



SURVEY OF NON-PROFIT ORGANISATIONS

QUARTER 2: (APRIL–JUNE) 2009

CONFIDENTIAL

DESPATCHED: 30/06/09

Please correct any errors

in this label.

Dear Sir\Madam,

Enclosed are two copies of the questionnaire on Non-profit organisations.

PURPOSE: The survey collects information from resident businesses, trade unions, employers and professional organisations, political organisations and religious organisations on social work with or without accommodation with non-residents. The data from the survey are used by the Bureau to compile Fiji's Balance of Payments Statistics.

DUE DATE: Please return the completed form in the postage-paid envelope by **21st July 2009**.

COLLECTION AUTHORITY: The information asked for is collected under the authority of the Statistics Act 1961(Cap 71). In accordance with Section 8 subsection 2 of this Act you are required to fill in one copy of the questionnaire and return it to the undersigned by the due date stated. Failure to meet this deadline could result in legal action without further notice.

CONFIDENTIALITY OF INFORMATION: Your completed form remains confidential to the Fiji Islands Bureau of Statistics.

HELP AVAILABLE: If you have problems completing this form, or feel you may have difficulties in meeting the due date, please contact the Fiji Islands Bureau of Statistics by:

Contact

Mr. Mohammed Jabid

Facsimile

3 303 656

Mail

The Fiji Islands Bureau of Statistics
Balance of Payments Unit
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Suva

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T Bainimarama
Government Statistician

A TURNOVER (F\$)

Total income derived during the period [codes 1 to 8]	
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Please split the total income given above by -

1	Revenue derived in Fiji from sales and services		
2	Fiji Government aid		
3	Local aid		
4	Overseas aid		
5	Interest received	Locally:	Abroad:
6	Exchange gain		
7	Income/money received from non residents		
8	All other income received such as subs, tithes & offering, etc		

Please split the overseas aid reported in 4 above –

Types of transactions			Embassies and consulates	Government organisations abroad	Non-government organisations abroad	Total
a		Cash				
	i	Capital transfer				
	ii	Current transfer				
b		In-kind				
	1	Goods				
	i	Capital transfer				
	ii	Current transfer				
	2	Services				
c		Educational scholarships				
d		Other				

Note:

Current transfer refers to transfers that are used for financing current expenditures: eg gifts of food, clothing or other consumer goods, medical supplies etc associated with relief efforts in the wake of hurricanes, floods, other natural disasters and war or other actions and gifts of military equipment, that is, weapons and equipment to support and deliver weapons, which are not treated as fixed assets.

Capital transfer refers to the transfer of ownership of a fixed asset. Transfer of cash is a capital transfer when it is linked to the acquisition or disposal of a fixed asset, for example, an investment grant.

Services refer to non-commodity type service including the services of professional and technical staff engaged in technical assistance program.

B EXPENDITURE (F\$)

Total expenditure incurred during the period [codes 1 to 7]	
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Please split the total expenditure given above by -

1	Purchases of materials		
2	Purchases of fuel, electricity and water		
3	Gross wages and salaries paid		
4	Interest paid	Locally:	Abroad:
5	Exchange losses		
6	Depreciation		
7	All other expenditure incurred		

Please split the gross wages and salaries paid reported in 3 above -

		Non-resident workers	Resident migrant workers and local employees
a	Paid in cash		
b	Paid in-kind		
	Total		

Note: Gross wages and salaries refer to wages and salaries paid before deductions.

Paid in-kind refers to non-cash benefits like food, housing etc.

Non-resident workers employed for 12 months or more are regarded as **resident or migrant workers**, the remainder should be regarded as non-resident.

C NUMBER IN EMPLOYMENT

1	Non-resident workers	
2	Resident migrant workers and local employees	

D CAPITAL EXPENDITURE IN FIJI BY NON-RESIDENTS (F\$)

a	Purchase of land	
b	Purchase of buildings and expenditure on construction and improvements to buildings	
c	Purchase of motor vehicles and related equipment	
d	Purchase of furniture	
e	Other capital expenditure (please specify)	
	Total Capital Expenditure	

Signature of person completing the questionnaire: _____ Date _____

Name _____ Position _____ Telephone No _____ Fax No _____

Email Address _____

Residential Address _____

If Chartered Account in private practice, please place a tick in the box

THANK YOU FOR COMPLETING THE QUESTIONNAIRE