

North Carolina Department of the Secretary of State

Charitable Solicitation Licensing Division

PO Box 29622

Raleigh, NC 27626-0622

Phone: 919-807-2214 NC only Toll Free: 1-888-830-4989 Email: csl@sosnc.com Website: www.sosnc.com

Solicitation License Application
Charitable or Sponsor Organization

REVISED June 1, 2014

If applicant received less than \$25,000 in N.C.G.S. §131F-2(5) contributions in immediate preceding fiscal year and does not compensate any officer, trustee, organizer, incorporator, fundraiser, or solicitor, applicant may be eligible for exemption and may file "Request for Exemption Under 131F-3(3)" and submit supporting documentation. This Form is available at <http://www.secretary.state.nc.us/csl/Download.aspx> and may be filed in lieu of the application.

1. Check appropriate box: Initial Application ☐ X Renewal Application

2. N.C. Charitable Solicitation License Number: EX004434 (renewal applicants only)

3. Legal Name of Applicant Organization: Committee to Honor America's Veterans

4. Principal Street Address: 7835 Balmore Dr

5. City: Sunset Beach State: North Carolina Zip Code: 28468

6. Mailing address (may not be third party filer): _____

7. Telephone number: 910-575-4162

8. Email address (may not be third party filer): HonorAmericasVeterans@gmail.com

9. Applicant's Website: sbvets.org

10. List all other NC locations: Street address: 202 Barony Place Drive Sunset Beach, NC 28468 Telephone number(s): 910-575-2469

11. Charitable purpose for which applicant is organized: The Committee to Honor America's Veterans is a group of residents of Brunswick County who came together with a goal of constructing a Veterans' Memorial in our region. Some of us have served our country while others are citizens who support our veterans. Our vision is to build in Brunswick County, a memorial that will commemorate and properly recognize our veterans-past, present and future-for their contributions to the protection of our nation and its citizens, as well as the preservation of freedom throughout the world. We see the memorial as a serene and dignified place where veterans and civic organizations may hold ceremonies and where individuals may come and reflect. We have our non-profit 501C3 status.

12. Charitable purpose for which solicited contributions will be used: All contributions, donations, gifts and purchases will be used in their entirety for the construction of the memorial.

13. Major program activities of applicant: 1. MAIL SOLICATION: Prepare solicitation posters, letters and flyers for mailing to all area residents asking for donations and/or to solicit purchase of memorial bricks. 2. BRICK SALES: We intend to offer memorial bricks as the primary source of funding to build the memorial. 3. FUNDRAISING: Will include local and county events such as the Oyster Festival and Sunset at Sunset. We will also host a Golf Tournament and Dinner. 4. GRANTS: We will solicit funding from all governmental, charitable and veterans fraternal organizations. 5. WEBSITE: Primary source to solicit funding.

14. Applicant's Fiscal Year End Date: (month/day): December 31

15. Has applicant received a federal tax exemption determination letter? X Yes ☐ No

IRS Tax Exemption Code: DLN# 17053191361033 (e.g. 501(c)(3) or other code included on IRS Tax Exempt Determination letter)

If yes, applicant must provide a copy of their "IRS Tax Exempt Determination" letter to the Department with this application or upon receipt to obtain a tax exempt license. Once submitted, the Department will keep the applicant's letter on file.

16. Applicant's State of Establishment: North Carolina Applicant's Date of Establishment: April 1, 2013

For non-NC corporations: Provide either of the following to verify the applicant's current legal existence:

1. Certificate of Existence or Certificate of Good Standing from state of incorporation dated no more than six months prior to date of signing of application, or
2. Actual webpage screenshot found on a publicly accessible regulatory authority website dated no more than thirty (30) days prior to the date the license application was signed that includes the following elements:
 - Exact name of the entity as it appears on the license application; and
 - Language clearly verifying its status as a corporation in good standing in the state of incorporation (i.e. "current" or "active"); and
 - Date the information was printed on the face of the document.

For non incorporated applicants: Copy of stamped certificate of "doing business as" or "assumed name" filed with local Register of Deeds must be filed with application.

The following items MUST be included with your application package: PLEASE ATTACH

17. List of all names used by applicant in the solicitation of contributions. All names must be legally registered and documentation of legal registration of all names in state where registered must be filed with application. Committee to Honor America's Veterans

18. List of all states where applicant is authorized to solicit contributions. North Carolina

19. List of names and street addresses of directors, officers, trustees, and salaried executive personnel for current fiscal year. (The applicant's street address may be used.): **See attached**

20. List of names of individuals or officers in charge of any solicitation activities: John Corbett, Gordon Coulson, Karen Joseph, Charles Nern, Lou DeVita, Loretta Danielik

21. List of names, street addresses, and telephone numbers of individuals or officers who have final responsibility for custody and/or final distribution of contributions: **See attached**

22. Name, street address, and telephone number of individual who has custody of applicant's financial records (if applicant does not maintain an office in North Carolina). **N/A**

23. **Financial information:** Include with the application at least one of the following documents with financial information for the immediate preceding fiscal year. Check all documents that are included with this application.:

☐ IRS Form 990 or 990-EZ (with dated signature of authorized official) ☐ Audited Financial Statement ☒ NC Annual Financial Report Form

Note: Schedule A is required with the Form 990

(available at www.secretary.state.nc.us/csl/Download.aspx)

Note: IRS e-postcard (Form 990-N) is not sufficient to satisfy the financial information requirement.

For newly established applicants with no financial history, a proposed budget for the current fiscal year including projected revenues and expenses must be submitted.

24. **Contract(s) information:** Does applicant intend to enter into, presently have, or had within the last 12 month period a contract(s) with any person who qualifies as a fundraising consultant, solicitor, or coventurer?

☐ Yes, intend to enter or presently have ☐ Yes, had an active contract within the last 12 months ☒ No

If yes, for EACH applicable Contractual Agreement or active contract within the last 12 months, attach a completed NC Fundraising Disclosure Form. (available at www.secretary.state.nc.us/csl/Download.aspx)

25. **Consolidated Application information:** Is applicant applying as a parent organization for one or more subordinate organization(s) (chapter, branch, member or affiliate) located in North Carolina?

☐ Yes. ☒ No.

If yes, attach a list of applicant's subordinate organization(s), include for each subordinate: (1) organization's full legal name, (2) for non-incorporated applicants, copy of stamped certificate of "doing business as" or "assumed name" filed with local Register of Deeds, (3) address for each NC location, (4) contact person for each NC location, and (5) telephone number for each NC location.

If yes, attach appropriate parent and subordinate organization(s) financial information in accordance with instructions in Question 23.

26. **Federated Fundraising Organization information:** Is applicant a United Way, United Arts Fund, community chest, or other federation of independent charitable organizations which have voluntarily joined together for the purpose of raising and distributing contributions and where membership does not confer operating authority and control of the individual group organization upon the federated group organization?

☐ Yes. ☒ No.

If yes, attach a list of applicant's member agencies that complies with the following requirements:

A. For each NC member agency exempt from license requirements, the agency name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the immediate preceding fiscal year.

B. For each NC member agency subject to license requirements, provide the agency's charitable solicitation license number assigned by the Department, the agency name, the agency address, the name of the executive in charge of the member agency, the agency telephone number, and the amount allocated by the applicant to the licensed member agency during the immediate preceding fiscal year.

27. Does applicant compensate (in any capacity) any officer, trustee, organizer, or incorporator?

☐ Yes. ☒ No.

28. Has applicant or any of its officers, directors, trustees, or salaried executive personnel been enjoined from soliciting contributions in any jurisdiction? ☐ Yes. ☒ No. If Yes, attach an explanatory statement.

29. Has applicant or any of its officers, directors, trustees, or salaried executive personnel been found to have engaged in unlawful practices in the solicitation of contributions or the administration of charitable assets in any jurisdiction?

☐ Yes. ☒ No.

If Yes, attach an explanatory statement.

30. Has applicant had its authority denied, suspended, or revoked by any governmental agency?

☐ Yes. ☒ No.

If yes, attach an explanatory state ment including the reason(s) for each denial, suspension, or revocation.

31. Has applicant entered into any assurance of voluntary compliance or similar agreement in any jurisdiction?

☐ Yes. ☒ No.

If yes, attach one (1) copy of each agreement.

32. Calculation of License Fee:

Amount of N.C.G.S. §131F-2(5) contributions received in immediate preceding fiscal year: \$ _____

If applicant received less than \$5,000, there is no license fee.

If applicant is required to have a license and received \$5,000 but less than \$100,000 in immediate preceding fiscal year: **\$50.00**

If applicant received more than \$100,000, but less than \$200,000 in immediate preceding fiscal year: **\$100.00**

If applicant received more than \$200,000 in immediate preceding fiscal year: **\$200.00**

Calculated license fee amount: \$ 50.00

Calculation of Late Fee: \$25.00 per month following expiration of last license or extension calculated on the fifteenth day of each month past the due date.

+ \$ _____

Total fee amount attached to this application:

\$ 50.00

MAKE CHECK PAYABLE TO: NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

33. APPLICANT SIGNATURE: To be signed in the presence of a Notary Public who has administered the following oath:

I swear or affirm that I am the **Treasurer or Chief Fiscal Officer (CFO)** of the applicant charitable or sponsor organization, and that the information furnished in this application and all supplemental forms, reports, documents, and attachments are true and correct to the best of my knowledge under penalty of perjury.

Signature: _____

Signer's Name (Print): _____

Signer's Title (Print): _____

NOTARIZATION:

In County BRUNSWICK State NORTH CAROLINA

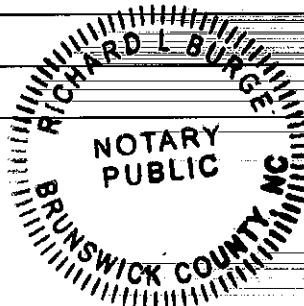
Sworn to and subscribed before me this the 4th day of MARCH in the year of 2015.

Notary Public's Signature: _____

Notary Public's Name (Print): RICHARD L. BURGE

Date Notary Public's Commission Expires: 4/19/2016

Please place notary stamp or seal imprint beside or below this line:



34. Third Party Filer Contact Information (optional): N/A

Name: _____ Telephone Number: _____

Email address: _____

**Attachment for
North Carolina Solicitation Application**

19. Officers:

Gordon Coulson – Chairman
John Corbet – 1st Vice Chairman
Karen Joseph – 2nd Vice Chairman
Loretta Danielik – Secretary
Charles Nern – Treasurer
Lou DeVita – Assistant Treasurer

Address of Applicant for all: 7835 Balmore Dr. S.W Sunset Beach, NC 28468

21. Financial Responsibility:

Gordon Coulson - 7835 Balmore Dr. SW Sunset Beach, NC 28468
John Corbet – 423 Sailfish St Sunset Beach, NC 28468
Karen Joseph – 915 Sandpiper Bay Dr. SW Sunset Beach, NC 28468
Loretta Danielik – 1079 Emerillon Dr. SW Ocean Isle Beach, NC 28469
Charles Nern – 647 Oyster Bay Dr. Sunset Beach, NC 28468
Lou DeVita – 223 Crooked Gulley Cr. Sunset Beach, NC 28468

23. NC Annual Financial Report Attached

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 12 2014**

COMMITTEE TO HONOR AMERICAN
VETERANS
7385 BALMORE DR SW
SUNSET BEACH, NC 28468

Employer Identification Number:
46-2411635
DLN:
17053191361033
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
March 22, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

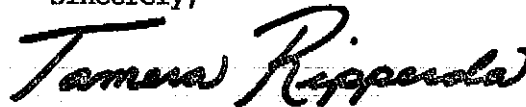
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

North Carolina Department of the Secretary of State Charitable Solicitation Licensing	Annual Financial Report Form for charitable or sponsor organizations
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1. Organization Name: Committee to Honor America's Veterans	2. For Fiscal Year Ending: 2014
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Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	39,780
4. Restricted Assets: Designated Memorial Items	49,300
5. Fixed Assets:	0
6. Total Current Assets:	89,080
7. Total Current Liabilities:	0
8. Total Net Assets:	<u>89,080</u>
B. Fund balance:	
9. Unrestricted net assets at beginning of fiscal year:	4,989
10. Unrestricted net assets at end of fiscal year:	39,780
11. Total Change in unrestricted net assets:	<u>34,791</u>

Sections 2 and 3: Statement of Activities for Reporting Period

Section 2. Support and revenues:	Amount
12. Government grants and contracts:	0
13. §131F-2(18) qualifying organization grants:	0
14. §131F-2(5) qualifying bona fide membership fees	0
15. Program service revenues not exceeding service or good fair market value:	0
16. Program service revenues over and above service or good fair market value:	0
17. Corporate or business grants:	2,500
18. Contributions designated or received through third party channels (e.g., via parent group, federated fundraising group):	<u>0</u>
19. §131F-2(5) nonqualifying donation-based membership fees:	0
20. Fair market value of "in-kind" contributions and forbearances received:	3,500
21. Restricted direct contributions (e.g., endowment giving, charitable gift annuities, unrealized bequests):	49,300
22. Unrestricted direct contributions:	37,280
23. Total G.S. §131F-2(5) "contributions" (add items 16 through 22 and enter total here):	92,580
24. Total Support and Revenue (add items 12 through 22 and enter total here):	<u>92,580</u>

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

Annual Financial Report Form

Form Revision: 2
Effective Date: July 24, 2012

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Section 3. Functional Expense Statement:

Functional Expenses	(A) TOTAL	(B) Program Services	(C) Management and General	(D) Fund raising
25. Grants and allocations	0			
26. Specific assistance to individuals	0			
27. Benefits paid to or from members	0			
28. Compensation of officers, directors, etc.	0			
29. Other salaries and wages	0			
30. Pension plan contributions	0			
31. Other employee benefits	0			
32. Payroll taxes	0			
33. Professional fundraising fees	0			
34. Accounting fees	0			
35. Legal fees NC State	100		100	
36. Supplies	509		509	
37. Telephone/Electric @ Memorial	186	186		
38. Postage and shipping	0			
39. Occupancy	0			
40. Equipment rental and maintenance	0			
41. Printing and publications	446		446	
42. Travel	0			
43. Conferences, conventions and meetings Fundraising	13,386			13,386
44. Interest/ Credit Card Fees	520		520	
45. Depreciation, depletion, etc.	0			
46. Other expenses not covered above	3375	3375		
Total Expense Amounts:				
47. TOTAL EXPENSES:	<u>18,522</u>	<u>3561</u>	<u>1575</u>	<u>13,386</u>

CSI Contact Information:

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

Annual Financial Report Form



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Joint cost allocations:

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

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

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

Name: Charles Nern	Signature 
Title: Treasurer	
Name: John Corbett	Signature
Title: 1 st Vice Chairman	
Name: Loretta Danielik	Signature 
Title: Treasurer	

55. Report Completion and Signature Date:	
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