

**State of South Carolina
Office of the Secretary of State
Mark Hammond
Public Charities Division**

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REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Please print clearly or type.

FILING FEE: \$50

Check one: Initial Registration Renewal/Update

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

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

2. Purpose of this organization (attach sheet if necessary): _____

3. (a) Principal physical 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 including their addresses.

(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: Does your organization intend to use a professional fundraising counsel, professional solicitor, or commercial co-venturer or hire individuals to solicit? YES NO If yes, please attach a list of their names and contact information.

8. List any other governmental authority that has authorized your organization to solicit contributions.

9. Has your organization been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state, or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions, or suspensions? YES NO If yes, please attach an explanation.

Has any of the organization's officers, directors, trustees, or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? YES NO If yes, please attach an explanation.

10. Organization's Category

Enter NTEE Codes (up to three) here: _____ , _____ , _____

OR check up to *three* boxes below that best describe your organization:

- A. **Arts, Culture, Humanities**
(inc. historical)
- B. **Educational Institutions**
(inc. literacy)
- C. **Environment, Beautification**
(inc. gardening, outdoor education)
- D. **Animal-Related**
(inc. wildlife sanctuaries)
- E. **Health-General, Rehabilitative**
(inc. nursing, family planning)
- F. **Mental Health, Crisis Intervention**
(inc. alcoholism, services for rape and abuse victims)
- G. **Disease, Disorders, Medical Disciplines**
- H. **Medical Research**
- I. **Crime, Legal-Related**
(inc. prevention of abuse, delinquency)
- J. **Employment, Job-Related**
(inc. voc. rehabilitation, unions)
- K. **Agriculture, Food, Nutrition**
(inc. livestock breeding)
- L. **Housing, Shelter**
(inc. senior citizen housing)
- M. **Public Safety, Disaster Preparedness and Relief**
(inc. rescue squads, auto safety)
- N. **Recreation, Sports, Leisure, Athletics**
(inc. social clubs, Special Olympics)
- O. **Youth Development**
- P. **Human Services**
(inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.)
- Q. **International, Foreign Affairs, National Security** (inc. cultural exchange)
- R. **Civil Rights, Social Action, Advocacy** (inc. right to life and right to die, reproductive rights)
- S. **Community Improvement, Capacity Building**
(inc. neighborhood associations, service clubs, bus. development)
- T. **Philanthropy, Volunteerism, Grant-making** (inc. foundations)
- U. **Science and Technology Research Institutes**
- V. **Social Science Research**
(inc. economics, ethnic & gender studies)
- W. **Public Affairs, Society Benefit**
(inc. Citizen participation, consumer protection, veterans' orgs, leadership development)
- X. **Religion, Spiritual Development**
- Y. **Mutual / Membership Benefit**
(inc. fraternal organizations, cemeteries)
- Z. **Unknown, Other**
Please Specify: _____

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.

CHIEF FINANCIAL OFFICER:

CHIEF EXECUTIVE OFFICER:

(Please Sign Name)

(Please Sign Name)

(Please Print Name)

(Please Print Name)

Form must be **signed** and accompanied by a **fee of \$50**, checks payable to "Secretary of State."
Please attach a **list of board members** including their **addresses**.