

North Carolina Department of the Secretary of State
Charitable Solicitation Licensing Division
PO Box 29622
Raleigh, NC 27626-0622

Solicitation License Application
Charitable or Sponsor
Organization REVISED July 21, 2017

Phone: 919-814-5400 NC only Toll Free: 1-888-830-4989 Email: csl@sosnc.com Website: www.sosnc.gov

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/forms/csl> and may be filed in lieu of the application.

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

2. N.C. Charitable Solicitation License Number: SL006299 (renewal applicants only)

3. Legal Name of Applicant Organization: Uniting NC, Inc.

4. Principal Street Address: 201 W Main St, Ste 100 PMB003

5. City: NC State: Durham Zip Code: 27701-3228

6. Mailing address (may not be third party filer): 201 W Main St, Ste 100 PMB003 Durham NC 27701-3228

7. Telephone number: (919) 886-6075 8. Applicant's Email address: dan@unitingnc.org

9. Applicant's Website: www.unitingnc.org

10. List all other NC locations:

11. Charitable purpose for which applicant is organized:

Work with communities across North Carolina to better support and integrate new immigrants.

12. Charitable purpose for which solicited contributions will be used:

Work with communities across North Carolina to better support and integrate new immigrants.

13. Major program activities of applicant:

--See Attachment

14. Applicant's Fiscal Year End Date: (month/day) : 12/31

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

IRS Tax Exemption Code: 501(c)(3) Charitable Organization (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: NC

Applicant's Date of Establishment: 1/1/2008

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.

--See Attachment

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

--See Attachment

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 Attachment

20. List of names of individuals or officers in charge of any solicitation activities.

--See Attachment

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 Attachment

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).

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/forms/csl)

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/forms/csl)

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: \$ 219910

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: \$ 200

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. \$ 25

Electronic Convenience Charge: \$ 2

Total fee amount attached to this application: \$ 227

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:

See notarization sheet.

34. Third Party Filer Contact Information (optional):

Name: Lori Aveni, CPA, PLLC

Street Address: 126 N Salem St, Suite 204

City: Apex State: NC Zip Code: 27502

Telephone number: (919) 308-2470 Email address: lori@loriavenicpa.com

Uniting NC envisions a state and a nation in which all people, including immigrants, have the opportunity to reach their greatest potential, engage with their community, and fully contribute their talents – expanding prosperity & wellbeing for all.

Since 2009, we have brought together over 5,000 longtime residents and new immigrants to get to know one another, learn from each other and give back to our communities. With your support, we will continue to:

- Work with communities across North Carolina to better support and integrate new immigrants.
- Help immigrant families hit the ground running in terms of skills and education, so that they can achieve their American dream and give back to their communities.
- Expand opportunities for longtime residents and recent immigrants to learn from one another, highlight our diverse contributions and see all that we can accomplish together.

19. List of names and street addresses of directors, officers, trustees, and salaried executive personnel for current fiscal year.

Daniel Rearick, Executive Director. 201 W Main St Suite 100 PMB003, Durham NC 27701
Dallimis Evia-Lanevi, Chair. 201 W Main St Suite 100 PMB003, Durham NC 27701
Melissa Edwards, Treasurer. 201 W Main St Suite 100 PMB003, Durham NC 27701
Ali Ghiassi, Board member. 201 W Main St Suite 100 PMB003, Durham NC 27701
Mercedes Restucha-Klem, Board member. 201 W Main St Suite 100 PMB003, Durham NC 27701
Aris Buinevicius, Board member. 201 W Main St Suite 100 PMB003, Durham NC 27701
Ana Maria Echeverri, Board member. 201 W Main St Suite 100 PMB003, Durham NC 27701
Seeta Hariharan, Board member. 201 W Main St Suite 100 PMB003, Durham NC 27701

20. List of names of individuals or officers in charge of any solicitation activities.

Daniel Rearick, Executive Director.

21. List of names, street addresses, and telephonenumber numbers of individuals or officers who have final responsibility for custody and/or final distribution of contributions.

Daniel Rearick, Executive Director. 201 W Main St Suite 100 PMB003, Durham NC 27701 (919) 886-6075

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

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

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITING NC INC		D Employer identification no.
	Doing business as		Privacy Redaction
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	201 W MAIN ST SUITE 100 PMB003		
	City or town, state or province, country, and ZIP or foreign postal code		
DURHAM, NC 27701		G Gross receipts \$ 234,385	
F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UNITINGNC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2008	M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: UNITING NC FOSTERS A STATE IN WHICH ALL PEOPLE, INCLUDING IMMIGRANTS, HAVE THE OPPORTUNITY TO REACH THEIR GREATEST POTENTIAL, ENGAGE WITH THEIR COMMUNITY, AND FULLY CONTRIBUTE THEIR TALENTS -- EXPANDING PROSPERITY AND WELLBEING FOR ALL.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	40
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	199,343	219,910
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38	40
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		(323)
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,381	230,674
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	107,610	151,153
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	17,820	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,607	73,700
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	151,217	224,853
19	Revenue less expenses. Subtract line 18 from line 12	48,164	5,821	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	158,951	159,050
	22	Net assets or fund balances. Subtract line 21 from line 20	44,509	38,787
			114,442	120,263

Part II Signature Block

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 Here	▶ DALLIMIS EVIA-LANEVI <i>D. Evia-Lanevi</i>	7/24/18
	Signature of officer	Date
Paid Preparer Use Only	▶ DALLIMIS EVIA-LANEVI, CHAIR	
	Type or print name and title	
	Print/Type preparer's name Lori A Aveni	Preparer's signature <i>Lori A. Aveni</i> Date 06-18-2018
Firm's name ▶ Lori Aveni, CPA, PLLC		Privacy Redaction
Firm's address ▶ 126 N Salem St Suite 204 Apex NC 27502		
		919-308-2470

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

NORTH CAROLINA

Department of the Secretary of State

Charitable Solicitation License

This document certifies that, in accordance with the provisions of Chapter 131F of the General Statutes of North Carolina

Uniting NC, Inc.

North Carolina Solicitation License Number: SL006299

Federal Tax Exempt Status: 501(c)(3) Charitable Organization

with headquarters in Durham, NC is hereby duly licensed by the Department of the Secretary of State to solicit charitable contributions in North Carolina for the purposes set forth in the application for license approved by and filed with the Department of the Secretary of State. This license is not transferable and shall continue in full force and effect from the 25th day of July, 2018 to the 15th day of May, 2019, unless revoked for cause.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this the 15th day of August, 2018.



Document Id: L201820600006

Verify this certificate online at <http://www.sosnc.gov/verification>

Cherie F. Marshall

Secretary of State



State of North Carolina
Department of the Secretary of State

ELAINE F. MARSHALL
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION

MEMORANDUM

TO: All Licensed Charitable Organizations and Sponsors

FROM: Angelia Boone-Hicks, Licensing Supervisor

SUBJECT: **ISSUANCE OF LICENSE**

A license has been issued by the State of North Carolina, Department of the Secretary of State under G.S. 131F to your organization to conduct the appropriate activity in North Carolina within the dates noted on the license. Please note the following:

- **This license has been issued for the applicant to solicit contributions only under the organization's legal name that has been verified as part of the applicant review process.** Assumed names and DBAs that have been **verified** as part of the applicant review process permits the applicant to solicit contributions in those names as well.
- If your recent license application listed the use of assumed names or DBAs, please be advised that you are not permitted to solicit contributions in those names until the Department receives documentation verifying the organization's legal authorization to use other names. A stamped copy(s) of Certificate of Assumed Name or Certificate of Doing Business filed with a Register of Deeds bearing all names the organization wishes to use in the solicitation of contributions must be submitted. Upon receipt of the organization's documentation verifying the organization's legal authorization to use other names, the Department will update the organization's registration profile to reflect the use of all **verified** names to be used in the solicitation of contributions.
- All licensed charities and sponsors must conspicuously display in a type of minimum size nine (9) points, in bold or underlined type or within a border, the following statement on all solicitation materials:

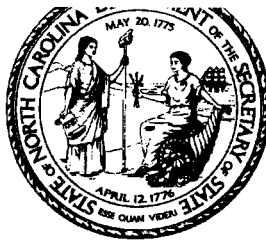
Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-814-5400. The license is not an endorsement by the State.

- This license shall be renewed on an annual basis. The Department shall send each licensee a renewal notification letter at least 65 days prior to the expiration of a license.
- An organization planning no solicitation of contributions following the expiration of its license shall withdraw its license with the Department by filing a financial report within 90 days of the expiration of the license.

Please note that the issuance of a license does not waive any rights that the Charitable Solicitation Licensing Division (CSL) has with regard to enforcement issues under the Charitable Solicitation Act. The fact that you have been issued a license while compliance with a subpoena, order, or any other enforcement action is pending does not protect you from further proceedings, including the suspension or revocation of the license and/or financial penalties. If compliance does not occur within the deadline set in the enforcement documents provided to you, further action will be taken by the CSL Enforcement Unit.

We appreciate your cooperation. If we may be of assistance to you at any time, please let us know.

Enclosure



RECEIVED AUG 06 2018

STATE OF NORTH CAROLINA
DEPARTMENT OF THE SECRETARY OF STATE

ELAINE F. MARSHALL
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE

Uniting NC, Inc.

SL006299

Date of On-line Submission: 7/25/2018

By signing below I acknowledge the following:

1. This license application is incomplete until this fully completed, notarized signature page is received by CSL no later than 8/24/2018
2. The ten (10) days review period for CSL to approve or deny this license application per N.C.G.S. §131F-5 SHALL NOT BEGIN until the date on which CSL receives this fully completed, notarized signature page.
3. Applicable late fees are assessed based on the date this completed notarized document is received by CSL.

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: [Handwritten Signature]

Signer's Name (Print): Melissa Edwards Smith Signer's Title (Print): Board Secretary/Treasurer

NOTARIZATION:

In County Wake State NC

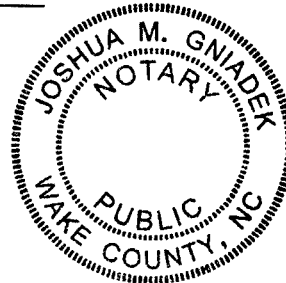
Sworn to and subscribed before me this the 3 day of August in the year of 2018

Notary Public's Signature: [Handwritten Signature]

Notary Public's Name (Print): Joshua M. Gniadek

Date Notary Public's Commission Expires: April 29, 2020

Please place notary stamp or seal imprint beside this line:



Return completed notarized signature form to the following address no later than 8/24/2018

NC Secretary of State
Charitable Solicitation Licensing
PO Box 29622
Raleigh, NC 27626-0622

Forms may NOT be faxed or emailed. Questions??? Call (919) 814-5400

