



DAVE YOST

OHIO ATTORNEY GENERAL

Charitable Registration and Filing User Guide

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Chapter 1 - Online Charitable Registration

A. Creating an Account

First time users will need to create an account:

- a. **Enter** e-mail address (this will be your username)
- b. **Create** a password - there are no minimum length or special character requirements
- c. **Re-enter** password in "Confirm password" field
- d. **Type** first and last names in "First name" and "Last name" fields
- e. **Enter** phone number in "Your phone number" field
- f. **Select** your relationship to the organization from the dropdown list;
If "Other" is chosen, enter the relationship in the "Other (please specify)" field
- g. If you do **NOT** wish to receive an informational nonprofit newsletter from the Ohio Attorney General's Office (OAG), **uncheck** the box
- h. **Click** the **Create** button to begin the account creation process

Login

If you already have an account, sign-in here.

E-mail:

Password:

[Password help](#)

Log in >

First Time Users, you will need to create an account!

E-mail:

Confirm E-mail:

Password:

Confirm password:

First name:

Last name:

Your phone number: () - -

What is your relationship to your organization(s)?

Other (please specify):

I would like to receive an informational nonprofit e-newsletter from the Ohio Attorney General's Office.

Create >

Notes: _____

I. Step 1: Employer Identification Number (EIN)

Create Account



*Required

* Your Charitable Organization's
Employer Identification Number (EIN): ⓘ
Example: 12-3456789



In order to get an EIN, or for further EIN-related information, call the IRS at (800) 829-4933 or go to <http://www.irs.gov>.

Also known as a Federal Tax Identification Number, an EIN is a nine-digit number assigned by the Internal Revenue Service and is used to identify tax accounts.

Create Account



*Required

Is this the correct EIN number: 00-1234567?



II. Step 2: Create Account

- Select Yes** or **No** option to indicate whether the organization has a parent organization that files a federal tax return with the IRS on behalf of the chapter.
- If **Yes**, click the **Next** button and proceed to i
If **No**, click the **Next** button and proceed to Step 3

Create Account



*Required

* Does this organization have a parent organization which files a federal tax return with the IRS on behalf of this chapter? Yes No ⓘ



Notes: _____

- i. If the **Yes** option is chosen enter the Parent Organization EIN in the EIN field
- ii. Click the **Next** button
- iii. Parent Organization confirmation screen displays
 1. Click **Yes** to confirm this is the correct parent organization
OR
Click **No** if the incorrect parent organization. Confirm that you have the correct EIN. If there is still an issue, contact the parent organization or our office
 2. Create Account screen appears with a message that the parent organization is responsible for completing the annual reporting requirements on your organization’s behalf. Should the parent organization no longer file on your behalf, then your organization will be responsible for completion of the annual filing

Create Account

Step 2

** Required*

Parent Organization

* EIN: Example: 12-3456789

Back Next

Add Organization

The parent organization is responsible for completing the annual reporting requirements on your behalf.

Should the parent organization no longer file on your behalf, your organization will be responsible for completion of the annual filings.

Back Next

Create Account

Step 2

Parent Organization

Name: AG Test Organization

Assets In Ohio: Yes

Business location

Address line 1: THIS IS NOT A CHARITABLE ORGANIZATION

Address line 2: CONTACT AG OFFICE WITH QUESTIONS

City: 1-800-282-0510

State: Ohio

ZIP code: 00000

County: Franklin

Country: United States

Mailing address

Address line 1: THIS IS NOT A CHARITABLE ORGANIZATION

Address line 2: CONTACT AG OFFICE WITH QUESTIONS

City: 1-800-282-0510

State: Ohio

ZIP code: 11111

County: Franklin

Country: United States

Is this the correct parent organization?

No Yes

Notes: _____

III. Step 3: Organization's Presence in Ohio

If the **No** option was chosen from Step 2.a. of the Create Account process (see page 4), you'll be asked whether the organization has any legal, physical, programmatic, and/or financial presence in the State of Ohio.

Create Account

Step 3

** Required*

** Is the organization located or incorporated in Ohio, have offices, programs, assets or staff in the state or use an Ohio address in filings with the IRS?* Yes No

[Back](#) [Next](#)

This question is asked because these factors affect the organization's filing requirements with the Ohio Attorney General's Office.

Notes: _____

IV. Step 4: Organization Information

Enter information about your organization.

- a. **Organization** Section:
 - i. Enter the Organization's name into the **Name** field
 - ii. Enter all of the organization's DBAs in the **Doing Business As (if applicable)** field
 - iii. Select the type of organization from the **Type** dropdown list
- b. **Business Location** Section:
 - i. Select the Country, if other than United States, from the **Country** dropdown list
 - ii. Enter the address into the **Address line 1** field; if additional space is needed, use **Address line 2**
 - iii. Enter the city in the **City** field
 - iv. Select the state from the **State** dropdown list
 - v. Select the county from the **County** dropdown list
 - vi. Enter the zip code into the **ZIP code** field
- c. **Mailing Address** Section:
 - i. Check the **Use business location** checkbox to indicate the mailing address is the same as the business location address entered in the previous section

OR

Repeat steps i. – vi. from Step 4.b. above to enter a mailing address that is different from the business location address
- d. Click the **Next** button

The screenshot shows the 'Create Account' form at Step 4. At the top, there are six progress indicators, with the fourth one (Step 4) highlighted in blue. Below the progress indicators, the text '*Required' is displayed. The main heading is 'Tell us about your organization.' The form is divided into three sections: 'Organization', 'Business location', and 'Mailing address'. Each section contains several required fields, indicated by a red asterisk (*). The 'Organization' section includes fields for Name, Doing business as (if applicable), and Type. The 'Business location' section includes fields for Country, Address line 1, Address line 2, City, State, County, and ZIP code. The 'Mailing address' section includes a checkbox for 'Use business location' and the same set of address fields as the 'Business location' section. At the bottom of the form, there are 'Back' and 'Next' buttons.



All fields with a red asterisk (*) indicate a required field that must be completed

Notes: _____

V. Step 5: Additional Questions about the Organization

Solicitation activities, founding date, revenue

Create Account

Progress indicator: 5 steps, Step 5 is active.

*** Required**

* Does organization, on its own behalf or through other groups or professional solicitors, **intend to solicit Ohioans** (contributions, instant pull tabs, bingo, special events, etc); OR has the organization done so within the past 3 years? Yes No ?

* Does the organization intend to hire a professional solicitor, fundraising counsel and/or commercial co-venturer; OR has the organization done so within the past 3 years? Yes No ?

* Date of organization's formation, incorporation, agreement or constitution: ?

* Does the organization intend to have annual gross revenue of \$25,000 or more including gross receipts from conducting bingo and instant pull tabs; OR has the organization had annual gross revenue of \$25,000 or more within the past 3 years? Yes No ?

Navigation: [Back](#) [Next](#)

- Select **Yes** or **No** to indicate:
If the organization intends to or has **solicited charitable contributions from Ohioans** on its own behalf within the past three years
- Select **Yes** or **No** to indicate:
If the organization hired a **professional solicitor, fundraising counsel, and/or commercial co-venture** within the past three years
- Enter the **date of formation, incorporation, agreement or constitution** in (MM/DD/YYYY format; for example, 11/01/2014). You can also click on the calendar icon to choose a date from the pop-up calendar
- Select **Yes** or **No** to indicate:
If the organization intends to or in the past three years has had **annual gross revenue exceeding \$25,000**
- Click the **Next** button

Notes: _____

Create Account

Step 6

Step 1

Employer identification number (EIN): 00-1234567

Step 2

[Edit](#) >

Does this organization have a parent organization which files a federal tax return with the IRS on behalf of this chapter?: No

Step 3

[Edit](#) >

Is the organization located or incorporated in Ohio, have offices, programs, assets or staff in the state or use an Ohio address in filings with the IRS?: Yes

Step 4

[Edit](#) >

Name: Charitable Organization

Doing business as:

Type: 501(c)(3)

Business location

Address line 1: 150 East Gay Street

Address line 2:

City: Columbus

State: Ohio

ZIP code: 43215

County: Franklin

Country: United States

Mailing address

Address line 1: 150 East Gay Street

Address line 2:

City: Columbus

State: Ohio

ZIP code: 43215

County: Franklin

Country: United States

VI. Step 6: Verification of Information

- This screen displays all information that has been entered so far in the Create Account process
- Review Steps 1 – 5; if any step is incorrect or missing information, click the Edit button within that step and correct or add the information
- Click the Submit button when you've confirmed all information displayed is correct

Step 5

[Edit](#) >

Does organization, on its own behalf or through other groups or professional solicitors, intend to solicit Ohioans (contributions, instant pull tabs, bingo, special events, etc); OR has the organization done so within the past 3 years?: Yes

Does the organization intend to hire a professional solicitor, fundraising counsel and/or commercial co-venturer; OR has the organization done so within the past 3 years?: No

Date of organization's formation, incorporation, agreement or constitution: 03/29/2006

Does the organization intend to have annual gross revenue of \$25,000 or more including gross receipts from conducting bingo and instant pull tabs; OR has the organization had annual gross revenue of \$25,000 or more within the past 3 years?: Yes

[Submit](#) >

Notes: _____

VII. Step 7: Confirm E-mail Address

- a. Confirmation page displays a message thanking you for creating an account
- b. Open the **e-mail** from CharitableRegistration@OhioAttorneyGeneral.gov
 - i. If you can't find the e-mail in your Inbox, check your bulk/junk folder
- c. Click the **link** in the e-mail to finish creating your account

Create Account

Please confirm your e-mail address!

To finish creating your account, go to your email to find a message from CharitableRegistration@OhioAttorneyGeneral.gov. Click on the link in that message to return to the Charitable Registration system in order to proceed with the registration process.

If you don't receive it shortly, please

- Check your e-mail spam folder.
- Contact us for assistance at CharitableRegistration@OhioAttorneyGeneral.gov or (800) 282-0515

Action required: Confirm your charitable registration account

CharitableRegistration@OhioAttorneyGeneral.gov (CharitableRegistration@OhioAttorneyGeneral.gov) Add to contacts 10/18/14

To: @hotmail.com

Username: @hotmail.com

Password:

Organization: Charitable Organization

EIN: 00-1234567

In order to finish creating your account, you must click on this link: <http://charitableregistration.ohioattorneygeneral.gov/charities/Confirm-Account.aspx?id=6035142>

You will log in and then be directed on how to proceed to ensure your organization is in compliance with state law.

You can also edit your information, contact the Attorney General's office, or find information for charitable organizations on our services for charities web page: www.OhioAttorneyGeneral.gov/Charities.

Thank you for the work you do in connection with Ohio's charitable community and best wishes in your efforts.

Office of Ohio Attorney General Mike DeWine==
CharitableRegistration@OhioAttorneyGeneral.gov | (800) 282-0515

Notes: _____

- d. You are directed to the Charitable Registration confirmation page. Click the **login** link to sign into your account.

Create Account

Thank you for confirming your account.

Please [login](#) to Charitable Registration.

Current Organizations:

Name: Charitable Organization
Employer identification number (EIN): 00-1234567

Notes: _____

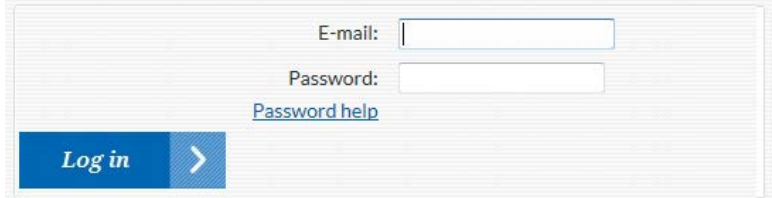
Chapter 2 - Log-in and Navigation Menu

A. Log In

- Enter the e-mail address you used in the Create Account process in the **E-mail** field
- Enter the password that you used in the Create Account process in the **Password** field
- Click the **Log in** button

Login

If you already have an account, sign-in here.

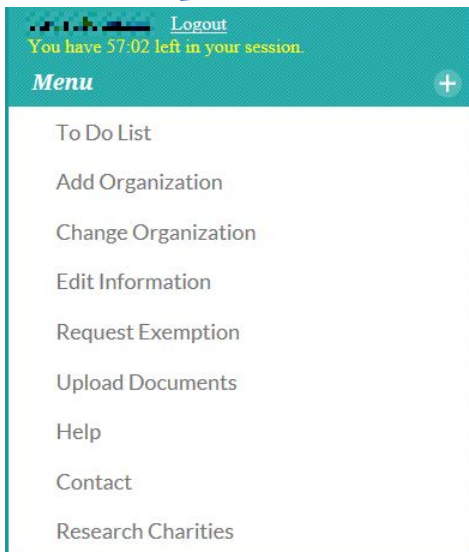


Click **Password help** if you need to change your password or forgot your password

B. Organization Landing Page

Your name is displayed next to a **log out** link at the top of the **Navigation menu** on the left side of the page. The **time remaining** in your session is also displayed. (For your protection, you'll be logged out after 60 minutes of inactivity.)

Welcome message displaying your first name, last name, organization name, and "Edit information" hyperlink



To Do List

Welcome, [User Name]. You are logged in for Charitable Organization. ([Edit information](#))

These required tasks are due. 

- [Registration](#)

The **To Do List** section provides a list of required tasks that need to be completed, such as:

- Registration
- Submit a Fee (See Chapter 3 for details about each item)
- Submit a Late Fee
- File an Annual Report
- Upload Documents

The **Menu** section provides a list of activities:

- To Do List
- Add Organization
- Change Organization
- Edit Information
- Request Exemption
- Upload Documents
- Help
- Contact
- Research Charities

(Each Menu item is explained in the rest of this chapter)

C. Navigation Menu

The following activities are listed under the **Menu** heading on the left side of the page

I. To Do List

Provides a list of required tasks that need to be completed (see Chapter 3 for details)

II. Add Organization

Allows you to add multiple organizations to be associated with your account

- Click the **Add Organization** link in the **Menu** list. (Refer to Chapter 1, Section A, Steps I through VI of Creating an Account [pages 4-9] to complete the next steps.)
- Once completed, you'll receive an e-mail confirming the new organization has been added to your user account.

III. Change Organization

Allows you to switch from one organization to another

- Click the **Change Organization** link in the **Menu** list. (Refer to Chapter 1, Section A, Steps I through VI of Creating an Account [pages 4-9] to complete the next steps.)
- All organizations/EINs associated with your account are displayed.
- Indicate the organization you wish to view by selecting the button next to it.
- Click the **Next** button

Change Organization

Current Organization: Charitable Organization **EIN:** 00-1234567

Please Select an organization to complete the log in process. To ADD ANOTHER ORGANIZATION, select one of the below organizations and click on "next". On the following page under the menu bar, select "add organization".

Select another organization

AG Test Organization (EIN 00-0000000)

Charitable Organization (EIN 00-1234567)

Next >

Notes:

IV. Edit Information

Allows you to edit some of the organization's information on file with our office



Only information with edit field boxes can be updated. Red asterisks (*) indicate required fields that must be completed.

- Enter your phone number in the **User Information** section
- Enter the organization's website URL (if applicable), and a brief description of the organization's purpose in the **Organization** section
- The organization's country, address line 1, address line 2, city, state, county, zip code, phone number, and fax number (optional) can be edited/added in the **Business Location** section
- The business location information can be used in the **Mailing Address** section, or this information can be edited by unchecking the box and updating the country, address line 1, address line 2, city, state, county, and/or zip code fields
- Click the **Submit** button after making the desired edits
- All of the users attached to the organization will receive a notification e-mail after the changes are submitted

Notes: _____

Edit Information

**Required*

User information

First name:

Last name:

E-mail address:

* Phone number:

Organization

Name: Charitable Organization

DBA:

Organization type: 501(c)(3)

Employer identification number (EIN): 00-1234567

Website:

Secretary of State Charter Number:

Formation date: 03/29/2006

* Description of Organization's Purpose:

Business location

* Country: United States

* Address line 1: 150 East Gay Street

Address line 2:

* City: Columbus

* State: OH

County: Franklin

* ZIP code: 43215

* Phone number:

Fax number:

Mailing address

Use business location

* Country: United States

* Address line 1: 150 East Gay Street

Address line 2:

* City: Columbus

* State: OH

County: Franklin

* ZIP code: 43215

Submit >

V. Request Exemption

1. Step 1: Request Exemption(s) from List

- a. Select all exemptions that apply from the list of exemptions your organization may qualify for.
- b. Click the **Next** button

Notes: _____

Request Exemption



Organization: Charitable Organization EIN: 00-1234567

You may qualify for an exemption. 📌

Indicate if your organization fits **ANY** of the descriptions below. **Please check all that apply.**

If you select an exemption below, you must submit supporting documents. We will review your selection and supporting documents, and be in contact to determine whether you are eligible for an exemption from one or both statutory provisions.

Agriculture

A county or independent agricultural society organized under R.C. 1711.

Education

An educational institution which maintains a regular faculty and curriculum and normally has a regular body of students in attendance where the educational activities are carried on.

An educational institution soliciting only from alumni, faculty, trustees, or students and their families.

A public primary or secondary school soliciting only alumni, faculty, or the general population of the local school district.

A soliciting booster club organized and operated in conjunction with and for the benefit of students of public primary or secondary schools.

General

A charitable **remainder** annuity trust or unitrust created after July 31, 1969, if gifts to such trust are deductible for federal income, gift or estate tax purposes.

A charitable trust in which all charitable interests are contingent, revocable, or subject to an unlimited power of invasion for purposes other than charitable purposes.

A charitable trust that is not located or incorporated in Ohio and does not have offices, programs, assets, staff in Ohio or use an Ohio address in filings with the IRS

Government

A government unit

Internal fundraising

Soliciting only from existing members, present or former employees, or present or former trustees of your organization.

Religion

A trust organized and operated exclusively for religious purposes.

A soliciting religious agency, religious organization, charity, agency, or organization operated, supervised, or controlled by a religious organization.



2. Step 2: Supporting Documents

Depending on the exemption selected, supporting documents will need to be submitted online, faxed, or mailed

- a. To submit documents online:
 - i. Choose the **Upload Documents** option button
 - ii. Select the document description from **Document Description** dropdown list
 - iii. Click the **Browse** button to locate the file
 - iv. A new window opens
 1. Locate the file to upload
 2. Click the **Open** button
 - v. Click the **Add File** button
 - vi. Uploaded documents are listed in a table that shows the document name and document description; you have the option to view or remove documents from the upload documents list
 1. Click **Remove** to remove the document from the grid
 2. A box will appear asking **“Do you really want to remove this item?”**
 3. Click **OK** to remove or **Cancel** to cancel the action
 - vii. Click the **Next** button once all documents to be uploaded are in the list

Request Exemption

Step 2

Organization: Charitable Organization EIN: 00-1234567

Documents Required

Supporting documentation is a critical part of the determination process. Information is needed to justify how the organization meets the legal requirements of each exemption category selected. **Specific Documents that might be helpful are suggested below for each exemption category.** Any additional information that would demonstrate eligibility for the exemption(s) requested would be helpful. **For all exemptions, the following information/documents are needed:**

- A cover letter describing the group's activities and relationships that relate to exemption category
- Federal Tax Exemption Determination Letter
- Incorporation Documents
- By-laws

If you selected:

- **An educational institution which maintains a regular faculty and curriculum and normally has a regular body of students in attendance where the educational activities are carried on**
 - A description of the faculty, curriculum, student body and facilities of the institution

Upload documents

Document Description:

* If other, please describe:

Please select a file to upload:

Add File >

OR

Mail or fax documents


The determination cannot be completed without all documents that support the exemption claim

Failure to submit documents within **three weeks** will result in a **rejection** of the exemption request

Ohio Attorney General's Office
Charitable Law Section
150 E. Gay St, 23rd fl.
Columbus, OH 43215
Fax: (877) 690-1814

< **Back** **Next** >

- b. To submit documents via fax or mail:
 - i. Choose the **Mail or fax documents** option button
 - ii. Mail supporting documents to: Ohio Attorney General's Office
150 East Gay Street, 23rd Floor
Columbus, OH 43215
 - iii. Fax supporting documents to: (877) 690-1814
 - iv. Click the **Next** button
- c. The **Request Exemption** confirmation page appears:



Request Exemption

Step 2

Organization: Charitable Organization EIN: 00-1234567

Your exemption request has been submitted successfully.

Until a decision is made on the exemption request, the "To Do List" will not reflect the status of the new exemption request and / or the decision.

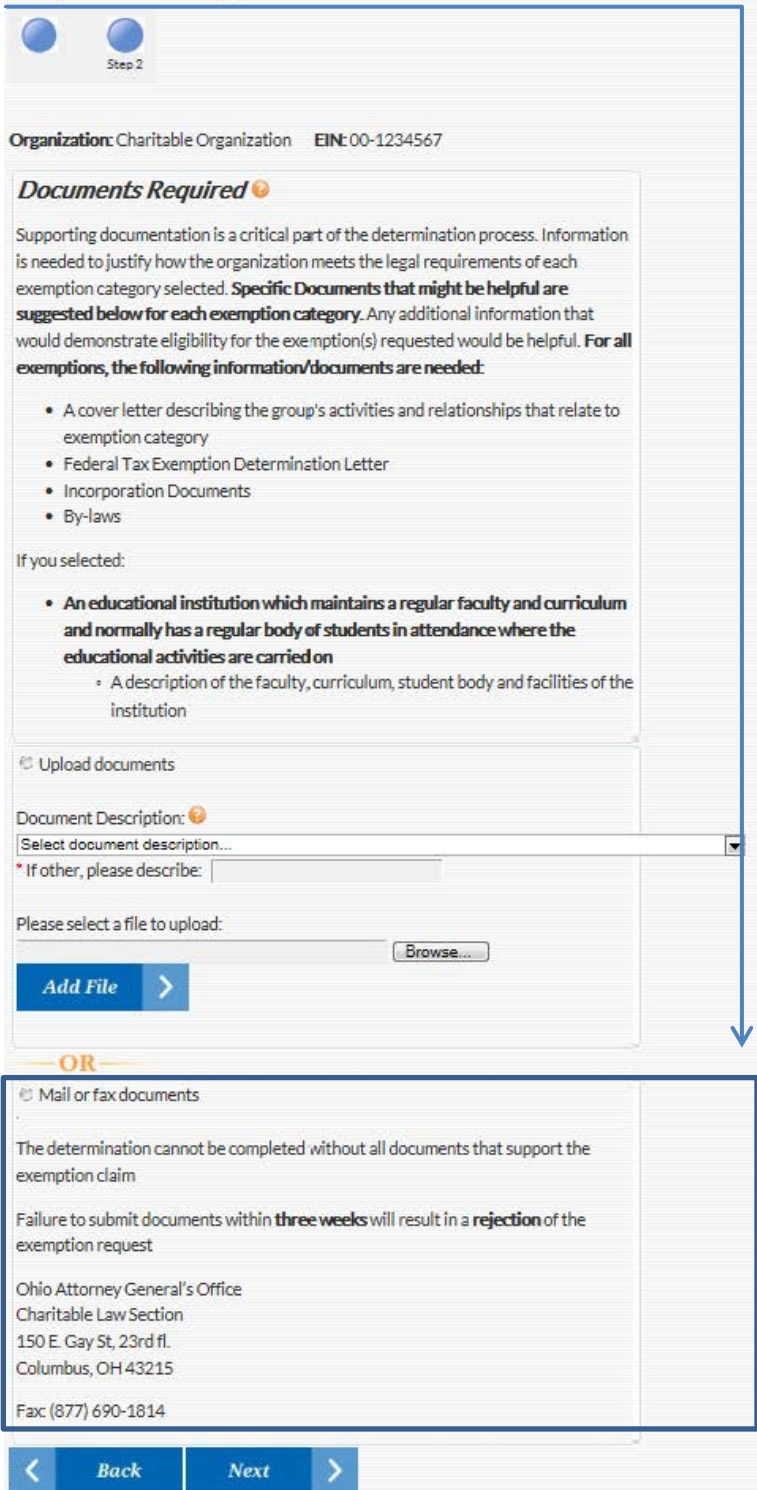
OK >

- d. Click the **OK** button



NOTE: Supporting documentation **MUST BE** received within three weeks of your request. If documents are not received within this timeframe, the exemption request will be rejected.

Request Exemption



Step 2

Organization: Charitable Organization EIN: 00-1234567

Documents Required

Supporting documentation is a critical part of the determination process. Information is needed to justify how the organization meets the legal requirements of each exemption category selected. **Specific Documents that might be helpful are suggested below for each exemption category.** Any additional information that would demonstrate eligibility for the exemption(s) requested would be helpful. **For all exemptions, the following information/documents are needed:**

- A cover letter describing the group's activities and relationships that relate to exemption category
- Federal Tax Exemption Determination Letter
- Incorporation Documents
- By-laws

If you selected:

- **An educational institution which maintains a regular faculty and curriculum and normally has a regular body of students in attendance where the educational activities are carried on**
 - A description of the faculty, curriculum, student body and facilities of the institution

Upload documents

Document Description:

* If other, please describe:

Please select a file to upload:

Add File >

OR

Mail or fax documents

The determination cannot be completed without all documents that support the exemption claim

Failure to submit documents within **three weeks** will result in a **rejection** of the exemption request

Ohio Attorney General's Office
Charitable Law Section
150 E. Gay St, 23rd fl.
Columbus, OH 43215
Fax: (877) 690-1814

< **Back** **Next** >

VI. Upload Documents


- a. Click the **Upload Documents** link in the **Menu** list
- b. Select the document description from the **Document Description** dropdown list
- c. Click the **Browse** button to locate the file
- d. A new window opens
 - i. Locate the file to upload
 - ii. Click the **Open** button
- e. Click the **Add File** button
- f. Uploaded documents are listed in a table that shows the document name and document description; you have the option to view or remove documents from the upload documents list


Upload Documents

Organization: Charitable Organization EIN: 00-1234567

Initial Charitable Registration requires the submission of certain documents. To see what documents are required, click on the question mark to the right.


The upload documents function can also be used to provide updates and changes to these documents, correspondence or additional information relative to charitable registration.

Document Description: 


Select document description... 

* If other, please describe:

Please select a file to upload:



File	Document Description		
Bylaws.pdf	Bylaws	View	Remove




- i. Click **Remove** to remove the document from the grid
 - ii. A box will appear asking “**Do you really want to remove this item?**”
 - iii. Click **Ok** to remove or **Cancel** to cancel the action
- g. Click the **Submit** button once all documents to be uploaded are in the list
- h. A confirmation will appear to show the document(s) were uploaded successfully
- i. Click **OK**

Upload Documents

Organization: Charitable Organization EIN: 00-1234567

The document(s) were uploaded successfully: Bylaws



VII. Help

Provides a list of Charitable FAQs

- a. Click the **Help** link from the **Menu** list
- b. The **Charitable Registration System Help** page will appear
- c. Select any question link and you will be taken to the answer to that question

Questions

[What is an EIN?](#)

[Our group is part of a national organization, but how do I know if we need to file separately?](#)

[What is a parent organization EIN?](#)

[We want to operate our organization under a different name or a DBA \(doing business as\). Can we do that?](#)

[How do I determine what our organization type is?](#)

[Our charity works out of different locations, including people's homes, what should we list as our organization's location?](#)

[How much did your agency generate from bingo receipts?](#)

[What should we list as our mailing address?](#)

[How do we know if we qualify for an exemption?](#)

[Does your organization do all of its own fundraising?](#)

[Will any outside fundraisers be used during the course of the year?](#)

[How do we determine what our agency's date of formation should be?](#)

[How should we calculate our annual revenue?](#)

[Where do I find the secretary of state charter number?](#)

[What is a "bingo license number"?](#)

VIII. Contact

Provides the Charitable Law Section's contact information

Contact

Ohio Attorney General

Charitable Law Section

150 E Gay Street, 23rd fl.

Columbus, OH 43215

Phone: (800) 282-0515

Fax: (877) 690-1814

Email: CharitableRegistration@OhioAttorneyGeneral.gov

OK



Notes: _____

IX. Research Charities

Takes you to the Research Charities page, which allows you to search for charitable organizations registered with the Attorney General's Office

- a. Enter part or all of the organization's name in the **Organization Name/DBA Name** field, and/or part or all of the organization's EIN in the **Employer Identification Number** field
 - i. Select from the following options in the dropdown lists next to the Name and EIN fields: **Begins with, Contains, Ends with, and Equals**
 - ii. Entering information in both fields limits the results to organizations that meet both the name and EIN criteria entered
- b. Organizations that meet the criteria entered will appear in a list showing their name, DBA names, EIN, city, state, and zip code:

Search Criteria:

Organization Name/DBA Name:

Employer identification number:

(EIN XX-XXXXXXX)

Search >

The form, **Verification of Registration** with the Ohio Attorney General's Office, is no longer available. Instead, charities and donors can use this page and search for a charity. The resulting information will indicate whether the organization is registered and current and can be printed as verification of registration.

Learning about an organization and its activities can help donors make wise giving decisions. In addition to checking whether an organization is current with its registration requirements with the Ohio Attorney General's office, other good sources of information include:

- The IRS's Exempt Organizations Selection Check can be used to verify if an organization has a valid 501(c)(3) or other tax-exempt designation. The [IRS also lists organizations](#) that have had their tax exempt status revoked.
- Private watchdog organizations often review data and reports on organizations and may grade them based on various spending standards and other procedures. Some of those groups are [CharityWatch](#), [Charity Navigator](#) and the [Better Business Bureau Wise Giving Alliance](#). Your local Better Business Bureau may also be a resource and can be identified through the Wise Giving Alliance link above.
- The organization's IRS Form 990 return can be viewed on [Guidestar](#). A free registration process is required to access the reports. The 990 will include information on how the group raises and uses its funds, and other operational details about the group. Important details to pay attention to include what percent of expenditures are used on program expenses rather than management and fundraising expenses. Descriptions of programs and expenses are often revealing, as well as reported information about travel and compensation levels. Self-dealing transactions between the charity and one or more of its directors should also be examined.
- Internet searches can often reveal useful information about accomplishments of the organization, or information about questionable activities
- The organization's written and web-based materials can also be an important source of information.
- If you wish to view additional information about a charity provided by the National Center for Charitable Statistics (NCCS), you can search for the organization on the [NCCS's website](#). You can look up the charity by using details such as name, EIN, location, organization type, etc.

If you need additional information about a charity or want to file a complaint about a questionable organization, call the Attorney General's office at 1-800-282-0515 or file a complaint online at <https://coin.ag.state.oh.us>



Links to a number of additional sources of information about charitable organizations are also provided

Search Criteria:

Organization Name/DBA Name:

Employer identification number:

(EIN XX-XXXXXXX)

Search >

Search Results:

Organization Name	DBA Names	EIN	City	State	ZIP code	
Crime Stoppers of Van Wert County, Inc		24-1567748	Van Wert	Ohio	45891	Details
Habitat for Humanity of Van Wert County, Inc.		24-1645302	Van Wert	Ohio	45891	Details
Junior Achievement - Van Wert County Inc		24-1356713	Van Wert	Ohio	45891	Details
Leaders of the Future 4-H Club of Van Wert		24-1685296	Middle Point	Ohio	45863	Details

- c. Click the **Details** link in the last column of the list to view more information about the organization
- d. The **Organization Details** box that appears shows the following information
- i. Organization Name
 - ii. EIN
 - iii. Address
 - iv. City
 - v. State
 - vi. Zip code
 - vii. County
 - viii. Country
 - ix. Telephone
 - x. Web address
 - xi. Date of formation
 - xii. Organization type
 - xiii. Description of organization purpose
 - xiv. Exemptions granted (if applicable)
 - xv. Whether or not the organization's registration with the Ohio Attorney General's Office is up-to-date
 - xvi. The following information from the most recent annual report filed by the organization:
 1. Reporting year
 2. Reporting start date
 3. Reporting end date
 4. Total revenue
 5. Total expenses
 6. Total program expenses
 7. Percent of total expenses
 8. Total assets
- e. To print the information, select the **Print** button
- i. A popup box will ask whether you want the printout to list the **Board of Directors**; select either the **Yes** or **No** button
- f. To close the Organization Details box without printing, click the **OK** button

Organization Details:

Organization Name: AG Test Organization

Employer identification number (EIN): 00-0000000

Address line 1:

Address line 2:

City: 1-800-282-0510

State: Ohio

ZIP code: 00000

County: Franklin

Country: United States

Telephone: (800)282-0515

Web address: www.ohioattorneygeneral.gov

Date of formation: 12/01/2011

Organization type: 501(c)(3)

Description of Organization's Purpose: endowment fund

This organization has been granted exemptions(s) for the following reason(s):

- A charitable trust that is not located or incorporated in Ohio and does not have offices, programs, assets, staff in Ohio or use an Ohio address in filings with the IRS
- A government unit
- A soliciting booster club organized and operated in conjunction with and for the benefit of students of public primary or secondary schools

Groups may be determined to be exempt from one or both categories of registration requirements. The exemption may be withdrawn should the purposes/activities of the group change, or the law changes.

Is the organization's registration status current? Yes

The financial information below is from the organization's most recent filing within the on-line system. If the items below are blank, the organization has not yet filed information on-line or they may be exempt from filing an annual report.

Reporting Year: 2011

Reporting Start Date: 1/1/2011

Reporting End Date: 12/31/2011

Total Revenue: \$0.00

Total Expenses: \$0.00

Total Program Expenses:

Percent of Total Expenses: 0%

Total Assets: \$0.00



Chapter 3 - To Do List

A. Register

Completing this form is required as part of the organization's initial registration with this office

- a. To begin, click **Registration** from the To Do List screen


I. Step 1: Organization Information

Enter information into all required fields
Some fields are already populated with data

- a. **Organization** information
 - i. Enter the organization's name in the **Organization** field
 - ii. Enter the organization's website in the **Website** field (optional)
 - iii. Enter the **Secretary of State Charter Number** (optional)
 - iv. Enter the **Ohio Bingo License Number** (optional)
- b. **Business Location** information
 - i. Choose the country from the **Country** dropdown list (if other than the United States)
 - ii. Enter the business location address in the **Address Line 1** field (if additional space is needed, use **Address Line 2**)
 - iii. Enter the city in the **City** field
 - iv. Choose the state from the **State** dropdown list
 - v. Choose the county from the **County** dropdown list
 - vi. Enter the zip code in the **ZIP Code** field
 - vii. Enter the **Phone Number** with area code
 - viii. Enter the **Fax Number** (optional)
- c. **Mailing Address** information
 - i. Keep the **Use business location** checkbox checked to use the business location address
 - ii. To use a different address, unclick the box and follow steps i through vi from part b above
- d. Click the **Next** button

To Do List

Welcome,  You are logged in for **Charitable Organization**. ([Edit information](#))

These required tasks are due. 

- [Registration](#)

Registration





Organization: Charitable Organization **EIN:** 00-1234567


** Required*

*** Organization:**


Website:

Employer identification number (EIN): 00-1234567 

Secretary of State Charter Number: 

Ohio bingo license number: 


Business location


*** Country:** 

*** Address line 1:**

Address line 2:

*** City:**

*** State:** 

County: 

*** ZIP code:**

*** Phone number:**

Fax number:

Mailing address

Use business location

*** Country:** 

*** Address line 1:**

Address line 2:

*** City:**

*** State:** 

County: 

*** ZIP code:**

Next 

II. Step 2: Formation Type, Important Dates, Probate Info, Fiscal Year End

- a. Select the organization's formation type (Association, Corporation, Individual, or Partnership) from the **Select a Formation** dropdown list
- b. The **Date of formation, incorporation, agreement or constitution** will already be filled in
- c. Enter the **Internal Revenue Service tax exemption date** (mm/dd/yyyy) or select the date by clicking the calendar icon
- d. Enter the **Date trust funded** (mm/dd/yyyy) or select the date by clicking the calendar icon (optional)
- e. Enter **Probate Number** (optional)
- f. Enter **Date of Probate** (mm/dd/yyyy) or select the date by clicking the calendar icon (optional)
- g. Enter information in the **Estate of** field (optional)
- h. Select a month from the **Fiscal year end** dropdown list
- i. Click the **Next** button

Registration

Step 2

Organization: Charitable Organization **EIN:** 00-1234567

**Required*

* Select a formation: ?

* Date of formation, incorporation, agreement or constitution: ?

Internal Revenue Service tax exemption date: ?

Date trust funded: ?

Probate number: ?

Date of probate: ?

Estate of: ?

* Fiscal year end: ?

[Back](#) [Next](#)

III. Step 3: IRS Purpose Code, Asset Information, Filing on Behalf of Chapters

- a. Enter the **Primary IRS Purpose Code**
 - i. Click the question mark icon for a link to a website with a full list of purpose codes
- b. Enter details in **Description of Organization's Purpose** field
- c. Enter details in **Full description of assets** field (e.g., checking accounts, buildings and land owned, etc.)
- d. Enter the **Most recent current value of assets**
- e. Enter **State(s) in which assets are located**
- f. Click the **Add New** button if your organization files a group IRS tax return on behalf of its chapters
 - i. Enter the **Chapter Name**
 - ii. Select the **Country** from the dropdown list
 - iii. Enter the address in **Address line 1** (use **Address line 2** if additional space is needed)
 - iv. Enter the **City**
 - v. Select the **State** from the dropdown list
 - vi. Select the **County** from the dropdown list
 - vii. Enter the **ZIP code**
 - viii. Enter the chapter's **EIN**
 - ix. Click the **Submit** button
 - x. Click the **Add New** button and go through steps i – ix above for additional chapters
- g. Click the **Next** button

The screenshot shows the 'Registration' form with the following fields and options:

- Organization: Charitable Organization EIN: 00-1234567
- *Required fields:
 - Primary IRS purpose code: Example: G32
 - Description of Organization's Purpose
 - Full description of assets
 - Most recent current value of assets: \$
 - State(s) in which assets are located
- Text: If your organization files a group IRS tax return on behalf of its chapters, list the chapters included in the group exemption letter that have assets or a majority of the governing body located within Ohio.
- Buttons: Add New, Back, Next

A blue arrow points from the 'Add New' button to the 'Enter Chapter Information' form below.

The screenshot shows the 'Enter Chapter Information' form with the following fields and options:

- *Chapter Name
- *Country: United States
- *Address line 1
- Address line 2
- *City
- *State: Select...
- County: Select a state...
- *ZIP code
- *EIN
- Buttons: Submit, Cancel

IV. Step 4: Organization's Creating Documents

In order to complete the registration you must upload your organization's **creating documents** and a copy of the **Federal Tax Exemption Determination Letter**

Examples of creating documents:

- Articles of incorporation/association
 - Bylaws
 - Constitution
 - Current charter
 - Instrument of trust
- a. Refer to Chapter 2, Section F, Step 2.a (Supporting Documents) (page 16) for instructions to **Upload documents**
- b. You can also select to **Mail or fax documents**
- c. Click the **Next** button to continue the registration process

The screenshot shows a web interface for the registration process. At the top, the word "Registration" is displayed in a large, bold, blue font. Below it, a progress bar consists of five blue circles, with the fourth circle labeled "Step 4" and the fifth circle being white. The main content area is titled "Organization: Charitable Organization EIN: 00-1234567". Below this, there are two main sections: "Upload documents" and "Mail or fax documents". The "Upload documents" section contains a heading "Upload documents" with a radio button, followed by a paragraph: "In order to complete registration, you must upload your organization's **creating documents** and a copy of the **Federal Tax Exemption Determination Letter**." Below this is a list of "Example of creating documents:" with five bullet points: "Articles of incorporation/association", "Bylaws", "Constitution", "Current charter", and "Instrument of trust". There is a "Document Description:" dropdown menu with a plus icon, a text input field for "Select document description...", and a "Browse..." button. Below this is a blue "Add File" button with a right-pointing arrow. The "Mail or fax documents" section is separated by an "OR" separator and contains a heading "Mail or fax documents" with a radio button, a note that registration is not complete until documents are received, and contact information for the Ohio Attorney General's Office: "Charitable Law Section, 150 E. Gay St, 23rd fl., Columbus, OH 43215, Fax: (877) 690-1814". At the bottom, there are "Back" and "Next" buttons with left and right arrows respectively.

V. Step 5: Verification & Submission

- The screen displays all information that has been entered in the registration process
- Take time to **review** each step
- If any step is incorrect or missing information, click the **Edit** button within that step and correct or enter the information
- Click the **Submit** button to complete the registration process

Registration

Step 1

Organization: Charitable Organization EIN: 00-1234567

Please verify the information before submitting

Step 1

[Edit](#)

Organization: Charitable Organization

Phone number: (614)555-1212

Fax number:

Website:

Secretary of State Charter Number:

Employer identification number (EIN): 00-1234567

Ohio Bingo License number:

Business location

Address line 1: 150 East Gay Street

Address line 2:

City: Columbus

State: Ohio

ZIP code: 43215

County: Franklin

Country: United States

Mailing address

Address line 1: 150 East Gay Street

Address line 2:

City: Columbus

State: Ohio

ZIP code: 43215

County: Franklin

Country: United States

Step 2

[Edit](#)

Date of formation, incorporation, agreement or constitution: 03/29/2006

Internal Revenue Service tax exemption date:

Indicate the form of the charitable organization: Corporation

Date Trust Funded:

Probate No.:

Date of Probate:

Estate of:

Fiscal year end: June

Step 3

[Edit](#)

Primary IRS purpose code: G32

Description of Organization's Purpose: Test

Full description of assets: Test

Current value of assets: 10000.00

State(s) in which assets are located: Ohio, Indiana

If your organization files a group IRS tax return on behalf of its chapters, list the chapters included in the group exemption letter that have assets or a majority of the governing body located within Ohio.

No chapters were entered.

Step 4

[Edit](#)

You have elected to mail/fax in your trust documents. Note that registration will not be complete until the Attorney General has received these documents.

By clicking submit, I certify that I have examined this registration form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

[Back](#) [Submit](#)

Notes: _____

B. File Annual Report

A File Annual Report option is displayed when an organization is required to submit financial information for a particular fiscal year

- To begin, click **File Annual Report** from the To Do List screen

To Do List

Welcome, You are logged in for Charitable Organization. [\(Edit information\)](#)

These required tasks are due.

- [File Annual Report](#)

I. Step 1: Filing Year, Initial Questions to Determine Filing Requirements

- Select the **Desired filing year** from the dropdown list
- Select the **Yes** or **No** option to answer **Did your organization, on its own behalf, solicit Ohioans (contributions, instant pull tabs, bingo, special events, etc)?**
- Select the **Yes** or **No** option to answer **Did you hire a professional solicitor, fundraising counsel, and/or commercial co-venturer?**
- Enter the appropriate value in the **Enter Amount of Gross Revenue** field. (Keep in mind that **Gross Revenue does not include governmental grants and funding from other 501(c)(3) organizations**)
- Enter the appropriate value in the **Enter the Amount of Total Assets** field
- Select the **Next** button

File Annual Report



Organization: Charitable Organization EIN: 00-1234567

* Required

* Desired filing year ending, June:
For the fiscal year indicate

Responses to the below questions determine whether the entire annual report must be filed. If, based on your responses, it is determined that the full annual report is not required, the filing process will end and your filing requirements for the year indicated above will be fulfilled.

Be sure to enter only accurate information. Answers to the questions below cannot be altered if it is determined that a full annual report is not required.

* Did your organization, on its own behalf, solicit Ohioans (contributions, instant pull tabs, bingo, special events, etc)? Yes No

* Did you hire a professional solicitor, fundraising counsel, and/or commercial co-venturer? Yes No

* Enter Amount of Gross Revenue. Gross revenue does NOT include governmental grants and funding from other 501(c) (3) organizations:

* Enter the Amount of Total Assets:

[Next](#)



NOTE: Be sure to enter accurate Information on this page – Once you click the **Next** button you will not be able to change your responses if it is determined that a full report is not required based on incorrect information

II. Step 2: Organization Information, Addresses

Some fields are already populated from the account creation and registration process; enter information into all necessary fields

- a. **Organization** information
 - i. See Chapter 3, Section A, Step I.a (page 22)
- b. **Business Location** information
 - i. See Chapter 3, Section A, Step I.b (page 22)
- c. **Mailing Address** information
 - i. See Chapter 3, Section A, Step I.c (page 22)
- d. Click the **Next** button

Notes: _____

File Annual Report

Step 2

Organization: Charitable Organization **EIN:** 00-1234567

Annual Report filing for year ending June/2013

** Required*

*** Organization:** Charitable Organization

Website: _____

Secretary of State Charter Number: _____

*** Employer identification number (EIN):** 00-1234567

Ohio bingo license number: _____

Business location

*** Country:** United States

*** Address line 1:** 150 East Gay Street

Address line 2: _____

*** City:** Columbus

*** State:** OH

County: Franklin

*** ZIP code:** 43215

*** Phone number:** (614)555-1212

Fax number: _____

Mailing address

Use business location

*** Country:** United States

*** Address line 1:** 150 East Gay Street

Address line 2: _____

*** City:** Columbus

*** State:** OH

County: Franklin

*** ZIP code:** 43215

[Back](#) [Next](#)

III. Step 3: Revenue, Expenses, Assets, Liabilities

- a. **Revenue** information
 - i. Enter the amount of **Individual contributions, gifts, grants and similar amounts received**
 - ii. Enter the amount of **All other revenue**
 - iii. The **Total revenue** field automatically sums the previous two revenue fields
- b. **Expenses** information
 - i. Enter the amount of **Program service expenses**
 - ii. Enter the amount of **All other expenses**
 - iii. The **Total expenses** field automatically sums the previous two expenses fields
- c. **Assets** information
 - i. The **Total assets** field will be filled in with the amount you provided in Step 1 (page 27)
- d. **Liabilities** information
 - i. Enter the amount of **Total liabilities**
- e. Click the **Next** button

File Annual Report

Step 3

Organization: Charitable Organization EIN: 00-1234567
Annual Report filing for year ending June/ 2013

* Required

Revenue

* Individual contributions, gifts, grants and similar amounts received: \$ 50000.00

* All other revenue: \$ 5000.00

* Total revenue: \$ 55000.00

Expenses

* Program service expenses: \$ 8500.00

* All other expenses: \$ 2000.00

* Total expenses: \$ 10500.00

Assets

* Total assets: \$ 36000.00

Liabilities

* Total liabilities: \$ 5000.00

< Back Next >

IV. Step 4: Board of Directors, Conflict of Interest, Audits, Officer/Director Info

- a. Answer **How many times did the board of directors meet in the last fiscal year?**
- b. Select **Yes** or **No** to answer **Do you have a conflict of interest policy?**
- c. Select **Yes** or **No** to answer **Did your organization have an audit conducted by a certified public accounting firm for the same fiscal year for which you are filing?**
- d. Enter information into the **Officers/Directors/Trustees/Executive Personnel Worksheet**
 - i. Check **Use business location** to fill in the address fields with the business location address; to use a different address, enter the information in the fields manually
 - ii. Enter the **First name**
 - iii. Enter the **Last name**
 - iv. Select the **Country** from the dropdown list
 - v. Enter the address in **Address line 1**; if additional space is needed, use **Address line 2**
 - vi. Enter the **City**
 - vii. Select the **State** from the dropdown list
 - viii. Select the **County** from the dropdown list
 - ix. Enter the **ZIP code**
 - x. Enter the individual's **Title/Position**
 - xi. Enter the individual's **Annual Compensation**
 - xii. Enter the **Average hours per week** the individual works on organization business
 - xiii. After completing all the fields, click the **Add New** button

File Annual Report

Step 4

Organization: Charitable Organization EIN: 00-1234567

Annual Report filing for year ending: June/ 2013

Some board members, officers, etc., may already be on file. Scroll below the worksheet to see which (if any) are listed. You can edit or remove individuals by using the pencil or "x" icons or add individuals by entering the information into the worksheet.

* Required

* How many times did the board of directors meet in the last fiscal year?

* Do you have a conflict of interest policy? Yes No

* Did your organization have an audit conducted by a certified public accounting firm for the same fiscal year for which you are currently filing? Yes No

* Provide the names, addresses, total annual compensation with benefits, and average hours per week of all officers, directors, trustees, and executive personnel of the charitable organization

Officers/Directors/Trustees/Executive Personnel Worksheet

To reduce loading time, users can submit 10 board members at a time by clicking Add New. Those board member names will be stored in a drop-down menu. Only after hitting Submit does the data get loaded into the database, so always hit Submit prior to leaving this page. This function can be repeated as frequently as needed.

Use business location

* First name:

* Last name:

* Country: United States

* Address line 1:

Address line 2:

* City:

* State:

County:

* ZIP code:

* Title/Position:

* Annual Compensation: \$

* Average hours per week:

Add New >

Submitted officers/directors/trustees/executive personnel

< **Back** **Next** >

- xiv. To add another officer, director, etc., repeat the 12 steps listed under IV.d on the previous page
- xv. To remove an entry, click the **Cancel** button
- xvi. To reduce loading time, up to 10 board members can be submitted at a time
 - a. You can see the number of board members ready to be submitted in the dropdown list above the three buttons at the bottom of the worksheet
 - b. Selecting a name from the dropdown allows you to edit or delete the selected board member
- xvii. Click the **Submit** button to submit the board members you've entered
 - a. When you click Submit, the information appears below "Submitted officers/directors/trustees/executive personnel":

* Provide the names, addresses, total annual compensation with benefits, and average hours per week of all officers, directors, trustees, and executive personnel of the charitable organization

Officers/Directors/Trustees/Executive Personnel Worksheet

To reduce loading time, users can submit 10 board members at a time by clicking Add New. Those board member names will be stored in a drop-down menu. Only after hitting Submit does the data get loaded into the database, so always hit Submit prior to leaving this page. This function can be repeated as frequently as needed.

Use business location

* First name:

* Last name:

* Country:

* Address line 1:

Address line 2:

* City:

* State:

County:

* ZIP code:

* Title/Position:

* Annual Compensation: \$

* Average hours per week:

Officers/Directors/Trustees/Executive Personnel (1)

Select...
Select...
Jane Smith

Add New > **Submit** > **Cancel** >

Submitted officers/directors/trustees/executive personnel

Submitted officers/directors/trustees/executive personnel

[1]

Name: Jane Smith	Compensation: \$5,000.00
Title/Position: President	Average Hours per Week: 10
Address line 1: 1234 Main Street	City: Columbus
Address line 2:	State: Ohio
County: Franklin	Country: United States
ZIP code: 43215	

< **Back** **Next** >

- b. Use the **pencil icon to edit** a board member that has been submitted, and the **red "x" icon to delete** an already submitted board member
- xiv. Click the **Next** button when all board members have been submitted

V. Step 5: Organization Aliases, Additional Solicitors

a. Adding **Organization Aliases**

- i. Click the **Add New** button if your organization solicits funds under any name other the name given; aliases we already have on file are listed in the “Current aliases” field
- ii. Enter the alias name in the field that appears below the Add New button
- iii. Use the **red “x” icon** beside this field to **delete** an alias

b. **Additional Solicitors** information

- i. Click the **Add New** button if your organization uses professional solicitors, fundraising counsel, or commercial co-venturers
- ii. In the popup window that appears, enter the **Name**
- iii. Select the **Country** from the dropdown list
- iv. Enter the address in **Address Line 1**; if additional space is need, use **Address Line 2**
- v. Enter the **City**
- vi. Select the **State** from the dropdown list
- vii. Select the **County** from the dropdown list
- viii. Enter the **ZIP code**
- ix. Enter the **Phone number**

- x. Select the **Type** from the dropdown list
- xi. Enter the **Salary**
- xii. Enter the **Bonus** amount
- xiii. Enter the **Commission** amount
- xiv. Enter the **Expenses**
- xv. Enter **Other Remunerations**
- xvi. Click the **OK** button
- xvii. Repeat these steps to add more solicitors
- xviii. Click the **Next** button

File Annual Report



Organization: Charitable Organization EIN: 00-1234567

Annual Report filing for year ending June/2013

*Required

Organization aliases

Current aliases:

If your organization solicits funds under any name other than **Charitable Organization**, please list each additional name. ⓘ

Add New >

✕

Additional solicitors

If your organization uses fundraising counsel, professional solicitors, or commercial co-venturers, please list them. ⓘ

Add New >

Enter fundraising counsel, professional solicitors, or commercial co-venturers information

* Name:

* Country:

* Address line 1:

Address line 2:

* City:

* State:

County:

* ZIP code:

* Phone number:

* Type:

* Salary: \$

* Bonus: \$

* Commission: \$

* Expenses: \$

* Other Remunerations: \$

VI. Step 6: Ohio Office, Chapters/Affiliates in Ohio, Financial Record Custodian

Based on your organization's status and the information you provided in Steps 1 through 5 of the Annual Report, you may need to complete Steps 6 through 8. If not, you'll be taken directly to Step 9.

a. Section 1

- i. Fields will only appear if your primary office is not located in Ohio
- ii. If your primary office is located outside of Ohio, enter the requested address, phone number, and organization formation information

b. Section 2

- i. Click **Add New** if your organization files a group federal tax return on behalf of other chapters and/or affiliates in Ohio
- ii. A new window will open; enter details in all fields and click the **OK** button
- iii. The window will close and you'll return to Step 6 of the Annual Report
- iv. To add more chapters and/or affiliates, click **Add New** again
- v. Click the **pencil icon to edit** chapter/affiliate information, and the **red "x" icon to delete** information

c. Section 3

- i. If your organization does not maintain an Ohio office, enter the requested contact information for the custodian of financial records

File Annual Report



Organization: Charitable Organization EIN: 00-1234567

Annual Report filing for year ending June/ 2013

* Required

Section 1

Address of primary office, chapter, branch, or affiliate located in Ohio

Country:	<input type="text" value="United States"/>
Address line 1:	<input type="text"/>
Address line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="OH"/>
County:	<input type="text" value="Select county..."/>
ZIP code:	<input type="text"/>
Phone number:	<input type="text"/>
Charitable organization formation:	<input type="text" value="Select..."/>

Section 2

If your organization files a group federal tax return on behalf of other chapters and/or affiliates please list any office, chapter, branch, or state affiliate in Ohio. 🗨️

[Add New](#) >

Section 3

If your organization does not maintain an Ohio office, please list contact information for the person who has custody of the financial records

First name:	<input type="text"/>
Last name:	<input type="text"/>
Country:	<input type="text" value="United States"/>
Address line 1:	<input type="text"/>
Address line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="Select..."/>
County:	<input type="text" value="Select a state..."/>
ZIP code:	<input type="text"/>
Phone number:	<input type="text"/>

[Back](#) [Next](#)

VII. Step 7: Charitable Activities; Solicitation Info; Contribution and Distribution Custodians

a. Section 1

- i. Enter a **Description of the schedule of activities carried on by the charitable organization in the performance of its purpose**
- ii. Enter information regarding **How the charitable contributions be used to fulfill the charitable purpose**
- iii. Enter the dates **When the solicitation will be conducted**
- iv. Select **In which Ohio counties the solicitation will be conducted**

File Annual Report

Organization: Charitable Organization EIN: 00-1234567

Annual Report filing for year ending June/ 2013

**Required*

Section 1

** Please describe the schedule of activities carried on by the charitable organization in the performance of its purpose:*

** How will the charitable contributions be used to fulfill the charitable purpose?*

** When will the solicitation be conducted?*

** In which Ohio counties will the solicitation be conducted?*

Select all

Adams

Allen

Ashland

Ashtabula

Athens

Auglaize

a. **Section 2**

- i. Enter the names and contact info of individuals within the organization who have final responsibility for the **custody of contributions**

1. Enter the **First name**
2. Enter the **Last name**
3. Select the **Country** from the dropdown list
4. Enter the address in **Address line 1**; if additional space is needed, use **Address line 2**
5. Enter the **City**
6. Select the **State** from the dropdown list
7. Select the **County** from the dropdown list
8. Enter the **ZIP code**
9. Enter the **Phone number**
10. Click the **Add New** button

Section 2

* List the people within the charitable organization who will have the final responsibility for the custody of the contributions: ⓘ

Contribution Custodians Worksheet

To reduce loading time, users can submit 10 contribution custodians at a time by clicking Add New. Those contribution custodian names will be stored in a drop-down menu. Only after hitting Submit does the data get loaded into the database, so always hit Submit prior to leaving this page. This function can be repeated as frequently as needed.

* First name:

* Last name:

* Country:

* Address line 1:

Address line 2:

* City:

* State:

County:

* ZIP code:

* Phone number:

Add New >

Submitted contribution custodians

* List the people within the charitable organization who will have the final responsibility for the distributions of the contributions: ⓘ

Distribution Custodians Worksheet

To reduce loading time, users can submit 10 distribution custodians at a time by clicking Add New. Those distribution custodian names will be stored in a drop-down menu. Only after hitting Submit does the data get loaded into the database, so always hit Submit prior to leaving this page. This function can be repeated as frequently as needed.

* First name:

* Last name:

* Country:

* Address line 1:

Address line 2:

* City:

* State:

County:

* ZIP code:

* Phone number:

Add New >

Submitted distribution custodians

< **Back** **Next** >



NOTE: Up to 10 contribution and distribution custodians can be entered at a time; refer to the Officers/Directors/Trustees/Executive Personnel Worksheet instructions on pages 30-31 to edit, delete, and submit custodians that you've added. If the same individual(s) serve as both contribution and distribution custodians, you can copy their info from one custodian entry area to the other using the **Copy** button.

- ii. Enter the names and contact info of individuals within the organization who have final responsibility for the **custody of distributions**
 1. Follow Steps 1 – 10 above
 2. Click the **Next** button

VIII. Step 8: Solicitation Registration Info, Legal & Regulatory Actions, Contributions, Bingo Proceeds, Distributions

a. Section 1

- i. Select **States** where the organization has registered or is authorized to solicit contributions
- ii. Select **Countries** where the organization has registered or is authorized to solicit contributions

File Annual Report

Step 8

Organization: Charitable Organization **EIN:** 00-1234567

Annual Report filing for year ending June/ 2013

** Required*

Section 1

* List states where organization has registered or is authorized to solicit contributions:

- Select all
- Armed Forces Americas
- Armed Forces Europe
- Alaska
- Alabama
- Armed Forces Pacific
- Arkansas

List countries where organization has registered or is authorized to solicit contributions:

- Select all
- United States
- Afghanistan
- Aland Islands
- Albania
- Algeria
- American Samoa

b. **Section 2**

- i. Select **Yes** or **No** to indicate whether your organization has been **enjoined or otherwise prohibited by a governmental authority or court from soliciting**
- ii. Select **Yes** or **No** to indicate whether your organization had its **registration or authority denied, suspended, revoked or enjoined by any court or other governmental authority**
- iii. Select **Yes** or **No** to indicate whether your organization **made a voluntary agreement with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance**
- iv. Select **Yes** or **No** to indicate whether your has been **issued or received a cease and desist order from a governmental authority**
- v. Enter an **explanation** in the text field for any question you answered “Yes” to in Section 2

Section 2

Has your organization...

- * Been enjoined or otherwise prohibited by a governmental authority or court from soliciting? Yes No
- * Had its registration or authority denied, suspended, revoked or enjoined by any court or other governmental authority? Yes No
- * Made a voluntary agreement with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance? Yes No
- * Been issued or received a cease and desist order from a governmental authority? Yes No

If "yes" to any of the above, explain:

c. **Section 3**

- i. Enter the **Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds**
- ii. If a **national organization or an organization located outside of Ohio**, indicate the **amount of distributions to Ohio residents**
- iii. Enter the **Amount of gross bingo proceeds generated in Ohio**
- iv. Describe the **Charitable purpose for which last year’s contributions were used**
- v. Click the **Next** button

Section 3

- * Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds:
- For national organizations or organizations located outside of Ohio, please indicate the amount of distributions to Ohio recipients:
- * Amount of gross bingo proceeds generated in the State of Ohio:
- * For what charitable purpose were the last years contributions used?

IX. Step 9: Verification & Submission

- a. The **screen displays all information that has been entered** during the File Annual Report process
- b. Take time to **review each step**; if any step is incorrect or missing information, click the **Edit** button within that step to correct or add information
 - i. After correcting or adding the information, continue to click the **Next** buttons at the bottom of each step to return to Step 9
- c. Click the **Submit** button
- d. If fees are owed, the **Submit Fees** page will appear



Submit Fees

Organization: Charitable Organization EIN: 00-1234567

The amount of the solicitation registration fee is based on the amount of contributions received by the charitable organization from persons in this state. If, for any reporting year, the charitable organization cannot determine from its records the exact amount of contributions it received from persons in this state, it shall compute the amount of the registration fee upon the estimated amount of contributions it received from persons in this state, with the estimated amount to be explained in writing at the time the registration fee is paid.

Contributions Received: \$ 15000.00

	Amount of Contributions Received	Fee
<input type="radio"/>	Less than \$5,000	\$0.00
<input checked="" type="radio"/>	\$5,000 or more but less than \$25,000	\$50.00
<input type="radio"/>	\$25,000 or more but less than \$50,000	\$100.00
<input type="radio"/>	\$50,000 or more	\$200.00

Solicitation Fee: \$ 50.00

-
-
-

File Annual Report



Organization: Charitable Organization EIN: 00-1234567

Annual Report filing for year ending June/ 2013

Please verify the information you have submitted

Step 1

[Edit](#) >

Desired filing year: 2013

Did your organization, on its own behalf, solicit Ohioans (contributions, instant pull tabs, bingo, special events, etc)? Yes

Did you hire a professional solicitor, fundraising counsel, and/or commercial co-venturer? Yes

Enter Amount of Gross Revenue. Gross revenue does NOT include governmental grants and funding from other 501(c) (3) organizations: 50000.00

Enter the Amount of Total Assets: 100000.00

Step 2

[Edit](#) >

Organization: Charitable Organization

If "yes" to any of the above, explain

Section 3

Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds \$15,000.00

For national organizations or organizations located outside of Ohio, please indicate the amount of distributions to Ohio recipients \$7,000.00

Amount of gross bingo proceeds generated in Ohio \$0.00

For what charitable purpose were the last years contributions used?

Test

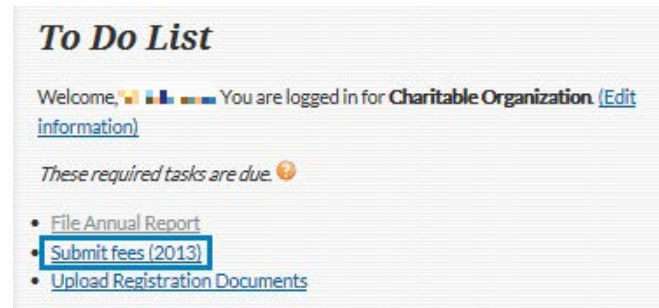
By clicking submit, I certify that I have examined this financial report, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

[Back](#) [Submit](#)

C. Submit Fees

If fees are owed, you'll see the **Submit Fees** page immediately after submitting your annual report; if you don't pay the fee(s) at this time, you'll see a **Submit fees (YYYY)** link in the organization's **To Do List**

- a. Click **Submit Fees (YYYY)** from the **To Do List**
- b. The screen displays **fee(s) due amount** for that fiscal year
- c. Choose one of the following **three payment methods** to submit your payment:
 - i. Click **Pay by e-check**
 1. Proceed to Online Payment Process
 2. Select **Trust** or **Solicitation**
 3. Enter required fields about the bank account to be used, confirm information and print receipt
 4. The screen will display a message that the fee has been submitted
 5. Click the **OK** button to return to the **To Do List**
 - ii. Click **Pay by credit card**
 1. The steps are the same as those for Pay by e-check above, but you'll enter credit card information rather than bank account information
 - iii. Click **Mail a check** button
 1. The screen displays a message to check your e-mail; the information needed to mail the check will be included in the **Invoice for charitable registration fees** e-mail you'll receive
 2. Click the **OK** button to return to the **To Do List**



Submit Fees

Organization: Charitable Organization EIN: 00-1234567

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Contributions Received: \$ 15000.00

	Amount of Contributions Received	Fee
<input type="radio"/>	Less than \$5,000	\$0.00
<input checked="" type="radio"/>	\$5,000 or more but less than \$25,000	\$50.00
<input type="radio"/>	\$25,000 or more but less than \$50,000	\$100.00
<input type="radio"/>	\$50,000 or more	\$200.00

Solicitation Fee: \$ 50.00

Pay by e-check:

BCI&I Web Check ePayment Portal

Online Payment Processing

Step 1 - Enter Payment Information

Please enter your electronic check payment and billing information below. All of the fields marked with an asterisk are required.
Your checking account number **SHOULD NOT** include the 4-digit check number that usually appears on your check either before or after the checking account number.

BCI WebCheck Payment Summary	
Items: Quantity: 1 Description: ein:00-1234567 year:2013 CORS Fee Price: \$50.00 Total: \$50.00	Total: \$50.00
Payment Information	
* Bank Routing Number: <input type="text"/>	* Confirm Routing Number: <input type="text"/>
* Bank Account Number: <input type="text"/>	* Confirm Account Number: <input type="text"/>
Billing Information	
First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last/Business Name: <input type="text"/>	* Phone: <input type="text"/>
* Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>
* City: <input type="text"/>	* State/Province/Region: <input type="text"/>
* Zip/Postal Code: <input type="text"/>	Country: <input type="text"/>
Email: <input type="text"/>	Email Receipt: <input type="checkbox"/>

[Continue](#) [Cancel](#)

Technical Support
If you need technical support for this online payment processing application, please send an email to cpssupport@cboss.com.

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Pay by credit card:

BCI&I Web Check ePayment Portal

Online Payment Processing

Step 1 - Enter Payment Information

Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required. [Click here for more information regarding CVV2.](#)

BCI WebCheck Payment Summary	
Items: Quantity: 1 Description: ein:00-1234567 year:2013 CORS Fee Price: \$50.00 Total: \$50.00	Total: \$50.00
Payment Information	
* Credit Card Number: <input type="text"/>	* Credit Card Type: <input type="text"/>
* Expiration Month: <input type="text"/>	* Expiration Year: <input type="text"/>
Card Security Code: <input type="text"/>	
Billing Information	
First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last/Business Name: <input type="text"/>	* Phone: <input type="text"/>
* Address Line 1: <input type="text"/>	Address Line 2: <input type="text"/>
* City: <input type="text"/>	* State/Province/Region: <input type="text"/>
* Zip/Postal Code: <input type="text"/>	Country: <input type="text"/>
Email: <input type="text"/>	Email Receipt: <input type="checkbox"/>

[Continue](#) [Cancel](#)

Technical Support
If you need technical support for this online payment processing application, please send an email to cpssupport@cboss.com.

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Submit Fees

Organization: Charitable Organization EIN: 00-1234567

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Contributions Received: \$ 15000.00

Amount of Contributions Received	Fee
<input type="radio"/> Less than \$5,000	\$0.00
<input checked="" type="radio"/> \$5,000 or more but less than \$25,000	\$50.00
<input type="radio"/> \$25,000 or more but less than \$50,000	\$100.00
<input type="radio"/> \$50,000 or more	\$200.00

Solicitation Fee: \$ 50.00

[Pay by e-check](#)
[Pay by credit card](#)
[Mail a check](#)

Mail a check:

Submit Fees

Organization: Charitable Organization EIN: 00-1234567

Check your E-mail.

OK



D. Submit Late Fees

If late fees are owed, you'll see a **Submit Late Fees (YYYY)** link in the **To Do List**

- a. The three payment methods available and steps are the same as those in **C. Submit Fees** directly above

E. Upload Registration Documents

If you chose to mail registration documents during the registration process, you'll see a **Upload Registration Documents** link in the **To Do List**

- a. Refer to Chapter 2, Section G (page 18) for the steps to upload documents

