



State of North Carolina
Department of the Secretary of State

ELAINE F. MARSHALL
SECRETARY OF STATE

GAIL L. ELUWA, DIRECTOR
CHARITABLE SOLICITATION LICENSING

Code the Dream, Inc.
201 W Main St Ste 100
Durham, NC 27701-3228

RE: ISSUANCE OF LICENSE (SL006299)

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.

State of 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,

Code the Dream, Inc.

North Carolina Solicitation License Number: SL006299

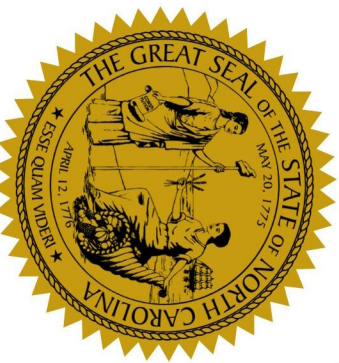
Federal Tax Exempt Status: 501(c)(3) Charitable Organization

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 15th day of May, 2021 to the 15th day of May, 2022, 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 8th day of July, 2021.

Elaine F. Marshall

ELAINE F. MARSHALL
SECRETARY OF STATE



Document Id: L202117500031

1. Organization Name: **Code the Dream Inc.**

2. For Fiscal Year Ending: **12/31/2020**

Section 1. Balance Sheet – Concise Statement of Financial Position

A. Assets and liabilities:	Amount
3. Unrestricted Assets:	432,610
4. Restricted Assets:	65,000
5. Fixed Assets:	2,363
6. Total Current Assets:	614,949
7. Total Current Liabilities:	114,976
8. Total Net Assets:	499,973
B. Fund balance:	
9. Unrestricted net assets at beginning of fiscal year:	215,722
10. Unrestricted net assets at end of fiscal year:	437,336
11. Total Change in unrestricted net assets:	221,614

Sections 2 and 3: Statement of Activities for Reporting Period

Section 2. Support and revenues:	Amount
12. Government grants and contracts:	
13. §131F-2(18) qualifying organization grants:	
14. §131F-2(5) qualifying bona fide membership fees	
15. Program service revenues not exceeding service or good fair market value:	365,133
16. Program service revenues over and above service or good fair market value:	
17. Corporate or business grants:	168,800
18. Contributions designated or received through third party channels (<i>e.g., via parent group, federated fundraising group</i>):	
19. §131F-2(5) non-qualifying donation-based membership fees:	
20. Fair market value of “in-kind” contributions and forbearances received:	
21. Restricted direct contributions (<i>e.g., endowment giving, charitable gift annuities, unrealized bequests</i>):	
22. Unrestricted direct contributions:	703,062
23. Total G.S. §131F-2(5) “contributions” (<i>add items 16 through 22 and enter total here</i>):	871,862
24. Total Support and Revenue (<i>add items 12 through 22 and enter total here</i>):	1,236,995

CSL Contact Information:

Agency Internet Site: www.sosnc.gov Electronic Mail: csl@sosnc.gov
Telephone: (919) 814-5400 - 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: September 24, 2020

Effective Date: July 24, 2012

Page 1 of 3

Section 3. Functional Expense Statement:

Functional Expenses	(A) TOTAL	(B) Program Services	(C) Management and General	(D) Fund raising
25. Grants and allocations				
26. Specific assistance to individuals				
27. Benefits paid to or from members				
28. Compensation of officers, directors, etc.				
29. Other salaries and wages	472,875	423,625	39,400	9,850
30. Pension plan contributions	21,744	19,479	1,812	453
31. Other employee benefits	44,147	39,549	3,678	920
32. Payroll taxes	37,698	33,784	3,132	783
33. Professional fundraising fees				
34. Accounting fees	9,414		9,414	
35. Legal fees				
36. Supplies	1,073	536	536	
37. Telephone	144	72	72	
38. Postage and shipping	482	241	193	48
39. Occupancy	1,625	812	812	
40. Equipment rental and maintenance				
41. Printing and publications	699	350	350	
42. Travel	1,034	1,034		
43. Conferences, conventions and meetings	425	425		
44. Interest				
45. Depreciation, depletion, etc.				
46. Other expenses not covered above	424,037	407,159	16,869	9
Total Expense Amounts:				
47. TOTAL EXPENSES:	1,015,395	927,065	76,268	12,062

CSL Contact Information:

Agency Internet Site: www.sosnc.gov Electronic Mail: csli@sosnc.gov
Telephone: (919) 814-5400 - Toll free for NC residents: 1-888-830-4989
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Annual Financial Report Form

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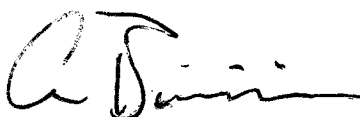


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Joint cost allocations:

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>		
49. Aggregate (total) amount of joint costs:	Amount	
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: Aris Buinevicius	Signature 
Title: Board Chair	
Name: Ana Maria Echeverri	Signature 
Title: Board Treasurer	
Name: Dan Rearick	Signature 
Title: Executive Director	

55. Report Completion and Signature Date:	6/23/21
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North Carolina Department of the Secretary of State

Charitable Solicitation Licensing Division

PO Box 29622

Raleigh, NC 27626-0622

Phone: 919-814-5400 - NC only Toll Free: 1-888-830-4989

Email: csl@sosnc.gov

Website: www.sosnc.gov

Solicitation License Application
Charitable or Sponsor Organization

REVISED August 21, 2020

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 https://sosnc.gov/forms/by_title/Charities/Charities_Sponsors 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: Code the Dream, Inc.
4. Principal Street Address: 201 W Main St Ste 100
5. City: Durham State: NC Zip Code: 27701-3228
6. Mailing address (May not be third party filer): 201 W Main St Ste 100 Durham NC 27701-3228
7. Telephone number: (919) 886-6075
8. Email address ((REQUIRED. May not be third party filer): dan@codethedream.org
9. Applicant's Website: www.codethedream.org
10. List all other NC locations: None

11. Charitable purpose for which applicant is organized:

Code the Dream works to make North Carolina a place in which all people, including immigrants, have the opportunity to thrive and to engage in their communities.

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

To offer free intensive training in software development to people from diverse low-income backgrounds

13. Major program activities of applicant: Code the Dream offers free intensive training in software development to

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: 7/21/2008

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: 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. --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). --See Attachment

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 https://sosnc.gov/forms/by_title/Charities/Charities/Sponsors)

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 https://sosnc.gov/forms/by_title/Charities/Charities/Sponsors)

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, incorporator, fundraiser or solicitor?

☒ 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 within the last 5 years?

☐ Yes. ☒ No.

If Yes, attach an explanatory statement.

30. Has applicant had its authority denied, suspended, or revoked by any governmental agency within the last 5 years?

☐ 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: \$ 871862

CHECK FEE THAT APPLY AND ENTER THE CALCULATED AMOUNT BELOW:

- ☐ If applicant received less than \$25,000 and DID NOT compensate (in any capacity) any officer, trustee, organizer, incorporator, fundraiser or solicitor in the immediate preceding fiscal year: **Applicant is EXEMPT, and there is no fee**
- ☐ If applicant received less than \$5,000 and DID compensate (in any capacity) any officer, trustee, organizer, or incorporator, fundraiser or solicitor in the immediate preceding fiscal year: **A License is required, but no there is no fee**
- ☐ If applicant received \$5,000 but less than \$25,000 and DID compensate (in any capacity) any officer, trustee, organizer, incorporator fundraiser or solicitor, in the immediate preceding fiscal year: **A License is required, \$50.00**
- ☐ If applicant received \$25,000 but less than \$100,000 in the immediate preceding fiscal year: **\$50.00**
- ☐ If applicant received \$100,000, but less than \$200,000 in the immediate preceding fiscal year: **\$100.00**
- ☐ If applicant received \$200,000 or more in the immediate preceding fiscal year: **\$200.00**

Calculated license fee amount: \$ 200

Electronic Convenience Charge: 3

Calculation of Late Fee: \$25.00 per month following expiration of last 60 or 90 day extension
calculated after the fifteenth day of each month past the extension date. + \$ 0

Total fee amount attached to this application: \$ 203

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): _____ Title (Print): _____

NOTARIZATION:

In County _____ State _____

Sworn to and subscribed before me this the _____ day of _____ in the year of _____.

Notary Public's Signature: _____ Notary Public's Name (Print): _____

Date Notary Public's Commission Expires: _____

Organization Contact Name (Print): Daniel Rearick Title (Print): Executive Director

Organization Contact Email: dan@codethedream.org Telephone Number: (919) 886-6075

34. Third Party Filer Contact Information (optional):

Name: Lori Aveni, CPA, PLLC Telephone Number: (919) 308-2470

Email address: lori@loriavenicpa.com

17. List all names used by applicant in the solicitation of contributions other than the applicant legal name.

None

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

None

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 telephone 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, Durham NC 27701
Phone (919) 886-6075



STATE OF NORTH CAROLINA DEPARTMENT
OF THE SECRETARY OF STATE

RECEIVED JUL 01 2021

ELAINE F. MARSHALL CHARITABLE SOLICITATION LICENSING DIVISION - APPLICATION SIGNATURE PAGE SECRETARY OF STATE

Name: Code the Dream, Inc. Date of On-line Submission: 6/24/21
Address: 201 W Main St, Suite 100, PMB003, Durham, NC 27701
License Number (If Applicable) SL 006299

By signing below, I acknowledge and certify the following with the electronic submission of this form:

1. That I will maintain a paper original inked, signed, and notarized signature page in my own records for three years as required by N.C.G.S. §131F-32.
2. The records shall be made available to the Department for inspection and shall be furnished no later than 10 days after the request was made as required by N.C.G.S. §131F-32.
3. 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 a completed application, including this fully completed notarized signature page.
4. Applicable late fees are assessed based on the date a completed application, including 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: [Signature]
Signer's Name (Print): Dan Rearick Signer's Title (Print): Executive Director / CFO

NOTARIZATION:
In County Durham State NC

Sworn to and subscribed before me this the 25 day of June in the year of 2021

Notary Public's Signature: [Signature]
Notary Public's Name (Print): Christopher Brett Coleman

Date Notary Public's Commission Expires: 12/19/2022

Please place notary stamp or seal imprint beside this line: (Notary Seal must be legible otherwise application will be denied)

CHRISTOPHER BRETT COLEMAN
Notary Public
Orange Co., North Carolina
My Commission Expires Dec. 19, 2022

THIS FORM IS TO BE SUBMITTED AT THE TIME OF APPLICATION

Complete notarized signature form prior to starting a charitable solicitation renewal application. This notarized signature form must be submitted concurrently with application for renewal.

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

