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STATE OF OHIO

Charitable Law Section

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FOR OFFICIAL USE

REG # _____
 YEAR _____
 EXP. _____
 A.C. _____

CHARITABLE ORGANIZATION REGISTRATION STATEMENT
For Charitable Solicitation in the State of Ohio
(Section 1716.02, Ohio Revised Code)

This registration statement is to be completed by every charitable organization, except those exempted under section 1716.03 of the Revised Code, that intends to solicit contributions in this state by any means or have contributions solicited in this state on its behalf by any other person, charitable organization, commercial co-venturer or professional solicitor, **prior to** engaging in any of these activities and annually thereafter. **Please answer all questions on the registration form and do not reference a federal tax return or any other attachment. Failure to complete this form in its entirety will delay the registration process.**

This registration statement shall be refiled on or before the fifteenth day of the fifth calendar month after the close of each fiscal year in which the charitable organization solicited in this state, or by the date of any applicable extension of the federal filing date, whichever is later.

Initial Registration _____ Renewal Registration _____

State Registration Number _____

If applicable, Ohio Bingo License Number _____

Employer Identification Number _____

1. _____
 (Full official name of charitable organization)

2. Does the charitable organization intend to solicit funds under any other name or names other than the name listed on item 1 above (i.e., dba names)? Yes ___ No. If yes, please list each name. Attach additional pages, if necessary.

3. _____
 (Address of principal place of business)

 (City) (State) (Zip) (Telephone No.)

4. E-mail address _____ Web address _____

5. _____
 (Address of primary office, chapter, branch, or affiliate located in Ohio, if the above address is not in Ohio)
- _____
- (City) (State) (Zip) (Telephone No.)
6. Please attach a list setting forth the address and telephone number of every office, chapter, branch, or affiliate of the charitable organization located in this state.
7. If the charitable organization does not maintain an office in this state, complete the following information for the person that has custody of its financial records:
- _____
- (Name of person with custody of financial records)
- _____
- (Address)
- _____
- (City) (State) (Zip) (Daytime Telephone No.)
8. Indicate the form of the charitable organization (corporation, partnership, association or individual).
- _____
9. With the initial registration only, state the place where and the date when the charitable organization, if other than an individual, was legally established:
- _____
10. With the initial registration only, please attach a copy of the charitable organization's current charter, articles of incorporation, agreement of association, instrument of trust, constitution, or other organizational instrument and a copy of its regulations or bylaws.
- 10a. With the renewal registration, attach a copy of any amendment to these documents.
11. Is the charitable organization exempt from federal taxation?
 ___ Yes ___ No. If yes, under what section of the Internal Revenue Code? _____
12. With the initial registration only, please attach a copy of the charitable organization's federal tax exemption determination letter.
13. Give the date of the fiscal year end for the organization:
- _____

14. Please attach a copy of the annual financial report on the **form prescribed by the Attorney General** or a copy of the federal tax form as filed with the Internal Revenue Service for the immediately preceding fiscal year as required under section 1716.04, Revised Code.
15. Provide the names and addresses of all officers, directors, trustees, and executive personnel of the charitable organization. Attach additional pages, if necessary:

<u>Name</u>	<u>Address</u>	<u>Title/Position</u>

16. Give the general purposes for which the organization was created: Fraternal, patriotic, historical, charitable, and educational; to preserve and strengthen comradeship among its members; to assist worthy comrades; to perpetuate the memory and history of our dead; and to assist their widows and orphans; to maintain true allegiance to the Government of the United States of America, and fidelity to its Constitution and laws; to foster true patriotism; to maintain and extend the institutions of American freedom, and to preserve and defend the United States of America from all her enemies, whomsoever.
17. Please attach a schedule of the activities carried on by the charitable organization in the performance of its purpose.
18. State the charitable purpose(s) for which the contributions to be solicited will be used:

19. State the period of time during which the planned solicitation will be conducted:
20. State the counties in Ohio in which the planned solicitation will be conducted:

21. Does the charitable organization intend to solicit contributions from the public directly by using its own resources? ___Yes ___No
22. Does the charitable organization intend to have solicitation of contributions made on its behalf through the use of another charitable organization, fund-raising counsel, professional solicitors, or commercial co-venturers? ___Yes ___No
23. Provide the names, addresses and telephone numbers of any other charitable organization, fund-raising counsel, professional solicitors, and commercial co-venturers who will act on behalf of the charitable organization and identify each by type (e.g., CO - charitable organization; FRC - fund-raising counsel; PS - professional solicitors; CCV - commercial co-venturers). Attach additional pages, if necessary.

Name	Type (CO, FRC, PS, CCV)
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Address	Daytime Telephone No.
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Name	Type (CO, FRC, PS, CCV)
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Address	Daytime Telephone No.
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24. Please state the specific terms of the arrangements with other charitable organizations, fund-raising counsel, professional solicitors, and commercial co-venturers for the following (attach additional pages, if necessary):
 - a. Salaries _____
 - b. Bonuses _____
 - c. Commissions _____
 - d. Expenses _____
 - e. Other remunerations _____
25. Please indicate the amount of contributions received from persons in Ohio for the preceding fiscal year (this amount should include proceeds from the sale of bingo) \$_____.
26. For National Organizations or soliciting organizations not located in the State of Ohio, please indicate the amount of distributions to Ohio recipients \$_____.
27. Please indicate the amount of gross bingo proceeds generated in the State of Ohio \$_____.

28. Provide the names, addresses, and telephone numbers of the persons within the charitable organization that will have final responsibility for the custody of the contributions:

<u>Name</u>	<u>Addresses</u>	<u>Daytime Telephone No.</u>
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29. Provide the names of the persons within the charitable organization that will be responsible for the final distribution of the contributions:

30. Is the organization registered with or otherwise authorized by any other governmental authority in this state or another state to solicit contributions? ___ Yes ___ No

If yes, please list the names and addresses of all such agencies. Attach additional pages, if necessary:

<u>Name</u>	<u>Address</u>
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31. Has the organization:

- A. Been enjoined or otherwise prohibited by a government authority/court from soliciting? ___ Yes ___ No.
- B. Had its registration or authority denied, suspended, revoked or enjoined by any court or other governmental authority in this State or another State? ___ Yes ___ No.
- C. Entered into a voluntary agreement of compliance or assurance of discontinuance with any government authority or in a case before a court or administrative agency? ___ Yes ___ No.
- D. Been issued or received a cease and desist order from any State or other governmental authority? ___ Yes ___ No.

If "yes" to 30A, B, C, or D, then attach explanation.

ATTACHMENTS

With the initial registration only, provide:

- _____ A copy of the current charter, articles of incorporation, agreement of association, instrument of trust, constitution, or other organizational instrument and a copy of the regulations or bylaws (Question No. 10).
- _____ A copy of the federal tax exemption determination letter (Question No. 12).

With the initial and each renewal registration thereafter, provide:

- _____ A list setting forth the address and telephone number of every office, chapter, branch, or affiliate located in this state (Question No. 5).
- _____ A copy of any amendment to the organizational instrument or bylaws which were implemented during the immediately preceding year (Question No. 10a).
- _____ A copy of the annual financial report on the **form prescribed by the Attorney General** or a copy of the federal tax form as filed with the Internal Revenue Service for the immediately preceding fiscal year (Question No. 14).
- _____ A schedule of the activities carried on by the charitable organization in the performance of its purpose (Question No. 17).
- _____ A completed and signed *Declaration Regarding Material Assistance/Nonassistance To A Terrorist Organization* (DMA) form.
- _____ A check for the appropriate registration fee made payable to the "Treasurer of the State of Ohio".

REGISTRATION FEE

<u>Contributions</u>	<u>Fee</u>
Less than \$5,000	\$ 0
\$5,000 but less than \$25,000	\$ 50
\$25,000 but less than \$50,000	\$100
\$50,000 or more	\$200

The amount of the 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.

AFFIDAVIT

STATE OF _____ :

SS

COUNTY OF _____ :

I, _____, being first duly sworn say
(Please print Name)

that I am the _____
(Treasurer or Chief Fiscal Officer)

of _____
(Name of Charitable Organization)

and further state as follows:

1. I am the individual who has completed the foregoing Charitable Organization Registration Statement;
2. I have read the foregoing Registration Statement and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and
4. This Registration Statement is made for the purpose of complying with the provisions of Chapter 1716 of the Ohio Revised Code.

Signature

Sworn to and subscribed before me this _____ day of _____,
_____.

Notary Public

Seal

Date _____