

North Carolina Department of the Secretary of State Charitable Solicitation Licensing Division	Annual Financial Report Form for charitable or sponsor organizations
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1. Organization Name: SHARE THE BLESSINGS, INC.	2. For Fiscal Year Ending: 31Dec2019
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Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	???
4. Restricted Assets:	???
5. Fixed Assets:	???
6. Total Current Assets:	???
7. Total Current Liabilities:	???
8. Total Net Assets:	???
B. Fund balance:	
9. Unrestricted net assets at beginning of fiscal year:	???
10. Unrestricted net assets at end of fiscal year:	???
11. Total Change in unrestricted net assets:	???

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: (Retail ROI)	???
14. §131F-2(5) qualifying bona fide membership fees	0
15. Program service revenues not exceeding service or good fair market value:	0
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>):	0
19. §131F-2(5) non-qualifying 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>):	???
22. Unrestricted direct contributions:	???
23. Total G.S. §131F-2(5) “contributions” (<i>add items 16 through 22 and enter total here</i>):	0
24. Total Support and Revenue (<i>add items 12 through 22 and enter total here</i>):	0

CSL Contact Information: Agency Internet Site: www.sosnc.gov Electronic Mail: csi@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
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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		0		
27. Benefits paid to or from members		0		
28. Compensation of officers, directors, etc.		0		
29. Other salaries and wages		0		
30. Pension plan contributions		0		
31. Other employee benefits		0		
32. Payroll taxes		0		
33. Professional fundraising fees		0		
34. Accounting fees		0		
35. Legal fees		0		
36. Supplies		???		
37. Telephone		???		
38. Postage and shipping		???		
39. Occupancy		0		
40. Equipment rental and maintenance		0		
41. Printing and publications		0		
42. Travel		0		
43. Conferences, conventions and meetings		0		
44. Interest		0		
45. Depreciation, depletion, etc.		0		
46. Other expenses not covered above		0		
Total Expense Amounts:	Total:	Program Services:	Management and General:	Fundraising:
47. TOTAL EXPENSES:		???		

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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?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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:	0	
50. Amount allocated to Program Services:	0	
51. Amount allocated to Management and General:	0	
52. Amount allocated to Fundraising:	0	
Optional Attachments:	0	
53. You may submit additional explanatory or descriptive information as attachments. Please check "Yes" here if attaching additional information:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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: Nathan Wagner	Signature xxxxxxxxxxxx
Title: Chair Elect	
Name: Kevin Green	xxxxxxxxxxxx
Title: ????????	
Name:	Signature
Title	

55. Report Completion and Signature Date:	Day/Month/Year
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