

LUNGI SIERRA LEONE

England & Wales · Charity number 1150980

Details

Status Registered

Legal form Trust

Registered 2013-02-27

Register [View on the Charity Commission register](#)

Contact

Address Old Orchard
The Coombe
Betchworth
RH3 7BT

Phone 01737843357

Email lungisierraleone@gmail.com

Website lungisierraleone.org.uk

Activities

Objects: THE CHARITY'S OBJECTS ("THE OBJECTS") ARE TO PROMOTE THE FOLLOWING PURPOSES FOR THE BENEFIT OF THE PUBLIC AT LARGE LIVING IN THE LUNGI AREA OF SIERRA LEONE:(1) THE ADVANCEMENT OF EDUCATION AND TRAINING;(2) THE RELIEF OF POVERTY, SICKNESS AND DISTRESS;(3) THE PROMOTION OF GOOD HEALTH; AND(4) SUCH OTHER CHARITABLE PURPOSES FOR THE BENEFIT OF THE PEOPLE LIVING IN THE LUNGI AREA OF SIERRA LEONE AS ARE EXCLUSIVELY CHARITABLE ACCORDING TO THE LAWS OF ENGLAND AND WALES AS THE TRUSTEES MAY FROM TIME TO TIME DETERMINE.

Activities: We aim to advance education & training, relieve poverty, distress, & promote health within the Tintafor, Kamasondo, Benkeh district of Lungi, Sierra leone. 3 Schools- Primary 700, PreSchool 50, Building EJSS Secondary 250; Free equipped Medical Centre & Motorbike Ambulance Service- Pregnancy, childbirth, Vaccinations, Malaria, Diagnostics; Outreach for Students, Prosthetics, Covid 19 food support

Classification

- **How:** Provides Buildings/facilities/open Space, Provides Services
- **What:** General Charitable Purposes, Education/training, The Advancement Of Health Or Saving Of Lives, The Prevention Or Relief Of Poverty, Economic/community Development/employment
- **Who:** Children/young People, The General Public/mankind

Geography

- Sierra Leone

Finances

Period end	Income	Expenditure	Assets	Employees
2025-01-15	£16,050	£7,331	-	-
2024-01-15	£5,359	£12,958	-	-
2023-01-15	£26,717	£35,090	-	-
2022-01-15	£5,329	£7,904	-	-
2021-01-15	£22,029	£15,701	-	-

Trustees

Name	Role	Appointed
MELANIE EVANS	Chair	2013-02-06
KATHERINE EVANS		2013-02-06
PETER EVANS		2013-02-06
RICHARD EVANS		2013-02-06

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Accounts

Section E Financial review

Brief statement of the charity's policy on reserves

FONDS ARE ALLOCATED WHEREVER THEY MIGHT BEST BE USED WITH REGARD TO OUR MISSION STATEMENT

Details of any funds materially in deficit

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Further financial review details (Optional information)

You may choose to include additional information, where relevant about:

- the charity's principal sources of funds (including any fundraising);
- how expenditure has supported the key objectives of the charity;
- investment policy and objectives including any ethical investment policy adopted.

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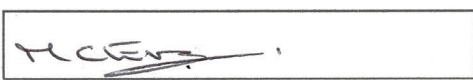
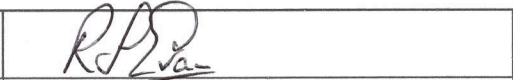
Section F Other optional information

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Section G Declaration

The trustees declare that they have approved the trustees' report above.

Signed on behalf of the charity's trustees

Signature(s)		
Full name(s)	MELANIE EVANS	RICHARD EVANS
Position (eg Secretary, Chair, etc)	CHAIR	SECRETARY

Date Sept. 7th 2023

B2 Other monetary assets

Details	to nearest £	to nearest £	to nearest £
/	0	0	0
/	0	0	0
/	0	0	0
/	0	0	0
/	0	0	0
/	0	0	0
/	0	0	0

B3 Investment assets

Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0

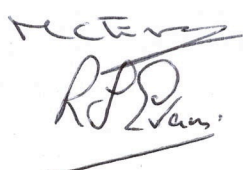
B4 Assets retained for the charity's own use

Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0
/	/	0	0

B5 Liabilities

Details	Fund to which liability relates	Amount due (optional)	When due (optional)
NIL		0	
		0	
		0	
		0	
		0	
		0	

Signed by one or two trustees on behalf of all the trustees

Signature	Print Name	Date of approval
	MELANIE EVANS RICHARD EVANS	7.09.23

Only complete if the examiner needs to highlight matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

Give here brief details of any items that the examiner wishes to disclose.

		Report to the trustees members of
On accounts for the year ended	Charity no (if any)	
Set out on pages		
Responsibilities and basis of report		
Independent examiner's statement		
Signed:		
Name:		
Relevant professional qualification(s) or body (if any):		
Address:		