## SOUTH CAROLINA SECRETARY OF STATE

## PUBLIC CHARITIES DIVISION

## ANNUAL RAFFLE REGISTRATION FORM

## **Filing Instructions & Information**

- Upon acceptance of this registration form, the applicant organization will be issued a letter confirming that it has registered with the Secretary of State for the purpose of conducting nonprofit raffles as provided under S.C. Code of Laws §§ 33-57-100, et. seq. This letter will be sent via email to the contact person listed below.
- Once accepted, this raffle registration shall expire on the 15<sup>th</sup> day of the 5<sup>th</sup> month, or 4½ months, after the end of the charitable organization's fiscal year. For example, if the organization's fiscal year runs from January 1<sup>st</sup> to December 31<sup>st</sup>, this registration will expire on May 15<sup>th</sup>. If the organization's fiscal year runs from July 1<sup>st</sup> to June 30<sup>th</sup>, this registration will expire on November 15<sup>th</sup>.
- We do not accept this filing by fax or email; you may mail this form to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- This registration form must be accompanied by a filing fee of \$50.00 made payable to the Secretary of State.
- Please type or print clearly. You may attach additional pages as necessary.
- Please contact our office with any questions at 803-734-1790 or charities@sos.sc.gov.

| ders | al Employer's Identif   | ication Numbe    | r· _                  |                   | (mo/day/year)  Raffle Registration ID: |               |  |
|------|---|------------------|-----------------------|-------------------|--|---------------|--|
| ucii | a Employer 3 Identifi   | reation (value)  | ·1·                   |                   | Rame Registration 1D.                  | (Renewal only |  |
| L    | egal Name of Organization:                                    |                  |                       |                   |  |               |  |
| a.   | Doing Business A  | s (DBA) Names    | s:(If a <sub>l</sub>  | pplicable)        |  |               |  |
| b.   | Former Names Us   | sed by the Chari | ty:(If a <sub>l</sub> | oplicable)        |  |               |  |
| c.   | Former Names Used by the Charity:                             |                  |                       |                   |  |               |  |
| d.   | Please provide a <u>contact person</u> for this organization: |                  |                       |                   |  |               |  |
|      | Name Title  |                  |                       |                   |  |               |  |
|      | Address, City, State  | , Zip Code       |                       |                   |  |               |  |
|      | Daytime Phone   |                  | Ema                   | il                |  |               |  |
| P    | lease describe the purp                                       | pose for which t | his organizati        | on is organized a | nd operated:                           |               |  |

| 3. | a. | Is this organization recognized by the South Carolina Department of Revenue and the United States Internal Revenue Service as exempt from federal and state income taxation pursuant to the Internal Revenue Code?   |  |  |  |  |  |  |
|----|----|--|--|--|--|--|--|--|
|    | [  | ] YES [ ] NO   |  |  |  |  |  |  |
|    | b. | If you answered "yes" to question 3a, please indicate the Internal Revenue Code section under which the organization is exempt, and <u>attach a copy of the determination letter recognizing the organization's taxexempt status from the Internal Revenue Service, along with any changes, amendments or revocations to that letter, to this registration form:</u> |  |  |  |  |  |  |
|    |    | [ ] 501(c)(3) [ ] 501(c)(4) [ ] 501(c)(6) [ ] 501(c)(7) [ ] 501(c)(8) [ ] 501(c)(10)   |  |  |  |  |  |  |
|    |    | [ ] 501(c)(19) [ ] 501(d) [ ] Other  |  |  |  |  |  |  |
| 4. | a. | Is this organization a class, department, or organization of an educational institution?   |  |  |  |  |  |  |
|    |    | [ ] YES [ ] NO   |  |  |  |  |  |  |
|    | b. | If you answered "yes" to question 4a, provide the name of the educational institution:   |  |  |  |  |  |  |
| 5. | a. | Is this organization currently registered as a charitable organization with the Secretary of State, or has this organization filed an annual application for registration exemption with the Secretary of State, in compliance with the South Carolina Solicitation of Charitable Funds Act?   |  |  |  |  |  |  |
|    |    | [ ]YES [ ]NO   |  |  |  |  |  |  |
|    | b. | If you answered "yes" to 5a, list the organization's Charity ID:   |  |  |  |  |  |  |
|    | c. | If you answered "no" to 5a, indicate the reason that the organization is excluded from the filing requirements of the South Carolina Solicitation of Charitable Funds Act:   |  |  |  |  |  |  |
|    |    | [ ] The organization is a church, synagogue, mosque or other house of worship.   |  |  |  |  |  |  |
|    |    | [ ] Other  |  |  |  |  |  |  |
| 6. | a. | Enter the state and country in which the organization was legally established, as well as the date of establishment:   |  |  |  |  |  |  |
|    |    | State Date   |  |  |  |  |  |  |
|    | b. | Form of organization: (mo/day/year)  |  |  |  |  |  |  |
|    |    | [ ] Corporation [ ] Unincorporated Association [ ] Other   |  |  |  |  |  |  |
|    | c. | If the organization is a corporation, provide the name and street address of its registered agent.   |  |  |  |  |  |  |
|    |    | Name (This cannot be the name of the organization.)  |  |  |  |  |  |  |
|    |    | Street Address (PO Box cannot be accepted.) City State Zip Code  |  |  |  |  |  |  |

|                   | Street Address (PO Box cannot be  | accepted.)   | City   | State  | Zip Code   |  |  |  |  |
|-------------------|---|--|--|--|--|--|--|--|--|
| b.                | If the organization does not maintain an office, please provide the name and address of the person having phy custody of the organization's financial records:                              |  |  |  |  |  |  |  |  |
|                   | Name  |  |  |  |  |  |  |  |  |
|                   | Street Address (PO Box cannot be  | accepted.)   | City   | State  | Zip Code   |  |  |  |  |
| Ado               | dresses of any of this organization   | n's <u>offices in So</u>   | uth Carolina. Attach   | a list if necessary.   |  |  |  |  |  |
| <br>Nan           | ne  | Addı   | ress, City, State, Zip C   | ode  |  |  |  |  |  |
|                   | nes and addresses of any chapters essary.   | s, branches or af  | filiates of this organ   | ization in South Carol   | ina. Attach a list if  |  |  |  |  |
| ——<br>Nan         | ne  | Addı   | ress, City, State, Zip C   | ode  |  |  |  |  |  |
| For               |   | or the current fiscal year, please provide the names and addresses of this organization's officers, directors, truste  |  |  |  |  |  |  |  |
|                   | l board members. Attach a list if necessary.  |  |  |  |  |  |  |  |  |
| and               | board members. Attach a list if n   | ecessary.  |  |  |  |  |  |  |  |
|                   |   |  | 7in Code   |  | Title  |  |  |  |  |
| and<br>Nan        |   | dress, City, State,  | Zip Code   |  | Title  |  |  |  |  |
| <br>Nan           | ne Ado  |  |  |  | Title  |  |  |  |  |
| Nan<br>Nan        | ne Ade  | dress, City, State,  | Zip Code   |  |  |  |  |  |  |
|                   | ne Ado  | dress, City, State,  | Zip Code Zip Code  |  | Title  |  |  |  |  |
| Nan<br>Nan<br>Nan | ne Ado  | dress, City, State, dress, City, State, dress, City, State, dress, City, State, officers or directorses of conduction the statu                                | Zip Code  Zip Code  Zip Code  tors been the subjecting a nonprofit rafflettory provisions gove   | e in violation of the sta<br>erning raffles with the                           | Title  Title  Title  ion under S.C. Code tutorty provisions intent to deceive or   |  |  |  |  |
| Nan Nan Nan Nan   | ne Ado  Have any of the organization's \$ 33-57-170, including the offe governing raffle registration; vi defraud an individual or nonpro-  | dress, City, State, dress, City, State, dress, City, State, dress, City, State, officers or directorses of conduction the statu                                | Zip Code  Zip Code  Zip Code  tors been the subjecting a nonprofit rafflettory provisions gove   | e in violation of the sta<br>erning raffles with the                           | Title  Title  Title  ion under S.C. Code tutorty provisions intent to deceive or   |  |  |  |  |
| Nan Nan Nan       | ne Add  ne Add  ne Add  Have any of the organization's § 33-57-170, including the offe governing raffle registration; vi defraud an individual or nonproin a raffle registration or finance | dress, City, State, dress, City, State, dress, City, State, dress, City, State, officers or directorses of conduction the statu offit organization ial report? | Zip Code  Zip Code  Zip Code  Stors been the subjecting a nonprofit raffletory provisions gove ; or providing false in the date and describe the date and describe the date and describe in the date and describe the date a | e in violation of the sta<br>erning raffles with the<br>information to the Sec | Title  Title  Title  ion under S.C. Code attaction to deceive or retary of State's Office and the state of th |  |  |  |  |

Complete a or b, whichever applies:

7.

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 that the giving of false or misleading information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

| CHIEF FINANCIAL O | FFICER / TREASURER | CHIEF EXECUTIVE OFFICER / PRESIDENT |      |  |
|-------------------|--------------------|-------------------------------------|------|--|
| 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.