

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

APPLICATION FOR EXEMPTION

www.scsos.com
charities@scsos.com

Post Office Box 11350
Columbia, SC 29211

Phone: (803) 734-1790
Fax: (803) 734-1604

Check one: ☐ Initial Registration ☐ Renewal

Employer's Identification Number: ____ -- ____ Registration Number: _____

1. Organization's Legal Name _____

Other Names Used _____

2. Contact Person's Name _____ Title _____

Contact Person's Mailing Address _____

City _____ County _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____ Fax (____) _____

Contact Person's E-mail: _____ Organization's Web Site: _____

3. Organization's Street Address _____

City _____ County _____ State _____ Zip _____

4. General purpose of the organization: _____

5. Basis for exemption according to the Solicitation of Charitable Funds Act of 1994, check ONE of the following:

_____ (1) Educational Institution

(Schools, colleges, universities, and the foundations of South Carolina colleges and universities)

_____ (2) Solicitation for the relief of a specified individual

_____ (3)(a) Organizations which raise less than \$5,000 in a calendar year

_____ (3)(b) Organizations which raise less than \$20,000 in a calendar year and have a letter of tax exemption from the IRS, if all of their functions including fund-raising activities are carried on by persons who are paid no more than \$500 annually for their services. (Please attach IRS tax letter.)

_____ (4) Organization solicits within its own membership, including utility cooperatives

_____ (5) Veterans organization with 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.

OVER

6. 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

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 the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction, for a first offense of not more than one thousand dollars or imprisonment for not more than thirty days, and for a second or any subsequent offense a fine of not more than five thousand dollars or imprisonment for not more than one year, or both.

Chief Executive Officer:

Chief Financial Officer:

(Signature)

(Signature)

(Print Name)

(Print Name)

(Date)

(Date)