is no surprise to learn that the website is one of the main sources of communication for the charity and between visitors to the website. The charity facilitates supportive networking between patients and their families and there are often feelings of enormous relief when a person can talk to another with the same infection who is experiencing the same feelings of isolation and experiencing stigma. Each quarter more information is added to the site and we are seeking additional funds to expand that section of the service.

The following graph shows the growth of interest in the website.



TRUSTEES' REPORT (continued)

Advice and information

Apart from the networking via the website, using the message boards to discuss the issues they have about hepatitis B, related services and treatment, many patients and/or members of their family contact the charity by phone. They ask for and are provided with bespoke, personally-tailored research information which gives them as far as possible the details they need to make decisions about treatment, to clarify issues about their diagnosis, to understand their disease and to decide if they would like to request a second opinion and where they might like to be referred.

Below is a list of the most frequently asked questions from the help line.

Testing - who can do it?

Testing - where can it be done?

Testing - why am I charged?

Vaccination - where can I get it done?

Vaccination - why am I charged?

Has this behaviour (followed by description) put me at risk?

Issues concerning blood and viral transmission

Adopting babies whose birth mother is hepatitis B positive

Risks of living with someone who has chronic hepatitis B virus infection

What do my test results mean?

Can I get pregnant?

Can I have leaflets in languages other than English?

Educational materials for patients and professionals

The Hepatitis B Foundation UK has developed education materials for patients and professionals to use:

- The Hepatitis B Foundation UK 'business card' for professionals to give to patients so that they have our information to hand in discreet and easy format.
- An information pack, 'Hepatitis B: Access to Best Care', lays out the rights of patients with hepatitis B virus infection and points them in the direction of help and advice. It is our experience that many patients do not have access to computers and search engines, or are not competent in their use. This pack gives information into the hands of patients and their families.

TRUSTEES' REPORT (continued)

- A hepatitis B test 'wheel' which gives a simple explanation of the test results a patient may be given and what they mean. It also provides basic information about acute and chronic hepatitis B virus infection.

Work with patients and professionals

- We have been working to educate health professionals about the issues that concern people with chronic hepatitis B virus infection.
- We have been working to educate the media about hepatitis B virus infection.
- We have attended conferences and supplied information to health professionals.
- We have been part of the B Aware Campaign which is attempting to raise the profile of hepatitis B virus infection.

Liaison with other organisations

- The Hepatitis B Foundation UK has worked to ensure that the voice of patients is heard when policy is made. Many patients quite justifiably feel that services for patients with hepatitis B virus infection are often inadequate and frequently non-existent.
- We have been part of the group at the European Union which is discussing the best way to develop a European policy for hepatitis B virus infection - *A Strategy for Europe*.
- We have approached the All-Party Parliamentary Group for Hepatology to ensure that the issues concerning hepatitis B virus infection are included in their agenda. The All-Party Parliamentary Group (APPG) brings together MPs and Peers from across the political spectrum to debate key issues and campaign together to improve hepatology services.
- We are members of the Blood Borne Virus Group. This is a group of charities concerned with the needs of people with a blood borne virus.
- We are members of the Health Coalition Initiative, a network of voluntary health organisations and pharmaceutical companies who model partnership working in the way it is organised.
- We are members of the Long-term Medical Conditions Alliance (LMCA). This is the umbrella body for national voluntary organisations in the UK working to meet the needs of people with long-term health conditions.

TRUSTEES' REPORT (continued)

- We are members of Specialised Healthcare Alliance (SHCA), a broad coalition of patient groups supported by a smaller number of corporate members. It has been set up to campaign on behalf of people with conditions that require specialised medical care.
- We have attended NICE scoping meetings to ensure the voice of the patient is heard.

Hepatitis B Foundation UK prevalence study

We have found funds to undertake a prevalence study to help understand changes in the pattern of the disease in the light of migration from medium and high prevalence countries to the UK. This should give us a platform for debate and discussion and a reason for there to be government and indeed media response.

Financial review

Principal funding

None of the activities would be possible if were not for our funders and sponsors.

The following have funded projects and services for the Hepatitis B Foundation UK:

BMS Pharmaceuticals

Pfizer Limited

Novartis Limited

The Hepatitis B Foundation UK produced its own trolley key rings in order to raise funds and raise awareness of the charity.

TRUSTEES' REPORT (continued)

Plans for the future

Future developments

We intend to continue developing information material for patients and their families.

We intend to organise a patient facing conference in the following year, which looks at the issue of stigma for this group of patients. The AGM will take place at this time.

We will be developing the resources for the help line so that more patients are helped with the information and data we are collecting. The information concerning the centres of excellence must continue.

We will pursue actively the strategies we have laid out in order to help procure the best possible services for those with hepatitis B.

We will be engaged in fundraising activities and intend to double our income this year.

TRUSTEES' REPORT (continued)

Trustees' responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice applicable to smaller charities.

Company and charity law applicable to charities in England and Wales requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the company and of the surplus or deficit of the company for that period. In preparing those financial statements the Trustees have:

- selected suitable accounting policies and applied them consistently;
- made judgements and estimates that are reasonable and prudent;
- prepared the financial statements on the going concern basis (unless it is inappropriate to presume that the company will continue in operation).

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 1985. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the detection and prevention of fraud and other irregularities.

This report was approved by the Trustees on 15/11/..... 2007

and signed on their behalf by:


.....

.....

AUDIT EXEMPTION REPORT

for the year ended 30 June 2007

Accountant's report to the members on the unaudited accounts of Hepatitis B Foundation UK

We report on the accounts for the year ended 30 June 2007 set out on pages 20 to 26.

Respective responsibilities of trustees and reporting Accountants

As described on page 18 the trustees, who are also directors of the charity for the purposes of the Companies Act, are responsible for the preparation of the accounts, and they consider that the company is exempt from an audit. It is our responsibility to carry out procedures designed to enable us to report our opinion.

Basis of opinion

Our work was conducted in accordance with the Statement of Standards for Reporting Accountants, and so our procedures consisted of comparing the accounts with the accounting records kept by the company, and making such limited enquiries of the officers of the company as we considered necessary for the purposes of this report. These procedures provide only the assurances expressed in our opinion.

Opinion

In our opinion:

- a) the accounts are in agreement with the accounting records kept by the company under section 221 of the Companies Act 1985, as amended;
- b) having regard only to, and on the basis of, the information contained in those accounting records:
 - i) the accounts have been drawn up in a manner consistent with the accounting requirements specified in the Statement of Recommended Practice, Accounting and Reporting by Charities, and in section 249C(6) of the Act; and
 - ii) the company satisfied the conditions for exemption from an audit of the accounts for the year specified in section 249A(4) of the Act and did not, at any time within that year, fall within any of the categories of companies not entitled to the exemption specified in section 249B(1).

Signed:

Reeves Neylan LLP

Dated: 30 October 2007

Reeves+Neylan LLP, Chartered Accountants, Montague Place, Quayside, Chatham Maritime, Chatham ME4 4QU

Statement of Financial Activities
(incorporating income and expenditure account)
For the period ended 30 June 2007

| | Note | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|---|------|----------------------------------|------------------------------------|-----------------------------|
| Incoming resources | | | | |
| Incoming resources from generated funds: | | | | |
| Voluntary income | 2 | 15,687 | 7,603 | 23,290 |
| Investment income | 3 | - | 18 | 18 |
| Total incoming resources | | 15,687 | 7,621 | 23,308 |
| Resources expended | | | | |
| Costs of generating funds: | | | | |
| Costs of generating voluntary income | 4 | 10,912 | - | 10,912 |
| Charitable activities | 9 | 3,315 | 12,906 | 16,221 |
| Governance costs | 6 | - | 1,209 | 1,209 |
| Total resources expended | | 14,227 | 14,115 | 28,342 |
| Movement in total funds for the year - Net income/(expenditure) for the year | | 1,460 | (6,494) | (5,034) |
| Total funds at 8 June 2006 | | | | |
| | | - | - | - |
| Total funds at 30 June 2007 | | 1,460 | (6,494) | (5,034) |

The Statement of Financial Activities includes all gains and losses recognised in the period.

The notes on pages 22 to 26 form part of these financial statements.

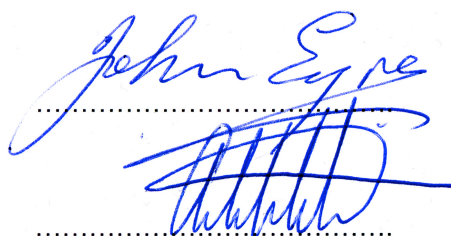

**Balance Sheet
As at 30 June 2007**

| | Note | £ | 2007 £ |
|---|------|----------------|-----------------------|
| Current assets | | | |
| Debtors | 11 | 150 | |
| Creditors: amounts falling due within one year | 12 | <u>(5,184)</u> | |
| Net current liabilities | | | <u>(5,034)</u> |
| Total assets less current liabilities | | | <u><u>(5,034)</u></u> |
| Charity Funds | | | |
| Restricted funds | 13 | | 1,460 |
| Unrestricted funds | 13 | | <u>(6,494)</u> |
| | | | <u><u>(5,034)</u></u> |

The Trustees consider that the company is entitled to exemption from the requirement to have an audit under the provisions of section 249A(1) of the Companies Act 1985 and members have not required the company to obtain an audit of its accounts for the period in question in accordance with section 249B(2) of the Act. The Trustees acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with section 221 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at 30 June 2007 and of its loss for the period then ended in accordance with the requirements of section 226 of the Act and which otherwise comply with the requirements of the Companies Act 1985 relating to the financial statements so far as applicable to the company.

The financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2005).

The financial statements approved by the Trustees on 15/11/ 2007 and signed on their behalf by:


.....

.....

The notes on pages 22 to 26 form part of these financial statements.

Notes to the financial statements

For the period ended 30 June 2007

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 January 2005). The financial statements have been prepared in accordance with the Statement of Recommended Practice (SORP), "Accounting and Reporting by Charities" published in March 2005, applicable accounting standards and the Companies Act 1985.

1.2 Company status

The company is a company limited by guarantee. The members of the company are the Trustees named on page 1. In the event of the company being wound up, the liability in respect of the guarantee is limited to £1 per member of the company.

1.3 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 which have been raised by the company for particular purposes. The cost 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.

1.4 Incoming resources

All incoming resources are included in the Statement of Financial Activities when the company is legally entitled to the income and the amount can be quantified with reasonable accuracy.

1.5 Resources expended

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. Management and administration costs are those incurred in connection with administration of the company and compliance with constitutional and statutory requirements.

**Notes to the financial statements
For the period ended 30 June 2007**

2. Voluntary income

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|-----------|--|--|---------------------------------------|
| Donations | - | 1,803 | 1,803 |
| Grants | 15,687 | 5,800 | 21,487 |
| | <u>15,687</u> | <u>7,603</u> | <u>23,290</u> |

3. Investment income

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|--------------------------|--|--|---------------------------------------|
| Bank interest receivable | - | 18 | 18 |

4. Costs of generating voluntary income

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|---|--|--|---------------------------------------|
| Production of educational packs and other publicity costs | <u>10,912</u> | <u>-</u> | <u>10,912</u> |

**Notes to the financial statements
For the period ended 30 June 2007**

5. Expenditure by charitable activity

Summary by fund type

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|-----------------------|--|--|---------------------------------------|
| Charitable activities | 3,315 | 12,906 | 16,221 |
| Governance | - | 1,209 | 1,209 |
| | <u><u>3,315</u></u> | <u><u>14,115</u></u> | <u><u>17,430</u></u> |

Summary by expenditure type

| | Other costs 2007 £ |
|-----------------------|-----------------------------------|
| Charitable activities | 16,221 |
| Governance | 1,209 |
| | <u><u>17,430</u></u> |

6. Governance costs

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|----------------------------|--|--|---------------------------------------|
| Accountancy | - | 493 | 493 |
| Trustees travel reimbursed | - | 716 | 716 |
| | <u><u>-</u></u> | <u><u>1,209</u></u> | <u><u>1,209</u></u> |

7. Direct costs

| | Basis of Allocation | Activities £ | Total 2007 £ | Total 2006 £ |
|--------------|--------------------------------|-------------------------|-----------------------------|-----------------------------|
| Office costs | Unrestricted | <u><u>11,771</u></u> | <u><u>11,771</u></u> | <u><u>-</u></u> |

Notes to the financial statements
For the period ended 30 June 2007

8. Support costs

| | Basis of Allocation | Activities £ | Total 2007 £ | Total 2006 £ |
|-----------------|----------------------------|------------------------|----------------------------------|----------------------------------|
| Website design | Restricted | 3,315 | 3,315 | - |
| Sundry expenses | Unrestricted | 1,135 | 1,135 | - |
| | | <u>4,450</u> | <u>4,450</u> | <u>-</u> |

9. Analysis of resources expended by activities

| | Activities undertaken directly 2007 £ | Support costs 2007 £ | Total 2007 £ |
|-----------------------|---|--|----------------------------------|
| Charitable activities | <u>11,771</u> | <u>4,450</u> | <u>16,221</u> |

10. Net income / (Expenditure)

During the period, no Trustees received any remuneration.

During the period, no Trustees received any benefits in kind.

3 Trustees received reimbursement of travel expenses amounting to £716 in the current period.

11. Debtors

| | 2007 £ |
|---------------|------------------|
| Other debtors | <u>150</u> |

12. Creditors:
Amounts falling due within one year

| | 2007 £ |
|------------------------------|------------------|
| Bank loans and overdrafts | 4,691 |
| Accruals and deferred income | 493 |
| | <u>5,184</u> |

Notes to the financial statements
For the period ended 30 June 2007

13. Statement of funds

| | Brought Forward £ | Incoming resources £ | Resources Expended £ | Carried Forward £ |
|---------------------------|-------------------------|----------------------------|----------------------------|-------------------------|
| Unrestricted funds | | | | |
| General funds | - | 7,621 | (14,115) | (6,494) |
| Restricted funds | | | | |
| Gilead Sciences | - | 4,000 | (4,000) | - |
| Bristol-Myers Squibb | - | 11,687 | (10,227) | 1,460 |
| | <u>-</u> | <u>15,687</u> | <u>(14,227)</u> | <u>1,460</u> |
| Total of Funds | <u>-</u> | <u>23,308</u> | <u>(28,342)</u> | <u>(5,034)</u> |

Summary of funds

| | Brought Forward £ | Incoming resources £ | Resources Expended £ | Carried Forward £ |
|------------------|-------------------------|----------------------------|----------------------------|-------------------------|
| General Funds | - | 7,621 | (14,115) | (6,494) |
| Restricted Funds | - | 15,687 | (14,227) | 1,460 |
| | <u>-</u> | <u>23,308</u> | <u>(28,342)</u> | <u>(5,034)</u> |

14. Analysis of net assets between funds

| | Restricted Funds 2007 £ | Unrestricted Funds 2007 £ | Total Funds 2007 £ |
|-------------------------------|----------------------------------|------------------------------------|-----------------------------|
| Current assets | - | 150 | 150 |
| Creditors due within one year | 1,460 | (6,644) | (5,184) |
| | <u>1,460</u> | <u>(6,494)</u> | <u>(5,034)</u> |

Hepatitis B Foundation UK

The only UK charity solely concerned with hepatitis B

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