

17. **Annual Financial Information Reporting:** Choose one (1) financial information reporting option for this application:

- ☐ Check here if choosing **Option 1: filing federal tax forms.** Proceed to Item 18.  
☐ Check here if choosing **Option 2: filing state forms.** Skip Item 18. Proceed to Item 19.

18. **Option 1: filing federal tax forms:** Provide the following information:

- A. ☐ Attach a signed and completed federal Form 990 or Form 990-EZ, Schedule A, and attachments (except Schedule B) for the preceding fiscal year.
- B. Do your federal forms and attachments list post office box addresses for any officer, director, trustee, salaried executive personnel, or individual responsible for custody and distribution of contributions?
- ☐ YES. Identify a street address the Department or consumers may use to contact these persons, as follows:
- ☐ Check here if these persons may be contacted through your organization's primary street address (see Item 3). Skip Item 19 and proceed to Item 20.
  - ☐ Check here if attaching individual street address information for these persons. Skip Item 19 and proceed to Item 20.
- ☐ NO. Skip Item 19 and proceed to Item 20.

19. **Option 2: filing state forms:** Provide all of the following information:

- A. ☐ **Required Financial Information.** Check here and attach either a signed and completed Department annual financial report form covering the preceding fiscal year, or an optional audit prepared by or with an opinion by an independent certified public accountant (see Item 20).
- B. ☐ Attach a list identifying your officers, directors, trustees, and salaried executive personnel, including names and street addresses (no P.O. Box addresses).
- C. ☐ Attach a list of the names, street addresses, and telephone numbers of the individuals or officers who have final responsibility for the custody and distribution of contributions.
- D. ☐ Attach a description of your organization's major program activities.

20. **Optional Audit Submission:** Check here if attaching an audit: ☐

21. Amount of G.S. §131F-2(5) contributions received in last fiscal year: \$ \_\_\_\_\_

22. Calculated license fee amount for this application: \$ \_\_\_\_\_

23. Calculated late fee amount for this application: \$ \_\_\_\_\_

24. Total fee amount attached to this application: \$ \_\_\_\_\_

25. **Federated fund-raising organization information:** Is your organization or any of your subordinates 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. Attach a list of your member agencies that complies with the following requirements:

A. For each NC-CSL exempt member agency, provide the agency's NC-CSL exemption number (if known), the agency's name, why the agency is exempt (a statutory cite is sufficient), and the amount allocated by the applicant to the member agency during the previous fiscal year.

B. For each NC-CSL licensed member agency, provide the agency's NC-CSL license number (if known), the agency's name, the agency address, the name of the executive in charge of the member agency, the agency's telephone number, and the amount allocated by the applicant to the licensed member agency during the previous fiscal year.

☐ NO. Proceed to Item 26.

26. Has applicant received, since its initial filing with this Division, a tax exempt determination from the federal IRS?

- ☐ Yes. Attach a copy of the federal IRS tax exempt determination letter.
- ☐ No. Applicant is not tax exempt.
- ☐ Tax exempt determination letter is on file in the Charitable Solicitation Licensing Division.

**CSL Contact Information:**

Agency Internet Site: [www.sosnc.com](http://www.sosnc.com) Electronic Mail: [csl@sosnc.com](mailto: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

Renewal License Application Form  
for charitable or sponsor organizations

Form Revision: 2  
Effective Date: January 4, 2012  
Page 2 of 3