

16. Have you ever had your authority denied, suspended, or revoked by any governmental agency?
☐ YES: Attach a statement of the reasons for each denial, suspension, or revocation.
☒ NO.
17. Have you ever entered into any assurance of voluntary compliance or similar agreement?
☐ YES: Attach one (1) copy of each agreement.
☒ NO.
18. Do you have any contract(s) with any person who qualifies as a fund-raising consultant, solicitor, or coventurer that (1) is currently active or (2) has been completed within the past fiscal year?
☐ YES: Attach one (1) completed fundraising disclosure form for each contract relationship.
☒ NO.
19. Are you a new organization with no prior financial history?
☐ YES: Provide the following information:
A. ☐ Attach one (1) copy of your organization's budget for the current fiscal year.
B. ☐ Attach a list identifying your officers, directors, trustees, and salaried executive personnel, including names and street addresses (not 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.
Skip Items 20, 21, and 22. Proceed to Item 23.
☒ NO. Proceed to Item 20.
20. 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 21.
☐ Check here if choosing Option 2: filing state forms. Skip Item 21. Proceed to Item 22.
21. 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:
1. ☐ Check here if these persons may be contacted through your organization's primary street address (*see Item 3*).
Skip Item 22 and proceed to Item 23.
2. ☒ Check here if attaching individual street address information for these persons.
☐ NO. Skip Item 22 and proceed to Item 23.
22. 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 23*).
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.
23. Optional Audit Submission: Check here if attaching an audit: ☐
24. Amount of G.S. §131F-2(5) contributions received in last fiscal year: \$ 44,942.

CSL Contact Information:
Agency Internet Site: Electronic Mail:
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

Initial License Application Form
for charitable or sponsor organizations

Form Revision: 1
Effective Date: August 2, 2005

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