

1. Organization Name: HANDS ON PERU	2. For Fiscal Year Ending: DEC 31, 2016
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Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	\$6,000
4. Restricted Assets:	0
5. Fixed Assets:	\$63,009
6. Total Current Assets:	\$69,009
7. Total Current Liabilities:	\$16,500
8. Total Net Assets:	\$52,509
B. Fund balance:	\$52,509
9. Unrestricted net assets at beginning of fiscal year:	\$11,078
10. Unrestricted net assets at end of fiscal year:	\$6,000
11. Total Change in unrestricted net assets:	\$5,078

Sections 2 and 3: Statement of Activities for Reporting Period

Section 2. Support and revenues:	Amount
12. Government grants and contracts:	0
13. §131F-2(18) qualifying organization grants:	0
14. §131F-2(5) qualifying bona fide membership fees	0
15. Program service revenues not exceeding service or good fair market value:	\$78,370
16. Program service revenues over and above service or good fair market value:	0
17. Corporate or business grants:	0
18. Contributions designated or received through third party channels (<i>e.g., via parent group, federated fundraising group</i>):	<u>0</u>
19. §131F-2(5) nonqualifying donation-based membership fees:	0
20. Fair market value of “in-kind” contributions and forbearances received:	0
21. Restricted direct contributions (<i>e.g., endowment giving, charitable gift annuities, unrealized bequests</i>):	0
22. Unrestricted direct contributions:	\$52,704
23. Total G.S. §131F-2(5) “contributions” (<i>add items 16 through 22 and enter total here</i>):	\$52,704
24. Total Support and Revenue (<i>add items 12 through 22 and enter total here</i>):	<u>\$131,074</u>

CSL Contact Information:

Agency Internet Site: www.sosnc.gov Electronic Mail: csl@sosnc.gov
 Telephone: (919) 814-5400 - Toll free for NC residents: 1-888-830-4989
 Facsimile: (919) 807-2220
 Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Annual Financial Report Form
 Form Revision: 2
 Effective Date: July 24, 2012
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Section 3. Functional Expense Statement:

Functional Expenses	(A) TOTAL	(B) Program Services	(C) Management and General	(D) Fund raising
25. Grants and allocations	0	-		
26. Specific assistance to individuals	8,575	8,575		
27. Benefits paid to or from members	0	-		
28. Compensation of officers, directors, etc.	14,000	10,500	3,500	-
29. Other salaries and wages	3,010	3,010	-	-
30. Pension plan contributions	0	-	-	-
31. Other employee benefits	2,203	1,435	768	-
32. Payroll taxes	0	-	-	-
33. Professional fundraising fees	0	-	-	-
34. Accounting fees	369	-	369	-
35. Legal fees	495	-	495	-
36. Supplies	2,340	2,340	-	-
37. Telephone	500	372	128	-
38. Postage and shipping	340	340	-	-
39. Occupancy	13,050	13,050	-	-
40. Equipment rental and maintenance	1,000	1,000	-	-
41. Printing and publications	1,228	1,178	-	50
42. Travel	9,737	8,839	898	-
43. Conferences, conventions and meetings	2,140	-	500	1640
44. Interest	0	-	-	-
45. Depreciation, depletion, etc.	0	-	-	-
46. Other expenses not covered above	6,000	6,000	-	-
Total Expense Amounts:	Total:	Program Services:	Management and General:	Fundraising:
47. TOTAL EXPENSES:	<u>\$64,987</u>	<u>\$56,639</u>	<u>\$6,658</u>	<u>\$1,690</u>

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Joint cost allocations:

48. Are any joint costs from a combined educational campaign and fundraising solicitation reported in the expense totals for Section 3 (B) Program Services?	YES	NO
<i>If the answer to item 48 is "No", skip items 49 through 52 and proceed to item 53. If the answer to item 48 is "Yes", answer items 49 through 52:</i>		Amount
49. Aggregate (total) amount of joint costs:		N/A
50. Amount allocated to Program Services:		N/A
51. Amount allocated to Management and General:		N/A
52. Amount allocated to Fundraising:		N/A
Optional Attachments:		
53. You may submit additional explanatory or descriptive information as attachments. Please check "Yes" here if attaching additional information:	YES	NO

54. FINANCIAL REPORT CERTIFICATION – MUST HAVE THREE (3) SIGNATURES (18 NCAC 11 . 0506 (a))

We, as members of the audit and/or finance committee or as members of the board of directors of the organization identified above, do hereby certify that the information in this report and any attachments is true and correct to the best of our individual and collective knowledge.

Name:	Signature
Title:	
Name:	Signature
Title:	
Name:	Signature
Title:	

55. Report Completion and Signature Date:	08 August 2017
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