



Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: _____

Name of Person Completing Return Form: _____

Position of Person Completing Return Form: _____

Address/ Registered Office of the NPO: _____

Email Address and Telephone numbers for the NPO: _____

Email Address and Telephone number for the Person Completing The Form: _____

NPO Financial Year- Beginning: _____ End: _____

1. COMPLETE THE PRO-FORMA BALANCE SHEET below(Assets and Liabilities):

ASSETS	\$	
Cash in Hand		
Cash at Bank		
Investments (Short term)		
Other Current Assets		
Total Current Assets		
Property		
Investments (Long Term)		
Other Fixed Assets		
Total Fixed Assets		
Total Assets		
LIABILITIES	\$	
Current Loans		
Other Loans/Debts		
Other Liabilities		
Total Current Liabilities		

Mortgage		
Other Long Term Liabilities		
Total Long Term Liabilities		
Total Liabilities		
EQUITY		
Net Income		
Accumulated Surplus		

2. COMPLETE THE PRO-FORMA INCOME STATEMENT below (*Income and Expenses*):

INCOME	\$
Income received from the provision of goods and services	
Rental Income	
Interest on income derived from investments	
Receipt of donations and money	
Award of grants	
Other income	
Gross Income	
EXPENSES	
Operating expenses	
Funds donated/contributed in accordance with NPO purpose	
Government Fees	
Other funds donated/contributed	
Other expenses	
Total Expenses	
Net Income (= GROSS INCOME – EXPENSES)	

3. ANNUAL REVIEW THRESHOLD:

(If the figure you have reported for Gross Income above equals to or exceeds CI\$250,000 please complete this section.)

A. Has the NPO sent 30% or more of your Gross Income overseas (circle appropriate answer)?

YES NO

(If you have answered YES to question A above please complete questions B below).

B. Please indicate on the line below the total amount of funds sent overseas by the NPO during the last financial year?

C. What percentage of gross income does the amount indicated in question B above represent? (i.e. Amount reported in question B divided by Gross Income multiplied by 100)

D. Please indicate, on the line below, the name of the licensed accountant or duly qualified accountant the NPO has engaged to conduct the review of the financial statements.

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Note: List the 10 largest sources of contributions received (i.e. Donations, crowd funding, grants, fund raising activities, etc.) for the preceding year. (Note: Not necessary to list individual donors by name.)

5. TEN LARGEST APPLICATIONS OF CONTRIBUTIONS EXPENDED

List the Ten Largest Applications of Contributions Expended:	Amount
1.	
2.	
3.	
4.	

5.	
6.	
7.	
8.	
9.	
10.	

Note: List the 10 largest sources of how contributions were applied/expended for the preceding year. (Note: Not necessary to list individuals who received contribution by name.)

6. TEN LARGEST SALES AND PURCHASES OF PROPERTY

Sales	Amount	Purchases	Amount

7. TOP TEN COUNTRIES THAT FUNDS WERE SENT TO BY THE NPO

<u>Countries money has been sent to:</u>	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



CONTROLLER DECLARATION

I, _____, controller of, _____,
(Your name) *(NPO name)*

1. Certify that the information provided is true to the best of my knowledge, and that there are has been no change of the material particulars of the NPO that have not been notified to the Registrar.
2. That no major occurrences have taken place that can negative impact on the reputation of the NPO and or the NPO Sector
3. That any and all matter that can be categorized as major has been reported to the Registrar of NPOs (if applicable).

Signature

Date