

Annual Report and Financial Statements

Year Ended 31 March 2017



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Charity reference and administrative details

Board of trustees

Professor Nicholas Lemoine (Chair of the Board of Trustees)

Professor Daniel Altmann

Mr Russell Delew (from 1 June 2016)

Professor Calliope Farsides

Professor Sir Andy Haines (until 31 March 2017)

Mr Stephen Visscher CBE

Ms Susan Wilkinson (from 1 June 2016)

Mr David Zahn

Director

Dr Angela Hind

Africa Research Excellence Fund (AREF) Board

Professor Charles Mgone (Chair of the Board)

Professor Daniel Altmann

Dr Wendy Ewart MBE

Mr George Fowlis

Dr Yvonne Greenstreet (until 31 March 2017)

Professor Sir Andrew Haines (until 31 March 2017)

Professor Francine Ntouni

Mr Mark Radford

Africa Research Excellence Fund Director

Professor Tumani Corrah CBE MRG

Accountants

PKF Littlejohn LLP

1 Westferry Circus

Canary Wharf

London E14 4HD

Auditors

Crowe Clark Whitehill LLP

St Bride's House

10 Salisbury Square

London EC4Y 8EH

Bankers

Lloyds Bank PLC

25 Gresham Street

London EC2V 7HN

Scottish Widows Bank PLC

PO Box 12757

67 Morrison Street

Edinburgh EH3 8YJ

Virgin Money

Jubilee House

Gosforth

Newcastle-upon-Tyne NE3 4PL

Schroder and Co Ltd

12 Moorgate

London EC2R 6DA (until 21 Dec 2016)

BNY Mellon

One Canada Square

London E14 5AL (from 09 Jan 2017)

Investment Manager

Newton Investment Management Ltd

BNY Mellon Centre

160 Queen Victoria Street

London EC4V 4LA

Investment Custodian

The Bank of New York Mellon SA/NV

BNY Mellon Centre

160 Queen Victoria Street

London EC4V 4LA

Legacy Consultants

Legacy Link

175 Ramsden Road

London SW12 8RF

Solicitors

Withers LLP
16 Old Bailey
London EC4M 7EG

Company Secretary

Withers LLP
16 Old Bailey
London EC4M 7EG

Principal Office

Medical Research Foundation
c/o Medical Research Council
One Kemble Street
London WC2B 4AN

Registered Office

Medical Research Foundation
MRC Head Office
David Phillips Building
North Star Avenue
Swindon SN2 1FL

Charity registration number: 1138223
Company registration number: 7366816

Our vision

Changing medicine today. Changing lives tomorrow.

The Medical Research Foundation's vision is to advance medical research, improve human health and change people's lives.

Many of the diseases and conditions that affect human health have been cured or overcome as a result of medical research. But there will always be more to do. Although significant resources are being spent around the world on developing exciting new treatments and therapies, there are areas of medical need that receive little or no support – and people's lives that see no improvement. That's where we step in. As the charitable foundation of the Medical Research Council (MRC) we are inspired by the responsibility and independence that our donated income gives us. We are guided by the wealth of expertise available to us and are bold and ambitious in the science we choose to support. We fund and support the most promising new health research wherever we discover great opportunities that are not being pursued. We nurture the talented research leaders of tomorrow by supporting them today. We use our donated income responsibly and ensure it makes the greatest impact where it is most needed. We meet the highest research standards through our unique connection with the MRC.

How we arose

The Medical Research Foundation is the charitable foundation of the MRC. The MRC is the UK's main government-funded body charged with improving human health through medical research. In addition to its government funding, the MRC has been eligible to accept income from the giving public since the 1920's and separately registered these funds with the Charity Commission in 1968. In 2010, the funds of this predecessor charity were transferred to a new, modern charitable company, the Medical Research Foundation. A Declaration of Trust and a subsequent Deed of Assignment allows for charity funds gifted by the public to benefit the MRC, to be assigned to the Medical Research Foundation.

The Medical Research Foundation is the trustee of 21 connected charities whose vision and aims align with its own.

A note from the MRC's Chief Executive

The Medical Research Foundation is a very welcome presence in the UK medical research funding landscape. Its predecessor charities had been funding research for over 90 years and the Medical Research Foundation is continuing that drive to improve human health by making a significant and increasing contribution to the national investment in medical research. The generous public provide support to advance medical research, improve human health and change people's lives by leaving legacies and making donations to the Medical Research Foundation. The MRC supports the Foundation to achieve its aims by undertaking high-quality peer review of applications for research support – the same review by leading experts that the MRC applies to its own research proposals – and providing other free services such as office space. I hope that the MRC's commitment will assure donors that their generous support will be used by the Medical Research Foundation to support only the very best research and the very best people who have the greatest chance of improving human health.

The health needs of the public, demands on the health services, and the environmental and economic conditions in which we live are all changing; as is the potential of modern medical science to make a difference to lives. We need a vibrant, focused and well-supported health research charity sector to support the MRC's, and other government agencies, efforts to improve the health and wellbeing of individuals and populations in the UK and beyond. The Medical Research Foundation is an increasingly important part of that invaluable sector.



Professor Sir John Savill
Chief Executive, Medical Research Council

Welcome from the Chair of the Board of Trustees

The Medical Research Foundation's vision to improve human health is far-reaching. We respond to scientific opportunities as they arise and identify areas of ill health in the greatest need of medical research. We use our donated income to support research that will change medicine today and change lives tomorrow. And that is all that we do. We do not provide patient support services nor advice. We do not lobby, nor do we undertake advocacy. Other health charities already do this well on behalf of their patient members. Research is our sole focus.

We are in a period of rapid change for health research and technological advances, huge bodies of health data and artificial intelligence will make a big difference to the speed of diagnostics and new healthcare tools in the coming years. Despite these advances, there are areas of health where very little progress is being made and lives see few improvements and one such area is adolescent and young adult mental health. The burden of mental ill health continues to take a high toll, care services are stretched, and adolescents and young adults are particularly vulnerable, yet the investment in research to understand better the origins, causes and best treatments for some mental illnesses is low. We decided that this needed to change and during the year, in partnership with the MRC we took steps to stimulate new research and new researchers to tackle the devastating eating disorders and self-harm that are plaguing our nation's youth.

The resistance of bacteria, viruses and other pathogens to our current drugs – antimicrobial resistance – is a growing threat to humanity. The economist Lord Jim O'Neill recently estimated that around 70,000 people currently die each year from anti-microbial resistant infections in Europe and the US alone and, if nothing is done to prevent the spread of resistance and to develop new treatments for infections, by 2050 that figure could be 10m people each year worldwide and could cost the world up to 100 trillion USD. The World Health Organisation declared a global action plan in 2016 and the Medical Research Foundation has responded to this major human health challenge by providing the funding to ensure that the UK has the next generation of skilled researchers capable of tackling antimicrobial resistance.

Medical research is making advances to improve health all the time but there is always more that can be done. We are committed to making more funds available for more life-changing research like that you will find profiled in this report. Over the year we funded 55 new research projects and researchers, investing another £4.2m in new research that will improve human health. We were only able to achieve this with the support of our donors, our funding partners, the talented research scientists that we fund, our trustees and our staff. I should like to thank them all. In particular, I should like to thank my fellow trustees whose vision and commitment have ensured that we continue to be able to honour our donors' wishes and our small but growing team whom we ask to achieve so much with so little overhead costs. They safeguard our donors' wishes and ensure that every donated penny is spent on research.

Changing medicine today. Changing lives tomorrow.



Professor Nicholas Lemoine
Chair of the Board of Trustees

Trustees' Annual Report

The Trustees present their report and the audited financial statements of the charity for the year ended 31 March 2016. The trustees have adopted the provisions of the Statement of Recommended Practice "Accounting and Reporting by Charities" ("FRS 102 SORP") in preparing the annual report and financial statements of the charity.

The financial statements have been prepared in accordance with the accounting policies set out in notes to the accounts and comply with the charity's governing document, the Charities Act 2011 and Accounting and the FRS102 SORP published on 16 July 2014.

Trustees of the charity

The directors of the charitable company are its trustees for the purposes of charity law. The trustees who have served during the year and since the year end are listed on page 3.

Public benefit statement

The Charities Act 2011 requires that all charities meet the legal requirements that its aims are for the public benefit. The trustees confirm that they have had regard to the guidance on public benefit issued by the Charity Commission when considering the objectives and activities of the Medical Research Foundation and its connected charities.

Our performance and achievements

Although many of the diseases and conditions that affect human health have been cured or overcome as a result of medical research, there will always be more to do. As the charitable foundation of the MRC, people support the Medical Research Foundation to advance medical research, improve human health and change people's lives. Although independent, we are guided by the wealth of expertise available to us and are bold and ambitious in the science we choose to support.

Our strategy for improving health is to look for gaps in the knowledge about health and disease and try to fill them. We provide support across four strategic research themes:

Increasing understanding

The fundamental research that increases understanding of the biological processes underpinning all human health and disease.

High need, low research investment

Research on the conditions and diseases that devastate lives where there is an unmet need for new research but a low research investment.

Emerging research leaders

Opportunities for the emerging research leaders who will address the biomedical research questions of the future and support for their cutting-edge research today.

Disseminating findings

Disseminating research results beyond the scientific press to people and places that will ensure that the findings change healthcare policy and practice as well as personal life-choices.

We are fortunate to have the freedom to support research across the whole spectrum of the medical sciences because the majority of our supporters prefer to make unrestricted donations to support our work. We supplement the expertise of our Board of Trustees with advice from the MRC's scientific experts to identify the human health issues with the most pressing need for research, and to determine the form of support that we can provide that will make the biggest difference. Some of the research areas that we fund are specified by individual supporters who restrict their legacies and donations to fund research on particular diseases or by specific research teams. In these cases, we rely on scientific experts to advise us on the most pressing questions that need to be addressed and the most effective way to do so.

We identify our research funding priorities on a five-yearly cycle, giving appropriate weight to the wishes of our donors and the research needs identified by the experts.

Improving human health through medical research is a global challenge that requires cooperation, collaboration and opportunities for the best minds wherever they are based. Not only are we interested in securing the future of UK medical research and the health of UK citizens and communities, we are also committed to increasing health research capacity elsewhere in the world, particularly in Africa – research led by Africans in Africa on the health issues that are important to Africa. Recently we set up a new connected charity – the Africa Research Excellence Fund (AREF) – to raise new funds to provide career-changing opportunities for young African health researchers. We continue to nurture this unique new venture by providing guidance and support to its executive and funding some of its capacity building activities.

Here we report on progress against our objectives for 2016/17. We fulfilled our primary objective to invest more in research to improve lives. £4.2m in 55 new research grants, fellowship and studentship awards and other activities to support research such as scientific workshops (2015: 49 awards at a cost of £4.0m) bringing our on-going commitment to medical research to £12m. You can find details of all of the new awards that we made during the year on pages 15-18. Here we highlight our major achievements: some new awards, some of the major outcomes from our on-going research programmes and other progress that we have made.

Increasing understanding

Funding basic research into the biological processes underpinning health and disease is fundamental for improving human health and one of our strategic research themes. Much of the research that we support into specific diseases is designed to improve understanding of the basic biology behind that disease. In addition, we fund basic molecular and cellular biology research that provide the foundations for understanding all health and disease.

During the year, the senior fellowship awarded to Dr Laura Itzhaki at Cambridge University came to completion. Five years ago, we identified Dr Itzhaki as an emerging research leader undertaking important work on the biological processes underpinning cancer and degenerative diseases. Our fellowship support allowed her to focus on her research on ‘tandem-repeat proteins’ and, in securing personal fellowship support, she was able to accelerate her career progression. Almost 20% of proteins encoded in the human genome contain structural units repeated many times in tandem, and these are the ‘tandem-repeat proteins’ that Laura is interested in. Disruption of their structure and functions plays a central role in some common and devastating diseases and they are implicated in inflammatory, cardiovascular and respiratory diseases. To find new ways to treat these diseases we need to understand the basic mechanisms underlying repeat protein functions but our ability to design therapies is severely hampered by a poor understanding of the basics of their control. Our funding allowed Laura to assemble a new research ‘toolbox’ encompassing emerging molecular biology techniques in combination with protein engineering, to map the pathways by which four tandem-repeat proteins fold into their 3D structures. Laura has increased understanding of how these pathways have a role in directing the function of the proteins and this has substantial implications for health. Our fellowship helped Laura to secure over £850k in external grant funding and just over £1 million of support for 11 studentships. She has been able to build her research team from 4 to 13, train 13 PhD students and secure a professorship position for herself in the University of Cambridge. Professor Itzhaki and her team

are now using her research findings to develop a new molecular therapeutics platform that they hope will lead to interventions against stubborn targets with particular focus on cancer.

We were able to support Laura and her important research thanks to the generous support of the late Lady Julia Wadia in memory of her husband, Sir Cusrow Wadia.

High need, low research investment

Adolescent and young adult mental health

Eating disorders and self-harm are devastating conditions blighting the lives of increasing numbers of young people and their families – eating disorders are life threatening and can start in childhood. They are thought to affect fifteen per cent of young women and up to four per cent of young men. It is estimated that ten per cent of young girls and over three per cent of young boys have self-harmed in the previous year. Self-harm is a strong risk factor for suicide and increases the likelihood of dying 50- and 100-fold. Despite the detrimental impact on the lives of those affected and their families, there is limited research focused on understanding the drivers of these devastating conditions. We wanted to change this and during the year we worked in partnership with the MRC to fund new research aimed at better understanding the causes of eating disorders, self-harm and the associated traits linked to these conditions, with an expectation that the research findings will help to inform future, larger-scale prevention and treatment studies aimed at improving the lives of those affected. We invested £1.25m with the MRC in six projects (we provided 90% of the support and the MRC 10%).

Dr Nadia Micali (University College London) was funded to study the role that metabolism and growth play in the development of eating disorders and her research will explore if specific changes in metabolic function, appetite and growth factors lead to the onset of eating disorders. Dr Sunjeev Kamboj (University College London) will use new behavioural techniques to help treat binge eating disorder, focusing on ‘re-writing’ the reward memories that are thought to play a key role. Dr Kate Tchanturia (Kings College London) will study adolescent anorexia nervosa patients with autism spectrum disorder symptoms to identify vulnerable patients who may be unlikely to respond to existing treatments at an early stage in the disorder, with a view to shaping individualised support and treatment strategies. Increasing understanding of how dysfunctional eating behaviours develop will be taken forward by Dr Sylvane Desrivieres (Kings College London) who is aiming to identify possible risk factors which could inform future prevention and treatment strategies.

Dr Becky Mars (University of Bristol) will investigate whether bad experiences in early life – such as physical and sexual abuse, or emotional neglect – are associated with specific biological processes. Her study will explore whether these factors are linked with self-harm in adolescents and the research could help identify potential markers to indicate future risk of self-harm and possible treatments. Dr Dennis Ougrin (Kings College London) will investigate the link between pain and self-harm in looked-after children and whether those at risk of self-harm have a different level of pain sensitivity.

All of this research was possible thanks to a generous legacy from the late Catherine Evans.

Hepatitis

In 2016 our five-year funding for a national clinical research database and biobank to support research into Hepatitis C Virus (HCV) came to an end. HCV affects 71 million people worldwide and the numbers are rapidly rising. The HCV Research UK (HCV-R-UK) resource was established by a consortium of clinicians and scientists from across the UK led by Dr John McLauchlan (MRC-University of Glasgow Centre for Virus Research) and Professor Will Irving (University of Nottingham). Over 11,000 patients from 69 centres donated their clinical data and samples to HCV-R-UK – a powerful commitment from patients. As a result of the patient’s generosity and our funding, researchers have been able to use the data and samples for 78 small and large research studies in the UK, Europe and Australia. The HCV-R-UK resource is now one of the largest HCV cohorts in the world and has demonstrated its enormous potential to change the lives of people with HCV. Researchers have been able to develop a better understanding of disease progression in HCV patients and gain valuable insights into the performance of brand new therapies that have changed the lives of these people with HCV.

Antimicrobial resistance

Antimicrobial resistance (AMR) is an increasingly serious threat to global public health that requires action across all government sectors and society. AMR is the ability of a microorganism (like bacteria, viruses, and some parasites) to change and stop an antimicrobial (antibiotics, antivirals and antimalarials) from working against it. AMR not only has a direct impact on human and animal health – due to the failure in the treatment of infectious diseases – but also carries a heavy economic cost. New resistance mechanisms are emerging and spreading globally, threatening our ability to treat common infectious diseases, and greatly increasing the risk of medical procedures resulting in prolonged illness, disability, and death. AMR has no boundaries and is present in every country and a global effort is required to combat it. The young, pregnant, old and immuno-compromised are particularly vulnerable. Agencies around the world are focusing their efforts on AMR and in 2016 the World Health Organisation declared a global action plan. In the UK the battle against AMR is being led by a Research Council collaboration funding large-scale collaborative groups looking at understanding resistant bacteria, accelerating the development of therapeutics and diagnostics, understanding resistance in the real-world setting, and behaviour within and beyond the health care setting. This amounts to a very significant investment in research but there is more that can and needs to be done. In the face of the rising global threat of AMR, we were very keen to ensure a supply of talented, well-trained new researchers to lead the UK’s AMR research of the future. To this end we brought together the researchers who are leading the Research Council-funded collaborative groups including microbiologists, geneticist, engineers, ecologists, social scientists, health service researchers and building designers to develop a unique multidisciplinary training programme for the next generation of UK AMR researchers. We awarded £2.45m to fund the only dedicated National PhD training programme in AMR, filling a very significant gap in the UK’s ability to respond to the rising challenge. The National Training Programme will be led by Dr Matthew Avison (University of Bristol) and the 18 PhD students will benefit from the vast infrastructure and networks that have been developed around the Research Council’s very significant research investments ensuring that the impact on our students will be maximised. We also provided support to develop the only national network of UK PhD students working on AMR-related topics providing online tools and resources and bringing them together to learn from each other and the multidisciplinary researchers leading our National Training Programme. Over 180 students working on AMR will benefit from these opportunities each year.

The trustees considered that tackling resistance to antimicrobials was a suitable use of the Fleming Memorial Fund for Medical Research connected charity, which was set up in the late 1960's to commemorate the work of Sir Alexander Fleming, the discoverer of penicillin. A legacy to support studentships left by the late Kathleen Goff who worked as a secretary at Fleming's research institution, St Mary's Hospital Medical School, was also used to fund the National Training Programme, as were generous legacies from the late Mrs Patricia Mary Beadle, Mr SP Bennett, Mrs Edwina McEwen Finlayson and Mrs Doetje Louise Sloman.

Dissemination of research findings

Medical research results are typically published as peer reviewed papers in the scientific press. They are read by other experts and influence the approach taken to subsequent research studies on human health. Sometimes a research result has the potential to have a much more immediate impact. Through our Alexander Fleming Dissemination Scheme, we provide funding to ensure that Medical Research Foundation and MRC-funded research results are disseminated to those who can use the results to make an immediate difference and are disseminated in a way that encourages people to factor the findings into their work (health care practitioners and policy makers) or lives (patients and the healthy population at large).

Professor Diana Gibbs (University College London) was funded to rapidly disseminate the results of the research that she led on optimising treatment for children with HIV in an African setting. Our funding allowed Professor Gibbs to take her results beyond the scientific community and influence international policy makers. The findings are now cited in WHO guidelines and a video of case studies was developed that has been distributed to medical schools in 20 Sub-Saharan African countries where it is used to train medical students in managing children with HIV and has been adopted by an international training programme which trains health workers in how to treat paediatric HIV around the world.

Dr Emma Baple (University of Exeter) was funded to build upon her earlier activities disseminating knowledge of six novel neurodevelopmental disorders that she had identified with MRC funding and are concentrated in the Amish community in the USA and exist elsewhere in the world. The earlier these disorders are diagnosed the better the educational and health outcomes for the infants. With our funding, Dr Baple's work to develop an Amish Inherited Disease Database and website which will act as an internationally-relevant resource of information on rare inherited diseases and will improve the life chances of infants with these rare disorders. Our funding will allow Emma to run educational and liaison meetings for midwives and neonatology services working with the Amish communities to support genetic new-born screening and hold information days with families, clinical specialists and educational workers to improve understanding of these rare disorders.

Emerging research leaders

The Africa Research Excellence Fund connected charity has been using the funds that it has raised to develop research capacity in Africa. Africa shoulders a crippling share of the world's disease burden and this is holding back the continent's economic development. Economic progress is possible, but that progress demands better health. Better health requires better African-led health research and effective processes to translate that research into healthcare policy and practice. There are many challenges within African health and education systems that impact on African health research: some countries struggle to provide the highest quality undergraduate degrees relevant to health; the opportunities for specialist training and qualification in preparation for a research career are limited; and, the pace is slow and uncompetitive compared to the North.

Across Africa limited but excellent research capacity building initiatives are beginning to emerge that are supplying a cadre of PhD-qualified African health researchers. However, the brightest stars, particularly at the postdoctoral stage, are often tempted away from African research – either abroad or into other sectors. This is partly because Africa still lacks an adequate supply of incentives and development opportunities that give researchers the skills and networks needed to carry out international-standard research and unlock substantial international research funding. To benefit African's health and to shape Africa's research agendas, more research and career opportunities need to be provided across Africa. Last year, we registered the Africa Research Excellence Fund (AREF) as an independent charity to do just this and it has been raising new funds around the world to launch distinctive, value-adding programmes for African health researchers. AREF ran its second Research Development Fellowships competition providing talented emerging African researchers with the intellectual space and time to develop their own research ideas, enhance their technical and broader skills, and extend their international networks through three-to-nine-month placements in South Africa or Europe. Six new researchers were supported including Dr Oulwafeme Akande whose research is focused on the design and operation of naturally ventilated residential buildings in Nigeria and the impact on occupant's infectious disease risk; and, Dr Mireille Harimalala who is trying to understand why some flea sub-populations seem to transmit plague more readily than do others, and how plague persists and spreads in Madagascar. AREF ran its second grant writing workshop for 30 researchers (a third of whom were women) from across Africa with a view to increasing their competitiveness for international grant funding.

AREF is a new charity and the challenges of raising funds are not insignificant but it provides donors with a way to make a positive, developmental difference to Africa's health by African scientists. It is a step away from the more typical charity model of donating to tackle major crisis or the impacts of poverty, is providing high-level opportunities for talented Africans and is proving to be attractive to donors.

New research that we supported

We have highlighted some of the 55 new grants, fellowships, studentships and dissemination awards that we made during 2016/17 in the earlier section; here we provide summary information of each of the new research awards that we made during the year. These new awards plus our other charitable activities (such as workshops) amounted to an additional investment in medical research and training of £4.2m.

£4.2m

new investment in medical research and training

Increasing understanding

We provided support for research that underpins understanding of the biological processes that determine human health and disease:

Funded from MRC Prion Unit Research Fund
Funding to support purchase of an instrument for next generation sequencing for the MRC Prion Unit.

£12,837

Funded from the Ernst Jung (Jones) Prize Fund
Award to support the development of a proposal for the world's first total body positron emission tomography (PET) scanner.

£11,000

Funded from MRC LMS Cardiovascular Imaging Research Fund
Funding to support the purchase of new cardiac scanners and associated equipment for heart-related research at the MRC London Institute of Medical Sciences.

£150,920

Funded from the MRC London Institute of Medical Sciences Fund
Funding for an extension to two PhD students working with Prof David Carling (MRC London Institute of Medical Sciences).

£50,000

Funded from the MRC London Institute of Medical Sciences Fund
Award to support research on prostate cancer development with Prof David Carling (at the MRC London Institute of Medical Sciences).

£58,000

Funded from the MRC London Institute of Medical Sciences Fund
Funding for an extension to a PhD studentship on the characterisation of signalling pathways that lead to AMPK activation on cells with Prof David Carling (MRC London Institute of Medical Sciences)

£17,000

Funded from the MRC LMB Celltech Fellowship Research Fund
PhD studentship to support research on head and neck squamous cell carcinoma; studying the role of DNA damage in the development of epithelial cancer, with Dr Ketan Patel (MRC Laboratory of Molecular Biology).

£22,880

Funded from MRC LMB Strauss Fund
Top-up student bursaries awarded to support 14 PhD students at the MRC Laboratory of Molecular Biology.

£22,513

Funded from the Rosa Beddington Fund
Award to contribute towards the 2017 European Drosophila Research Conference at the Francis Crick Institute.

£62,000

High need, low research investment

Antimicrobial resistance

Funded from the Fleming Memorial Fund for Medical Research charity, the Kathleen Goff legacy and funds from Mrs Patricia Mary Beadle, Mr S.P. Bennett, Mrs Edwina McEwen Finlayson, Mrs Doetje Louise Sloman.
Training Programme Grant award to a consortium of cross-Research Council anti-microbial resistance (AMR) Collaboration grant holders, led by Dr Matthew Avison (University of Bristol) to establish a National PhD Training Programme in AMR research.

£2,451,008

Adolescent and young adult mental health

Funded from the Mental Health Research Fund
Four awards to undertake research into adolescent and young adult eating disorders

- Dr Nadia Micali (University College London) to study the developmental role of metabolism, appetite and growth in eating disorders: exploring novel longitudinal risk pathways
- Dr Sylvane Desrivieres (Kings College London) to study the Neurobiology underpinning of eating disorders: integrative biopsychosocial longitudinal analyses in adolescents
- Dr Kate Tchanturia (Kings College London) to study the Triple A study (Adolescents with Anorexia and Autism): A search for biomarkers
- Dr Sunjeev Kamboj (University College London) to study understanding maladaptive reward memory in young people who binge eat: Application of novel insights from addiction

Two awards to undertake research on adolescent and young adult self-harm:

- Dr Dennis Ougrin (Kings College London) to study pain perception in looked after young people with self-harm
- Dr Becky Mars (University of Bristol) to study pathways to self-harm: biological mechanisms and genetic contribution

£1,175,111

Heart diseases

Funded from Balzan Prize Fund

Two awards to support the costs of continuing research on heart diseases by Professor Tom Meade (London School of Hygiene and Tropical Medicine).

£17,802

Hearing research

Funded from the MRC Institute of Hearing Research Fund

Funding to support a visiting expert in hearing disorders.

£1,394

Parkinson's Disease

Funded from Parkinson's Disease Research Fund

Conference travel award to Dr Hayriye Cagnan (University College London) and Dr Gwenaelle Douaud (University of Oxford) to present research findings to or learn from the research of other experts in Parkinson's disease.

£1,067

Prostate Cancer

Funded from Prostate Cancer Research Fund

Conference travel award to Dr Adam Sharp (Institute of Cancer Research) to present research findings to or learn from the research of other experts in prostate cancer.

£1,000

Funded from the Prostate Cancer Research Fund

Skills Training and Development award to Professor Simon MacKay (University of Strathclyde) to support junior researchers within his team to travel abroad to a collaborator laboratory to learn new techniques and an award to Dr Sophie Papa (Kings College London) to support her research team to attend a training workshop.

£7,172

Motor Neurone disease

Funded from the Neurosciences Research Fund

Conference travel award to Prof Samar Hasnain (University of Liverpool) to promote his work on SOD1 protein stabilisation in the development of motor neuron disease and Dr Bradley Smith (University College London) to promote his research on the creation of zebrafish models of ALS genes.

£1,067

Epilepsy

Funded from the MRC Cognition & Brain Sciences Fund

Skills Training and Development award to Professor Dimitri Kullmann (University College London) to support two early career researchers in his MRC-funded research team to undertake training in in utero electroporation techniques.

£1,316

Emerging research leaders

Respiratory Diseases

Funded from Respiratory Medicine Research Fund

Award to Dr Rachel Clifford (University of Nottingham) to investigate the effects of Chronic Obstructive Pulmonary Disease and exercise on DNA methylation in skeletal muscle biopsies.

£20,000

Award to Dr Nicholas Hannan (University of Nottingham) to progress understanding through the development of novel stem cell models for understanding the consequences of respiratory infections and genetic susceptibility in idiopathic pulmonary fibrosis.

£19,500

Emerging research leaders in Africa

Funded from the General Purposes Fund

Grant support to the Africa Research Excellence Fund charity to contribute towards the 2016/17 and 2017/18 Africa Research Excellence Fund Research Development Fellowships Programme.

£132,000

Dissemination of research findings

Funded from the Fleming Memorial Fund for Medical Research connected charity

Two awards to support Dr Emma Baple and Professor Andrew Crosby (University of Exeter) to disseminate the results of MRC-funded research on novel neurodevelopmental genetic disorders in Amish families.

£56,300

Africa Research Excellence Fund connected charity new grants

Six Research Development Fellowships to support a developmental placement of three-to-nine months at a leading research organisation:

- Seynabou Sougoufara (URMITE, Senegal) hosted by Keele University.
- Dr David Musoke (Makerere University, Uganda) hosted by Cardiff University.
- Dr Zachary Kwena (KEMRI, Kenya) hosted by the South African Centre for Epidemiological Modelling and Analysis (SACEMA).
- Dr Mireille Harimalala (Institut Pasteur de Madagascar, Madagascar) hosted by University of Cape Town.
- Dr Seraphine Esemu (University of Buea, Cameroon) hosted by the University of Liverpool.
- Dr Oluwafemi Akande (Federal University of Technology, Minna, Nigeria) hosted by the University of Leeds.

£148,117

Plans for future periods

Our aims for 2017/18 and 2018/19

We are committed to extending our support for high quality medical research that addresses the concerns of donors, and supports current research and health priorities. There is much more that high quality medical research can do to improve human lives and we want to fund more. Over the next two years we hope to spend £10m on new research grant, fellowships, studentships and dissemination awards in line with our four strategic themes:

Increasing understanding

We will support high quality researcher-led basic research aimed at improving understanding of the biological processes underpinning human health and disease. We will fund research and equipment to increase the understanding of interactions between the various systems of a cell, including DNA, RNA and protein biosynthesis, and how these interactions are regulated.

High need, low investment

We will invest in new research on new viral hepatitis, young stroke, lupus, antimicrobial resistance, eating disorders and self harm.

Emerging research leaders

We will launch an annual prize scheme for emerging research leaders to reward impact in a specific field and to provide unrestricted funding to help the emerging leaders to develop new research ideas and to progress their careers. Our priority in 2017 will be to award up to five prizes to emerging leaders working on lupus and associated conditions. We will be able to provide this support

thanks to a restricted legacy from the late Dr Erina Herrick for a lupus prize.

Dissemination of research findings

We will continue to support the rapid dissemination of Medical Research Foundation and MRC-funded research results beyond the scientific press to patients, study participants, healthcare practitioners and policy makers with a view to ensuring that healthcare policy and practice, and the ways that individuals conduct their lives, are based on up-to-date research evidence. We will provide support from the Fleming Memorial Fund for Medical Research connected charity.

We will continue to encourage collaborations & skill-sharing as a means of developing research capability in the UK and around the world, and in the coming year, we will use our smaller funds to provide support for skill-sharing and collaborations.

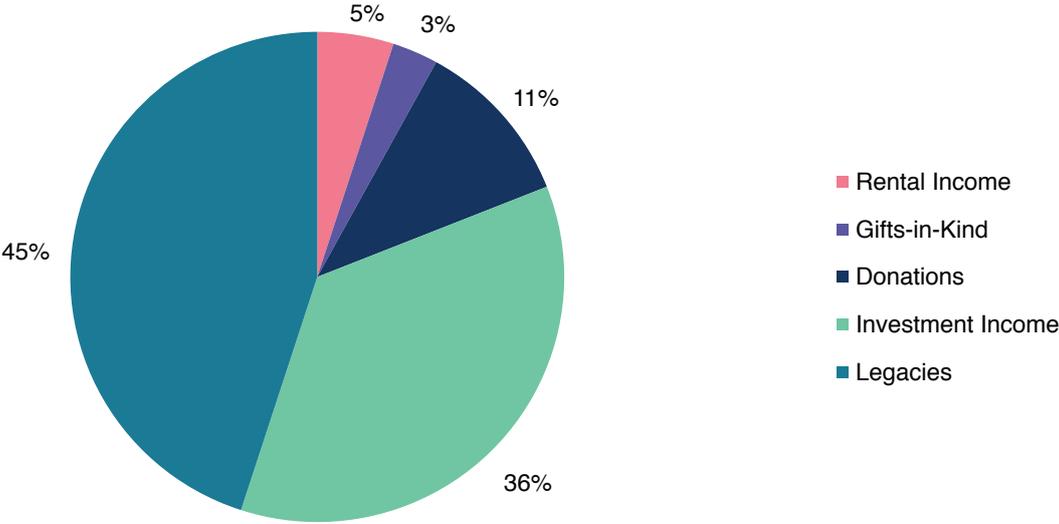
Supporting more research

We recruited a Head of Fundraising towards the end of the current reporting year to develop and implement a three-year developmental fundraising strategy and to establish a fundraising function for the for the Medical Research Foundation for the first time. To support our new fundraising activities, we will embed our recent brand review that helped us to develop a new narrative and a more compelling visual identity.

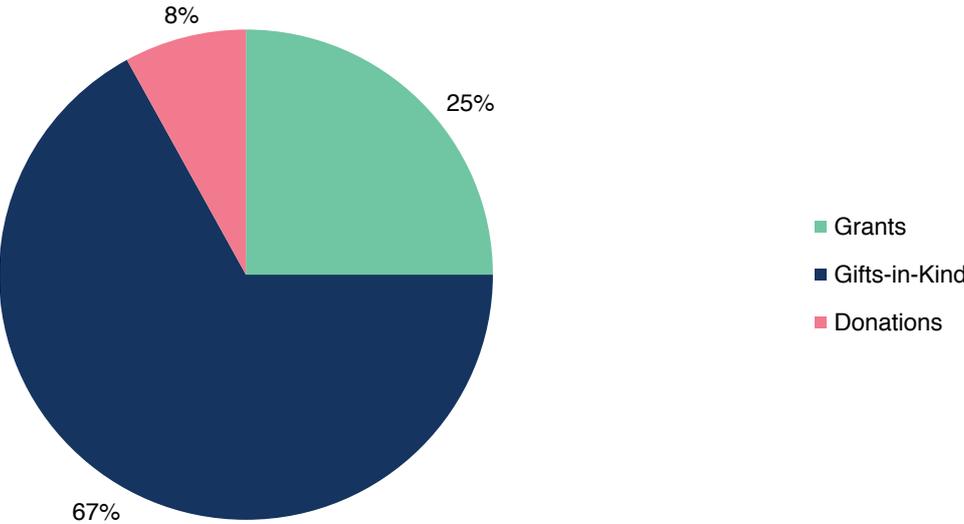
Our finances in 2016/17

Our income at a glance

Medical Research Foundation

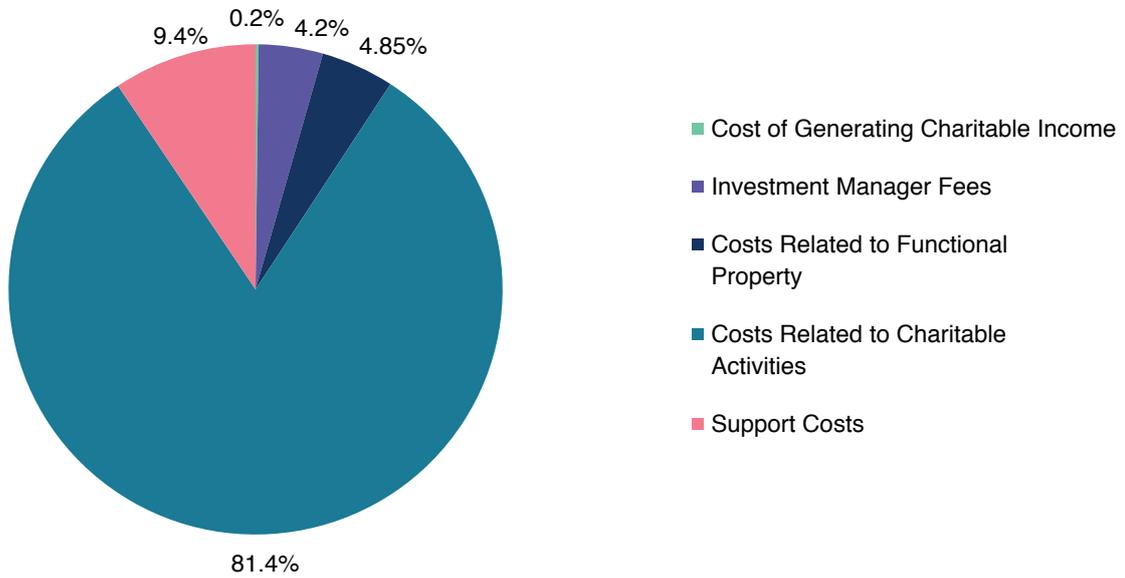


Africa Research Excellence Fund Charity

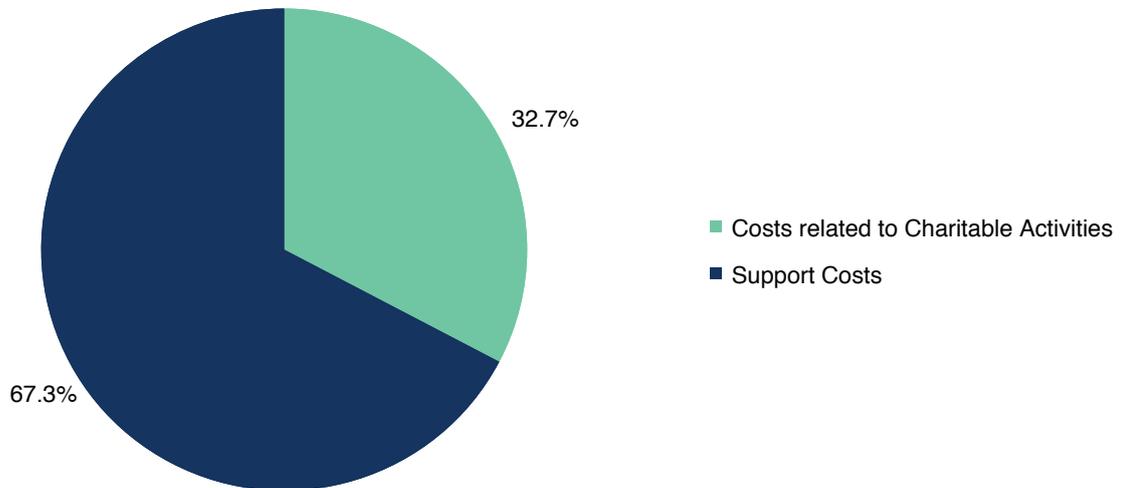


Our expenditure at a glance

Medical Research Foundation



Africa Research Excellence Fund Charity



Incoming resources

We have had a good year for voluntary income. Despite the economic downturn and the difficulties seen by many charities in raising funds in this environment, our voluntary income more than doubled to £2.8m (2016: £1.2m). 63% of this income was derived from legacies (£1,790k) with grants, donations and gifts-in-kind accounting for the remainder. This year's total income of £4.4m was significantly higher than the previous year (2016: £2.7m). We were fortunate in 2017 to receive a single large legacy which amounted to 81% of our increased income for the year. During the year, we began the implementation of an active fundraising strategy for the first time to try to address this volatility in voluntary income and to increase the funds that we have available to support medical research.

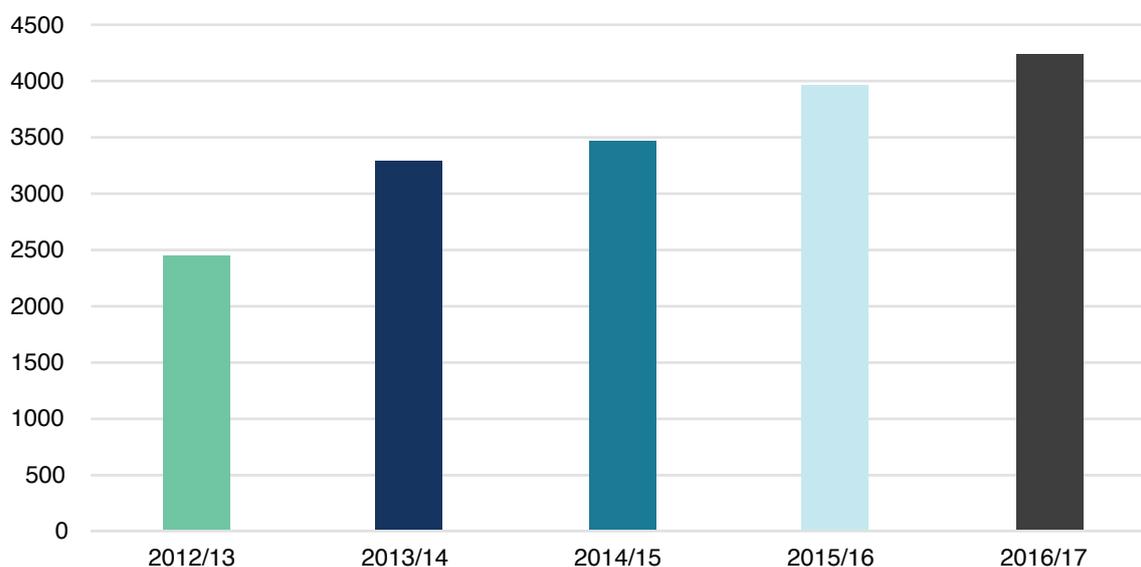
Our investments provided 32% of our incoming resources (2016: 53%) and we received £1.41m in 2017 (2016: £1.39m). The financial markets were volatile during the year and the value of our investment holdings fluctuated throughout. At year-end, we had recognised gains on our investments assets of £7.22m. We generated a rental income from our residential property of £194k (2016: £52k). This was lower in the previous year as the property had been vacant for much of the time whilst we undertook a major refurbishment programme. It is now fully leased and going forward, rental income will stabilise.

In addition to our voluntary and investment income, we were in receipt of gifts-in-kind with a value of £447k (2016: £365k). The MRC provided £313k of which £124k covered office space, IT, HR and other services. The Africa Research Excellence Fund charity received £189k of office space, executive team salaries, travel and overheads from the MRC and £126k from the Wellcome Trust for further office space, salaries, travel and overheads alongside £8k from various sources to cover workshop facilitators' time, travel and a fundraising dinner.

Resources expended

Total expenditure during the year was £5.6m (2016: £5.2m) and expenditure on research commitments increased to £4.2m (2015: £4.0m) as we continued to pursue our long-term goal of spending more on research. This is the sixth year running that we have invested more in research than we received in income and the fourth year that we have been able to increase our investments in research.

Our increasing commitment to research



The costs of raising funds

We implemented a new active fundraising strategy towards the end of 2016 and whilst our expenditure on generating voluntary income, mainly through legacy advertising, was low at the end of the year: £12k, which is 0.2% of our total expenditure (2016: £133k), we will see an increased investment next year as the new strategy is fully embedded and new staff join the team. Expenditure on generating voluntary income for the combined group of connected charities was higher last year as we saw a significant investment in fundraising of £108k by AREF in order to raise new funds to achieve its ambitious aims.

Investment management fees of £211k were higher than the previous year (2016: £166k) as the portfolio was more successful. Governance costs decreased to £54k (2016: £62k).

Reserves policy

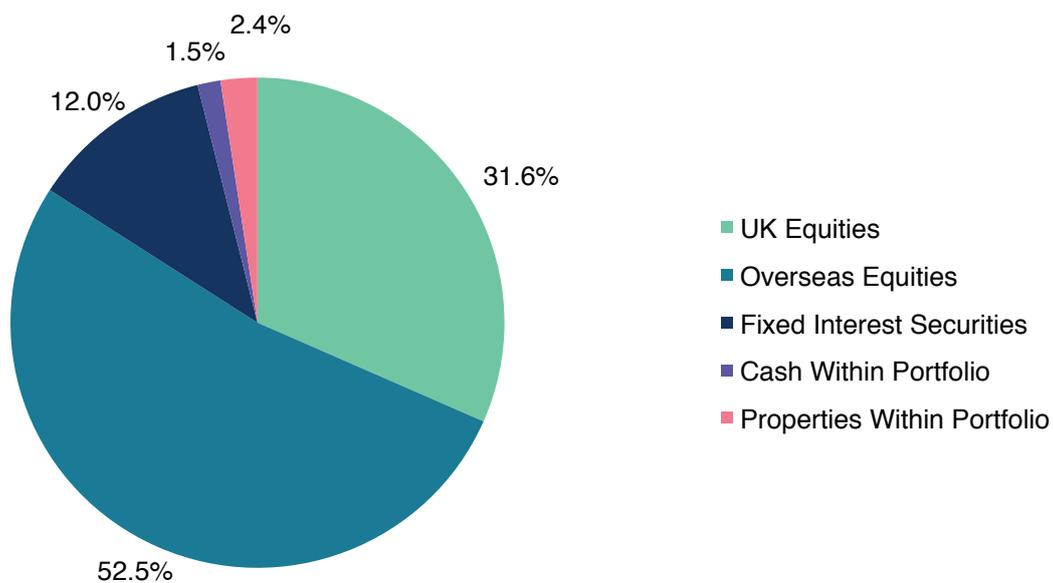
As at 31 March 2017 the total funds held by the charity amounted to £57.4m. Of these funds, £30.4m are unrestricted, £21.5m are restricted and £5.5m are permanent endowments. Within the unrestricted funds there are a number of designated funds totalling £11.1 million. Further details of the designated funds are set out in Note 21.

The trustees are committed to making more funding available to support research over the medium term and, as a grant-giving charity, our commitments span many years. In addition, we have only ever engaged in very low-level fundraising instead relying on the Medical Research Foundation's and the MRC's reputation to raise voluntary income, and on our investments to generate the income that we need. The charity's reserve policy has been designed to ensure that these commitments and aims can be fulfilled and reflects the fact that majority of the charity's voluntary income is currently relatively insecure and unpredictable being dependent upon individual legacies and investment returns rather than regular programmed fundraising activities or major grants. The trustees consider it prudent to hold between £10

– £12m of free reserves. This reserve will provide funding for 2.5 years of identified research priorities, and associated operational costs, and is the timeframe that the trustees consider most realistic for generating new income streams should the existing streams fail. At 31 March 2017, the Medical Research Foundation held £11m in free reserves (£10m at 31 March 2016). This is within the range that is acceptable to the trustees and we will review this in the coming year.

Investment policy and performance

We have an investment policy which aims to provide an annual income sufficient to allow us to achieve our goals of spending more on medical research whilst preserving the real value of the portfolio over the long term. We attach high importance to social, environmental and ethical considerations in relation to our investments; smoking causes a third of all cancer deaths in the UK and we do not invest directly or indirectly in tobacco manufacture or distribution. We require our investment managers to pay appropriate regard to relevant extra factors, including corporate governance, social, ethical and environmental considerations in the management of portfolios. We have set restrictions on our investments and have agreed a range of asset allocation limits within which our investment managers must operate. At 31 March 2017 the investments within our portfolio were allocated:



We have a benchmark against which our investment managers are monitored, and they were 0.5% behind the benchmark for our main fund and 3.10% behind for our permanent endowment fund over the 12 months to 31 March 2017. Throughout the year, and with our investment managers, we have closely reviewed the suitability of our investment policy in the changing economic climate. We initiated a wider review of our investment strategy in the year and we expect the outcomes of this review to be implemented in the coming year. The trustees' powers of investment are derived from the charity's governing documents and in exercising these powers the trustees have acted in accordance with their duty as set out in the Trustee Act 2007.

Risk management

The Medical Research Foundation pays due regard to the management of risk. We have in place systems of internal control designed to manage the risk of failure to achieve policies, aims and objectives; these systems provide reasonable assurance of effectiveness. Major risks are considered to be those that have a high likelihood of occurring and would, if they occurred, have a severe impact on operational performance, achievement of aims and objectives or could damage the reputation of the Medical Research Foundation or the MRC. The risks associated with new activities are considered, assessed and reduced as part of the business case for the new activity. We review all major live risks at six-monthly intervals and risks that we have agreed to tolerate on an annual basis.

The trustees consider that the greatest risk that the charities face is a reduction or withdrawal of gifts-in-kind support to either the Medical Research Foundation or the Africa Research Excellence Fund connected charity, which is considered to have a combined current value of £447k. Whilst the costs of replacing these services are not prohibitive for the Medical Research Foundation and would not create a financial risk, they would impact on its funding partnerships with the MRC and the ease and timeliness of the strategic advice that it provides. The Africa Research Excellence Fund charity would find it harder to replace the gifts-in-kind and so efforts are being taken to secure this into the future through a formal agreement. The Medical Research Foundation is working with the MRC to ensure that any reduction in support for any of the connected charities is anticipated and managed.

Going Concern

The trustees consider it appropriate to adopt the going concern basis in preparing the financial statements. Cash balances are healthy and there are net assets on the balance sheet of £57.4m (2015: £52.4m). The Medical Research Foundation has sufficient assets to meet its liabilities as they fall due.

Post balance sheet events

There have been no significant post balance sheet events.

Our structure, governance and management

Legal entity

The Medical Research Foundation is a company limited by guarantee registered as a company in England and Wales on 6th September 2010 and as a registered charity on 30th September 2010. The governing documents of the charity are its Memorandum and Articles of Association.

Organisational structure

The Medical Research Foundation is governed by a Board of trustees, who for the purposes of the Companies Act 2006, act as Directors of the charitable company. The trustees' responsibilities include setting the strategic direction of the charity and providing effective governance. The Board meets at least four times each year. A director assists and advises the Board in all activities and has delegated authority for the implementation of policies and responsibility for the day-to-day management of the Foundation. The director is assisted by a small team. The MRC provides the Medical Research Foundation with a range of the services on a pro bono basis. Trustees give their time freely and there is no remuneration. Reasonable travel expenses are reimbursed.

The Medical Research Foundation is the corporate trustee for a number of connected charities (see Note 24 to the financial statements). The Medical Research Foundation director assists and advises the trustee in all activities relating to these charities and has delegated authority for the implementation of policies and responsibility for the day-to-day management of the connected charities with the exception of the Africa Research Excellence Fund charity. The Africa Research Excellence Fund (AREF) connected charity, established by a Declaration of Trust, is governed by the Medical Research Foundation as corporate trustee. Fund regulations have been established and the Medical Research Foundation has delegated authority to a committee, the AREF Board, to oversee the fund in accordance with the fund regulations. A part-time director assists and advises the AREF Board in all activities and has delegated authority for the implementation of the charity's policies and responsibility for day-to-day management. The director is assisted by a small team based in Africa and London. The Medical Research Foundation, Medical Research Council and Wellcome Trust provide AREF with a range of services on a pro bono basis.

The Medical Research Foundation holds over 100 funds for different purposes, all of which have been donated to support medical research. The funds were either donated to be used as the trustees see fit (unrestricted funds), were restricted by the donor for particular research purposes (restricted funds) or are permanent endowment funds which were established with a Trust Deed by the donor. Where the trustees have made in principle commitments to support new activities, but further development is required before funds can be released, the trustees have designated funds for these purposes.

Appointment, induction and training of trustees

New trustees are appointed by the Board of the charitable company. Initial appointments are normally for a three-year period and trustees can be reappointed for a further three years. The constitution allows for no less than three and no more than nine trustees. The Board of trustees is committed to recruiting individuals with the necessary skills and expertise to progress the aims and objectives of the foundation and recruitment processes are specific to the trustee vacancy. The MRC makes recommendations to the Board for two trustee positions and such appointments are then made by the Board of trustees. The Chair of the Board is elected annually by the trustees.

New trustees undertake a comprehensive induction programme focused on the strategic aims and objectives of the Medical Research Foundation, the relationship between the Foundation and the MRC, and any on-going policy reviews. Trustees are provided with opportunities for training in the duties and responsibilities associated with their role. Briefings are provided for all trustees, where relevant, by either the Medical Research Foundation's legal advisors, investment managers, accountants or other issue-specific experts. The MRC provides briefings on scientific matters.

The Board of trustees reviews its own effectiveness at eighteen-month intervals. Individual trustees meet with the Chair of the Board to discuss and assess personal and whole-Board effectiveness in the areas of general governance, strategic vision, expenditure on research, compliance and monitoring, and fundraising. Trustees review the performance of the director annually and professional advisors on a triennial basis.

Declared interests

Trustees, board and review panel members, and senior staff are required to disclose all private, professional or commercial interests that might, or might be perceived to, conflict with the Medical Research Foundation's, or connected charities' interests, and, in accordance with the charity's policy, withdraw from decisions where a conflict of interest arises. A register of these declared interests is maintained and is open to public inspection.

Key management personnel remuneration policy

The Medical Research Foundation and its connected charities do not directly employ staff (including key management personnel). The Medical Research Foundation's staff are employed by the MRC and seconded to the Foundation. This employment service is a gift-in-kind. The Medical Research Foundation's staff are employed on MRC terms and conditions of employment and the MRC's pay and grading policies apply. The Foundation reimburses the MRC for the direct costs of the staff that it employs on its behalf. The trustees are responsible for the remuneration of staff within the constraints of the MRC's remuneration policies and review the director's performance. The Africa Research Excellence Fund connected charity's key management personnel are provided as gifts-in-kind by the MRC and the Wellcome Trust.

Relationships with other organisations

The Medical Research Foundation cooperates with the MRC and other medical research funders in order to achieve its objectives. In the year, we co-funded research applications with the MRC.

Funds held as Custodian Trustee on behalf of others

The Medical Research Foundation does not hold funds as Custodian Trustee on behalf of others.

Third party indemnity provisions

The Medical Research Foundation has purchased a professional indemnity insurance policy which indemnifies the Foundation, its trustee and employees against any loss arising from a wrongful act on their part. The total cost of this insurance for the year ended 31 March 2017 was £1,475 (2016: £1,481).

Financial instruments

The Trust does not acquire options, derivatives or other complex financial instruments. The main risk associated with financial instruments comes from uncertainty in the investment market and the volatility of yields. The charity controls this risk as best it can by retaining expert advisors and through regular review of the investment policy and strategy, and by directly holding less volatile assets, such as cash and property. Liquidity risk is expected to be low as all assets are traded on regulated markets. The ability to be able to buy and sell quoted stocks and equities is expected to continue and, as such, they could be sold if required. The stocks and equities held by the Medical Research Foundation are mainly traded in markets with good liquidity and high trading volumes. There are no material investment holdings in markets subject to exchange controls or trading restrictions.

Research and development

The Medical Research Foundation funds research and development but does not directly take part in any such activities. The Africa Research Excellence Fund connected charity delivers research training in order to meet its charitable objectives.

External audit

Crowe Clark Whitehill LLP, who is reappointed as auditor during the year, having expressed willingness to continue in office, will be deemed to be appointed for the next financial year in accordance with Section 487(2) of the Companies Act 2006 unless the company receives notice under Section 488(1) of the Companies Act 2006.

Statement of Trustees' Responsibilities

The trustees, who are also directors of the Medical Research Foundation for the purposes of company law, are responsible for preparing the report of the trustees and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards). Company law requires the trustees to prepare financial statements for each financial year. Under company law, the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the on-going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any one time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. Insofar as each of the trustees of the charity at the date of approval of this report is aware, there is no relevant audit information (information needed by the charity's auditor in connection with preparing the audit report) of which the charity's auditors is unaware. Each trustee has taken all of the steps that he/she should have taken as a trustee in order to make himself/herself aware of any relevant audit information and to establish that the charity's auditors is aware of that information.

Disclosure of information to the auditors*

We, the directors of the company who held office at the date of approval of these Financial Statements as set out above each confirm, so far as we are aware, that:

- there is no relevant audit information of which the company's auditors are unaware; and
- we have taken all the steps that we ought to have taken as directors in order to make ourselves aware of any relevant audit information and to establish that the company's auditors are aware of that information.

On behalf of the Board



Professor Nicholas Lemoine
Chair of the Board of Trustees
Date: 18 December 2017

Independent auditor's report to the members of the Medical Research Foundation

We have audited the financial statements of the Medical Research Foundation for the year ended 31 March 2017 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes numbered 1 to 29.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's member, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's member those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the company's member as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditor

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

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the directors; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the Trustees' Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies, we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2017 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion based on the work undertaken in the course of our audit

- the information given in the Trustees Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Trustees Annual Report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees Annual Report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

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



Mike Hicks
Senior Statutory Auditor
For and on behalf of
Crowe Clark Whitehill LLP
Statutory Auditor
London
Date: 20 December 2017

Statement of Financial Activities

		2017			2016	
	Note	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total £000	Restated Total £000
Income and endowments from:						
Donations and legacies	2	2,330	545	-	2,875	1,209
Charitable activities	3	194	-	-	194	52
Investments	4	535	878	-	1,413	1,393
Total income and endowments		3,059	1,423	-	4,482	2,654
Expenditure on:						
Raising funds	5	-149	-73	-	-222	-299
Charitable activities	6	-2,331	-2,990	-	-5,321	-4,871
Total expenditure		-2,480	-3,063	-	-5,543	-5,170
Net gains / (losses) on investments assets	14	3,254	3,331	633	7,218	-1,566
Net gains / (losses) on investments properties	14	409	-	-	409	-1,184
Net (expenditure)/income		4,242	1,691	633	6,566	-5,266
Transfers between funds		-	-	-	-	-
Net movement in funds	21	4,242	1,691	633	6,566	-5,266
Reconciliation of funds:						
Total funds brought forward	21	26,133	19,789	4,912	50,834	56,100
Total funds carried forward	21	30,375	21,480	5,545	57,400	50,834

All income and expenditure derive from continuing activities.

The statement of financial activities includes all gains and losses recognised during the year.

The notes on pages 39 to 70 form part of these financial statements.

Summary Income and Expenditure Account

	Note	2017 £000	Restated 2016 £000
Income			
Gains / (losses) on investments	14	7,627	(2,750)
Interest and investment income	4	1,413	1,393
		<hr/>	<hr/>
Gross income		9,040	(1,357)
		<hr/>	<hr/>
Expenditure			
Depreciation and impairment charges	13	(236)	(161)
		<hr/>	<hr/>
Total expenditure		(236)	(161)
		<hr/>	<hr/>
Net income / (Expenditure)		8,804	(1,518)

Balance Sheet

	Note	2017 £000	Restated 2016 £000
Fixed assets			
Functional property	13	8,545	8,781
Investment properties	14	-	794
Investment securities	14	50,906	43,668
		59,451	53,243
Current assets			
Investment Properties – Held for Sale	14	1,203	-
Debtors	15	418	221
Short-term deposits		5,100	6,023
Cash at bank and in hand		3,725	2,130
		10,446	8,374
Creditors: amounts falling due within one year	16	(3,700)	(6,628)
		6,746	1,746
Total assets less current liabilities		66,197	54,989
Creditors: amounts falling due after more than one year	17	(8,797)	(4,155)
		57,400	50,834
Charity funds			
Permanent endowment funds	21, 23	5,545	4,912
Restricted funds	21, 23	21,480	19,789
Unrestricted funds	21, 23	30,375	26,133
Total charity funds	21, 23	57,400	50,834

The financial statements were approved and authorised for issue by the Board on 18 December 2017.

Signed on behalf of the board of trustees



Professor Nicholas Lemoine

Chair of the Board of Trustees

Date: 18 December 2017

The notes on pages 39 to 70 form part of these financial statements.

Company registration number: 7366816

Statement of Cash Flows

	Note	2017 £000	2016 £000
Cash flow from operating activities	24	(721)	(1,818)
Net cash flow used in operating activities		(721)	(1,818)
Cash flow from investing activities			
Payments to acquire tangible fixed assets			(1,700)
Payments to acquire investments	14	(20,325)	(12,854)
Receipts from sales of investments	14	20,305	13,933
Dividends, interest and rents received from investments	4	1,413	1,393
Net cash flow provided by investing activities		1,393	772
Change in cash and cash equivalents in the year		672	(1,046)
Cash and cash equivalents at 1 April 2016		8,153	9,199
Cash and cash equivalents at 31 March 2017		8,825	8,153
Cash and cash equivalents consists of:			
Cash at bank and in hand		3,725	2,130
Short-term deposits		5,100	6,023
Cash and cash equivalents at 31 March 2017		8,825	8,153

The Medical Research Foundation holds permanent endowment funds valued at £5,696,000 at 31 March 2017 (2016: £4,912,000). These are held in the form of managed investment funds and are unavailable for use by the Medical Research Foundation. Net gains or losses attributable to these funds are recognised quarterly and income generated is available support research specified by the donor.

Notes to the Financial Statements

1 Summary of significant accounting policies

(a) General information and basis of preparation

The Medical Research Foundation is an incorporated charity (charity registration number 1138223), limited by guarantee in England and Wales (company registration number 7366816). In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is Medical Research Foundation, MRC Head Office, David Phillips Building, North Star Avenue, Swindon SN2 1FL. The nature of the charity's operations and principal activities are described on page 5.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Practice as it applies from 1 January 2015.

The financial statements are prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The trustees consider that there are no material uncertainties that call into doubt the ability of the Medical Research Foundation to continue as a going concern. The financial statements are prepared in sterling which is the functional currency of the charity and rounded to the nearest £000.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

(b) Funds

Permanent Endowment funds represent capital gifts to the charity for specified areas of medical research or associated activity. The terms imposed by the donors under the legacy or donation determine how the income generated by the capital may be used. The capital element of the permanent endowment funds is ring-fenced and remains within the endowment fund. Details of each fund can be found in the notes to the financial statements.

Restricted funds are for specified areas of medical research or associated activity, imposed by the donors under the terms of the legacy or donation. Income generated from the assets held in these

funds is legally subject to the same restrictions as the original funds. Details of each fund can be found in the notes to the financial statements.

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular charitable purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

(c) Income recognition

All incoming resources are included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income, after any performance conditions have been met, when the amount can be measured reliably and when it is probable that the income will be received.

Income from donations is recognised on receipt, unless there are conditions attached to the donation that require a level of performance before entitlement can be obtained. In this case income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity and it is probable that they will be fulfilled.

Fixed asset gifts-in-kind are recognised when receivable and are recognised at fair value.

Legacy income is recognised when the charity becomes aware that probate has been granted, there are sufficient assets in the estate to pay the legacy and that any conditions attached to the legacy are either in control of the charity or have already been met. On occasion legacies will be notified where it is not possible to measure the amount expected to be distributed with sufficient reliability. On these occasions, the legacy is treated as a contingent asset and disclosed.

Investment income is earned through holding assets for investment purposes such as shares and property. It includes dividends, interest and rent. Investment income and the surplus or deficit arising from the sale or revaluation of assets, is allocated to the funds in proportion to the value of each fund, as at the balance sheet date and appropriate intermediate dates.

(d) Expenditure recognition

Commitment accounting is employed. All expenditure is accounted for on an accruals basis. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

- Costs of raising funds includes the direct cost of advertising, fundraising consultants and investment manager's fees;
- Expenditure on charitable activities is determined by the aims of the charity – to fund biomedical research and related activities. Research costs, equipment, dissemination and travel grants, fellowships, studentships and scholarships and the costs associated with reviewing, awarding and managing them, are charged when the obligation to pay arises i.e. the full amount of the grant is accrued when a commitment is made. This category also includes the costs of maintaining the functional property used to facilitate medical research, which are charged as they arise. These costs include donated services and facilities

(gifts-in-kind) which are allocated on a pro-rata basis from an estimate of staff time and are apportioned at the end of the year; and,

- Other expenditure represents those items not falling into the categories above.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

(e) Support costs allocation

Support costs are those that assist the work of the charity but do not directly represent charitable activities and include office costs and governance costs. They are incurred directly in support of expenditure on the objects of the charity. Where support costs cannot be directly attributed to particular headings they have been allocated to cost of raising funds and expenditure on charitable activities on a basis consistent with use of the resources. All support costs have been allocated on the basis of actual usage.

Fundraising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

The analysis of these costs is included in note 9.

(f) Tangible fixed assets – Functional property

Property fixed assets are stated at valuation less depreciation. Costs of freehold improvements are added to this value, if these are incurred between valuations.

Depreciation is provided at rates calculated to write off the values of the properties, less their estimated residual value, over their expected useful lives at the following effective rates:

Freehold buildings – 2% per annum on the straight-line basis.

Freehold improvements – 5% per annum on the straight-line basis.

(g) Tangible fixed assets – Investment properties

Investment properties are measured at fair value at each balance sheet date, with changes in fair value recognised in 'net gains/(losses) on investments' in the SoFA. A full valuation of the investment properties will take place every five years.

(h) Tangible fixed assets – Investments securities

Publicly traded investments, or those where fair value can otherwise be measured reliably, are measured at fair value at each balance sheet date, with changes in fair value recognised in 'net gains/(losses) on investments' in the SoFA. Other investments are measured at cost less impairment.

Current asset investments are short-term highly liquid investments and are held at fair value. These include cash on deposit and cash equivalents with a maturity of less than one year.

(i) Debtors and creditors receivable/payable within one year

Debtors and creditors with no stated interest rate and receivable or payable within one year are recorded at transaction price. Any losses arising from impairment are recognised in expenditure.

(j) Loans and borrowings

Loans and borrowings are initially recognised at the transaction price including transaction costs. Subsequently, they are measured at amortised cost using the effective interest rate method.

(k) Impairment

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each balance sheet date. If such indication exists, the recoverable amount of the asset is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in the relevant expenditure heading in the SoFA.

(l) Provisions

Provisions are recognised when the charity has an obligation at the balance sheet date as a result of a past event, it is probable that an outflow of economic benefits will be required in settlement and the amount can be reliably estimated.

(m) Foreign currency

Foreign currency transactions are initially recognised by applying to the foreign currency amount the spot exchange rate between the functional currency and the foreign currency at the date of the transaction.

Monetary assets and liabilities denominated in a foreign currency at the balance sheet date are translated using the closing rate.

(n) Tax

The charity is an exempt charity within the meaning of schedule 3 of the Charities Act 2011 and is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010. It therefore meets the definition of a charitable company for UK corporation tax purposes.

2 Income from donations and legacies

	2017	2016
	£000	£000
Bequests and legacies	1,823	601
Grants	123	167
Donations	482	76
Gifts-in-kind income	447	365
	2,875	1,209

Income from donations and legacies was £2,875,000 (2016: £1,209,000) of which £nil (2016: £nil) was attributable to permanent endowments, £545,000 (2016: £531,000) was attributable to restricted funds and £2,330,000 (2016: £678,000) was attributable to unrestricted funds.

Gifts-in-kind income represents the total costs borne by other organisations on behalf of the charity, and is all attributable to charitable activities.

The Medical Research Council provided the gifts-in-kind received by the Medical Research Foundation in the year. These services, detailed in an agreement between the MRC and the trustees, include HR and IT services, accommodation and meeting space and the time of research, estates and project managers spent on MRF's business, peer review and property refurbishment. The MRC and the Wellcome Trust provided the services of the AREF charity executive team and the MRC provided free accommodation and other support for AREF. These free facilities and services gifts-in-kind are recorded as voluntary income in the SOFA and are also recorded as expenditure. They are apportioned to charitable activities.

No government grants were received in the year (2016: £nil).

3 Income from charitable activities

	2017	2016
	£000	£000
Rental income from functional assets	194	52

Income from charitable activities was £194,000 (2016: £52,000) of which all (2016: all) was attributable to unrestricted funds. The total commercial market rent that could be achieved on the functional property is estimated to be £300,000 (2016: £200,000). The amount of rental income receivable is as shown.

4 Income from investments

	2017	2016
	£000	£000
Dividends – equities	1,383	1,334
Interest – deposits	16	38
Rental income from investment properties	14	21
	1,413	1,393

Income from investments was £1,413,000 (2016: £1,393,000) of which £NIL (2016: £nil) was attributable to permanent endowments, £878,000 (2016: £649,000) was attributable to restricted funds and £ 535,000 (2016: £744,000) was attributable to unrestricted funds.

5 Costs of raising funds

	2017	2016
	£000	£000
Costs of raising funds	11	133
Investment manager fees	211	166
	222	299

Costs of raising funds was £222,000 of which £nil (2016: £nil) was attributable to permanent endowment funds, £73,000 (2016: £176,000) was attributable to restricted funds and £149,000 (2016: £123,000) was attributable to unrestricted funds.

Costs of raising funds include the costs of advertising for legacies for the Medical Research Foundation (£11,000 in 2017 and £13,000 in 2016) and developing a new fundraising strategy and fundraising consultants recruited to raise voluntary income for the Africa Research Excellence Fund charity (£Nil in 2017 and £90,000 in 2016) plus associated expenses.

No investment manager fees have been charged to the Africa Research Excellence Fund charity.

6 Analysis of expenditure on charitable activities

	Costs related to functional property £000	Costs related to charitable activities £000	Support costs £000	2017 Total £000	2016 Total £'000
Medical research	238	4,050	457	4,745	4,321
Research capacity in Africa	-	185	391	576	550
	238	4,235	848	5,321	4,871

Expenditure on charitable activities was £5,321,000 (2016: £4,871,000) of which £NIL (2016: £nil) was attributable to permanent endowment funds, £2,990,000 (2016: £789,000) was attributable to restricted funds (including the AREF charity) and £2,331,000 (2016: £4,082,000) was attributable to unrestricted funds.

Costs related to charitable activities is comprised as follows:

	2017 £000	2016 £000
Charitable activities – Grant Awards	4,060	3,966
Charitable activities – Africa Research Fund Charity Support	175	-
	4,235	3,966

7 Allocation of support costs

Support costs	Basis of allocation	Medical research £000	Research capacity in Africa £000	2017 Total £000	2016 Total £000
Governance (see note 8)	Actual usage	39	15	54	64
Derived from gifts-in-kind income	Actual usage	124	323	447	365
Human resources	Actual usage	240	17	257	208
Office costs	Actual usage	54	36	90	83
Total		457	391	848	720

No support costs have been allocated to costs of raising funds.

8 Governance costs

	2017 £000	2016 £000
Auditor's remuneration	17	18
Legal fees	13	31
Other direct governance costs	24	15
	54	64

9 Analysis of grants

	Grants to institutions £000	Grants to individuals £000	Support costs £000	2017 Total £000	2016 Total £000
Medical research	3,913	16	457	4,386	4,136
Research capacity in Africa	147	-	391	538	550
	4,060	16	848	4,924	4,686

Recipients of grants to institutions:

	Number	Medical Research Foundation £000	Research Capacity in Africa £000	Total 2017 £000	Total 2016 £000
Cardiff University, UK	1	-	11	11	-
Imperial College London, UK	-	-	-	-	210
Institut Pasteur de Madagascar, Madagascar	1	-	30	30	-
Keele University, UK	1	-	30	30	-
King's College London, UK	4	558	-	558	-
Liverpool School of Tropical Medicine, UK	-	-	-	-	86
London School of Hygiene and Tropical Medicine, UK	1	12	-	12	29
MRC Clinical Sciences Centre, UK	3	201	-	201	-
MRC Genetics of Mitochondrial Diseases Unit, UK	1	23	-	23	-
MRC Institute of Genetics and Molecular Medicine, Edinburgh, UK	-	-	-	-	18
MRC Institute of Hearing Research, Nottingham, UK	1	1	-	1	10
MRC Laboratory of Molecular Biology, Cambridge, UK	15	45	-	45	386
MRC London Institute of Medical Sciences, UK	2	75	-	75	-
MRC Mitochondrial Biology Unit, Cambridge, UK	-	-	-	-	23
MRC Prion Unit, London, UK	1	13	-	13	-
MRC Toxicology Unit, UK	-	-	-	-	65
Queen's University Belfast, UK	-	-	-	-	163
Retired Researcher – No Institution	2	16	-	16	-
South African Centre for Epidemiological Modelling and Analysis (SACEMA), South Africa	1	-	18	18	-
The Francis Crick Institute, UK	1	62	-	62	25
The Institute of Cancer Research, UK	1	1	-	1	-
University College London, UK	5	419	-	419	1000
UCL Institute of Child Health, London, UK	1	100	-	100	-
University of Bristol, UK	2	2,655	-	2,655	-
University of Cape Town, South Africa	-	-	-	-	25

Recipients of grants to institutions continued:

	Number	Medical Research Foundation £000	Research Capacity in Africa £000	Total 2017 £000	Total 2016 £000
University of Edinburgh, UK	-	-	-	-	202
University of Exeter Medical School, UK	2	56	-	56	-
University of Leeds, UK	1	-	21	21	-
University of Liverpool, UK	2	1	38	39	349
University of Newcastle, UK	-	-	-	-	226
University of Nottingham, UK	2	40	-	40	597
University of Oxford, UK	1	1	-	1	82
University of Southampton, UK	-	-	-	-	505
University of Strathclyde, UK	1	4	-	4	-
University of the West of Scotland, UK	-	-	-	-	231
Less grants recovered/ cancelled*		(370)	(1)	(371)	(275)
		3,913	147	4,060	3,957

* this relates to grants that have terminated and residual unclaimed funds have been recovered or grants that have been closed at one institution and then awarded to another (e.g. when a researcher moves institution).

9 Analysis of grants (continued)

Grants to individuals amounted to £16,000 (2016: £9,000).

Of the total grants awarded during the year, £570,000 related to grants made from unrestricted funds (2016: £nil), £982,000 related to grants made from designated funds (2016: £3,518,000) and £2,508,000 related to grants made from restricted funds (2016: £439,000).

10 Net Income / (expenditure) for the year

Net income / (expenditure) is stated after charging/(crediting):

	2017	Restated
	£000	2016
		£000
Depreciation of tangible fixed assets	236	161
(Gains) / Losses on fair value movement of investment property	-	1,222
(Profit) / Loss on sale of fixed asset investment	-	(38)
(Profit) / Loss on fair value movement of investments	(7,627)	1,566
	(7,391)	2,911

11 Auditor's remuneration

The auditor's remuneration amounts to an audit fee of £17,000 (2016: £18,000). No other services were provided.

12 Trustees' and key management personnel remuneration and expenses

The total amount of employee benefits received by key management personnel during the year was £102,000 (2016 – £82,000). The Medical Research Foundation considers its key management personnel to comprise of the Director and the Director of the Africa Research Excellence Fund connected charity. The Medical Research Foundation and the Africa Research Excellence Fund connected charity do not act as their own employer. Most staff are contracted by the Medical Research Council and seconded to the Medical Research Foundation or Africa Research Excellence Fund charity. The Medical Research Foundation reimburses the MRC for the full costs of the staff that it employs on the charity's behalf. The Africa Research Excellence Fund charity's key management personnel are provided as gift-in-kind by the MRC.

No trustee received or waived remuneration during the current or previous period. The following trustees' expenses were reimbursed or paid directly on their behalf during the year:

	2017	2016	2017	2016
	Number	Number	£000	£000
Travel, Subsistence and Accommodation	3	6	3	3
	3	6	3	3

None of the expenses above have been paid directly to third parties.

Employees whose annual emoluments for the year fell within the following bands:

	2017	2016
£60,000 – £70,000	1	2
£70,000 – £80,000	1	-

One employee worked for the Medical Research Foundation and one for Africa Research Excellence Fund.

13 Tangible fixed assets

	Freehold Land and buildings £000	Freehold Improvements £000	Total £000
Cost or valuation:			
At 1 April 2016	7,300	1,788	9,088
Additions	-	-	-
At 31 March 2017	7,300	1,788	9,088
Depreciation:			
At 1 April 2016	(292)	(15)	(307)
Charge for the year	(146)	(90)	(236)
At 31 March 2017	(438)	(105)	(543)
Net book value:			
At 31 March 2017	6,862	1,683	8,545
At 31 March 2016	7,008	1,773	8,781

The net book value of land and buildings comprised:

	2017 £000	2016 £000
Cost or valuation:		
Freehold	7,300	7,300
	7,300	7,300
Depreciation:		
Freehold	(438)	(292)
	(438)	(292)
Net book value	6,862	7,008

The Medical Research Foundation holds the following property:

Perrin Lodge, Hampstead, London

Perrin Lodge is a freehold property built in the late 1960's using charitable funds. It consists of 14 self-contained flats used to house medical researchers with the aim of facilitating collaborative research and skill sharing. It was valued at 1 April 2014 by Powis Hughes Chartered Surveyor at £7,300,000.

No borrowing costs have been included in the cost of fixed assets.

14 Fixed asset investments

	Listed investments £000	Investment properties £000	Total £000
Cost or valuation			
At 1 April 2016 (restated)	43,668	794	44,462
Additions	20,325	-	20,325
Disposals	(20,305)	-	(20,305)
Net unrealised and realised gains and losses	7,218	409	7,627
Transferred to Current assets	-	(1,203)	(794)
At 31 March 2017	50,906	-	50,906
Carrying amount:			
At 31 March 2017	50,906	-	50,906
At 31 March 2016 (restated)	43,668	794	44,462

Investments at fair value comprise:

	2017 £000	Restated 2016 £000
UK equities	16,067	11,703
Overseas equities	19,943	17,032
Fixed interest securities	12,910	13,119
Cash within investment portfolio	764	592
Investment properties within investment portfolio	1,222	1,222
Investment properties held outside of investment portfolio	-	794
	50,906	44,462

The fair value of listed investments is determined by reference to the quoted price for identical assets in an active market at the balance sheet date.

The fair value of investment properties held outside of the portfolio is determined by independent, professional valuation at 31 March 2017. The Medical Research Foundation's interests in the investment properties were originally valued at the date of transfer (18 July 2013).

The investment property held outside of the investment portfolio was transferred to Current Assets – Held for Sale in the year ended 31 March 2017. This property was professionally valued at 31 March 2016 by Pater Johnson Merriman, Chartered Surveyors using the investment valuation method, which considers the aggregate rental value of the property and then assumes a market yield which enables the potential income to be capitalised to provide a freehold value of £2,350,000 of which the Medical Research Foundation owns a 33.84% interest being £794,000.

The value of the investment property has been reassessed for commercial sale as at 31 March 2017, noting an increase in the overall market value to £3,555,000 of which the Foundation's interest is £1,203,000.

The following investment is considered material:

	2017	2016
	£	£
Newton Financial Management Ltd Global Growth and Income Fund for Charities	5,526	4,893

15 Debtors

	2017	2016
	£000	£000
Trade Debtors	6	-
Prepayment and accrued Income	412	221
	418	221

16 Creditors: amounts falling due within one year

	2017	2016
	£000	£000
Grant commitments	3,149	6,161
Accruals	535	451
Audit fees	16	16
	3,700	6,628

17 Creditors: amounts falling due after more than one year

	2017	2016
	£000	£000
Grant Commitments	8,797	4,155

18 Grants payable

	Under 1 year £000	Over 1 year £000	Total £000
At 1 April 2016	6,161	4,155	10,316
Cancelled grants	(318)	(53)	(371)
Amounts paid during the year	(2,430)	-	(2,430)
Grants committed in the year	758	3,673	4,431
Committed grants – reclassification	(1,022)	1,022	-
At 31 March 2017	3,149	8,797	11,946

19 Provisions for liabilities

The Medical Research Foundation has no provisions for liabilities at 31 March 2017 (2016: £nil).

20 Contingent liabilities/assets

The Medical Research Foundation has no contingent assets or liabilities at 31 March 2017 (2016: £nil).

21 Fund reconciliation

	Restated Balance at 1 April 2016 £000	Income Expenditure £000		Transfers £000	Gains/ (losses) £000	Balance at 31 March 2017 £000
Unrestricted Funds						
General Purposes Fund	15,003	1,389	(1,474)	–	2,137	17,055
Designated Funds						
Balzan Prize (Meade Research Fund)	81	2	(4)	–	11	90
Descartes Prize Fund	149	4	(1)	–	22	174
Diagnostic Techniques Research Fund	524	15	(2)	–	78	615
Emerging Leaders Prize Fund	–	1,459	(2)	–	45	1,502
Eye Diseases Research Fund	722	20	(3)	–	108	847
General Purposes (Scotland) Research Fund	135	4	(1)	–	20	158
Genetics of Mitochondrial Diseases	68	36	-	–	11	115
Herrick Lupus Erythematosus Prize Fund	430	12	(2)	–	64	504
Human Movement & Balance Research Fund	152	4	(1)	–	23	178
Jeanette Prize Fund (Skehel)	156	4	(1)	–	23	182
Jeanette Prize Fund (Unwin)	280	8	(1)	–	42	329
John Chadwick Barlow Bequest	171	5	(1)	–	26	201
Kathleen Goff Training Fund	3,889	53	(687)	–	618	3,873
Leukaemia Research Fund	267	8	(1)	–	40	314
Lupus Erythematosus Research Fund	713	20	(3)	–	106	836
MRC Biostatistics Unit Research Fund	49	1	-	–	7	57
MRC Cardiovascular Imaging Research Fund	164	2	(151)	–	10	25
MRC Clinical Trials Unit Research Fund	118	3	(1)	–	18	138
MRC Cyclotron Unit Horlock Bequest	51	1	-	–	7	59
MRC Institute of Hearing Research General Research Fund	247	7	(2)	–	37	289
MRC Institute of Hearing Research Stuart Gray Bequest	367	10	(2)	–	55	430

	Restated Balance at 1 April 2016	Income Expenditure		Transfers	Gains/ (losses)	Balance at 31 March 2017
	£000	£000	£000	£000	£000	£000
MRC LMB BIORAD Visiting Fellows Research Fund	296	8	(1)	–	44	347
MRC LMB Fersht Research Fund	78	4	94	–	23	199
MRC LMB Techne Fund	324	9	(1)	–	48	380
MRC LMB Yamanouchi Research Fund	58	2	-	–	9	69
MRC LMS General Research Fund	206	4	(125)	–	21	106
MRC NIMR General Purposes Research Fund	143	4	(1)	–	21	167
MRC NIMR Robinson Research Fund	207	6	(1)	–	31	243
MRC Toxicology Unit Research Fund	66	2	-	–	10	78
Neurosciences Research Fund	166	(81)	-	–	–	85
Nutrition Research Fund	145	4	(1)	–	22	170
Rosa Beddington Fund	449	12	(64)	–	61	458
Stroke/Arterial Illness Research Fund	99	3	-	–	15	117
Other Research funds	160	15	(40)	–	(150)	(15)
Total Designated Funds	11,130	1,670	(1,006)	–	1,526	13,320
Total Unrestricted and Designated Funds	26,133	3,059	(2,480)	–	3,663	30,375

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2016 £000	Income Expenditure £000		Transfers £000	Gains/ (losses) £000	Balance at 31 March 2017 £000
Restricted Funds						
Africa Research Excellence Fund charity (See note 22)	679	482	(576)	–	–	585
Alice Cory Fellowship Income Fund	589	28	(4)	–	88	701
Cancer Research Fund	3,547	100	(15)	–	529	4,161
Dorothy Temple Cross Bequest Income Fund	220	6	(1)	–	33	258
Dr Gornall Bequest Medical Income Fund	10	10	(1)	–	2	21
Fleming Memorial Fund for Medical Research	3,219	84	(1,228)	–	442	2,517
Hepatitis Research Tartellin Fund	1,360	38	(6)	–	203	1,595
Jeantet Prize Fund (Pelham)	1,587	45	(7)	–	237	1,862
Liver Disease Research Fund	53	40	-	–	11	104
Mental Health Research Fund	902	247	(1,208)	–	649	590
MRC LMB Celltech Research Fellowships Fund	806	23	22	–	121	972
MRC LMB Merck Visiting Research Fellow Fund	777	22	(3)	–	116	912
MRC LMB Strauss Fund	813	23	(22)	–	120	934
Pain Research Fund	841	24	(4)	–	125	986
Poliomyelitis Research Fund	1,074	30	(5)	–	160	1,259
Sir Leonard Rogers Tropical Medicine Research Fund	1,508	145	(10)	–	225	1,868
Rheumatic Diseases Research Fund	1,489	42	(6)	–	222	1,747
Sir Cusrow Wadia Research Fund	187	5	(1)	–	28	219
Whittaker Bequest for Alzheimer's & Parkinson's disease research	9	1	-	–	1	11
Williams Barker Bequest Income Fund	119	28	12	–	19	178
Total Restricted Funds	19,789	1,423	(3,063)	–	3,331	21,480

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2016 £000	Income £000	Expenditure £000	Transfers £000	Gains/ (losses) £000	Balance at 31 March 2017 £000
Permanent endowments Funds						
Alice Cory Fellowship Fund	349	-	-	-	45	394
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for medical research	226	-	-	-	29	255
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for asthma research	248	-	-	-	32	280
Gertrude Nicholl Bequest Fund	142	-	-	-	18	160
Dorothy Temple Cross Fellowship Fund	45	-	-	-	6	51
Williams Barker Bequest Fund	713	-	-	-	92	805
Sir Leonard Rogers Tropical Medicine Research Fund	3,189	-	-	-	411	3,600
Total Permanent endowments Funds	4,912	-	-	-	633	5,545
Total funds	50,834	4,482	(5,543)	-	7,627	57,400

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2015	Income Expenditure		Transfers	Gains/ (losses)	Restated Balance at 31 March 2016
	£000	£000	£000	£000	£000	£000
Unrestricted Funds						
General Purposes Fund	17,352	667	(704)	(292)	(2,020)	15,003
Designated Funds						
Asthma Research Fund	930	20	(879)	–	(65)	6
Balzan Prize (Meade Research Fund)	82	2	-	–	(3)	81
Descartes Prize Fund (Holt)	150	4	-	–	(6)	148
Diagnostic Techniques Research Fund	528	14	(2)	(1)	(16)	523
Eye Diseases Research Fund	728	19	(3)	(1)	(21)	722
General Purposes (Scotland) Research	135	4	-	–	(4)	135
Genetics of Mitochondrial Diseases	93	2	(24)	–	(3)	68
Herrick Lupus Erythematosus Prize Fund	–	429	-	–	1	430
Human Movement & Balance	152	4	-	–	(4)	152
Intellectual Disabilities Fund	1,080	23	(903)	(1)	(33)	166
Jeanet Prize Fund (Skehel)	157	4	(1)	–	(4)	156
Jeanet Prize Fund (Unwin)	303	8	(21)	–	(10)	280
John Chadwick Barlow Bequest	172	5	(1)	–	(5)	171
Kathleen Goff Training Fund	3,545	92	(6)	(55)	313	3,889
Leukaemia Research Fund	269	7	(1)	–	(8)	267
Lupus Erythematosus Research Fund	719	19	(3)	(1)	(21)	713
MRC Cardiovascular Imaging RF (Schmitz)	165	4	-	-	(5)	164
MRC Clinical Sciences Centre Research	208	5	(1)	-	(6)	206
MRC Clinical Trials Unit Research Fund	119	3	-	-	(3)	119
MRC CSC Bydder Research Fund	144	1	-	(135)	(10)	–
MRC CSC Cyclotron Unit Greenleaf Bequest	66	1	-	(62)	(4)	1
MRC Cyclotron Unit Horlock Bequest	51	1	-	-	(1)	51
MRC IHR General Research Fund	266	6	(16)	(1)	(8)	247

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2015	Income Expenditure		Transfers	Gains/ (losses)	Restated Balance at 31 March 2016
	£000	£000	£000	£000	£000	£000
MRC IHR Gray Bequest	370	10	(1)	-	(11)	368
MRC LMB BIORAD Visiting Fellows Research Fund	359	9	(59)	-	(13)	296
MRC LMB Fersht Research Fund	186	4	(105)	-	(6)	79
MRC LMB Techne Fund	327	9	(1)	(1)	(10)	324
MRC LMB Yamanouchi Research Fund	59	2	-	-	(2)	59
MRC NIMR General Purposes Research Fund	143	4	-	-	(4)	143
MRC NIMR Robinson Research Fund	278	7	(101)	31	(8)	207
MRC Toxicology Unit Research Fund	134	2	(65)	-	(5)	66
Neurochemical Pathology	68	1	-	(64)	(5)	-
Nutrition Research Fund	146	4	-	-	(5)	145
Respiratory Medicine Research Fund	1,237	51	(1,214)	(2)	(37)	35
Rosa Beddington Fund	479	13	(27)	(1)	(14)	450
Stroke/Arterial Illness Research Fund	100	3	-	(1)	(3)	99
Other	268	11	(67)	(38)	(10)	164
Total Designated Funds	14,216	807	(3,501)	(333)	(59)	11,130
Total Unrestricted and Designated Funds	31,568	1,474	(4,205)	(625)	(2,079)	26,133

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2015 £000	Income £000	Expenditure £000	Transfers £000	Gains/ (losses) £000	Balance at 31 March 2016 £000
Restricted Funds						
Africa Research Excellence Fund charity	153	529	(655)	652	-	679
Alice Cory Fellowship Income Fund	583	26	(2)	(1)	(17)	589
Cancer Research Fund	3,575	95	(13)	(4)	(106)	3,547
Dorothy Temple Cross Bequest Income Fund	221	7	(1)	-	(7)	220
Dr Gornall Bequest Medical Income Fund	6	7	-	(2)	(1)	10
Fleming Memorial Fund for Medical Research	3,281	87	(46)	(4)	(99)	3,219
Hepatitis Research Tartellin Fund	1,371	36	(5)	(2)	(40)	1,360
Jeantet Prize Fund (Pelham)	1,652	43	(56)	(2)	(50)	1,587
Liver Disease Research Fund	63	2	(10)	-	(2)	53
Mental Health Research Fund	919	24	(13)	(1)	(27)	902
MRC LMB Celltech Research Fellowships Fund	938	23	(122)	(1)	(32)	806
MRC LMB Merck Visiting Research Fellow Fund	784	21	(3)	(1)	(24)	777
MRC LMB Strauss Fund	839	22	(21)	(2)	(25)	813
Pain Research Fund	848	22	(3)	(1)	(25)	841
Poliomyelitis Research Fund	1,082	29	(3)	(2)	(32)	1,074
Sir Leonard Rogers Tropical Medicine Research Fund	1,422	135	(5)	(2)	(42)	1,508
Rheumatic Diseases Research Fund	1,501	40	(5)	(2)	(45)	1,489
Sir Cusrow Wadia Research Fund	189	5	(1)	-	(6)	187
Whittaker Bequest for Alzheimer's & Parkinson's disease research	9	-	-	-	-	9
Williams Barker Bequest Income Fund	96	27	(1)	-	(3)	119
Total Restricted Funds	19,532	1,180	(965)	625	(583)	19,789

21 Fund reconciliation (continued)

	Restated Balance at 1 April 2015 £000	Income £000	Expenditure £000	Transfers £000	Gains/ (losses) £000	Balance at 31 March 2016 £000
Permanent endowments Funds						
Alice Cory Fellowship Fund	355	-	-	-	(6)	349
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for medical research	230	-	-	-	(4)	226
The Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for asthma research	252	-	-	-	(4)	248
Gertrude Nicholl Bequest Fund	145	-	-	-	(3)	142
Dorothy Temple Cross Fellowship Fund	46	-	-	-	(1)	45
Williams Barker Bequest Fund	726	-	-	-	(13)	713
Sir Leonard Rogers Tropical Medicine Research Fund	3,246	-	-	-	(57)	3,189
Total Permanent endowments Funds	5,000	-	-	-	(88)	4,912
Total funds	56,100	2,654.00	(5,170)	-	(2,750)	50,834

21 Fund reconciliation (continued)

Fund descriptions

a) Permanent endowment funds

These permanent endowment capital funds are invested and the investment gains/(losses) on the capital element are reported in this note. The income generated by the investment of these permanent endowment capital funds is held in a restricted fund. The income is used to support research in line with the wishes of the donor. Income from the: Alice Cory Bequest Fund and Dorothy Temple-Cross Fellowship Fund is available to support research fellowships; Williams Barker Bequest Fund is available to support cancer research in a Yorkshire university; Sir Leonard Rogers Tropical Medicine Research Fund is available to support research on tropical diseases and medicine; Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for Asthma research is available to support research on asthma; and Gertrude Nicholl Bequest Fund and Susan Catherine, Cecily May and Dr Thomas Beardwood Gornall Fund for Medical Research is available to support general research purposes.

All of the permanent endowment funds are held in charities linked to the Medical Research Foundation by the Charity Commission. None of these linked charities are incorporated companies. See note 27 for more information.

b) Restricted funds

Restricted funds relate to the funds of charities linked to the Medical Research Foundation by the Charity Commission. None of these linked charities are incorporated companies. See note 27 for more information.

c) Unrestricted funds

Unrestricted funds with a fund value of less than £50,000, at either the start or the end of the year, have been grouped under the 'Other Research Funds' category for the purposes of this note. In practice, all funds are managed separately. Designated funds have been assigned by the trustees to reflect donors' wishes where the legacy was not formally restricted by the donor, but the donor expressed a wish about how the funds would be used or to set aside funds for agreed future research priorities.

Transfers

Material transfers relate to decisions by the Trustees to return some designated funds to the general purposes fund. During the year there was also a material transfer between the general purposes fund an unrestricted designated funds to correct a transfer in a previous period which had resulted in too much interest being allocated to the Kathleen Goff Training Fund.

During the year transfers were made between the unrestricted funds and the Africa Research Excellence Fund (AREF). These relate to grants paid to AREF by the Medical Research Foundation.

22 Africa Research Excellence Fund Charity Statement of Financial Activities

	Note	Unrestricted funds £000	Restricted funds £000	2017 Total £000	2016 Total £000
Income and endowments from:					
Donations and legacies		36	-	36	67
Grant Income	2	123	-	123	167
Gifts in Kind Income	2	323	-	323	295
Total income and endowments		482	-	482	529
Expenditure on:					
Raising funds	5	-	-	-	(105)
Charitable activities	6	(576)	-	(576)	(550)
Total expenditure		(576)	-	(576)	(655)
Net (expenditure)/income		(94)	-	(94)	(126)
Transfers between funds		-	-	-	652
Net movement in funds	21	(94)	-	(94)	(526)
Reconciliation of funds:					
Total funds brought forward	21	679	-	679	153
Total funds carried forward	21	585	-	585	679

Activities of the Africa Research Excellence Fund are considered to be restricted for the purposes of MRF's accounts and financial reporting, however are unrestricted for the purposes of the AREF itself as shown above in both financial years.

23 Analysis of net assets between funds

	Unrestricted funds	Restricted funds	Expendable Endowment funds	Total
	£000	£000	£000	£000
Fixed assets	35,175	18,750	5,526	59,451
Cash and current investments	3,541	6,059	19	9,619
Other current liabilities	(811)	(2,471)	-	(3,282)
Creditors more than one year	(7,939)	(858)	-	(8,797)
Total 2016/17	29,966	21,480	5,545	56,991
	Unrestricted funds	Restricted funds	Expendable Endowment funds	Total
	£000	£000	£000	£000
Fixed assets	27,239	21,111	4,893	53,243
Cash and current investments	8,634	(483)	2	8,153
Other current assets/(liabilities)	(5,616)	(808)	17	(6,407)
Creditors more than one year	(4,124)	(31)	-	(4,155)
Total 2015/16 Restated	26,133	19,789	4,912	50,834

24 Reconciliation of net income / (expenditure) to net cash flow from operating activities

	2017 £000	2016 £000
Net income / (expenditure) for the year	6,566	(5,266)
Dividends, interest and rents from investments	(1,413)	(1,393)
Depreciation and impairment of tangible fixed assets	236	161
(Gains) / Losses on investments	(7,627)	2,788
(Profit) / loss on disposal of fixed asset investments	-	(38)
(Increase) in debtors	(197)	(58)
Increase in creditors	1,714	1,988
Net cash flow from operating activities	(721)	(1,818)

25 Prior year adjustment

During the year to 31 March 2017, a material error relating to property valuation has been identified and corrected via a prior period adjustment in accordance with requirements of the FRS102 SORP.

A prior period adjustment of £1,556k has been made to correct previously overstated investment property valuation as at 31 March 2016.

Consequential changes, arising from revaluation as mentioned above, were as follows:

	£000
Derecognition / reduction of reported gains on revaluation of investment assets for year ended 31 March 2016.	1,566
Derecognition / reduction to Investment property value as at 31 March 2016.	1,566

a) Reconciliation of total charity funds

Adjustments to previously reported total charity funds at the end of the comparative period 31 March 2016 were as follows:

	£000
Total charity funds at 31 March 2016	52,390
Prior year adjustment correcting Investment property valuation	(1,556)
Total charity funds at 31 March 2016	50,834

b) Reconciliation of comparative period net income / (expenditure)

Adjustments to previously reported net income / (expenditure) in the comparative period were as follows:

	£000
Net income / (expenditure) for the period ended 31 March 2016	(3,710)
Prior year adjustment correcting Investment property valuation	(1,556)
Net income / (expenditure) for the period ended 31 March 2016	(5,266)

26 Financial commitments

Contractual commitments for the refurbishment of Perrin Lodge amounted to £Nil (2016: £37,000).

27 Related party transactions and ex gratia payments

Gifts totalling £nil were made during the year. In 2015 gifts totalling £100 were presented to two Trustees upon retirement in recognition of their long service to the Medical Research Foundation. There were no other related party transactions during the year (2016: none).

28 Financial instruments

The charity holds a number of financial assets (for example investments, debtors and cash) and financial liabilities (for example creditors and provisions for grants payable) which meet the definition of basic financial instruments under the FRS 102 SORP. Details of the measurement bases, accounting policies and carrying values for these financial assets and liabilities are disclosed in notes 15 to 19 above.

29 Connected Charities

The following charities are linked by the Charity Commission to the Medical Research Foundation. None are incorporated in their own rights. All are held as either restricted or permanent endowment funds within the Medical Research Foundation. The balances and movements in each of the funds are included in note 22.

Restricted Funds

The Liver Diseases in Scotland Research Munro Fund

Registration number: 1138223-4

Governing document: Will proved on 14 February 1983 as amended by a scheme dated 31 March 2011

Charitable object:

- a) The promotion of research in Glasgow into diseases and illnesses affecting the liver and the publication of the useful results of such research.
- b) If and in so far as the income and expendable endowment of the charity can be applied towards the object specified in sub-clause a) above, the trustees may apply it for the promotion of research elsewhere in Scotland into diseases and illnesses affecting the liver and the publication of the useful results of such research.

c) The promotion of research in a) or b) above may take place in collaboration with organisations elsewhere in the United Kingdom.

The Hepatitis Research Tarttelin Fund

Registration number: 1138223-5

Governing document: Will proved on 4 July 1991 as amended by a scheme dated 31 March 2011

Charitable object:

a) The promotion of research into hepatitis at such institutions as the trustees shall think fit and the publication of the useful results of such research.

b) If and in so far as the income and expendable endowment of the charity cannot be applied towards the object specified in sub-clause a) above, the trustees may apply it for the promotion of research into cancer and the publication of the useful results of such research.

Cancer Research Fund in Connection with the Medical Research Council

Registration number: 1138223-6

Governing document: Individual small bequests and donations 1989

Charitable object: For cancer research.

Mental Health Research Fund

Registration number: 1138223-7

Governing document: Bequests and donations of unknown date

Charitable object: For mental health research.

MRC Laboratory of Molecular Biology Celltech Research Fellowships Fund

Registration number: 1138223-9

Governing document: Deed of covenant of 13 October 1989 and related terms of reference

Charitable object: To fund the Celltech fellowship working in the Protein and Nucleic Acid Chemistry Division of the MRC Laboratory of Molecular Biology, most preferably in the field of molecular immunobiology.

MRC Laboratory of Molecular Biology Merck Visiting Research Fellowships Fund

Registration number: 1138223-10

Governing document: Letter dated 29 September 1989

Charitable object: To fund a visiting fellowship at the MRC Laboratory for Molecular Biology.

MRC Laboratory of Molecular Biology Strauss Fund

Registration number: 1138223-11

Governing document: Correspondence with Samuel Strauss

Charitable object: To provide bursaries to graduate students.

Pain Research Fund

Registration number: 1138223-12

Governing document: Small donations and bequests between 1998 and 2004

Charitable object: Research into pain.

Poliomyelitis Research Fund

Registration number: 1138223-13

Governing document: Unknown

Charitable object: Research into Poliomyelitis.

29 Connected Charities (continued)

Rheumatic Diseases Research Fund

Registration number: 1138223-14
Governing document: Bequests and donations
Charitable object: Research into rheumatic diseases.

Sir Cursow Wadia Research Fund

Registration number: 1138223-15
Governing document: Will proved on 15 April 1957
Charitable object: Benefit of medical research or scientific research at the University of Cambridge.

The Fleming Memorial Fund for Medical Research (The Fleming Memorial Fund)

Registration number: 1138223-18
Governing document: Trust deed dated 22 September 1959 as amended by a scheme dated 24 September 1969 as amended by a scheme dated 31 March 2011
Charitable object: The provision of assistance for medical research anywhere in the world.

Professor Sir Hugh Pelman Jeantet Prize Fund

Registration number: 1138223-20
Governing document: User Trusts
Charitable object: To support the work of Professor Sir Hugh Pelman for the public benefit.

Africa Research Excellence Fund (AREF)

Registration number: 1138223-21
Governing Document: Trust deed dated 3 March 2015
Charitable object: The Trustees shall hold the capital and income of the fund upon trust to apply the income, and all or such part or parts of the capital as such time or times and in such manner as it may determine, to promote medical research in Sub-Saharan Africa for the public benefit, in particular by:

- a) Providing education and training opportunities for individuals who: 1) are citizens of a country in Sub-Saharan Africa; 2) are aspiring to or have already embarked upon a career in medical research in Sub-Saharan Africa; and 3) meet any eligibility criteria the Trustees may agree from time to time;
- b) Promoting excellence in medical research training in Sub-Saharan Africa; and
- c) Promoting the use of high quality medical research evidence in the development of public health policies and practices in Sub-Saharan Africa.

For the purposes of this, Sub-Saharan Africa shall not include South Africa but shall include Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo (Brazzaville), Congo (Democratic Republic), Cote D'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Republic of South Sudan, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, Sudan, Swaziland, Tanzania, Togo, Uganda, Western Sahara, Zambia and Zimbabwe.

29 Connected Charities (continued)

This fund became a separately registered connected charity during the year ended 31 March 2016. Prior to this, it operated under the registration of the Foundation.

30 Permanent Endowment Funds

Cory Fellowship Fund

Registration number: 1138223-1

Governing document: Will proved on 24 July 1956 amended by scheme dated 31 March 2011

Charitable object: The establishment of fellowships for the furtherance of research work in medical science.

Sir Leonard Rogers Tropical Medicine Research Fund

Registration number: 1138223-12

Governing document: Scheme dated 19 July 1976

Charitable object: The promotion or support of charitable research work in tropical medicine being carried out on in former British territories and Commonwealth countries in the tropics by persons approved by the Medical Research Council.

The Susan Catherine, Cicely May and Doctor Thomas Beardwood Gornall Fund

Registration number: 1138223-3

Governing document: Will proved on 24 October 1943 as amended by scheme dated 31 March 2011

Charitable object: The trustee shall pay one-quarter of the annual income to each of the following: 1) Asthma Research Council for the purposes of research, 2) The British Red Cross Society for the general purposes of the Society, 3) British Heart Foundation for the purposes of research, 4) by the Medical Research Council for such medical research work.

Williams Barker Bequest Research Fund

Registration number: 1138223-8

Governing document: Will proved on 7 September 1987

Charitable object: To fund research cancer research at the discretion of Medical Research Council preferably at 1) Leeds University, 2) Sheffield University or 3) a University in Yorkshire.

The Dorothy Temple Cross Research Fellowship Fund

Registration number: 1138223-16

Governing document: Trust Deed dated 23 August 1929 as amended by scheme dated 16 January 1953 as amended by deed dated 16 August 1965 as amended by scheme dated 31 March 2011

Charitable object: To fund Dorothy Temple Cross Travelling Fellowship for research of curative or preventive treatment of tuberculosis in all of its many forms.

Who we are

Board of trustees

Professor Nicholas Lemoine

Nick is Director of the Barts Cancer Institute at Queen Mary University of London. His main research interests are in molecular genetics and gene therapy of cancer. He is also Director of Research & Development for Cancer and Surgery at Barts Health NHS Trust and the Medical Director of the National Institute for Health Research Clinical Research Network for England.

Nick has served as Chair of the Clinical Training and Career Development Panel at the Medical Research Council, and is currently Vice-Chair of the MRC Stratified Medicine Expert Panel. He has previously served as Chair of the MRC Stem Cell Strategic Grant and Fellowship Panels, and has been a member of the MRC's Molecular & Cellular Medicine Board. He chairs scientific advisory and grant award committees for a number of medical charities, including Diabetes UK, Prostate Cancer UK, Pancreatic Cancer Research Fund and Pancreatic Cancer UK. He was elected as a Fellow of the Academy of Medical Sciences in 2006.

Professor Daniel Altmann

Danny is an active research scientist. He has run a laboratory at the Hammersmith Hospital Campus of Imperial College since moving to the site for the opening of the Medical Research Council's Clinical Sciences Centre in 1994.

His main research interests are the study of adaptive immunity in human disease including severe bacterial infection and autoimmune disease, such as multiple sclerosis. Danny took two and a half years out of bench research from 2011 to work with the Wellcome Trust on strategy for biomedical research funding initiatives in infection, immunity and population health. He is Editor-in-Chief of 'Immunology' and Associate Editor of 'Vaccine' journals.

Russell Delew (from 1 June 2016)

Russell is Chief Executive of The London Community Foundation. He has more than 20 years' experience in leadership roles within the not-for profit sector and has delivered transformational growth in some of the UK's best loved organisations including Cancer Research UK, Great Ormond Street Hospital and the NSPCC. Prior to joining The London Community Foundation in 2016, Russell was Director of Major Giving & Appeals at Cancer Research UK where he developed the strategy, built a team and delivered over £140 million in philanthropic support from individuals, trusts and corporate foundations. This included £100m towards the construction of the Francis Crick Institute at St Pancras.

Professor Calliope (Bobbie) Farsides

Bobbie is Professor of Clinical and Biomedical Ethics at Brighton and Sussex Medical School. She has been researching and teaching in the field of bioethics for over twenty years, and her research focuses on the experience of health care professionals and scientists operating in ethically contested fields of biomedicine. Research ethics has also been a constant interest throughout her career including practically focused work in the developing world context. Bobbie has a strong commitment to supporting ethical governance of science and medicine through her public policy work and she has served on a number of national bodies. She is currently a member of the Human Fertilisation and Embryology Authority and Deputy Chair of their Statutory Licensing Committee.

Professor Sir Andrew Haines (until 31 March 2016)

Andy was Director of the London School of Hygiene & Tropical Medicine from 2001 to 2010. He was previously Professor of Primary Health Care and Head of the Department of Primary Care and Population Sciences at University College London, and worked part-time as a general practitioner in North London for many years. Before that Andy was a consultant in epidemiology at the MRC's Epidemiology and Medical Care Unit. He was formerly Director of Research & Development at the National Health Service Executive, North Thames and a member of the MRC's Council and the Strategy Board. Andy was a trustee of UK Biobank and is a Trustee for a number of other charitable bodies. Andy was nominated as a trustee by the MRC.

Stephen Visscher CBE

Steve is Deputy Chief Executive (International) for the Biotechnology and Biological Sciences Research Council (BBSRC). He joined BBSRC on its formation in 1994 from the Agricultural and Food Research Council initially serving as Director of Finance. He has extensive experience of UK research funding and is actively involved in Food Security research coordination and strategy, including developing international partnerships, multi-national research initiatives and closer collaboration between funding bodies and research agencies. He is Trustee of LifeArc, chairs the G20 Wheat Initiative Institutions' Committee, a Director of the Global Institute for Food Security based in Saskatoon Canada and a Director of Norwich Research Park LLP for the development of a Research and Innovation Campus. Steve was nominated as trustee by MRC.

Susan Wilkinson (from 1 June 2016)

Sue was a member of the National Trust's executive board and her portfolio of responsibilities included membership, fundraising, volunteering and participation until she retired at the end of 2016. She is a Board Director of the Association of Leading Visitor Attractions and a Trustee of the Old Royal Naval College in Greenwich, the Churches Conservation Trust and the Canal & River Trust. Sue has previously served on the Visit England Board and as a Trustee of the Institute of Fundraising.

David Zahn

David is Head of European Fixed Income and a Senior Vice President at Franklin Templeton Investments. He leads the management of European fixed income strategies and is a member of the Fixed Income Policy Committee. David is a portfolio manager for a number of Global Aggregate and Global Government fixed income portfolios. Prior to joining Franklin Templeton in 2006, he was a senior portfolio manager at Citigroup Asset Management. He has more than 20 years of experience in the investment profession, and is a Chartered Financial Analyst (CFA) Charterholder, Chartered Alternative Investment Analyst (CAIA) Charterholder and a Financial Risk Manager (FRM). David holds a MBA from the University of Connecticut and a MA in War in the Modern World from King's College, London. He is a member of the CFA Institute's Asset Manager Code Advisory Committee.

Our supporters

Acknowledgements and thanks

Thank you to all of our supporters. Without you, we would not have been able to fund the pioneering medical research that we have funded this year. Your support is incredibly important and each gift, large or small, ensures more ground-breaking science aimed at improving human health takes place.

Supporters

During the year, we received legacy gifts from the late Mr Ronald David Bason, the late Mrs Alicia Johanne Menage, the late Mr James Vazey Hiddleston, the late Mrs Jenny Porley, the late Mrs Ethel Barbara Brown, the late Mr Donald Aylmer Albert Townsend, the late Mrs Carol Anne Minnett, the late Mr Henry James McKenna, the late Ms Elizabeth Valentine Robinson, the late Miss Ethal Pauline McManus and the late Ms Cecilia Desiree Dickinson. Over 90% of our donations come from the generosity of those who leave us gifts in their wills – without this support, the research we have funded this year could not have happened.

We are also incredibly grateful to the following generous supporters who give regularly to the Medical Research Foundation's work Mr Harpreet Singh Lindher, Mr Paul Farrow, Mr Guido Schneider, Mr Paul Lyden, Mr Richard Mosses, Mr Christopher Neild and Mr D.J. Vinney. Your support is continuing to help us fund even more vital research across the UK.

And finally, special thanks to the friends and family of the late Ms Candy Putnam, the late Mr Thomas Lynn; the late Mr Matthew Lock, the late Mr Eric Ivens; the late Ms Elizabeth Steven and the late Mrs Ann Marmon Yates. Your gifts in memory of your loved ones will ensure their memory lives on and will support a new generation of people who will be able to lead healthier lives thanks to your support.

During the year, the Africa Research Excellence Fund charity received support from Dr Dan Kajungu, Dr Muhammed Afolabi, Dr Macellina Ijadunola, Dr Peter Dukes, Professor Tumani Corrah, Mr Mutui Sunmonu, Professor John MacDermot, Dr Augustine Ebonyi, Mr Olaiya Orlando Ojo, THRIVE, GSK, Farrar Foundation, Vitol Foundation and the Medical Research Council (MRC).

The MRC made a significant contribution to the Medical Research Foundation by providing just over £440,000 in free services and accommodation to the Medical Research Foundation and the Africa Research Excellence Fund, along with expert scientific advice on emerging health needs, research priorities and peer review services. We are indebted to the MRC for its continued support.

Staff

The Medical Research Foundation is supported by a small, but dedicated executive and operational team and the trustees would like to thank them for their continued efforts: Dr Angela Hind (Director), Lisa Robinson (Head of Fundraising), Ami Hodges (Senior Research and Governance Manager), Erin He (Senior Finance Manager), Iain Lee (Estates and Finance Manager) and Khadeja Ahmed (Team Co-ordinator).

The majority of the staff of the Africa Research Excellence Fund charity are funded by supporting organisations: Professor Tuman Corrah, Director (funded by the MRC), Dr Peter Dukes, Deputy Director (funded by the MRC), Dr Jane Kengaya-Kyondo, East and South Africa Co-ordinator (funded by the Wellcome Trust), Gyasiwaa Amofa, co-ordinator (funded by the MRC), Sulayman Janneh, fellowships and finance manager (funded directly by AREF), Lamin Sanneh, senior administrative assistant (funded directly by AREF) and Joan Ikiriza, administrative support (funded by the Wellcome Trust). They are doing a magnificent job helping this new charity to fly.



Medical Research Foundation
c/o Medical Research Council
One Kemble Street
London WC2B 4AN