



**MIKE DEWINE**

★ OHIO ATTORNEY GENERAL ★

# Charitable Registration User Guide



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## Chapter 1 – Online Charitable Registration

### A. Creating an Account

First time user will need to create an account:

- a. **Enter** e-mail address (this will be your user name)
- b. **Create** a password – there are no requirements.
- c. **Re-enter** password again in Confirm password field box.
- d. **Type** in first and last name in First and Last name fields box
- e. **Enter** phone number in field box with a valid 10 digit number.
- f. From the drop-down list **choose** what your relationship is to the organization.  
If 'other' is chosen, enter data into **Other** text field.
- g. If you would **NOT** like to receive an informational nonprofit e-newsletter from the Ohio Attorney General's Office (OAG), **uncheck** the pre-checked box.
- h. **Click** the **Create** button to initiate the create account process.

Notes:

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## I. Step 1: Your Charitable Organization's Employer Identification Number (EIN)

Services > Services for charities > Charitable registration > Create account

PROGRESS 20%

### CREATE ACCOUNT

\* Required

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

24-2456789

BACK NEXT

Services > Services for charities > Charitable registration > Create account

PROGRESS 20%

### CREATE ACCOUNT

\* Required

Is this the correct EIN number: 00-1234567?

YES NO

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

## II. Step 2: Create Account

- a. Choose **Yes** or **No** option button to answer if the organization has a parent organization which files a federal tax return with the IRS on behalf of the chapter.
- b. Click the **Next** button.

Services > Services for charities > Charitable registration > Create account

PROGRESS 40%

### 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

BACK NEXT

If **Yes**, click the **Next** button and proceed to i.  
If **No**, click the **Next** button and proceed to Step 3.

Notes:

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- i. If **Yes** option is chosen **enter** the Parent Organization EIN information in 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 incorrect parent organization, confirm you have the correct EIN. If there is still an issue, contact the parent organization or our office.
  2. Create Account screen appears with message that Parent Organization is responsible for completing the annual reporting requirements on your organization behalf. Should the parent organization no longer file on your behalf, than your organization will be responsible for completion of the annual filing.

**YES**

Services > Services for charities > Charitable registration > Create account

PROGRESS 60%

## CREATE ACCOUNT

\* Required

Parent Organization

\* EIN: Example: 12-3456789

BACK NEXT

Services > Services for charities > Charitable registration > To do list > Add organization

PROGRESS 80%

## ADD ORGANIZATION

Parent Organization

Name: Charity E

Business location

Address line 1: 5323 Rover Lane

Address line 2:

City: Columbus

State: Ohio

ZIP code: 45623

County: Delaware

Country: United States

Mailing address

Address line 1: 5323 Rover Lane

Address line 2:

City: Columbus

State: Ohio

ZIP code: 45623

County: Delaware

Country: United States

Is this the correct parent organization?

Yes No

### 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.

In ten seconds you will be taken to the To-Do list for Charity E, for which you had originally logged in



### III. Step 3: Create Account [No Parent Organization]

If the **No** option is chosen from step 2.a. of the Create Account process, then begin entering information about your particular organization.

a. **Organization** section:

- i. **Enter** the Organization Name into **Name** field.
- ii. **Enter** all DBA(s), if applicable in **DBA** field.
- iii. **Select** the Type of Organization from dropdown list.

b. **Business Location** section:

- i. **Choose the Country**, if other than United States, from the dropdown list.
- ii. **Enter** the Address into the **Address line 1** field. If additional info needed, then use **Address line 2** field (this is optional).
- iii. **Enter** the City into 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 into **Zip Code** field.

c. **Mailing Address** section:

- i. Follow steps from part b, i. – vi., to enter a mailing address that is different from the **Business Location** section.

OR

Check the box next to **Use Business Location** to indicate the same address as **Business Location** and **Mailing Address** are the same.

- d. **Click** the **Next** button.

Services > Services for charities > Charitable registration > Create account

## CREATE ACCOUNT

\* Required

Tell us about your organization.

### Organization

\* Name:

Doing business as (if applicable):

\* Type:

### Business location

\* Country:

\* Address line 1:

Address line 2:

\* City:

\* State:

\* County:

\* ZIP code:

### Mailing address

Use business location

\* Country:

\* Address line 1:

Address line 2:

\* City:

\* State:

\* County:

\* ZIP code:



All fields with a red asterisk (\*) indicate required field and must be entered.



## IV. Step 4: Create Account

- a. **Select the Yes or No** option button to indicate:  
If the organization intends to or has solicited charitable contributions from the general public on its own behalf within the past 3 years.
- b. **Select the Yes or No** option button to indicate:  
If the organization hired a professional solicitor, fundraising counsel, and/or commercial co-venture within the past 3 years.
- c. **Enter date** in Date of formation, incorporation, agreement or constitution. (MM/DD/YYYY, e.g. 11/01/2010). You can also click on the calendar icon to choose a date from the pop-up calendar.
- d. **Select the Yes or No** option button to indicate:  
If the organization intends to or in the past 3 years had revenue exceeding \$25,000.
- e. **Click the Next** button.

Services > Services for charities > Charitable registration > Create account

PROGRESS 60%

### CREATE ACCOUNT

*\* Required*

\* Does the organization intend to solicit charitable contributions from the public, this includes conducting bingo and instant pull tabs, on its own behalf, 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 formation, incorporation, agreement or constitution: 4/2/2012 ?

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

BACK NEXT

Notes:

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Services > Services for charities > Charitable registration > Create account

PROGRESS 80%

## CREATE ACCOUNT

Please verify the following information before submitting.

### 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](#)

Name:

Doing business as:

Type: 501(c)(3)

#### Business location

Address line 1: 654 C Me Rd.

Address line 2:

City: Fremont

State: Ohio

ZIP code: 43470

County: Sandusky

Country: United States

#### Mailing address

Address line 1: 654 C Me Rd.

Address line 2:

City: Fremont

State: Ohio

ZIP code: 43470

County: Sandusky

Country: United States

#### Mailing address

Address line 1: 654 C Me Rd.

Address line 2:

City: Fremont

State: Ohio

ZIP code: 43470

County: Sandusky

Country: United States

### Step 4

[EDIT](#)

Does the organization intend to solicit charitable contributions from the general public on its own behalf; 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 formation, incorporation, agreement or constitution: 09/05/2011

Does the organization intend to have annual revenue of \$25,000 or more; OR has the organization had annual revenue of \$25,000 or more within the past 3 years?: Yes

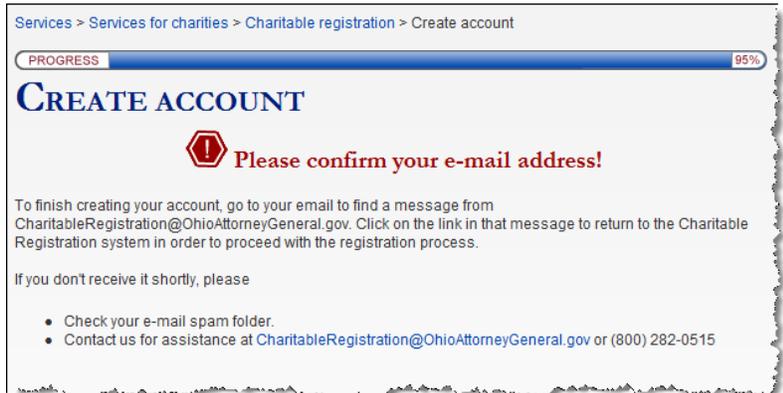
[SUBMIT](#)

## V. Step 5: Create Account

- a. Screen displays all information that has been entered so far in the Create Account process.
- b. **Review** each Step, if any Step is incorrect or missing information, **Click** the **Edit** button within that step and correct or enter information.
- c. **Click** the **Submit** button.

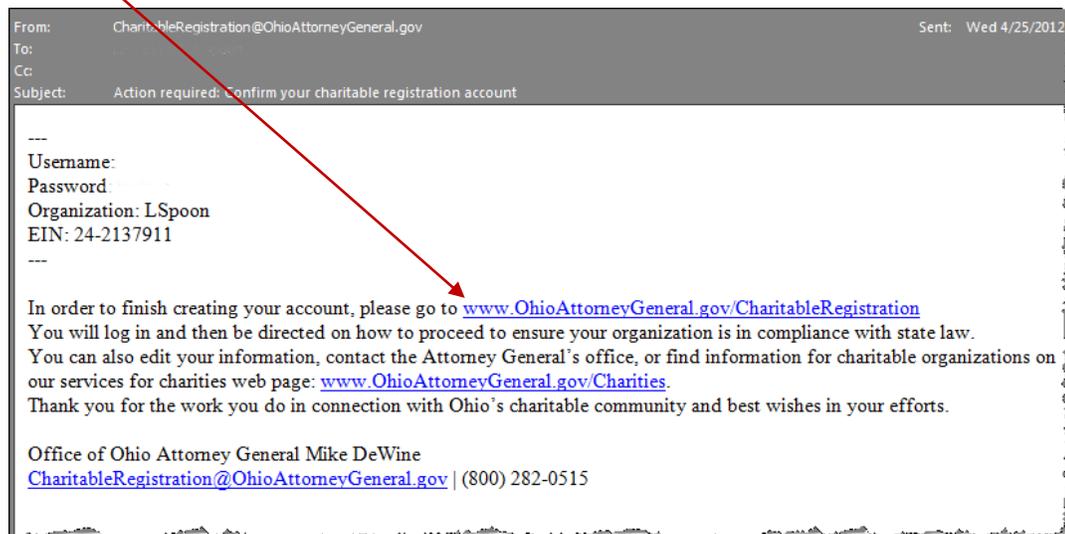
## VI. Finish: Create Account

- a. Confirmation page displays message thanking you for creating an account.





- b. To finish the process, **check** your e-mail account for a Welcome Message from AGO.
  - i. If unable to find, check your bulk/junk folder.
- c. **Click** the link in e-mail to finish creating your account.



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





## Chapter 2 – Log-in and Related Menu

### A. Log In

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



Click Password Help if you need to change your password or forgot your password.

### B. To Do List

In the header area of the page, your first name and last name, and Logout are displayed. For your protection, sessions are open for a limited period of time.

Welcome message with your first name, last name, and name of organization are displayed along with an “Edit information” hyperlink.

**TO DO LIST** section provides list of required tasks that need to be completed, such as:

- ◆ Registration
- ◆ Submit a Fee
- ◆ Submit a Late Fee
- ◆ File Annual Report
- ◆ Upload Documents

See Chapter 3 for details on each item.

Related **MENU** section provides a list of activities:

- ◆ To do list
- ◆ Add organization
- ◆ Change organization
- ◆ Edit information
- ◆ Request exemptions
- ◆ Upload Documents
- ◆ Help
- ◆ Contact

Explanation for each item can be found in the rest of this chapter.



## C. Add Organization

allows you to add multiple organizations to be associated to your account.

- Click the **Add Organizations** link in the MENU list. Refer to Chapter 1, Section I thru IV of **Creating an Account** to complete the next steps.
- Once completed, an e-mail is sent to your e-mail confirming the New Organization has been added to your user account.

## D. Change Organization

allows you to switch from one organization to another.

- Click the **Change Organization** link in the MENU list.
- All organizations/EINs associated to your account are displayed.
- Select the appropriate button of the Organization that you would like to view.
- Click the **Next** button.

## E. Edit Information

allows you to edit some organization information on file with our office.



Only information with edit field boxes can be updated. All fields with a red asterisk (\*) indicate a required field and information must be entered.

- User Information:** Enter your Phone number.
- Organization:** Enter Website URL.
- Business Location:** Enter Country, Address line 1, Address line 2 (optional), City, State, County, ZIP code, Phone and Fax (optional) number.
- Mailing Address:** option to use business address, or uncheck box and enter Country, address line 1, Address line 2 (Optional), city, state, county, and ZIP code.
- Click the **Submit** button.
- E-mail notification of the update to organization account is sent.



## F. Request Exemptions

### Step 1: Request Exemptions

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

Services > Services for charities > Charitable registration > To do list > Request exemptions

## REQUEST EXEMPTIONS

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.

#### Agriculture

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

#### Education

- A parent-teacher association, fraternity, alumni, booster, or social club organized and operated for the benefit of students of primary and secondary schools
- 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 booster club organized and operated for the benefit of students of public primary or secondary schools

#### General

- A charitable remainder trust created after July 31, 1969, if gifts to such trust are deductible for federal income, gifts 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 does not have assets or a majority of the governing body located within Ohio
- A charitable trust controlled by one or more charitable trusts

#### Government

- A government agency or instrumentality

#### Internal fundraising

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

#### Religion

- Organized and operated exclusively for religious purposes
- A religious agency, religious organization, charity, agency, or organization operated, supervised, or controlled by a religious organization

Notes:

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## Step 2: Exemptions

Dependent upon the exemptions selected, supporting documents will need to be submitted via online, mail or faxed.

- a. To submit documents via 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 to Upload List** button.
  - vi. **Click the Submit** button once all documents to be uploaded are in the list.
  - vii. Uploaded documents are listed in a grid with file name, document description and option to remove the file from the upload document list.
    1. **Click Remove** to remove the document from the grid.
    2. A dialog prompt appears asking “Do you really want to remove this item?”
    3. **Click OK** to remove or **Cancel** to cancel action.
- b. To submit documents via mail or fax:
  - i. **Choose the Mail or Fax Documents** option button.
  - ii. Mail supporting documents to  
The Attorney General of Ohio  
150 E. Gay St., 23<sup>rd</sup> fl.  
Columbus, OH 43215
  - iii. Fax supporting documents to (877) 690-1814.
  - iv. **Click the Next** button.
- c. **Request Exemptions** confirmation page appears.
- d. **Click the OK** button.

Services > Services for charities > Charitable registration > To do list > Request exemptions

### REQUEST EXEMPTIONS

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

Upload documents

Document Description:

\* If other, please describe:

Please select a file to upload:

**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

Services > Services for charities > Charitable registration > To do list > Request exemptions

### REQUEST EXEMPTIONS

Organization:  EIN: 00-1234567

Your exemption request has been submitted successfully.

The following document(s) were uploaded as part of your request: Cover Letter

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.



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



## G. Help

provides a list of Charitable FAQs.

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

Services > Services for charities > Charitable registration > To do list > Help

### CHARITABLE REGISTRATION SYSTEM HELP

Definitions and help for the online charitable registration system.

**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?
- 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"?
- How can we determine our group's formation type?
- Where can I find the IRS tax exemption date?
- How do I determine the date a trust was funded?
- Where can I find the probate number?
- What is your organization's "date of probate"?
- Who is the trust concerning?

## H. Contact

provides various ways for you to contact our office.

- a. Enter information into **Constituent Information** section:
  - i. **Enter** your first name in **First Name** field.
  - ii. **Enter** your middle name in the **Middle Name** field. (optional)
  - iii. **Enter** your last name in **Last Name** field.
  - iv. **Enter** your address in **Address** field.
  - v. **Enter** your city in **City** field.
  - vi. **Choose** the state from the **State** dropdown list, if other than OH.
  - vii. **Enter** your zip code in **Zip Code** field.
  - viii. **Enter** your e-mail address in the **E-mail** field. (optional)
  - ix. **Enter** your phone number in the **Phone Number** field. (e.g. 999-999-9999).
  - x. **Enter** your work number in the **Work Phone** field. (e.g. 999-999-9999) (optional)
- b. Enter information into **Inquiry Information** section:
  - i. **Enter** the nature of your concern or inquiry in **Nature of Concern/Inquiry** field – be sure to be specific and provide as many details as needed.
  - ii. **Enter** information in the **How you would like the Attorney General to Help?** field box. (optional)

Services > Services for charities > Charitable registration > To do list > Contact

### CONTACT CHARITABLE REGISTRATION

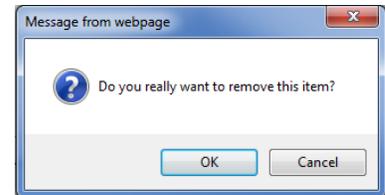
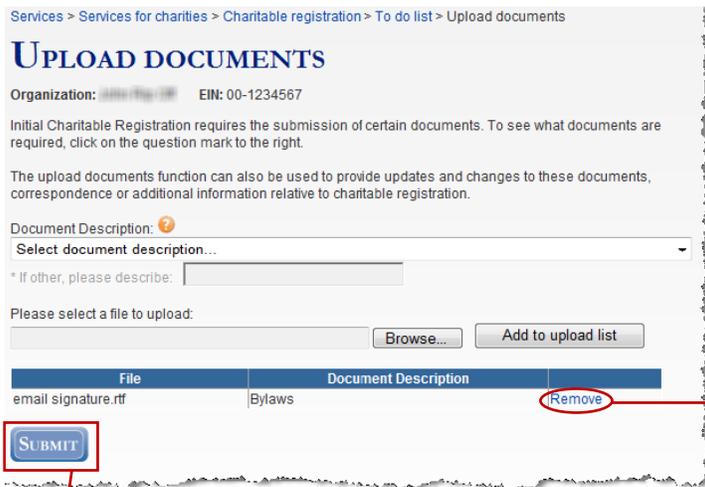
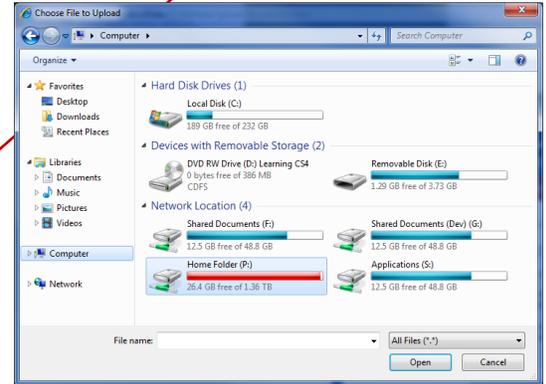
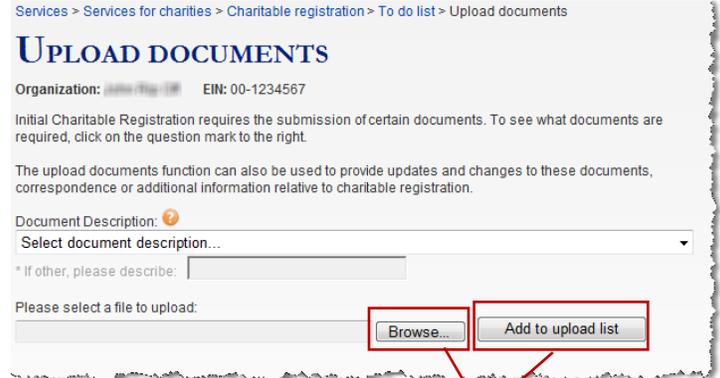
Ohio Attorney General Mike DeWine  
 Charitable Law Section  
 150 E Gay Street, 23rd fl.  
 Columbus, OH 43215  
 Phone: (800) 282-0515  
 Fax: (877) 690-1814  
 Email: CharitableRegistration@OhioAttorneyGeneral.gov

**OK**



## I. Upload Documents

- Click the **Upload Documents** link in the **MENU** list.
- Select the document description from **Document Description** dropdown list.
- Click the **Browse** button to locate file.
- A new window opens
  - Locate file to upload.
  - Click the **Open** button.
- Click the **Add to Upload List** button.
- Upload documents are listed in grid with file name, document description and an option to remove the file from the upload document list.
  - Click **Remove** to remove the document from the grid.
  - A dialog prompt appears asking “Do you really want to remove this item?”
  - Click **OK** to remove or **Cancel** to cancel action.
- Click the **Submit** button once all documents are in the list.



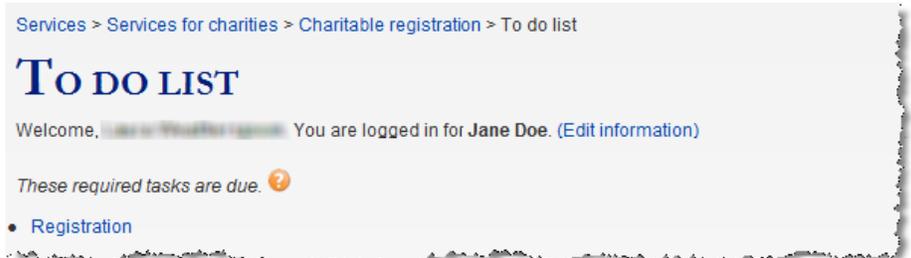


## Chapter 3 – To Do List

### A. Register

This form is required as part of the organizations initial registration with this office.

- a. **Click Registration** from the **To Do list** screen.



### I. Step 1: Register

some fields are populated from the creation of account; enter information into all necessary fields.

- a. **Organization** information:
  - i. **Enter** the organization name in the **Organization** field.
  - ii. **Enter** the website in the **Website** field. (optional)
  - iii. **Enter** the Secretary of State Charter number in the **Secretary of State Charter Number** field. (optional)
  - iv. **Enter** the Ohio bingo license number in the **Ohio Bingo License number** field. (optional)
- b. **Business Location** information:
  - i. **Choose** the country from the **Country** dropdown list, if other than United States.
  - ii. **Enter** the address in the **Address line 1** field, if additional information is needed, use **Address line 2** field.
  - 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 in the **Phone number** field. (e.g. 999-999-9999)
- viii. **Enter** the fax number in the **Fax number** field. (e.g. 999-999-9999, optional).
- c. **Mailing Address** information:
  - i. Follow steps from Part B, i. thru vi. To enter a mailing address that is different from the business location section, or check the box next to Use Business Location to indicate the business address is the same as the mailing address.
- b. **Click** the **Next** button.

## II. Step 2: Register

- a. **Select** a formation from the **formation** dropdown list.
- b. Date for **Date of formation, incorporation, agreement or constitution** will already be filled in.
- c. **Enter** date (mm/dd/yyyy) or **select** date from calendar icon for **Internal Revenue Service tax exemption date**. (optional)
- d. **Enter** date (mm/dd/yyyy) or **select** date from calendar icon for **trust funded** date. (optional)
- e. **Enter** details for **Probate Number**.
- f. **Enter Probate** date (mm/dd/yyyy) or select date from calendar for Date of Probate. (optional)
- g. **Enter** information in **Estate of** field. (optional)
- h. **Select** a month from the **Fiscal year end** drop-down list.
- i. **Click** the **Next** button.

Services > Services for charities > Charitable registration > To do list > Registration

PROGRESS 40%

## REGISTER

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:  ?



### III. Step 3: Register

- a. Enter the **Primary IRS purpose code**.
  - i. Click the question mark icon for complete list of IRS purpose codes.
- b. Enter details in the **Full description of assets** field. (e.g. checking accounts, building, land, etc.)
- c. Enter an amount in the **Most recent current value of assets** field.
- d. Enter **State(s)** in which assets are located.
- e. Click the **Add New** button if your organization files a group IRS tax return on behalf of its chapters.
  - i. Enter the chapter name in the **Chapter Name** field.
  - ii. Choose the country from the **Country** dropdown list, if other than United States.
  - iii. Enter the address in the **Address line 1** field, if additional information is needed, use **Address line 2** field.
  - iv. Enter the city in the **City** field.
  - v. Choose the state from the **State** dropdown list.
  - vi. Choose the county from the **County** dropdown list.
  - vii. Enter the zip code in the **Zip code** field.
  - viii. Enter the employee identification number in the **EIN number** field. (e.g. 12-3456789)
  - ix. Click the **OK** button.
- f. Click the **Next** button.

Services > Services for charities > Charitable registration > To do list > Registration

PROGRESS 60%

## REGISTER

Organization: [REDACTED] EIN: 00-1234567

\* Required

\* Primary IRS purpose code: [REDACTED]

\* Full description of assets: [REDACTED]

\* Most recent current value of assets: \$ [REDACTED]

\* State(s) in which assets are located: [REDACTED]

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.

**ADD NEW**

BACK NEXT

#### Enter Chapter Information

\* Chapter Name: [REDACTED]

\* Country: United States

\* Address line 1: [REDACTED]

Address line 2: [REDACTED]

\* City: [REDACTED]

\* State: Select...

\* County: Select a state...

\* ZIP code: [REDACTED]

\* EIN: [REDACTED]

OK Cancel



## IV. Step 4: Register

In order to complete 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 or regulations
- Constitution
- Current charter
- Instrument of trust

- Refer to Chapter 2, Section H to upload documents.
- Click the **Next** button to continue in the registration process.

Services > Services for charities > Charitable registration > To do list > Registration

PROGRESS 80%

## REGISTER

Organization: [redacted] EIN: 00-1234567

Upload documents

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

- Articles of incorporation/association
- Bylaws or regulations
- Constitution
- Current charter
- Instrument of trust

Document Description: ?  
Select document description...  
\* If other, please describe: [text box]

Please select a file to upload:  
[Browse...] **Add to upload list**

OR

Mail or fax documents

Note that registration will not be complete until the Attorney General has received these documents.

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

BACK NEXT

Services > Services for charities > Charitable registration > To do list > Registration

PROGRESS 80%

## REGISTER

Organization: [redacted] EIN: 00-1234567

Upload documents

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

- Articles of incorporation/association
- Bylaws or regulations
- Constitution
- Current charter
- Instrument of trust

Document Description: ?  
Select document description...  
\* If other, please describe: [text box]

Please select a file to upload:  
[Browse...] Add to upload list

File	Document Description	
email signature.rtf	Bylaws	<b>Remove</b>

Message from webpage

Do you really want to remove this item?

OK Cancel



## V. Step 5: Register

- a. Screen displays all information that has been entered in so far in the **Registration** process.
- b. **Review** each Step, if any Step is incorrect or missing information, **Click** the **Edit** button within that step and correct or enter information.
- c. **Click** the **Submit** button.

Notes:

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Services > Services for charities > Charitable registration > To do list > Registration

PROGRESS 95%

## REGISTER

Organization: [redacted] EIN: 00-1234567  
Please verify the information before submitting

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**Step 1** [EDIT](#)

Organization: [redacted]  
Phone number: (555)123-3245  
Fax number:  
Website:  
Secretary of State Charter Number:  
Employer identification number (EIN): 00-1234567  
Ohio Bingo License number:

**Business location**  
Address line 1: 654 C Me Rd.  
Address line 2:  
City: Fremont  
State: Ohio  
ZIP code: 43470  
County: Sandusky  
Country: United States

**Mailing address**  
Address line 1: 654 C Me Rd.  
Address line 2:  
City: Fremont  
State: Ohio  
ZIP code: 43470  
County: Sandusky  
Country: United States

---

**Step 2** [EDIT](#)

Date of formation, incorporation, agreement or constitution: 09/05/2011  
Internal Revenue Service tax exemption date: 10/02/2011  
Indicate the form of the charitable organization: Association  
Date Trust Funded: 09/04/2011  
Probate No.:  
Date of Probate:  
Estate of:  
Fiscal year end: March

---

**Step 3** [EDIT](#)

Primary IRS purpose code: G32  
Full description of assets: Car Boat House Money  
Current value of assets: 589000.00  
State(s) in which assets are located: Ohio

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.

Chapter name: Chapter One	Address line 1: 5123 Broad Street
EIN: 00-4512364	Address line 2:
City: Columbus	County: Franklin
State: Ohio	ZIP code: 43215
Country: United States	

---

**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.

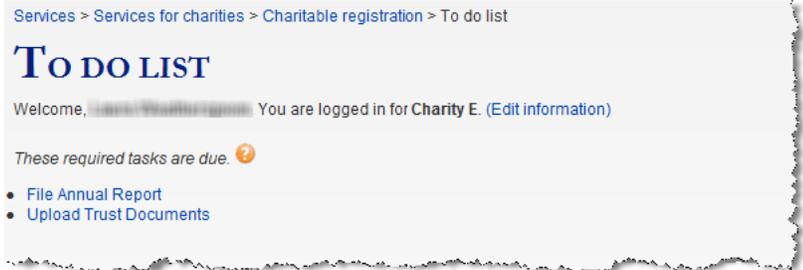
[BACK](#) [SUBMIT](#)



## B. File Annual Report

A file annual report option is displayed when an organization is required to submit financial information for a particular financial period.

- a. **Click File Annual Report** from the **To Do List** section.



## I. Step 1: File Annual Report

- a. **Select the Desired filing year** from drop-down list.
- b. **Select Yes or No** option button to **Did your organization solicit charitable contributions from the general public on its own behalf?**
- c. **Select Yes or No** option button to **Did your organization hire a professional solicitor?**
- d. **Select Yes or No** option button to **Is your organization's gross revenue greater than \$25,000?**
- e. **Click the Next** button.



Notes:

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## II. Step 2: File Annual Report

Some fields are populated from creation of account and the register process; enter information into all necessary fields.

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

Services > Services for charities > Charitable registration > To do list > File annual report

PROGRESS 20%

### FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781

*\* Required*

\* Organization: Charity E  
 Website:   
 Secretary of State Charter Number:

\* Employer identification number (EIN): 68-5264781  
 Ohio bingo license number:

**Business location**

\* Country: United States  
 \* Address line 1: 5323 Rover Lane  
 Address line 2:   
 \* City: Columbus  
 \* State: OH  
 \* County: Delaware  
 \* ZIP code: 45623  
 \* Phone number: (614)609-2385  
 Fax number:

**Mailing address**

Use business location

\* Country: United States  
 \* Address line 1: 5323 Rover Lane  
 Address line 2:   
 \* City: Columbus  
 \* State: OH  
 \* County: Delaware  
 \* ZIP code: 45623

Notes:

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### III. Step 3: File Annual Report

- a. **Revenue** information:
  - i. **Enter** the amount of **Individual contributions, gifts, grants and similar amounts received**.
  - ii. **Enter** the amount for **All other revenue**.
  - iii. Revenue is calculated in **Total Revenue** field (ai. and aii. combined)
- b. **Expenses** information:
  - i. **Enter** the amount of **Program service expenses**.
  - ii. **Enter** the amount for **All other expenses**.
  - iii. Expenses is calculated in the **Total Expenses** field (bi. and bii. combined)
- c. **Assets** information:
  - i. **Enter** the amount for **Total Assets**.
- d. **Liabilities** information:
  - i. **Enter** the amount for **Total Liabilities**.
- e. **Click** the **Next** button.

Services > Services for charities > Charitable registration > To do list > File annual report

PROGRESS 35%

## FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781

*\* Required*

**Revenue**

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

\* All other revenue: \$

\* Total revenue: \$ 0.00

**Expenses**

\* Program service expenses: \$

\* All other expenses: \$

\* Total expenses: \$ 0.00

**Assets**

\* Total assets: \$

**Liabilities**

\* Total liabilities: \$

BACK NEXT

Notes:

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## IV. Step 4: File Annual Report

a. Click the **Add New** button to provide names, addresses, total annual compensation with benefits and average hours per week of all officers, directors, trustees, and executive personnel of the charitable organization.

- i. Enter the first name in the **First Name** field.
- ii. Enter the last name in the **Last Name** field.
- iii. Choose the country from the **Country** drop-down list, if other than United States.
- iv. Enter the address in the **Address Line 1** field, if additional information is needed, use **Address Line 2** field.
- v. Enter the city in the **City** field.
- vi. Choose the state from the **State** drop-down list.
- vii. Choose the county from the **County** drop-down list.
- viii. Enter the zip code in the **Zip Code** field.
- ix. Enter the title/position in the **Title/Position** field.
- x. Enter the annual compensation in the **Annual Compensation** field.
- xi. Enter the average hours in the **Average hours per week** field.
- xii. Click the **OK** button.
- xiii. Return to the file annual report form.
- xiv. To add other individual click **Add New** button and follow part ai – axii.
- xv. To edit personnel information, click on the pencil icon.
- xvi. To delete personnel information, click on the red X icon.

Services > Services for charities > Charitable registration > To do list > File annual report

PROGRESS 50%

### FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781

*\* Required*

*\* 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*

**ADD NEW**

*\* 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

**BACK** **NEXT**

Provide information for each officer, director, trustee and executive personnel of the charitable organization.

*\* First name:*

*\* Last name:*

*\* Country:* United States

*\* Address line 1:*

*Address line 2:*

*\* City:*

*\* State:* Select...

*\* County:* Select a state...

*\* ZIP code:*

*\* Title/Position:*

*\* Annual Compensation:*

*\* Average hours per week:*

**OK** **Cancel**

Organization: Charity E EIN: 68-5264781

*\* Required*

*\* 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*

**ADD NEW**

<b>Name:</b> George Thomas	<b>Compensation:</b> \$112,000.00
<b>Title/Position:</b> Director	<b>Average Hours per Week:</b> 38
<b>Address line 1:</b> 45 E. Long Street	<b>City:</b> Albany
<b>Address line 2:</b>	<b>State:</b> Ohio
<b>County:</b> Pike	<b>Country:</b> United States
<b>ZIP code:</b> 44322	



- b. Enter a number of **How many times the board of directors met in the last fiscal year.**
- c. Select **Yes** or **No** option for **If have a conflict of interest policy.**
- d. Select **Yes** or **No** option for **If your organization had an audit conducted by a certified public accounting firm for the same fiscal year for which you are currently filing.**
- e. Click the **Next** button.

## V. Step 5: File Annual Report

- a. Click the **Add New** button under **Organization aliases** if your organization solicits funds under any name other than name given.
  - i. Enter alias name in the **Name** field.
  - ii. Click the **Add New** button to enter additional name.
  - iii. To **Delete** an alias, **click** on the red **X** icon beside th name.
- b. Click the **Add New** button under **Additional solicitors** if your organization uses fundraising counsel, professional solicitors, or commercial co-ventures.
  - i. Enter the name in the **Name** field.
  - ii. Choose the country from the **Country** drop-down list, if other than United States.
  - iii. Enter the address in the **Address Line 1** field, if additional information is needed, use **Address Line 2** field.
  - iv. Enter the city in the **City** field.
  - v. Choose the state from the **State** drop-down list.
  - vi. Select the county from the **County** drop-down list.
  - vii. Enter the zip code in the **Zip Code** field.
  - viii. Enter the phone number in the **Phone** field.
  - ix. Select the type from the **Type** drop-down list.
  - x. Enter the amount for salary in the **Salary** field.
  - xi. Enter the amount for bonus in the **Bonus** field.
  - xii. Enter the amount for commission in the **Commission** field.
  - xiii. Enter the amount for expense in the **Expense** field.
  - xiv. Enter the amount for remunerations in the **Other Remunerations** field.
  - xv. Click the **OK** button.
  - xvi. Return to the file annual report form.
  - xvii. To **add** other names **click Add New** button and follow part bi – bxy.
  - xviii. To **edit** name information, **click** on the **pencil** icon.
  - xix. To **delete** name information, **click** on the **red X** icon.

Organization aliases  
If your organization solicits funds under any name other than Charity E, please list each additional name.

  
**ADD NEW**

Services > Services for charities > Charitable registration > To do list > File annual report

PROGRESS 65%

### FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781

\* Required

Organization aliases  
If your organization solicits funds under any name other than Charity E, 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**

**BACK** **NEXT**

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

\* Name:

\* Country: United States

\* Address line 1:

Address line 2:

\* City:

\* State: Select...

\* County: Select a state...

\* ZIP code:

\* Phone: ( ) -

\* Type: Select...

\* Salary:

\* Bonus:

\* Commission:

\* Expenses:

\* Other Remunerations:

**OK** **Cancel**



## VI. Step 6: File Annual Report

Based upon your organization’s status and the information you selected thru the File Annual Report process, Step 6 may appear. If not, after Step 5 you will go straight to Step 7.

PROGRESS 80%

### FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781

\* Required

**Section 1**  
Address of primary office, chapter, branch, or affiliate located in Ohio  
Since your primary office is in Ohio, you are not required to complete section 1

**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.

**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:   
Last name:   
Country:   
Address line 1:   
Address line 2:   
City:   
State:   
County:   
ZIP code:   
Phone number:

**Section 4**

\* 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

Belmont

Brown

Butler

Carroll

Champaign

Clark

Clermont

Clinton

Columbiana

Coshocton

Cuyahoga

Darke

DeWitt

Delaware

Franklin

Fulton

Gallia

Geauga

Hamilton

Hancock

Hardin

Harrison

Henry

Highland

Holmes

Huron

Jackson

Jefferson

Johnson

Knox

Licking

Lincoln

Logan

Lorain

Lucas

Madison

Mahoning

Marion

Medina

Mercer

Miami

Monroe

Montgomery

Morgan

Morrow

Muskingum

Noble

Ottawa

Paulding

Perry

Pickaway

Pike

Portage

Putnam

Randolph

Richland

Ross

Rowan

Sandusky

Scioto

Seneca

Shelby

Sherman

Stark

Steuben

Summit

Tipton

Union

Van Wert

Warren

Washington

Wayne

Wood

Woodrow

Wyandot

York

Zane

**ADD NEW**

- a. **Section 1:**
  - i. Fields will only appear if our primary office is not located in Ohio.
- b. **Section 2:**
  - i. **Click the Add New button** 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. Window will close and return back to the **File Annual Report** form.
  - iv. To **add** other offices **click Add New** button.
  - v. To **edit** office information, **click** on the **pencil** icon.
  - vi. To **delete** office information, **click** on the **red X** icon.
- c. **Section 3:**
  - i. **Enter** all information if your organization does not maintain an Ohio office.
- d. **Section 4:**
  - i. **Enter** the information **To describe the schedule of activities carried on by the charitable organization in the performance of its purpose.**
  - ii. **Enter** the information **For how the charitable contributions are used to fulfill the charitable purposes.**
  - iii. **Enter** the information **On when the solicitation will be conducted.**
  - iv. **Select** which **Ohio counties** will the solicitation be conducted.



e. **Section 5:**

- i. **Click the Add New button** to list the people within the charitable organization who will have the final responsibility for the custody of the contributions.
  1. A new window will open. **Enter** details in all fields and **click** the **OK** button.
  2. Window will close and return back to the **File Annual Report** form.
  3. To **add** other custodians **click Add New** button.
  4. To **edit** custodian information, **click** on the **pencil** icon.
  5. To **delete** custodian information, **click** on the **red X** icon.
- ii. **Click Add New button** to list the people within the charitable organization that will have the final responsibility for the distributions of the contributions.
  1. A new window will open. **Enter** details in all fields and **click** the **OK** button.
  2. Window will close and return back to the **File Annual Report** form.
  3. To **add** other distributors **click Add New** button.
  4. To **edit** distributor information, **click** on the **pencil** icon.
  5. To **delete** distributor information, **click** on the **red X** icon.
- iii. **Click Add New button** to list any other governmental authority that has registered or authorized your organization to solicit contributions.
  1. A new window will open. **Enter** details in all fields and **click** the **OK** button.
  2. Window will close and return back to the **File Annual Report** form.
  3. To **add** other agencies **click Add New** button.
  4. To **edit** agency information, **click** on the **pencil** icon.
  5. To **delete** agency information, **click** on the **red X** icon.

### Section 5

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



ADD NEW

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



ADD NEW

List any other governmental authority that has registered or authorized your organization to solicit contributions:



ADD NEW

## Section 6

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:

## Section 7

\* 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?  ?

- f. **Section 6:**
- Select the **Yes** or **No** option for **If your organization has been enjoined or otherwise prohibited by a governmental authority or court from soliciting.**
  - Select **Yes** or **No** option for **If your organization had its registration or authority denied, suspended, revoked or enjoined by any court or other governmental authority.**
  - Select **Yes** or **No** option for **If your organization made a voluntary agreement with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance.**
  - Select **Yes** or **No** option for **If your organization has been issued or received a cease and desist order from a governmental authority.**
  - Enter** an explanation in the **Explanation** field, if answered **Yes** to any questions in section 6.
- g. **Section 7:**
- Enter** the amount of contributions from Ohioans into the **Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds** field.
  - Enter** the distribution amount for **National organizations or organizations located outside of Ohio** field.
  - Enter** the proceeds amount for **Amount of gross bingo proceeds generated in the State of Ohio** field.
  - Enter** all the purposes for which distributions were made into the **What charitable purpose where the last years contributions used** field.
- h. **Click** the **Next** button.



## VII. Step 7: File Annual Report

- Screen displays all information that has been entered in the **File Annual Report** process.
- Review** each step. If any step is incorrect or missing information, **Click** the **Edit** button within that step and correct or enter the information needed and **Click** the **Next** button to continue.
- Click** the **Submit** button.
- If fees are owed the **Submit fees** screen will appear.

Services > Services for charities > Charitable registration > To do list > File annual report

PROGRESS 85%

### FILE ANNUAL REPORT

Organization: Charity E EIN: 68-5264781  
Please verify the information you have submitted

---

**Step 1** Edit

Desired filing year: 2011

Did you hire a professional solicitor? No

Is the gross revenue, excluding government grants and funding from other 501(c)(3) organizations, greater than \$25,000? Yes

Did your organization solicit charitable contributions from the general public on its own behalf? Yes

---

**Step 2** Edit

Organization: Charity E

Phone number: (614)609-2385  
Fax number:  
Website:  
SOS Charter number:  
Employer identification number (EIN): 68-5264781  
Ohio Bingo License number:

**Business location**  
Address line 1: 5323 Rover Lane  
Address line 2:  
City: Columbus  
State: Ohio  
ZIP code: 45623  
Country: Delaware  
Country: United States

**Mailing address**  
Address line 1: 5323 Rover Lane  
Address line 2:  
City: Columbus  
State: Ohio  
ZIP code: 45623  
Country: Delaware  
Country: United States

---

**When will the solicitation be conducted?**  
When I have time.

**In which Ohio counties will the solicitation be conducted?**  
Ashland, Auglaize, Belmont

**Section 5**  
List the people within the charitable organization who will have final responsibility for the custody of the contributions

Name: John Gmen	Address line 1: 124 Use St
Phone: (419)652-3645	Address line 2:
City: Fremont	County: Jackson
State: Ohio	ZIP code: 65895
Country: United States	

---

List the people within the organization that will have final responsibility for the distributions of the contributions

Name: Laura Weatherspoon	Address line 1: 5454 Millionaire Rd.
Phone: (654)269-7456	Address line 2:
City: Rich	County: Kent
State: Delaware	ZIP code: 65423
Country: United States	

---

If your organization is registered with or otherwise authorized by any other governmental authority in this state or another state to solicit contributions? please list the names and addresses of all such agencies:  
No agencies were entered.

**Section 6**  
Has your organization...  
Been enjoined or otherwise prohibited by a governmental authority/court from soliciting? Yes  
Had its registration or authority denied, suspended, revoked or enjoined by any court or other governmental authority? Yes  
Made a voluntary agreement of compliance with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance? No  
Been issued or received a cease and desist order from a governmental authority? No  
If "yes" to any of the above, explain  
later

**Section 7**  
Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds \$451,512.22  
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 Ohio \$48,756,458.11  
For what charitable purpose were the last years contributions used?  
IDK

---

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

Notes:

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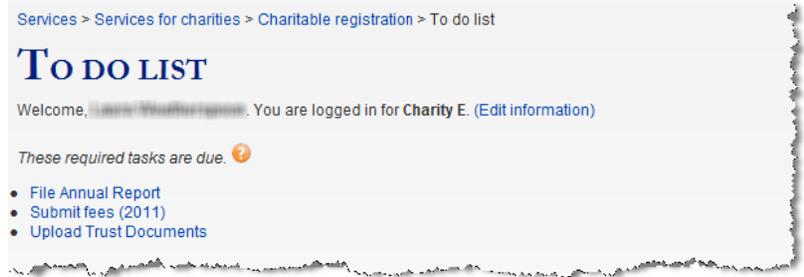


---



## C. Submit Fees

- a. Click **Submit fees (YYYY)** link from **To Do list** section.
- b. Screen displays **Fees Due Amount** for that year.
- c. **Choose** one of the following payment methods to submit payment:
  - i. **Click Pay by e-check:**
    1. **Proceed** to Online Payment Process.
    2. **Enter** required fields, confirm information and print receipt.
    3. Screen displays message that late fee has been submitted.
    4. **Click** the **OK** button.
    5. Returned to the To Do List section.
  - ii. **Click Pay by Credit Card:**
    1. **Proceed** to Online Payment Process.
    2. **Enter** required fields, confirm information and print receipt.
    3. Screen displays message that late fee has been submitted.
    4. **Click** the **OK** button.
    5. Returned to the To Do List section.
  - iii. **Click Mail a Check button.**
    1. Screen displays a message to check your e-mail...all information on sending your payment via mail will be in the e-mail.
    2. **Click** the **OK** button.
    3. Returned to the To Do List section.



## SUBMIT FEES

Organization: Charity E EIN: 68-5264781

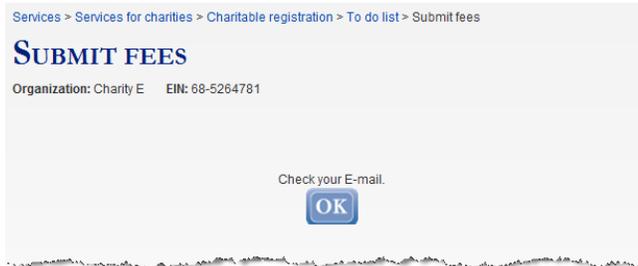
The amount of the solicitation registration fee is based on the amount of contributions received by the charitable organization from persons in this state. If, for any reporting year, the charitable organization cannot determine from its records the exact amount of contributions it received from persons 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: \$ 451512.22

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

Solicitation Fee: \$ 200.00

- Pay by e-check
- Pay by credit card
- Mail a check



**MIKE DEWINE**  
OHIO ATTORNEY GENERAL

Charitable Organization Information Network (COIN)

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 checks either before or after the checking account number.

**Check Number** 0123

John Doe  
1234 Main Street  
Anytown, OH 12345 4321

Date: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

For: \_\_\_\_\_ Dollars

Routing Number: \*1234567890 Account Number: \*123456789010\* Check Number: 0123

**Payment Information**

Bank Routing Number: \_\_\_\_\_ Confirm Routing Number: \_\_\_\_\_  
 Bank Account Number: \_\_\_\_\_ Confirm Account Number: \_\_\_\_\_

**Billing Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email Receipt:

**Continue** **Cancel**

Technical Support: If you need technical support for this online payment processing application, please send an email to [opsupport@cooin.com](mailto:opsupport@cooin.com).



## D. Submit Late Fees

- Click **Submit late fees (YYYY)** link from **To Do list** section.
- Screen displays **Late Fees Due Amount** for that year.
- Choose** one of the following payment methods to submit payment:

### i. Click **Pay by e-check:**

- Proceed** to Online Payment Process.
- Enter** required fields, confirm information and print receipt.
- Screen displays message that late fee has been submitted.
- Click** the **OK** button.
- Returned to the **To Do List** section.

### ii. Click **Pay by Credit Card:**

- Screen displays option to pay either the **Trust** or **Solicitation** fee.
- Select** either the **Trust** or **Solicitation** fee.
- Proceed** to Online Payment Process.
- Enter** required fields, confirm information and print receipt.
- Screen displays current fee still owed along with message of fee submitted.
- Select** a payment method to complete fee submission. Once fee submission is complete screen will display a message that fee has been submitted.
- Click** the **OK** button.
- Returned to the **To Do List** section.

### iii. Click **Mail a Check** button.

- Screen displays a message to check your e-mail...all information on sending your payment via mail will be in the e-mail.
- Click** the **OK** button.
- Returned to the **To Do List** section

### SUBMIT FEES

Organization: Charity E EIN: 68-5264781

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: \$ 451512.22

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

Solicitation Fee: \$ 200.00

## E. Upload Trust Documents

Refer to Chapter 2, section F, Step 2 aii. to upload documents.

