

Annual Financial Report Form
for charitable or sponsor organizations

1. Organization Name: Raleigh Public Record	2. For Fiscal Year Ending: June 30, 2012
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Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	23027
4. Restricted Assets:	2310
5. Fixed Assets:	0
6. Total Current Assets:	25337
7. Total Current Liabilities:	12
8. Total Net Assets:	<u>25325</u>
B. Fund balance:	25325
9. Unrestricted net assets at beginning of fiscal year:	21840
10. Unrestricted net assets at end of fiscal year:	25325
11. Total Change in unrestricted net assets:	<u>3485</u>

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:	46500
14. §131F-2(5) qualifying bona fide membership fees	0
15. Program service revenues not exceeding service or good fair market value:	130
16. Program service revenues over and above service or good fair market value:	0
17. Corporate or business grants:	28
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

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4989
Facsimile: (919) 807-2220
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

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20. Fair market value of "in-kind" contributions and forbearances received:	0
21. Restricted direct contributions (e.g., endowment giving, charitable gift annuities, unrealized bequests):	2310
22. Unrestricted direct contributions:	6953
23. Total G.S. §131F-2(5) "contributions" (add items 16 through 22 and enter total here):	9291
24. Total Support and Revenue (add items 12 through 22 and enter total here):	<u>55921</u>

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.	5790	2895	1447.5	1447.5
29. Other salaries and wages	33782	33782	16891	16891
30. Pension plan contributions	0			
31. Other employee benefits	0			
32. Payroll taxes	886	443	221.5	221.5
33. Professional fundraising fees	0			
34. Accounting fees	2674	1337	668.5	668.5
35. Legal fees	0			
36. Supplies	162	81	40.5	40.5
37. Telephone	0			
38. Postage and shipping	0			
39. Occupancy	0			

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40. Equipment rental and maintenance	75	37.5	18.75	18.75
41. Printing and publications	2850	1425	712.5	712.5
42. Travel	0			
43. Conferences, conventions and meetings	0			
44. Interest	0			
45. Depreciation, depletion, etc.	0			
46. Other expenses not covered above	6217	3108.5	1554.25	1554.25
Total Expense Amounts:	Total:	Program Services:	Management and General:	Fundraising:
47. TOTAL EXPENSES:	<u>52436</u>	<u>26218</u>	<u>13109</u>	<u>13109</u>

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:		
50. Amount allocated to Program Services:		
51. Amount allocated to Management and General:		
52. Amount allocated to Fundraising:		
Optional Attachments:		
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

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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:	
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