

# Annual Request for \$50,000 and Under Exemption



Tre Hargett  
Secretary of State

## Division of Charitable Solicitations and Gaming

### Department of State

State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2555  
Fax: 615-253-5173  
sos.tn.gov/charitable

For Office Use Only

**WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514**

**Instructions:** Complete this form if your organization claims to be exempt from registration because it receives less than \$50,000 in gross contributions from the public. The principal officer of the organization must sign the form. This form must be submitted annually.

1. Name of Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

2. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

3. Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

4. Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

5. Email: \_\_\_\_\_ Website: \_\_\_\_\_

6. If you solicit contributions or operate under any name(s) other than shown above, indicate name(s) below:

Name(s): \_\_\_\_\_

7. Legal entity of organization:

A.  Corporation  Partnership  Association  Other (specify) \_\_\_\_\_

B. When and where was the legal entity organized?

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

C. What are the beginning and ending dates of the organization's accounting period?

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ (mm/dd)

8. If the organization is a corporation, **attach** the charter or similar document. If the organization is not a corporation, **attach** a copy of the bylaws.

9. Is the organization recognized by the Internal Revenue Service as tax exempt?

Yes  No (If yes, **attach** a copy of the determination letter)

10. Has the organization received more than \$50,000 in gross contributions from the public during any accounting year?  Yes  No
11. **Attach** a copy of the IRS Form 990 from the most recently completed accounting year, if required to submit a 990.
12. **Attach** a completed copy of the Summary of Financial Activities form
13. Describe the charitable purpose of the organization.

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**Note:** You must register with the Secretary of State within thirty (30) days if gross contributions from the public exceed fifty thousand dollars (\$50,000).

**Signature:** This document must be signed by an authorized officer. I certify that the statements in this document and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: \_\_\_\_\_

Salutation: \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_