Bowel Cancer UK
Trustees’ Report and Audited Financial Statements
For the year ended 31st December 2013

ACHIEVEMENTS AND ACTIVITIES DURING 2013

Introduction and key highlights
Over the last few years we have been working hard to understand in more depth how we can make a significant difference to mortality rates in the UK and improve the quality of life of those affected by the disease. We have listened closely to both patients and clinicians, followed and had input into the changing health policy landscape, honed our service offerings and improved our evaluation. At the same time, we have built a secure infrastructure to ensure we can grow and effectively manage any challenges or grasp exciting new opportunities.

In 2013 that strategy paid off – we have had a number of significant services and policy achievements which this report will highlight and which we will continue to build upon in 2014.

The Board of Trustees and staff would like to offer grateful thanks to the charity’s many clinical, academic and business advisors for their advice and practical help in 2013. We also want to especially thank our wonderful patient and fundraising supporters and volunteers without whom we would not exist and whose dedication is both humbling and inspiring.

Key highlights in 2013:
• Directly engaged GPs via pilot GP study days on bowel disease in England and GP engagement events in Scotland
• Completed our joint “Train the Trainer” project with Breast Cancer Care
• Delivered be-spoke training courses to over 400 health care professionals
• Spoke to 10,000 people at events across the country through our health promotion team and growing network of community and awareness volunteers.
• Held a Royal College of Nursing and College of Radiographers accredited conference for specialist nurses in Manchester
• Retained Information Standard Accreditation
• Launched our Never Too Young campaign and generated a great deal of policy and public affairs support and media attention
• Continued to grow our income, launched a new Individual Giving Programme and built strong foundations for the future
• Moved our London Head Office to more suitable premises
• Recruited and inducted number of new Trustees to join the Board, including a new Chair for the Charity, Peter Sedgwick.
Background
During 2013 we continued to deliver our strategy as outlined in our strategic framework which is:

*Our mission:*
Bowel Cancer UK aims to save lives and improve the quality of life for all those affected by bowel cancer.

*Our values and operating principles:*
Bowel Cancer UK will always:
- Ensure that the needs of all those affected by bowel cancer are at the heart of all we do;
- Be informed by clinical and other healthcare professional expertise;
- Work in partnerships that are beneficial to those affected by bowel cancer;
- Act with honesty, transparency and integrity;
- Strive for excellence, be innovative, independent and accountable for all we do;
- Embrace diversity, treating everyone fairly, with understanding and respect.

*Our strategic aims:*
- **Strategic Aim 1:** Increase awareness of bowel cancer and promote action amongst the general public and health care professionals
- **Strategic Aim 2:** Increase the charity's direct services for patients, carers and health care professionals focusing on gaps and best practice
- **Strategic Aim 3:** Lobby and campaign to ensure that high quality services are in place to meet demand across the UK

*Our organisational aims:*
We also have three organisational aims which underpin the delivery of our strategic aims, as follows:
- **Organisational aim 1:** Raise the charity’s profile in order to increase our impact and reach
- **Organisational aim 2:** Prioritise, develop and build fundraising expertise to grow the charity’s income
- **Organisational aim 3:** Develop the charity's infrastructure and resources to enable us to meet our mission
Strategic Aim 1: Increase awareness of bowel cancer and promote action amongst the general public and health care professionals

In 2012 we said we would:

- Further develop our awareness and community volunteer programmes so we can reach more people with our potentially life-saving messages.

During 2013 we:

1. Developed and delivered a high quality health promotion programme (including the development of resources, training and consultancy)

Health Promotion Statistics 2013
Throughout 2013, the Health Promotion team ran a total of 558 events (280 Information stands, 245 Presentations and 35 training events) reaching 10,318 people. These interactions involved a conversation and engaging with event attendees, not just giving out information.

In 2013 we also continued to distribute health promotion information. The breakdown for our key products (Simple Steps to Good Bowel Health, Bowel Cancer information leaflet and Z-Card), plus our new patient endoscopy booklet is shown below.

![MATERIALS DISTRIBUTION UK-WIDE YEAR TO DATE](image)
The evaluation of the awareness programme was excellent and post event feedback indicates that attendees confidence to take action on signs and symptoms.

**AS A RESULT OF TODAY’S PRESENTATION:**

**UK-WIDE AVERAGE YEAR-TO-DATE**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>I know more I will go to see my GP if I experience symptoms &amp; risk factors</td>
<td>95%</td>
</tr>
<tr>
<td>I feel more comfortable talking to family &amp; friends about it</td>
<td>89%</td>
</tr>
<tr>
<td>I will take part in screening when invited</td>
<td>92%</td>
</tr>
</tbody>
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2. **Held a number of Bowel Cancer Awareness Corporate Events**

As part of our talks and awareness events, we worked with many major employers in 2013 including ARUP and the London Fire Brigade. These events are very effective in reaching large numbers of people with our potentially life-saving messages quickly.

3. **Continued with the Train the Trainer bowel and breast cancer awareness programme in partnership with Breast Cancer Care**

An increasing focus of our health promotion team is to deliver training to people who have the potential to cascade out our key messages. Our joint train the trainer partnership with Breast Cancer Care is a particularly good example of the value this approach brings. The project came to an end with an independent evaluation in 2013.

We were able to recruit 102 trainees across our eight courses and are pleased to confirm that between May 2012 and September 2013 those 102 trainees had reached 11,109 people with the breast and bowel awareness message. This reach is much higher than anticipated and is improving long-term health outcomes by increasing cancer awareness among our target communities.
4. Worked with Ovarian Cancer Action
As a result of the success of the partnership with Breast Cancer Care, in 2013 we also developed a partnership with Ovarian Cancer Action to deliver a joint workshop, including a bowel and ovarian cancer awareness information, to six women's community groups in Croydon and hope to extend the work across London in 2014 and potentially other geographical areas dependent on funding.

5. Increased the knowledge and skills of health care professionals
We continued to develop and deliver training for health care professionals to try to reduce the variation of treatment and care for patients and to encourage best practice. Highlights included:

GP Bowel Disease study days March 2013
- We piloted two GP study days on bowel disease in Manchester and Birmingham thanks to funding from the Department of Health.
- We had capacity for 100 GPs but had waiting lists of 50 GPs for each session.
- The study days were independently evaluated by Cancer Research UK:
  95% said they had taken a significant or moderate amount of knowledge to use in their everyday work as a GP
  93% said they intended to change their practice as a result of the knowledge gained

Colorectal Cancer Study Day for Nurses, Manchester September 2013
- We ran our second nurse colorectal cancer study day in September.
- The study day was oversubscribed with the maximum 120 attending.
- Evaluation showed the increased confidence of participants on key subject areas and
  92% reported they ‘took away knowledge that I can use in my practice’
  90% reported ‘I intend to change an element of my nursing practice’
  92% reported ‘the study day content was relevant to me’

Detect Cancer Early, Scotland
- Partnership with the Scottish Government;
- We delivered seven primary care engagement sessions in seven different health boards during 2013.
- The first of these sessions was streamed as a live and interactive webcast and all sessions including online were evaluated with positive feedback.
- 424 primary care professionals attended a session (or logged into a webcast) and gained knowledge on both the bowel and lung cancer campaigns.
82% of attendees agreed or strongly agreed that the day met their expectations. The Scottish Government is very pleased with the results and Bowel Cancer UK has agreed to continue to support the work of the Detect Cancer Early campaign in 2014.

**Bespoke training and conference presentations**
- Delivered 35 presentations, training over 400 healthcare professionals
- Positive evaluation with 93% of attendees rating the training as excellent and 7% good.

**Northern Ireland conference**
- Bernadette McGarry Health Promotion Officer, N. Ireland, and Sue Airey Head of Clinical Services, were speakers at a Northern Trust conference in Belfast.
- 80 healthcare professionals attended.
- 100% of attendees reported that the aims of the day were met and they learnt something new.

**Imperial College training**
- Developed and delivered bowel cancer training for Medical Students at Imperial College, London.

**2014 - Key priorities for Strategic Aim 1**
- To continue to develop and deliver a range of training, education and resources for healthcare professionals (HCPs) on bowel cancer to promote best treatment and care.
- To continue to develop and deliver our excellent range of bowel cancer awareness training and resources to promote early detection.
- To more effectively target our key audiences (volunteers, primary care, pharmacists, public health and community workers) to cascade our messages.
- To ensure the successful delivery of our projects in Northern Ireland and Greater Manchester funded by the Big Lottery Fund’s Awards for All Programme. These will test a two day Train the Trainer model for Awareness volunteers to inform the development of our Awareness Volunteer Programme.
Strategic Aim 2: Increase the charity's direct services for patients, carers and health care professionals focusing on gaps and best practice

In 2012 we said we would:

- Recruit further bank nurses to help us manage our information and support service.
- Launch online forums and other online communications methods.
- Continue to expand our patient information including the production of a detailed diet and nutrition resource for people after treatment for bowel cancer and a series of films for the website.

In 2013 we:

1. Provided and reviewed our specialist nurse led information and support services

Information and Support Service

In 2013 there were around 2,200 calls and emails to our Nurse-run Information and Support service. The main reason for calling were related to signs and symptoms, Faecal occult Blood Test screening and treatment.

Towards the end of 2013 we took a difficult decision to close our information and support service. This is because when it was set up over 15 years ago it was unique but now with the development of other helplines it is replicating other services. It is also a reactive service, enquiries are relatively low and our approach as a charity is to be proactive and focus on areas we can have greatest impact and reach. It was a difficult decision because our helpline nurses have provided an excellent service over many years but we feel excited by the prospect of developing a new range of services, in partnership with others where appropriate, that will enable us to meet the unmet needs of more people more effectively and that add real value.

Due to resource limitations we decided not to launch online forums although we did start to develop other online communication methods e.g. webcasts as described earlier.
2. Developed and delivered a range of training and information materials for Health Care Professionals (HCP’s)

Bowel Health and Screening
This resource and training programme for people with learning disabilities and their carers, developed in 2012 is held in high regard by both policy makers and health care professionals in Scotland. Activity surrounding this project in 2013 consisted of promoting the key messages. Two training courses were held bringing the total of carers trained to 98 carers in the Greater Glasgow and Clyde health board area.

Information resources
We continued to develop our patient information resources and to update our factsheets in line with the Information Standard (accreditation renewed in 2013). We focused on gaps in information rather than replicating with other organisations.

Highlights include the development of:
*My Guide to Flexible Sigmoidoscopy and Colonoscopy*: this new booklet was launched during the year and has been well received.

*Genetics factsheet*: This important factsheet was updated due to the revision of the original British Society of Gastroenterology (BSG) guidelines.

2014 Key priorities for Strategic Aim 2

- New pilot information and support services will be developed, where appropriate in partnership with Macmillan Cancer Support, Penny Brohn Cancer Care and other organisations, to meet the unmet needs of people living with and beyond bowel cancer. This will include information for people under 50, multi-media resources and on-line services

- The pilot “Bowel Health and Screening - Learning Disabilities” resource pack and training project to be rolled out, funding permitting

- The HCP log-in area of the website will be developed and an HCP e-newsletter distributed quarterly

- In 2014 we will be recruiting a new Information and Education Nurse whose first priority will be to develop services for younger bowel cancer patients as part of our “Never Too Young” campaign.
Strategic Aim 3: Lobby and campaign to ensure that high quality services are in place to meet demand across the UK

In 2012 we said we would:

- Continue to build our expertise on prioritised areas and to lobby for policy change beneficial to patients and their families.
- Recruit a Senior Policy Officer (Older People) to lead on a research project about older people’s experiences of treatment and care.
- Launch a campaign to raise awareness of younger patients’ experiences of bowel cancer and to press for policy change so they are diagnosed more quickly.
- Launch the second stage of our campaign on endoscopy and develop a new programme of work around advanced disease (funding allowing).
- Continue to consult patients and their families on prioritised policy issues and engage them in our lobbying work.

In 2013 we:

1. Expanded our Policy & Public Affairs team
   We recruited a Senior Policy Officer and a Policy Officer to join our existing Head of Policy & Public Affairs. We are also fortunate to have a very engaged, excellent Medical Advisory Board, which was expanded in 2013, as well as a host of other clinical and academic advisors who work with us on specific projects.

2. Launched “Never Too Young” campaign
   In March 2013, we launched our ‘Never Too Young’ campaign which aims to improve the experiences, diagnosis, treatment and care of younger (under 50) bowel cancer patients.

   As part of this campaign, we conducted research among people under 50 who have been diagnosed with bowel cancer to better understand their experiences of treatment and care. Our research highlighted the following key issues:

   1) Younger patients are experiencing delays in diagnosis
   2) Screening for people at high risk is not good enough
   3) There are gaps in information and support for younger bowel cancer patients

   The “Never Too Young” Campaign has been extremely well received by patients, policy makers and many clinicians. Further detail about the launch impact from a communications perspective will be provided under Organisational Objective 1.
Our Chief Executive and Head of Policy and Public Affairs have had numerous meetings with officials from the Department of Health, Public Health England and NHS Commissioning Board to drive forward the changes necessary to save lives. This activity will continue in 2014.

3. Lobbied for change

Scotland
On Wednesday 20th February 2013, we launched a report on bowel cancer in Scotland, "Spotlight in Scotland" at a reception in the Scottish Parliament hosted by Malcolm Chisholm MSP. The charity continues to be represented on several key groups in Scotland including Bowel Cancer Screening and the Flexisigmoidoscopy Consultation Group.

Northern Ireland
We have been working closely with the Northern Ireland Assembly and particular Jimmy Spratt, MLA, on extending the age of bowel cancer screening. Mr Spratt tabled a debate in the Northern Ireland Assembly where the First Minister stated that the screening age would be reduced to 50 which is good news.

England
In England we continue to be represented on a number of different policy groups, including the bowel cancer screening advisory group and expert patient information panel on screening.

4. Continued our Endoscopy campaign
In 2013, we continued our endoscopy campaign and held several meetings to understand the strategy for increasing capacity in the new NHS in England. This remains unclear. However, with the recruitment of an additional policy officer we now have the capacity to conduct further research and to keep pressing for change. It is critical that people are diagnosed as quickly as possible and a new report will be launched in early 2014.

5. Started research into Older People and Advanced Disease
Our senior policy officer is conducting two research projects on older people’s experiences of treatment and care and on the treatment and care of patients with advanced disease.
2014 Key Priorities for Strategic Aim 3:

- Publish new policy research and recommendations on endoscopy and diagnostic testing; bowel cancer in people over 65; and people diagnosed with advanced bowel cancer.

- Continue to pursue progress on the recommendations set out in our “Never Too Young” report on bowel cancer in people under 50.

- Undertake a joint policy project with the Association of Coloproctology of Great Britain and Ireland on resources in coloproctology and patient outcomes.

- Improve Bowel Cancer UK’s profile among parliamentarians to leverage influence on our priority issues.

Organisational aim 1: Raise the charity’s profile in order to increase our impact and reach

In 2012 we said we would:

- Develop our website further to make it more interactive and build additional content.
- Further develop our use of social media and invest in digital campaigns and content to help us increase our impact and reach.
- Develop a marketing strategy to sharpen our focus and ensure we are reaching our priority audiences.

2013 was another busy communications year.

Due to resource constraints a limited amount of progress was made in developing our website however the “Never too Young” campaign enabled us to trial the use of campaign films and the integrated use of social media.

The campaign was launched in mid-March 2013 and the headline successes from the launch month were:

- The campaign film and three case study films had over 3,600 plays. They have worked well in terms of getting people to share our content and driving conversations on social media.
• We collated 55 case studies of younger bowel cancer patients, which have driven a lot of the media interest. The launch of the campaign resulted in 164 radio and TV interviews, 39 pieces of national and local press, and substantial online press coverage. The launch generated more press coverage than we have had before (excluding stories about access to drugs). Our Chief Executive and Head of Policy and Public Affairs were the charity’s spokespeople but many of our patient case studies undertook a range of interviews and this has proven to be very effective.

• Our Facebook page was particularly successful, with 212 more ‘Likes’ during the launch month. On Twitter, our #never2young hashtag was used in 2,651 tweets, reaching an estimated 141,351 people during the launch month.

Also, as mentioned earlier, in this report our Detect Cancer early work with the Scottish government enabled us to trial the use of webcasts.

**Website and social media**
During 2013 we had 183,119 unique visitors to our website, compared to 209,867 in 2012. We also had 41,395 downloads. The top downloads were ‘symptoms’, ‘screening’, and the ‘GBH booklet’.

Our use of social media continued and improved during 2013. We have had particular success with Twitter and at year end had 26,659 followers and 3,477 likes on Facebook. Our “Never Too Young” campaign was a particular success with our online community. We also had 13,095 views of our videos in 2013.

**Media**
We saw a significant increase in media coverage during 2013 from 725 articles in 2012 to 1413 in 2013. The largest number of articles were in Bowel Cancer Awareness Month (690) but we also saw significant peaks linked to the launch of other reports or awareness initiatives, for example the launch of our “Spotlight on Men” briefing and film in November. Our key spokespeople, including staff and patrons plus many of our patient supporters took part in a range of radio and TV interviews ensuring our messages were widely heard. For example, our Chief Executive was interviewed with one of our supporters, Stuart Scarbrough who sadly lost his wife at 31 to bowel cancer, on ITV This Morning as part of our “Never Too Young” campaign. Our Patron Ben Richards also appeared on several TV programmes, including the Wright Stuff and ITV’s Lorraine.
Patrons and Celebrities
We were thrilled that both Ben Richards and Aldo Zilli became patrons of the charity during 2013. Both have been extremely supportive and undertaken numerous interviews on our behalf. Ben has been leading our “Never Too Young” campaign and Aldo has become the face of our Great Start Breakfast initiative.

They join existing patrons, Charlene White, Julia Bradbury, Tom Hardy, Charlotte Riley and Chris Read who generously continue to support the charity. We are also grateful to Dermot O’Leary, Frank Turner, Frank Skinner, Kevin Sheedy, Dr Gio Miletto and Ben Noy who all took time out of their hectic schedules to take part in our Men’s awareness film. This support really helps us extend our reach so thank you to all of those who take the time and trouble to support us.

2014 Key Priorities for Organisational Aim 1:

- Establish a three-year marketing and communications strategy to set priorities for the charity.
- Increase the organisation’s media profile and coverage of our activity through proactive media outreach work.
- Use our social media channels and other digital outlets to consolidate and grow our community of supporters.

Organisational aim 2: Prioritise, develop and build fundraising expertise to grow the charity’s income

In 2012 we said we would:

- Begin to develop our regional fundraising activity and our fundraising from major donors.
- Build a programme of Special Events.
- Prioritise approaches to key commercial sectors and leading companies currently operating in the UK.
- Further develop all aspects of our fundraising including amongst individuals and recruit a new Head of Individual Giving.

During 2013 we have continued our programme of investment in fundraising, as we need to prioritise increasing income so we can scale up our activity. This investment is beginning to pay off as our income is rising. However we are yet to have the major income shift we need, due to the decline in legacy income, but we remain determined to achieve it!
1) **Community and Events Fundraising**
Our Community and Events fundraising team had another successful year thanks to their proactive approach to increasing our income. We also added new staff posts in Edinburgh and Northern Ireland to work closely with our supporters there. Donor care continues to be a fundamental part of everything that the team does.

In 2013, community and events team raised £954K compared to £823K in 2012. This significant increase in income was the result of developing and extending our portfolio of activities. This included the launch of the Great Start Breakfasts, which we plan to make an annual initiative.

**Highlights**
- The Never Too Young campaign particularly aided our community fundraising income with £96,305 being raised, this included our CEO taking part in a skydive in April, during Bowel Cancer Awareness Month.
- 2013 was also a great year for us in terms of people taking part in treks and challenges. For example, our amazing supporter Brett Golledge, cycled from London to Rome in memory of his brother who sadly died at the age of 47, raising £31,340.

2) **Special Events**
The team aims to provide a point of difference from other charities which is aided by our introduction of a limited special events programme, which included a carol concert in London and Northern Ireland.

3) **Philanthropy and Partnerships** (Trust, corporate, major donor and statutory fundraising)

**Charitable Trusts, Foundations and Statutory Funding highlights**
In 2013, the Trust and Foundation programme secured and banked a total of £202k. This represents an increase of 237% on the total income raised in 2012, which is a fantastic achievement. We also secured £10k of statutory funding from the Scottish Executive via their Section 16b grant scheme and £33k from the Scottish Government for our GP engagement activity as part of the Detect Cancer Early campaign.
Corporate Partnerships
We raised a total of £140k from companies in 2013 and laid some firm foundations for future income in 2014 and beyond.

Key highlights for the corporate partnerships programme in 2013 include:

- Bowel Cancer UK won a Charity of the Year partnership with leading city law firm, Travers Smith.
- Our charity of the year partnership with Majestic Wine ended in early 2013 and raised a total of £63k. This was a fantastic achievement and the most the company has raised with any charity since they started the programme in 2006.
- We recruited the first four members of our Development Board and hope to extend this further in 2014.

Major Donors
This is a new area of activity for the charity but we were extremely fortunate to secure a commitment of £100k from an anonymous donor which has funded a Senior PR & Press Officer post over a three year period. During the year, with the help of our Ambassador, Lord Foster and corporate supporters we have invested considerable time meeting and engaging with potential major donors and corporate supporters which we hope will bear fruit in 2014 and beyond.

4) Individual Giving
The Head of Individual Giving started in April 2013 and undertook a review of the appeal activity that had taken place to date, the names on the database and Bowel Cancer UK’s capacity to undertake an Individual Giving programme.

The biggest issue facing the charity and therefore the highest priority was the lack of active appeal donors/regular givers on the database. Acquiring new supporters was integral to the Individual Giving Tactical plan for 2013. In Memoriam was also seen as a significant source of income which should be developed. The priorities for Individual Giving for 2013 were therefore;

1) Launching the “Star of Hope” Tribute Funds
2) Undertaking an acquisition Christmas Appeal for the first time
3) A warm Christmas appeal to existing supporters
4) Developing a regular giving proposition for launch in 2014.
Launching the Star of Hope Tribute Funds
Following a review of the online Tribute Fund options it was decided to develop the online site with www.Muchloved.com. The site was created and links set up from the Bowel Cancer UK website. The scheme has been promoted to all In Memoriam donors with a bespoke leaflet inviting them to “Celebrate the life of someone you love”. Star of Hope Collection envelopes have also been printed which can be ordered for funerals and other memorials.

Cold Acquisition Appeal
This was an exciting new activity for Bowel Cancer UK, to attract new supporters onto the database for the charity to develop long term relationships with. The activity was expected to operate at a loss. This is normal for cold direct mail activity – supporters breakeven and move into profit during their ‘lifetime’ on the database.

We have achieved a response rate of 3% overall - which is excellent in the current market conditions - a result many larger charities would be delighted with. The challenge now is to develop ongoing relationship with these donors, ensuring that they understand how they are making a difference to people with bowel cancer.

Warm Christmas Appeal
At the same time we sent a different appeal mailing to our existing donors asking for a donation this Christmas. The result was a very low response for a warm mailing and reflects the fact that the events fundraisers did not engage with the direct mail approach. The disappointing performance of the warm, appeal underlines the need to recruit new donors and the importance of the acquisition activity above.

Both cold and warm mailings have been incredibly helpful to the charity and the learning we have gained is enabling us to focus our activity even better in 2014 and this will include the launch of a new regular giving proposition.

2014 Key Priorities for Organisational Aim 2
- To launch the “LifeSaver” regular giving product and to develop this essential income stream for the charity. Promotions include telemarketing, direct mail and distribution of leaflets at Health Promotion talks.
- To develop a legacy marketing strategy to promote this form of giving to stakeholders and supporters of the charity to secure medium to long-term income
- Identifying opportunities for external investment to grow our Individual Giving and Community & Events programmes in the future.
- Develop our special events programme.
- Build a community of fundraisers nationwide
- Ensure that Great Start Breakfasts remains as our community flagship programme
- Support, manage and increase our network of high-level contacts and wherever possible, encourage them to hold and host private cultivation events.
• Effectively manage all existing relationships with trusts & foundations, companies and major donors in order to secure on-going or repeat support and to leverage additional income from other sources.

**Organisational aim 3: Develop the charity's infrastructure and resources to enable us to meet our mission**

**In 2012 we said we would:**
- Relocate to new office accommodation.
- Continue our policy of upgrading our IT equipment.
- Review our database to ensure it is fit for purpose by introducing a minimum data set and by cleaning the existing data.
- Further develop our performance indicators to ensure our Strategic and Annual plans can be monitored efficiently and effectively.

**In 2013 we continued to develop a robust infrastructure for the charity.** Particular features included:
- Moving our London Head office. In June 2013 we relocated the Head office to Willcox House in Southwark. These modern offices will provide adequate room for our planned growth and also enable us to provide in-house training facilities for both staff and volunteers.
- The planned upgrade of our IT systems continued. With the office move the opportunity was taken to design a proper network arrangement for the London office.
- Work was started on cleaning the existing database and updating the documented procedures. This is an on-going project and further work is required to identify the minimum dataset. We will prioritise this in 2014.
- Undertook a successful Trustee recruitment campaign, including the recruitment of a new Chair, Peter Sedgwick. Six new Trustees were inducted and joined the Board in July.
- Some progress was made on developing our Key Performance indicators but due to the office move this was not completed. This will be a priority in 2014.
2014 Key Priorities for Organisational Aim 3
- Develop Key performance indicators for the Charity focusing on the key strategic aims
- Develop and implement a HR strategy including the introduction an annual staff survey and a benchmarking exercise for Terms and Conditions of employment.
- Continue with the planned upgrade of IT systems and development of the database.

PUBLIC BENEFIT

From 1st April 2008 the Charities Act 2006 requires all charities to meet the legal requirement that its aims are for the public benefit. The Charity Commission in its “Charities and Public Benefit” guidance requires that there are two key principles to be met in order to show that an organisation’s aims are for the public benefit: first, there must be an identifiable benefit and secondly the benefit must be to the public or a section of the public. The Council of Management (which equates to the Board of Trustees and henceforth referred to as such) confirm they have regard to the Charity Commission’s guidance on public benefit and consider each year how it meets the public benefit objectives outlined in Section 4 of the Charities Act 2011. They are satisfied that Bowel Cancer UK meets the requirements and conforms with the Act’s definition of a charity meeting all elements of the two key principles.

Our beneficiaries are at the heart of everything that we do as we believe this report fully demonstrates:
- We raise awareness of bowel cancer through our lobbying and campaigning, through our work with the medical profession and health officials, and through the volunteer awareness programme;
- We work with policy makers to ensure that the needs of those affected by bowel cancer and their carers are adequately addressed; and
- We provide practical support and advice to bowel cancer patients and their carers, by providing written information and advice, through a telephone and email advisory service staffed by specialist nurses, and by co-ordinating support given by volunteers who have experience of bowel cancer;
- We provide a range of training and information materials for Health Care professionals.

Our services are available to anyone who needs them, within the limits of our resources.
REGULATORY AND ADMINISTRATIVE DETAILS

Regulatory Compliance Statements
Bowel Cancer UK is registered as a company limited by guarantee no. 3409832 and as a charity no. 1071038. The principal office address is Willcox House, 140-148 Borough High Street London SE1 1LB, it is also the registered office address.

The Trustees are also the Directors of the Charitable Company for the purposes of the Companies Act. The Trustees in presenting their annual report and financial statements for the year ended 31st December 2013 for the Charitable Company confirm that they comply with the current statutory requirements, the requirements of the Charitable Company’s governing document and the provisions of the Statement of Recommended Practice (SORP) “Accounting and Reporting by Charities” issued in 2005.

Who we are
Established in 1987, Bowel Cancer UK aims to raise awareness and save lives from bowel cancer. Our full mission statement can be found on page 2 of this report.

The main activities of the organisation include:

- Raising awareness of bowel cancer, its symptoms and the national screening programme and promoting simple changes people can make to their diet and lifestyle to reduce their risk of developing bowel cancer in the future.
- Conducting social research into different aspects of patient experience and using these to inform the development of our services and our policy positions.
- Policy and influencing work focused on key decision makers in national, regional and local government.
- Campaigning on behalf of patients to ensure they get access to best possible treatment and care.
- Providing direct advice and information services to patients and others affected by the disease.

For more information visit our website www.bowelcanceruk.org.uk
**Where we are**
The London Office (Principal & Registered office)  
The Scottish Office  
Willcox House  
20 Queen Street  
140-148 Borough High Street  
Edinburgh  
London  
EH2 1JX  
SE1 1LB  
Tel: 020 7940 1760  
Tel: 0131 225 5333  
Fax: 020 7940 1761  
Email: admin@bowelcanceruk.org.uk  
Website: www.bowelcanceruk.org.uk

**Council of Management (Board of Trustees)**
The following individuals acted as Trustees throughout the year:
Peter Sedgwick (Chair appointed May 2013)
Stephen Gibson (Vice Chair)
Linda Clemett (Treasurer)
Richard Anderson (Appointed May 2013)
Phil Gates (Appointed May 2013)
Mark Hodgson (Appointed May 2013)
Dennis Horner
Christina Dolan Lakin
Mark Lakin (Resigned March 2013)
Jerry Luckett
Alastair Macpherson (Appointed May 2013)
Steve Moffitt (Resigned March 2013)
John Schofield (Appointed May 2013)
Michelle Scott
David Strickland-Eales

**Changes since Year End**
Ann Elliott (Resigned 26 January 2014)

**Chief Executive and Senior Management Team**
Chief Executive  
Deborah Alsina  
Chief Operating Officer  
Mark Cornish  
& Company Secretary  
Sarah Porch  
Director of Services
Member of our Medical Advisory Board are:
Annie Anderson, Professor of Nutrition, University of Dundee
Jervoise Andreyev, Consultant Gastroenterologist in Pelvic Radiation Disease, Royal Marsden Hospital
Tom Cecil, Consultant Colorectal and General Surgeon, Basingstoke and North Hampshire Hospital
Mark Coleman, Consultant Surgeon, Plymouth Hospitals NHS Trust, Lead Clinician, National Training Programme in Laparoscopic Colorectal Surgery
Stephen Fenwick, Consultant Hepatobillary Surgeon, Aintree Hospital
Rob Glynne Jones, Consultant Medical Oncology, Mount Vernon Hospital (Chair)
Willie Hamilton, Professor of Primary Care Diagnostics, Peninsula College of Medicine and Dentistry
Tim Iveson, Consultant Medical Oncology, Southampton University Hospital
Kevin Monahan, Consultant gastroenterologist and general physician at West Middlesex University Hospital
Dion Morton, Professor of Surgery, University of Birmingham
Christine Norton, Professor of Clinical Nursing Innovation, Imperial College Healthcare NHS Trust & Bucks New University
Greg Rubin, Professor of General Practice and Primary Care, Durham University
John Schofield, Consultant Pathologist, Maidstone Hospital
John Stebbing, Consultant Surgeon, Royal Surrey County Hospital NHS Foundation Trust, Clinical Director, Surrey Bowel Cancer Screening Centre, Chair, UK Joint Advisory Group on GI Endoscopy (the JAG)
Robert Steele, Professor of Surgery, University of Dundee and Clinical Director of Screening in Scotland
Richard Wilson, Consultant/Reader in Cancer Medicine, Clinical Director, N. Ireland Cancer Trials Centre and Network, Queen’s University Belfast
STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document and Constitution
Bowel Cancer UK is registered as a company limited by guarantee (without share capital) and as a charity its governing instrument is its Memorandum and Articles incorporated 25 July 1997 as amended by special resolutions dated 14 June 2007 and 23 December 2011. All the Members of the Charitable Company are Trustees and undertake to contribute to its assets in the event of it being wound up while s/he is a member, such amount as may be required not exceeding £1. All the Trustees are also Directors of the Charitable Company for the purposes of the Companies Act.

Trustees Appointment, Recruitment, Training and Induction
All Trustees are unremunerated and are voluntary. Trustees are appointed by resolution of the Trustees. Each Annual General Meeting one third of the Trustees shall be subject to retirement by rotation, but may offer themselves for re-election. No person other than a Trustee retiring by rotation shall be appointed as a Trustee at any general meeting of Trustees unless he or she is recommended by the Trustees. No Trustee may serve more than 7 years. After 7 years Trustees are not eligible for election until 3 years have elapsed.
Each new Trustee is provided with a detailed information pack upon appointment. This covers an introduction to fellow Trustees; details of the leadership team and staff accompanied by an organisation chart; Articles of Association; the history of the organisation; its objectives and policies; its work and products; recent Trustees and Sub-Committee minutes of meetings; the latest audited Trustees Report and Financial Statements; information on the role and responsibilities of a Trustee.

Training of Trustees will be given on new legislative issues affecting charity Trustees and directors as needed.

**Organisation Structure and Decision-Making**

A Voluntary Board of Trustees is responsible for the overall management and direction of the Charitable Company. The Board meets four times a year.

A Senior Management Team meets monthly and reports to the Trustees. The members of the group are shown on page 20.

Authority on financial, personnel and regulatory matters has been delegated to a Finance and Resources Sub-Committee which review management accounts, and the progress of the annual audit, as well as personnel and recruitment policies and compliance with the regulatory environment within which the organisation operates. It makes recommendations both to the Senior Management Team and to the main Board of Trustees. Membership currently comprises of the Chair of Trustees, the Treasurer and two other Trustees, the Chief Executive, and the Chief Operating Officer.

**Directors/Trustees retiring**

The Directors retiring by rotation were David Strickland-Eales, Anne Elliott and Stephen Gibson, all of whom were eligible for re-election and who were reappointed.

**Risk and Uncertainties**

Achievement of our aims and objectives entails taking risks. The Trustees are satisfied that appropriate internal control systems and risk management processes are in place. They consider that the following framework provides the Bowel Cancer UK with adequate measures to reduce the impact of identified risks:

- The Finance and Resources Committee reviews risk and internal controls, approves the annual risk-register, and receives regular progress reports on key risks.
- Senior management reviews key strategic and operational risks on a regular basis. They consider progress on mitigating actions, new and emerging risks, and opportunities.
• Board sub-committees and management groups help identify, evaluate and manage risks relating to fundraising, governance, health and safety and remuneration.

The most significant risks to the Bowel Cancer UK include income generation and cashflow management, reputation, health and safety of staff and volunteers, operational management information, IT infrastructure, staff retention and development.

Trading subsidiary
The subsidiary Bowel Cancer UK (Services) Limited continued to remain dormant, until a motion to dissolve it was passed on 11 November 2013. It became officially dissolved on 11 February 2014.

FINANCIAL REVIEW
The results for the year ended 31 December 2013 are set out on page 31 of the financial statements.

Total incoming resources for the year increased to £1,608,378 (2012: £1,527,491) as a result of the amazing efforts of our many volunteers who raised money for us doing runs, treks and holding events in their community. To continue to raise the income needed to provide essential services in the future, the Trustees recognised that it is important to invest and diversify income our streams by strengthening our support to community volunteers, investing in the Philanthropy and Partnerships team and by establishing an Individual Giving team (see note 4). The trustees realised that the investment would not show immediate results but income streams in these areas has already started to grow, reducing an historic reliance on legacies (see note 2). In particular in 2013 we can report:

• An increase in community fundraising and events from £823K in 2012 to £954K in 2013;
• An increase in charitable grants from £85K in 2012 to £180K in 2013; and
• An increase in individual donations from £119K in 2012 to £164K in 2013

Total resources expended for the year increased from £1,483,973 in 2012 to £1,824,585 in 2013. This reflects the increased investment in income generation, as well as the expansion of our direct services and awareness raising work, to meet the demands we face. The increase in services included additional work undertaken in Scotland and Northern Ireland in raising awareness, in our “Never too Young” campaign, and in GP and other Health Care Professional training events. In Scotland we have worked closely with the Scottish Government in support their Detect Cancer Early Campaign. Our expenditure also includes the costs of closing our information and support services, and our North of England operations so that we can better focus our services on the strategic plan objectives and the
needs of our clients. We continue to keep governance and support costs to the minimum levels necessary to ensure the effective running of the charity.

As a result of the investments made, and the refocussing of our services the Trustees agreed that they would use some of the unrestricted reserves to fund the overall deficit for the year of £216,207, (compared to a surplus of £43,518 in 2012). The Charity’s spare cash balances have been invested in interest bearing accounts.

The Balance Sheet on page 32 reflects the activities in the year. There is an increase in fixed assets from £23.5K to £72.7K as a result of the refurbishment and furnishing of the new offices. The offices in London are now fit for purpose and can support planned growth in the future. The reduction in current assets from £575K in 2012 to £361K in 2013 reflects the reduction in cash held by the charity because of the planned investment in direct services and fundraising. The increase in creditors from £112K to £168K is due to an increase in accruals, from restructuring, and in deferred income received in 2013 for 2014.

Key Performance Indicators for the year are:

- In line with the trustee strategy to invest in more diversified income streams the fundraising ratio has fallen from £3.20 for every £1 spent in 2012 to £2.30 for every £1 spent in 2013. The plan is for this to improve in 2014 and future years.
- Support costs remain on target (below 15%) at 14% for the year (14% in 2012), despite the impact of the office move, which cost £15,000 in the year.
- Unrestricted reserves have fallen from 3 months running costs in 2012 to 1 month running costs in 2013, compared to a target of 3 months. The Trustees made the decision to do this in the year to enable the investment needed for the future. The Trustees now aim to rebuild the reserves to the level they consider necessary for the future stability of the charity.

RESERVES

During the year the Board of Trustees considered the purpose and size of retained income reserves. The review recommended that to allow the Charity to be managed efficiently, an unrestricted reserve equivalent to at least three months operating expenditure (with a longer term aim of six months) should be built up. The Trustees believe that this is the minimum level of reserves required to ensure the operating efficiency of the charity and to provide some protection to the organisation, its charitable programmes and to provide time to adjust to changing financial circumstances.
In 2013 the Charity decided to utilise some of its general reserves to continue invest in its direct services and fundraising activities. As a result of this the Charity now has free reserves of £42,914 (2012: £307,747). Over the next few years efforts will continue to be made to accumulate reserves whilst still facilitating Bowel Cancer UK’s services, public awareness and policy campaigns.

Designated funds are amounts identified by the Trustees for a particular project or use. Within the operational plan for the year to 31 December 2013 the Trustees had set aside designated funds of £20,000 to cover the costs of developing a Northern Ireland awareness programme. This programme is now established in Northern Ireland and the money has now been utilised. The trustees also set aside £35,000 for the investment in individual giving in 2013. During the year a Head of Individual giving was recruited and a trial appeal was launched which has provided valuable information for how we take forward our individual giving programme. The Trustees have decided that this fund is no longer required as any future investment will form part of the fundraising team costs. The Trustees have also increased the amount in the designated fund for fixed assets to £72,098, to reflect the net book value of the fixed assets.
Statement of Trustees Responsibilities
The Trustees (who are also directors of Bowel Cancer UK for the purposes of company law) 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).

Company law 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 judgements and estimates that are reasonable and prudent.
- State whether applicable 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 business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 as well as by the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

They 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.
Provision of information to auditors

In so far as the Trustees are aware:

- There is no information of which the charitable company’s auditors are unaware;
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Staff and Volunteers

The Board of Trustees wish to record their thanks and appreciation to all staff and volunteers for their devoted work, often beyond the call of duty to ensure that the charity continues to meet its mission.

Auditors

The Company’s auditors, Crowe Clark Whitehill LLP are willing to continue in office. A resolution proposing their re-appointment will be considered at the next Annual General Meeting.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

This report was approved by the Council of Management / Board of Trustees on 11 June 2014 and signed on their behalf by

Linda Clemett, Member of Council
Independent Auditors' Report to the Trustees and Members of Bowel Cancer UK

We have audited the financial statements of Bowel Cancer UK for the year ended 31 December 2013 set out on pages 31 to 47. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company’s trustees, as a body, in accordance with section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company’s trustees and members 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 charitable company and the company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditors

As explained more fully in the Statement of Trustees’ Responsibilities, the trustees (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts. 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 charitable 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’ Annual 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 charity’s state of affairs as at 31 December 2013 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006
In our opinion the information given in the Trustees’ Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception
We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- proper and adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees’ remuneration specified by law are not made; or we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the trustees annual report.

Janette Joyce
Senior Statutory Auditor
For and on behalf of
Crowe Clark Whitehill LLP
Statutory Auditor
Reading

Date: 11 June 2014
Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.
## Statement of Financial Activities

For the year ended 31st December 2013

(incorporating the income and expenditure account)

### Incoming Resources

**Incoming resources from generated funds:**

<table>
<thead>
<tr>
<th>Note</th>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>2013 Total</th>
<th>2012 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>419,957</td>
<td>167,114</td>
<td>587,071</td>
<td>630,364</td>
</tr>
<tr>
<td>2</td>
<td>954,173</td>
<td>-</td>
<td>954,173</td>
<td>822,806</td>
</tr>
<tr>
<td></td>
<td>1,472</td>
<td>-</td>
<td>1,472</td>
<td>2,977</td>
</tr>
<tr>
<td>3</td>
<td>13,491</td>
<td>52,171</td>
<td>65,662</td>
<td>71,344</td>
</tr>
</tbody>
</table>

**Total incoming resources**

1,389,093 219,285 1,608,378 1,527,491

### Resources Expended

**Cost of generating funds:**

| Costs of generating voluntary income | 706,181 | - | 706,181 | 473,377 |
| Charitable activities | 933,938 | 170,206 | 1,104,144 | 994,144 |
| Governance costs | 14,260 | - | 14,260 | 16,452 |

**Total resources expended**

1,654,379 170,206 1,824,585 1,483,973

**Gross transfers between funds**

11 (5,449) 5,449 - -

**Net (outgoing)/ incoming resources**

5 (270,735) 54,528 (216,207) 43,518

**Net movement in funds**

(270,735) 54,528 (216,207) 43,518

**Total funds brought forward**

386,331 72,139 458,470 414,952

**Total funds carried forward**

11 115,596 126,667 242,263 458,470

All of the above results are derived from continuing activities. The Charity has no other recognised gains and losses other than those stated above.

The notes on pages 33-47 form part of these financial statements.
Balance Sheet as at 31st December 2013
Company number 3409832 (England and Wales)

<table>
<thead>
<tr>
<th>Note</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Fixed assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>7</td>
<td>72,682</td>
</tr>
<tr>
<td>Investments</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>72,682</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors and prepayments</td>
<td>9</td>
<td>82,213</td>
</tr>
<tr>
<td>Short term deposits</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td></td>
<td>279,170</td>
</tr>
<tr>
<td></td>
<td></td>
<td>361,383</td>
</tr>
<tr>
<td>Creditors: amounts falling due within one year</td>
<td>10</td>
<td>(167,802)</td>
</tr>
<tr>
<td>Net current assets</td>
<td></td>
<td>193,581</td>
</tr>
<tr>
<td>Provisions: amounts due in more than one year</td>
<td>11</td>
<td>(24,000)</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td></td>
<td>242,263</td>
</tr>
</tbody>
</table>

Funds

| Unrestricted funds                  |        |        |
| Designated                          |        | 72,098 | 78,584 |
| General funds                       |        | 43,498 | 307,747 |
| TOTAL FUNDS                          |        | 115,596| 386,331 |

Restricted funds                      |        | 126,667| 72,139 |

TOTAL FUNDS                            | 12     | 242,263| 458,470 |

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

The financial statements were approved and authorised for issue by the board and were signed on its behalf on 11 June 2014 by

Linda Clemett
Member of Council

The notes on pages 33-47 form part of these financial statements.
Notes to the Financial Statements
For the year ended 31st December 2013

1. Accounting policies

1.1 Basis of preparation
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) and the Statement of Recommended Practice “Accounting and reporting by Charities (SORP 2005)”.

The Trustees consider that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future and for this reason they continue to adopt the going concern basis in preparing the annual financial statements.

1.2 Company status
The Charity is a company limited by guarantee. The guarantors are the members of Council named on page 20. The liability in respect of the guarantee, as set out in the memorandum, is limited to £1 per member of the company.

1.3 Incoming resources
Income is accounted for on a receivable basis, with the exception of donations which are accounted for when received.

Grants are credited as income in the year in which they are receivable. Grants are recognised as receivable when all conditions for receipt have been complied with. Where donor-imposed restrictions apply to the timing of the related expenditure as a precondition of its use, the grant is treated as deferred income until those restrictions are met. Grants received for specific purposes are accounted for as restricted funds.

Legacy income is included in the financial statements when the charity is satisfied that the conditions of entitlement, certainty and measurement have been met. Pecuniary legacies are accounted for when notified. Residuary legacies are accounted for when notification of impending distribution is received and/or receipt occurs. Residuary legacies subject to a life interest held by another party are not included in income until the conditions associated with payment have been fulfilled.

Donated services are included as a gift in kind and an expense and are included at their estimated value to the charity where this is reasonably quantifiable and measurable.
1.4 Expenditure
All expenditure is charged on an accruals basis and is allocated between:

- expenditure incurred directly on charitable activities;
- expenditure incurred in generating voluntary income, including fundraising; and
- expenditure incurred in the governance of the charity, which are the costs of statutory compliance and trustee meetings.

Wherever possible, costs are allocated directly to the appropriate activity. Support costs incurred in the general running of the charity are allocated to the charitable activities on the basis of staff numbers.

1.5 Fund accounting
General funds are available for use at the discretion of the Council of Management in furtherance of the general objectives of the Charity.

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 11). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance & Resources committee.

Restricted funds are funds subject to specific restriction imposed by donors or by the purpose of appeals. The purpose and use of the restricted funds is set out in the notes to the financial statements.

All income and expenditure is shown in the Statement of Financial Activities.

1.6 Tangible fixed assets and depreciation
Tangible fixed assets are stated at cost including any incidental expenses of acquisition.

Assets with a cost in excess of £500 intended to be of ongoing use to Bowel Cancer UK in carrying out its activities are capitalised as fixed assets.

Depreciation is provided on all tangible fixed assets at rates calculated to write off the cost on a straight-line basis over their expected useful economic lives as follows:

- Office equipment - over 3-5 years
- Fixture & Fittings – over 5 years
- Office Refurbishment – over 3 years
Notes to the Financial Statements
For the year ended 31st December 2013

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

1.9 Pension costs
The company operates a defined contribution group personal pension scheme. The charge in the SOFA is the amount of contributions payable to the pension scheme in respect of the accounting year.

2.0 Provisions
in accordance with FRS 12, provisions are recognised when:

a) The charity has a present obligation as a result of a past event;
b) it is probable that a transfer of economic benefits will be required to settle the obligation;
c) a reliable estimate can be made of the amount of the obligation
Notes to the Financial Statements
For the year ended 31st December 2013

2. Incoming resources from generated funds

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Voluntary Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations from individuals</td>
<td>163,891</td>
<td>119,031</td>
</tr>
<tr>
<td>Legacies</td>
<td>103,574</td>
<td>254,321</td>
</tr>
<tr>
<td>General grants</td>
<td>180,005</td>
<td>85,192</td>
</tr>
<tr>
<td>Corporate donations</td>
<td>139,601</td>
<td>171,820</td>
</tr>
<tr>
<td></td>
<td>587,071</td>
<td>630,364</td>
</tr>
<tr>
<td><strong>Activities for generating funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runs</td>
<td>404,873</td>
<td>355,002</td>
</tr>
<tr>
<td>Treks and challenges</td>
<td>160,882</td>
<td>156,275</td>
</tr>
<tr>
<td>Community fundraising</td>
<td>376,938</td>
<td>295,529</td>
</tr>
<tr>
<td>Other special events</td>
<td>11,480</td>
<td>16,000</td>
</tr>
<tr>
<td></td>
<td>954,173</td>
<td>822,806</td>
</tr>
</tbody>
</table>

3. Incoming resources from charitable activities

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Training</td>
<td>65,662</td>
<td>71,344</td>
</tr>
<tr>
<td></td>
<td>65,662</td>
<td>71,344</td>
</tr>
</tbody>
</table>
4. Resources expended

<table>
<thead>
<tr>
<th>Costs of generating funds</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs of generating voluntary income</td>
<td>290,174</td>
<td>223,573</td>
</tr>
<tr>
<td>Costs of investing in new fundraising activities</td>
<td>70,636</td>
<td>24,605</td>
</tr>
<tr>
<td></td>
<td>360,810</td>
<td>248,178</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charitable activities</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness &amp; Direct Services</td>
<td>367,573</td>
<td>244,757</td>
</tr>
<tr>
<td>Communications and Campaigning</td>
<td>204,108</td>
<td>128,148</td>
</tr>
<tr>
<td></td>
<td>571,681</td>
<td>372,905</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governance costs</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td>-</td>
<td>1,564</td>
</tr>
<tr>
<td>Legal and Professional</td>
<td>-</td>
<td>2,196</td>
</tr>
<tr>
<td>Audit and Accountancy</td>
<td>-</td>
<td>10,500</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>14,260</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total costs</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>932,491</td>
<td>635,343</td>
<td>155,150</td>
</tr>
</tbody>
</table>

Support costs have been allocated on the basis of staff numbers employed in each area of activity.
Notes to the Financial Statements
For the year ended 31st December 2013

5. Net incoming resources is stated after charging:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Depreciation</td>
<td>18,002</td>
<td>6,777</td>
</tr>
<tr>
<td>Auditors’ remuneration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Audit fee for the current period</td>
<td>8,750</td>
<td>7,650</td>
</tr>
<tr>
<td>- Non Audit fee for the current period</td>
<td>-</td>
<td>150</td>
</tr>
</tbody>
</table>

6. Staff costs

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>941,082</td>
<td>726,291</td>
</tr>
<tr>
<td>Social security costs</td>
<td>99,804</td>
<td>75,012</td>
</tr>
<tr>
<td>Pension Contributions</td>
<td>17,571</td>
<td>10,923</td>
</tr>
<tr>
<td></td>
<td>1,058,457</td>
<td>812,226</td>
</tr>
<tr>
<td>Seasonal freelance staff</td>
<td>-</td>
<td>4,465</td>
</tr>
<tr>
<td>Redundancy fees</td>
<td>29,184</td>
<td>2,200</td>
</tr>
<tr>
<td></td>
<td>1,087,641</td>
<td>818,891</td>
</tr>
</tbody>
</table>
6. Staff costs (Continued)

The number of employees whose emoluments exceeded £60,000 fell within the following ranges:

<table>
<thead>
<tr>
<th>Range</th>
<th>2013 Number</th>
<th>2012 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,000 - £70,000</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Pension Contributions of £2,840 (2012: £2,700) were paid in respect of the higher paid individual.

The charity contributes to group personal pension schemes (defined contribution) for all participating employees. The assets of the schemes are held separately from those of the charity in independently administered funds. The pension charge represents contributions payable by the charity to the fund. Pension contributions outstanding at 31 December 2013 amounted to £nil (2012: £nil).

The average number of FTEs analysed by function was:

<table>
<thead>
<tr>
<th>Function</th>
<th>2013 Number</th>
<th>2012 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Awareness &amp; Direct Services</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Communications and Campaigning</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Central Support</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

Trustees

None of the trustees received, nor waived, any emoluments during the year (2012: £Nil).

None of the trustees received any reimbursed expenses during the year (2012: £nil).
## 7. Tangible fixed assets

<table>
<thead>
<tr>
<th></th>
<th>Office Refurbishment</th>
<th>Fixture &amp; Fittings</th>
<th>Computer Equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2013</td>
<td>-</td>
<td>-</td>
<td>35,890</td>
<td>35,890</td>
</tr>
<tr>
<td>Additions</td>
<td>37,084</td>
<td>23,750</td>
<td>6,266</td>
<td>67,100</td>
</tr>
<tr>
<td><strong>At 31 December 2013</strong></td>
<td>37,084</td>
<td>23,750</td>
<td>42,156</td>
<td>102,990</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 January 2013</td>
<td>-</td>
<td>-</td>
<td>12,306</td>
<td>12,306</td>
</tr>
<tr>
<td>Charge for the period</td>
<td>6,119</td>
<td>2,418</td>
<td>9,465</td>
<td>18,002</td>
</tr>
<tr>
<td><strong>At 31st December 2013</strong></td>
<td>6,119</td>
<td>2,418</td>
<td>21,771</td>
<td>30,308</td>
</tr>
<tr>
<td><strong>Net book value as at 31 December</strong></td>
<td>30,965</td>
<td>21,332</td>
<td>20,385</td>
<td>72,682</td>
</tr>
</tbody>
</table>

### 2013

- Net book value as at 31 December

### 2012

- Net book value as at 31 December

All fixed assets are used for charitable purposes.
8. Fixed asset investments

Investment in subsidiary

<table>
<thead>
<tr>
<th>Shares in group undertakings £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares in group undertakings £</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 January 2013</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Disposals</td>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>At 31 December 2013</td>
<td></td>
<td>(1)</td>
</tr>
</tbody>
</table>

Net Book Value

<table>
<thead>
<tr>
<th>At 31 December 2013</th>
<th>At 31 December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

The charity disposed of the entire share capital of Bowel Cancer UK (Services) Limited, a company incorporated in England & Wales, which had been dormant throughout the period. The aggregate amount of share capital and reserves at the year end is £Nil.

9. Debtors and Prepayments

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Debtors</td>
<td>15,010</td>
<td>3,490</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>67,203</td>
<td>58,066</td>
</tr>
<tr>
<td></td>
<td>82,213</td>
<td>61,556</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements
For the year ended 31st December 2013

10. Creditors

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>37,170</td>
<td>68,683</td>
</tr>
<tr>
<td>Accruals</td>
<td>74,983</td>
<td>20,639</td>
</tr>
<tr>
<td>Taxes and social security costs</td>
<td>30,117</td>
<td>22,835</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>22,500</td>
<td>-</td>
</tr>
<tr>
<td>Other creditors</td>
<td></td>
<td>3,032</td>
</tr>
<tr>
<td></td>
<td><strong>167,802</strong></td>
<td><strong>112,157</strong></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th></th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property provision</td>
<td></td>
</tr>
<tr>
<td>provision</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>£</td>
</tr>
<tr>
<td>At 1 January 2013</td>
<td>28,000</td>
</tr>
<tr>
<td>Amounts reversed</td>
<td>(28,000)</td>
</tr>
<tr>
<td>Amounts introduced</td>
<td>24,000</td>
</tr>
<tr>
<td>At 31 December 2013</td>
<td>24,000</td>
</tr>
</tbody>
</table>
12. Statement of funds

<table>
<thead>
<tr>
<th></th>
<th>Balance 1 January 2013</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers Between Funds</th>
<th>Balance 31 December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Designated funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NI Awareness Programme</td>
<td>20,000</td>
<td>27,506</td>
<td>(53,784)</td>
<td>6,278</td>
<td>-</td>
</tr>
<tr>
<td>Fixed Assets</td>
<td>23,584</td>
<td>-</td>
<td>-</td>
<td>49,098</td>
<td>72,682</td>
</tr>
<tr>
<td>Individual Giving</td>
<td>35,000</td>
<td>9,652</td>
<td>(16,605)</td>
<td>(28,047)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Designated Funds</strong></td>
<td>78,584</td>
<td>37,158</td>
<td>(70,389)</td>
<td>27,329</td>
<td>72,682</td>
</tr>
<tr>
<td><strong>Total General funds</strong></td>
<td>307,747</td>
<td>1,351,935</td>
<td>(1,583,990)</td>
<td>(32,778)</td>
<td>42,914</td>
</tr>
<tr>
<td><strong>Total Unrestricted funds</strong></td>
<td>386,331</td>
<td>1,389,093</td>
<td>(1,654,379)</td>
<td>(5,449)</td>
<td>115,596</td>
</tr>
</tbody>
</table>

**Designated funds**

Designated funds are amounts identified by the Trustees for a particular project or use.

Designated funds of £72,682 (2012: £78,584) have been set aside from the charity’s unrestricted funds by the trustees to reflect the net book value of the fixed assets.

Within the operational plan for the year until 31 December 2013, the Trustees had also set aside designated funds of £20,000 to cover the costs of developing a Northern Ireland awareness programme and £35,000 to fund investment in Individual Giving. Both programmes are now underway as far as possible, and the funds have been fully utilised.
### 12. Statement of funds (continued)

<table>
<thead>
<tr>
<th></th>
<th>Balance 1 January</th>
<th>Income</th>
<th>Expenditure</th>
<th>Transfers between Funds</th>
<th>Balance 31 December</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Restricted funds:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness England</td>
<td>-</td>
<td>10,000</td>
<td>-</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Awareness NI</td>
<td>-</td>
<td>13,600</td>
<td>(624)</td>
<td>-</td>
<td>12,976</td>
</tr>
<tr>
<td>Awareness Scotland</td>
<td>22,000</td>
<td></td>
<td>(19,869)</td>
<td>-</td>
<td>2,131</td>
</tr>
<tr>
<td>Scottish Govt – Detect cancer early</td>
<td>33,174</td>
<td></td>
<td>(31,836)</td>
<td>-</td>
<td>1,338</td>
</tr>
<tr>
<td>Printing</td>
<td>-</td>
<td>11,513</td>
<td>(10,912)</td>
<td>-</td>
<td>601</td>
</tr>
<tr>
<td>Dept Health GP Pack</td>
<td>262</td>
<td></td>
<td>-</td>
<td>(262)</td>
<td>-</td>
</tr>
<tr>
<td>Breast Cancer Care</td>
<td>3,876</td>
<td>8,998</td>
<td>(12,874)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dept. Health GP Training</td>
<td>34,001</td>
<td></td>
<td>(39,712)</td>
<td>5,711</td>
<td>-</td>
</tr>
<tr>
<td>Information &amp; Support</td>
<td>-</td>
<td>49,500</td>
<td>(9,706)</td>
<td>-</td>
<td>39,794</td>
</tr>
<tr>
<td>Communications Officer</td>
<td>-</td>
<td>33,500</td>
<td>(13,848)</td>
<td>-</td>
<td>19,652</td>
</tr>
<tr>
<td>Diet Resource</td>
<td>14,000</td>
<td>6,000</td>
<td>(13,172)</td>
<td>-</td>
<td>6,828</td>
</tr>
<tr>
<td>Older People’s Research Project</td>
<td>20,000</td>
<td>1,000</td>
<td>(10,343)</td>
<td>-</td>
<td>10,657</td>
</tr>
<tr>
<td>Advanced Disease</td>
<td>-</td>
<td>30,000</td>
<td>(7,310)</td>
<td>-</td>
<td>22,690</td>
</tr>
<tr>
<td><strong>Total Restricted funds</strong></td>
<td><strong>72,139</strong></td>
<td><strong>219,285</strong></td>
<td><strong>(170,206)</strong></td>
<td><strong>5,449</strong></td>
<td><strong>126,667</strong></td>
</tr>
<tr>
<td><strong>Total funds</strong></td>
<td><strong>458,470</strong></td>
<td><strong>1,608,378</strong></td>
<td><strong>(1,824,585)</strong></td>
<td><strong>-</strong></td>
<td><strong>242,263</strong></td>
</tr>
</tbody>
</table>
12. Statement of funds (continued)

Restricted funds

Restricted funds are those where the donor has imposed restrictions on the use of the funds.

**Awareness England**
Funding has been received from the Big Lottery Fund’s Awards for All England grant programme for the recruiting, training and supporting of Bowel Cancer Awareness volunteers in the North of England.

**Awareness NI**
Funding has been received from the Big Lottery Fund’s Awards for All Northern Ireland grant programme and the Lloyds Bank Foundation for Northern Ireland for the recruiting, training and supporting of Bowel Cancer Awareness volunteers in Northern Ireland.

**Awareness Scotland**
This fund is being used to recruit, train and support Bowel Cancer Awareness volunteers in the Scotland. This is funded by Scottish Executive’s Section 16b Grant Scheme, Miss M B Reekie’s Charitable Trust and The J and J R Wilson Trust.

**Scottish Government – Detect cancer early**
This funding was received to support the Scottish Government’s detect cancer early screening programme.

**Printing**
This funding was received from Sunsweet Growers Inc. and Yakult UK Ltd. to develop and print a range of patient resource materials.

**Department Health GP Pack**
This fund represents a grant towards the production of a GP training pack.

**Breast Cancer Care**
This fund was set up to develop and roll out a “train the trainer” model of awareness training with conjunction with Breast Cancer Care.

**Department Health GP Training**
Represents a grant towards providing a training programme for GPs. Two training event were held for GP’s and a total of 200 GPs were trained.
12. Statement of funds (continued)

**Information & Support**
Funding has been received from the Garfield Weston Foundation, The Childwick Trust, The DMF Ellis Charitable Trust and The Shanly Foundation to develop our strategy to improve the efficiency of our information & support services, to expand our range of patient materials and to design and pilot specific support services for younger people.

**Communications Officer**
Additional funding was secured in the year to increase our staff resource with our communications and PR team.

**Diet Resource**
Funding for this project has kindly been received from The Steel Charitable Trust and the Constance Green Foundation. During the year work began on developing a diet resource to help bowel cancer patients in their dietary choices post-surgery and during chemotherapy. This will allow them to self-management post treatment bowel problems.

**Older People’s Research Project**
Work has commenced on research into older people’s (+65) experience of bowel cancer treatment and care to identify best practice and gaps in care. Further funding from The Mackintosh Foundation was received during the year.

**Advanced Disease**
Funding has been received from Bayer Healthcare, Roche Products Ltd. and Sanofi for research into the effects of advanced disease in bowel cancer patients and to make recommendation on the delivery of support services to patients.

**Transfers**
Transfers in the year amounted to £5,449 \( (2012: \text{£nil}) \). These related to overspend on the GP Study where the decision was made to use some unrestricted reserve to complete the project.

### 13. Analysis of net assets between funds

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds</th>
<th>Restricted funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Funds balances at 31 December 2013 are represented by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>72,682</td>
<td>-</td>
<td>72,682</td>
</tr>
<tr>
<td>Net current assets</td>
<td>66,914</td>
<td>126,667</td>
<td>193,581</td>
</tr>
<tr>
<td>Provisions</td>
<td>(24,000)</td>
<td>-</td>
<td>(24,000)</td>
</tr>
<tr>
<td>Charity funds at 31 December 2013</td>
<td>115,596</td>
<td>126,667</td>
<td>242,263</td>
</tr>
</tbody>
</table>
14. Related party transactions

There were no related party transactions during the year (2012: none).

15. Operating Leases

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Lease – 2-5 years</td>
<td>80,052</td>
<td></td>
</tr>
<tr>
<td>Office equipment – 1 year</td>
<td>2,017</td>
<td></td>
</tr>
<tr>
<td>Office equipment – 2-5 years</td>
<td>1,228</td>
<td>2,017</td>
</tr>
<tr>
<td></td>
<td>83,297</td>
<td>2,017</td>
</tr>
</tbody>
</table>