# C:\Users\Zorie_MFS\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\Q9OPANBD\Coat_of_arms_of_the_Cayman_Islands.svg[1].pngNon-Profit Organization

# ANNUAL RETURN FORM

Name of the Entity being reported on: Click here to enter text.

Name of Person Completing Return Form: Click here to enter text.

Position of Person Completing Return Form: Click here to enter text.

Address/ Registered Office of the NPO: Click here to enter text.

Email Address and Telephone numbers for the NPO: Click here to enter text.

Email Address and Telephone number for the Person Completing the Form: Click here to enter text.

NPO Financial Year- Beginning:Click here to enter text. End: Click here to enter text.

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

|  |  |  |
| --- | --- | --- |
| **ASSETS** | $ | |
| **Cash in Hand** |  | Click here to enter text. |
| **Cash at Bank** |  | Click here to enter text. |
| **Investments (Short term)** |  | Click here to enter text. |
| **Other Current Assets** |  | Click here to enter text. |
| **Total Current Assets** | | Click here to enter text. |
|  | | |
| **Property** |  | Click here to enter text. |
| **Investments (Long Term)** |  | Click here to enter text. |
| **Other Fixed Assets** |  | Click here to enter text. |
| **Total Fixed Assets** | | Click here to enter text. |
| **Total Assets** | | Click here to enter text. |
|  | | |
| **LIABILITIES** | $ | |
| **Current Loans** |  | Click here to enter text. |
| **Other Loans/Debts** |  | Click here to enter text. |
| **Other Liabilities** |  | Click here to enter text. |
| **Total Current Liabilities** | | Click here to enter text. |
|  | | |
| **Mortgage** |  | Click here to enter text. |
| **Other Long Term Liabilities** |  | Click here to enter text. |
| **Total Long Term Liabilities** | | Click here to enter text. |
| **Total Liabilities** | | Click here to enter text. |
|  | | |
| **EQUITY** | | |
| **Net Income** | | Click here to enter text. |
| **Accumulated Surplus** | | Click here to enter text. |

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

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

# ANNUAL REVIEW THRESHOLD:

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

* 1. 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).

* 1. Please indicate on the line below the total amount of funds sent overseas by the NPO during the last financial year? Click here to enter text.
  2. 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) Click here to enter text.
  3. 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. Click here to enter text.

# TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

|  |  |
| --- | --- |
| **List the Ten Largest Sources of Sums Received:** | **Amount** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
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| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**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.)*

# TEN LARGEST APPLICATIONS OF CONTRIBUTIONS EXPENDED

|  |  |
| --- | --- |
| **List the Ten Largest Applications of Contributions Expended:** | **Amount** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
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| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**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.)*

# TEN LARGEST SALES AND PURCHASES OF PROPERTY

|  |  |  |  |
| --- | --- | --- | --- |
| **Sales** | **Amount** | **Purchases** | **Amount** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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

|  |  |
| --- | --- |
| **Countries money has been sent to:** | **Amount** |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |
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| 1. Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. |

**CONTROLLER DECLARATION**

I, Click here to enter text. , controller of, Click here to enter text. ,

*(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: Click here to enter text.

