



**NON-GOVERNMENTAL ORGANIZATIONS BOARD  
ANNUAL REPORT**

**Please read these notes before filling this form**

If either your total income/funding or expenditure exceeds the sum of Kenya Shillings One Million (Kshs. 1,000,000), you must send, together with this form, an Audited Report from recognised auditors within ICPAK. The accounts MUST be in Kenya Shillings and Compliant with International Financial reporting Standards (IFRS).

You must send this form duly filled not later than 90 days from the date of completion of your financial year. We recommend that you send all the required documents to the NGOs Board, at least two weeks before the due date to ensure that they are received and processed on time.

Please enter all financial amounts in Kenya Shillings (KShs.)

**To the Executive Director  
NGOs Co-ordination Board  
P. O. Box 44617  
Nairobi**

Financial year Starting on \_\_\_\_\_ Ending on \_\_\_\_\_

**SECTION A - GENERAL INFORMATION**

**A1) Name and Address of NGO**

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Where any organization registered or exempted from registration changes the situation of its registered office or postal address, it shall give notice of such change to the Board in Form 4 set out in the First schedule (Section 20 (3) NGO Regulations, 1992)

**A2) Name and Address of Contact Person**

Name \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Nationality

A3 a) Registration Number \_\_\_\_\_

A3 b) NGOs PIN Number .....

A4) Date of Registration \_\_\_\_\_

A5) Scope of NGO (Tick where appropriate)

National

International

A6) Counties of operation

NGOs Should report only on the counties they operated in during the reporting period

**SECTION B - FINANCE**

Section 127 of the Income Tax Act empowers the Commissioner of Income Tax to specify (i.e prescribe) the form of a return. The Commissioner has in turn specified the form of return, which requires that income and expenditure be declared in Kenya shillings.

**B1) List of NGO's Assets & Reserves, in regard to the following** (Those stationed in Kenya only)

<u>Item</u>	<u>Number</u>	<u>Estimated Value</u>
Land	_____	_____
Building	_____	_____
Machinery	_____	_____
Motor Vehicles	_____	_____
Furniture and Fittings	_____	_____
Computers	_____	_____
Printers	_____	_____
Scanners	_____	_____
Photocopiers	_____	_____
Fax Machines	_____	_____
Investment Securities ( eg Shares,bonds )	_____	_____
Reserves	_____	_____
Other(Specify)	_____	_____

## B2) Receipts

### i) Cash and Bank balances carried forward from previous year

### ii) Income

**NOTE:** For every donor given below, indicate their type based on the categories given below

#### Donations

- |                                   |   |
|-----------------------------------|---|
| i) Religious Institution          | vii) Foreign Government Agency                |
| ii) Research/Academic Institution | viii) Non Governmental Organization           |
| iii) Agency of Kenya Government   | ix) Headquarter of this NGO                   |
| iv) Embassy/High Commission       | x) Directors' Contribution                    |
| v) Foundation/Trust               | xi) Membership Subscription                   |
| vi) United Nations Agency         | xii) Corporate donors (eg Business companies) |
| xiii) Individual donors           |   |

#### Other Incomes

- |  |                       |
|--|-----------------------|
| i) NGOs Self generated income (eg Consultancy services, Farming & Business income) | iii) Others (Specify) |
| ii) Returns from investments (eg dividends & interest).                            |                       |

<u>Name of Donor</u>	<u>Type of Donor</u>	<u>Country</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### iii) Income sub-total

### iv) Receipts total {B2(i) + B2(iii)}

## B3) Payments

	<u>Kenya</u>	<u>Other Countries</u>	
i) Purchase of tangible assets			-
ii) Projects cost			-
iii) Administration costs			-
iv) Personnel emoluments & benefits			
(a) Local Staff			-
(b) International Staff			-
v) Other Running Costs			-
<b>vi) Payments total</b>	-	-	-

### B4(I) Closing Balance {B 2(iv)-B3(Vi)}

II Cash & Bank balance (As per Bank statement and Cash Count)

### B5) Accounts audited in the last Financial Year.

(Tick where appropriate)

- Yes
- No

**B6) For the amount spent on Projects in B3(ii) above, break it down to sectors in which it was spent in Kenya and other countries**

Sectors here refers to the main result (Target Objective) expected from project implementation. While it is true that a project could have various components; the basis usually is to achieve a result in a specific sector i.e. a HIV/AIDS Sector project could have a non security, microfinance components. Note that the totals in section B6 should tally with project cost figures indicated on B3.

Sector	<u>In Kenya</u>	<u>In other countries</u>
Agriculture		
Children		
Disability		
Education		
Environment		
Gender		
Governance		
Health		
HIV/AIDS		
Informal Sector		
Information Communication technology		
Micro-finance		
Old Age Care		
Peace Building		
Population and Reproductive Health		
Refugees		
Relief		
Water		
Welfare		
Youth		
Other ( <i>Specify</i> )		

**B7) Name(s) of Bank(s) and Branch(es) for this NGO**

	<u>Bank</u>	<u>Branch</u>
i)	_____	_____
ii)	_____	_____
iii)	_____	_____

NGOs are required to obtain authorization letters from the NGOs Co-ordination Board before opening bank accounts.

## SECTION C - PERSONNEL

### C1) State the number of Employees and Volunteers both local and International

#### i) Stationed in Kenya

	<u>Local Staff</u>	<u>International Staff</u>	<u>Total</u>
Previous Year	_____	_____	-
Current Year	_____	_____	-
Staff who came in this year	_____	_____	-
Staff who left this year	_____	_____	-

#### ii) Stationed in other countries (Specify \_\_\_\_\_)

	<u>Local Staff</u>	<u>International Staff</u>	<u>Total</u>
Previous Year	_____	_____	-
Current Year	_____	_____	-

#### iii) Volunteers/Interns

	<u>Local Staff</u>	<u>International Staff</u>	<u>Total</u>
Previous Year	_____	_____	-
Current Year	_____	_____	-

### C2) Privileges accorded to Volunteers/Interns

	Local		International	
	Volunteers	Interns	Volunteers	Interns
Allowances/Stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C3) Number of staff members trained during the reporting period

	<u>Local Staff</u>	<u>International Staff</u>	<u>Total</u>
In-house Training	_____	_____	-
Professional Training	_____	_____	-
Other Training (Specify)	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>Total</b>	-	-	-

## SECTION D - PROJECTS

Note that "Projects in Other Countries" as referred to in this Section are the activities which were administered, supervised or co-coordinated from the Kenyan office of this NGO. Sectors here refers to the main result (Target Objective) expected from project implementation. While it is true that a project could have various components; the basis usually is to achieve a result in a specific sector i.e. a HIV/AIDS Sector project could have a non security, microfinance components.

### D1) Projects carried out

	i) Projects carried out this year, that were brought forward from previous year		ii) Projects carried out this year, that were started during the year		iii) Projects carried out this year, that were completed during the year	
	<i>Kenya</i>	<i>Other</i>	<i>Kenya</i>	<i>Other</i>	<i>Kenya</i>	<i>Other</i>
<b>Sector</b>						
Agriculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro-finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Age Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peace Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Population and Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refugees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### D2) Contribution(s) from Local Community and Government (*Projects carried out in Kenya only*)

#### i) From Local Community (*Tick where appropriate*)

		<u>Estimated amount</u>
Material	<input type="checkbox"/>	_____
Labour	<input type="checkbox"/>	_____
Financial	<input type="checkbox"/>	_____
Other ( <i>Specify</i> ) _____	<input type="checkbox"/>	_____

**ii) From Government** *(Tick where appropriate)*

Tax waiver and VAT Exemption

Other *(Specify)* \_\_\_\_\_

*Items/Goods granted*

Tax Waiver/VAT Exemption

Amount granted

\_\_\_\_\_

\_\_\_\_\_

**D3) Type of Organization collaborated with and Nature of Collaboration**

*(Projects carried out in Kenya only) (Tick where appropriate)*

	Information Exchange	Technical to Partner	Technical from Partner	Funding to Partner	Funding From Partner	Equipment to Partner	Equipment from Partner
NGOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government of Kenya Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donor Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Specify)</i>							

**SECTION E - GOVERNANCE**

**E1) Number of Board meetings per year, by NGO's Constitution** \_\_\_\_\_

**E2) Meetings held previous year** \_\_\_\_\_

**E3) Meetings held in current year** \_\_\_\_\_

**E4) Date of Last Annual General Meeting (AGM)** \_\_\_\_\_

**E5) Frequency of Elections as per Constitution** *(Tick where appropriate)*

Annually

Every 2 years

Every 3 years

Every 4 years

Every 5 years

Other *(Specify)* \_\_\_\_\_

**E6) Date of last Election** \_\_\_\_\_

**E7) Number of Directors/Officials** \_\_\_\_\_

E8) During the financial year, have any assets of this NGO stolen or otherwise misappropriated by a person who was, at the time, associated with this NGO (whether the assets or their value have been recovered or not)?

Yes

No

E9) Names of three current Officials

	<u>Name</u>	<u>Postal Address</u>	<u>Telephone</u>
i)	_____	_____	_____
ii)	_____	_____	_____
iii)	_____	_____	_____

Where there is any change of officers or of the title of any office of a registered Organization, notice in Form 13 set out in the First Schedule shall be given to the Board within fourteen days of the change and the notice shall be signed by three of the officers of the Organization (NGOs Regulations 22(1)). Note that the changes only become effective after a letter of confirmation is issued by the NGOs Coordination Board

### SECTION F - DECLARATION

I declare that the information given in this form is true and correct to the best of my knowledge, and that it reflects the actual state and activities of this Organization.

Signed by Chief Officer: Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Organization official stamp