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Our Mission Statement

Providing information and resources to promote effective diagnosis and appropriate treatment for people with thyroid disorders in the UK

Our Vision

To be the primary source of independent, accredited information on thyroid-related disorders in the United Kingdom

A world where the patient’s needs are paramount

A world where patients with thyroid disease will have the choice to be treated according to their individual needs

Our Values

To be open, honest, ethical and accountable and to work productively with others in the pursuit of quality treatment for patients

To put the interests of people with thyroid disorders first

To value people as individuals

To respect the right of individuals to be involved in and knowledgeable about their illness and treatment options

To value the need for open and free access to independent and accurate information both at the time of diagnosis and thereafter

To encourage people to take control of their own health and wellbeing

To appreciate the skills, expertise and commitment of our staff and volunteers
It has been a very busy year for us and also very challenging.

We received many queries about how COVID-19 would affect people who had thyroid disease and we researched to obtain the relevant information and informed our beneficiaries via our website and social media.

In respect of the #T3Campaign, Thyroid UK attended a meeting with representatives from NHS England, NHS Clinical Commissioning, the British Thyroid Association, Healthwatch England, Lord Borwick, Lord Hunt and the Thyroid Trust. It was agreed that a letter would be sent out to all Clinical Commissioning Groups to let them know that NHS England does not want prescriptions of liothyronine to be withheld from patients who require it and to remind them that the NHS England guidance states there is a cohort of patients for whom it is a vital treatment.

A further debate in the House of Lords was due to be planned. However, the COVID-19 pandemic has, unfortunately, put a halt to all of our campaigning for now. We will resume as soon as we can.

Following several communications with the Regional Medicines Optimisation Committee the guidance was finalized. They state that liothyronine can only be prescribed by a consultant NHS endocrinologist after a three month trial. This was good news as it was more specific than the previous NHS England guidance.

The NICE guidance, “Thyroid Disease: Assessment and Management” was published in November 2019. Thyroid UK worked hard on the consultation for this new guidance especially in regard to liothyronine. Unfortunately, the guidance committee concluded that there wasn’t enough evidence to recommend the prescribing of liothyronine, although they did add a link to the Regional Medications Optimisation Committee as a footnote in the guidance. This link, we felt, was hidden and, after some communications with them, NICE changed the placement of the link which made it slightly more visible.

Our new website was finally completed and we have had some positive feedback from people. However, we plan to improve it further in the coming year.

The pandemic affected life in our office as our staff started to work from home. Although we had some minor technical issues we have managed to continue our day to day work supporting people.

Over the next year, we plan to improve the stability and security of Thyroid UK which will enable us to ensure that we can continue our work. This includes employing a fundraiser to ensure we have the funds to achieve our goals, which include improving our communications mechanisms and look into setting up a James Lind Alliance Priority Setting Partnership. This will allow us to bring everyone together to decide which research questions really need to be answered, especially in regard to diagnosis and the various treatments for hypothyroidism.

We would like to thank you for all your support over this very challenging year and we look forward to continuing our campaigning for better treatment on your behalf in 2021.

Lyn Mynott
Chair/Chief Executive
Our Objectives

Our objectives help us to focus on the work we need to do to help people with thyroid disease and related disorders. Everything we do must incorporate our objectives:

The relief of sickness of persons suffering from thyroid disease and related areas, for the benefit of the public, particularly but not exclusively by:

a) providing information and support to sufferers of thyroid disease

b) promoting public awareness in regard to thyroid disorders

c) acting as a resource centre and disseminating information

d) encouraging scientific research for the education, alleviation, care, treatment and cure of thyroid disease

e) raising funds needed to achieve the stated objectives.

We can help you to find a solution to your thyroid health issues
“It’s amazing that someone has put it all together” (NHS doctor to patient)

“I have been looking at @thyroiduk_org website as I was told to learn more about hypothyroidism. They have lots of useful info and are definitely helping me to understand the condition a lot more” (Twitter)

“It’s been a long journey to this point and Thyroid UK members have been amazing helping me to navigate this rocky road!!

I realise I still have a way to go, but I truly know I would be a lot worse than I am now healthwise if it wasn’t for all the guidance and education from the Thyroid UK members.” (Julie via email)

“Brilliant, thank you! I am so grateful to you. I feel as if I have been hitting my head against a brick wall. I feel so much better prepared for my forthcoming appointment with an endocrinologist. You have been absolutely amazing.” (G. S)

“Thank you very much for your prompt reply, Thyroid UK are amazing & the folk on Health Unlocked have been fantastic. Thank goodness for you all.” (Christine Gibson)

“I wish I had been able to donate more. The information and support I have received from your administrators and website have been of immense help.” (S. A)
Our Achievements in 2019-2020

Our main aim this year has been to ensure stability and security for Thyroid UK so that we can continue to support those who need us.

In order to do this we had various goals, such as finding trustees with the skills that we needed to create various plans and policies that will allow us to move forward as a charity. Another goal was to find an experienced fundraiser.

We are pleased to say that we recruited trustees who had financial, technical and risk management skills, and they have helped us enormously with the necessary governance projects that we needed to undertake as a charity.

We also found a fundraiser who, alongside obtaining grant funds, will be helping us with an audit and a communication strategy which will allow us to maximise all funding opportunities.

These projects took a lot of time and the constraints of COVID-19 also affected the completion of some of our goals. We have therefore carried some of our goals forwards to next year, but these will be so much easier to complete now that we have our new trustees and fundraiser.

Our other achievements are all for the benefit of our beneficiaries in the long term:

**Providing information and support to sufferers of thyroid disease**

#T3Campaign

We continued to campaign to ensure that patients can access liothyronine if they need to, which has meant attending more meetings with the Lord Hunt of Kings Health OBE over the past year, as well as a meeting with NHS England and other NHS bodies.

Thyroid UK was disappointed with some aspects of the NICE Guidance for Thyroid Disease. It stated, “Do not routinely offer liothyronine for primary hypothyroidism, either alone or in combination with levothyroxine, because there is not enough evidence that it offers benefits over levothyroxine monotherapy, and its long-term adverse effects are uncertain.”

This seemed to contradict the guidance from the Regional Medicines Optimisation Committee (RMOC), although NICE did include a link to the RMOC guidance on liothyronine.

A further debate in the House of Lords was planned, but unfortunately, due to COVID-19, this could not take place and campaigning came to a halt.

More work needs to be done on this as soon as we can.
COVID-19

When it was realised that COVID-19 affected those with certain conditions more severely and with high mortality, Thyroid UK received a lot of communications from people with thyroid disease, especially those with Hashimoto’s disease, the autoimmune form of thyroid disease. They were concerned that they had heard that the coronavirus affected people with low immune systems and were very afraid and needed reassurance. They also needed to know if they should shield themselves.

Thyroid UK immediately looked into the research and found that there had not been any research into how the virus affected those with thyroid conditions. Thyroid UK wrote a position statement informing people that, although there was no research into this area, many people with thyroid disease also have other conditions such as diabetes and therefore it would be important for those people to shield.

However, from our social media pages we could see that people with thyroid disease preferred to stay indoors unless they absolutely had to go outside.

On checking the research, Thyroid UK also found out that people who had contracted the virus were susceptible to having subacute thyroiditis, a condition causing swelling and a very painful thyroid gland.

We also realised that Vitamin D seemed to be a very important vitamin in the fight against COVID-19 as more and more journals were including research articles about this. We informed our beneficiaries and members of the public about this and urged them to get tested to ensure that they were not Vitamin D deficient.

We ensured that people were made aware of these issues via our member magazine and our social media, and urged them to spread the word to their families and friends to ensure they would all remain safe and healthy.
Website

We are pleased to say that we finished our new website which is more mobile friendly and has new articles which helped a lot of people find the information they needed.

![Thyroid UK website](image)

Patient Information

We have continued to keep our Information Pack updated and have written several new articles for our new mobile friendly website which can be sent out by email to people who request them.

Support Network

We have continued to run our Support Network and although meetings were halted due to COVID-19, people have been able to access our Support Networkers by telephone and email.

Social Media

Our Facebook and Twitter members have continued to grow and we send out more information than we have done in the past.

Our online community on HealthUnlocked has continued to grow and we can see that it is helping so many people who post queries. We keep members updated with thyroid news and information that will enable them to take control of their thyroid health.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Current Value</th>
<th>Change</th>
</tr>
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<tbody>
<tr>
<td>HealthUnlocked members</td>
<td>108,078</td>
<td>(up by 7,180)</td>
</tr>
<tr>
<td>Facebook Followers</td>
<td>25,316</td>
<td>(up by 1,566)</td>
</tr>
<tr>
<td>Twitter Followers</td>
<td>5,128</td>
<td>(up by 698)</td>
</tr>
<tr>
<td>Instagram followers</td>
<td></td>
<td>have also increased a lot.</td>
</tr>
<tr>
<td>Our beneficiaries have purchased</td>
<td>almost 200 Information Packs</td>
<td></td>
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Other support

We have received lots of pleas for help about having their liothyronine or Armour thyroid de-prescribed. People are desperate and cannot understand why they have to fight so hard for a treatment that has made them feel better for years.

We see thousands of comments on our social media pages showing how distressed and angry patients are about how their thyroid health is ignored by their clinicians due to evidenced based research not showing that various treatments are necessary.

We offer support to these people in the form of further thyroid testing or visiting different clinicians. We also give them information that they can use in their discussions with their clinicians.

Promoting public awareness in regard to thyroid disorders

We continue to promote awareness of thyroid disease via our website and social media pages.

We have promoted various Thyroid Awareness Campaigns including Thyroid Cancer Awareness Campaigns.

Acting as a resource centre and disseminating information

We have kept people updated about all and any news that might impact on them such as the Scottish Petition, liothyronine guidelines and the NICE guidance.

We also inform them, in our member magazine, of any thyroid news and particularly research that has been published.

Encouraging scientific research for the education, alleviation, care, treatment and cure of thyroid disease

We have helped the medical profession by supporting a questionnaire to be used for a survey into treatment options and have helped a research project get off the ground by encouraging our beneficiaries to help with funding.

We have shared this information with relevant bodies to encourage them to look into this research question further.

We are often asked by researchers to spread the word about surveys in regard to various aspects of thyroid disease including pregnancy, Hashimoto’s disease, Graves’ disease and diagnosis and treatment. We inform our beneficiaries of these and any other surveys about thyroid related issues and encourage them to take part.

We have continued to update our research database with all the latest research into thyroid issues and this will be placed onto our new website so that patients and doctors can access research papers more easily.
Raising funds needed to achieve the stated objectives

We have continued to diversify in order to raise funds so that we can achieve our objectives. This has involved working with new testing companies, using our new website more efficiently to show people how they can raise funds for us, such as smile.amazon.co.uk.

The new website has made it much easier for people to donate to us via Paypal.

We have started to plan employing a fundraiser, running a fundraising audit and writing a fundraising plan in order that we can begin to apply for grants.
Our Aims for 2020-21

Our plans for this year are to build growth and stability with even more focus on our beneficiaries so that they benefit in the future.

In order to do this we need to appoint a new chair and deputy chair so that the CEO can concentrate on projects that will support our beneficiaries.

A fundraiser will be formerly appointed, and an audit along with a five year fundraising plan, will be created in order to maximise all of our fundraising opportunities. A prioritised list of projects will be produced.

We will be reviewing our technology so that we have the most effective and efficient way of working and raising awareness of the various thyroid issues.

Our other goals are as follows:

**Providing information and support to sufferers of thyroid disease**

#T3Campaign

We will continue our work on the #T3Campaign. As soon as we can, we will arrange for further meetings with NHS England, Healthwatch England and NHS Clinical Commissioners to continue from where we left off before COVID-19.

We will endeavour to ensure that a further debate on this issue is held in the House of Lords.

We are aware that some Clinical Commissioning Groups are now allowing prescriptions of liothyronine, but many still do not allow this to be prescribed and, therefore, need to be held to account.

We plan to design a Patient Pack of information to help patients understand what liothyronine is, whether they need it. It will include template letters to help them obtain liothyronine if it is needed.

**Our website**

We will be adding further patient information to our website and improving various aspects in order to make it even easier for people to navigate and find the information they need.

**Information pack**

We will continue to update our Information Pack and include any relevant new patient information leaflets.

**Support Network**

We will endeavour to build a larger support network by finding more people who are willing to set up groups, or be at the end of a telephone, to support those people with thyroid disease and related disorders.
Social Media

Our online community on HealthUnlocked has continued to grow and we can see that it is helping so many people who post queries. We keep members updated with thyroid news and information that will enable them to take control of their thyroid health.

Promoting public awareness in regard to thyroid disorders

Webinars

We aim to provide virtual webinars on the subjects that are most important to our beneficiaries and place them onto our website and our YouTube channel. This is another opportunity to access information, and may be preferable for some people.

We will be creating a communication strategy to enable us to reach everyone who needs our information.

Acting as a resource centre and disseminating information

We will continue to send out information to members of the public when requested including template letters for people to take to their GP, endocrinologist, pharmacist and CCG in order to help them access the medication that helps them feel well and be able to live a normal work, social and family life.

We will continue to update our research database in readiness for placing onto our new website so that patients and doctors can access research papers more easily.

Encouraging scientific research for the education, alleviation, care, treatment and cure of thyroid disease

We will be looking into setting up a James Lind Alliance Priority Setting Partnership for research into thyroid disease and related disorders. This will bring together patients, clinicians and researchers to discuss which research patients really want i.e. which questions they want answered.

The James Lind Alliance, funded by the National Institute for Health Research, organise Priority Setting Partnerships, which "enable clinicians, patients and carers to work together to identify and prioritise uncertainties about the effects of treatments that could be answered by research."

Thyroid UK believes this to be a very important project that will lead to changes in the way thyroid disease is diagnosed and treated.

Raising funds needed to achieve the stated objectives

In order to achieve our goals, we will need to ensure that we have sufficient funds to do this. We will specifically be applying for grants to fund the James Lind Alliance project but will also be raising funds to enable us to continue our work in the future.
Our Thanks

We would like to thank everyone who has donated to Thyroid UK over the past year. This has helped us to continue our vital work which includes answering queries via telephone, email or on our social media and sending out information to those who don’t have computers.

Donations received have also helped us cover the costs of purchasing the software we needed to hold meetings via Zoom, attend training courses and subscriptions to the websites where we action information.

The sales of our merchandising such as our memory sticks, wristbands and our Christmas cards all help to keep us running so thank you if you have purchased any of these. We are so grateful to you all for supporting us.

We would also like to thank our corporate donors - Medichecks Ltd, Genova Diagnostics, Blue Horizon Medicals, Regenerous Laboratories Ltd, Thriva Ltd and Monitor My Health for all the support they have given us. Without their donations, Thyroid UK could not continue to run.

We also want to thank all of our volunteers - our Support Networkers, our HealthUnlocked Admin who answer so many queries as well as moderate our forum. These people are always there to help and we receive excellent feedback from our beneficiaries. Thanks go to our Book Review Panel, who write great reviews for Harmony magazine and Jane, the person who enters all the data from new research into our research database. Jane is not always well, but she continues to work on the database anyway. Our volunteers work tirelessly for us even on weekends when the office is closed.

Finally a huge thank you to the Thyroid UK staff and trustees. Where would we be without you all?

Thank you all so much - without you, Thyroid UK would not exist.
How you can help

Thyroid UK relies on donations to keep us running. There are various ways you can support us financially:

**Become a Member**

Members will receive our quarterly magazine, Harmony, which is full of interesting and relevant articles and you will be supporting us financially too. You will also have first chance of purchasing tickets for our conferences.

**Fundraise for us**

[https://smile.amazon.co.uk/](https://smile.amazon.co.uk/) - this is a really easy way that you can support us when you do your shopping on Amazon. Simply go to [https://smile.amazon.co.uk](https://smile.amazon.co.uk) and register. Choose us as your charity of choice and we will receive donations from Amazon for everything that you buy.

[https://www.easyfundraising.org.uk](https://www.easyfundraising.org.uk) - this is a directory listing all of your favourite stores including John Lewis, Just Eat, Freemans Catalogue and M&S.

All you have to do is go to their website and register. Once you have registered, just search for the store you want and start shopping. You can also download a reminder that will pop up when you shop online. It’s easy to support us!

**Collection boxes**

We have two types of collection boxes - one for home and one for display in shops etc [http://www.thyroiduk.org/tuk/donate/collection-box.html](http://www.thyroiduk.org/tuk/donate/collection-box.html)

**Recycling**

You can recycle your jewellery, including costume jewellery and your postage stamps.

**Challenges**

Of course, you can support us in a more challenging way by doing sponsored walks, runs and dog jogs!

**Wedding Favours**

We have lovely butterfly pin badges that fix onto special personalised cards for the table.

**Bake Days**

You could hold a bake day in your local community. This will not only raise funds for us but spread awareness of thyroid disease.

**Organise donations in lieu of flowers**

Some families kindly ask friends and relatives to donate to charities instead of sending flowers to the funerals of their loved ones.

**Leave a gift in your will**

This is a really special way to support Thyroid UK and our work.

**Become a corporate partner**

Working with Thyroid UK as a corporate partner could really help make changes in the way thyroid disease is diagnosed and treated. We are always willing to discuss new opportunities with any company that would like to work with us.

You can find out about all the ways to support us by going to the “How you can help us” section of our website - [www.thyroiduk.org](http://www.thyroiduk.org)

If you or someone you know would like to support us please do contact us on [enquiries@thyroiduk.org](mailto:enquiries@thyroiduk.org)
Impact of our Work

Hypothyroidism mainly affects women although some men are affected. It can affect all age groups and it becomes more common, the older people get.

Newly diagnosed patients are generally just told to take their tablets and come back and get tested. However, much more information is needed and Thyroid UK helps people understand what to expect, how to take their levothyroxine and what not to ingest with or near their levothyroxine.

People often expect that treating hypothyroidism with levothyroxine is a quick fix. They expect to get well within a few weeks. Unfortunately, it can take a lot longer than that and Thyroid UK explains this to people.

Not everyone does well on levothyroxine. Sometimes, adverse effects from a particular generic brand can cause patients to stop taking their levothyroxine and this can cause their hypothyroid symptoms to last much longer than usual. Thyroid UK explains about the possibility of adverse effects and that different generic brands can vary in how their body reacts.

Unfortunately, some patients are given different brands by their local pharmacy and are not informed that a different brand can cause side effects in some people i.e. lactose or mannitol intolerance. This is happening a lot recently and Thyroid UK has informed people to watch out for this happening to them.

Patients are not informed that there is a possibility that they do not convert levothyroxine into the active hormone, T3. We explain why this happens to people and what they can do about it. If this happens, then an additional treatment, liothyronine, can often make the difference between being very unwell and unable to work effectively and becoming as well as they were before they became ill with hypothyroidism.

Thyroid UK guides people through the process of finding out what their issue is and this includes ensuring that they eat well so that they get the whole range of vitamins and minerals as lack of certain vitamins and minerals can have a bad impact on their thyroid health.

Thyroid UK is there to answer questions about these issues and any other questions people might have.

Our Online Community helps thousands of people with their queries and our Support Network is there if they want to speak to someone or meet up in person. Contacting us and connecting with others with thyroid disease can be a lifeline for many people.

“In the past year, we have had almost a million page views of our website. The most popular pages are, “Getting a Diagnosis”, “Signs and Symptoms”, “Hypothyroid Basics” and “Treatment Options”.

It’s not only people from the UK that visit our website. We are aware that information about thyroid disease is lacking in countries outside of the UK. People from all over the world visit our website to gain information. The top ten countries that visit our website are the UK, the United States, Ireland, the United Arab Emirates, Australia, Canada, France, Netherlands, Germany and Spain.
Thyroid UK often receives requests for help from the families of people with thyroid disease. They are concerned that they are not getting the help they need and so come to us. We are able to answer their queries, send them the information they need and put their minds at rest.

“I had completely lost hope and decided to give it one more try using your practitioner list before giving up and going the synthetic route - and my goodness, I'm so glad I did!

I can't thank you enough for your help and all the great support you and your team provide the Thyroid UK community.

I am eternally grateful, words cannot describe. Thank You.” (S.D)

The queries we receive from people are varied but are mostly about the fact that they are not feeling better on levothyroxine and either want to try liothyronine or have had their liothyronine withdrawn by their local Clinical Commissioning Group (CCG) and need help to access it again. These patients are feeling very ill and they are afraid, angry and frustrated.

We explain that the NICE thyroid disease guidance points to the Regional Medicines Optimisation Committee guidance which states that liothyronine can be prescribed by an endocrinologist on a trial basis and, if they improve, the endocrinologist can then request their the patient’s GP take over treatment.

However, there needs to be an agreement in place between the GP surgery and the specialist, and this is another barrier to getting the treatment that makes them well because not all surgeries are willing to agree to this, due to either the cost, or because they have been informed by their local CCG that they cannot do this.

We inform people that they can appeal against the CCG decision and give them the information they need to do this. We have helped people regain their liothyronine and helped some people get a trial of this medication.

Thyroid UK also receives queries from pharmacists and clinicians about obtaining specialist thyroid hormones for their patients such as lactose free levothyroxine or mannitol free levothyroxine.

People are always grateful for our support and let us know every day.
Thyroid UK is a Registered Charity and Company Limited by Guarantee

Registered Charity Number:
1125270

Registered Company Number:
6254073

Registered Office:
32 Darcy Road
St Osyth
Clacton on Sea
Essex
CO16 8QF

Directors of the Company:
Mrs Lyn Mynott
Mr Peter Warmingham
Mr Robert Shenton (resigned 20th January 2020)
Ms Lydia Bailey
Mrs Sara Parker
Mrs Joanne Coulson (appointed 22nd January 2020)
Dr Carlo Castellana (appointed 22nd January 2020)

Board of Trustees:
Mrs Lyn Mynott
Mr Peter Warmingham
Mr Robert Shenton (resigned 20th January 2020)
Ms Lydia Bailey
Mrs Sara Parker
Mrs Joanne Coulson (appointed 22nd January 2020)
Dr Carlo Castellana (appointed 22nd January 2020)

Chair: Mrs Lyn Mynott*

Treasurer:
Mrs Joanne Coulson

Patrons:
Dr Chris Steele MBE
Piers Hernu
Michael Rosen
Lisa Francesca (Chessy) Nand

Chief Executive:
Mrs Lyn Mynott*

PA to Lyn Mynott:
Mrs Louise Roberts

Admin Assistants:
Mrs Dionne Fulcher
Mrs Margaret Butler

Medical Advisers:
Dr Sarah Myhill
Professor Dr Rudolf Hoërman, MD PhD;
Dr John Midgley B.Sc (Leeds) D Phil (Oxford
Dr Johannes W Dietrich M.D.

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Independent Examiner:
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Essex
CO7 8BT

Solicitors:
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Charter House
Newcomen Way
Colchester Business Park
Colchester
CO4 9YA

*The Chair of the Board of Trustees has received permission from the Charity Commission to be remunerated for her services as Chief Executive.

The Annual Report 2020 incorporating the Annual Report and Accounts is also available online. Please visit www.thyroiduk.org
Structure, Governance and Management

Board of Trustees

The trustees for the purposes of Charity law and under the Company’s Articles are known as members of the Board of Trustees. As the charity is also a Company Limited by Guarantee, the trustees are also directors of the company. The Board of Trustees meet four times a year to provide strategic direction and oversee current projects.

The Board consists of up to a maximum of ten members. Trustees are elected at the AGM, which is held annually, and can be re-elected by the directors.

The Board exercises fiscal oversight and takes the lead on strategic risk management.

New trustees are recruited via professional trustee recruitment organisations. New trustees are given an Induction Pack, asked to sign a Code of Conduct form and complete a Declaration of Interest form.

Most of the Thyroid UK trustees have some experience of having to deal with thyroid disease which helps them understand how patients feel and which strategic direction Thyroid UK should take.

Staff

The Board of Trustees delegates the day to day running of the charity to the Chief Executive. Supported by her PA, the Chief Executive, who works full time, works some of her hours voluntarily.

They are supported by two paid admin assistants who work part time. Our accountant does the accounts for us on a voluntary basis, for which we are very grateful.

Salaries

The salary for the Chief Executive is reviewed and set regularly by the Board of Trustees. using comparisons with charities of our size.

Our approach to paying our staff is to pay them as fairly as we can given the limitations of our budget and to ensure we are fully compliant with all legislative requirements such as the National Minimum Wage.

Volunteers

Thyroid UK is very lucky to have a large team of volunteers who help us to run Thyroid UK and support our beneficiaries.

Our support networkers hold groups where people can meet, man a telephone helpline or can be contacted by email. Our Support Network list includes Thyroid UK support groups and independent thyroid support groups.

We have four medical advisers, two of whom are endocrinologists, one of whom is a medical researcher and the other is a private general practitioner.

We have a book review panel who do an excellent job of reviewing books for our magazine.

Our Online Community is hosted on HealthUnlocked. Our admin team are always on hand to monitor the site to answer questions and deal with any problems. They work very hard for Thyroid UK and for all the members on the site.
**Going concern**

The trustees have reviewed the charity’s activities, financial position and risk management policies together with the factors likely to affect future development including the impact of economic uncertainties on voluntary income.

They have concluded that it is reasonable to expect the charity to have adequate resources to continue in operational existence for the foreseeable future.

Accordingly, the going concern basis of accounting continues to be adopted in preparing the financial statements.

**Public Benefit**

The trustees confirm that they have referred to the Charity Commission’s general guidance on public benefit when reviewing our objectives and working on our strategy, work plans and future activities.

**Risk Management**

Thyroid UK is committed to effective risk management. We have processes that ensure significant risks associated with the delivery and provision of our work and services are recognised, assessed, planned for and appropriately managed.

The Board of Trustees has ultimate responsibility for risk management of the charity. The Board delegates day-to-day responsibility for management of risks to the Chief Executive Officer (CEO). The CEO is responsible for the implementation of the risk management framework, monitoring of risks and controls, and reporting back to the Board on the effectiveness of controls. The CEO is also responsible for ensuring that significant crystallised risks and “near misses” are escalated to the Board.

As part of the risk framework, the CEO is responsible for the maintenance of the Risk Policy and Risk Register. Material changes to the Risk Policy are approved by the Board. The Risk Register is reviewed at every board meeting.

Thyroid UK adheres to the Charity Commission’s “Governance Code for Smaller Charities” and regularly reviews our work.

During 2019/20 the trustees were satisfied that risk management was undertaken in a satisfactory manner. At the beginning of the Covid-19 pandemic we adopted enhanced risk management by monitoring our income and expenditure on a fortnightly, then monthly basis, using scenarios of percentages of income to ensure that we had sufficient funds in our reserves in case of closure.
Statement of Trustees’ Responsibilities

The trustees (who are also directors of Thyroid UK for the purposes of company law) are responsible for preparing the Trustees’ Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) including FRS 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland.

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 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 Statement of Recommended Practice: Accounting and Reporting by Charities (2015);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Generally Accepted Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

In so far as the trustees are aware:

- there is no relevant independent examination information of which the charitable company’s independent examiner is unaware; and
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant independent examination information and to establish that the independent examiner is aware of that information.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company’s website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Independent Examination

A resolution to re-appoint Mr David Wiggins as Independent Examiner will be proposed at the Annual General Meeting on 23rd January 2021.

This Annual Report has been prepared under the Small Company’s Regime and is therefore exempt from audit.

Lyn Mynott
Director and Trustee

Joanne Coulson
Director and Trustee

Approved on behalf of the Board of Trustees on 20th July 2020.
I report on the accounts for the year ended 31st May 2020.

Respective responsibilities of the Trustees and Independent Examiner

The charity’s trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

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

Basis of Independent Examiner’s Statement

My examination was carried out in accordance with the General Directions given by the Charity Commission.

An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the management committee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in a full audit, and consequently I do not express an audit opinion on the accounts.

(1) which give me reasonable cause to believe that in any material respect the requirements:
● to keep accounting records in accordance with s.130 of the 2011 Act; or
● to prepare accounts which accord with these accounting records have not been met; or

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

I have independently examined the charitable company financial statements of Thyroid UK for the year ended 31 May 2020 which comprise the Statement of Financial Activities (incorporating an income and expenditure account), the Company balance sheet and the related notes.

The financial statements have been prepared under the accounting policies set out therein.

David Wiggins BA (Hons)
15 Station Road, Alresford,
Colchester, Essex CO7 8BT

Dated: 25th July 2020

Independent Examiner’s Statement

In connection with my examination, no matters have come to my attention:
Financial Review

The financial results for the year are represented by the Statement of Financial Activities (incorporating an Income and Expenditure report).

Overview

We had an income in 2019/20 of £73,103.99 and an expenditure of £73,271.28, although this only shows a loss of £164.29, it does mean that this hasn’t been as good a year as 2018/19.

Income

Our information pack sales have decreased dramatically compared to last year, which has had the effect of also radically reducing our information pack costs.

We have also seen a drop in membership figures this year, leading to a drop in membership costs.

Test commissions have fallen slightly this year, possibly due to us working with more laboratories who offer the tests at a lower price.

General donations have seen a decrease of around £2,000 this year.

We have seen an increase in our sponsorship income this year, this may be because we have been better promoting the events available.

Our Gift Aid income has remained steady this year as have our merchandise sales.

Expenditure

Our overall expenditure has increased by around £10,000. Much of this is due to work on the new website.

In conjunction with the increased sponsorship income, there has also been an increase in our Raising Funds expenditure as this is primarily t-shirts for events and the event places themselves.

There has been a reduction in the cost of producing the information pack. This is due to us selling less than last year.

There has been a decrease in membership costs due to a reduction in membership income and also around 25% of members now receive Harmony digitally.

Staff wages have increased again this year but are still far below the national average for comparable roles.

In the part of the year before Covid-19, board meeting costs increased slightly as we had to move venues, which was more expensive, the size of the board increased, resulting in increased catering costs and train fares have increased, resulting in it being more expensive for the Chair and PA to CEO to travel. Once Covid-19 arrived, we signed up Zoom in order to continue our board meetings.

We have seen a slight increase in our Support Costs this year.

Our website costs are significantly more this year as the new website cost more than anticipated.
Bank accounts

Thyroid UK has four bank accounts as follows:

- Barclays Bank Account - for the day to day running of the organisation
- Barclays Bank Savings Account - for restricted and designated funds
- Petty Cash
- Paypal

All bank accounts are reconciled weekly. A financial summary is provided at Board Meetings.

Tangible fixed assets and depreciation

All tangible fixed assets costing more than £500 are capitalised and depreciated. Depreciation of fixed assets is calculated to write off the cost of each asset over the term of its estimated useful life (buildings 5 years, equipment 3 years). Assets are written off on a straight-line basis.

Subscriptions and donations

These are credited to the Statement of Financial Activities if applicable to the year to the extent that they are received by the time the accounts are prepared.

Publication sales

Sales of books and publications are credited to the Statement of Financial Activities in respect of sales for the year. No value is placed on book stocks.

Reserves policy

In accordance with our reserves policy, Thyroid UK aims to have reserves of three months of current running costs plus costs of closure.

The reserves are required for Thyroid UK to meet contractual liabilities should the organisation have to close. This includes redundancy pay, amounts due to creditors and commitments under leases.

They are also required in order that we can meet any unexpected costs that the charity may incur; replace equipment as it wears out, ensuring that the charity can continue to provide a stable and quality service to those who need them.

Thyroid UK currently has sufficient reserves set aside as set out in the policy. In the event of reserves dipping below the target Thyroid UK will aim to restore the reserves to the minimum level within 12 months. This could be achieved by increased fundraising, increasing earned income or reducing expenditure.

If reserves exceed our target Thyroid UK will consider the likely expenditure over the next year and aim for reserves to return to our target level by the end of two years. This could be achieved by increasing remuneration for our CEO as per our Strategic Plan and if necessary increasing “free” activities and so increasing expenditure. Increasing “free” activities could be free information packs;
free seminars and reduced membership fees.

At the beginning of the pandemic, Thyroid UK started to monitor income and expenditure on a much more regular basis, using scenarios of percentages of income to ensure that we had sufficient funds in our reserves in case of closure.

The trustees will consider current costs of closure and examine the level of reserves each year when setting the following years’ budget. The reserves policy is reviewed every year.

**Related Party Transactions**

Thyroid UK is a registered charity and company limited by guarantee and does not have a share capital. The trustees have no financial interest in the charity’s results or assets and received no remuneration for acting in that capacity.

There were no trustee expenses paid in this financial year.

The charity maintains a liability insurance policy that includes indemnity cover for trustees at a cost to the charity of £201. The indemnity is limited to £100,000.
Statement of Financial Activity (SoFA)

2019

2020
Where the Money Came From

2019

2020
Where the Money was Spent

2019

2020
## Statement of Financial Activities

### Year Ended 31st May 2020

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>Total Funds</th>
<th>Prior Year Total Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income and Endowments from</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and Legacies</td>
<td>21,830.76</td>
<td>0.00</td>
<td>21,830.76</td>
<td>21,302.61</td>
</tr>
<tr>
<td>Income from Charitable Activities</td>
<td>18,336.21</td>
<td>0.00</td>
<td>18,336.21</td>
<td>23,454.27</td>
</tr>
<tr>
<td>Other Trading Activities</td>
<td>32,880.02</td>
<td>0.00</td>
<td>32,880.02</td>
<td>38,589.71</td>
</tr>
<tr>
<td>Other Income</td>
<td>57.00</td>
<td>0.00</td>
<td>57.00</td>
<td>51.08</td>
</tr>
<tr>
<td><strong>Income and Endowments Total</strong></td>
<td>73,103.99</td>
<td>0.00</td>
<td>73,103.99</td>
<td>83,397.67</td>
</tr>
<tr>
<td>Adjustment for test commission due</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17/18 received June 18/19</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>(5,987.75)</td>
</tr>
<tr>
<td><strong>Total with adjustment</strong></td>
<td>73,103.99</td>
<td>0.00</td>
<td>73,103.99</td>
<td>77,409.92</td>
</tr>
<tr>
<td><strong>Expenditure on</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raising Funds</td>
<td>9,135.10</td>
<td>0.00</td>
<td>9,135.10</td>
<td>7,423.00</td>
</tr>
<tr>
<td>Expenditure on Charitable Activities</td>
<td>61,930.37</td>
<td>0.00</td>
<td>61,930.37</td>
<td>58,695.36</td>
</tr>
<tr>
<td>Other Expenditure</td>
<td>2,205.81</td>
<td>0.00</td>
<td>2,205.81</td>
<td>2,269.87</td>
</tr>
<tr>
<td><strong>Expenditure Total</strong></td>
<td>73,271.28</td>
<td>0.00</td>
<td>73,271.28</td>
<td>68,388.23</td>
</tr>
<tr>
<td><strong>Net Incoming/Expenditure Resources Before Transfer</strong></td>
<td>(167.29)</td>
<td>0.00</td>
<td>(167.29)</td>
<td>15,009.44</td>
</tr>
<tr>
<td><strong>Total with adjustment</strong></td>
<td>(167.29)</td>
<td>0.00</td>
<td>(167.29)</td>
<td>9,224.67</td>
</tr>
<tr>
<td><strong>Transfers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Transfers Between Funds - in</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Gross Transfers Between Funds - out</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Other Recognised Gains/Losses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gains/Losses on Investment Assets</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Gains on Revaluation, Fixed Assets, Charity’s Own Use</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Net Movement in Funds</strong></td>
<td>(167.29)</td>
<td>0.00</td>
<td>(167.29)</td>
<td>15,009.44</td>
</tr>
<tr>
<td><strong>Total with adjustment</strong></td>
<td>(167.29)</td>
<td>0.00</td>
<td>(167.29)</td>
<td>9,224.67</td>
</tr>
<tr>
<td><strong>Reconciliation of Funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funds Brought Forward</td>
<td>55,142.52</td>
<td>0.00</td>
<td>55,142.52</td>
<td>40,133.08</td>
</tr>
<tr>
<td>Total Funds Carried Forward</td>
<td>54,975.23</td>
<td>0.00</td>
<td>54,975.23</td>
<td>55,142.52</td>
</tr>
</tbody>
</table>
For the year ending 31/05/2020 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476.

- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies’ regime.

On behalf of the Board of Trustees:

Lyn Mynott  Joanne Coulson
Chair/Chief Executive  Treasurer

20th July 2020  20th July 2020
### Income & Expenditure Report

**Year Ended 31st May 2020**

<table>
<thead>
<tr>
<th>Income and Endowments from</th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>This Year</th>
<th>Last Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Donations and Legacies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td>14,441.28</td>
<td>0.00</td>
<td>14,441.28</td>
<td>16,853.25</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>3,768.45</td>
<td>0.00</td>
<td>3,768.45</td>
<td>1,082.71</td>
</tr>
<tr>
<td>Gift Aid</td>
<td>3,621.03</td>
<td>0.00</td>
<td>3,621.03</td>
<td>3,366.65</td>
</tr>
<tr>
<td><strong>Donations and Legacies Totals</strong></td>
<td>21,830.76</td>
<td>0.00</td>
<td>21,830.76</td>
<td>21,302.61</td>
</tr>
<tr>
<td><strong>Income from Charitable Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Pack Sales</td>
<td>2,825.55</td>
<td>0.00</td>
<td>2,825.55</td>
<td>4,593.84</td>
</tr>
<tr>
<td>Back Issue Sales</td>
<td>49.00</td>
<td>0.00</td>
<td>49.00</td>
<td>105.00</td>
</tr>
<tr>
<td>Sales Postage</td>
<td>886.50</td>
<td>0.00</td>
<td>886.50</td>
<td>1,285.99</td>
</tr>
<tr>
<td>Fundraising Activities</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>739.23</td>
</tr>
<tr>
<td>Membership</td>
<td>14,575.16</td>
<td>0.00</td>
<td>14,575.16</td>
<td>16,730.21</td>
</tr>
<tr>
<td><strong>Income from Charitable Activities Totals</strong></td>
<td>18,336.21</td>
<td>0.00</td>
<td>18,336.21</td>
<td>23,454.27</td>
</tr>
<tr>
<td><strong>Other Trading Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Commission</td>
<td>29,216.96</td>
<td>0.00</td>
<td>29,216.96</td>
<td>34,389.00</td>
</tr>
<tr>
<td>Other Commissions</td>
<td>2,153.49</td>
<td>0.00</td>
<td>2,153.49</td>
<td>2,228.78</td>
</tr>
<tr>
<td>Merchandise Sales</td>
<td>1,509.57</td>
<td>0.00</td>
<td>1,509.57</td>
<td>1,971.93</td>
</tr>
<tr>
<td><strong>Other Trading Activities Totals</strong></td>
<td>32,880.02</td>
<td>0.00</td>
<td>32,880.02</td>
<td>38,589.71</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Interest</td>
<td>57.00</td>
<td>0.00</td>
<td>57.00</td>
<td>51.08</td>
</tr>
<tr>
<td>Refunds</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Other Income Totals</strong></td>
<td>57.00</td>
<td>0.00</td>
<td>57.00</td>
<td>51.08</td>
</tr>
<tr>
<td><strong>Income and Endowments Totals</strong></td>
<td>73,103.99</td>
<td>0.00</td>
<td>73,103.99</td>
<td>83,397.67</td>
</tr>
<tr>
<td>Readjustment for test commission due 17/18 received June 18/19</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>(5,987.75)</td>
</tr>
<tr>
<td><strong>Total with adjustment</strong></td>
<td>73,103.99</td>
<td>0.00</td>
<td>73,103.99</td>
<td>77,409.92</td>
</tr>
<tr>
<td>Expenditure on</td>
<td>Unrestricted</td>
<td>Restricted</td>
<td>This Year</td>
<td>Last Year</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Raising Funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raising Funds</td>
<td>1,550.85</td>
<td>0.00</td>
<td>1,550.85</td>
<td>731.84</td>
</tr>
<tr>
<td>Merchandise Costs</td>
<td>779.90</td>
<td>0.00</td>
<td>779.90</td>
<td>853.50</td>
</tr>
<tr>
<td>Staff Wages - Raising Funds</td>
<td>1,833.42</td>
<td>0.00</td>
<td>1,833.42</td>
<td>976.84</td>
</tr>
<tr>
<td>CEO Wages - Raising Funds</td>
<td>970.43</td>
<td>0.00</td>
<td>970.43</td>
<td>916.51</td>
</tr>
<tr>
<td>Support Costs - Raising Funds</td>
<td>4,000.50</td>
<td>0.00</td>
<td>4,000.50</td>
<td>3,944.31</td>
</tr>
<tr>
<td><strong>Raising Funds Totals</strong></td>
<td>9,135.10</td>
<td>0.00</td>
<td>9,135.10</td>
<td>7,423.00</td>
</tr>
<tr>
<td><strong>Expenditure on Charitable Activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Pack Costs</td>
<td>2,466.24</td>
<td>0.00</td>
<td>2,466.24</td>
<td>4,343.86</td>
</tr>
<tr>
<td>Sundries</td>
<td>119.60</td>
<td>0.00</td>
<td>119.60</td>
<td>0.00</td>
</tr>
<tr>
<td>Magazine and Membership Costs</td>
<td>4,085.46</td>
<td>0.00</td>
<td>4,085.46</td>
<td>7,791.85</td>
</tr>
<tr>
<td>Staff Wages - Charitable Activities</td>
<td>20,037.95</td>
<td>0.00</td>
<td>20,037.95</td>
<td>19,942.68</td>
</tr>
<tr>
<td>CEO Wages - Charitable Activities</td>
<td>12,616.03</td>
<td>0.00</td>
<td>12,616.03</td>
<td>11,914.37</td>
</tr>
<tr>
<td>Support Costs - Charitable Activities</td>
<td>15,101.83</td>
<td>0.00</td>
<td>15,101.83</td>
<td>13,032.84</td>
</tr>
<tr>
<td>Charitable Activities Sundries</td>
<td>19.68</td>
<td>0.00</td>
<td>19.68</td>
<td>0.00</td>
</tr>
<tr>
<td>Website Costs</td>
<td>6,265.89</td>
<td>0.00</td>
<td>6,265.89</td>
<td>473.44</td>
</tr>
<tr>
<td>Organisation Membership</td>
<td>703.48</td>
<td>0.00</td>
<td>703.48</td>
<td>370.51</td>
</tr>
<tr>
<td>Advertising and Marketing</td>
<td>514.21</td>
<td>0.00</td>
<td>514.21</td>
<td>825.81</td>
</tr>
<tr>
<td><strong>Expenditure on Charitable Activities Totals</strong></td>
<td>61,930.37</td>
<td>0.00</td>
<td>61,930.37</td>
<td>58,695.36</td>
</tr>
</tbody>
</table>

| **Other Expenditure**                            |              |            |           |           |
| Staff Wages - Other Costs                        | 144.74       | 0.00       | 144.74    | 139.55    |
| CEO Wages - Other Costs                          | 138.67       | 0.00       | 138.67    | 130.94    |
| Support Costs - Other Costs                      | 1,257.30     | 0.00       | 1,257.30  | 1,239.64  |
| Office Sundries                                  | 305.96       | 0.00       | 305.96    | 292.45    |
| Bank Charges                                     | 74.70        | 0.00       | 74.70     | 38.96     |
| PayPal Charges                                   | 262.84       | 0.00       | 262.84    | 379.73    |
| Ebay Fees                                        | 21.60        | 0.00       | 21.60     | 48.60     |
| **Other Expenditure Totals**                     | 2,205.81     | 0.00       | 2,205.81  | 2,269.87  |
| **Expenditure Totals**                           | 73,271.28    | 0.00       | 73,271.28 | 68,388.23 |
| **Net Income/Deficit**                           | (164.29)     | 0.00       | (164.29)  | 15,009.44 |
| **Total with adjustment**                        | (164.29)     | 0.00       | (164.29)  | 9,224.67  |
### Notes to the Accounts

#### Note 1 – Staff Wages Costs Admin #1
Split Based on Time Allocation

<table>
<thead>
<tr>
<th></th>
<th>0% Governance</th>
<th>20% Charitable Activities</th>
<th>10% Raising Funds</th>
<th>0% Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£8,202.60*</td>
<td>£1,138.99</td>
<td>£501.52</td>
<td>£0.00</td>
</tr>
<tr>
<td>Total</td>
<td>£8,202.60*</td>
<td>£1,138.99</td>
<td>£501.52</td>
<td>£0.00</td>
</tr>
</tbody>
</table>

*Includes £6,562.08 shown under Bookkeeping in Support Costs

#### Note 2 – Staff Wages Costs Admin #2
Split Based on Time Allocation

<table>
<thead>
<tr>
<th></th>
<th>0% Governance</th>
<th>100% Charitable Activities</th>
<th>0% Raising Funds</th>
<th>0% Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£6,046.79</td>
<td>£6,046.79</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
<tr>
<td>Total</td>
<td>£6,046.79</td>
<td>£6,046.79</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
</tbody>
</table>

#### Note 3 - CEO Wages Costs
Split Based on Time Allocation

<table>
<thead>
<tr>
<th></th>
<th>1%* Governance</th>
<th>91% Charitable Activities</th>
<th>7% Raising Funds</th>
<th>1% Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£13,863.80</td>
<td>£12,606.05</td>
<td>£970.47</td>
<td>£138.64</td>
</tr>
<tr>
<td>Total</td>
<td>£13,863.80</td>
<td>£12,606.05</td>
<td>£970.47</td>
<td>£138.64</td>
</tr>
</tbody>
</table>

*Shown in Support Costs
Note 4 – PA to CEO Wages Costs
Split Based on Time Allocation

<table>
<thead>
<tr>
<th></th>
<th>1%* Governance</th>
<th>91% Charitable Activities</th>
<th>7% Raising Funds</th>
<th>1% Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>£13,170.93</td>
<td>£13,170.93</td>
<td>£1,013.15</td>
<td>£144.74</td>
</tr>
<tr>
<td>Total</td>
<td>£13,170.93</td>
<td>£13,170.93</td>
<td>£1,013.15</td>
<td>£144.74</td>
</tr>
</tbody>
</table>

*Shown in Support Costs

Note 5 - Fixed Assets

<table>
<thead>
<tr>
<th>Tangible Assets</th>
<th>Buildings £</th>
<th>Equipment £</th>
<th>Total £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 June 2009</td>
<td>4,570</td>
<td>545</td>
<td>5,115</td>
</tr>
<tr>
<td>Additions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>At 31 May 2020</td>
<td>4,570</td>
<td>545</td>
<td>5,115</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 1 June 2019</td>
<td>4,570</td>
<td>545</td>
<td>5,115</td>
</tr>
<tr>
<td>Charge for the Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>At 31 May 2020</td>
<td>4,570</td>
<td>545</td>
<td>5,115</td>
</tr>
</tbody>
</table>

Net Book Amount

| At 31 May 2020 | 0 | 0 | 0 |

All fixed assets are held for use on a continuing basis for the purpose of charity activities.
## Note 6 – Support Costs

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Charitable Activities</th>
<th>Raising Funds</th>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support Costs</strong></td>
<td>77%</td>
<td>17.5%</td>
<td>5.5%</td>
<td></td>
</tr>
<tr>
<td>Rent and Rates</td>
<td>£2,176.20</td>
<td>£1,675.67</td>
<td>£380.84</td>
<td>£119.69</td>
</tr>
<tr>
<td>Telephone and Internet</td>
<td>£850.65</td>
<td>£655.00</td>
<td>£148.86</td>
<td>£46.79</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>£691.25</td>
<td>£532.26</td>
<td>£120.97</td>
<td>£38.02</td>
</tr>
<tr>
<td>Premises Expenses</td>
<td>£620.11</td>
<td>£477.48</td>
<td>£108.52</td>
<td>£34.11</td>
</tr>
<tr>
<td>Repairs and Renewals</td>
<td>£1,141.40</td>
<td>£878.88</td>
<td>£199.75</td>
<td>£62.78</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>£5,073.71</td>
<td>£3,906.76</td>
<td>£887.90</td>
<td>£279.05</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
<td>£26.28</td>
<td>£20.24</td>
<td>£4.60</td>
<td>£1.45</td>
</tr>
<tr>
<td>Postage and Carriage</td>
<td>£560.43</td>
<td>£431.53</td>
<td>£98.08</td>
<td>£30.82</td>
</tr>
<tr>
<td>Stationery</td>
<td>£3,147.44</td>
<td>£2,423.53</td>
<td>£550.80</td>
<td>£173.11</td>
</tr>
<tr>
<td>Bookkeeping</td>
<td>£6,562.09</td>
<td>£5,052.81</td>
<td>£1,148.37</td>
<td>£360.91</td>
</tr>
<tr>
<td>Volunteers Expenses</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>£20,849.56</td>
<td>£16,054.16</td>
<td>£3,648.67</td>
<td>£1,146.73</td>
</tr>
</tbody>
</table>

### Governance

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Charitable Activities</th>
<th>Raising Funds</th>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board Meetings</td>
<td>£1,138.04</td>
<td>£876.29</td>
<td>£199.16</td>
<td>£62.59</td>
</tr>
<tr>
<td>Staff Wages</td>
<td>£144.74</td>
<td>£111.45</td>
<td>£25.33</td>
<td>£7.96</td>
</tr>
<tr>
<td>CEO Wages</td>
<td>£138.67</td>
<td>£106.78</td>
<td>£24.27</td>
<td>£7.63</td>
</tr>
<tr>
<td>Companies House</td>
<td>£13.00</td>
<td>£10.01</td>
<td>£2.28</td>
<td>£0.72</td>
</tr>
<tr>
<td>Training</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
<tr>
<td>Other Meetings</td>
<td>£575.92</td>
<td>£443.46</td>
<td>£100.79</td>
<td>£31.68</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>£2,010.37</td>
<td>£1,547.98</td>
<td>£351.81</td>
<td>£110.57</td>
</tr>
</tbody>
</table>

**Includes the Following Costs Shown Separately on the I & E**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Charitable Activities</th>
<th>Raising Funds</th>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Pack Stationery</td>
<td>£2,066.24</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
<tr>
<td>Membership and Magazine Stationery</td>
<td>£434.06</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£2,500.30</td>
<td>£0.00</td>
<td>£0.00</td>
<td>£0.00</td>
</tr>
</tbody>
</table>

**Support Costs Total** £22,859.93 £17,602.14 £4,000.48 £1,257.30
The Thyroid UK Trustees have agreed to hold designated funds in reserve for the purposes detailed below.

### Note 7 – Funds Designated by the Trustees

<table>
<thead>
<tr>
<th></th>
<th>Incoming Resources</th>
<th>Outgoing Resources</th>
<th>Closing Balances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>£1,926.86</td>
<td>£6,000.00</td>
<td>£4,456.60</td>
</tr>
<tr>
<td>Insurance</td>
<td>£564.34</td>
<td>£600.00</td>
<td>£620.11</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>£540.00</td>
<td>£720.00</td>
<td>£766.25</td>
</tr>
<tr>
<td>Survey Monkey</td>
<td>£315.00</td>
<td>£69.00</td>
<td>£384.00</td>
</tr>
<tr>
<td>Reserves (as per Reserves Policy)</td>
<td>£26,963.00</td>
<td>£2,599.03</td>
<td>£29,562.03</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£30,309.20</strong></td>
<td><strong>£9,888.03</strong></td>
<td><strong>£34,070.27</strong></td>
</tr>
</tbody>
</table>

### Note 7a – Spending Strategy for Designated Funds

- **Membership**
  - Funds are held in order to finance at least 2 issues of the magazine, in case of a drastic reduction in membership fee income.

- **Insurance**
  - £50 per month is put aside to pay for insurance for the following year.

- **Office Equipment**
  - £60 per month is put aside to pay for any office equipment which may be needed. The amount in this fund is reviewed annually and any funds considered to be surplus to requirements are transferred back to general funds.

- **Survey Monkey**
  - £25 per month is put aside to pay for a subscription to Survey Monkey for the following year.

- **Reserves (as per Reserves Policy)**
  - Money held in reserve as per Thyroid UK Reserves Policy. This fund and the policy are reviewed annually.