Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Registered number: 9486245
Charity number: 1160970

POLYCYSTIC KIDNEY DISEASE CHARITY

(A Company Limited by Guarantee)

UNAUDITED

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2026

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

POLYCYSTIC KIDNEY DISEASE CHARITY
(A Company Limited by Guarantee)

CONTENTS

	Page
Reference and Administrative Details of the Company, its Trustees and Advisers	1
Trustees' Report	2 - 18
Independent Examiner's Report	19 - 20
Statement of Financial Activities	21
Balance Sheet	22 - 23
Notes to the Financial Statements	24 - 37

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

POLYCYSTIC KIDNEY DISEASE CHARITY
(A Company Limited by Guarantee)

REFERENCE AND ADMINISTRATIVE DETAILS OF THE COMPANY, ITS TRUSTEES AND ADVISERS FOR THE YEAR ENDED 31 MARCH 2026

Trustees	Mr Alan Greenberg, Chair Mr Idriz Adedoja Mr Raj Johal Ms Rebecca Murphy-Peers Mr Jon Rees Mrs Karen Stapleton Mr Adrian Tinsley Professor Patricia Wilson Mr Alexander Vickerman (resigned 30 March 2026) Ms Zahra Seyyad (appointed 25 March 2026) Ms Victoria Calais (appointed 26 March 2026)
Company registered number	9486245
Charity registered number	1160970
Registered office	86-90 Paul Street London EC2A 4NE
Chief Executive	Ms Alison Taylor
Independent Examiner	Charles Pickin Independent Examiner Fellow of Institute of Chartered Accountants in England and Wales Harrison Jasper Ltd Florance Lane Groombridge TN3 9SH
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling ME19 4JQ
Accountants	PEM Salisbury House Station Road Cambridge CB1 2LA

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

TRUSTEES' ANNUAL REPORT AND DIRECTORS' REPORT

The Trustees, who are also directors of the Charity for the purpose of the Companies Act, present their annual report and financial statements of the Charity for the year ended 31 March 2026. The accounts comply with the Charities Act 2011; Companies Act 2006 and the trust deed and follow the recommendations in 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) (effective 1 January 2019).

The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities undertaken by the Charity.

WELCOME FROM THE CHAIR

Following the death of Tess Harris in 2024, our new Chief Executive, Alison Taylor, has settled into her role extremely well. She has consolidated our core services while bringing renewed energy and focus to the organisation and is now helping to drive the Charity forward with confidence.

We had a very strong financial year, enabling us to strengthen our team and continue our outstanding support service while expanding our reach. New grant-funded services in Scotland and Northern Ireland have extended our outreach across the UK, alongside increased community activity and health information for patients and families.

Our commitment to advancing PKD research remains at the heart of our long-term ambition. The PKD Partnership with Kidney Research UK is now formally operational, bringing together leading UK healthcare specialists and researchers to accelerate research and the development of new treatments for people affected by PKD.

A major milestone was the launch of the Partnership's first research funding call, with five projects awarded £812,000 across both ADPKD and ARPKD, a significant investment in the future of PKD research.

We are also committed to ensuring that the voice and experience of people affected by PKD is embedded in research from the outset, ensuring that the research we support remains relevant to the needs of our community.

The year has therefore been one of consolidation, expansion and renewed ambition. We are in a strong position to build on the foundations established over recent years and increase the impact we can have on the lives of everyone affected by PKD.

None of this would be possible without the generosity and commitment of our community: patients and families, friends and colleagues, those who give in memory of loved ones lost to PKD, healthcare professionals, researchers, funders, partners, volunteers, trustees and our staff. We are deeply grateful to each and every one of you for helping us to continue our work and for sharing our ambition to improve the lives of people affected by PKD.

Alan Greenberg

Alan Greenberg, Chair, Board of Trustees

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

OBJECTIVES AND AIMS

The Polycystic Kidney Disease (PKD) Charity is the only UK charity solely dedicated to improving the lives of children, adults, families, and carers affected by **polycystic kidney disease** (PKD). The Charity was formed in 2000 by a PKD patient and a genetics consultant. Throughout the past 25 years, most trustees and staff have been either PKD patients or family members.

About PKD

PKD is an incurable, systemic genetic condition that causes kidney failure and damages other organs. There are two forms of PKD: **autosomal dominant polycystic kidney disease** (ADPKD), the most common inherited kidney disease and fourth cause of kidney failure worldwide; and the rare **autosomal recessive polycystic kidney disease** (ARPKD).

The prevalence of ADPKD and ARPKD is approximately 1 in 1,000 and 1 in 20-40,000 respectively. This means that each year, of the 800,000 babies born each year in the UK, 800 could have ADPKD and 20-40 could have ARPKD. As an inherited condition, PKD affects not only the individual but also their immediate family. It's a lifelong condition that can start to present even before birth.

There are approximately 7,000 adults with PKD were receiving treatment for kidney failure accounting for 1 in 10 of all adults in the UK on dialysis or with a kidney transplant.

- **£400 million** annually (in direct NHS costs and wider economic burden)
- **10.5%** of kidney transplants and dialysis cases in the UK are due to PKD**.**
- **10%** of nephrologists' time is dedicated to PKD patients.
- **4th leading cause** of kidney-related deaths in the UK

ADPKD – the more common form of PKD

ADPKD causes multiple fluid-filled cysts to develop, grow and multiply from conception in both kidneys resulting in kidney growth and progressive kidney failure. In many patients, cysts also form in the liver, pancreas and other organs. Both kidneys can grow immensely, up to 100 times normal size, which can have an impact on body shape. The brain and heart can also be damaged. Individuals with ADPKD will often have directly affected family members, parents and siblings, sometimes over several generations.

Most patients with ADPKD will have kidney failure by age 60 and will need kidney replacement therapy (KRT) to stay alive. KRT involves either dialysis or (if feasible) a kidney transplant. Some people will require nephrectomies (kidney removal) due to organ size and have frequent disabling, painful cyst infections that may need surgical intervention. Over 20 adults annually will also need a liver transplant owing to massively cystic livers. Some families are prone to brain aneurysms, which can fatally rupture if not discovered and treated. Acute and chronic pain is common throughout life. As ADPKD progresses, individuals experience complications such as high blood pressure, infections, bleeding, bowel and bone disorders, gout and kidney stones.

There is one disease-modifying treatment. However, this is not available to all patients, has modest efficacy and challenging side effects. Read more about ADPKD on the PKD Charity website.

ARPKD is rare and often diagnosed during pregnancy. Unfortunately, 1 in 3 babies will die in the first week of life owing to the rapid growth of cystic kidneys preventing lung development. The babies who survive sometimes experience early kidney and liver failure. They may need life-saving dialysis before transplant and about a third have impaired growth during childhood. Some children may need kidney or liver transplants in later life. Despite this, many children do survive to adulthood with mild forms of ARPKD, although their kidneys and livers can be impaired. ARPKD patients frequently have very high blood pressure and are prone to liver-related problems such as bile duct infections and enlarged spleens. There are no treatments other than symptomatic. Read more about ARPKD on the PKD Charity website.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Charitable objects

To promote health and to relieve those persons suffering from or affected by PKD with a view to improving their conditions of life, in particular but not exclusively by:

- Funding and supporting research into determining the causes of PKD and into discovering treatments and a cure, with any useful results of such research being available to the public.
- Promoting awareness of PKD through the production and publication of authoritative information for the general public and health professionals about the medical, healthcare and related aspects of PKD; and
- Organising patient, family and carer information, education and support events across the UK and offering personal support to patients and their families.

Our objectives and activities

Research

Our aim is to support and accelerate research into both ADPKD and ARPKD in the UK, helping to develop better treatments and improve outcomes for people affected by PKD. Since 2008, we have awarded more than £800,000 to research, historically supporting smaller research projects and contributing towards PhD studentships. During 2024-25, the Trustees decided that the majority of our research funding would now be channelled through the PKD Partnership, a joint initiative established by the Charity and Kidney Research UK. The first PKD Partnership grant call was launched in 2025-26.

Alongside funding research, we play an important role in ensuring that the voices and experiences of people affected by PKD are represented in research. We support and facilitate patient and public involvement (PPI), connecting researchers with members of the PKD community to help shape research and ensure it addresses the issues that matter to patients.

We share information about funded research and its outcomes through our website, eNews and printed newsletters, and participate in PKD research groups and networks in the UK and internationally.

Information, awareness, and advocacy

ADPKD is the most common inherited kidney disease, yet awareness remains low among the general public and healthcare professionals, particularly in primary care. ARPKD is rare and can present significant challenges in diagnosis and prognosis, including during pregnancy.

We provide trusted, evidence-based information about PKD, developed in collaboration with medical experts and people affected by the condition. Our information is available online and in print, and we hold PIF TICK accreditation as a trusted health information creator through the Patient Information Forum.

We deliver educational events and activities throughout the year, bringing together patients, families and carers with healthcare professionals and PKD experts. Our aim is to help people better understand their condition, feel more knowledgeable and confident, and make informed decisions about their care.

We also ensure that the experiences and voices of people affected by PKD are heard. We represent patients, families and carers to healthcare professionals, researchers, the NHS, policymakers, the media and pharmaceutical companies, helping to influence the development of services, research and treatments. We work collaboratively with other charities and umbrella organisations where this can strengthen awareness, improve understanding and achieve better outcomes for people affected by PKD.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Support

Being diagnosed with PKD can be a life-changing experience. Even when there is a family history of the condition, people can feel shocked, isolated and overwhelmed by what the diagnosis may mean for their own health and future, as well as for their children and other family members.

Our aim is to ensure that everyone affected by PKD can live as well as possible, with the information, support and connections they need to navigate the challenges of the condition.

We support people with PKD and their families and carers at every stage of their journey. Our community services provide practical and emotional support, information and advice through a range of channels, including a helpline staffed by people with direct experience of PKD, educational events, individual befriending, webchat and messaging, local meet-ups and moderated online communities.

PERFORMANCE AND ACHIEVEMENTS DURING 2025-26

Our long-term goals are:

- To promote and help deliver integrated holistic care to everyone affected by PKD
- To build an empowered, resilient, diverse PKD community
- To continue raising awareness and be the 'Voice of PKD'
- To accelerate research and development into treatments for PKD

In particular, in 2025-26, we aimed to:

1. Launch the PKD Partnership in collaboration with Kidney Research UK
2. Recruit and train more patients to provide patient perspectives on research projects and clinical trials
3. Promote the PKD App and our Support Services directly to healthcare professionals
4. Continue to grow and develop local PKD Groups
5. Continue to focus our fundraising strategy on community fundraising
6. Explore how we can meet the needs of the ARPKD community

Research activities during 2025–26

Research is central to our ambition to improve the future for people living with PKD. During 2025–26, we made significant progress in strengthening the research environment around PKD, from launching the first funding programme through the PKD Partnership to significantly expanding our patient involvement work and supporting the infrastructure needed to enable high-quality research.

The PKD Partnership

During the year, the PKD Partnership moved from development into delivery, marking a significant step forward in our ambition to accelerate research and the development of new treatments for people affected by PKD. Established by PKD Charity and Kidney Research UK, the Partnership brings together patients, researchers and clinicians to strengthen collaboration, focus research on priorities that matter to people with PKD and create the foundations needed to accelerate future discoveries and treatments.

A major milestone was the launch of the Partnership's first research funding call in August. Twelve applications were received and five projects were awarded a total of £812,000**,** supporting research across both ADPKD and ARPKD. The funded programme covers a broad range of areas, including new and repurposed treatment approaches, understanding factors that influence disease progression, improving diagnosis and personalised care, and exploring the impact of diet and lifestyle. It also supports the development of future PKD research expertise through a clinical research fellowship and PhD studentship.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Patient involvement was built into the process from the outset, with our Patient Involvement Group helping to shape the funding call and patients contributing to the application review process.

The Partnership also continued to strengthen its governance and collaboration. A Scientific Committee has been established, alongside specialist groups bringing together expertise across key areas of PKD research. Work is also progressing to develop major initiatives that could strengthen UK research capacity and create better conditions for clinical research and trials in PKD.

Although PKD Charity is a small organisation, our contribution to the Partnership extends well beyond our financial investment. As a patient-led organisation, we bring the voice and experience of people affected by PKD into the Partnership, support meaningful patient involvement and help connect the research community with the wider PKD community.

Putting patients at the heart of research

Our role in patient involvement in research grew significantly during the year. We received more requests than ever before to involve people affected by PKD in research, ranging from providing feedback on research proposals and study materials to supporting patients to take part in steering groups for major new projects. This growing demand reflects increasing recognition of the value of meaningful patient involvement in PKD research.

During the year, we recruited 15 new volunteers to strengthen our patient involvement programme, alongside the patients already contributing their time and expertise. Our Patient Involvement and Engagement Officer coordinates this work, identifying and supporting people with lived experience to take part in opportunities that are relevant to them and helping researchers access informed patient perspectives.

We are incredibly grateful to all those who volunteer their time and experience to help shape PKD research. Their contribution ensures that research is informed not only by scientific priorities, but also by the experiences, needs and priorities of people living with PKD.

We also continued to highlight opportunities for people affected by PKD to participate directly in research studies and clinical research. Bringing patients and researchers together is fundamental to building better research and, ultimately, better treatments and outcomes.

Supporting research infrastructure

We continued to support the PKD BioResource Bank, with trustees approving £10,000 of continuation funding during the year. The BioResource contains hundreds of tissue and fluid-based samples donated by people with ADPKD and ARPKD at different stages of kidney function decline. Samples from this unique collection have been provided to many of the UK's major PKD research centres, helping to support research and encourage collaboration between groups.

During a 12-month period, more than 567 samples were provided to 19 PKD investigator teams, while more than 600 new donated samples were added to the BioResource**.**

Connecting with the wider research community

We continued to contribute to UK and international research networks and initiatives, ensuring that PKD is represented within wider clinical, scientific and rare disease research. Our involvement included the ADPKD Clinical Study Group, ARPKD Rare Disease Study Group, CIILIAREN, ADVANTAGE, the PKD Outcomes Consortium, the Standardised Outcomes in Nephrology Group (SONG), and European Reference Networks for rare kidney and liver conditions**.**

Through these groups, we contribute patient perspectives, support the development of clinical and patient-reported outcomes, help shape research priorities and strengthen collaboration between researchers, clinicians and people affected by PKD.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Support for people, carers and families affected by PKD in 2025-26

Being diagnosed with PKD can bring uncertainty, fear and a wide range of practical and emotional challenges. Our support services are designed to ensure that people affected by PKD do not have to navigate these challenges alone. During 2025–26, we continued to provide a broad range of practical, emotional and peer support through telephone and online services, local support groups, face-to-face events and expert-led education.

Our support offer continued to grow significantly during the year. We recorded nearly 391 incoming calls and emails, supported a community of approximately 3,850 members across our private Facebook groups, and delivered 51 support group meetings – a 50% increase on any previous year. Our three Information and Support Days attracted 420 registrations, with 280 people attending, while our seven online events were attended live by 654 people, a 38% increase on previous years. The reach of our recorded online content extended this support further, with 2,111 people accessing recordings from the year's events and almost 13,400 people accessing content from previous years.

Behind these services is a committed network of staff, volunteers, peer supporters and healthcare professionals who give their time, experience and expertise to ensure that people affected by PKD can access support, information and connection wherever they are in their PKD journey.

Telephone and online support

Our 0300-helpline continued to provide an important point of contact for people who are worried, have questions about PKD or simply need to speak to someone who understands. We recorded nearly 391 incoming calls and emails during the year, broadly divided equally between requests for support, questions and information.

Our online community provides another important source of day-to-day support. We responded to around one to two messages each day through our Facebook groups, direct messages and text, with trained volunteer moderators helping staff with moderation and peer support, including outside normal working hours.

We manage and moderate three private UK-only Facebook groups with approximately 3,850 members. These groups provide a safe space where people can ask questions, share experiences and connect with others who understand the realities of living with PKD.

"The advice and information they provided helped me feel more informed and confident about discussing my concerns with my healthcare team and making decisions about my future. It was comforting to speak to someone who understood the challenges of living with PKD and could provide clear, practical support when I needed it most"

Growing local and peer support

Our local support groups provide something that is difficult to replicate through information alone: the opportunity to meet other people who understand what it is like to live with PKD. During the year, we held 51 meetings, either in person or online – 50% more than in any previous year.

Our existing location-based groups included London, Bedfordshire, Norfolk, Newcastle, Wales, Herefordshire, Manchester, Hampshire, Liverpool and Wiltshire, alongside online support for young adults. During the year, new groups were established in Staffordshire, Cardiff, Belfast, Warwickshire and Northern Ireland, further extending our geographical reach.

We are hugely indebted to the volunteers who lead these groups, supported by our Support Services Manager. Their commitment and lived experience are central to creating welcoming spaces where people can share experiences, ask questions and support one another.

The support groups are supplemented by online sessions focused on particular issues or stages of the PKD journey, allowing people from across the UK to come together around shared experiences. During the year, these included sessions on low kidney function and Tolvaptan treatment.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

"Thanks for all you do in running the low clearance group sessions - they have been incredibly helpful as is finding a community where I feel I belong"

"I don't always want to discuss the disease with friends or other family members – it's important to have a forum to express."

Expanding access to support across the UK

During the year, we took important steps to extend our reach into communities where access to PKD-specific support has historically been more limited. We secured new funding for projects in Scotland and Northern Ireland**,** enabling us to develop local connections, strengthen peer support and reach people earlier in their PKD journey.

Scotland

We secured National Lottery funding for an 18-month PKD Scotland: Outreach and Community Connections Project, running from March 2026 to September 2027. The project will significantly expand the practical and emotional support available to people affected by PKD across Scotland.

The project responds directly to what people with PKD have told us about isolation and the difficulty of finding PKD-specific support, particularly following diagnosis. It has enabled us to recruit a Scotland-based Engagement Officer, strengthen links with local communities and renal services, develop volunteer-led support groups and increase awareness of the support available from PKD Charity.

A key aim is to reach people earlier in their PKD journey, helping them access reliable information and connect with others who understand what it is like to live with the condition. We have also begun developing an ambassador network and identifying areas where demand for local support is greatest.

The project launched alongside our first Scotland Information and Support Day since 2018**,** bringing together people and families affected by PKD from across the country. Families travelled significant distances to attend, including from Orkney and the Shetland Isles, with some travelling more than 400 miles. The response demonstrated the strength of demand for specialist PKD information and peer connection and provides a strong foundation for the further development of local support across Scotland.

"I wish I'd known about the PKD Charity earlier. What is truly needed is local, face to face peer support, somewhere people can meet, talk and feel understood by others who know what it's like to live with this condition."

Northern Ireland

In Northern Ireland, new funding from the Halifax Fund and the Enkalon Foundation has enabled us to develop a dedicated outreach and community support project. This work is strengthening links with local specialists and care centres, increasing awareness of PKD and the support available, and developing local peer support.

A new PKD Connect group in Belfast has been established, led by a volunteer with lived experience of PKD. The project is helping to create a stronger local network for people affected by PKD and their families, while improving connections between the Charity, healthcare professionals and local communities.

For people who have previously felt isolated or struggled to find PKD-specific support locally, this is already making a difference.

Together, these projects represent an important development in our support offer: not simply providing support to people who find us but actively taking PKD support into communities and making it easier for people to find help earlier.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Information and Support Days

During the year, we held three ADPKD Information and Support Days in Leicester, Exeter and Glasgow. A total of 420 people registered, with 280 attending to hear from leading healthcare professionals, take part in interactive workshops and connect with others affected by PKD.

These events combine expert medical information with practical support and peer connection. They would not be possible without the generosity of the 29 medical professionals from across the UK who gave their time to prepare and deliver presentations, alongside our dedicated volunteers who helped each event run smoothly and created a welcoming environment.

Our **Leicester** event brought together people at very different stages of their PKD journey, from those newly diagnosed to people living with dialysis or following transplantation. Hosted by Consultant Nephrologist Dr Osasuyi Iyasere, the programme included expert talks and Q&A sessions alongside workshops covering transplantation, dialysis options and PKD and Women's Health – a new topic for our in-person events.

"The whole event was so informative to me, I found so many things helpful… diet, exercise, what to expect to go through if need a transplant or dialysis… research for the future, how the kidney works, hearing and talking to other people with the same condition who understood how I feel I came away feeling very positive"

We returned to **Exeter** for the first time since 2019, reconnecting with the local PKD community. The programme combined expert talks and Q&A sessions with practical workshops covering PKD and Women's Health and PKD and Mental Wellbeing. More than 87% of respondents rated the session "extremely useful**"**, demonstrating the value of accessible, patient-focused information and the opportunity to meet others living with PKD.

"I learnt that I'm not alone with this condition. I wasn't sure whether to go and walked in feeling terrible. left feeling reassured and more hopeful. Accepting you have a degenerative condition is not easy. Learning from and with others is really helpful. Thank you so much for organising this day, it made a big difference."

Our return to **Scotland** was particularly significant, with the Glasgow event being our first Information and Support Day there since 2018. People and families travelled from across Scotland, including from Orkney and the Shetland Isles. The day provided an opportunity to hear from Scottish healthcare professionals, ask questions and explore topics including PKD and Women's Health, transplantation and Living Well with PKD, including emotional wellbeing, finances and diet.

"What I found most helpful was that the event helped me see that PKD isn't all doom and gloom. I can easily slip into feeling like my future is already set in stone, so hearing more balanced, hopeful perspectives really helped. It was also helpful for my partner to learn more about PKD and hear other people's experiences, so he's not only hearing my more negative moments. It's given him a better understanding of how to support me mentally'

Online education and support

Our online programme continued to provide accessible support and education for people across the UK, particularly for those who cannot easily attend face-to-face events.

During the year, we held seven online events, with 654 people attending live – a 38% increase on previous years**.** Topics included:

- Kidney Transplant in PKD
- Newly Diagnosed with PKD
- ADPKD Treatments and Research
- PKD in Children and Young People
- IMPEDE-PKD Clinical Trial
- Clinical care for low kidney function
- Understanding Blood Tests

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

The value of these sessions extends far beyond those able to attend live. Recordings are made available through our website and YouTube channel. A further 2,111 people accessed recordings from events held during the year, while almost 13,400 people accessed recordings and content from previous years.

"I often have blood tests after having a kidney transplant and get the results on my phone but never really know what they mean, after this session I do"

'It helped me to understand causes of infection, what to expect and how to be prepared and how to approach my healthcare professionals to ask for the right treatment"

Looking ahead

We will continue to expand our support offer, with a particular focus on strengthening local and peer support and reaching people earlier in their PKD journey. The development of our projects in Scotland and Northern Ireland provides a strong foundation for extending our geographical reach, while we will continue to develop our established network of support groups, online services and expert-led events.

Our aim is simple: that no one affected by PKD should have to face the condition alone.

Health information for patients and families in 2025-26

Providing accurate, clear and accessible information is central to our mission. People affected by PKD need reliable information to understand their condition, make informed decisions about their care and feel more confident navigating what can be a complex and uncertain journey. We provide information in a range of formats, including our website, printed publications, events and the PKD App, helping people access trusted information in ways that work for them.

During the year, we undertook a significant programme of reviewing and updating our information resources, with 11 fact sheets and booklets comprehensively reviewed. We also developed new resources in response to identified patient information needs, including information on different types of dialysis, nephrectomy, draining and treating cysts, and liver transplantation. This work was led by the CEO in collaboration with a medical writer, with input from medical experts and our expanded lay review panel.

People affected by PKD are at the heart of our information development process. Our lay review panel has grown significantly and plays an essential role in reviewing information, identifying gaps, highlighting areas that may be difficult to understand and ensuring that resources reflect the questions, concerns and experiences of the people who will use them. We are deeply grateful to our patient reviewers for the time, expertise and insight they contribute to this work.

We also worked closely with 13 medical experts, whose clinical knowledge and expertise is essential to ensuring that our information is accurate and evidence based. We are extremely grateful to all the healthcare professionals who give their time to review and contribute to our resources.

We successfully maintained our PIF TICK accreditation during the year. The standards underpinning the accreditation continue to help us strengthen our processes and continually improve the way we develop and review information.

PKD App

Our PKD App provides another way for people affected by PKD to access trusted health information and practical support. Developed with patients and healthcare professionals, the free app brings together credible information derived from our PIF TICK-accredited resources, practical tips for everyday life, links to further trusted information and support, and reassurance for people living with PKD. The app does not require registration and does not collect personal data.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

"*Each of the sections is covered really well and gets to the detail straight away but if users want to delve in further, they can do so. It is great for those that have PKD but can also be used by others (friends/family members) for them to gain a greater understanding of PKD if they know someone that has it*"

Patient involvement has been integral to the App since its development, with the PKD community contributing through focus groups, editorial boards and content reviews. During the year, the App was downloaded 775 times and received almost 10,000 page views. User feedback has also been very positive, with a 5/5 App Store rating.

We also continued to make information available about research studies and clinical trial opportunities, helping people affected by PKD understand developments in research and identify opportunities to contribute to studies.

Looking ahead

In 2026–27, we will further develop our information provision, with a particular focus on making information easier to find and access online and exploring new ways of presenting it. We will also strengthen our work around research and emerging treatments, translating developments into clear, accessible information for the PKD community and helping people understand the importance of research and opportunities to get involved.

PKD awareness/advocacy activities

Raising awareness of PKD and ensuring that the voices and experiences of people affected by the condition are heard are central to our work. Throughout the year, we used our own campaigns, PKD Voices patient stories and PKD Awareness week, further national awareness initiatives and our relationships across the kidney and rare disease communities to increase understanding of PKD, reach new audiences and influence the wider conversation around kidney health. Through our digital channels, newsletters and printed publications, we reached thousands of people, with 11,511 followers on Facebook, more than 5,300 people receiving our regular e-newsletters and approximately 3,000 households receiving our printed newsletters. We also worked alongside patients, healthcare professionals, charities and policy makers to ensure that the experiences and needs of the PKD community are heard and represented.

PKD Voices

Our PKD Voices stories put the experiences of people affected by PKD at the heart of our awareness work, giving patients and families a platform to share their experiences in their own words. During the year, we shared 10 stories spanning a remarkable range of PKD journeys – from a young child living with ARPKD and the impact of prolonged hospital treatment, to dialysis diaries, transplantation and living donation, and the experiences of people who have lived with PKD for many decades. Stories also explored the realities of caring for family members, the importance of support and community, volunteering and the power of patients to become advocates for change.

Together, these stories demonstrate that there is no single PKD experience. They offer insight into the challenges that can come with the condition, but also highlight resilience, generosity, hope and the many ways people affected by PKD contribute to supporting others and shaping the future of PKD care and research.

PKD Awareness Week

Our PKD Awareness Week in September was our most successful awareness campaign to date, combining education, patient stories, community activity and public awareness to reach people both within and beyond the PKD community.

The campaign focused on improving understanding of PKD and sharing the realities of living with the condition. We created a range of new educational resources, including infographics on diverticula and the 10 Features of

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

PKD, alongside content covering blood pressure, cysts, ARPKD and ADPKD, and aneurysms. We also shared *Postcards from PKD* – stories from people affected by PKD that highlighted life beyond the disease, including experiences of ARPKD, transplantation, research and Tolvaptan. Awareness was further supported through activity from our community and supporters, including the lighting of Rochester Cathedral and marking Global PKD Awareness Day.

The campaign generated a significant increase in engagement across our digital channels, with website traffic increasing by more than 170% on two key days. Facebook content generated 433,000 views during the week, with our most popular post reaching more than 160,000 people and achieving a 12% engagement rate. We also gained 418 new followers**,** taking our Facebook community to more than 11,000.

The week also brought the PKD community together through our PKD Fun 5K, with more than 120 people taking part across 49 locations**,** from Dundee and Exeter to Belfast. The event gave people the opportunity to raise awareness of PKD while connecting with others in their local communities.

The success of the campaign demonstrated the appetite for accessible, engaging information about PKD and the power of combining education, patient voices and community action to raise awareness and understanding of the condition.

Working together to influence kidney policy

During the year, we continued to work closely with Kidney Charities Together (KCT) and other leading kidney organisations to ensure that kidney disease is recognised as a national health priority. By working collectively, we have been able to amplify the experiences of people living with kidney disease and make a stronger case for better prevention, earlier diagnosis, treatment and long-term care.

A key focus has been our collective campaign for a national kidney disease strategy**.** Alongside Kidney Care UK, Kidney Research UK, the National Kidney Federation and the UK Kidney Association, we have worked to build political support for a coordinated approach to kidney disease. More than 13,000 people supported an open letter to the Prime Minister, calling for action, which was delivered to Downing Street during the year. PKD Charity was represented at the hand-in by our CEO and a PKD patient and trustee.

Importantly, the campaign has also sought to ensure that any future strategy is shaped by the people who live with kidney disease. Through the Voices to Vision programme, patients, families, healthcare professionals and researchers came together through a series of national listening events and workshops to share their experiences and help shape what a future kidney disease strategy should look like. Four events had taken place during the year, both online and in person, with more to follow. We also supported an MP e-action, encouraging people affected by kidney disease and those working in renal services to contact their local MPs and demonstrate the strength of support for change.

In Scotland, we contributed to a Scottish Parliamentary roundtable on the mental and social impact of kidney disease, alongside other kidney charities and Jackie Baillie MSP. The discussion highlighted the often-overlooked impact of kidney disease on emotional and social wellbeing and the need for stronger psychosocial support for people affected by kidney disease.

This collaborative approach gives people affected by PKD a stronger voice in national conversations about kidney health. We will continue to work with our partners across the UK to ensure that the experiences of people and families affected by PKD help shape policy, improve care and keep kidney disease firmly on the national agenda.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Working with the wider kidney community

World Kidney Day

We continued to work with the Kidney Charities Together (KCT) group on World Kidney Day**,** with "Don't Kid Yourself**"** as the central message of the 2026 campaign. The campaign aimed to increase awareness of kidney disease among the general public and people at risk, while also providing information for patients and healthcare professionals. New video content featured members of the public sharing what they knew about kidney disease, alongside kidney doctors sharing key facts and challenging common misconceptions.

The campaign achieved significant reach across digital channels. Working collectively through KCT enables us to reach audiences far beyond the PKD community and ensure that PKD is part of wider conversations about kidney health. It also provides an important opportunity to direct people who may know little about PKD towards trusted information, support and opportunities to take action.

Aligning with wider campaigns

Throughout the year, we aligned our communications with other relevant national awareness campaigns, using these opportunities to reach new audiences, raise understanding of PKD and connect the condition to wider issues affecting kidney patients.

For Rare Disease Day**,** we highlighted the experiences of people living with rare and inherited kidney diseases, helping to raise awareness of the particular challenges faced by people with conditions such as ARPKD and emphasising the importance of better understanding, diagnosis and support.

We also used Salt Awareness Week to share practical information about salt, blood pressure and kidney health, helping people with PKD understand the role that managing salt intake can play in protecting their kidney health. During Organ Donation Week, we highlighted the impact of organ donation and shared stories and information around transplantation, helping to raise awareness of the importance of donation among the PKD community and the wider public.

By aligning with established national campaigns, we are able to amplify key PKD messages, reach people who may not otherwise engage with the Charity and ensure that PKD is represented within wider conversations about rare disease, kidney health and transplantation.

Working with healthcare professionals

UK Kidney Week

During 2025–26, we attended two UK Kidney Week conferences, reflecting the importance we place on building strong relationships with healthcare professionals and ensuring PKD remains visible within the wider kidney community. UK Kidney Week is the UK's largest conference for the professional kidney community, bringing together clinicians, scientists, nurses and other healthcare professionals.

At UK Kidney Week in **Bournemouth in June 2025**, we had the opportunity to introduce the Charity and our work to renal professionals from across the UK. We were particularly encouraged by the level of interest in PKD, our education and information work, and our ambitious research goals. The enthusiasm for collaboration and for learning more about PKD was extremely encouraging.

We returned to UK Kidney Week in **Harrogate in March 2026**, where more than 1,000 healthcare professionals attended. This provided another valuable opportunity to build relationships, raise awareness of PKD and share our work with the professional community. The event also provided an opportunity to support the collective World Kidney Day campaign, led by the kidney charity community and the UK Kidney Association, bringing its *Don't Kid Yourself* messages into the professional setting and helping to engage healthcare professionals in the campaign.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Our presence at both events reflects our commitment to working alongside healthcare professionals, strengthening their understanding of PKD and building the relationships and collaborations needed to improve the experience and outcomes of people living with the condition.

Throughout the year, members of staff attended and participated in other conferences, workshops and events relevant to PKD, kidney, liver, genetic and rare diseases. These included the ANN UK (Association of Nephrology Nurses in the UK) Annual Conference and the British Association of Paediatric Nephrologists/Paediatric Nephrology Nurses Group Conference.

Our networks and partnerships

We are active members of a range of UK and international networks that enable us to share expertise, influence policy and ensure the needs and experiences of people affected by PKD are represented within wider kidney, rare disease, genetic and healthcare discussions. These include Kidney Charities Together, Genetic Alliance UK, Health and Social Care Alliance Scotland, Rare Disease UK, the Kidney Health Partnership, the Specialised Healthcare Alliance, Ciliopathy Alliance, Kidney Patients Involvement Network, the ABPI Patient Organisation Forum, PKD International, EURORDIS and FEDERG. Through these networks, we contribute to consultations, share knowledge and build relationships with organisations working to improve outcomes for people with kidney, rare and genetic diseases.

Community involvement in the work that we do

Our PKD community plays a vital role in the work that we do. We involve them in many aspects – directly, through volunteering, speaking about their personal experience on webinars education events and via our patient voices campaign; or indirectly, by asking for their feedback, taking part in consultations and surveys.

We have approximately 108 (2025: 93) active loyal volunteers and we hugely appreciate the time and commitment they willingly give. They helped us during the year with reviewing health information, providing patient perspectives for research projects, moderating our Facebook groups, hosting support group meetings and taking part in consultations. Their sharing of personal experiences has been invaluable to others going through the PKD patient journey.

We also thank the healthcare professionals, scientists and others who gave their time to speak at the patient information events, reviewed health information materials or helped the staff team.

Community fundraising

We are incredibly grateful to the many people who supported PKD Charity through fundraising during 2025–26. Across the year, our community took on an extraordinary range of challenges and activities from marathons, long-distance cycling and skydives to family events, coffee mornings, workplace activities and fundraising in memory of loved ones.

Fundraising is about much more than the money raised. For many of our supporters, it is a deeply personal way of responding to their own experience of PKD, supporting someone they love, remembering someone they have lost, raising awareness or helping to create a better future for the next generation. Whatever the motivation, every fundraiser helps us to continue supporting people affected by PKD and investing in research and advocacy.

Team PKD took on some remarkable challenges during the year. Our runners returned to the London Marathon raising an incredible £20,000, while 10 runners successfully completed the Great North Run, collectively raising more than £9,000. One of the year's outstanding achievements came from Joff, Mark and Charlie, who cycled an incredible 1,700 kilometres from London to Italy in just 11 days, raising almost £25,000 for PKD Charity.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Other supporters pushed themselves to extraordinary limits. Mike and Rich cycled 874 miles from Land's End to John O'Groats, raising nearly £5,000, while Tony took on a 572-mile cycle from Mizen Head to Malin Head. Supporters also completed the Isle of Wight Ultra Challenge, London to Brighton cycle ride and numerous running events. Dalvinder and Satinder completed the Windsor Train Run together, raising an amazing £2,423, while supporters taking on events including the Cardiff and Bath Half Marathons and the Swansea Bay, Porthcawl and Great Manchester 10ks continued to demonstrate the commitment and ambition of Team PKD.

We also organised our first PKD charity-led fundraising event the Northampton Tower Abseil. Five brave supporters took on the challenge of stepping over the edge from 418 feet above the ground, raising an incredible £3,180. The event brought together participants, family and friends and created a real sense of community. Its success has shown the potential for us to develop more charity-led fundraising opportunities in the future.

Alongside these major challenges, our supporters have continued to demonstrate extraordinary creativity. The Thornton family organised a football match, a Drink Tea for PKD event, two quiz nights and a collection before Declan and Kaitlyn took on a skydive. Their combined efforts raised an incredible £6,700. Others organised community bike rides, charity football matches, coffee mornings and workplace events. Rainworth Riders cycled from Rainworth to Skegness, while Brereton Wheelers Cycling Club organised a charity ride after one of their members donated a kidney to his wife.

Fundraising has also provided powerful ways for people to mark and share deeply personal experiences. Amelia Morley ran the Shoreditch 10K just three months after her third kidney transplant, raising more than £2,000. When her story was shared on our social media channels, it was viewed 22,677 times on Facebook alone, demonstrating how fundraising can also help us reach new audiences and raise awareness of PKD.

Kieran took on the Bath Half Marathon, raising more than £900 after seeing the impact of PKD across his own family. His motivation was particularly poignant: as a father himself, he hopes that better treatments will be available for his daughter and future generations.

Families have also turned fundraising into a way of remembering loved ones. Friends and family retraced a cycling route in memory of Andrew, completing 151 miles over three days and raising more than £2,000. Daniel and Aaron cycled from London to Brighton in memory of their dad, while nine-year-old Callum took on a 10-mile coastal walk in memory of his grandmother, who sadly died from PKD.

Other supporters have used significant personal milestones to support the Charity. Judy and Stephen celebrated their 60th wedding anniversary by asking friends and family to donate to PKD Charity instead of giving gifts. Stephen has PKD and received a kidney from Judy 19 years ago, making their decision particularly meaningful.

We have also been grateful for the support of businesses, community organisations and sporting groups, including The Big Shed ltd, CFC Healthcare, The Moors Inn, Woollard and Henry, Rainworth Riders and Brereton Wheelers Cycling Club, as well as Thrive Tribe who chose to support the charity for 2 years as their charity of the year.

From an 1,700-kilometre cycle across Europe to a family quiz night, from a first half marathon to a 60th wedding anniversary, the breadth of our supporters' commitment has been extraordinary. We are hugely grateful to every individual, family, community group and organisation who has given their time, energy, courage and creativity to support PKD Charity this year.

Their fundraising enables us to continue providing vital support and information to people and families affected by PKD, while investing in research and advocacy that can help change the future for people living with PKD. We would like to say a huge thank you to every single person who has supported us this year whether by taking on an incredible personal challenge, organising an event, donating, encouraging a fundraiser or simply helping to spread the word. Your generosity, commitment and belief in our work make a real difference, and we are incredibly grateful for everything you do for the PKD community.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Grant fundraising

We are extremely grateful to the trusts, foundations and local funders who supported our work during 2025–26. Their grants enabled us to develop and deliver projects supporting people affected by PKD, extend our reach into local communities and strengthen our wider charitable work.

We would like to thank the Adint Trust, Devon Locality Budget, Wakeham Trust, Janet and Bryan Moore Trust, Halifax Northern Ireland Fund, Edward and Dorothy Cadbury Trust, Enkalon Foundation, Rest Harrow Trust and Awards for All – National Lottery for their generous support during the year.

Their funding is an important part of enabling PKD Charity to continue developing our services and responding to the needs of people and families affected by PKD. We are hugely grateful for their confidence in our work and for helping us to make a difference across the PKD community.

Pro bono support

We acknowledge and thank:

- QuestionPro, who provide a free-of-charge survey platform.
- Google (AdWords advertising grant).

2026 - 2027 PLANS

Our long-term goals remain to:

- Promote and help deliver integrated, holistic care for everyone affected by PKD
- Build an empowered, resilient and diverse PKD community
- Continue raising awareness of PKD and be the voice of people affected by the condition
- Accelerate research and the development of treatments for PKD

In 2026–27, we will:

- Develop the PKD Research Hub, raising awareness within the PKD community of the importance of research, emerging treatments and opportunities to take part in research and clinical trials. We will also continue to strengthen our patient involvement service, recruiting and supporting more people with lived experience to contribute to research and clinical development.
- Continue to develop the PKD Partnership, building the PKD research network, identifying important gaps in research and working with partners to bring our shared vision for the future of PKD closer to reality.
- Strengthen our information provision, putting additional resources into the development and review of information, exploring new ways to make trusted information easier to find, access and understand, and reviewing and updating the PKD App to ensure it continues to meet the needs of the PKD community.
- Continue to grow and develop local PKD support, building on our work in Scotland and Northern Ireland and expanding opportunities for people affected by PKD to connect with others in their local communities.
- Continue to raise awareness of PKD and the importance of research, using our campaigns, patient stories and wider partnerships to reach new audiences and ensure that the experiences of people affected by PKD are heard.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

- Continue to work collaboratively with kidney, rare disease and healthcare organisations to influence policy and improve the lives of people affected by PKD, ensuring that the experiences and priorities of the PKD community are represented in national and UK-wide discussions.
- Continue to focus our fundraising strategy on community fundraising, developing new opportunities for supporters to raise funds and awareness and strengthening the relationship between our fundraising community and the work it enables.
- Review our services and consult with our community to understand changing needs and priorities and use this insight to inform the development of our next strategic plan.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Constitution

The Polycystic Kidney Disease Charity is a company limited by guarantee on 12 March 2015, Company Registration No 9486245 and is registered for charitable purposes with the Charity Commission, Charity Registration No. 1160970. The Charity is governed by its Memorandum and Articles of Association. In the event of the Charitable Company being wound up, company members are each required to contribute an amount not exceeding £10.

Trustees

Trustees, who are also directors of the Charitable Company, are recruited by open advertising and appointed by the other trustees. Trustee appointments are for three years, after which trustees retire but are eligible for re-appointment for a further two terms of three years.

They are unpaid volunteers and may claim reasonable out of pocket expenses. The charity's activities are planned and carried out by the trustees. All trustees are required to declare relevant interests and may be required to withdraw from trustee meetings.

All trustees are encouraged to develop their trusteeship skills and to attend external conferences and events relevant to PKD and charity governance.

Governance and administration

The trustees met 6 times online during the year to review the charity's performance, determine and approve the operating plan and budget. The trustees delegate review of grant applications to the PKD Charity Research Advisory Board (RAB) who met virtually to review grant applications when required. The trustees delegate the management of charitable activities and administration to a small team led by the Chief Executive. The trustees monitored performance at trustee meetings; the Chair has regular phone and face-to-face meetings with the Chief Executive.

Risk Management

The trustees have overall responsibility for ensuring that the charity is managing risk in a professional, responsible and constructive manner. This has involved identifying risks the charity may face, assessing potential impacts and seeking to minimise them. Material risks for the charity include key person dependency on its Chief Executive, risk of loss of supporters, managing regulatory changes, and maintaining a surplus. The trustees regularly review the charity's risk management policies, which include data protection and safeguarding – the charity is registered with the Information Commissioner and requires trustees, staff and some volunteers to undertake Adult Safeguarding Courses. The charity is exposed to financial risks, such as loss of income, which it aims to mitigate by maintaining sufficient reserves while continuing to diversify fundraising, for example, by increasing grant funding.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

Fundraising

The charity undertakes most of its fundraising activities in-house. The charity is a member of the **Fundraising Regulator**, providing reassurance to supporters, members of the public and other donors, and promoting best practice in fundraising. The charity received no complaints about its fundraising practice in this financial year.

The charity is registered with the Information Commissioner and all supporters' and stakeholders' personal data are maintained securely in accordance with the UK GDPR and the Data Protection Act 2018.

FINANCIAL REVIEW

Performance

During the 12 months to 31 March 2026, the charity's income was **£493,778** (2025: £347,837).

Expenditure on raising funds as a percentage of total incoming resources was 22% (2025: 29%). Direct research expenditure was **£112,586** (2025: £40,649). The charity's direct expenditure on charitable activities across patient support, awareness and education was **£204,722** (2025: £182,043), which included information days, telephone support, online/chat support and expenditure on the peer support service.

In total, the charity expended **£496,599** (2025: £377,099), resulting in outgoing resources for the year of **£2,821** (2025: outgoing resources of £29,262). Total fund balances at the year-end were **£388,725** (2025: £391,546) and all funds maintained a surplus position at the year-end (Note 14).

Public Benefit

All charitable activities are undertaken to further charitable purposes for public benefit. The trustees confirm they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in carrying out and planning current and future activities.

Reserves

The Charity maintains a Reserves Policy to hold reserves equivalent to between 3-6 months' ongoing expenditure, after covering current liabilities. As at the year end, the Charity had undesignated free reserves of **£263,869** (2024: £203,248), equivalent to 6 months´ total expenditure (2024: 6 months). The trustees considered that the Charity has sufficient reserves at the year-end and are of the view that the Charity continues to be a going concern.

Approved by the Trustees and signed on their behalf by:



Idriz Adedoja

Trustee-Treasurer

Date: 04 November 2026

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

POLYCYSTIC KIDNEY DISEASE CHARITY

(A Company Limited by Guarantee)

INDEPENDENT EXAMINER'S REPORT FOR THE YEAR ENDED 31 MARCH 2026

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF POLYCYSTIC KIDNEY DISEASE CHARITY ('the Company')

I report to the charity Trustees on my examination of the accounts of the Company for the year ended 31 March 2026.

RESPONSIBILITIES AND BASIS OF REPORT

As the Trustees of the Company (and its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the Company's accounts carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

INDEPENDENT EXAMINER'S STATEMENT

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

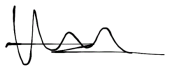
1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities [applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)].

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

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

INDEPENDENT EXAMINER'S REPORT (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2026

This report is made solely to the Company's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the Company's Trustees those matters I am required to state to them in an Independent Examiner's Report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Company and the Company's Trustees as a body, for my work or for this report.

Signed:  Dated: 09 November 2026

Charles Pickin

Fellow of Institute of Chartered Accountants in England and Wales
Harrison Jasper Ltd
Florance Lane
Groombridge
TN3 9SH

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

POLYCYSTIC KIDNEY DISEASE CHARITY
(A Company Limited by Guarantee)

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2026

	Note	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £	Total funds 2025 £
INCOME FROM:					
Donations and legacies	3	**380,675**	**100,283**	**480,958**	332,862
Other trading activities	4	**6,672**	**-**	**6,672**	6,388
Investments	5	**6,148**	**-**	**6,148**	8,587
TOTAL INCOME		**393,495**	**100,283**	**493,778**	347,837
EXPENDITURE ON:					
Raising funds	6	**108,587**	**-**	**108,587**	102,262
Charitable activities	8	**309,860**	**78,152**	**388,012**	274,837
TOTAL EXPENDITURE		**418,447**	**78,152**	**496,599**	377,099
NET MOVEMENT IN FUNDS		**(24,952)**	**22,131**	**(2,821)**	(29,262)
RECONCILIATION OF FUNDS:					
Total funds brought forward		**301,546**	**90,000**	**391,546**	420,808
Net movement in funds		**(24,952)**	**22,131**	**(2,821)**	(29,262)
TOTAL FUNDS CARRIED FORWARD		**276,594**	**112,131**	**388,725**	391,546

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 24 to 37 form part of these financial statements.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

POLYCYSTIC KIDNEY DISEASE CHARITY

(A Company Limited by Guarantee)
REGISTERED NUMBER: 9486245

BALANCE SHEET
AS AT 31 MARCH 2026

	Note		2026 £		2025 £
FIXED ASSETS					
Tangible assets	11		**2,725**		1,979
			2,725		1,979
CURRENT ASSETS					
Debtors	12	**25,139**		25,043	
Cash at bank and in hand		**435,749**		499,336	
		460,888		524,379	
CURRENT LIABILITIES					
Creditors: amounts falling due within one year	13	**(74,888)**		(134,812)	
NET CURRENT ASSETS			**386,000**		389,567
TOTAL NET ASSETS			**388,725**		391,546
CHARITY FUNDS					
Restricted funds	14		**112,131**		90,000
Unrestricted funds	14		**276,594**		301,546
TOTAL FUNDS			**388,725**		391,546

The Company was entitled to exemption from audit under section 477 of the Companies Act 2006.

The members have not required the company to obtain an audit for the year in question in accordance with section 476 of Companies Act 2006.

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

The financial statements have been prepared in accordance with the provisions applicable to entities subject to the small companies regime.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

BALANCE SHEET (CONTINUED)
AS AT 31 MARCH 2026

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Mr Idriz Adedoja
Trustee
Date: 04 November 2026

The notes on pages 24 to 37 form part of these financial statements.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

1. GENERAL INFORMATION

The Charity is a company limited by guarantee and has no share capital. In the event of the Charity being wound up, the liability in respect of the guarantee is limited to £10 per member of the Charity. Its registered office is 86-90 Paul Street, London, EC2A 4NE.

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

2. ACCOUNTING POLICIES

2.1 BASIS OF PREPARATION OF FINANCIAL STATEMENTS

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - 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) (effective 1 January 2019), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Polycystic Kidney Disease Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

2.2 GOING CONCERN

The Trustees are of the view that the Charity holds sufficient funds to carry on for the next 12 to 18 months and that on this basis the assessment of the Trustees is that the Charity is a going concern.

2.3 INCOME

All income is recognised once the Company has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

The recognition of income from legacies is dependent on establishing entitlement, the probability of receipt and the ability to estimate with sufficient accuracy the amount receivable. Evidence of entitlement to a legacy exists when the Company has sufficient evidence that a gift has been left to them (through knowledge of the existence of a valid will and the death of the benefactor) and the executor is satisfied that the property in question will not be required to satisfy claims in the estate. Receipt of a legacy must be recognised when it is probable that it will be received and the fair value of the amount receivable, which will generally be the expected cash amount to be distributed to the Company, can be reliably measured.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

2. ACCOUNTING POLICIES (CONTINUED)

2.4 EXPENDITURE

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Company to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Company's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

All expenditure is inclusive of irrecoverable VAT.

2.5 INTEREST RECEIVABLE

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Company; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

2.6 TANGIBLE FIXED ASSETS AND DEPRECIATION

Tangible fixed assets costing £500 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following basis:

Office equipment	- 3 years

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

2. ACCOUNTING POLICIES (CONTINUED)

2.7 DEBTORS

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

2.8 CASH AT BANK AND IN HAND

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

2.9 LIABILITIES AND PROVISIONS

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Company anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

2.10 FINANCIAL INSTRUMENTS

The Company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

2.11 PENSIONS

Employees of the Charity are entitled to join The Peoples Pension, a defined contribution pension scheme. The Charity contribution is restricted to the contributions disclosed in note 9. Pension costs are allocated to activities in proportion to the related staffing costs incurred. The defined contribution pension scheme is managed by The Peoples Pension Trustee. The Charity has no liability beyond making its contributions and paying across the deductions for the employee's contributions.

2.12 FUND ACCOUNTING

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Company and which have not been designated for other purposes.

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

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Company for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

3. INCOME FROM DONATIONS AND LEGACIES

	Unrestricted funds 2026 £	Restricted funds 2026 £	**Total funds 2026 £**	Total funds 2025 £
Donations and gifts	339,957	27,570	**367,527**	223,852
Legacies	40,718	42,165	**82,883**	57,355
Trusts, foundations, and grants	-	30,548	**30,548**	51,655
	380,675	100,283	**480,958**	332,862
TOTAL 2025	291,207	41,655	332,862	

4. INCOME FROM OTHER TRADING ACTIVITIES

Income from non charitable trading activities

	Unrestricted funds 2026 £	**Total funds 2026 £**	Total funds 2025 £
Shop and other income	6,672	**6,672**	6,388
TOTAL 2025	6,388	6,388	

5. INVESTMENT INCOME

	Unrestricted funds 2026 £	**Total funds 2026 £**	Total funds 2025 £
Interest income	6,148	**6,148**	8,587
TOTAL 2025	8,587	8,587	

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

6. EXPENDITURE ON RAISING FUNDS

FUNDRAISING TRADING EXPENSES

	Unrestricted funds 2026 £	Total funds 2026 £	Total funds 2025 £
Cost of fundraising	37,281	**37,281**	41,198
Fundraising salaries	69,044	**69,044**	56,798
	106,325	**106,325**	97,996
TOTAL 2025	97,996	97,996	

OTHER TRADING EXPENSES

	Unrestricted funds 2026 £	Total funds 2026 £	Total funds 2025 £
Cost of goods sold	2,262	**2,262**	4,266
TOTAL 2025	4,266	4,266	

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

7. ANALYSIS OF GRANTS

	Grants to Institutions 2026 £	Total funds 2026 £	Total funds 2025 £
Research grants	49,694	**49,694**	10,000
TOTAL 2025	10,000	10,000	

The Company has made the following material grants to institutions during the year:

	2026 £	2025 £
NAME OF INSTITUTION		
Bioresource Bank	**10,000**	10,000
Kidney Research UK	**45,000**	-
	55,000	10,000
Adjustments in respect of prior years	**(5,306)**	-
	49,694	10,000

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

8. ANALYSIS OF EXPENDITURE BY ACTIVITIES

	Activities undertaken directly 2026 £	**Grant funding of activities 2026 £**	**Support costs 2026 £**	**Total funds 2026 £**	Total funds 2025 £
Research and grants	62,892	49,694	21,211	**133,797**	50,557
Awareness and education	51,390	-	17,676	**69,066**	81,767
Patient support	95,894	-	24,747	**120,641**	142,513
Information	57,438	-	7,070	**64,508**	-
	267,614	49,694	70,704	**388,012**	274,837
TOTAL 2025	212,318	10,000	52,519	274,837	

ANALYSIS OF SUPPORT COSTS

	Total funds 2026 £	Total funds 2025 £
Staff costs	**45,503**	29,978
Trustee meetings (governance)	**3,021**	885
Accountancy costs (governance)	**11,947**	13,762
Office costs	**211**	-
Travel and subsistence	**869**	-
Depreciation	**946**	374
Other professional fees	**8,207**	7,520
	70,704	52,519

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

9. STAFF COSTS

	2026	2025
	£	£
Wages and salaries	**239,466**	191,697
Social security costs	**19,908**	13,578
Contribution to defined contribution pension schemes	**5,140**	3,521
	264,514	208,796

The average number of persons employed by the Company during the year was as follows:

	2026	2025
	No.	No.
Employees	**7**	6

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2026	2025
	No.	No.
In the band £70,001 - £80,000	**1**	-

Key management personnel of the Charity comprise the Trustees and the Chief Executive Officer. Key management personnel received total remuneration, including employer's national insurance and pension contributions, of £83,485 (2025: £43,932).

10. TRUSTEES' REMUNERATION AND EXPENSES

During the year, no Trustees received any remuneration or other benefits (2025 - £NIL).

During the year ended 31 March 2026, expenses totalling £554 were reimbursed to 4 Trustees (2025 - £ 167 to 1 Trustee) in respect of travel costs incurred on the Charity's behalf. £218 was payable to 3 Trustees at the yearend in respect of these expenses, and is included in trade creditors.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

11. TANGIBLE FIXED ASSETS

	Office equipment £
COST	
At 1 April 2025	**31,562**
Additions	**1,692**
Disposals	**(11,497)**
At 31 March 2026	**21,757**
DEPRECIATION	
At 1 April 2025	**29,583**
Charge for the year	**946**
On disposals	**(11,497)**
At 31 March 2026	**19,032**
NET BOOK VALUE	
At 31 March 2026	**2,725**
At 31 March 2025	1,979

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

12. DEBTORS

	2026 £	2025 £
DUE WITHIN ONE YEAR		
Trade debtors	**2,392**	1,046
Other debtors	**446**	2,268
Prepayments and accrued income	**22,301**	21,729
	25,139	25,043

13. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2026 £	2025 £
Trade creditors	**4,705**	5,899
Other creditors	**64,478**	82,401
Accruals and deferred income	**5,705**	46,512
	74,888	134,812

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

14. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 April 2025 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2026 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Biobank	-	-	-	10,000	10,000
GENERAL FUNDS					
General Funds	301,546	393,495	(418,447)	(10,000)	266,594
TOTAL UNRESTRICTED FUNDS	301,546	393,495	(418,447)	-	276,594
RESTRICTED FUNDS					
Research	90,000	21,083	-	(17,430)	93,653
Support services	-	32,473	(27,995)	-	4,478
NL Community Fund Scotland	-	19,157	(5,157)	-	14,000
Tess Harris Fellowship Fund	-	27,570	(45,000)	17,430	-
	90,000	100,283	(78,152)	-	112,131
TOTAL OF FUNDS	391,546	493,778	(496,599)	-	388,725

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

14. STATEMENT OF FUNDS (CONTINUED)

Research Fund - Funds received specifically to support research into polycystic kidney disease, including the funding of research projects and related research activity.

Support Services Fund - Funds restricted by donors or funders for the provision and development of support services for people affected by PKD.

NL Community Fund Scotland - The National Lottery Community Fund Scotland represents grant funding received for an 18-month project to develop and strengthen support for people affected by polycystic kidney disease in Scotland. The project aims to improve access to information and support, strengthen connections within the PKD community and develop the Charity's reach and engagement across Scotland.

The Tess Harris Fellowship Fund - Represents funds received specifically to support Tess Harris Fellowships, established to fund a research fellowship focused on advancing understanding and improving outcomes for people affected by polycystic kidney disease.

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

14. STATEMENT OF FUNDS (CONTINUED)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 April 2024 £	Income £	Expenditure £	Transfers in/out £	Balance at 31 March 2025 £
UNRESTRICTED FUNDS					
DESIGNATED FUNDS					
Research	90,000	275	(12,877)	(77,398)	-
National Lottery - Matched Funding	77,285	-	-	(77,285)	-
	167,285	275	(12,877)	(154,683)	-
GENERAL FUNDS					
General Funds	203,248	305,907	(281,545)	73,936	301,546
TOTAL UNRESTRICTED FUNDS	370,533	306,182	(294,422)	(80,747)	301,546
RESTRICTED FUNDS					
ARPKD Research	-	-	(260)	260	-
Research	50,275	-	(40,649)	80,374	90,000
Support services	-	41,655	(41,743)	88	-
Pears Grant	-	-	(25)	25	-
	50,275	41,655	(82,677)	80,747	90,000
TOTAL OF FUNDS	420,808	347,837	(377,099)	-	391,546

Docusign Envelope ID: 89A01FF5-6F8D-8858-8147-B714A87F00BC

15. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR

	Unrestricted funds 2026 £	Restricted funds 2026 £	Total funds 2026 £
Tangible fixed assets	2,725	-	**2,725**
Current assets	285,287	175,601	**460,888**
Creditors due within one year	(11,418)	(63,470)	**(74,888)**
TOTAL	276,594	112,131	**388,725**

ANALYSIS OF NET ASSETS BETWEEN FUNDS - PRIOR YEAR

	Unrestricted funds 2025 £	Restricted funds 2025 £	Total funds 2025 £
Tangible fixed assets	1,979	-	1,979
Current assets	353,796	170,583	524,379
Creditors due within one year	(54,229)	(80,583)	(134,812)
TOTAL	301,546	90,000	391,546

16. PENSION COMMITMENTS

The Charity operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable by the charity to the fund and amounted to £5,140 (2025: £3,521). Contributions totalling £1,008 (2025: £1,818) were payable to the fund at the balance sheet date and are included in other creditors.

17. RELATED PARTY TRANSACTIONS

Donations amounting to £624 were received from 1 Trustee in the year (2025: £724 from 1 Trustee). No benefits were received by the Trustee as a result of these donations and no restrictions were placed on the use of those funds.

There were no other related party transactions in the year (2025: None).