

**Attachment G:  
IRS Tax Exemption Verification Form (Annual)**

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We, the undersigned entity, hereby testify that the 501 (c)(3) status is on file with the North Carolina Department of Health and Human Services and is still in effect.

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Name of Entity

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Signature of Chairman, Executive Director, or other authorized official

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Title of above signed authorized official

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.