

Nonprofit Raffle Annual Registration Form³⁶

If a nonprofit organization intends to conduct a nonexempt raffle, then it must file a raffle registration form. The annual registration fee is \$50.00. The raffle registration will expire 4 ½ months after the end of the nonprofit organization's fiscal year

**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 15th day of the 5th month, or 4 ½ months, after the end of the charitable organization's fiscal year. For example, if the organization's fiscal year runs from January 1st to December 31st, this registration will expire on May 15th. If the organization's fiscal year runs from July 1st to June 30th, this registration will expire on November 15th.
- **We do not accept this filing by fax or email;** you may register using our online filing system at www.sos.sc.gov, or 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.

Check one: Initial Registration Renewal

Current Fiscal Year Dates _____ to _____
(mo/day/year) (mo/day/year)

Federal Employer's Identification Number: _____ - _____ Raffle Registration ID: _____
(Renewal only)

1. Legal Name of Organization: _____

a. Doing Business As (DBA) Names: _____
(If applicable)

b. Former Names Used by the Charity: _____
(If applicable)

c. Organization's Website: _____
(If applicable)

d. Please provide a contact person for this organization:

Name Title

Address, City, State, Zip Code

Daytime Phone Email

2. Please describe the purpose for which this organization is organized and operated:

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³⁶ S.C. House of Representatives, House Legislative Oversight Committee, "Agency Presentation – Charities and Trademarks (October 28, 2019)," under "Committee Postings and Reports," under "House Legislative Oversight Committee," under "Secretary of State, Office of the," and under "Meetings," [https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/SecretaryofState/SoS%20presentation%20-%20Charities%20and%20Trademarks%20\(10.28.19\).pdf](https://www.scstatehouse.gov/CommitteeInfo/HouseLegislativeOversightCommittee/AgencyWebpages/SecretaryofState/SoS%20presentation%20-%20Charities%20and%20Trademarks%20(10.28.19).pdf) (accessed November 27, 2019), slide 82. Hereinafter "Charities Presentation."