

State of South Carolina
Office of the Secretary of State
Jim Miles
Public Charities Division

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REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

☐ **Initial Registration** ☐ **Renewal/Update** Enter Current Registration Number: _____

Please provide the following information:

1. Name of Organization _____

Other Organization Names Used _____

Contact Person's Name _____ Title _____

Contact Person's Mailing Address _____

City _____ County _____ State _____ Zip _____

Work Phone No. _____ Home No. _____ Fax No. _____

Contact Person's E-mail _____ Web Site _____

Organization's Fiscal Year End Date (Give month and date.) ____ / ____

Is this a change in your Fiscal Year End Date? Circle one: YES / NO

If YES, what is the first day under the new Fiscal Year End? ____ / ____ / ____

2. Purpose for this organization: _____

3. (a) Principal address of the organization:

City _____ County _____ State _____ Zip _____

(b) Addresses of any of your organization's offices in this State:

City _____ County _____ State _____ Zip _____

City _____ County _____ State _____ Zip _____

(c) If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

4. Give names, addresses and telephone numbers of:
- (a) Chief Executive Officer _____
- _____
- (b) Chief Financial Officer _____
- _____
- (c) Please attach list of board members.
- (d) Registered Agent for Service of Process _____
- _____
5. Names and addresses of any chapters, branches or affiliates of your organization in this State. (Attach list if necessary.)
- _____
6. (a) Place and date the organization was legally established:
- _____
- (b) Form of organization. Check one: ☐ Public Benefit ☐ Mutual Benefit
- (c) Tax exempt status under the Internal Revenue Code: ☐ YES ☐ NO
- If "Yes," please provide copy of IRS tax exempt documentation.
7. Outside Professionals: If your organization intends to use professional solicitors or hire individuals to solicit, please list below their names, addresses, telephone numbers, and dates during which they are/were engaged and all fundraising offices used by or on behalf of your organization. Attach list if necessary.
- _____
- _____
8. List any other governmental authority that has authorized your organization to solicit contributions.
- _____
9. Has your organization or any of its officers, directors, employees, been enjoined by any government agency or court from soliciting contributions? ☐ YES ☐ NO
- (a) If "Yes," provide name of governmental authority/court, state, date of action, and copy of referenced order.
- _____
- (b) If "Yes," is your organization still subject to any order at this time by any government agency or court? If so, attach list of all.
10. General purpose for which the contributions solicited will be used:
- _____
- _____

11. Check ONE of the following categories that best describes the purpose of your organization:

<input type="checkbox"/> Adoption / Abortion / Pregnancy	<input type="checkbox"/> Educational	<input type="checkbox"/> Literacy
<input type="checkbox"/> AIDs	<input type="checkbox"/> Environment & Beautification	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Alcohol & Substance Abuse	<input type="checkbox"/> Ethnic Interest	<input type="checkbox"/> Law Enforcement Association
<input type="checkbox"/> Animal Rights & Adoption	<input type="checkbox"/> Fire-Fighting & Prevention	<input type="checkbox"/> Public Policy
<input type="checkbox"/> Arts	<input type="checkbox"/> Gun Control & Gun Rights	<input type="checkbox"/> Rescue
<input type="checkbox"/> Athletics & Sports	<input type="checkbox"/> Health	<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Child Protection & Sponsorship	<input type="checkbox"/> Historical	<input type="checkbox"/> Service Club
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Homeless / Housing	<input type="checkbox"/> Veterans
<input type="checkbox"/> Crime Prevention	<input type="checkbox"/> Human Services	<input type="checkbox"/> Youth
<input type="checkbox"/> Disability	<input type="checkbox"/> Hunger	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> International / Peace	_____
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Libraries	

CERTIFICATION AND FEE

SECTION 33-56-30 OF THE SOUTH CAROLINA SOLICITATION OF CHARITABLE FUNDS ACT PROVIDES "THE REGISTRATION FORMS AND OTHER DOCUMENTS PRESCRIBED BY THE OFFICE OF THE SECRETARY OF STATE MUST BE SIGNED BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER OF THE CHARITABLE ORGANIZATION AND CERTIFIED AS TRUE. EVERY CHARITABLE ORGANIZATION WHICH SUBMITS A REGISTRATION TO THE SECRETARY OF STATE MUST PAY AN ANNUAL REGISTRATION FEE OF FIFTY DOLLARS (\$50.00)."

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.

SWORN TO BEFORE ME:

CHIEF EXECUTIVE OFFICER:

(Date)

(Please Sign Name)

(Notary's Signature & Date Commission Expires)

(Please Print Name)

SWORN TO BEFORE ME:

CHIEF FINANCIAL OFFICER:

(Date)

(Please Sign Name)

(Notary's Signature & Date Commission Expires)

(Please Print Name)

**Note: This form must be signed, notarized and accompanied by a Fee of \$50.
Please make check payable to the "Secretary of State."**