

**SOUTH CAROLINA  
SECRETARY OF STATE**

**PUBLIC CHARITIES DIVISION**

**ANNUAL APPLICATION FOR REGISTRATION EXEMPTION**

**Filing Instructions**

- Pursuant to Section 33-56-50 of the South Carolina Code of Laws, failure to complete all sections of this form may cause your application for exemption to be returned to you and may result in a possible violation and/or fine.
  - Please contact our office with any questions regarding this form at 803-734-1790 or email [charities@sos.sc.gov](mailto:charities@sos.sc.gov).
  - Mail to South Carolina Secretary of State, Attn: Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
  - There is no fee for the filing of this application.
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Name of Organization: \_\_\_\_\_

Check one: [ ] Initial Registration [ ] Renewal

Application for Current Fiscal Year \_\_\_\_\_ to \_\_\_\_\_  
(mo/day/year) (mo/day/year)

Enter Federal Employer's Identification Number: \_\_\_\_\_ - \_\_\_\_\_ Charity Public ID: \_\_\_\_\_  
(If applicable) (Renewal only)

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**EXEMPTION QUALIFICATION (S.C. Code Section 33-56-50)**

Select ONE of the following bases for exemption under section A or B, not both. If none of these qualifications for exemption applies to your organization, you must submit a registration statement for a charitable organization.

- A.** Fundraising activities are not conducted by professional solicitors, professional fundraising counsel, or commercial co-venturers and you are:
- \_\_\_\_\_ (1) an educational institution which solicits contributions from only its students and their families, alumni, faculty, friends, and other constituencies, trustees, corporations, foundations, and individuals who are interested in and supportive of the programs of the institution;
  - \_\_\_\_\_ (2) a person requesting contributions for the relief of an individual specified by name at the time of the solicitation, when all of the contributions collected, without deductions of any kind, are turned over to the named beneficiary for his or her use, as long as the person soliciting the contributions is not a named beneficiary;
  - \_\_\_\_\_ (3) a charitable organization which (a) does not intend to solicit or receive contributions from the public in excess of \$20,000.00 in a calendar year and (b) has received a letter of tax exemption from the Internal Revenue Service, if all functions, including fundraising activities, of the organization exempted pursuant to this item are conducted by persons who are compensated no more than \$500.00 in a year for their services and no part of their assets or income inures to the benefit of or is paid to an officer or a member. **Please provide a copy of any determination letter recognizing the charitable organization's tax-exempt status from the Internal Revenue Service and any changes, amendments, or revocations to that letter;**
  - \_\_\_\_\_ (4) an organization which solicits exclusively from within its own membership, including utility cooperatives;
  - \_\_\_\_\_ (5) a veterans' organization which has a congressional charter;
  - \_\_\_\_\_ (6) the State, its political subdivisions, and any agencies or departments thereof which are subject to the disclosure provisions of the Freedom of Information Act.
- B.** Regardless of whether your fundraising activities are conducted by professional solicitors, professional fundraising counsel, or commercial co-venturers and you are:
- \_\_\_\_\_ (1) a public school district located in the State and any public school teaching pre-K through grade twelve located within the public school district.
  - \_\_\_\_\_ (2) a charitable organization that does not intend to solicit or receive contributions from the public in excess of \$7,500.00 during a calendar year.
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1. Legal Name of Organization: \_\_\_\_\_
- a. Doing Business As (DBA) Names: \_\_\_\_\_  
(If applicable)
- b. Former Names Used by the Charity: \_\_\_\_\_  
(If applicable)
- c. Organization's Website: \_\_\_\_\_  
(If applicable)
- d. Please provide a contact person for your organization:

_____	_____
Name	Title
_____	
Address, City, State, Zip Code	
_____	
_____	_____
Daytime Phone	Email

2. Physical address of your organization: \_\_\_\_\_  
Street Address, City, State, Zip Code

3. Purpose for which this organization was formed: \_\_\_\_\_

4. All organizations completing this form must provide the names of any professional solicitors, professional fundraising counsel, or commercial co-venturers conducting fundraising activities for the organization. (Check one)

Organization does not use professional solicitors, professional fundraising counsel, or commercial co-venturers.

List of professional solicitors, professional fundraising counsel, or commercial co-venturers is attached.

5. **School Districts:** Please provide a list of schools and any student organization within the schools that do not maintain separate financial accounts or a separate federal Employer's Identification Number (EIN) from the school and whose fundraising revenues are deposited in the school's student activity fund.

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

**CHIEF FINANCIAL OFFICER / TREASURER**

**CHIEF EXECUTIVE OFFICER / PRESIDENT**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone Number