## SOUTH CAROLINA SECRETARY OF STATE

## PUBLIC CHARITIES DIVISION

## REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

## **Filing Instructions**

- Pursuant to Section 33-56-30 of the South Carolina Code of Laws, failure to complete <u>all</u> sections of this form may cause your registration to be returned to you and may result in a possible violation and/or fine.
- If this is a renewal, this form cannot be accepted more than six (6) weeks prior to the current expiration.
- This form must be signed and accompanied by a filing fee of \$50.00 made payable to the Secretary of State.
- If the annual financial report for the immediately preceding fiscal year has not already been filed with the Secretary of State's Office, please submit it with this form. You may submit your financial report on the Annual Financial Report for a Charitable Organization which can be found on our website <a href="www.scsos.com">www.scsos.com</a> or on IRS Form 990, 990EZ, or 990PF; we cannot accept IRS Form 990-N. If the financial report is not ready you must submit a copy of the extension request submitted to the IRS.
- 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: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- Please type or print clearly.

	Current Fisc	al Year Dates	(mo/day/year)	(mo/day/year)			
Enter	Federal Employer's Identification	on Number: _		Charity Public ID:	(Renewal only		
Le	egal Name of Organization:				` '		
a.	Doing Business As (DBA) Nar	nes:(If	applicable)				
b.	Former Names Used by the Ch	arity:					
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	En	mail				
Pι	urpose for which this organization	was formed. A	attach a statement if	necessary.			

status from the Internal Revenue Service and any changes, amendments, or revocations to that letter.

Enter the state and cou	ntry in which the organiza	tion was legally establis	shed, as well as the date	of establishment:					
State	Country		Date						
			(mo/d	lay/year)					
Form of organization.	Check one: [ ] ** Corpor	ration (includes all non	profit [i.e. 501(c)3] and	for profit corporations					
	[ ] Associati	on [ ] Other							
		(Ple	ease Specify)						
** All corporations <u>n</u>	nust provide a name and	street address for a re	egistered agent.						
Name (This cannot be the	e name of the organization)								
Street Address (PO Box of	cannot be accepted)	City	State	Zip Code					
Complete A or B, which	chever applies: (6A or 6B)	must be a street addre	ess, not a PO Box)						
A. Principal address o	f the organization:								
Street Address, City, Stat	e, Zip Code								
B. 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:									
Name									
Street Address, City, Stat	e, Zip Code								
Addresses of any of yo	our organization's offices in	n South Carolina. Attac	h a list if necessary.						
Name		Address, City, State, Zip C	Code						
Names and addresses onecessary.	of any chapters, branches o	r affiliates of your orga	unization in South Carol	ina. Attach a list if					
Name		Address, City, State, Zip C	Code						
	al year, please provide the embers. Attach a list if necessity		of your organization's o	officers, directors,					
Name	Address, City, St	ate, Zip Code		Title					
Name	Address, City, St	ate, Zip Code		Title					
Name	Address, City, St	ate, Zip Code		Title					
Name	Address, City, St	ate, Zip Code		Title					

10. Check all states in which your organization is authorized to solicit contributions.

AL	AK	AR	AZ	CA	CO	CT	DC	DE	
FL	GA	HI	IA	ID	IL	IN	KS	KY	
LA	MA	MD	ME	MI	MN	MO	MS	MT	
NC	ND	NE	NH	NJ	NM	NV	NY	ОН	
OK	OR	PA	PR	RI	SC	SD	TN	TX	
UT	VA	VT	WA	WI	WV	WY			

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary.

B   C   D   E   F   C   H   I   I   I   I	Arts, Culture, Humanities (inc. historical)  Educational Institutions (inc. literacy)  Environment, Beautification (inc. gardening, outdoor education)  Animal-Related (inc. wildlife sanctuaries)  Health-General, Rehabilitative (inc. nursing, family planning)  Mental Health, Crisis Intervention (inc. alcoholism, services for rape and abuse victims)  Disease, Disorders, Medical Disciplines  Medical Research Crime, Legal-Related (inc. prevention of abuse, delinquency)  Employment, Job-Related (inc. voc. rehabilitation, unions)  Agriculture, Food, Nutrition (inc. livestock breeding)	<ul> <li>□ L. Housing, Shelter     <ul> <li>(inc. senior citizen housing)</li> </ul> </li> <li>□ M. Public Safety, Disaster         Preparedness and Relief         (inc. rescue squads, auto safety)</li> <li>□ N. Recreation, Sports, Leisure,         Athletics         (inc. social clubs, Special Olympics)</li> <li>□ O. Youth Development</li> <li>□ P. Human Services         (inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.)</li> <li>□ Q. International, Foreign Affairs,         National Security (inc. cultural exchange)</li> <li>□ R. Civil Rights, Social Action,         Advocacy (inc. right to life and right to die, reproductive rights)</li> <li>□ S. Community Improvement,         Capacity Building         (inc. neighborhood associations, service clubs, bus. development)</li> </ul>	<ul> <li>□ T. Philanthropy, Volunteerism, Grant-making (inc. foundations)</li> <li>□ U. Science and Technology Research Institutes (inc. computer science, engineering)</li> <li>□ V. Social Sciences Institutes (inc. institutes for studies on population minorities and economics)</li> <li>□ W. Public Affairs, Society Benefit (inc. citizen participation, consumer protection, veterans' orgs., leadership development)</li> <li>□ X. Religion, Spiritual Development (inc. religious broadcasters and interfaith coalitions)</li> <li>□ Y. Mutual / Membership Benefit (inc. fraternal organizations, cemeteries)</li> <li>□ Z. Unknown, Other Please Specify:</li> </ul>
12.	charitable solicitation, fundraising camp federal governmental authority includin	in the past, been the subject of a legal or act aign, or campaign with a commercial co-veg, but not limited to, registration or license  [ ] NO If "Yes," please attach an expla	enturer by another local, state or revocation or denial, fines,
13.	including guilty or nolo contendere plea	directors, trustees or board members been s, involving any charitable solicitations act ited States? [ ] YES [ ] NO If "Yes	t, fraud, dishonesty, or false
14.	If any of the charitable organization's or marriage or adoption, please provide a s	fficers, directors, trustees or board member tatement as to the relationship(s).	rs are related to one another by blood,
15.		fficers, directors, trustees or board member fessional fundraising counsel or profession a statement as to the relationship(s).	

	If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial coventurer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.						
Name		Phone					
Address, City, State, Zip	Code						
the best of my knowledge, constitute a misdemeanor imprisonment for not more felony carrying a penalty up five years, or both.	n furnished in this application and information and belief. I unders carrying a penalty upon convict than one year, or both, for a first on conviction of a fine of not more OFFICER / TREASURER	tand that the giving of false of ion of a fine of not more the offense. A second or subseque than five thousand dollars or in	or incorrect information may an two thousand dollars or tent offense may constitute a				
Print Name		Print Name					
Signature	Date	Signature	Date				
Mailing Address		Mailing Address	·				
City, State, Zip		City, State, Zip	·				
Phone Number		Phone Number					

<sup>\*</sup> The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.