

THE METHODIST CHURCH
STANDARD FORM OF ACCOUNTS

Church

FOR THE YEAR ENDED
31 August 2019

Circuit	Circuit no	

Registered Charity - Charity Registration number

If not a registered charity **Her Majesty's Revenue and
Customs Gift Aid number**

(The HMRC number is equivalent to a registered charity number in terms of evidence of charitable status and may be used to give to donors or grant funders wishing to see evidence of the organisation's charitable status. Methodist charities in England and Wales that are not registered charities are excepted from registration under Statutory Instrument 2014 No.242)

Minister:

Church Stewards:

Treasurer:

SECTION A		Unrestricted Funds	Restricted Funds	Totals this year	Totals last year
		£	£	£	£
a1	RECEIPTS	Note			
a2	Offerings and Tax recovered				
a3	Bank and CFB interest and Investment income				
a4	Lettings				
a5	Other receipts				
a6	TOTAL RECEIPTS				
				(a7)	

SECTION B					
b1	PAYMENTS				
b2	Circuit Assessment or Share				
b3	Donations				
b4	Repairs and Maintenance				
b5	Utilities (Insurances, water charges, heating & lighting)				
b6					
b7	Other payments				
b8	TOTAL PAYMENTS				
				(b9)	

SECTION C					
c1	NET RECEIPTS/PAYMENTS FOR THE YEAR	(a6-b8)			
c2	Total funds brought forward from last year				(c6)
c3	Sub total	(c1+c2)			
c4	Transfers and adjustments				(c7)
c5	TOTAL FUNDS AT END OF YEAR	(c3+c4)			(c8)
					(c6)

SECTION D			
FOR INFORMATION ONLY: MONEY RECEIVED AND PASSED ON TO EXTERNAL ORGANISATIONS			
d	(these amounts are not to be included in total receipts/payments figures above)	£	£
d1	Balance brought forward from last year		
d2	Offerings/Gifts - received for external organisations		
d3	Offerings/Gifts - passed to external organisations		
d4	BALANCE STILL TO BE PAID		
	(d1+d2-d3)		

Name of Church No.....

Declarations and Scrutiny

I confirm that these Receipt and Payment based accounts for the year to 31 August 2019 have been prepared from the records of the Church and that they include all funds under the control of the Church trustees.

Signature of treasurer Date.....

Name and address of treasurer

..... Post Code.....

Presentation to the Church trustees

I confirm that the annual report and accounts for the year ended 31 August 2019 were/will be* presented to the meeting of the Church trustees held on

Signature of the Chair of the meeting:

Name of the Chair of the meeting: Date

Independent Examiner's Report to the Trustees of the

.....Church

Charity Number

Responsibilities and basis of report

I report to the trustees on my examination of the accounts of the Church for the year ended 31 August 2019 set out on pages ... to As the Church's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Church's accounts carried out under section 145 of the Act and, in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

* delete or circle as appropriate

Name of Church No

Independent Examiner's Statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination (other than that disclosed below*) which give me cause to believe that in, any material respect:

- the accounting records were not kept in accordance with section 130 of the Act; or
- the accounts do not accord with the accounting records.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

I have/have not* obtained independent verification of all investments with the Trustees for Methodist Church Purposes or held in other trusts, bank balances and funds at the Central Finance Board of the Methodist Church which are individually in excess of £10,000 (ten thousand pounds) at the balance sheet date.

Signature of independent examiner

Name of independent examiner

Relevant professional qualification of independent examiner

Name of firm (where appropriate)

Address

..... Post Code

Date

* delete or circle as appropriate

September 2019

