

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning <u>January 1</u> , 2018, and ending <u>December 31</u> , 20 <u>18</u>										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>Charlotte Region Chapter of SIM</u></td> <td>D Employer identification number <u>27-1745235</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 77981</u></td> <td>E Telephone number <u>(704) 248-7521</u></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <u>Charlotte, NC 28271</u></td> <td>F Group Exemption Number ▶ <u>3701</u></td> </tr> </table>	C Name of organization <u>Charlotte Region Chapter of SIM</u>		D Employer identification number <u>27-1745235</u>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 77981</u>		E Telephone number <u>(704) 248-7521</u>	City or town, state or province, country, and ZIP or foreign postal code <u>Charlotte, NC 28271</u>		F Group Exemption Number ▶ <u>3701</u>
C Name of organization <u>Charlotte Region Chapter of SIM</u>		D Employer identification number <u>27-1745235</u>								
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>P.O. Box 77981</u>		E Telephone number <u>(704) 248-7521</u>								
City or town, state or province, country, and ZIP or foreign postal code <u>Charlotte, NC 28271</u>		F Group Exemption Number ▶ <u>3701</u>								
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____										
I Website: ▶ _____										
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(<u>6</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____										
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ <u>164,949</u>										

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	<u>64,950</u>
	2 Program service revenue including government fees and contracts	<u>0</u>
	3 Membership dues and assessments	<u>24,546</u>
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	<u>5a</u>
	b Less: cost or other basis and sales expenses	<u>5b</u>
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	<u>6a</u>
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<u>6b</u> <u>75,453</u>
c Less: direct expenses from gaming and fundraising events	<u>6c</u> <u>38,248</u>	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<u>6d</u> <u>37,205</u>	
Expenses	7a Gross sales of inventory, less returns and allowances	<u>7a</u>
	b Less: cost of goods sold	<u>7b</u>
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<u>7c</u>
	8 Other revenue (describe in Schedule O)	<u>8</u>
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>9</u> <u>126,701</u>
	10 Grants and similar amounts paid (list in Schedule O)	<u>10</u> <u>96,425</u>
	11 Benefits paid to or for members	<u>11</u>
	12 Salaries, other compensation, and employee benefits	<u>12</u>
Net Assets	13 Professional fees and other payments to independent contractors	<u>13</u>
	14 Occupancy, rent, utilities, and maintenance	<u>14</u>
	15 Printing, publications, postage, and shipping	<u>15</u>
	16 Other expenses (describe in Schedule O)	<u>16</u> <u>38,127</u>
	17 Total expenses. Add lines 10 through 16	<u>17</u> <u>134,552</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	<u>18</u> <u>-7,851</u>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<u>19</u> <u>51,193</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	<u>20</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	<u>21</u> <u>43,342</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	51,193	22 43,342
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	51,193	25 43,342
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,193	27 43,342

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **Support Member's Professional Growth**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 Ran quarterly Chapter dinner meetings for benefit of membership. Meetings are for networking and presentation of topics relevant for senior IT leaders; conduct of Chapter business. Approx. 75-100 attend ea. Meetings often have 1 or more paid sponsors. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Ran charity golf event to benefit local STEM programs. Attended by approx. 80 golfers, 80 sponsors and 30 member volunteers. 10 local STEM programs received grant donations (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Sponsor for 2018 Charlotte CIO Forum. Program attended by approx 250 senior IT leaders. Program included keynote speakers, breakout workshops and vendor exhibits. Conduct monthly meetings for members in transition (unemployed). Sponsor other professional development meetings (e.g., Leadership in the Fast Lane). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ 96,425) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 76,375
32 Total program service expenses (add lines 28a through 31a)	32 76,375

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Pete Murphy, President	5	0	0	0
Daidre Fanis, Vice President / President Elect	5	0	0	0
Shawn Cherry	5	0	0	0
Brad Merlie, Secretary	5	0	0	0
Biru Chattopadhyay, Program Co-Chair	5	0	0	0
Eddie Bruce, Program Co-Chair	5	0	0	0
Robert Jones, Membership Co-Chair	5	0	0	0
Alice Grove, Membership Co-Chair	5	0	0	0

60

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ▶ _____		
42a The organization's books are in care of ▶ _____ Telephone no ▶ _____		
Located at ▶ _____ ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____		✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

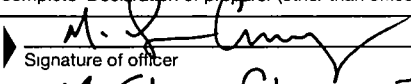
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 10/28/2019
	Type or print name and title M. Shawn Cherry, Treasurer	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

Charlotte Region Chapter of SIM

27-1745235

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Golf Tournament</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	75,453			
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	75,453			
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	1,474			
	6 Rent/facility costs	12,701			
	7 Food and beverages	11,075			
	8 Entertainment	0			
	9 Other direct expenses	12,998			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				38,248
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				37,205	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities. _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain. **38,248** _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Charlotte Region Chapter of SIM

Employer identification number

27-1745235

990ez Line 10 Detail - Grants Paid (\$96,425):

\$10,000 to Road to Hire (Red Ventures) 1101 Red Ventures Dr. Fort Mill, SC 29707

\$800 to CPCC Foundation P.O. Box 35009 Charlotte, NC 28235

\$275 to CPCC STEM Camp P.O. Box 35009 Charlotte, NC 28235

\$5,000 To Goodwill Industries of the Southern Piedmont 5301 Wilkinson Blvd Charlotte, NC 28208

\$1,000 to Northwest Cabarrus Highschool (VEX Robotics Competition Team) 5130 NW Cabarrus Drive Concord, NC 28027

\$2,500 to Charlotte Area Technology Collective (Blue Diamond Awards) 222 S. Church St., Suite 100 Charlotte, NC 28202

\$2,000 to CMS STEMersion 4421 Stuart Andrew Boulevard Charlotte, NC 28217

\$5,000 to YMCA Stratford 400 E Morehead Street Charlotte, NC 28202

\$5,000 to YMCA Keith Family 400 E Morehead Street Charlotte, NC 28202

\$5,000 to Young Engineers (Youth Program) 9935 D Rea Rd #243 Charlotte, NC 28277

\$2,500 to Re-Image CLT (West Charlotte HS) PO Box 1299 228 Roundway Down Davidson, NC 28036

\$2,500 to E-2-D.org (CMS laptop / WiFi) O Box 1299 228 Roundway Down Davidson, NC 28036

\$2,500 to Camp Thunderbird (STEM Summer Camp) 1 Thunderbird Lane Lake Wylie, SC 29710

\$5,000 to Queen City Robotics / Yeti Robotics (Youth robotics league) PO Box 31483 Charlotte, NC 28231

\$2,500 to Project Scientist (Girls STEM Summer Camp) P.O. Box 515 Laguna Beach, CA 92652

\$4,100 to Project Scientist (STEM Full Year Camp) P.O. Box 515 Laguna Beach, CA 92652

\$3,500 to Road to Hire (Red Ventures) 1101 Red Ventures Dr. Fort Mill, SC 29707

\$5,000 to Phillip O. Berry Academy (STEM Academy) 1430 Alleghany Charlotte, NC 28208, Courier # 496

\$4,000 to TechWorks (Web Development) 1212 Spruce St Suite 203 Belmont, NC 28012

\$2,500 to Dottie Rose Foundation (STEM Girls Camp) 1515 Mockingbird Ln. Charlotte, NC 28209

\$5,000 to InfraGard Charlotte, Inc. (Security Camp) 1313 Cuthbertson Road Waxhaw, NC 28173

\$10,000 to Goodwill University (IT Training) 5301 Wilkinson Blvd Charlotte, NC 28208

\$5,750 to YMCA STEM Camp (STEM Camp) 400 E Morehead Street Charlotte, NC 28202

\$5,000 to APPYUniversity (STEM Camp) 11019 Amherst Glen Dr. Charlotte, NC 28213

Name of the organization

Employer identification number