Form <b>990</b>
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Department of the Treasury Internal Revenue Service

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For the 0004 colorador

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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► Go to www.irs.gov/Form990 for instructions and the latest information. م بدا م به مانی م



АГ	or the	zoz i calendar year, of tax year beginning and	ending		
B c a	heck if pplicable:	C Name of organization		D Employer identific	ation number
	Address change	HELP PERU, INC			
	Name change	Doing business as		46-395216	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	C/O M.HOLME 418 E.59TH STREET	19A	917-602-5	5293
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	362,962.
	Amende return			H(a) Is this a group re	turn
	Applica-	F Name and address of principal officer: ALEJANDRA LINARES – F	RIVAS	for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exer	npt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🔲 4947(a)(1) (	or 🗌 527	If "No," attach a	list. See instructions
J۷	Vebsite	e ▶ WWW.HELP-PERU.ORG		H(c) Group exemptior	n number 🕨
KF	orm of o	rganization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 2013 N	I State of legal domicile: NY
Pa		Summary			
	<b>1</b> B	riefly describe the organization's mission or most significant activities: $\underline{ ext{HELP}}$	PERU	IS COMMITTED	TO HELP
Š	<u> </u>	INDERPRIVLEGED PERUVIANS IMPROVE THEIR AC	CESS 1	O EDUCATION	I
Governance	<b>2</b> C	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	<b>3</b> N	lumber of voting members of the governing body (Part VI, line 1a)			10
Ō	<b>4</b> N	lumber of independent voting members of the governing body (Part VI, line 1b)			10
es 6		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			0
viti	<b>6</b> ⊤	otal number of volunteers (estimate if necessary)		6	0
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b N	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	<b>8</b> C	Contributions and grants (Part VIII, line 1h)		549,290.	362,962.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
se		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	<b>11</b> C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		549,290.	362,962.
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		430,450.	256,299.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	67,669.	61,522.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		otal fundraising expenses (Part IX, column (D), line 25)		20 702	20 506
ш		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,792. 528,911.	<u> </u>
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,379.	5,555.
		levenue less expenses. Subtract line 18 from line 12			· · · · · · · · · · · · · · · · · · ·
ts or				ginning of Current Year 433,959.	End of Year 439,514.
Assets		otal assets (Part X, line 16)		435,959.	439,514.
let A Ind	1	otal liabilities (Part X, line 26)		433,959.	439,514.
$ \mathbf{P}_2 $		let assets or fund balances. Subtract line 21 from line 20		400,000.	±JJ,J14.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	ALEJANDRA LINARES-RIVA	S, EXECUTIVE	DIRECTOR				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	BRIAN STEIN, CPA		11/15	/22 self-employed P00370567			
Preparer	Firm's name 🕒 APRIO, LLP			Firm's EIN ▶ 57–1157523			
Use Only Firm's address 7 PENN PLAZA NEW YORK, NY 10001 Phone no.212-697-							
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ice, see the separate ins	tructions.	Form <b>990</b> (202	:1)		
a .		AMTON NTOATON					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) HELP PERU, INC	46-3952163	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: HELP PERU IS COMMITTED TO HELP UNDERPRIVLEGED PERUVIANS		ર
	ACCESS TO EDUCATION, HEALTHCARE AND MEET OTHER EVERYDAY		
	FOUNDATION ALSO ASPIRES TO PROMOTE A CULTURE OF GIVING	AMONGST	
	PERUVIANS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	PS?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a		evenue \$	)
	IN OUR OPINION, HELP PERU IS IDENTIFIED IN THE PERUVIAN		
	NEW YORK AS ONE OF THE LEADING EFFORTS OF CHARITABLE WO		
	TO THAT EFFECT HELP PERU HAS IDENTIFIED A NUMBER OF FUN		
	THAT ALLOWED PEOPLE TO BECOME ACQUAINTED WITH HELP PERU	J'S ACTIVITIES	•
4b	(Code:) (Expenses \$	VE ITS GOALS.	9 <b>60.</b> )
	THE DONATIONS COMMITTEE IS RESPONSIBLE FOR MAKING DONAT		
	ORGANIZATIONS THAT CARRY OUT CHARITABLE WORK IN PERU.	THE COMMITTEE	
	HAS BUILT UP A DATABASE OF CHARITIES DOING WORK IN PERU		
	SELECTED TWO ORGANIZATIONS, ONE IN THE FIELD OF EDUCAT		IER
	IN THE FIELD OF HEALTHCARE, THAT GIVEN THEIR EXPERTISE		
	QUALIFICATIONS, HAVE A HIGH LEVEL OF IMPACT ON THE PEOL	PLE THEY ASSIST	Ľ•
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ including grants of \$) (R HELP PERU'S OTHER COMMITTEE IS THE FUND RAISING COMMIT'	evenue\$ TEE WUTCU TOOK	)
			<u> </u>
	TO RAISE DONATIONS FROM THE GENERAL PUBLIC. THIS COMM IDENTIFIED A SIGNIFICANT NUMBER OF PERUVIANS RESIDING		<u> </u>
			<u> </u>
		ITONS TO HELP	
	PERU.		
A!	Other program convince (Decevine on Color-dula O.)		
4d	Other program services (Describe on Schedule O.)	Ň	
A :	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 256,299.	)	
4e	Total program service expenses 256, 299.	Q	<b>90</b> (2021)
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Form 990 (2021) HELP PERU, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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Form	990 (2021) HELP PERU, INC 46-3	952163	8	age <b>4</b>
	t IV Checklist of Required Schedules (continued)	<u> </u>	<b>у</b> Р	age -
	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	)	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	240		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		,	<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28</b> b	)	X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	;	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		• <b>—</b>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c _	000	
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orm	HELP PERU, INC	46-3952	163	Р	<sub>age</sub> 5
ar	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				
_				Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instructions		20		
			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	<u>X</u>	
			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7b		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	•		
			8		
	Sponsoring organizations maintaining donor advised funds.		9a		
			9b		
	Section 501(c)(7) organizations. Enter:		30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
;	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	
	<sup>12-09-21</sup> 5 13 795476 20828 2021.05000 HELP PERU	J. INC	Form	<b>990</b> 20	(2021 828
-		, INC		20	020

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Check if Schedule O contains a response or note to any line in this Part VI         A. Governing Body and Management         Ir the number of voting members of the governing body at the end of the tax year       1a       10         re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0.       1b       10         any officer, director, trustee, or key employee have a family relationship or a business relationship with any other       e, director, trustee, or key employees?       10         the organization delegate control over management duties customarily performed by or under the direct supervision       ficers, directors, trustees, or key employees to a management company or other person?       10         the organization become aware during the year of a significant diversion of the organization's assets?       10         the organization have members or stockholders, or other person who had the power to elect or appoint one or       e members of the governing body?         any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?       10         any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the enization's mailing address? If 'Yes.'' provide the names and addresses on Schedule O       10         B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       10 </th <th>2 3 4 5 6 7a 7b 8a 8b 9 9</th> <th>Yes</th> <th>x x x x x x x x x</th>	2 3 4 5 6 7a 7b 8a 8b 9 9	Yes	x x x x x x x x x
Image: the number of voting members of the governing body at the end of the tax year       Image: the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0.       Image: the governing body, or if the governing body at the end of the image.         Image: the organization delegate control over management duties customarily performed by or under the direct supervision fficers, directors, trustees, or key employees to a management company or other person?         the organization make any significant changes to its governing body at the organization have members or stockholders, or other persons who had the power to elect or appoint one or a members of the governing body?         the organization have members, stockholders, or other persons who had the power to elect or appoint one or a members of the governing body?         the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body?         n committee with authority to act on behalf of the governing body?         n committee with authority to act on behalf of the governing body?         ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "yes," provide the	2 3 4 5 6 7a 7b 8a 8b 9 9	X X Yes	x x x x x x x x x x x
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the organization have members, stockholders, or other persons who had the power to elect or appoint one or e members of the governing body?	7a 7b 8a 8b 9 10a 11a 12a	Yes	X X X X
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any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b 8a 8b 9 10a 11a 12a	Yes	X X No
any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	8a 8b 9 10a 10b 11a 12a	Yes	X
he organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? in committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the <u>inization's mailing address?</u> <i>If "Yes," provide the names and addresses on Schedule O</i> <b>B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	8a 8b 9 10a 10b 11a 12a	Yes	X
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ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	10a 10b 11a 12a		No
Inization's mailing address? If "Yes," provide the names and addresses on Schedule O         B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.)         the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a		No
<b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> ) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	10b 11a 12a		
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cribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a		
the organization have a written conflict of interest policy? If "No," go to line 13			
			Х
	12b		
the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
	12c		1
chedule O how this was done the organization have a written whistleblower policy?	13	х	
the organization have a written whistleblower policy?	14		Х
	14		
the process for determining compensation of the following persons include a review and approval by independent			
ons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15.0		х
organization's CEO, Executive Director, or top management official	15a		X
er officers or key employees of the organization	15b		
es" to line 15a or 15b, describe the process on Schedule O. See instructions.			
the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
ble entity during the year?	16a		X
es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
int venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	16b		L
	s only) a	availat	ble
ublic inspection. Indicate how you made these available. Check all that apply.			
Own website Another's website Upon request Other <i>(explain on Schedule O)</i>			
	d financ	cial	
cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
ements available to the public during the tax year.			
ements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records			
ements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records CHAEL HOLME - 917-602-5293			
ements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records		990	
ti	pt status with respect to such arrangements?         C. Disclosure         he states with which a copy of this Form 990 is required to be filed ▶NY         on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):         ublic inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website         Upon request       Other (explain on Schedule O)	In the status with respect to such arrangements?       16b         C. Disclosure       Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy of this Form 990 is required to be filed ►NY         Image: Comparison of the states with which a copy	Image: pt status with respect to such arrangements?       If b         C. Disclosure       C. Disclosure         he states with which a copy of this Form 990 is required to be filed ▶NY       NY         on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available       Jubic inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       Upon request       Other (explain on Schedule O)         ribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial ments available to the public during the tax year.

Form 990 (2021)	HELP PERU, INC	46-3952163 Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key E	mployees, Highest Compensated
Employee	es, and Independent Contractors	
Check if Sch	nedule O contains a response or note to any line in this Par	t VII
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compe	nsated Employees
1a Complete this table	for all persons required to be listed. Report compensation f	or the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A) Name and title	(B) Average	(do		(C Posi	ition		200	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box	(do not check more t box, unless person is officer and a director			n is both an		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALEJANDRA MARIA LINARES-RIVAS B EXECUTIVE DIRECTOR	20.00			x				56,136.	0.	0
(2) MICHAEL HOLME	20.00			<u> </u>				50,150.	0.	0.
DIRECTOR		х						0.	0.	0.
(3) AUGUSTO URMENTA	20.00									
DIRECTOR		х						0.	0.	0.
(4) FERNANDO BRAVO	20.00									
DIRECTOR		Х						0.	0.	0.
(5) ALONSO ARAMBURUS	20.00									
PRESIDENT				Х				0.	0.	0.
(6) LUIS ORGANES	20.00									_
DIRECTOR		Х						0.	0.	0.
(7) DORIS VALLE RISSO	20.00									<u>^</u>
DIRECTOR		Х						0.	0.	0.
(8) MURIEL JARA LEE	20.00								0	0
DIRECTOR	20.00	Х						0.	0.	0.
(9) VIRGILIO DE LA PIEDRA	20.00	37							0	0
DIRECTOR (10) FERNANDO SOTO	20.00	Х						0.	0.	0.
TREASURER	20.00			x				0.	0.	0.
(11) JOSE ANTONIO MIRANDA	20.00			<u> </u>				0.	0.	0.
DIRECTOR	20.00	х						0.	0.	0.
(12) CHRISTOPHER PRICE	20.00	- 23								
EXECUTIVE DIRECTOR				x				0.	0.	0.
132007 12-09-21	1	I	I		I	1	1	1		Form <b>990</b> (2021)

7

132007 12-09-21

	990 (2021) HELP PERU	-								46-39	<del>9521</del>	63	Pa	ge <b>8</b>
hours per box, unless person is both an compensation com								<b>(E)</b> Reportable compensatio	(E) ortable E ensation a					
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	compe fror orgar	m the nizatio relate	on d
											$\rightarrow$			
											-+			
											-			
	Subtotal								56,136.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	 }			_
	compensation from the organization											Y	'es	0 No
3	Did the organization list any <b>former</b> officer,			-	•	-		Ŭ		•		3		x
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		-		
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or st	ich r	oers	on .				<u></u>	5		X
1	Complete this table for your five highest cor	•	•							•	pensatio	on from	ו	
	the organization. Report compensation for t (A)						or wi	tnin	(B)			(C)		
	Name and business	address	NC	ONE	2			_	Description of s	ervices	Co	mpens	ation	
2	Total number of independent contractors (ir	•	ot lin	nited	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				0	,				F	orm <b>9</b> 9	90 (20	021)

132008 12-09-21

Check # Schedule O contains a response or note to any lino in this Part VII       (A)         (A)       (B)         (A)       (B)       (B) <th (b)<<="" colspan="2" th=""><th></th><th>990 (</th><th></th><th>2</th><th></th><th></th><th>46-3952</th><th>163 Page <b>9</b></th></th>	<th></th> <th>990 (</th> <th></th> <th>2</th> <th></th> <th></th> <th>46-3952</th> <th>163 Page <b>9</b></th>			990 (		2			46-3952	163 Page <b>9</b>
Image: state of the second	Pa	rt VIII	Statement of Revenue							
a B       Federated campaigne       1a       1b         b Membership Oxee       1b       1b       1c         c Fundations events       1d       1d       1d         d Related cagnitations       1d       1d       1d         e Overmmert grants (contricutions)       1f       337, 962.       362, 952.         e Overmmert grants (contricutions)       1f       337, 962.       362, 952.         e Overmmert grants (contricutions)       1f       357, 962.       362, 952.         e Overmmert grants (contricutions)       1f       357, 962.       362, 952.         e Overmmert grants (contricutions)       1f       357, 962.       362, 952.         e Overmmert grants (contricutions)       1f       357, 962.       362, 952.         e Overmmert grants (contricutions)       1g       362, 952.       96         e Overmmert grants (contricutions)       1g       1g       362, 952.         e Overmmert grants (contricutions)       1g       1g       1g         g Over			Check if Schedule O contains a response o	or note to any line	(A)	<b>(B)</b> Related or exempt	(C) Unrelated			
g       Total. Add lines 2a.21       ▶         g       Investment income (including dividends, interest, and       ▶         d       Income from investment of tax exempt bond proceeds       ▶         5       Royatties       (i) Real       ▶         6       G       (ii) Personal       ●         6       G       (iii) Personal       ●         6       G       (iii) Personal       ●         6       G       (iii) Personal       ●         7       Gross arount from sales of acids schere than incentory fast and sales expenses       (ii) Other         7       Gross arount from sales of acids schere than incentory fast and sales expenses       7a         1       C       Gain or (loss)       (iii) Other         7       Gross income from fundraking events (not including \$ of coss income from fundraking events       >         8       Gross income from fundraking events       >          9       Gross income from gaming activities. See Part V, line 18       Ba          9       Gross income from gaming activities. See Part V, line 18       >          9       Gross income from gaming activities. See Part V, line 18       >          9       Gross income from gaming activities. See		b c d f f <u>g</u>	Membership dues     1b       Fundraising events     1c       Related organizations     1d       Government grants (contributions)     1e       All other contributions, gifts, grants, and similar amounts not included above     1f       Noncash contributions included in lines 1a-1f     1g \$	337,962.	362,962.			sections 512 - 514		
other similar amounts)   4   income from investment of tax-exempt bond proceeds   5   Royatties   6   a Gross rents   6a   b Less: rental expenses   6b   c Rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis and asias expenses   7 a Gross amount from fundrating events (not including \$ of contributions reported on line 1c). See Part IV, line 18   9 a Gross income from gaming activities. See Part IV, line 18   9 a Gross income from gaming activities   9 a Gross income from gaming activities   9 a Gross income from gaming activities   9 a Gross income or (loss) from gaming activities   9 a Gross income or (loss) from gaming activities   9 a Gross income or (loss) from gaming activities   10 a Gross alse of inventory, less returns   10 a Gross alse of inventory, less returns   10 a diowances   <	Program Revel	g	All other program service revenue							
6 a Gross rents       6a       6b         b Less: rental expenses       6b       6c         c Rental income or (loss)       income or (loss)       income or (loss)         7 a Gross amount from sales of assets other than inventory       income or (loss)       income or (loss)         7 a Gross amount from sales of assets other than inventory       income or (loss)       income or (loss)         6 d Addition of the basis       income or (loss)       income or (loss)         6 d Net gain or (loss)       income or (loss)       income or (loss)         8 a Gross income from fundraising events (not including \$ or of contributions reported on line 1c). See       income or (loss) from fundraising events         9 a Gross income from gaming activities. See       income or (loss) from gaming activities. See       income or (loss) from gaming activities         10 a Gross sales of inventory.       income or (loss) from sales of inventory.       income or (loss) from sales of inventory.         10 a Gross sales of inventory.       income or (loss) from sales of inventory.       income or (loss) from sales of inventory.         10 a Gross sales of inventory.       income or (loss) from sales of inventory.       income or (loss) from sales of inventory.         10 a Gross sales of inventory.       inventory.       income or (loss) from sales of inventory.         10 a Gross sales of inventory.       inventory. <td< td=""><td></td><td>4</td><td>other similar amounts) Income from investment of tax-exempt bond pro Royalties</td><td>oceeds</td><td></td><td></td><td></td><td></td></td<>		4	other similar amounts) Income from investment of tax-exempt bond pro Royalties	oceeds						
7 a Gross amount from sales of assets other than inventory (i) Securities   b Less: cost or other basis 7b   and sales expenses 7b   7 c 7c     a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See   Part IV, line 18 8a   b Less: direct expenses 8b   c Net income or (loss) from fundraising events   9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   gad   b Less: core or (loss) from gaming activities. See   9 a Gross also of inventory, less returns   10 a Gross also of inventory, less returns   and allowances   b Less: core or (loss) from sales of inventory   b Less: core or (loss) from sales of inventory   b Less: core or (loss) from sales of inventory   and allowances   b Less: core or (loss) from sales of inventory   c All lother revenue   c C Intil core or (loss) from sales of inventory   b Less: core or (loss) from sales of inventory   c All other revenue   c All other revenue   c Total Add lines 11a 11d   c Total Add lines 11a 11d		b c	Gross rents   6a     Less: rental expenses   6b     Rental income or (loss)   6c							
d Net gain or (loss)   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See   Part IV, line 18 Ba   b Less: direct expenses   9 a Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9 a Gross income or (loss) from fundraising events   9 a Gross income or (loss) from gaming activities. See   Part IV, line 19 9a   9 b Less: direct expenses   9 c Net income or (loss) from gaming activities   b Less: cost of goods sold   10 a Gross sales of inventory, less returns and allowances   10 b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Mathematication or (loss) from sales of inventory   c All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions	enue	7 a b	Gross amount from sales of assets other than inventory       (i) Securities         Less: cost or other basis and sales expenses       7a							
b Less: direct expenses Bb Ab		d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	►						
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   11 a Business Code   b Source   c Source   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions		с	Less: direct expenses       8b         Net income or (loss) from fundraising events       .         Gross income from gaming activities. See       .	<b>&gt;</b>						
c       Net income or (loss) from sales of inventory       Image: Control of the second secon		с 10 а	Less: direct expenses       9b         Net income or (loss) from gaming activities          Gross sales of inventory, less returns and allowances       10a							
e Total. Add lines 11a-11d         ▶         362,962.         0.         0.         0.	ellaneous svenue	<u>с</u> 11 а								
F UUIT /AA		d e 12	Total. Add lines 11a-11d           Total revenue. See instructions		362,962.	0.	0.	0.		

132009 12-09-21

Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	256,299.	256,299.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	56,136.		56,136.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	E 206		E 206						
10	Payroll taxes	5,386.		5,386.						
11	Fees for services (nonemployees):									
	Management									
b		7,875.		7,875.						
c d	Accounting	7,075.		7,075.						
u e	Lobbying Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g										
9	column (A), amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology	3,216.		3,216.						
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	10 110		10 110						
23	Insurance	12,113.		12,113.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	MISCELLANEOUS	5,709.		5,709.						
b	GRANTS CONSULTANTS FEES	4,250.		4,250.						
с	FUNDRAISING EXPENSES	3,500.			3,500.					
d	PAYROLL FEES	2,363.		2,363.						
е	All other expenses	560.		560.						
25	Total functional expenses. Add lines 1 through 24e	357,407.	256,299.	97,608.	3,500.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

# 132010 12-09-21

Form 990 (2021)

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HELP PERU, INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX

Secured mortgages and notes payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨 🔀

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

11 2021.05000 HELP PERU, INC

20828\_1

0.

0.

0.

439,514.

439,514.

439,514.

Form 990 (2021)

	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	392,916.	1	388,236.
2	Savings and temporary cash investments	21,043.	2	21,045.
3	Pledges and grants receivable, net		з	30,233.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	433,959.	16	439,514.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or $35\%$			
	controlled entity or family member of any of these persons		22	

Form 990 (2021)

Assets

Liabilities

Net Assets or Fund Balances

23

24 25

26

27

28

29

30

31

32

33

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

23

24

25

26

27

28

29

31

32

33

0.

0.

0. 30

433,959.

433,959.

433,959.

Form	HELP PERU, INC	46-3952	163	Pad	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	362	,96	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2	357	,40	)7.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	, 55	55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	433	,95	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	439	,51	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				<b>Yes</b>	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the organization							identification number					
	PERU, INC		ions must complete this part.) See instructions.									
Part I Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.						
The organization is not a private found 1 A church, convention of ch 2 A school described in sec 3 A hospital or a cooperative 4 A medical research organiz city, and state:	tion 170(b)(1)(A)(ii). ( hospital service orga tation operated in cor	n of churches described Attach Schedule E (Form anization described in <b>se</b> njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A)		· · · ·					
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	section 170(b)(1)(A)(iv). (Complete Part II.)											
<ul> <li>7 X An organization that norma section 170(b)(1)(A)(vi). (0</li> <li>8 A community trust describ</li> </ul>	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
or university or a non-land-												
<ul> <li>university:</li> <li>An organization that norma activities related to its exer income and unrelated busi See section 509(a)(2). (Construction of the section of th</li></ul>	mpt functions, subjec ness taxable income implete Part III.)	t to certain exceptions; a (less section 511 tax) fro	and (2) no i m busines	more than ses acqui	33 1/3% of its red by the orga	support fi	rom gross investment					
12 An organization organized more publicly supported of lines 12a through 12d that a <b>Type I.</b> A supporting org	and operated exclusi rganizations describe describes the type o	vely for the benefit of, to d in <b>section 509(a)(1)</b> o f supporting organizatior	perform th r <b>section !</b> and comp	he functior 5 <b>09(a)(2)</b> . plete lines	ns of, or to car See <b>section 5</b> 12e, 12f, and	<b>09(a)(3).</b> ( 12g.	Check the box on					
<ul> <li>the supported organization organization. You must</li> <li>Type II. A supporting organization or management or organization(s). You must</li> </ul>	on(s) the power to rec complete Part IV, Se ganization supervised of the supporting orga	gularly appoint or elect a ections A and B. or controlled in connect anization vested in the sa	majority o	of the direct	tors or trustee	s of the su	ipporting					
c Type III functionally inte	•					y integrate	d with,					
its supported organization d Dype III non-functionall that is not functionally in	y integrated. A supp	orting organization oper	ated in cor	nnection w	vith its support	-						
requirement (see instruct	,	• •	,									
e Check this box if the org					Type I, Type I	l, Type III						
functionally integrated, of	organizationa	, , , , , , , , , , , , , , , , , , , ,	0 0	ation.								
<b>f</b> Enter the number of supported	-	d organization(c)										
g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (iii) Type of organization (described on lines 1·10 above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)												
Total												

HELP PERU, INC

46-3952163 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	188,843.	124,357.	56,432.	529,290.	332,962.	1231884.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	188,843.	124,357.	56,432.	529,290.	332,962.	1231884.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						618,559.
	Public support. Subtract line 5 from line 4.						613,325.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	188,843.	124,357.	56,432.	529,290.	332,962.	1231884.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1231884.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I		•			14	<u>49.79 %</u>
	Public support percentage from 2020					15	<u>46.78</u> %
<b>16</b> a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	k this box and <b>st</b>	o <b>p here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Cohodulo A	(Earm 000) 2021

Schedule A (Form 990) 2021

132022 01-04-22

HELP PERU, INC

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	L					
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	L					
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support		1	1	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	ļ					
c	Add lines 10a and 10b	ļ					
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	L					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
See	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2021 (I			column (f))		15	%
16						16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
<b>19</b> a	33 1/3% support tests - 2021. If the						ne 17 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						.ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
1320	23 01-04-22		15			Sched	ule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A				PERU,	
Part IV	Suppor	ting	Organizations	(continued)	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			

	directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported	
2	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization	2

supervised	l. or controlleo	the supportine	a organization.	
Section C. Ty	pe II Supr	orting Org	anizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support of the

Section D. All Type III Supporting Organization	S
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			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supporte	d a governmental entity (see instructions).
------------	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

17 2021.05000 HELP PERU, INC Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to	-		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 HELP PERU, INC

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

# Schedule A (Form 990) 2021 HELP PERU, INC 4 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) (continued)

Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

19

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Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

HELP PERU, INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# PART I, LINE 2 & 3:

# GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

### OFFICE IN NEW YORK

132028 01-04-22

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132071 12-20-21

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection Employer identification number

OMB No. 1545-0047

HELP PERU, INC 46-3952163 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No .....L

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

SOUTH AMERICA -Image: Constraint of the second	40,060.
BRAZIL, CHILE, COLUMBIA, ECUADOR,000UNTOS AN EDUCATIONAL ORGANIZATION IN LIMA PERU.HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00GRANTS PAID TO PERU CHAMPS AN EDUCATIONAL ORGANIZATION IN LIMA PERU.PERU'S COMMITTMENT TO PERU'S COMMITTMENT TO PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00IN LIMA PERU.PERU'S COMMITTMENT TO ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00IN LIMA PERU.SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00COLDEST AREAS OF PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00COLDEST AREAS OF PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,000PERU A MUSIC EDUCATION PERU A MUSIC EDUCATION PERU'S COMMITTMENT TO PERU'S COMMIT	40,060.
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SOUTH AMERICA -THIS GRANT FOLLOWS HELPARGENTINA, BOLIVIA,GRANTS PAID TO PERU CHAMPSPERU'S COMMITTMENT TOBRAZIL, CHILE,00IN LIMA PERU.PERUVIANS IMPROVE THEIRCOLUMBIA, ECUADOR,00IN LIMA PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA -GRANTS PAID TO HOSEG INTHIS GRANT FOLLOWS HELPARGENTINA, BOLIVIA,GRANTS PAID TO HELP PROVIDEPERU'S COMMITTMENT TOBRAZIL, CHILE,JACKETS TO CHILDREN IN THEHELP UNDERPRIVLEGEDCOLUMBIA, ECUADOR,00COLDEST AREAS OF PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA -GRANTS PAID TO SINFONIA FORTHIS GRANT FOLLOWS HELPARGENTINA, BOLIVIA,00COLDEST AREAS OF PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA -GRANTS PAID TO SINFONIA FORTHIS GRANT FOLLOWS HELPPERU'S COMMITTMENT TOBRAZIL, CHILE,OOOORGANIZATION IN SAN ISIDROPERU'S COMMITTMENT TOBRAZIL, CHILE,00PERUPERU A MUSIC EDUCATIONPERU'S COMMITTMENT TOBRAZIL, CHILE,00PERUPERU'S COMMITTMENT TOBRAZIL, CHILE,00PERUPERUVIANS IMPROVE THEIR	40,060.
ARGENTINA, BOLIVIA, BRAZIL, CHILE,GRANTS PAID TO PERU CHAMPS AN EDUCATIONAL ORGANIZATIONPERU'S COMMITTMENT TO HELP UNDERPRIVLEGEDCOLUMBIA, ECUADOR,00IN LIMA PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE,GRANTS PAID TO HOSEG IN LIMA PERU TO HELP PROVIDE JACKETS TO CHILDREN IN THE HELP UNDERPRIVLEGEDTHIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO PERU'S COMMITTMENT PERU'S P	
BRAZIL, CHILE, COLUMBIA, ECUADOR,000IN LIMA PERU.HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00SRANTS PAID TO HOSEG IN JACKETS TO CHILDREN IN THE JACKETS TO CHILDREN IN THE PERUVIANS IMPROVE THEIRPERU'S COMMITTMENT TO PERUVIANS IMPROVE THEIRSOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,00COLDEST AREAS OF PERU. PERU TO SINFONIA FOR PERU'S COMMITTMENT TO PERU'S COMMITTMENT PERU'S COMMITTMENT TO PERU'S COMMITTMENT PERU'S COMMITTMENT TO PERU'S COMMITTMENT PERU'S COMMITTMENT<	
COLUMBIA, ECUADOR,00IN LIMA PERU.PERUVIANS IMPROVE THEIRSOUTH AMERICA -GRANTS PAID TO HOSEG INTHIS GRANT FOLLOWS HELPARGENTINA, BOLIVIA,LIMA PERU TO HELP PROVIDEPERU'S COMMITTMENT TOBRAZIL, CHILE,JACKETS TO CHILDREN IN THEHELP UNDERPRIVLEGEDCOLUMBIA, ECUADOR,00COLDEST AREAS OF PERU.SOUTH AMERICA -GRANTS PAID TO SINFONIA FORTHIS GRANT FOLLOWS HELPARGENTINA, BOLIVIA,EL PERU A MUSIC EDUCATIONPERU'S COMMITTMENT TOBRAZIL, CHILE,OOPERUARGENTINA, BOLIVIA,PERUPERU'S COMMITTMENT TOBRAZIL, CHILE,OOPERUCOLUMBIA, ECUADOR,00PERU	
SOUTH AMERICA -       GRANTS PAID TO HOSEG IN       THIS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       LIMA PERU TO HELP PROVIDE       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       JACKETS TO CHILDREN IN THE       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       0       COLDEST AREAS OF PERU.       PERUVIANS IMPROVE THEIR         SOUTH AMERICA -       GRANTS PAID TO SINFONIA FOR       THIS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       O       O       O         COLUMBIA, ECUADOR,       0       0       PERU	
ARGENTINA, BOLIVIA,       LIMA PERU TO HELP PROVIDE       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       JACKETS TO CHILDREN IN THE       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       O       COLDEST AREAS OF PERU.       PERUVIANS IMPROVE THEIR         SOUTH AMERICA -       RARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       FILS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       O       O       ORGANIZATION IN SAN ISIDRO       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       O       PERU       PERUVIANS IMPROVE THEIR	40,060.
BRAZIL, CHILE,       JACKETS TO CHILDREN IN THE       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       0       COLDEST AREAS OF PERU.       PERUVIANS IMPROVE THEIR         SOUTH AMERICA -       GRANTS PAID TO SINFONIA FOR       THIS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       O       O       PERU         COLUMBIA, ECUADOR,       0       0       PERU	
COLUMBIA, ECUADOR,       0       0       0       COLDEST AREAS OF PERU.       PERUVIANS IMPROVE THEIR         SOUTH AMERICA -       GRANTS PAID TO SINFONIA FOR       THIS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       O       O       PERU         COLUMBIA, ECUADOR,       0       0       PERU	
SOUTH AMERICA -       GRANTS PAID TO SINFONIA FOR       THIS GRANT FOLLOWS HELP         ARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       ORGANIZATION IN SAN ISIDRO       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       0       PERU	
ARGENTINA, BOLIVIA,       EL PERU A MUSIC EDUCATION       PERU'S COMMITTMENT TO         BRAZIL, CHILE,       ORGANIZATION IN SAN ISIDRO       HELP UNDERPRIVLEGED         COLUMBIA, ECUADOR,       0       0       PERU	15,060.
BRAZIL, CHILE,     ORGANIZATION IN SAN ISIDRO     HELP UNDERPRIVLEGED       COLUMBIA, ECUADOR,     0     0     PERU	
COLUMBIA, ECUADOR, 0 0 PERU PERUVIANS IMPROVE THEIR	
SOUTH AMERICA - GRANTS PAID TO ANIA TO HELP THIS GRANT FOLLOWS HELP	36,060.
ARGENTINA, BOLIVIA, SUPPORT THEIR STRATEGIC PERU'S COMMITTMENT TO	
BRAZIL, CHILE, ENVIRONMENTAL FRIENDLY HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR, 0 0 INITIATIVES IN PERU. PERUVIANS IMPROVE THEIR	6,200.
SOUTH AMERICA - GRANTS PAID TO MOSAICO TO THIS GRANT FOLLOWS HELP	
ARGENTINA, BOLIVIA, HELP SUPPORT THEIR PERU'S COMMITTMENT TO	
BRAZIL, CHILE, INITIATIVES TO HELP HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR, 0 0 UNDERPRIVILEGED CHILDREN IN PERUVIANS IMPROVE THEIR	5,060.
SOUTH AMERICA - GRANTS PAID TO MINGA TO THIS GRANT FOLLOWS HELP	<u> </u>
ARGENTINA, BOLIVIA, SUPPORT THEIR INTIATIVES TO PERU'S COMMITTMENT TO	
BRAZIL, CHILE, HELP UNDERPRIVILEGED HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR, 0 0 CHILDREN IN PERU. PERUVIANS IMPROVE THEIR	17,610.
SOUTH AMERICA - GRANTS PAID TO PROGRAMA THIS GRANT FOLLOWS HELP	<u> </u>
ARGENTINA, BOLIVIA, MAMA TO HELP REDUCE PERU'S COMMITTMENT TO	
BRAZIL, CHILE, MATERNAL AND CHILD HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR, 0 0 MORTALITY IN PERU PERUVIANS IMPROVE THEIR	15,060.
	175,170.
b Total from continuation	
sheets to Part I 00	
c Totals (add lines 3a	81,129.
and 3b)	<i>.</i>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2021

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE F (Form 990)

Schedule F (Form 990)	HELP PER	U, INC	• (Schedule F (Form 990), Part I, line 3	46-395216	3 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE,			GRANTS PAID TO SUSTAINABLE PRESERVATION INITIATI TO EMPOWER DISADVANTAGED	THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0	0	ENTREPRENEURS AND ARTISANS	PERUVIANS IMPROVE THEIR	15,000.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE,			GRANTS PAID TO ASOCIACION DE LAS BIENAVENTURANZAS TO PROVIDE SHELTER TO THOSE	THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP UNDERPRIVLEGED	
COLUMBIA, ECUADOR,	0		WHO NEED THE MOST	PERUVIANS IMPROVE THEIR	66,129.
Totals					81,129.

132181 04-01-21 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	40,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	40,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	17,610.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	15,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	6,200.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	5,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	36,060.	ORGANIZATION	Ο.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	15,060.	ORGANIZATION	Ο.		CASH

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2021

Page 2

Schedule F (Form 990)	HELP	PERU, INC			46-39	52163		Page <b>2</b>
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
<b>1</b> (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		ARGENTINA,	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	15,000.	ORGANIZATION	٥.		CASH
		SOUTH AMERICA -	THIS GRANT FOLLOWS		DIRECT			
		· ·	HELP PERU'S		CONTRIBUTION			
		BOLIVIA, BRAZIL,	COMMITTMENT TO HELP		то			
		CHILE, COLUMBIA,	UNDERPRIVLEGED	66,129.	ORGANIZATION	٥.		CASH

# Schedule F (Form 990) 2021

HELP PERU, INC

46-3952163

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

HELP PERU, INC

PART I, LINE 2:

Schedule F (Form 990) 2021

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3, COLUMN (E):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

#### EDUCATION.

132075 12-20-21

Schedule F (Form 990) 2021 HELP PERU, INC	46-3952163	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting m	hod); and Part III, column (c)	
(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMB	SIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLL	OWS HELP PERU'	s
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEI	R ACCESS TO	
EDUCATION.		
(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMB	SIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLL	OWS HELP PERU'	S
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEI	R ACCESS TO	
EDUCATION.		
(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMB	BIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLL	OWS HELP PERU'	S
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEI	R ACCESS TO	
EDUCATION.		
(A) REGION:		
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMB	SIA, ECUADOR,	
(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLL	OWS HELP PERU'	S
COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEI	R ACCESS TO	
EDUCATION.		

# (A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S
132075 12-20-21
Schedule F (Form 990) 2021
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

# COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

#### EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

### EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP PERU'S

COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO

EDUCATION.

PART II, COLUMN (D):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

#### UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

132075 12-20-21

Schedule F (Form 990) 2021 HELP PERU, INC

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP 132075 12-20-21 Schedule F (Form 990) 2021 36

2021.05000 HELP PERU, INC

Schedule F (Form 990) 2021 HELP PERU, INC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

# UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO HELP

UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

PART I, LINE 2 & 3:

GRANT FUNDING RECORDS ARE MAINTAINED ON A CASH BASIS AT HELP PERU'S

OFFICE IN NEW YORK.

PART I, LINE 3, COLUMN (E):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR.

(E) SPECIFIC TYPES OF SERVICES IN REGION: THIS GRANT FOLLOWS HELP

PERU'S COMMITTMENT TO HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR

ACCESS TO EDUCATION.

PART II, COLUMN (D):

(A) REGION:

13361113 795476 20828

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR.

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132075 12-20-21

2021.05000 HELP PERU, INC

Schedule F (Form 990) 2021

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

# (D) PURPOSE OF GRANT: THIS GRANT FOLLOWS HELP PERU'S COMMITTMENT TO

# HELP UNDERPRIVLEGED PERUVIANS IMPROVE THEIR ACCESS TO EDUCATION.

132075 12-20-21

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Schedule F (Form 990) 2021

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or form 990-EZ.	EZ	OMB No. 1545-0047
Name of the organizatio			identification number
FORM 990, PA	HELP PERU, INC RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS		52105
HEALTHCARE A	ND MEET OTHER EVERYDAY NEEDS. THE FOUNDATION A	ALSO AS	SPIRES
TO PROMOTE A	CULTURE OF GIVING AMONGST PERUVIANS.		
FORM 990, PA	RT 1, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:	
HEALTHCARE A	ND TO MEET OTHER EVERYDAY NEEDS. THE FOUNDATION	N ALSO	
ASPIRES TO P	ROMOTE A CULTURE OF GIVING AMONGST PERUVIANS		
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:		
N/A			
FORM 990, PA	RT III, LINE 4D, OTHER PROGRAM SERVICES:		
N/A			
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
A DRAFT OF T	HE 990 HAS BEEN CIRCULATED TO THE BOARD.		
FORM 990, PA	RT VI, SECTION C, LINE 19:		
ONCE WE FILE	THE FINANCIAL STATEMENTS, WE WILL LOOK TO HAVE	E FORM	990 ON THE
WEBSITE. WE	SEND COPIES OF OTHER DOCUMENTS AS REQUESTED.		
FORM 990, PA	RT VI, SECTION 8, LINE 11B:		
	HE 990 HAS BEEN CIRCULATED TO THE BOARD.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Name of the organization HELP PERU, INC	Page 2 Employer identification number 46-3952163
FORM 990, PART VI, SECTION C, LINE 19:	
ONCE WE FILE THE FINANCIAL STATEMENTS, WE WILL LOOK TO HAV	/E FORM 990 ON
THE WEBSITE. WE SEND COPIES OF OTHER DOCUMENTS AS REQUEST	ED.
132212 11-11-21	Schedule O (Form 990) 202 <sup>-</sup>

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

# FOR THE YEAR ENDING

DECEMBER 31, 2021

# PREPARED FOR:

HELP PERU, INC C/O M.HOLME 418 E.59TH STREET 19A NEW YORK, NY 10022

# PREPARED BY:

APRIO, LLP 7 PENN PLAZA NEW YORK, NY 10001

# AMOUNT OF TAX:

BALANCE DUE OF \$125

# MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

# MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

# **RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

# SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat					
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy)	12/31/2021			
Check if Applicable:	Name of Organization:Employer Identification Number (EIN)HELP PERU, INC46-3952163				
Name Change	ange Mailing Address: NY Registration Number:				
Final Filing Amended Filing	City / State / ZIP: NEW YORK, NY 10022	Telephone: 917 602-5293			
Reg ID Pending	Website: WWW.HELP-PERU.ORG	Email: INFO@HELP-PERU.ORG			
Check your organization'					
registration category:	7A only EPTL only X DUAL (7A & EPTL)	EXEMPT* Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .			
2. Certification					
See instructions for certif two signatories.	cation requirements. Improper certification is a violation of law that ma	ay be subject to penalties. The certification requires			
	enalties of perjury that we reviewed this report, including all attachmen e true, correct and complete in accordance with the laws of the State c				
President or Authorized		JANDRA LINARES-RIVAS CUTIVE DIRECTOR			
	Signature	Print Name and Title Date			
Chief Financial Officer o		ASURER			
	Signature	Print Name and Title Date			
3. Annual Reporting	Exemption				
categories (DUAL filers) the additional attachments and	nat apply to your filing. If your organization is claiming an exemption un nat apply to your registration, complete only parts 1, 2, and 3, and sub e required. If you cannot claim an exemption or are a DUAL filer that c nts and pay applicable fees.	mit the certified Char500. No fee, schedules, or			
exceed \$2	<u>ig exemption</u> : Total contributions from NY State including residents, fo 5,000 <u>and</u> the organization did not engage a professional fund raiser ( ons during the fiscal year.				
	illing exemption: Gross receipts did not exceed \$25,000 and the marke fiscal year.	et value of assets did not exceed \$25,000 at any time			
4. Schedules and Attachments					
See the following page for a checklist of schedules and attachments to complete your filing.       Yes       X       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.					
	X Yes No 4b. Did the organization receive government grar				
5. Fee					
See the checklist on the next page to calculate yo	7A filing fee: EPTL filing fee: Total fee:	Make a single check or money order			
fee(s). Indicate fee(s) you		payable to:			
are submitting here:	\$ <u>25.</u> \$ <u>100.</u> \$ <u>1</u>	_25"Department of Law"			
CUAD500 Appual Eiling fo	Charitable Organizations (Ladated January 2022)				

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

X Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000

Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

# **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

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2021.05000 HELP PERU, INC

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# CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
HELP PERU, INC	44-32-82
2. Government Grants	
Name of Government Agency	Amount of Grant
1. PPP LOAN FORGIVENESS	1. 25,000.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 25,000.

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