



*State of North Carolina  
Department of The Secretary of State*

Elaine F. Marshall  
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION

October 15, 2010

George Alwon, Treasurer  
Uniting NC, Inc.  
325 Calvin Rd  
Raleigh, NC 27605

Dear George Alwon:

The Charitable Solicitation Licensing Division has received and reviewed your license application for licensure as a charitable organization or sponsor. For the reason(s) listed below, you are denied a license until you are in compliance with the Charitable Solicitation Act and the Rules.

Failure to comply with 131F-6(a)(3) as follow(s):

- Failure to provide the names and street addresses of the officers.
- Failure to provide the names and street addresses of the directors.
- Failure to provide the names and street addresses of the salaried executive personnel.

Failure to comply with 131F-6(a)(5) as follow(s):

- Failure to provide a list of the major program activities

Failure to comply with 131F-6(a)(6) as follow(s):

- Failure to provide the names, street addresses and telephone numbers of the individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of contributions.

Failure to comply with 131F-6(a)(8) as follow(s):

- Failure to file as required financial information for the immediate preceding fiscal year one of the following forms: 1) a Federal Internal Revenue Service Form 990 or 990-EZ; or 2) an audited financial statement; or 3) this Department's provided annual financial report form. [An IRS Form 990-N (e-postcard) cannot be accepted because it does not contain statutorily required financial information.]

Chapter 11 of Title 18 of the North Carolina Administrative Code, specifically 18 NCAC 11.0306 addresses "Incomplete Application" as follows: "An applicant who fails to respond to any question, to provide any required information, or to submit the proper fee shall not be licensed." You have two options: (1) you may file amending documents that correct the items that are listed in this letter, but you must file the documents on or before November 15, 2010. Failure to file by this deadline means that you must start the application process again and must pay all fees again when you reapply (2) you may appeal to the Office of Administrative Hearings as outlined in the separate Notice of Appeal Rights that is enclosed with this letter.

The Department appreciates your efforts to comply with North Carolina's licensing requirements. Please feel free to contact me should you have any questions regarding this letter.

Sincerely,

Linda Driver  
Document Examiner  
919-807-2180  
ldriver@sosnc.com



*State of North Carolina*  
*Department of The Secretary of State*

Elaine F. Marshall  
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING DIVISION

**NOTICE OF APPEAL RIGHTS**

Pursuant to Chapters 131F (the Charitable Solicitation Act) and 150B of the North Carolina General Statutes, if you wish to appeal the CSL decision that licensing requirements have not been satisfied, you must file a Petition for a Contested Case Hearing at the Office of Administrative Hearings (OAH). Beginning on October 1, 2009, OAH is charging a filing fee for certain types of cases. The fee is payable at the time the Petition is filed. Additional details will be posted on the OAH website, [www.ncoah.com](http://www.ncoah.com), as the Rules concerning the filing fee are established. Further information related to OAH proceedings, including a form Petition and other documents, may be accessed from the website or by writing to OAH at the following address:

Office of Administrative Hearings  
6714 Mail Service Center  
Raleigh, NC 27699-6714

The street address of OAH is as follows:

Office of Administrative Hearings  
1711 New Hope Church Road  
Raleigh, NC 27609

OAH Phone Number: 919-431-3000

OAH Fax Number: 919-431-3100

Mandatory timelines govern the hearing process. Under relevant provisions of N. C. Gen. Stat. §§131F-5(b), 131F-15(e), and 131F-16(e), the Petition for a Contested Case Hearing must be filed within seven (7) days of your receipt of the enclosed letter and this Notice. If you appeal, your Petition for a Contested Case Hearing must be served on the authorized agent of the Secretary of State, who is Ann Wall, General Counsel to the NC Department of the Secretary of State, PO Box 29622, Raleigh, NC 27626-0622. Service on CSL or any of its employees is not proper service.

If you do not file at OAH within the seven day timeframe, you will likely be forever barred from contesting the Department's decision in the letter enclosed with this Notice. The statute of limitations for challenging the Department's decision that licensing requirements have not been satisfied will have run.

If you file a timely Petition for a Contested Case Hearing, OAH must schedule and hold a Hearing within seven (7) days of the date on which the Petition is filed and must issue a Recommended Decision within three (3) days of the Hearing. A Final Decision must be made within two (2) days after the Recommended Decision is issued. As timelines are mandated by the Charitable Solicitation Act, OAH must strictly follow them. You must, therefore, be ready to proceed quickly once you have filed the Petition.

No ck

North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

**Initial License Application Form**  
for charitable or sponsor organizations

1. Applicant Organization's Full Legal Name: Uniting NC, Inc.
2. Applicant's Principal Telephone Number (include area code): (919) 833-7623
3. Applicant's Principal Street Address, including City, State Code, and Zip Code (do not use a P.O. Box address):  
315 Calvin Rd., Raleigh, NC 27605
4. Name under which you intend to solicit contributions: Uniting NC
5. Describe the purpose for which you are organized: to promote dialogue and mutual respect among residents of North Carolina.
6. Describe the purpose for which contributions will be used: community events, public service announcements, staff compensation.
7. Are you incorporated?  
☒ YES: Provide the following information:  
 A. State of Incorporation: North Carolina  
 B. Date of Incorporation: 7/21/2008  
 C. Fiscal year end (day/month): December 31  
☐ NO: Provide the following information:  
 D. Organization type/description: \_\_\_\_\_  
 E. State where formed (e.g., NC): \_\_\_\_\_  
 F. Date formed: \_\_\_\_\_  
 G. Fiscal year end (day/month): \_\_\_\_\_
8. Have you received a federal tax exemption determination letter?  
☒ YES: Provide the following information:  
 A. ☒ Attach one (1) copy of your federal tax exemption determination letter.  
 B. State your federal tax exemption code designation (e.g., "501(c)(3)"): 501(c)(3)  
☐ NO.
9. Are you authorized by any other state to solicit contributions?  
☐ YES: Attach a list of these states. | ☒ NO.
10. Have you or any of your officers, directors, trustees, or salaried executive personnel been enjoined or prohibited in any jurisdiction from soliciting contributions?  
☐ YES: Attach an explanatory statement. | ☒ NO.
11. Have you or any of your 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?  
☐ YES: Attach an explanatory statement. | ☒ NO.
12. Do you compensate any of your officers, trustees, organizers, incorporators, fundraisers, or solicitors?  
☒ YES. | ☐ NO. (We have never had a budget over \$25,000 and in past years no one has received compensation. However, we would like our new paid director to be able to participate in soliciting funds.)
13. Name the individual(s) or officer(s) in charge of any solicitation activities:  
Randall Jones, President and Chairman of the Board of Directors
14. Other than your principal office identified above, do you maintain any office locations in North Carolina?  
☐ YES: Attach a list identifying the street address and telephone number for each additional office location in North Carolina.  
☒ NO.
15. Do you maintain your principal office outside North Carolina and possess no other office location in North Carolina?  
☐ YES: Attach the name, street address, and telephone number of the person who has custody of your financial records.  
☒ NO.

**CSL Contact Information:**

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

**Initial License Application Form**  
for charitable or sponsor organizations

Form Revision: 1  
Effective Date: August 2, 2005

North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

**Initial License Application Form**  
for charitable or sponsor organizations

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: \$ 0

**CSL Contact Information:**

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

**Initial License Application Form**  
for charitable or sponsor organizations

Form Revision: 1  
 Effective Date: August 2, 2005  
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North Carolina Department of the Secretary of State  
Charitable Solicitation LicensingInitial License Application Form  
for charitable or sponsor organizations

25. **Consolidated application information:** Is your organization applying as a parent group for one or more subordinate groups located in North Carolina?

☐ YES. Attach a list (as "Attachment 25") of your subordinate groups containing, for each subordinate: (1) group's full legal name, (2) street address for NC location, (2) contact person, (3) telephone number for NC location.

☒ NO. Proceed to Item 26.

26. License fee amount attached to this application (make check payable to: NC Department of the Secretary of State) \$ 0

27. **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 (as "Attachment 27") 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 28.

28. Applicant's signature:

I swear or affirm that I am the treasurer or chief fiscal officer of the applicant 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): \_\_\_\_\_

29. Notarization: The following is for a notary public to place you under oath and then notarize your signature:

(County) WAKE (State) NORTH CAROLINA  
County and State in which acknowledgment taken

Sworn to and subscribed before me this the 8 day of OCTOBER

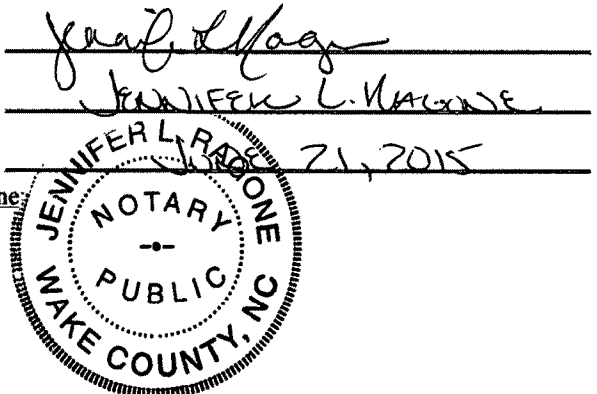
in the year of 2010

Notary Public's Signature: \_\_\_\_\_

Notary Public's Name (Print): \_\_\_\_\_

Date Notary Public's Commission Expires: \_\_\_\_\_

If using a notary stamp or seal, stamp or imprint seal beside or below this line



**CSL Contact Information:**

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

**Initial License Application Form**  
for charitable or sponsor organizations

Form Revision: 1

Effective Date: August 2, 2005

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North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

**Initial License Application Form**  
for charitable or sponsor organizations

Optional applicant contact information:

Contact Name: GEORGE ALLWON  
Contact Title: TREASURER  
Internet Site Address: \_\_\_\_\_  
Electronic Mail Address: ALLWON@RALEIGHCONSULTING.COM  
Telephone Number: 919 780 2939  
Facsimile Number: \_\_\_\_\_  
Mailing Address: 4821 ROBERT PL  
RALEIGH NC 27612

Optional third party filer information:

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Internet Site Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact's Electronic Mail Address: \_\_\_\_\_  
Contact's Telephone Number: \_\_\_\_\_  
Contact's Facsimile Number: \_\_\_\_\_

CSL Contact Information:

Agency Internet Site: www.sosnc.com Electronic Mail: csf@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

Initial License Application Form  
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Effective Date: August 2, 2005

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INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

**JUN 03 2009**

UNITING NC INC  
C/O RANDALL JONES  
315 CALVIN RD  
RALEIGH, NC 27605

Employer Identification Number:

[REDACTED]

DLN:

[REDACTED]

Contact Person:

DONNA ELLIOT-MOORE

ID# 50304

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

July 21, 2008

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

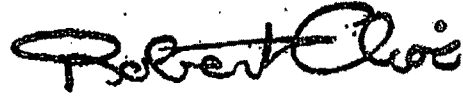
Letter 947 (DO/CG)



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UNITING NC INC

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)

Form **990-N**  
Department of the Treasury  
Internal Revenue Service

**Electronic Notice (e-Postcard)**  
for Tax-Exempt Organizations not Required To File Form 990 or  
990-EZ

OMB No. 1545-  
2085

**2009**

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning 1/1/2009, and ending 12/31/2009.

B Check if applicable

☐ Terminated, Out of  
Business

☒ Gross receipts are normally  
\$25,000 or less

C Name of organization: UNITING NC INC  
d/b/a:

% George Alwon  
4821 Rembert Drive  
Raleigh, NC, US, 27612

D Employer  
Identification  
Number

E Website:

www.unitingnc.org

F Name of Principal Officer: Randay Jones

315 Calvin Rd  
Raleigh, NC, US, 27605

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 2/16/2010.

**From:** "Daniel Rearick" <danrearick@ncjustice.org>  
**To:** <ldriver@sosnc.com>  
**Date:** 11/2/2010 2:48 PM  
**Subject:** Supplementary documents for Charitable Solicitation License for Uniting NC, Inc.  
**Attachments:** Uniting NC Officers Directors & Program Activities.pdf; Uniting NC Annual Financial Report Form for FY2009.pdf

Dear Ms. Driver:

I appreciate your help in guiding us through the Charitable Solicitation License process. Please find attached the documents that I believe were missing from our initial application.

Please let me know at your earliest convenience if we have overlooked any other items required for licensure. Once a license is issued, will we be able to access an electronic copy via the online Registry?

Thank you again for your time and assistance.

Regards,

Dan Rearick

Daniel J. Rearick

Board Member

Uniting NC, Inc.

[www.unitingnc.org](http://www.unitingnc.org) <<http://www.unitingnc.org/>>

[danrearick@ncjustice.org](mailto:danrearick@ncjustice.org)

Phone: 919-861-2073

Fax: 919-856-2175

**Uniting NC, Inc.**

**Officers: Names and Street Addresses**

**Randy Jones, *Chairman***  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Rebecca Headen, *Vice Chair***  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**George Alwon, *Treasurer***  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Irene Godínez, *Secretary***  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Board of Directors: Names and Street Addresses**

**George Alwon**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Dr. Hannah Gill**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Irene Godínez**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Rebecca Headen**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605



**Randy Jones**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Chris Liu Beers**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Daniel Rearick**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605

**Salaried Executive Personnel: Names and Street Addresses**

Uniting NC is managed by an all volunteer board of directors and does not have any salaried executive personnel.

**Individual with Final Responsibility for Custody of Contributions and Final Distribution**

**George Alwon, Treasurer**  
c/o Uniting NC  
315 Calvin Rd.  
Raleigh, NC 27605  
(919) 781-1288

**Major Program Activities**

Uniting NC facilitates community building between longtime North Carolina residents and individuals who have moved here more recently from around the country and around the world and now call North Carolina home. Uniting NC's major program activities fall into two categories:

- 1.) Community building events, including:
  - a. Community dialogues;
  - b. Community social events; and
  - c. Cultural events.
- 2.) Promoting mutual understanding and respect among North Carolinians through our website and public service announcements.

North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

**Annual Financial Report Form**  
for charitable or sponsor organizations

1. Organization Name: Uniting NC, Inc.

2. For Fiscal Year Ending: December 31, 2009

**Section 1. Balance Sheet - Concise Statement of Financial Position**

3. Assets and liabilities:	Amount
4. Unrestricted Assets:	2,541,121
5. Restricted Assets:	0
6. Total Current Assets:	2,541,121
7. Total Current Liabilities:	0
8. Total Net Assets:	2,541,121
<b>B. Fund balance:</b>	
9. Unrestricted net assets at beginning of fiscal year:	0
10. Unrestricted net assets at end of fiscal year:	2,541,121
11. Total change in unrestricted net assets:	2,541,121

**Sections 2 and 3: Statement of Activities for Reporting Period**

Section 2. Support and revenues:	Amount
12. Government grants and contracts:	0
13. 501(c)(2) no qualifying organization grants:	7,941
14. 501(c)(2) qualifying bona fide membership fees:	0
15. Program service revenues not exceeding service or good fair market value:	0
16. Program service revenues over and above service or good fair market value:	0
17. Commercial business grants:	0
18. Contributions designated or received through third party channels (e.g., via pattern groups, federated fundraising groups):	0
19. 501(c)(3) nonqualifying donation-based membership fees:	0
20. Fair market value of "in-kind" contributions and forfeitures received:	0
21. Restricted direct contributions (e.g., endowment gifts, charitable gift annuities, unitrusts, etc.):	0
22. Unrestricted direct contributions:	0
23. "In 501(c)(3) contributions" (add items 16 through 22 and item 21 if any):	0

24. Contact information:

Agency Internet Site: [www.unite-nc.org](http://www.unite-nc.org)  
Telephone: 919-857-2214 - Toll free for NC residents: 1-888-830-2989  
Fax: 919-857-2226  
Mailing Address: P.O. Box 25622, Raleigh, NC 27625-0622

Annual Financial Report Form

Form H-2009-1

Effective Date: November 11, 2009

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North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

Annual Financial Report Form  
for charitable or sponsor organizations

14. Total Support and Revenue (add items 17 through 22 and enter total here):

7,100

Section 5. Functional Expense Statement:

Functional Expenses	(A) TOTAL	(B) Program Services	(C) Management and General	(D) Fundraising
24. Grants and donations				
25. State fee assistance (if applicable)				
26. Benefits paid to other members				
27. Printing stationery, office supplies				
28. Postage				
29. Travel expenses and mileage				
30. Fundraising contributions				
31. Insurance of property				
32. Payroll taxes				
33. Professional fundraising fee				
34. Accounting fees				
35. Legal fees				
36. Supplies				
37. Telephone				
38. Travel and lodging				
39. Advertising				
40. Telephone, mail and mass mailings				
41. Printing and reproduction				
42. Dues				
43. Conferences, conventions and meetings				
44. Interest				
45. Depreciation and amortization				
46. Other expenses not included above				
<b>Total Expense Amounts:</b>	<b>Total:</b>	<b>Program Services:</b>	<b>Management and General:</b>	<b>Fundraising:</b>
47. TOTAL EXPENSES:	4,451.79	3,990.00	561.79	

255. Send all information:  
Electronic Mail: [charitable@ncsos.org](mailto:charitable@ncsos.org)  
Telephone: 813-837-2214 Toll-free for NC residents: 1-833-830-4988  
Fax: 813-837-2224  
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Annual Financial Report Form  
Form Revision  
Effective Date: November 18, 2010  
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North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

**Annual Financial Report Form**  
for charitable or sponsor organizations

**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? ☐ YES ☒ NO  
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:




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. ☐ YES ☒ NO  
Please check "Yes" here if attaching additional information.

**54. FINANCIAL REPORT CERTIFICATION:**

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.

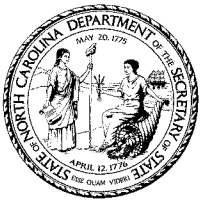
Name: Randall Jones	Signature
Title: President and Chairman of Board of Directors	
Name: George Alwon	Signature
Title: Treasurer	
Name: Daniel Rearick	Signature
Title: Board Member	

55. Report Completion and Signature Date: October 29, 2010

CSL Contact Information:  
Agency Internet Site: [www.spagc.com](http://www.spagc.com) Electronic Mail: [cs@spagc.com](mailto:cs@spagc.com)  
Telephone: (919) 807-2214 - Toll free for NC residents: 1-888-830-4969  
Facsimile: (919) 807-2220  
Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

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Effective Date: November 19, 2004  
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# NORTH CAROLINA

## Department of The Secretary of State

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### Charitable Solicitation License

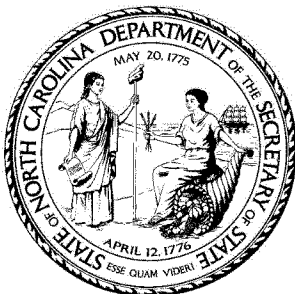
This document certifies that, in accordance with the provisions of Chapter 131F of the General Statutes of North Carolina,

**Uniting NC, Inc.**

North Carolina Solicitation License Number: SL006299

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

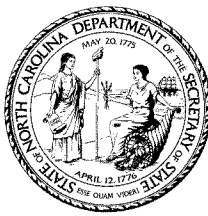
with headquarters in Raleigh, NC is hereby duly licensed by the Department of The Secretary of State to solicit charitable contributions in North Carolina for the purposes set forth in the application for license approved by and filed with the Department of the Secretary of State. This license is not transferable and shall continue in full force and effect from the 2nd day of November, 2010 to the 15th day of May, 2011, 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 2nd day of November, 2010.

*Claine J. Marshall*

Secretary of State



*State of North Carolina  
Department of The Secretary of State*

Elaine F. Marshall  
SECRETARY OF STATE

CHARITABLE SOLICITATION LICENSING

**MEMORANDUM**

TO: All Licensed Charitable Organizations, Sponsors, Fund-Raising Consultants, and Solicitors

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 therein. Please review for accuracy of all items prior to displaying (not required but recommended if you have a North Carolina office).

The license shall be renewed on an annual basis. Please be advised that the Department shall send each licensee a renewal application form at least 65 days prior to the expiration of a license. Any changes in the application are to be reported to this office with charitable organizations and/or sponsors submitting changes annually on/or before the fifteenth day of the fifth calendar month after the close of each fiscal year in which the charitable organization and/or sponsor solicited in this State.

Changes in fundraising consultants and/or solicitor's information shall be submitted in writing to the Department within 7 days after the change occurs. Contracts between a charitable organization, sponsor and a fund-raising consultant and/or solicitor are to be submitted within 5 days prior to the performance of any service by the fund-raiser. In addition a final accounting report must be submitted to this office within 90 days after the completion of a solicitation, which employs a solicitor.

**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

North Carolina Department of the Secretary of State Charitable Solicitation Licensing	<b>Annual Financial Report Form</b> for charitable or sponsor organizations
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1. Organization Name: Uniting NC, Inc.	2. For Fiscal Year Ending: December 31, 2009

**Section 1. Balance Sheet – Concise Statement of Financial Position**

<b>A. Assets and liabilities:</b>	<b>Amount</b>
3. Unrestricted Assets:	2,548.21
4. Restricted Assets:	0
5. Fixed Assets:	0
6. Total Current Assets:	2,548.21
7. Total Current Liabilities:	0
8. Total Net Assets:	<u>2,548.21</u>
<b>B. Fund balance:</b>	
9. Unrestricted net assets at beginning of fiscal year:	0
10. Unrestricted net assets at end of fiscal year:	2,548.21
11. Total Change in unrestricted net assets:	<u>2,548.21</u>

**Sections 2 and 3: Statement of Activities for Reporting Period**

<b>Section 2. Support and revenues:</b>	<b>Amount</b>
12. Government grants and contracts:	0
13. §131F-2(18) qualifying organization grants:	7,000
14. §131F-2(5) qualifying bona fide membership fees:	0
15. Program service revenues not exceeding service or good fair market value:	0
16. Program service revenues over and above service or good fair market value:	0
17. Corporate or business grants:	0
18. Contributions designated or received through third party channels (e.g., via parent group, federated fundraising group):	0
19. §131F-2(5) nonqualifying donation-based membership fees:	0
20. Fair market value of "in-kind" contributions and forbearances received:	0
21. Restricted direct contributions (e.g., endowment giving, charitable gift annuities, unrealized bequests):	0
22. Unrestricted direct contributions:	0
23. Total G.S. §131F-2(5) "contributions" (add items 16 through 22 and enter total here):	0

**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

**Annual Financial Report Form**

Form Revision: 1

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North Carolina Department of the Secretary of State Charitable Solicitation Licensing	<b>Annual Financial Report Form</b> for charitable or sponsor organizations
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24. Total Support and Revenue (add items 12 through 22 and enter total here):	7,000
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**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				
30. Pension plan contributions				
31. Other employee benefits				
32. Payroll taxes				
33. Professional fundraising fees				
34. Accounting fees				
35. Legal fees				
36. Supplies				
37. Telephone				
38. Postage and shipping				
39. Occupancy				
40. Equipment rental and maintenance				
41. Printing and publications				
42. Travel				
43. Conferences, conventions and meetings				
44. Interest				
45. Depreciation, depletion, etc.				
46. Other expenses not covered above				
<b>Total Expense Amounts:</b>	<b>Total</b>	<b>Program Services</b>	<b>Management and General</b>	<b>Fundraising</b>
47. TOTAL EXPENSES:	4,451.79	3,900.00	551.79	0

<b>CSL Contact Information:</b> Agency Internet Site: <a href="http://www.sosnc.com">www.sosnc.com</a> Electronic Mail: <a href="mailto:csf@sosnc.com">csf@sosnc.com</a> 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	<b>Annual Financial Report Form</b>  Form Revision: 1 Effective Date: November 19, 2004 Page 2 of 3
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North Carolina Department of the Secretary of State  
Charitable Solicitation Licensing

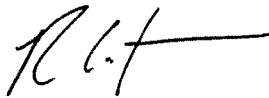


**Annual Financial Report Form**  
for charitable or sponsor organizations

**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:		
<b>Optional Attachments:</b>		
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:**

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: Randall Jones	Signature
Title: President and Chairman of Board of Directors	
Name: George Alwon	Signature
Title: Treasurer	
Name: Daniel Rearick	Signature
Title: Board Member	

55. Report Completion and Signature Date:

October 29, 2010

**CSL Contact Information:**

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