

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

APPLICATION FOR EXEMPTION

www.scsos.com
charities@sos.sc.gov

Post Office Box 11350
Columbia, SC 29211

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

Check one: Initial Registration Renewal End of Fiscal Year: _____

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) Organizations which do not intend to solicit in excess of \$20,000 in a calendar year and have a letter of tax exemption from the IRS, if all of their functions including fundraising activities are conducted by persons who are compensated no more than \$500 annually for their services. (Please attach IRS tax letter.)
- _____ (4) Organization which solicits exclusively from within its own membership, including utility cooperatives
- _____ (5) 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
- _____ (7) Organizations which do not intend to solicit more than \$7,500 in a calendar year, regardless of whether or not the solicitation is conducted by professionals

OVER

6. Organization's Purpose Category

Complete either Section 1 or Section 2 below.

Section 1: Enter up to three NTEE (National Taxonomy of Exempt Entities) Codes here:

_____, _____, _____

Section 2: Check up to three boxes below that best describe your organization:

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

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 two thousand dollars or imprisonment for not more than one year, or both. A second, or subsequent offense is a felony and upon conviction must be fined not more than five thousand dollars or imprisoned not more than five years, or both.

Chief Executive Officer:

Chief Financial Officer:

(Signature)

(Signature)

(Print Name)

(Print Name)

(Date)

(Date)