

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](mailto:csl@sosnc.com) Website: [www.sosnc.com](http://www.sosnc.com)

Solicitation License Application

Charitable or Sponsor Organization

REVISED October 4, 2013

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 ☒ 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: NC Zip Code: 28468

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

7. Telephone number: 910-575-4162 8. Applicant's Email address: [honoramericasveterans@gmail.com](mailto:honoramericasveterans@gmail.com)

9. Applicant's Website: [sbvets.org](http://sbvets.org)

10. List all other NC locations:

Street address(es): 202 Barony Place Dr. 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 applied for non profit 501(c)(3) status with the IRS

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: MAIL SOLICITATION: Prepare solicitation posters and letters for mailing to all area residents asking for donations and/or solicit purchase of memorial bricks. 2. BRICK SALES: We intend to offer memorial bricks as the primary source of funding to build the memorial. Available on our website and offered at any public gathering we attend or promote. 3. GRANTS: We will solicit funding from all governmental, charitable and veterans fraternal organizations. 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? ☐ Yes ☒ No Applied for/ Application received

IRS Tax Exemption Code: (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:**

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, 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). **NA**

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](http://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 have any contract(s) with any person who qualifies as a fundraising consultant, solicitor, or coventurer that is currently active or has ended within the immediate preceding fiscal year?

☐ Yes. ☒ No.

If yes, for EACH applicable Contractual Agreement, attach a completed NC Fundraising Disclosure Form.

(available at [www.secretary.state.nc.us/csl/Download.aspx](http://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 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 statement 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: <\$25,000

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**

**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

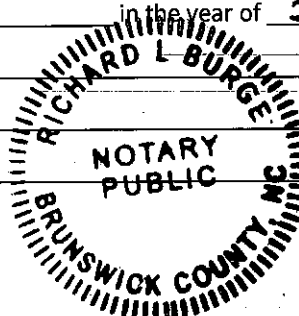
Sworn to and subscribed before me this the 12<sup>th</sup> day of MARCH in the year of 2014

Notary Public's Signature: Richard L. Burge

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):

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

## Solicitation License Application

### Questions:

#### 19: Officers

Gordon Coulson - Chairman  
John Corbett - 1<sup>st</sup> Vice Chairman  
Karen Joseph - 2<sup>nd</sup> Vice Chairman  
Loretta Danielik - Secretary  
Charles Nern - Treasurer

Address of Applicant for all: 7385 Balmore Dr. SW Sunset Beach, NC 28468

#### 21: Financial Responsibility

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Gordon Coulson	7835 Balmore Dr. SW Sunset Beach, NC 28468	910-575-4162
John Corbett	423 Sailfish St, Sunset Beach, NC 28468	910-579-7961
Karen Joseph	915 Sandpiper Bay Dr SW, Sunset Beach, NC 28468	910-579-4891
Loretta Danielik	1079 Emerillon Ct SW, Ocean Isle Beach, NC 28469	910-575-0311
Charles Nern	647 Oyster Bay Dr, Sunset Beach, NC 28468	910-579-5214

#### 23: Proposed Budget for Current Tax Year

Grants, Gifts and Contributions	\$110,000.00
Merchandise Sold (Bricks, T-shirts, Other "branded" products)	\$7,500.00
<b>Total Revenue</b>	<b>\$117,500.00</b>
Disbursements for the benefit of the Memorial	\$112,700.00
Occupancy (Utilities, etc.)	\$1,800.00
Professional Fees (Website, Accountant etc.)	\$2,500.00
<b>Total Expenses</b>	<b>\$117,500.00</b>