



ANNUAL RETURN FORM

Name of Person Completing Return Form: _____

Position of Person Completing Return Form: _____

Name of the Entity being reported on: Cayman Prep & High School

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	



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.

[Redacted]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

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

Note: List the 10 largest sources of contributions received (i.e. Donations, 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	[Redacted]	[Redacted]
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. TEN COUNTRIES THAT RECEIVED THE MOST FUNDS FROM THE NPO IN THE PRECEEDING FINANCIAL YEAR

	Countries money has been sent to:	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

CONTROLLER DECLARATION

I, [REDACTED], controller of, Cayman Prep & High School,
(your name) *(NPO name)*

certify that the information provided is true to the best of my knowledge, and that there has been no change of the material particulars of the NPO that have not been notified to the Registrar.

[REDACTED]

CAYMAN PREP AND HIGH SCHOOL

P.O. Box 10013
 Grand Cayman, KY1-1001
 Grand Cayman
 Tel: 345-949-9115
www.cayprep.edu.ky



26/2/19
 Date





Non-Profit Organisation

ANNUAL RETURN FORM

Name of the Entity being reported on: CAYMAN PREP & HIGH SCHOOL

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO 559 WALKERS ROAD, GRAND CAYMAN, CAYMAN ISLANDS

Email Address and Telephone numbers for the NPO: hsoffice@cayprep.edu.ky/ (345) 949 9115

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: Sept 1st 2018 End: Aug 31st 2019

I. 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)?



(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.		



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

10th Jan 2020

Date _____





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: CAYMAN PREP & HIGH SCHOOL

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO 559 WALKERS ROAD, GRAND CAYMAN, CAYMAN ISLANDS

Email Address and Telephone numbers for the NPO: hsoffice@cayprep.edu.ky (345) 949 9115

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: Sept 1st 2019 End: Aug 31st 2020

I. 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)?



(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?

[REDACTED]

- 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)

[REDACTED]

- 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.

[REDACTED]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1.	[REDACTED]	
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.	[REDACTED]	
2.		
3.		
4.		



CONTROLLER DECLARATION

I, , controller of, Cayman Prep & High School,
(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).



23/2/21
Date





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: CAYMAN PREP AND HIGH SCHOOL
Name of Person Completing Return Form: [REDACTED]
Position of Person Completing Return Form: [REDACTED]
Address/ Registered Office of the NPO 559 WALKERS ROAD, GEORGE TOWN, GRAND CAYMAN
Email Address and Telephone numbers for the NPO: DIRECTOR@CAYPREP.EDU.KY 949-9115
Email Address and Telephone number for the Person Completing The Form: [REDACTED]
NPO Financial Year- Beginning: SEPT 1 2020 End: AUG 31 2021

I. 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 C\$250,000 please complete this section.)

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



(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

Countries money has been sent to:		Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



CONTROLLER DECLARATION

I, _____, controller of, CAYMAN PREP AND HIGH SCHOOL
 (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).

25TH FEB 2022

Date _____





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: CAYMAN PREP AND HIGH SCHOOL

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO 559 WALKERS ROAD, GEORGE TOWN GRAND CAYMAN

Email Address and Telephone numbers for the NPO: BUSINESSMANAGER@CAYPREP.EDU.KY 949-9115

Email Address and Telephone number for the Person Completing The Form:
[REDACTED]

NPO Financial Year- Beginning: 1ST SEPTEMBER 2021 End: 31ST AUGUST 2022

I. 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)?



(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?

[Redacted]

- 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)

[Redacted]

- 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.

[Redacted]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1.	[Redacted]	[Redacted]
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.	[Redacted]	[Redacted]
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

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



CONTROLLER DECLARATION

I, [REDACTED], CAYMAN PREP & HIGH SCHOOL,
(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).

[REDACTED]
Signature

3rd March 2023

Date





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: CAYMAN PREP AND HIGH SCHOOL

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO 559 WALKERS ROAD, GEORGE TOWN GRAND CAYMAN

Email Address and Telephone numbers for the NPO: director@cayprep.edu.ky 949-9115

Email Address and Telephone number for the Person Completing The Form:
[REDACTED]

NPO Financial Year- Beginning: 1ST SEPTEMBER 2022 End: 31ST AUGUST 2023

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

ASSETS	\$
Cash in Hand	[REDACTED]
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 C\$250,000 please complete this section.)

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

(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?

[Redacted]

- 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)

[Redacted]

- 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.

[Redacted]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1.	[Redacted]	
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.	[Redacted]	
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

[illegible]

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

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



CONTROLLER DECLARATION

I, [REDACTED], CAYMAN PREP & HIGH SCHOOL,
(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).

[REDACTED]
Signature

1st May 2024
Date





Non-Profit Organisation

ANNUAL RETURN FORM

Name of the Entity being reported on: United Church in Jamaica and the Cayman Islands

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO Box 1700, Grand Cayman, KY1-1109, Cayman Islands

Email Address and Telephone numbers for the NPO: rdgs@cicucjci.com 947-1963

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: 01-January-2018 End: 31-December-2018

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

ASSETS	\$
Cash in Hand	[REDACTED]
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	[REDACTED]
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 C\$250,000 please complete this section.)

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



(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?

[REDACTED]

- 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)

[REDACTED]

- 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.

[REDACTED]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1.	[REDACTED]	
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.	[REDACTED]	
2.		
3.		
4.		



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

02/12/2019

Date _____





Non-Profit Organisation
ANNUAL RETURN FORM

Name of Entity being reported on: United Church in Jamaica and the Cayman Islands
Name of Person Completing Return Form: [REDACTED]
Position of Person Completing Return Form: [REDACTED]
Address/Registered Office of the NPO: Box 1700, Grand Cayman, KY1-1109, Cayman Islands
Email Address and Telephone numbers for the NPO: rdps@ejcucjci.com 947-1963
Email Address and Telephone number for the Person Completing The Form: [REDACTED]
NPO Financial Year-Beginning: 01-January-2019 End 31-December-2019

THE PRO-FORMA BALANCE SHEET

AS AT 31ST DECEMBER 2019

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	



THE PRO-FORMA INCOME STATEMENT

FOR THE FISCAL YEAR ENDED DECEMBER 2019

	2019
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's purposes	
Government Fees	
Other funds donated/contributed	
Other expenses	
Total Expenses	
NET INCOME	

2. ANNUAL REVIEW THRESHOLD:

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

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

answer) [REDACTED]

(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? [REDACTED]

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)
[REDACTED]

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.
[REDACTED]



3. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

Largest Sources of Contributions Received		
No.	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		

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.)

4. TEN LARGEST APPLICATIONS OF CONTRIBUTIONS EXPENDED

Largest Applications of Contributions Expended		
No.	Description	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.)



5.

TEN LARGEST SALES AND PURCHASES OF PROPERTY

No.	Sales	Amount	Purchases	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

6.

TOP TEN COUNTRIES THAT FUNDS WERE SENT TO BY THE NPO

Countries That Received The Most Funds From the UCJD In the Preceding Year		
No.	Description	Amount
1		
2		
3		
4		
5		
6		



CONTROLLER DECLARATION

I, [REDACTED] controller of, United Church in Jamaica and the Cayman Islands
(Your name) (NPO name)

1. Certify that the information provided is true to the best of my knowledge, and that there 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).

[REDACTED]
Signature

23/11/2020

Date





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: United Church in Jamaica and the Cayman Islands

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form [REDACTED]

Address/ Registered Office of the NPO P.O.Box 1700,Grand Cayman ,KY1-1109,Cayman Islands

Email Address and Telephone numbers for the NPO: rdgs@cicucjci.com 1 345 947 1963

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: 01-January-2020 End: 31-December-2020

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 C\$250,000 please complete this section.)

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

(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.		

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).

May 12, 2021

Date _____



Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: United Church in Jamaica and the Cayman Islands

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO P.O.Box 1700,Grand Cayman ,KY1-1109,Cayman Islands

Email Address and Telephone numbers for the NPO: rdgs@cicucjcl.com 1 345 947 1963

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: 01-January-2021 End: 31-December-2021

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)?



(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?

[Redacted]

- 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)

[Redacted]

- 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.

[Redacted]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1	[Redacted]	
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.	[Redacted]	
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, United Church In Jamaica and the Cayman Islands
 (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).

June 7, 2022

Date _____





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: United Church in Jamaica and the Cayman Islands

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO P.O. Box 1700, Grand Cayman, KY1-1109, Cayman Islands

Email Address and Telephone numbers for the NPO: rdgs@cicucjci.com 1 345 947 1963

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: January 1, 2022 End: December 31, 2022

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)?



(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?

[REDACTED]

- 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)

[REDACTED]

- 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.

[REDACTED]

4. TEN LARGEST SOURCES OF CONTRIBUTIONS RECEIVED

List the Ten Largest sources of sums Received:		Amount
1.	[REDACTED]	
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.	[REDACTED]	
2.		
3.		
4.		



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.)

[illegible]

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



CONTROLLER DECLARATION

I, [REDACTED], controller of, United Church in Jamaica and the Cayman Islands,
(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).

[REDACTED]

August 3, 2023

Date





Non-Profit Organisation
ANNUAL RETURN FORM

Name of the Entity being reported on: United Church in Jamaica and the Cayman Islands

Name of Person Completing Return Form: [REDACTED]

Position of Person Completing Return Form: [REDACTED]

Address/ Registered Office of the NPO P.O. Box 1700, Grand Cayman, KY1-1109, Cayman Islands

Email Address and Telephone numbers for the NPO: rdgs@cicucjci.com 1 345 947 1963

Email Address and Telephone number for the Person Completing The Form: [REDACTED]

NPO Financial Year- Beginning: January 1, 2023 End: December 31, 2023

I. 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)?



(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.		



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).

August 27, 2024

Date _____

