

**SOUTH CAROLINA  
SECRETARY OF STATE**

PUBLIC CHARITIES DIVISION

**ANNUAL APPLICATION FOR REGISTRATION EXEMPTION**

**Filing Instructions**

- You may complete your renewal using our online application by clicking on one of the following links:  
[Before You File Online | SC Secretary of State](#), or [www.sos.sc.gov](http://www.sos.sc.gov).
- 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).
- If not filing online, complete this form in its entirety and 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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**Legal Name of Organization:** \_\_\_\_\_

**Check one:** [  ] Initial Registration [  ] Renewal Charity      **Public ID (Renewal only):** \_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

**Application for Current Fiscal Year Ending** \_\_\_\_\_ **Federal EIN:** \_\_\_\_\_  
(month/year)

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1. 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.

2. Organization's Website (if any): \_\_\_\_\_

3. Doing Business As (DBA) Names (if any): \_\_\_\_\_

4. Former Names Used by the Charity (if any): \_\_\_\_\_

5. Please provide a contact person for your organization:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Phone (enter numbers only)

\_\_\_\_\_  
Email

6. Physical address of the organization or physical address of the treasurer. **PO Boxes cannot be accepted:**

\_\_\_\_\_  
Street Address, City, State, Zip Code

7. Charitable purpose for which this organization was formed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Select ONE** basis 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 does not solicit, collect, earn, or receive gross revenue in excess of \$25,000.00 during a fiscal year and has received a letter of tax exemption from the Internal Revenue Service, if all functions, including fundraising activities, 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. If the gross revenue solicited, collected, earned, or received by the organization exceeds this amount, then the organization must register with and report to the Secretary of State as required by this chapter within thirty days after the date the gross revenue exceeds this amount.

**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.**

A. Please provide the following financial information for the prior fiscal year. Failure to provide this information will result in your form being returned for correction.

Gross Revenue: \$\_\_\_\_\_ Total Expenses: \$\_\_\_\_\_ Total Paid to Officers or Members: \$\_\_\_\_\_

- \_\_\_\_ (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 solicit, collect, earn, or receive gross revenue in excess of \$10,000.00 during a fiscal year. If the gross revenue solicited, collected, earned, or received by the organization exceeds this amount, then the organization shall register and report to the Secretary of State as required by this chapter within thirty days after the date the gross revenue exceeds this amount.

A. Please provide the following financial information for the prior fiscal year. Failure to provide this information will result in your form being returned for correction. Gross Revenue: \$\_\_\_\_\_

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number (enter numbers only)

\_\_\_\_\_  
Phone Number (enter numbers only)