



# Belize Companies & Corporate Affairs Registry

Keystone Building, Suit 501  
304 Newtown, Barracks,  
Belize City, Belize, C.A.

Telephone - (501) 224-4701  
Whatsapp - (501) 615-8761  
E-mail - [inquiries@bccar.bz](mailto:inquiries@bccar.bz)  
Website - [www.bccar.com](http://www.bccar.com)

6130 Iguana Avenue,  
Mountain View Avenue,  
Belmopan City, Belize, C.A.

## **SCHEDULE V NON-PROFIT ORGANISATION ANNUAL RETURN FORM**

*[Section 20(1)]*

**Name of Non-Profit Organisation:**

**Address of Registered Office of NPO:**

**Telephone Number(s) of NPO:**

**Email address of NPO:**

**Name of Person Completing Return Form:**

**Position of Person Completing Return Form:**

**Tel Number(s) of Person Completing  
Return Form:**

**Email address of Person Completing Return  
Form:**

**NPO Financial Year Beginning:**

**End:**

***Note: A Non-Profit Organisation which is required to file a certified copy of its audited accounts together with this return in accordance with the Non-Profit Organisations Act, CAP., section 18(2), shall not be required to complete the Pro-Forma Balance Sheet in section 1. below or the Pro-Forma Income Statement in section 2 below.***





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## 1. BALANCE SHEET

<b>ASSETS</b>		<b>\$</b>
Cash in Hand		
Cash in Bank/Financial Institution		
Investments (Short Term)		
Other Current Assets		
<b>Total Current Assets</b>		
<b>Property</b>		
Investments (Long Term)		
Other Fixed Assets		
<b>Total Fixed Assets</b>		
<b>TOTAL ASSETS</b>		
<b>LIABILITIES</b>		<b>\$</b>
Current Loans		
Other Loans/Debts		
Other Liabilities		
<b>Total Current Liabilities</b>		
<b>Mortgage</b>		
Other Long-Term Liabilities		
<b>Total Long-Term Liabilities</b>		
<b>TOTAL LIABILITIES</b>		
<b>EQUITY</b>		<b>\$</b>
Net Income		
Accumulated Surplus		

## 2. INCOME STATEMENT

<b>INCOME</b>	<b>\$</b>
Income from Donations	
Income from Grants	
Income from other Fundraising Activities (Specify)	
Income from the Provision of Goods and Services	
Rental Income	
Income from Investments	



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<b>Other Income (Specify)</b>	
<b>GROSS INCOME</b>	
<b>EXPENSES</b>	<b>\$</b>
<b>Funds donated/disbursed in accordance with the NPO's Purpose</b>	
<b>Other Funds donated/disbursed</b>	
<b>Operating Expenses</b>	
<b>Government Fees</b>	
<b>Other Expenses</b>	
<b>TOTAL EXPENSES</b>	
<b>NET INCOME (= GROSS INCOME – TOTAL EXPENSES)</b>	

### 3. TEN LARGEST SOURCES OF FUNDS RECEIVED BY THE NPO

List the Ten Largest Source of Funds Received	Amount





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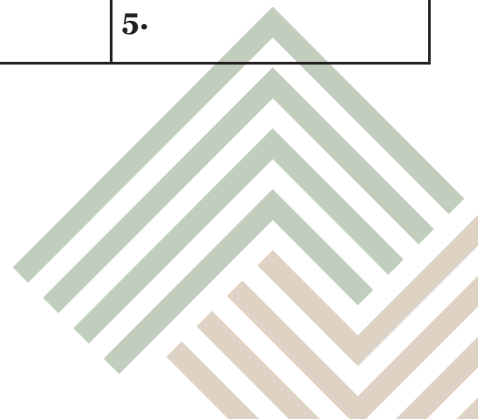
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## 4. DISBURSEMENT OF FUNDS

Activity Type	Mode of Disbursement	Amount Expended	Geographical Areas
<b>Funds Donated/Disbursed in accordance with NPO's Purpose</b>	<b>Financial Institution</b>		1. 2. 3. 4. 5.
	<b>MVTS</b>		1. 2. 3. 4. 5.
	<b>Other Regulated Channels (Specify)</b>		1. 2. 3. 4. 5.
	<b>Cash</b>		1. 2. 3. 4. 5.
	<b>Other (Specify)</b>		1. 2. 3. 4. 5.





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<b>Other Funds Donated/ Disbursed</b>	<b>Financial Institution</b>		1. 2. 3. 4. 5.
	<b>MVTS</b>		1. 2. 3. 4. 5.
	<b>Other Regulated Channels (Specify)</b>		1. 2. 3. 4. 5.
	<b>Cash</b>		1. 2. 3. 4. 5.
	<b>Other (Specify)</b>		1. 2. 3. 4. 5.
<b>Operating Expenses</b>	<b>(Specify)</b>		1. 2. 3. 4. 5.
<b>Government Fees</b>	<b>(Specify)</b>		
<b>Other expenses (e.g., insurance, utilities, pension, etc)</b>	<b>(Specify)</b>		





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## 7. ANNUAL REVIEW THRESHOLD

Complete this section if the figure reported for Gross Income above or in the NPO's audited accounts equals to or exceeds \_\_\_\_\_.

- A. Has the NPO sent 30% or more of its Gross Income overseas? Yes  No   
If the answer to question A is "yes" then answer questions B to D below.
- B. What is the total amount of funds or other property sent overseas by the NPO during the last financial year?
- C. What percentage of the NPO's Gross Income does the amount indicated in response to question B above represent? (i.e., the amount reported in question B divided by the Gross Income multiplied by 100)?
- D. What is the name of the licensed auditor who conducted the audit of the accounts of the NPO?

## 8. TEN LARGEST SALES AND PURCHASES OF PROPERTY AND OTHER ASSETS

Sales	Amount	Purchases	Amount

I, \_\_\_\_\_, controller of \_\_\_\_\_

(Name of Controller)

(Name of NPO)

1. Certify that the information provided is true to the best of my knowledge and that there has been no change in the material particulars of the NPO that have been notified to the Registrar.
2. That no major occurrences have taken place that can negatively impact the reputation of the NPO or the NPO Sector.
3. That any and all matters that can be categorized as major have been reported to the Registrar of NPOs (if applicable).

Signature

Date

