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 <u>all</u> 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.
- 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.

Name of Organization:				
Check one: [] Initi	ial Registration []	Renewal		
Application for Current Fiscal Yearto				
Enter Federal Employer's Identification Number:	(If applicable)	_ Charity Public ID:	(Renewal only)	
EXEMPTION QUALIFICA Select ONE of the following bases for exemption under for exemption applies to your organization, you must s organization.	section A <u>or</u> B, not be	th. If none of these qua		
 A. Fundraising activities are not conducted by profession co-venturers and you are: (1) an educational institution which solicits contrib faculty, friends, and other constituencies, trustees interested in and supportive of the programs of the 	outions from only its stu s, corporations, foundati	dents and their families,	alumni,	
(2) a person requesting contributions for the relief solicitation, when all of the contributions collecte named beneficiary for his or her use, as long as the beneficiary;	ed, without deductions of	of any kind, are turned ov	er to the	
(3) a charitable organization which (a) does not int \$20,000.00 in a calendar year and (b) has receive functions, including fundraising activities, of the persons who are compensated no more than \$500 inures to the benefit of or is paid to an officer or a recognizing the charitable organization's tax-e changes, amendments, or revocations to that leterated (4) an organization which solicits exclusively from	ed a letter of tax exempted organization exempted 0.00 in a year for their so a member. Please proviexempt status from the etter;	ion from the Internal Rev pursuant to this item are ervices and no part of the de a copy of any detern Internal Revenue Serv	renue Service, if al conducted by ir assets or income nination letter ice and any	
(5) a veterans' organization which has a congression				
(6) the State, its political subdivisions, and any age provisions of the Freedom of Information Act.	encies or departments th	ereof which are subject t	o the disclosure	
 B. Regardless of whether your fundraising activities are counsel, or commercial co-venturers and you are: (1) a public school district located in the State and within the public school district. (2) a charitable organization that does not intend to \$7,500.00 during a calendar year. 	any public school teach	ing pre-K through grade	twelve located	

1.	Leg	Legal Name of Organization:				
	a.	. Doing Business As (DBA) Names:				
		(If applicable)				
	b.					
		(If applicable)				
	c.	Organization's Website:				
		(If applicable)				
	d.	Please provide a <u>contact person</u> for your organization:				
		Name	Title			
		Address, City, State, Zip Code				
		Daytime Phone	Email			
2.	Phy	vsical address of your organization:				
	Stre	et Address, City, State, Zip Code				
3.	Pur	pose 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 fund	aising counsel, or commercial co-venturers is attached.			
5.	sepa	Chool Districts: Please provide a list of schools and any student organization within the schools that do not maintain parate financial accounts or a separate federal Employer's Identification Number (EIN) from the school and whose ndraising revenues are deposited in the school's student activity fund.				
the con imp	best stitute orison ony ca year	of my knowledge, information and belief. I e a misdemeanor carrying a penalty upon c ment for not more than one year, or both, for	and all attached supplementary information is true and correct to inderstand that the giving of false or incorrect information may inviction of a fine of not more than two thousand dollars or first offense. A second or subsequent offense may constitute a more than five thousand dollars or imprisonment of not more than CHIEF EXECUTIVE OFFICER / PRESIDENT			
	Prir	nt Name	Print Name			
	Sign	nature Date	Signature Date			
	Mai	iling Address	Mailing Address			
	City	y, State, Zip	City, State, Zip			
	Pho	one Number	Phone Number			