

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](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: _____ (renewal applicants only)

3. Legal Name of Applicant Organization: CEAR

4. Principal Street Address: 19825 N Cove Rd, Suite B176

5. City: Cornelius State: NC Zip Code: 28031

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

7. Telephone number: (804) 564-5330

8. Email address ((REQUIRED. May not be third party filer): rick@cearjustice.org

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

10. List all other NC locations: Primary only

11. Charitable purpose for which applicant is organized:

Counseling and advocating for victims and loved ones of estate trafficking and fraudulent adult guardianships and promoting redress and reforms to reduce the victimization nationwide.

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

To cover actual administrative and travel costs associated with CEAR's advocacy. No employees, contractors, or compensation payments to the officers of CEAR.

13. Major program activities of applicant: Counseling and Advocacy

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

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

IRS Tax Exemption Code: 26053471002949 (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: February 2018

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 attached document.

18. List of all states where applicant is authorized to solicit contributions. No filings have been made due to low revenue and exemptions

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 document.

20. List of names of individuals or officers in charge of any solicitation activities. Richard and Terri Black

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. Richard and Terri Black

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). Richard and Terri Black

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: \$ _____

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: \$ _____

Electronic Convenience Charge:

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. + \$ _____

Total fee amount attached to this application: \$ _____

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: Richard W. Black
Signer's Name (Print): RICHARD W. BLACK Title (Print) EXEC. DIR.

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): Richard Black Title (Print) Executive Director

Organization Contact Email: cearrick@gmail.com Telephone Number: (804) 564-5330

34. Third Party Filer Contact Information (optional):

Name: _____ Telephone Number: _____

Email address: _____