IDIOPATHIC INTRACRANIAL HYPERTENSION UK (IIH UK)

TRUSTEES’ ANNUAL REPORT AND ACCOUNTS 2017-18

(Registered Charity Number – England & Wales 1143522, Scotland SC043294)

Charity Trustees during the report period

1. The following represented IIH UK as trustees during the report period 1 July 2017 to 30 June 2018:
   - Michelle Williamson  Chair
   - Lizzie Aylott  Treasurer
   - Norma Ann Dann  Secretary
   - Clare Parr

Structure, Governance and Management

2. IIH UK was founded in 2008 and established as a registered charity in England and Wales in 2011 and in Scotland in 2012, it is governed by its founding constitution, as subsequently amended on 12 May 2012 and 21 June 2014. The charity is constituted by association.

3. All trustees have given their time voluntarily during 2017-18 and have not received remuneration or any other benefits in undertaking their duties. Following endorsement by the 2014 Annual General Meeting (AGM), trustees are elected for a period of 3 years and remain empowered to appoint new trustees in-year by extraordinary trustee meeting, although trustees appointed in this way must seek re-election at the following AGM.

4. IIH UK is a member of the National Council for Voluntary Organisations (NCVO), Rare Disease UK, the Neurological Alliance, the Health and Social Care Alliance Scotland, Genetic Alliance, Benefits and Work and an affiliate of the James Lind Alliance. We also support the Brain and Spine Foundation.

Charity Objects

5. The charity’s objects as set out in the constitution on 21 June 2014 were as follows:
   a. To preserve and protect the physical and mental health of sufferers of Idiopathic Intracranial Hypertension through the provision of the best possible support, education and practical advice.
   b. To advance the education of the public in general, sufferers and the medical community in particular on the subject of IIH.
   c. To promote and support research for the public benefit on all aspects of the condition IIH and to publish the useful results.
Summary of main activities undertaken by IIH UK for the public benefit in relation to the objects

6. IIH UK would not be able to exist without the small number of dedicated volunteers who freely give their time; many of whom are IIH sufferers themselves. They assist with the day-to-day running of the charity in areas such as fundraising, membership, publicity, forum moderation, merchandise, newsletter production and the running of the very active IIH Support group on Facebook. In planning and undertaking the activities during the report period, IIH UK trustees were cognisant of the Charity Commission’s guidance on public benefit. With the objects in mind, the Charity’s key activities fall into 4 main areas: to provide an excellent support network for sufferers and their families/friends/carers; to educate the public and the medical community in particular about IIH; to support and promote research into the condition and, finally, to raise the profile of the IIH.

7. In March some of the team took part in a GDPR webinar organised by the Genetic Alliance, of which we are members, which enabled us to see how changes to the data protection law will affect us. By May we were GDPR ready having added a security certificate to our website (you will notice that when you visit our website the url now begins https:) We also updated our privacy policy and added a cookie policy to the website. Other changes that were made were the removal of all forms from our website; becoming a member was simplified by adding both new membership and membership renewal to our online shop. We also simplified the ordering of our IIH condition info card by adding that to the shop as well.

8. We bank with the National Westminster Bank. JustGiving is our main platform for both donations and fundraising. Donations can also be made by choosing to raise funds for IIH UK on Facebook and via the Charities Aid Foundation.

Summary of IIH UK’s main achievements during 2017-18.

9. IIH UK has been very proactive throughout the year, as shown below:

Support

a. **IIH UK website.** The Charity’s website traffic at www.iih.org.uk continues to increase. During the first three quarters of this financial year 81,777 unique visits were made and 95,036 pages were viewed. The live Charity Twitter feed that was added to the Front page of the website continues to be a popular feature and feedback from users (both patients and clinicians) remains positive. The website is maintained by FAT Promotions and is kept up to date by both FAT and some of our volunteers.

b. **IIH Support Forum.** In April 2017 we replaced and launched our new support forum [www.iihsupport.org](http://www.iihsupport.org) as it was becoming increasingly difficult to maintain the old one due to its ancient coding. We listened to IIH Patients and ensured the new support forum was mobile friendly. As of mid-June the forum had 230 members and 1112 posts covering 327 topics. We don’t expect the new forum to be in as much demand
due to the advancement of social media and it now has 230 members. The Forum is maintained by FAT Promotions.

c. **Management of Facebook Support Group.** IIH UK continues to run and administer the Facebook group ‘IIH Support UK’. With an ever growing membership (almost 950 new members this year) which brings the groups’ membership to 4588 often with people joining within days of diagnosis, it has enabled the Charity to respond and support people more quickly.

d. **Regional Groups.** Membership of the online regional groups, which are facilitated by IIH UK, has increased during the year, with the South East still being the largest group in terms of numbers. The restructuring continues to work well in the 14 groups which cover all four nations and allows people to discuss local issues and meet-up socially.

e. **Weight Loss Support Group.** There are now over 1500 members in the Weight Loss Support Group. IIH UK facilitates the group to provide healthy recipes and links to NHS healthy eating websites. There is definitive evidence that weight and IIH are related and with over 90% of patients diagnosed with IIH being overweight women, IIH UK is committed to supporting healthy weight loss.

f. Last year we created two new groups, **IIH Employment and Study support** has doubled its membership and now stands at over 400 members; this group supports people with IIH who are in work or further education. **IIH support for men** was created ‘just for men’, a safe place where they can discuss men’s issues. Membership of this group stands at 15, a growth of 5 over the last year. We do not expect this number to rise greatly due to the fact that IIH predominantly affects women.

g. **Twitter.** We have now been on twitter for 6 years, the advantage over Facebook is that a lot of clinicians are also on Twitter who you are able to follow, ask questions etc. We have 1163 followers on twitter.

**Education**

h. **Leaflets.** In December we commissioned the team at UHB to re-write some of our information leaflets. They will be added to the Leaflet page of our website as they are completed. New leaflets completed so far are:

- What is IIH
- What is IIH without Papilloedema (IIHWOP)
- Optic Nerve Sheath Fenestration
- IIH and Weight
- Headache
- Acetazolamide

i. **Our Patient Conference** was held in Dalmuir, Glasgow, Scotland on 8th July 2017, it was well attended by IIH patients, their carers, families and friends. IIH UK Chair, Shelly Williamson opened the conference with an overview of the charity, you can read the 2017 Conference Report on our website [here](#). Shelly also gave a presentation
about the James Lind Alliance Priority Setting Partnership as Maryrose Tarpey, JLA facilitator, had her flight cancelled so could not attend.

Other speakers were:
Miss Ruchika Batra - Holistic approach to weight loss
Miss Susan Mollan - Optical Coherence Tomography (OCT) and Idiopathic intracranial Hypertension. Miss Mollan also presented Dr Sinclair’s talk; What’s new in research for IIH as Dr Sinclair was unable to attend.

j. IIH UK Rep Sandra Doughty was asked to be a patient reviewer of BMJ popular Rapid Recommendations series - 'Atraumatic (pencil-point) versus conventional needles for lumbar puncture: a clinical practice guideline. We realised that there have been quite a few papers written regarding the use of both needles - primarily looking at the reduction of post LP headache/CSF leakage and the need for blood patches etc. So, thinking of IIH patients, and knowing the importance of patient involvement, Sandra agreed to be the patient peer reviewer for the clinical practice guideline. The article itself is a commissioned set of guideline recommendations that translate the results of a rapid systematic review into information that is useful to doctors, in a timely and trustworthy fashion. It has been published in the education section of The BMJ here.

Research

k. Support/Fund Research. During the year Trustees and Research Rep continued to attend trial steering group committee meetings and teleconferences for IIH:Guidelines and the JLA IIH Priority setting partnership. We continue to fund the travelling expenses for the Birmingham Trials which enables IIH Patients from further afield to take part.

l. The IIH:Life registry database comprises of two parts – one for clinician entries and the other for patient input. The medical professionals will be entering data which will include: visual test results, lumbar puncture opening pressures, medication (including dose), height, weight etc. The patient will be asked about their pain levels and asked to complete an annual Quality of Life survey. It is hoped that the registry would be able to indicate the optimal treatment for:
1. Sight Preservation
2. Managing Headaches
3. Improving IIH Sufferers’ Quality of Life.

This is an ongoing registry and we have committed to fund it at a cost of £5K per annum.

m. In 2017 our Patron Dr A Sinclair was commissioned by the Association of British Neurologists (ABN) to write IIH Guidelines. The guidelines are designed to be a practical document that all clinicians can use; therefore they were written in a concise and succinct manner. IIH Patients have been waiting a long time for such guidelines to become available; currently there are no national guidelines for IIH which we find to be detrimental to the health of IIH Patients. It is hoped that once more data becomes available via research the IIH Guidelines can be taken forward and become NICE guidelines. The Guidelines were published on 15th June and can be found here.
IIH: Families is a study by Dr Sinclair and her Birmingham team looking at why IIH can sometimes run in families. We do not yet know if IIH is genetic and we look forward to seeing how this study progresses. IIH UK helped with the recruitment of families for this study and initial recruitment has found 27 families where more than one person has IIH.

James Lind Alliance IIH PSP. The IIH PSP was finally established in February 2017, in collaboration with the James Lind Alliance (www.jla.nihr.ac.uk), to bring patients, carers and clinicians together to identify the shared research priorities for IIH in adults (16+). The purpose of the first survey for the priority setting partnership was to collect uncertainties from individuals with IIH, carers, friends and family and healthcare professionals. The steering group decided to focus on adults (16+) only and sought out questions that individuals would like answered by research in the following areas:

- The causes of IIH
- The diagnostic process
- Management of headaches, vision and weight
- Care provision for individuals with IIH

Participants were also given an opportunity to submit questions outside of these areas. The online survey ran between May and August 2017, it was advertised on the IIHUK website and partners and steering group members sent the survey out to their networks, via email, newsletters and social media. There was a balanced response to the survey with 356 people responding, they submitted 2405 questions in total.

Between August 2017 and March 2018 the 2405 questions were processed and narrowed down to 48 true uncertainties. During this process questions that were deemed to be out of scope or unanswerable were removed. The list was redefined and similar questions were grouped together.

Finally the list was checked against published research and questions that had already been answered by research were also removed. The result of this was a list of 48 questions which were distributed in a second online survey between March and April 2018 and individuals were asked to select and rank their top 10. The survey was completed by 401 individuals with IIH, friends or carers and 111 healthcare professionals. The rankings were reverse scored and the total scores for the two groups were calculated separately to ensure an equal weighting. A final list of 26 prioritised questions were selected, which included the top 10 for both groups.

The final workshop took place at the Royal College of Ophthalmology in London on the 27th of April 2018. The day was overseen by three JLA advisors and involved individuals with IIH, their carers, healthcare professionals and PSP partners. Participants were asked to rank the top 26 questions before attending the final workshop and this helped to facilitate the initial discussions, by highlighting the areas of most and least importance to a wide range of individuals. This PSP provided an opportunity for IIH Patients, their carers, friends and clinicians to have a voice in shaping the next generation of research advances. Working together throughout the day, we easily came to a consensus on the rankings for all 26 questions, with an agreed IIH top 10. (The other 16 questions are also important and these will be published in due course).

1. In the individual with IIH; what causes the disease, the symptoms and the
1. What is the biological explanation for the progression of the disease?
2. What are the biological mechanisms of headache in IIH and why in some do headaches continue even after papilloedema has resolved?
3. Can new therapies for IIH be developed which are effective, safe, and tolerable and potentially help with weight loss as well as reducing brain pressure?
4. What is the biological explanation for the differences between rapid visual loss compared with gradual visual loss in IIH and how can this be predicted?
5. What are the best ways to monitor visual function?
6. Can IIH biomarkers (tests in body fluids for example urine, saliva, blood, or brain scans) help diagnosis, predict the risk and guide therapy decisions in IIH?
7. What are the hormonal causes for IIH and why is IIH primarily associated with female sex?
8. What medications are effective and safe to treat IIH headaches?
9. With regard to weight loss in IIH: how much is needed to treat IIH and how quickly does it work? What is the best, safest and most acceptable method to achieve this in the short and long term? Additionally, does the initial Body Mass Index (BMI) of the patient have an effect?
10. Which is the best type of intervention to treat IIH and when should surgery be performed?

p. **Investigating painkiller use in individuals with IIH Survey:**
   This survey was developed by our Research Rep Krystal Hemmings, thank you to everyone that took part, we hope to have the results written up and published to our website soon.

q. **Barriers to Weight Loss and exercise Survey:**
   Phase two of our ‘Barriers to Weight loss and exercise survey’ was put out in 2017. This survey was developed by our Research Rep Krystal Hemmings in conjunction with Derby University with the help of Amanda Denton, IIH Patient and lecturer in neuro-rehabilitation at Plymouth University. They used the data from the first pilot survey to come up with a more focused survey that was relevant to IIH patients. This second survey ran throughout May. We are busy collating the results which will be published in due course.

r. In March we had a paper published in the ‘BMJ opinion’ titled **Illuminating the Patient Experience of LP** which you can find [here](#). This paper stemmed from a survey we put out in 2015 when Sandra Doughty was Chair and is the culmination of 3 years hard work. The survey exposed the toll on patients of undergoing repeated lumbar puncture, and spurred a collaborative research project which has paved the way for improved clinical management. This paper is more about the collaboration between IIH UK and the research team at UHB and shows what can be achieved when we work together.

s. This led to the writing of a more in depth paper which was written in collaboration with the Birmingham Research team which was published in the BMJ Open in May titled **Characterising the patient experience of diagnostic lumbar puncture in idiopathic intracranial hypertension: a cross-sectional online survey:** This is the first piece of our research in to be published in the British Medical Journal and a big thank you goes to the clinical team at UHBirmingham for making this happen. Our thanks also go to all of the IIH Patients who took part in the survey; we couldn’t have done this without you. It is our aim that the findings from this research will help guide future clinical practice, not just at UHB but nationwide. You can read the paper [here](#).
The Birmingham Research team began recruiting for a new research trial, **IIH:Pressure** this year. This trial aims to use a new method of pressure monitoring to measure the brain pressure continuously without lumbar puncture and to test if a new drug (Exanatide) can change brain pressure. It is a randomised double blind study so those who are accepted onto the trial will be put into one of two groups which will be decided at random. This is the first study of its kind and we are very excited to see the results.

In 2016 we helped Dr Arun Chandran by publicising a survey on our website. The paper titled **Idiopathic intracranial hypertension VISION (venous intervention versus shunting in IIH for optic nerve disc swelling) trial: patient perspective questionnaire** was published in September 2017, you can read the abstract [here](#).

**Raising the Profile of IIH**

Trustees attended the following conferences/meetings during the year:

- **Neurological Alliance conference.** November 2017. London.
- **Paediatric IIH Special Interest Group meeting.** November 2017. Cambridge.
- **NCVO Members Meeting** February 2018. Newcastle.
- **Rare Disease UK Members Meeting.** June 2018. London.

Attending other organisations conferences provide an opportunity for Trustees to meet other attendees and develop friendships with other likeminded organisations enabling us to raise the profile of IIH.

Each year we sponsor and attend the **CSF Disorders Day**, a symposium organised by Dr Sinclair and Miss Mollan. This event, attended by medical professionals is held in Birmingham each Autumn. You can read the report from the 2017 event on our website [here](#).

**Brain Awareness Week (BAW)** is the global campaign to increase public awareness of the progress and benefits of brain research. This financial year it ran from 12th – 18th March. This year in support of Brain Awareness week we asked for your IIH stories which we then shared on our social media and website. Throughout the month of September we posted daily on our Fb Charity page and Twitter. From interesting facts to supporters fundraising, the month of September was once again a huge success due to the shares and retweets the posts received. We kicked the month off with this poster of Rachel Turners (founding member) poem which alone was viewed by 32, 408 people! A great start to IIH Awareness Month. Our Educational Videos reached 53,505 people and 2982 were watched in their entirety. All in all the post to our Fb Charity Page throughout September were shared 1646 times reaching 206,615 people. An amazing achievement!
Fundraising – We use the following platform to raise funds.

1. **JustGiving** provides us with our main source of income. We also receive funds via:
2. **Membership fees**: email membership@iih.org.uk to become a member.
3. **IIH UK online awareness merchandise sales**: www.iihukshop.moonfruit.com/
4. **Easysearch**: www.iihuk.easysearch.org.uk/
5. **Easyfundraising**: www.easyfundraising.org.uk/causes/iihuk/
7. **The Charities Aid Foundation**: www.cafonline.org/system/charity-search-results
8. **Amazon Smile**: www.smile.amazon.co.uk
9. **Facebook**:
   www.facebook.com/pg/IIHUKCharity/fundraisers/?ref=page_internal
11. **EBay for Charities**: www.charity.ebay.co.uk/charity/IIH-UK/49628
12. **Charit@cards**: www.charitecards.com/iihuk
14. **Charity Choice**:
    www.charitychoice.co.uk/idiopathic-intracranial-hypertension-united-kingdom-181486

We have set up two new fundraisers this year, Active4April and Shedtember.

**Active4April** We understand that not all those with IIH can take part in a Sky Dive or run a marathon, so Active 4 April allows IIH’ers to create their own bespoke daily activity target, within their own physical capabilities and fundraise for IIH UK at the same time!

**Shedtember**: Dr Gerry Jayamanne is a consultant Eye Surgeon specialising in neuro-ophthalmology and medical retina diseases working in Doncaster, South Yorkshire. He approached us after the CSF Disorders day in September 17 to tell us all about Shedtember. A fundraising platform he had set up with his daughter to raise funds for charity. Since 2014 they have raised funds for Diabetes charities and he asked if we would like to be the next charity, of course we said yes so Shedtember will raise funds for IIH UK from September 2018. Keep an eye on our social media sites for updates.

30th June 2018

Michelle Williamson. Chair
### Section A Receipts and payments

**Receipts and payments accounts**

For the period from **01-Jul-17** to **30-Jun-18**

#### A1 Receipts

<table>
<thead>
<tr>
<th>unrestricted funds to the nearest £</th>
<th>restricted funds to the nearest £</th>
<th>endowment funds to the nearest £</th>
<th>total funds to the nearest £</th>
<th>last year to the nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>828</td>
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<td>828</td>
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<tr>
<td>Fundraising</td>
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<td>21,837</td>
<td>19,886</td>
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<td>Membership fees</td>
<td>1,651</td>
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<td>1,651</td>
<td>947</td>
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<tr>
<td>Membership subs</td>
<td>4,400</td>
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<td>4,400</td>
<td>9,116</td>
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<tr>
<td>Bank Interest</td>
<td>11</td>
<td>-</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sub total (Gross income for AR)</strong></td>
<td>26,663</td>
<td>-</td>
<td>26,663</td>
<td>27,154</td>
</tr>
</tbody>
</table>

#### A2 Asset and investment sales, (see table)

- - - - -

**Sub total**

- - - - -

#### A3 Payments

<table>
<thead>
<tr>
<th>unrestricted funds to the nearest £</th>
<th>restricted funds to the nearest £</th>
<th>endowment funds to the nearest £</th>
<th>total funds to the nearest £</th>
<th>last year to the nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Merchandise (Stock Purchased)</td>
<td>1,899</td>
<td>-</td>
<td>1,899</td>
<td>3,209</td>
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<tr>
<td>Pardol Fees</td>
<td>341</td>
<td>-</td>
<td>341</td>
<td>3,153</td>
</tr>
<tr>
<td>Postage &amp; Packaging</td>
<td>113</td>
<td>-</td>
<td>113</td>
<td>66</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>521</td>
<td>-</td>
<td>521</td>
<td>472</td>
</tr>
<tr>
<td>Membership Subscriptions</td>
<td>368</td>
<td>-</td>
<td>368</td>
<td>457</td>
</tr>
<tr>
<td>Administration</td>
<td>792</td>
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<td>792</td>
<td>407</td>
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<tr>
<td>AGM</td>
<td>4,886</td>
<td>-</td>
<td>4,886</td>
<td>4,914</td>
</tr>
<tr>
<td>CSP Symposium</td>
<td>3,317</td>
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<td>3,317</td>
<td>3,309</td>
</tr>
<tr>
<td>Expenses - Meetings</td>
<td>356</td>
<td>-</td>
<td>356</td>
<td>644</td>
</tr>
<tr>
<td>Storage (refunded)</td>
<td>- 13</td>
<td>-</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>Partnership Donations</td>
<td>- 12</td>
<td>-</td>
<td>12</td>
<td>500</td>
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<td>Education</td>
<td>- 2,700</td>
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<td>2,700</td>
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<td>Research Trls</td>
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<td>-</td>
<td>10</td>
<td>5,000</td>
</tr>
<tr>
<td>Life Registry</td>
<td>- 5,000</td>
<td>-</td>
<td>5,000</td>
<td>10,000</td>
</tr>
<tr>
<td>James Und Alliance</td>
<td>- 20,455</td>
<td>-</td>
<td>20,455</td>
<td>1,393</td>
</tr>
<tr>
<td>Publicity and Profil</td>
<td>- 306</td>
<td>-</td>
<td>306</td>
<td>269</td>
</tr>
<tr>
<td><strong>Sub total</strong></td>
<td>41,184</td>
<td>-</td>
<td>41,184</td>
<td>32,268</td>
</tr>
</tbody>
</table>

#### A4 Asset and investment purchases, (see table)

- - - - -

**Sub total**

- - - - -

#### A5 Transfers between funds

<table>
<thead>
<tr>
<th>unrestricted funds to the nearest £</th>
<th>restricted funds to the nearest £</th>
<th>endowment funds to the nearest £</th>
<th>total funds to the nearest £</th>
<th>last year to the nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net of receipts/payments</td>
<td>- 14,521</td>
<td>-</td>
<td>- 14,521</td>
<td>5,114</td>
</tr>
<tr>
<td>A6 Cash funds last year end</td>
<td>43,143</td>
<td>-</td>
<td>43,143</td>
<td>-</td>
</tr>
<tr>
<td>Cash funds this year end</td>
<td>28,623</td>
<td>-</td>
<td>28,623</td>
<td>-</td>
</tr>
</tbody>
</table>

#### A6 Cash funds last year end

- - - - -

**Total payments**

- 41,184 - 41,184 - 32,268

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### Section B Statement of assets and liabilities at the end of the period

#### B1 Cash funds

<table>
<thead>
<tr>
<th>unrestricted funds to nearest £</th>
<th>restricted funds to nearest £</th>
<th>endowment funds to nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Accounts</td>
<td>28,623</td>
<td>-</td>
</tr>
<tr>
<td>Pardol Account</td>
<td>- 431</td>
<td>-</td>
</tr>
<tr>
<td>Cash</td>
<td>84</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total cash funds</strong></td>
<td><strong>28,623</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

#### B2 Other monetary assets

<table>
<thead>
<tr>
<th>unrestricted funds to nearest £</th>
<th>restricted funds to nearest £</th>
<th>endowment funds to nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock</td>
<td>1,500</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total other monetary assets</strong></td>
<td><strong>1,500</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

#### B3 Investment assets

<table>
<thead>
<tr>
<th>unrestricted funds to nearest £</th>
<th>restricted funds to nearest £</th>
<th>endowment funds to nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fund to which asset belongs</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Cost (optional)</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Current value (optional)</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

#### B4 Assets retained for the charity's own use

<table>
<thead>
<tr>
<th>unrestricted funds to nearest £</th>
<th>restricted funds to nearest £</th>
<th>endowment funds to nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Equipment</td>
<td>Unrestricted funds</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total retained assets</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

#### B5 Liabilities

<table>
<thead>
<tr>
<th>unrestricted funds to nearest £</th>
<th>restricted funds to nearest £</th>
<th>endowment funds to nearest £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed by one or two trustees on behalf of all the trustees</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Date of approval**

07/03/19