

Form 1 of 1 filed with this application

1. Applicant Name:	Community Charity Advancement, Inc.
2. Contractor Name:	Courtesy Call, Inc.
3. Contractor Street Address:	1835 E. Charleston Blvd., #4, Las Vegas, NV 89104
4. Contractor Telephone Number:	702-906-0444
5. Contractor Type:	<input type="checkbox"/> Coventurer <input type="checkbox"/> Fund-raising Consultant <input checked="" type="checkbox"/> Solicitor
6. Contract Signing/Execution Date:	6/10/10
7. Contract services Begin Date:	5/15/10
8. Contract services End Date:	5/14/15
9. Is this a continuing or multiyear contract?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
10. Are North Carolina residents solicited for contributions as a direct or indirect result of this contract?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. Does contract contain salary, rate, or fee terms? <u>If YES, state terms and conditions below:</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Charity is to receive 12.5% of gross revenues collected, CCI to collect 87.5% of gross revenues collected.
12. Does contract contain bonus terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
13. Does contract contain commission terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. Does contract contain expenses terms? <u>If YES, state terms and conditions below:</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CCI agrees to be responsible for all costs associated with the campaign, regardless of the amount of actual proceeds collected.
15. Does contract contain other compensation terms? <u>If YES, state terms and conditions below:</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
16. Amount of funds received resulting from contract since your last license application filing: <i>(For initial applicants: amount of funds received within past fiscal year or past 12 months):</i>	Answer <u>either</u> or <u>both</u> line items: Gross Amount Received: \$ <u>3,103,553.53</u> Net Amount Received: \$ _____

CSL Contact Information:
Agency Internet Site: www.sosnc.com Electronic Mail: csl@sosnc.com
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Mailing Address: P.O. Box 29622, Raleigh, NC 27626-0622

Fund-raising Disclosure Form
for charitable or sponsor organizations

Form Revision: 1
Effective Date: November 19, 2004