

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

INDEPENDENT SCHOOL COMPLIANCE AUDIT

TYPE OR PRINT CLEARLY IN BLACK INK.

Pursuant to Part 1B, Section 1.80 of the 2014-2015 Appropriations Act, the undersigned organization hereby submits its compliance audit to the Secretary of State:

1. List the name, address, phone number and web address (if applicable) of the independent school:

Name

Street Address

City	County	State	Zip Code
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Phone Number	Web Address
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2. List the name, address, phone number and web address (if applicable) of the outside auditing firm that conducted the compliance audit:

Name

Street Address

City	County	State	Zip Code
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Phone Number	Web Address
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3. The attached compliance audit is for the fiscal year beginning _____, 20____, and ending _____, 20____.

Date _____

Name of Organization

Signature of Officer

Type or Print Name and Title of Officer

FILING INSTRUCTIONS

1. THIS FORM MUST BE ACCOMPANIED BY A COMPLIANCE AUDIT COMPLETED WITHIN THE LAST THIRTY (30) DAYS.
2. If you would like a filed copy for your records, please submit two (2) copies of this form and two (2) copies of the attached compliance audit, along with a self-addressed, stamped envelope.

Return to: Secretary of State
ATTN: Legal Division
1205 Pendleton Street, Suite 525
Columbia, SC 29201