



GOVERNMENT OF BERMUDA

CHARITIES ACT 2014 ANNUAL REPORT FOR A REGISTERED CHARITY

This information is being collected to determine the suitability of registered charities for continued registration under the Charities Act 2014. Questions about this Form or the collection of the information can be directed to the Registrar General at the address below, via email at charityinfo@gov.bm or via telephone at (441) 246-8949.

RETURN THIS FORM TO:

The Registrar General
Government Administration Building
30 Parliament Street
Hamilton HM 12

Email: charityinfo@gov.bm

1. Name of Charity:

2. Phone Number:

3. Email Address:

4. Address of charity (street address):

5. Mailing address (if different from street address):

6. Registered Charity Number:

7. Registration Expiry Date (if applicable):

8. Financial Year covered by this report:

9. Has this report been submitted within 6 months of the charity's financial year end? Select

10. If you are a registered company provide your company registration number and details on your Shareholders/Members:

11. If the charity has a trading subsidiary or subsidiaries please list them below or indicate N/A (a trading subsidiary is a company owned and controlled by the charity to trade on its behalf):

12. If the charity has a trade name please provide it below or indicate N/A:

13. Please select only one primary charitable purpose that best describes your charity and (if applicable) only one secondary charitable purpose (follow the link [HERE](#) for guidance):

	Primary	Secondary		Primary	Secondary
• The prevention of relief of poverty	☐	☐	• The advancement of sport	☐	☐
• The advancement of education	☐	☐	• The advancement of the arts, culture, heritage or science	☐	☐
• The advancement of religion	☐	☐	• The advancement of animal welfare	☐	☐
• The advancement of health or the saving of lives	☐	☐	• The relief of those in need because of youth, age, ill-health, disability, financial hardship or other disadvantage	☐	☐
• The advancement of citizenship or community development	☐	☐	• The advancement of environmental protection or improvement	☐	☐
• The advancement of human rights, conflict resolution or reconciliation, or the promotion of religious or racial harmony or equality and diversity	☐	☐	• The promotion of the efficiency of the armed forces of the Crown or of the efficiency of the police, fire and rescue services or ambulance services	☐	☐
• The provision of recreational or similar facilities in the interests of social welfare	☐	☐	• Recreational and similar facilities	☐	☐

14. GENERAL OBLIGATIONS

- | | |
|---|--------|
| a) Does the charity work with persons who are considered vulnerable because of their age, physical or mental ability, or ill health? | Select |
| b) If you answered YES to question a), are you in compliance with the Vulnerable Persons Policy Document that has been issued by the Registrar General and Charities Commissioners for charities? | Select |
| c) Is your charity in compliance with financial crime risk management obligations for charities under the Charities Act 2014 and the Charities Regulations 2014? (Refer to parts B and C of our guidance HERE) | Select |
| d) During the past year, did the charity notify the Registrar General of any changes to its trustees, address, Bye-laws, Constitution, or other particulars within 30 days? (Section 17 of the Charities Act 2014) | Select |
| e) Are the charity's financial statements for the year to which this Annual Report relates attached? | Select |
| f) Have the financial statements been submitted within 6 months of the end of the charity's financial year end? (Section 37 of the Charities Act 2014) | Select |
| g) Have the financial statements been signed by the Treasurer and one other officer or trustee? | Select |
| h) If the financial statements have been audited have they been signed by the auditor? | Select |
| i) Has the charity paid the relevant annual fee to the Registrar General? | Select |
| j) Charities must re-confirm their Bye-Laws/ Constitution every 5 years if there have been no changes. If this applies, have you included a copy with your application? | Select |

15. If you answered NO to any of questions b) - g) or i) - j), or if your charity is not in compliance with any of the requirements of the Charities Act 2014 or the Charities Regulations 2014, please provide an explanation:

16. Please identify the primary objectives of your charity and its main beneficiaries:

17. Please explain how the charity's objectives and aims are of benefit to the public. You may wish to refer to the "Guidance on Charitable Purposes and Public Benefit" document issued by the Registrar General and Charity Commissioners, which is available [HERE](#):

18. Trustees are required to account for the activities undertaken to further its charitable purpose each year. Please attach your annual report and/or use the space below to identify the information required under Section 38 of the Charities Act 2014. This includes the nature of any fundraising activities, projects and programmes that the organization engaged in during the past year, and any changes during the year to its trusts. If it does not engage in fundraising, please state how it is financed. You may attach any additional materials (e.g. formal annual report, flyers, newspaper articles, etc.) that evidence the activities of your charity. Should you require additional space, please include on a separate sheet. (Please refer to Section 38 of the Charities Act 2014 - link [HERE](#) -for more details before completing this section):

19. LIST ALL TRUSTEES, DIRECTORS AND PRINCIPAL OFFICERS OF THE CHARITY (continue on next page if necessary)

[illegible]

20. In the last 5 years, have any of the charity's <u>trustees, directors, or principal officers</u>, whether under the laws of Bermuda or any other jurisdiction:	
a) been charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force?	Select
b) been the subject of, or convicted in any regulatory, civil, or other action or proceeding?	Select
c) been the subject of bankruptcy or receivership proceedings?	Select
d) been the subject of a court judgment or writ, or failed to satisfy a judgment or writ?	Select
e) had a business license or registration refused, suspended, or cancelled?	Select
21. If the answer is YES to any of the questions above, please provide details (attach a separate sheet if necessary):	
22. TERRORIST FINANCING RISK (refer to our guidance HERE):	
a) Does the charity have any suspicions or evidence of terrorist financing activity in its own operations or those of any partner or beneficiary?	Select
b) Has the charity received any donations from individuals or organizations located internationally?	Select
c) Has the charity made any payments to beneficiaries or organizations located internationally?	Select
d) If the answer to b) or c) above is yes, do you have Anti-Terrorist Financing (ATF) policies and procedures in place (refer to parts B and C of our guidance ?	Select
e) And if so, have you provided a copy of these policies to the Registry General Department?	Select
23. If the answer is YES to a) to c), or NO to d) or e) above, please provide details:	
24. BANKING	
a) Charities are required to reconfirm their bank mandate(s) when they have been changed or, if there are no changes, no later than every three years. Has the charity provided its most current bank mandate(s) to the Registry General Department?	Select
b) Please list the names of the local bank(s) your charity has an account with and state the type of account(s) and how many are held (e.g., 2 savings accounts, 1 checking account):	
c) Please list the names of any foreign bank(s) your charity has an account with and state the type of account(s) and how many are held (e.g., 2 savings accounts, 1 checking account) or indicate N/A:	

25. KNOW YOUR DONORS

- | | |
|--|--------|
| a) Have the trustees taken reasonable and appropriate steps to ensure they know who the charity's donors are? | Select |
| b) Does the charity have a well-established relationship with them? | Select |
| c) Have any individual donors given more than \$5,000 during the last financial year? | Select |
| d) In what form(s) are the funds received? (cash, cheque, bank transfer, etc – list all that apply: | |
| | |
| e) Has the charity received any unusual or one-off donations? | Select |
| f) Have there been any conditions attached to such donations? | Select |
| g) Have any public concerns been raised about any of the charity's donors or their activities? | Select |
| h) Have any donations been made on the condition that the funds are only to be retained by the charity for a period of time and then returned to the donor, with the charity retaining the interest? | Select |
| i) Have any donations been made on the condition that a particular third party be used to apply the funds? | Select |
| j) Have any donations been made on the condition that the funds be applied for the benefit of particular individuals, either directly or indirectly? | Select |
| k) Has the charity been asked to act as an intermediary to move funds for a third party? | Select |
| l) Have any donations been made in Bermuda dollars or another currency, with a requirement that they be returned in a different currency? | Select |
| m) Have any donations been received from unknown bodies or international sources? | Select |

26. If the answer is YES to any of the questions e) to m) above please provide details:

27. Please list the names of your 10 largest individual and corporate donors along with their total donations over the past financial year, or if less than 10 please list all donors:

28. KNOW YOUR PARTNERS (if the charity has partners or agents):	
a) have the trustees taken reasonable and appropriate steps to ensure they know who their partners are?	Select
b) does your charity have influence or control over them?	Select
c) does your charity have a long term relationship with them?	Select
d) do any of them operate internationally or in territories or areas known for terrorism or other criminal activity?	Select
29. If the answer is NO to questions a) to c) or YES to question d) please provide details:	
30. KNOW YOUR BENEFICIARIES	
a) Does the charity verify how its beneficiaries use the funds or other resources provided to them?	Select
b) Are any of the charity's beneficiaries located internationally (i.e., outside Bermuda)?	Select
c) Has the charity received any unusual requests from its beneficiaries?	Select
d) Are any of the charity's beneficiaries located in territories or areas that are known for terrorism or other criminal activity?	Select
e) Are any of the charity's beneficiaries located in territories or areas that are subject to sanctions by the Government of Bermuda? (please see International Sanctions Measures Government of Bermuda)	Select
31. If the answer is NO to question a) or YES to questions b) to e) please provide details:	

32. KNOW YOUR EMPLOYEES AND VOLUNTEERS

- a) Does the charity engage the service of volunteers (not including trustees/board members)? Select
- b) Does the charity employ any part-time or full-time employees?? Select
- c) If you answered **YES** to questions a) or b), does the charity have a screening process in place to ensure all volunteers and employees are suitable for their roles, especially if the charity interacts with vulnerable individuals? Select

33. If the answer is NO to questions c) or d) please provide details:

34. As applicable, please list the numbers of any volunteers and the numbers of any paid employees that were employed during the financial year covered in this report along with their corresponding salary range:

Salary Range (in BMD)	Number of Employees
\$200,000 and over	
\$175,000 - \$199,999	
\$150,000 - \$174,999	
\$125,000 - \$149,999	
\$100,000 - \$125,000	
\$90,000 - \$99,999	
\$80,000 - \$89,999	
\$70,000 - \$79,999	
\$60,000 - \$69,999	
\$50,000 - \$59,999	
Under \$50,000	
Total number of full-time employees	
Total number of part-time employees	
Total number of volunteers	

35. If any additional details are necessary please provide them below::

We hereby certify that the particulars contained in this Annual Report, which is submitted under the requirements of sections 38 and 47 of the Charities Act 2014, are true and correct to the best of our knowledge and belief.

_____ Signature	_____ Date
_____ Print Name	
_____ Position in Charity	
_____ Signature	_____ Date
_____ Print Name	
_____ Position in Charity	

36. LIST ALL TRUSTEES, DIRECTORS AND PRINCIPAL OFFICERS OF THE COMPANY			
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	Email:
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
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Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)
Official Title:			
Name:			
Street Address:			
Phone:	(C):	(H):	(Email:)

Please note the information contained in this section will not form part of the public charity file and will be used only for internal regulatory purposes.