



Florida Department of Agriculture & Consumer Services
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT
FOR CHARITABLE ORGANIZATIONS AND
SPONSORS**

SOLICITATION OF CONTRIBUTIONS ACT

Chapter 498, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

ADAM H. PUTNAM
COMMISSIONER

For online payments, visit www.FreshFromFlorida.com
Make check payable to FDACS and remit application to:

FDACS
Solicitation of Contributions
PO Box 8700
Tallahassee FL 32314-8700

www.800helpfla.com
1-800-HELP-FLA(435-7352)(FL Only)
1-850-410-3800 Calling outside FL
Fax: 1-850-410-3804

CM

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Media Matters For America

Registration Number: CH23790 Expiration Date: September 28, 2018 FEID Number: 47-0928008

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule 0, for the immediately preceding fiscal year, to the above address.

REGISTRATION FEES:

For contributions received the preceding fiscal year:

	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

Note: A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

LATE FEES: A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

1. Enclosed:

Registration fee of \$ 400.00

and late fee of \$ 25.00

(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 3088050
Org Code: 42100625000
Object Code: 001133

DTN/FAID: 3088050
19-04892826-0002
400.00 10/29/2018
Dep#991687



2018 OCT 31 PM 8:20
 DIVISION OF
 CONSUMER SERVICES
 OCT 29 2018
 BUREAU OF FINANCE
 AND ACCOUNTING

DTN/FAID: 3088050

19-04892826-0001

25.00 10/29/2018

Dep#991687

2. Principal Street Address:

Name: MEDIA MATTERS FOR AMERICAStreet Address: 455 MASSACHUSETTS AVE NW STE 600City, State and Zip: WASHINGTON, DC 20001-2774Phone: 202-756-4100E-mail mparker@cckc-law.com

Web site: _____

Fax: 202-756-4101

3. Mailing Address (if different):

Name: Copilevitz + CanterStreet Address: 310 W 20TH ST STE 300City, State and Zip: KANSAS CITY, MO 64108-2025Phone: 816-472-9000

4. Fictitious (DBA) Name: _____

5. Other name(s) soliciting as: _____

6. What is the purpose for which the organization is organized?

MEDIA MATTERS FOR AMERICA IS A WEB-BASED, NOT-FOR-PROFIT, 501(C)(3) PROGRESSIVE RESEARCH AND INFORMATION CENTER DEDICATED TO COMPREHENSIVELY MONITORING, ANALYZING AND CORRECTING CONSERVATIVE MISINFORMATION IN THE U.S. MEDIA.

What is the purpose for which the contributions will be used?

MEDIA MATTERS FOR AMERICA IS A WEB-BASED, NOT-FOR-PROFIT, 501(C)(3) PROGRESSIVE RESEARCH AND INFORMATION CENTER DEDICATED TO COMPREHENSIVELY MONITORING, ANALYZING AND CORRECTING CONSERVATIVE MISINFORMATION IN THE U.S. MEDIA.

7. List or description of major program activities:

MEDIA MATTERS FOR AMERICA IS A WEB-BASED, NOT-FOR-PROFIT, 501(C)(3) PROGRESSIVE RESEARCH AND INFORMATION CENTER DEDICATED TO COMPREHENSIVELY MONITORING, ANALYZING AND CORRECTING CONSERVATIVE MISINFORMATION IN THE U.S. MEDIA.

8. IRS Tax exempt: 501(C)(3)

If changed, enclose copy of IRS notice.

9. If applicant does not maintain an office in Florida, person with custody of financial records:

Name: MARTINEZ, PILARStreet Address: 455 MASSACHUSETTS AVE NW STE 600City, State, and Zip: WASHINGTON, DC 20001-2774Contact Phone: 202-756-4100

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

10. Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: CARUSONE, ANGELOStreet Address: 455 MASSACHUSETTS AVE NW STE 600City, State, and Zip: WASHINGTON, DC 20001-2774Contact Phone: 202-756-4100

Name: MARTINEZ, PILARStreet Address: 455 MASSACHUSETTS AVE NW STE 600City, State, and Zip: WASHINGTON, DC 20001-2774Contact Phone: 202-756-4100

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

11. Individual or officer who is in charge of solicitation activities:

Name: BROCK, DAVIDStreet Address: 455 MASSACHUSETTS AVE NW STE 600City, State, and Zip: WASHINGTON, DC 20001-2774Contact Phone: 202-756-4119

Name: _____

Street Address: _____

City, State, and Zip: _____

Contact Phone: _____

12. Is this charitable organization or sponsor authorized by another state to solicit contributions?

☒ YES ☐ NO

13. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

☐ YES ☒ NO

14. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

☐ YES ☒ NO If yes, the reasons for the denial, suspension, or revocation were: _____

15. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

☐ YES ☒ NO If yes, enclose a copy of the agreement.

16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years?

☐ YES ☒ NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name: n/a

Nature of offense: _____ Date: _____

Court having jurisdiction: _____

Disposition of offense: _____ Date: _____

17. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

☐ YES ☒ NO

Name: _____

Date of Injunction: _____

Court issuing the injunction: _____

18. Does the charitable organization or sponsor employ a Professional Solicitor?

☐ YES ☒ NO If yes, complete Attachment A-1, and provide a copy of current contract.

19. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?

☐ YES ☒ NO If yes, complete Attachment A-2, and provide a copy of current contract.

20. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

☐ YES ☒ NO If yes, attach a copy of the current contract, and provide the following information for each. (attach additional sheets as necessary using the same format)

Name: _____

none
Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

() _____

Date of Contract: _____

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

NOTE: Any change to the responses provided to Questions 19 - 24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.800helpfla.com.

21. Are you filing as a parent organization?

☐ YES ☒ NO If yes, complete Attachment C.

22. If sponsor, answer the following:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

- a. Does the membership consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

☐ YES ☐ NO

- b. Total number of sponsor's members: _____
- c. Total number of members actively employed as law enforcement or emergency service employees: _____
- d. Percentage of total net contributions which are dispersed in the state on behalf of its members in the furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____%

CONTACT PERSON

23. Person Responsible for completing renewal application.

Name: Megan Parker Telephone Number 816.412.9000 Email mparker@eckc-law.com

I, AUGUSTO CARUSONE **CERTIFICATION**
 am the PRESIDENT
 Name Title
 of Media Matters for America
 Name of Organization or Company

And further state as follows: (Please check all that apply)

- ☒ I have read the registration application and know the contents thereof; and
☒ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.



Signature

AUGUSTO CARUSONE

Printed Name

10/19/10

Date

(202) 722-0118

Telephone Number

ACARUSONE@MEDIAMATTERS.ORG

Email Address

FINANCIAL STATEMENT

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), FS]

- ☐ Budget (newly formed organizations only)
☐ Department's financial statement form.
☐ 990 and all attached schedules
☐ 990 - EZ and Schedule O
☒ 180 Day Extension requested for your financial report only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, FS]

25. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit

☒ Yes ☐ No

26. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.]

12/31
Month / Day27. ☒ I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

FINANCIAL STATEMENT**FISCAL YEAR ENDING** 12/31/17

(Please use department material change form if your organization's fiscal year ending changes.)

Is this a consolidated financial statement for chapters, branches, or affiliates? ☐ Yes ☒ No**NOTE:** In lieu of using this financial statement you may send the IRS Form 990 and all attached schedules or the IRS Form 990EZ and Schedule O.**** IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.****REVENUE**

See attached Form 990

1. Federated campaigns:
(must provide a list of sources and amounts) 1. _____
2. Government grants:
(must provide a list of sources and amounts) 2. _____
3. Program service revenue: 3. _____
4. Membership dues: 4. _____
5. Income from interest, dividends, etc. 5. _____
6. Income from investments & tax-exempt bond proceeds: 6. _____
7. Sale of assets other than inventory:
 - a. Gross sales 7a. _____
 - b. Less sales expenses 7b. _____
 - c. Net gain or (loss) from sale of assets 7c. _____
8. In-kind contributions (non-cash contributions): 8. _____
9. Royalties: 9. _____
10. Related organizations: (Must provide a list of sources and amounts) 10. _____
11. Net rental income: 11. _____
12. Sales of inventory
 - a. Gross sales 12a. _____
 - b. Less: costs of goods sold 12b. _____
 - c. Net income or (loss) from inventory sales 12c. _____
13. Income from fundraising events:
 - a. Gross 13a. _____
 - b. Less: direct expenses 13b. _____
 - c. Net income or (loss) from fundraising events 13c. _____
14. Income from gaming activities:
 - a. Gross 14a. _____
 - b. Less: direct expenses 14b. _____
 - c. Net income or (loss) from gaming activities 14c. _____
15. All other contributions, gifts, grants & similar amounts: 15. _____
16. **TOTAL REVENUE** 16. _____
(Add lines 1, 2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)

Statement of Functional Expenses

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.	See attached Form 990			
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List item)				
Other (List item)				
Other (List item)				
TOTAL EXPENSES	(A)	(B)	(C)	TOTAL

EXPENSES:

17. Program services expenses, including payments to affiliates
(Total of column A) 17. _____
18. Management & general (Total of column B) 18. _____
19. Fundraising (Total of column C) 19. _____
20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. _____

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20) 21. _____
22. Net assets of fund balance at beginning of year 22. _____
23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
Total assets	_____	_____
Total liabilities (describe on separate sheet)	_____	_____
Total assets or fund balance	(From Line 21)	(From Line 22)

Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. The certification below should be completed by the independent certified public accountant responsible for either reviewing or auditing the above financial statement.

[s. 496.407(1)(b), F.S.]

I certify that I am a CPA authorized to complete this Financial Statement.

Signature

Printed Name

Date

(_____) _____
Telephone Number

Email Address

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

Parent Organization Name _____ CH # _____

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format

1. Name:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email: _____

() _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____

Total payments to Chapter, Branch or Affiliate \$ _____

2. Name:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email: _____

() _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____

Total payments to Chapter, Branch or Affiliate \$ _____

3. Name:

Street Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Email: _____

() _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____

Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____

Total payments to Chapter, Branch or Affiliate \$ _____

ATTACHMENT A-1
List of Professional Solicitors

Please list professional solicitor(s) soliciting on your behalf in Florida:

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT A-2
List of Professional Fundraising Consultants

Please list professional consultant(s) acting on your behalf in Florida:

1. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

1. Last Name, First Name: BELL, CHRIS Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
2. Last Name, First Name: BELL, CHRIS Title: Treasurer
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
3. Last Name, First Name: BROCK, DAVID Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4119
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
4. Last Name, First Name: BUELL, Mark Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
5. Last Name, First Name: CARUSONE, ANGELO Title: Officer
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
6. Last Name, First Name: CARUSONE, ANGELO Title: President
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): Y
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
7. Last Name, First Name: CASTRO, TOM Title: Director

7. Last Name, First Name: CASTRO, TOM Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
8. Last Name, First Name: LIPPINCOTT, WILL Title: Secretary
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
9. Last Name, First Name: LIPPINCOTT, WILL Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
10. Last Name, First Name: MARTINEZ, PILAR Title: Chief Financial Officer
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): Y
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
11. Last Name, First Name: TURNER, BONNIE Title: Director
 Street Address: 455 MASSACHUSETTS AVE NW STE 600 Phone Number: 202-756-4100
 City, State, and Zip: WASHINGTON, DC 20001-2774 Compensated (Y/N): N
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
12. Last Name, First Name: Millican, Julie Title: Vice President
 Street Address: 455 Massachusetts Avenue NW Phone Number: 202-756-4100
 City, State, and Zip: Washington, DC 20001 Compensated (Y/N): Y
 Criminal History: ☐ Yes ☒ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☒ No
13. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____
 Criminal History: ☐ Yes ☐ No
 Exempt from public records [s. 119.071(4), F.S.] ☐ Yes ☐ No
14. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____

14. Last Name, First Name: _____

Title: _____

Street Address: _____

Criminal History: ☐ Yes ☐ No

Exempt from public records [s. 119.071(4), F.S.]

☐ Yes ☐ No

ATTACHMENT C
Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____
2. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____



October 22, 2018

Florida Division of Consumer Services
First Floor, Mayo Building
P.O. Box 6700
Tallahassee, FL 32314-6700

Re: **Media Matters for America**

CH23790

Dear Sir or Madam:

Enclosed please find the above-named organization's Annual Renewal Registration Statement and the \$425 fee, which is payment of the \$400 registration fee and a \$25 late fee. Also enclosed is the Audit for fiscal year end December 31, 2017. Please process these items and renew this organization's charitable registration with your office.

Should you have any questions regarding this registration, feel free to contact me. Thank you for your assistance.

Sincerely,

Megan Parker
Compliance Professional
For the Firm
Email: mparker@cckc-law.com