IRS Tax Exemption Verification Form (Annual)

I,, hereby state that I am		of					
(Printed Name)		(Title)					
	("Organization"),	and	by	that	authority	duly	given
(Legal Name of Organization)							
and as the act and deed of the Organiza	ation, state that the	Orga	nizat	ion's	status cont	tinues	to be
designated as 501(c)(3) pursuant to U.S. In	ternal Revenue Code,	and t	he d	ocume	entation on	file w	ith the
North Carolina Department of Health and H	luman Services is curr	ent ar	nd ac	curate	<u>)</u> .		
I understand that the penalty for perjury is § 14-209, and that other state laws, includapply for making perjured and/or false state	ding N.C. Gen. Stat. §	1430	C-10-	•			
I declare under penalty of perjury that the of	foregoing is true and	corre	ct. Ex	ecute	d on this th	ie	day
(Signature)							