Endless Medical Advantage Unaudited Financial Statements 31 May 2024



SAMARA & CO

Chartered accountant 511 Kenton Lane Harrow Middlesex HA3 JW

Financial Statements

Period from 01 June 2023 to 31 May 2024

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Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

The trustees present their report and the unaudited financial statements of the charity for the period ended 31 May 2024.

Reference and administrative details

Registered charity name Endless Medical Advantage

Charity registration number 1194717

Principal office 53 Kings Road

London E11 1AU

The trustees

Ms A Patel Ms R Patel Ms L Newman

Independent examiner Samara & Co

511 Kenton Lane

Harrow Middlesex HA3 JW

Structure, governance and management

The charity is registered with number 1194717, and is constituted as a Charitable Incorporated Organisation (CIO) dated 01 May 2021 and registered as an official UK charity on 01 May 2021

New trustees are appointed for a term of at least two years passed at a properly convened meeting of the charity trustees. In selecting individuals for appointment as charity trustees, the charity trustees must have regard to the skills, knowledge and experience needed for the effective administration of the CIO.

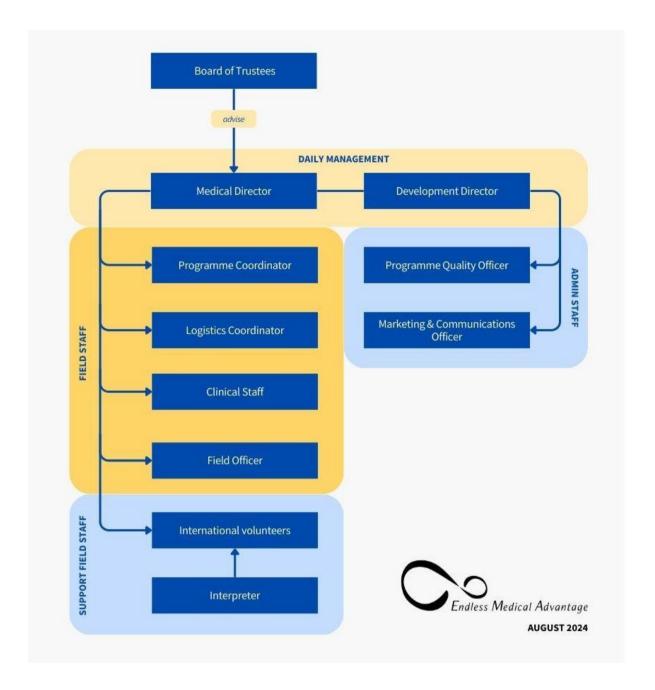
The charity trustees will make available to each new charity trustee, on or before his or her first appointment: a copy of the current version of this constitution and a copy of the CIO's latest Trustees' Annual Report and statement of accounts.

All trustees give their time voluntarily and receive no benefits from the charity. The charity's co-founder and medical director is regarded as key management personnel. The pay of the director is reviewed annually and normally increased in accordance with average earnings. The remuneration is also bench-marked with other charities of a similar size and activity to ensure that the remuneration set is fair and not out of line with that generally paid for similar roles.

The trustees oversee the work of the directors, staff and volunteers, delegating responsibility for day-to-day decision-making and management to the medical director and development director. See below EMA's organogram, outlining the different roles within the organisation.

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024



In order for Endless Medical Advantage (EMA) to achieve and maintain ethical delivery of services as well as ethical workplace management, we have developed several policies and are guided by them in practice to mitigate such issues.

All paid staff and volunteers undergo a recruitment process and they must all provide an up to date criminal record check (or equivalent) to ensure they meet our safeguarding standards. Furthermore, we maintain accountability as a service delivery provider and humanitarian actor by working

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

collaboratively with other grassroots organisations and refugee-led initiatives in the local area whom we continue to learn from and allow us to work ethically in a dynamically changing environment.

We work with a community-based approach which promotes an ethical service delivery structure. Our services are delivered for the community, by the community whereby the team is sensitive to the needs of the communities and beneficiaries, having lived experience, cultural awareness and strong understanding of the needs of those who have been marginalised. We have developed strong communication strategies within the core team to ensure best practice is achieved and key behaviours are managed to remain aligned with EMA ethos.

There is a strong collaborative network of organisations, both regional and national, of which we are a part of to contribute to positive systemic shifts in refugee response. As a refugee-led organisation (RLO), working in the hearts of these communities, we are able to gain insight and understanding that is often missed by larger NGO/INGOs who are not as community-led. Our co-founder and medical director is a leader in his community and a part of this network which has given him a platform to show what the true needs are. We have an ear to the ground for big NGOs like UNHCR and we are thus able to give them insights they can't otherwise gain. In this way, we are able to support advocacy for refugees in particular to healthcare and represent a much needed voice for the people.

Objectives and activities

EMA is a refugee-led organisation in Lebanon. Our mission is to support Syrian and Lebanese medical professionals in providing sustainable healthcare services and humanitarian relief to refugees and vulnerable communities in Lebanon. Together with the communities we serve, we aim to contribute to health and well-being by providing the best care to every patient. We do this with a holistic approach to health, addressing physical, mental and social well-being to improve overall quality of life in vulnerable communities.

Lebanon currently hosts almost 2 million Syrian refugees, the highest number of refugees per capita in the world. Many have little or no access to affordable healthcare and are living in remote and isolated areas of the Bekaa Valley. Our organisation is a key source of healthcare for the community. For thousands of families, we are the only way for them to access free healthcare given by community-based medical professionals. Over the past years, much of the Lebanese host community are also living increasingly below the poverty line, unable to afford the cost of basic healthcare. EMA provides healthcare for anyone regardless of race, ethnicity, age, gender, religion and other diverse backgrounds. Our programmes are affordable, accessible and sustainable. We are refugee-led and apply a bottom up approach, with the community to the community.

We aim to keep building our movement by implementing integrated clinical practice with the main activities run through healthcare mobile clinics, a fixed polyclinic, dental clinic and physiotherapy programme. In doing so, we aim for sustainable improvements in healthcare in Lebanon. Furthermore, EMA commits to providing aid and relief to those living in poverty and affected by the challenging economic conditions of Lebanon. In emergencies, such as a storm or fire, we aim to be on the ground quickly, providing healthcare and supporting in the aftermath of such events by providing physical aid such as food and blankets, as well as medical checks.

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

As EMA is growing, we are able to increasingly offer holistic healthcare to the vulnerable communities in the Bekaa Valley. **EMA's general objectives** during the year reported were:

- 1. To create a sustainable, community-led infrastructure by sharing skills and materials to refugees to reduce the health crisis in Lebanon and help save lives. We do this by creating physical clinics run by refugees, providing long term sustainable healthcare solutions for all
- 2. To improve the quality of life with provision of health services that are the most needed in the community, aiming to fill the essential gaps left by the host country and larger NGOs
- 3. To lead the example of how community and refugee-led organisations with limited or no resources can make a systemic change by developing partnerships with NGOs to share resources
- 4. To improve the provision of dental healthcare for the most vulnerable in Lebanon
- 5. To improve the provision of healthcare for people with disabilities and increase their awareness and knowledge in managing such conditions
- 6. To support advocacy for refugees in particular to healthcare and represent a much needed voice for the people
- 7. To manage prevention and control of epidemic outbreaks through all our healthcare activities and education

EMA's specific objectives for 2023-2024 were:

- a) Expand the polyclinic with more specialties based on the needs in our communities, such as cardiology, dermatology
- Make laboratory services accessible to our patients, by offering these in house at affordable prices in our polyclinic and to ensure a holistic, all rounded patient centred approach for our beneficiaries
- c) Offer vaccinations for the childhood immunisation programme, free of charge for all children, supported by the Ministry of Public Health in Lebanon
- d) Expand the dental clinic to cover a larger geographical area, by opening a third dental chair
- e) Expand the physiotherapy service into a fully fledged centre (with more equipment and resources) to serve the greater population needs, and expand the reach of our physiotherapy programme to new geographical areas
- f) Produce a comprehensive health education programme for the refugee communities as well as local schools in our target areas. Topics will include: Dental hygiene, Infectious disease prevention, Pregnancy, Breastfeeding and would be mothers, Female hygiene, First aid, Nursing skills and Lifestyle & nutrition.

Activities

During the reported period, EMA operated in Central and West Bekaa in Lebanon, primarily in the towns of Al Marj, Taalabaya and Saadnayel. These areas are home to Lebanese families and Syrian refugees. The needs of the local population have continued to grow in 2023 and 2024, without relief support provided by the collapsed government, as families face additional challenges fuelled by economic collapse, mass unemployment, ever present political tension and increasing threats as a result of racism against the Syrian refugee population. These social, economical and health crises have all been happening at the same time and continue to worsen, making our work still desperately required.

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

From June 2023 to May 2024, EMA's main charitable activities were:

1) Mobile Medical Units (MMUs)

From the start of 2023 an important change in our operating environment occurred, as restrictions to work in the camps were imposed by the Lebanese government and general security forces. This required all NGOs working in the settlements to seek new permissions from various ministries including the Ministry of Public Health and the Ministry of Social Affairs. The process to obtain the new permissions took over a year, and EMA did not obtain these permissions before the end of the reported year. Whilst we awaited our paperwork, working in the mobile clinics was not possible. We therefore had to find an alternate solution to reach the people most in need of affordable healthcare. We did this by taking every opportunity to work with local clinics or schools. Furthermore, an important part of our work continued through our fixed polyclinic (see 2 below).

2) Polyclinic

For the polyclinic we are partnered with a local Lebanese NGO, INMAA. Through our operating model, we engage local specialists based on the needs in our communities. Between June 2023 and April 2024, we further built our team of specialists, offering consultations at affordable rates including OB-GYN, endocrinology, orthopaedics and urology. During the year we were able to expand our services with a cardiologist, offering consultations in our specialist clinic in AlMarj.

Both our mobile clinics and polyclinic offer triage, assessment and treatment for primary health patients and to anyone in need. Medications are also provided upon treatment to reduce the burden of additional costs. If patients need further investigation, we have now limited capacity to follow up at our own polyclinic. Additionally we still maintain excellent relationships with local laboratories and hospitals which offer EMA patients a subsidised or discounted cost for tests and treatments.

In August 2023 we obtained (together with our local partner) the permissions to offer the childhood immunisation programme. From then on, vaccinations were available free of charge at the polyclinic.

In April 2024, we refocused our efforts and transferred the polyclinic in Taalabaya back to our partner INMAA. This was a necessary step, motivated by a prioritisation of our other programmes and strategic development towards new programmes.

We then partnered with another local NGO, Raabta, which allowed us to prioritise working back in the camps with our MMU's, and the development of laboratory services - two of our specific objectives for the reported period.

3) Dental Clinic

Throughout the year we maintained operations of our self-sustaining dental clinic, with two operational dental chairs. We were able to start covering a larger geographical area, by opening a third dental chair in our polyclinic in Saadnayel area, in August 2023.

With our unique EMA approach, we continue setting an example and an inspiring precedent for affordable dental care in Lebanon. At our dental clinic we receive patients from all population groups such as Syrians, Lebanese, Palestinians, as well as migrant workers. People come from other regions of Lebanon as well.

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

4) Physiotherapy

Until April 2024 we offered physiotherapy services from our centre established inside the polyclinic. Physiotherapy remained part of our core services, with free sessions available to all population groups. Our physiotherapist provided short and long term treatment plans, along with education and support for families.

From January 2024, we started to offer sessions at an extra centre in AlMarj, thus covering a larger geographical area. In April 2024 we had to pause our physiotherapy as a result of budget constraints.

5) Aid & Relief

Food insecurity kept reaching new staggering levels over the last year, as disposable income became problematic for more and more people in Lebanon. In addition, most of the refugee population living in camps have been facing a lack of access to NGOs and our services and resources, due to the restrictions for NGOs to work in the camps imposed by the Lebanese government.

During Ramadan (March 2024) we were once again able to lift the burden of food insecurity. This year we distributed food parcels to support 400 families throughout the month. We were also able to support 50 families with rent relief at the start of Ramadan. Additionally, through a corporate donor we were able to do a fresh meat distribution during Eid for the first time, providing 900 families with meat for the celebration, a privilege they could not otherwise afford.

6) Financial Assistance

We continued supporting individuals for financial aid and medical bills, helping 969 individuals throughout the year with a combination of full and partial payments for treatments such as chemotherapy, kidney dialysis, surgery, MRI, biopsies, X-rays, emergency surgeries, ICU admission and more - as well as basic blood and urine analysis.

For those patients, we have been able to diagnose cancer early, to diagnose other internal conditions and also support life saving treatments such as chemotherapy and kidney dialysis.

Next to medical cases, we supported a number of families with rent relief, covering their rent fees for a certain amount of time. Throughout the year we helped 105 families.

Contribution made by volunteers

On average EMA hosts one or two international medical volunteers per month throughout the year. During the reported year we hosted twelve volunteers in total. Since tensions in the region arose in October 2023, the contribution of international volunteers has been affected by cancellations due to safety concerns and/or foreign government travel advice. Hence, for the rest of the reporting period, we did not host volunteers.

Achievements and performance

Due to the ongoing restrictions throughout the reporting period, we were forced to partially and temporarily change our mode of operation. Through our polyclinic and regular visits to local clinics and schools, we kept monitoring if and how the situation impacted our patients. Thanks to our strong

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

relations with communities in the camps, people were able to seek our primary healthcare at the polyclinic which is situated in a central area, and at several of our other regularly visited locations. However, the restrictions, in combination with a period of intensified racist raids targeting Syrian refugees in April 2024, did affect the number of people we were able to help.

Year in	Year in numbers (June 2023 - May 2024)		
14,621	patients treated in the mobile clinics and polyclinic combined		
12,437	patients treated in the dental clinic		
350	patients treated in our physiotherapy programme		
2,400	individuals supported with a food package (400 families)		
5,400	Individuals supported with a fresh meat package (900 families)		
969	individual medical cases supported for often life saving treatment		
105	families supported with livelihood support (rent relief) throughout the year		

Monitoring achievement

In spite of the restrictions and extremely challenging circumstances, we have been able to largely meet our expectations for the reported year. However, we also had to be flexible and adapt some of our ambitions as they didn't suit the developments and wouldn't have been as beneficial.

After a full year of ongoing restrictions and ever challenging circumstances, we initiated a large-scale evaluation of EMA's strategic goals, objectives and activities. Starting from January 2024, we set up several strategy meetings involving the Trustees, Directors and external advisors. Over the course of the following months, we drew up a strategy document spanning the years to follow (until 2028).

While the strategy document will be finalised and published later in 2024, our internal evaluation process led to a prioritisation of certain core programmes and activities, which resulted in a partial reallocation of our focus and resources in the first months of 2024. Meanwhile we were able to meet the following objectives for the year as reported below.

- a) We expanded the polyclinic with cardiology, additional to the existing specialties.
- b) We made laboratory services accessible to our patients, by offering these in house at affordable prices in our polyclinic, together with our new partner Raabta, ensuring a holistic, all rounded patient centred approach for our beneficiaries
- c) We offered vaccinations for the childhood immunisation programme, free of charge for all children, supported by the Ministry of Public Health of Lebanon
- d) We expanded the dental clinic to cover a larger geographical area, by opening a third dental chair
- e) We expanded the physiotherapy service into a fully-fledged centre to serve the greater population needs, and expanded the reach of our physiotherapy programme to a new geographical area

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

Another objective for the year was to further develop a comprehensive health education programme. However, due to the challenging environment and lack of funds as well as organisational capacity, we were unable to produce such a comprehensive health education programme yet. As we are aware of the need for this service, we have included this in our multi-year strategy document.

As the years before, we weren't able to achieve registration as a charity in Lebanon during the current reporting period. Despite our ongoing efforts, this is one of the challenges we continue to face especially as a refugee-led NGO in Lebanon. Nonetheless, this remains a goal for the next reporting period.

Financial Review

EMA relies entirely on funds both sourced from public as well as private donors, along with individual donors through PayPal and crowdfunding. Over the reported year, the total income was £183,290 with an expenditure of £163,686 Surplus reserves balance of £47,170

The charity is incorporated and has actively been fundraising, the charity is being Independently Examined.

EMA's principal sources of funds

EMA received several unrestricted funds from Cultures of Resistance (£3,719 GBP), Austin Bailey Foundation (£1,000 GBP), Travers Smith (£1,500 GBP), LUSH Charity Pot (£4,000 GBP) and Network for Social Change Charitable Trust (NSCCT) (£20,000 GBP) to support the polyclinic and additional medical supplies for all activities.

In addition, EMA received private donations for the food security project during Ramadan from SYF (£3,050 GBP) and from MDS Healthcare (£20,628 GBP) for fresh meat distribution. EMA also received a one-off donation of \$15,000 USD by Choose Love to cover medical cases in the spring of 2024.

We have also successfully raised funds through individual giving (through PayPal) and crowdfunding (GoFundMe) to support EMAs services and aid and relief projects. We were given a number of cash donations directly in Lebanon by visiting partners, visitors, journalists and other individuals or groups connected to EMA.

Statement explaining the policy for holding reserves stating why they are held

At the end of the reported year, on May 31, 2024, a reserve of £47,170 was held. Reserves are held by EMA to support the expenses and running costs of the organisation during transitional periods due to incremental periods of funds.

Investment policy and objectives including any social investment policy adopted

EMA does not have investments of any kind in this period. EMA will review the Investment policy as and when required.

Risk Management

Due to the unstable political and socio-economic situation in Lebanon in general, and in the Bekaa Valley specifically, the context we work in poses several risks and uncertainties to our daily work. As a

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

grassroots NGO in Lebanon, in particular a refugee-led NGO, some specific risks have increased during the year:

- 1) Due to the ongoing and deepening economic crisis in Lebanon, along with the Syrian refugee communities, we are seeing more of the local Lebanese communities also accessing the EMA healthcare services. This has meant the volume of service users has again grown in the last year whilst the team capacity and monthly budgets have remained the same. We keep being creative in how we manage patient care and providing medications for those in real need, often sharing medication across an entire family.
- 2) The economic crisis still greatly affects how we operate, with government subsidies on several sectors including pharmaceuticals, healthcare, fuel and food no longer supported. This again led to phenomenal price increases. The vulnerable communities which we serve struggle with food security and paying for even the basic healthcare.
- 3) Rising xenophobia and racism against the Syrian community has led to rising fear within the refugee communities and there are stricter rules on working in the camps. This has often made it more challenging to run our day-to-day activities, especially from the start of 2023 when governmental restrictions were imposed on working in the camps. We needed to change our approach as we weren't able to obtain the permissions and saw a huge health risk for our communities if we would cease to continue our health services. Additionally, in the spring months of 2024, again, safety threats for Syrian refugees impacted our team and wider network, as violent raids, checkpoints and deportations happened on a daily basis. Thanks to our professional team and strong relationships, we were able to continue working, ensuring safety first for all of our team, along with the support of influential Lebanese partners and leaders within our operating community.
- 4) From October 2023, when the war on Gaza broke out, the tensions in the region have risen considerably. With daily attacks in the South of Lebanon and an ever-present threat of war in other parts of Lebanon as well, our team and communities are under constant pressure. As a team, we are focused on each other's wellbeing in stressful times and committed to our duty to serve our communities as best we can. This also means that we maintain our readiness for emergency response when needed.

The Lebanese context is ever changing and extremely dynamic however we have worked tirelessly with our existing resources and collaboratively with all our partners to ensure we are meeting the healthcare needs of the local communities. Although most risks, such as the uncertainties mentioned above as well as operational risks are external factors out of our control, we have adopted several policies and procedures to mitigate risks as much as possible.

Plans for the future

From our evaluation and strategic planning, we will largely continue to work with the same core programmes and activities while also adding new activities. Through the evaluation process, we identified the following priorities for the coming year:

- a) Resume and continue our primary health service through the Mobile Medical Units (dependant on ongoing restrictions)
- b) Train skilled medical professionals to be focal points for triage and basic medical care, to complement the provision of care through the MMU's

Trustees' Annual Report (continued)

Period from 01 June 2023 to 31 May 2024

- c) Set up monthly, condition specific missions as a way to reach the community and their most urgent needs
- d) Provide mobile physiotherapy again to reach those most in need, to reach a larger group and with a focus on long term interventions improving quality of lives
- e) Continue dental care
- f) Set up and run mental health programmes for children and youth, through music and sports activities
- g) Develop a Monitoring, Evaluation, Accountability and Learning tool

EMA will pursue sourcing funds from subject grants to support the expansion of services with project costs, operational costs, staffing of healthcare professionals and growth of the organisation to meet our long term goals. In May 2024 we were already able to confirm future funds to support organisational strengthening and to start a mental health programme.

We will continue to learn from our work, and maintain a bottom up approach to ensure all our work is community-led and community driven. We hope to maintain flexibility and remain visible and active within the community in light of the ever changing operating environment in Lebanon.

We will continue to gather insight from our beneficiaries, partners and staff to understand how we can improve and develop our operations, continuing to evaluate and monitor the impact we are having to ensure they are at the core of everything we aim to achieve. By reviewing milestones and final outcomes of our projects, we hope to build systematic practices dedicated to the assessment of EMA's overall performance and achievement of our short and long term aims.

The trustees' annual report was approved on 16 October 2024 and signed on behalf of the Board of Trustees by:

Ms A Patel Trustee

Independent Examiner's Report to the Trustees of Endless Medical Advantage

Period from 01 June 2023 to 31 May 2024

I report to the trustees on my examination of the financial statements of Endless Medical Advantage ('the charity') for the period ended 31 May 2024.

Responsibilities and basis of report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- accounting records were not kept in respect of the charity as required by section 130 of the Act; or
- 2. the financial statements do not accord with those records; or
- 3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Independent Examiner

AMARA

511 Kenton Lane Harrow Middlesex HA3 JW

16 October 2024

Statement of Financial Activities

Period from 01 June 2023 to 31 May 2024

		2024		2023
	Note	Unrestricted funds £	Total funds	Total funds £
Income and endowments Donations	4	183,290	183,290	245,269
Total income		183,290	183,290	245,269
Expenditure Expenditure on charitable activities	5,6	163,686	163,686	232,256
Total expenditure		163,686	163,686	232,256
Net income/(expenditure) and net movement in funds		19,604	10.604	13 013
movement in lunas		19,004	19,604	13,013
Reconciliation of funds Total funds brought forward		27,566	27,566	14,553
Total funds carried forward		47,170	47,170	27,566

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities.

Statement of Financial Position

Period from 01 June 2023 to 31 May 2024

Fixed assets	Note	2024 £	2023 £
Tangible fixed assets	11	5,064	10,130
Current assets Cash at bank and in hand		64,173	18,936
Creditors: amounts falling due within one year	12	22,067	1,500
Net current liabilities		42,106	17,436
Total assets less current liabilities		47,170	27,566
Net assets		47,170	27,566
Funds of the charity Unrestricted funds		47,170	27,566
Total charity funds	13	47,170	27,566

These financial statements were approved by the board of trustees and authorised for issue on 07 October 2024, and are signed on behalf of the board by:

Ms A Patel Trustee

Statement of Cash Flows

Period from 01 June 2023 to 31 May 2024

	2024 £	2023 £
Cash flows from operating activities Net income	19,604	13,013
Adjustments for: Depreciation of tangible fixed assets Accrued expenses	5,066 75	5,065 60
Changes in: Trade and other creditors	20,492	
Cash generated from operations	45,237	18,138
Net cash from operating activities	45,237	18,138
Cash flows from investing activities		
Purchase of tangible assets	_	_
Net cash used in investing activities		
Net increase in cash and cash equivalents Cash and cash equivalents at beginning of year	45,237 18,936	18,138 798
Cash and cash equivalents at end of year	64,173	18,936

The notes on pages 15 to 21 form part of these financial statements.

Notes to the Financial Statements

Year ended 31 May 2024

1. General information

The charity is a public benefit entity and a registered charity in England and Wales and is unincorporated. The address of the principal office is 53 Kings Road, London, E11 1AU.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Charities SORP (FRS 102)) and the Charities Act 2011.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees to further any of the charity's purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular future project or commitment.

Restricted funds are subjected to restrictions on their expenditure declared by the donor or through the terms of an appeal and fall into one of two sub-classes: restricted income funds or endowment funds.

Notes to the Financial Statements

Year ended 31 May 2024

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably.
- legacy income is recognised when receipt is probable, and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the
 contracted service. This is classified as unrestricted funds unless there is a contractual
 requirement for it to be spent on a particular purpose and returned if unspent, in which case
 it may be regarded as restricted.

Resources expended

Expenditure is recognised on an accruals basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is classified under headings of the statement of financial activities to which it relates:

- expenditure on raising funds includes the costs of all fundraising activities, events, non-charitable trading activities, and the sale of donated goods.
- expenditure on charitable activities includes all costs incurred by a charity in undertaking
 activities that further its charitable aims for the benefit of its beneficiaries, including those
 support costs and costs relating to the governance of the charity apportioned to charitable
 activities.
- other expenditure includes all expenditure that is neither related to raising funds for the charity nor part of its expenditure on charitable activities.

All costs are allocated to expenditure categories reflecting the use of the resource. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs are apportioned between the activities they contribute to on a reasonable, justifiable and consistent basis.

Tangible assets

Tangible assets are initially recorded at cost, and subsequently stated at cost less any accumulated depreciation and impairment losses. Any tangible assets carried at revalued amounts are recorded at the fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses.

Notes to the Financial Statements (continued)

Period from 01 June 2023 to 31 May 2024

3. Accounting policies (continued)

Tangible assets (continued)

An increase in the carrying amount of an asset as a result of a revaluation, is recognised in other recognised gains and losses, unless it reverses a charge for impairment that has previously been recognised as expenditure within the statement of financial activities. A decrease in the carrying amount of an asset as a result of revaluation, is recognised in other recognised gains and losses, except to which it offsets any previous revaluation gain, in which case the loss is shown within other recognised gains and losses on the statement of financial activities.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Plant and machinery - 25% straight line Equipment - 25% straight line

Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Financial instruments

A financial asset or a financial liability is recognised only when the charity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or payable including any related transaction costs.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Debt instruments are subsequently measured at amortised cost.

Where investments in shares are publicly traded or their fair value can otherwise be measured reliably, the investment is subsequently measured at fair value with changes in fair value recognised in income and expenditure. All other such investments are subsequently measured at cost less impairment.

Notes to the Financial Statements (continued)

Year ended 31 May 2024

Other financial instruments, including derivatives, are initially recognised at fair value, unless payment for an asset is deferred beyond normal business terms or financed at a rate of interest that is not a market rate, in which case the asset is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Other financial instruments are subsequently measured at fair value, with any changes recognised in the statement of financial activities, with the exception of hedging instruments in a designated hedging relationship.

Financial assets that are measured at cost or amortised cost are reviewed for objective evidence of impairment at the end of each reporting date. If there is objective evidence of impairment, an impairment loss is recognised under the appropriate heading in the statement of financial activities in which the initial gain was recognised.

For all equity instruments regardless of significance, and other financial assets that are individually significant, these are assessed individually for impairment. Other financial assets are either assessed individually or grouped on the basis of similar credit risk characteristics.

Any reversals of impairment are recognised immediately, to the extent that the reversal does not result in a carrying amount of the financial asset that exceeds what the carrying amount would have been had the impairment not previously been recognised.

4. Donations

	Unrestricted Funds £	Total Funds 2024 £
Donations Charitable Donations	183,290	183,290
	Unrestricted Funds £	Total Funds 2023 £
Donations Charitable Donations	245,269	245,269

5. Expenditure on charitable activities

	Unrestricted	Total Funds
	Funds	2024
	£	£
Charitable Activity	156,890	156,890
Support costs	6,796	6,796
	163,686	163,686

9. Staff costs

Notes to the Financial Statements (continued)

Period from 01 June 2023 to 31 May 2024

	Charitable Activity Support costs		Unrestricted Funds £ 225,419 6,837 232,256	Total Funds 2023 £ 225,419 6,837 232,256
6.	Expenditure on charitable activities			
	Charitable Activity Governance costs	Activities undertaken directly £ 156,860	Support costs £ 6,796 6,796	Total funds 2024 £ 156,890 6,796 163,686
	Charitable Activity Governance costs	Activities undertaken directly £ 225,419	Support costs £	Total funds 2023 £ 225,419 6,837 232,256
7.	Net income			
	Net income is stated after charging/(crediting):		2024	2022
	Depreciation of tangible fixed assets		2024 £ <u>5,066</u>	2023 £ <u>5,065</u>
8.	Independent examination fees		2024	2022
	Fees payable to the independent examiner for:		2024 £	2023 £
	Independent examination of the financial statements		<u>1,575</u>	<u>1,500</u>

Notes to the Financial Statements (continued)

Period from 01 June 2023 to 31 May 2024

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2024	2023
	£	£
Wages and salaries and social security costs	73,579	102,012

The average head count of employees during the period was 7 (2023: 10).

No employee received employee benefits of more than £60,000 during the year (2023: Nil).

10. Trustee remuneration and expenses

No Trustees were remunerated and/or had expenses incurred on their behalf or re-imbursed to them.

11. Tangible fixed assets

Cost	Plant and machinery £	Equipment £	Total £
At 31 May 2023 Additions	15,815 —	4,446 	20,261
At 31 May 2024	15,815	4,446	20,261
Depreciation At 31 May 2023 Charge for the period	7,908 3,954	2,223 1,112	10,131 5,066
At 31 May 2024	11,862	3,335	15,197
Carrying amount At 31 May 2024	3,953	1,111	5,064
At 31 May 2023	7,907	2,223	10,130
12. Creditors: amounts falling due within one year		2024	2023
Accruals and deferred income Other creditors		£ 1,575 20,492	£ 1,500 ———
		<u>22,067</u>	<u>1,500</u>

Notes to the Financial Statements (continued)

Period from 01 June 2023 to 31 May 2024

13.	Analysis of charitable funds
	Unrestricted funds

	At			At
	01 June2023	Income	Expenditure	31 May 2024
	£	£	£	£
General funds	27,566	183,290	(163,686)	47,170
			` ——	
	At			At
	1 May 2022	Income	Expenditure	31 May 2023
	£	£	£	£
General funds	14,553	245,269	(232,256)	27,566
	_		`	

14. Analysis of changes in net debt

14.	Analysis of changes in net debt			
		At		At
		01June 2023	Cash flows	31 May 2024
		£	£	£
	Cash at bank and in hand	<u> 18,936</u>	<u>45,237</u>	<u>64,173</u>