



Division of Charitable Solicitations and Gaming Office of Tennessee Secretary of State Tre Hargett

312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

Exemption Request

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 \$30,000 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 names(s) below:

Name: _____

Name: _____

7. Legal entity of organization:

A. Corporation Partnership Association Other (specify) _____

B. When and where was the legal entity organized?

Date: _____ City: _____ State: _____ County: _____

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. Does the organization intend to solicit and receive more than \$30,000 in gross contributions from the public during any accounting year? Yes No

11. Has the organization received more than \$30,000 in gross contributions from the public during any accounting year? Yes No



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12. **Attach** a copy of the IRS Form 990 from the most recently completed accounting year, if required to submit a 990.

13. **Attach** a completed copy of the Summary of Financial Activities form.

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

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

Signature of Authorized Officer: _____

Print Title (Mr., Mrs., Ms., etc.): _____ First: _____

MI: _____ Last: _____

Position Title: _____ Date: _____

