

**THE METHODIST CHURCH
STANDARD FORM OF ACCOUNTS**

	District/No
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FOR THE YEAR ENDED

31 August 2024

Registered Charity - Charity Registration number

If not a registered charity **His 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)

District Chair

Deputy/Co Chair(s)

Synod Secretary

District Treasurer:

SECTION A			Unrestricted Funds	District Advance Fund	Restricted funds	Totals this year	Totals last year
a1	RECEIPTS	Note	£	£	£	£	£
a2	Assessment/Share						
a3	Capital receipts						
a4	Bank and CFB interest and Investment income						
a5	Grants						
a6	Other receipts (District Accounts)						
a7	TOTAL RECEIPTS					(a8)	

SECTION B							
b1	PAYMENTS						
b2	Salaries, NIC, Pension & travel costs						
b3	Manse Costs						
b4	Administration etc						
b5							
b6	Grants & donations						
b7	Other payments						
b8	TOTAL PAYMENTS					(b9)	

SECTION C							
c1	NET RECEIPTS/PAYMENTS FOR THE YEAR	(a7-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 should not be included in total receipts/payments 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)				

SUMMARY OF DISTRICT ACCOUNTS AND INTERNAL ORGANISATIONS REPORTING TO THE SYNOD

SECTION E Please follow the Guidance Notes to complete this page

Summary of the District accounts for the year ended 31 August 2024 and Internal Organisations reporting to the Synod. Note that the funds of an internal Organisation would normally be Restricted funds unless it could be clearly shown that they could be used for any Methodist purpose. This section must be completed to arrive at the total receipts and payments of the District. If gross income exceeds the Accruals threshold of £250,000, then the Accruals method of accounting AND A DIFFERENT FORM must be used to report the accounts (see Methodist website). Please refer to the guidance notes regarding transfers between the District and connected District Organisations.

INTERNAL ORGANISATIONS	Receipts	Payments	Net Receipts/ Payments	Adjustments	Opening balances	Closing balances
e1						
e2						
e3						
e4						
e5						
e6						
e7						
e8	Sub total of connected Organisations funds				(e11)	(e12)
e9	District Accounts (totals brought forward from page 2 - totals column)	(a8)	(b9)	(c7)	(c6)	(c8)
e10	TOTAL CASH FUNDS HELD BY DISTRICT				(x)	(y)
	Continue on a separate sheet if necessary and bring the totals forward	TOTAL RECEIPTS	TOTAL PAYMENTS			

SECTION F
STATEMENT OF ASSETS AND LIABILITIES

DISTRICT - CASH FUNDS HELD at 31 August 2024

	OPENING BALANCES	CLOSING BALANCES
f1		
f2		
f3		
f4		
f5		
f6		
f7	SUB TOTAL - District accounts	(c6) (c8)
f8	Total funds held by Internal Organisations (the closing balance totals above) (e12)	(e11) (e12)
f9	TOTAL CASH FUNDS HELD BY DISTRICT	(x) (y)

SECTION G
OTHER ASSETS and LIABILITIES

	At 1 September 2023	At 31 August 2024
g1		
g2		
g3		
g4		
g5		

f4 Include only Funds held at the Central Finance Board
 f5 Include only CFB Funds held at Trustees for Methodist Church Purposes
 g1 Include any other investments (not the cash element of TMCP trust accounts, this is included in line f5)

Name of District No.....

Declarations and Scrutiny

I confirm that these Receipt and Payment based accounts for the year to 31 August 2024 have been prepared from the records of the District and that they include all funds under the control of the District Policy Committee.

Signature of treasurer Date.....

Name and address of treasurer

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

Presentation to the District Policy Committee

I confirm that the annual report and accounts for the year ended 31 August 2024 were/will be,* presented to the District Policy Committee 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

.....District

Charity Number

Responsibilities and basis of report

I report to the trustees on my examination of the accounts of the District for the year ended 31 August 2024 set out on pages ... to As the District's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act

I report in respect of my examination of the District'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 District 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