

CHARITIES ACT 2014 ANNUAL REPORT FOR CHARITIES

This information is being collected to determine the suitability of registered charities and associated persons 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, or via email: charityinfo@gov.bm or at tele: 297-7848.

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RETURN THIS FORM TO: The Registrar General						
Government Administration Building, 1st Floor						
30 Parliament Street						
Hamilton HM 12	Email: <u>charityinf</u>	o@gov.bm				
1. Name of Organization						
2. Phone number:	Fax Number:	Email address:				
3. Address of Organization (street address)						
4. Mailing address (if different from street a	ddress)					
5 8 1 1 101 11 11		T-0 - 0 - 1 - 1 - 1	/: 6			
5. Registered Charity No.	6. Registration Expiry Date (if	7. Company Registration Numb	er (if			
	applicable):	applicable):				
0.5:						
8. Financial year covered by this Report:	9. Has this report been submitte					
	within 6 months of the charit	y s				
10 Which of the following extension of shore	financial year-end?	Surgery and relation 2 Places as last an amin				
10. Which of the following categories of char		your organization? Please select one prin	iary			
purpose and only one secondary purpos	e, ii fiecessary.					
The prevention or relief of poverty	[] • The a	advancement of sport				
• The prevention of relief of poverty		advancement of sport	[]			
	The	advana a sa a sa ta fala a sata a sultura				
The advancement of education	I I	advancement of the arts, culture,				
	nent	age or science				
. The advancement of religion	I l a Thor	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
The advancement of religion	[] • Ine a	advancement of animal welfare				
		11.6.6.1				
The advancement of health or the		relief of those in need because of				
saving of lives	•	h, age, ill-health, disability, financial				
	hard	ship or other disadvantage				
The advancement of citizenship or		advancement of environmental				
community development	prote	ection or improvement				
	a —					
The advancement of human rights,		promotion of the efficiency of the armed				
resolution or reconciliation, or the p		es of the Crown or of the efficiency of				
of religious or racial harmony or eq		police, fire and rescue services or				
and diversity	ambi	ulance services				
The provision of recreational or sim		r (please specify)				
facilities in the interests of social we	ітаге					

Please identify the primary objectives of your organization, and its main beneficiaries.					
Please identify the nature of any fundraising activities, projects and programmes that the org	anization e	ngaged ii	n during the	nast	
year. If it does not engage in fundraising, please state how it is financed.	Samzacion C	iigagea ii	r daring the	, past	
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Please explain how the organization's objectives and aims are of benefit to the public. You r	nav wish to	refer to t	he Guidano	re on	
Public Benefit document issued by the Registrar General and Charity Commissioners, which is					
Is your charity accredited by the Bermuda National Standards Committee?	Yes	1	No	[1
	. 00	1 1		Ļ	J
If Yes , please provide the date of accreditation:					
Does the charity have a trading subsidiary? (A trading subsidiary is a company owned and	Yes		No]
controlled by the charity to trade on its behalf)					•
If Yes , please provide the name of the subsidiary:					
in 163, piedse provide the hame of the substitutity.					

LIST ALL TRUSTEES, D	DIRECTORS AND OFFICERS OF THE ORGANIZATIO	N
Official Title:		
Name:		
Street Address:		
Phone No. (W)	(H)	Email
Official Title:		
Name:		
Street Address:		
		_
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
DI NI - (\A/\	(11)	Lewell
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title	(11)	Lilidii
Name		
Street Address		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
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Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
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Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title	(11)	Lilidii
Name		
Street Address		
Phone No. (W)	(H)	Email
Official Title		
Name		
Street Address		
Phone No. (W)	(H)	Email

l	past 5 years, have any of the organization's trustees, directors, or officers , whether uniction:	nder the lav	ws of B	ermuda or	any other
Jurisu	iction.				
a)	been charged or convicted of an offence (excluding traffic violations) under any criminal law or other law in force?	Yes	[]	No	[]
b)	been the subject of, or convicted in any regulatory, civil, or other action or proceeding?	Yes		No	[]
c)		Yes	[]	No	
d)	been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?	Yes		No	
e)		Yes	[]	No	
If the	answer is YES to any of questions a) to e) above, please provide details (attach a sepa	arate sheet	if nec	essary):	
CENE	DAL ODLICATIONS				
GENE	RAL OBLIGATIONS				
a)	Does the organization work with persons who are considered vulnerable because of their age, physical or mental ability, or ill health?	Yes	[] No	[]
b)	If you answered Yes to question a), are you in compliance with the Vulnerable	Yes	[No	
	Persons Policy Document that has been issued by the Registrar General and Charities Commissioners for charities? (Available at www.charities.gov.bm)		•	•	
۵۱		Vos	_	□ No	
c)	Is your charity in compliance with the Anti-Money Laundering and Anti-Terrorist Financing obligations for charities under the Charities Act 2014 and the Charities	Yes	Į] No	[]
	(Anti-Money Laundering, Anti-Terrorist Financing and Reporting) Regulations 2014?				
d)	During the past year, did the charity notify the Registrar General of any changes to	Yes	[] No	
	the it's trustees, address, or other particulars within 30 days? (Section 17 of the Act)		•	•	
e)	Are the charity's financial statements for the year to which this Annual Report	Yes		No	
	relates attached?				
f)	Have the financial statements been submitted within 6 months of the end of the charity's financial year end? (Section 37 of the Act)	Yes] No	[]
g)	Have the financial statements been signed by the Treasurer and one other officer / trustee?	Yes	[] No	
h)	Has the charity paid the relevant annual fee to the Registrar General?	Yes		No	

If you answered NO to any of questions b) to i) above, 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:				
ANTI-MONEY LAUNDERING & ANTI-TERRORIST FINANCING REPORT				
Name of AML/ATF Compliance Officer				
Date of financial year-end for this report				
Has the charity's AML/ATF Compliance Officer received AML/ATF training from the	Yes	1 1	No	
Registry General Department?		l J		l J
KNOW YOUR DONORS	_			
Have any donors given more than \$5,000 during the year?	Yes		No	
December about the company of the bank of relationship with the company	Vaa		No	
Does the charity have a well-established relationship with them?	Yes		No	
In what form is the money being received (cash, cheque, bank transfer)?				
Have any public concerns been raised about the donors or their activities?	Yes		No	1 1
Has the charity received any unusual or substantial one-off donations?	Yes	<u> </u>	No	l J
			INO	
Are there any conditions attached to such donations?	Yes		No	
Have any deposition above and are an altitude to the first deposit of the section of by the			N 1-	
Have any donations been made on condition that the funds are only to be retained by the	Yes		No	
charity for a period and then returned to the donor, with the charity retaining the interest?				
Have any donations been made on condition that a particular third party be used to apply the funds?	Yes		No	
Have any donations been made on condition that the funds be applied for the benefit of	Yes	1 1	No	
particular individuals, either directly or indirectly?]		l J
			ļ	
Is there a suggestion that the charity is being used as a conduit to a third party?	Yes		No	
Have any donations been made in Bermuda dollars or another currency, with a requirement	Yes		No	
that they be returned in a different currency?		ıJ		, ј
Have any donations been received from unknown bodies or international sources where	Yes		No	[]

financial regulation or the legal framework are not rigorous?

KNOW YOUR PARTNERS				
Does the charity work with any partners or agents in carrying out its objectives?	Yes		No	
If the charity has partners or agents, does the charity have influence or control over them?	Yes	[No	
If the charity has partners or agents, does it have a long relationship with them?	Yes		No	
If the charity has partners or agents, do any of these operate in territories or areas known for terrorism or other criminal activity?	Yes		No	
KNOW YOUR BENEFICIARIES				
Does the charity know how its beneficiaries use the funds or other resources provided to them? them?	Yes	[No	
Are most of the charity's beneficiaries located outside of Bermuda?	Yes		No	
Has the charity received any unusual requests from its beneficiaries?	Yes	[No	
Are any of the charity's beneficiaries located in territories or areas that are known for terrorism or other criminal activity?	Yes	[No]
Are any of the charity's beneficiaries located in territories or areas that are subject to sanctions by the Government of Bermuda?	Yes		No	
COMMENTS			•	
I hereby certify that the particulars contained in this Annual Report, which is submitted under th 47 of the Charities Act 2014, are true and correct to the best of my knowledge and belief.	e require	ments of s	ections 38	3 and
	e require		ections 38	3 and
47 of the Charities Act 2014, are true and correct to the best of my knowledge and belief.	e require			3 and
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