



Please note: This document is to aid with preparation for filing information online and should be used for that purpose only. ***It may not be used as a substitute for filing an Annual Report online.***

Organizations with less than \$25,000 in both revenue and assets in a given fiscal year are only required to complete Step 1 below.

Questions marked with a red asterisk (*) are required.

Step 1. Initial Questions to Determine Filing Requirements

Organization's Presence in Ohio

- | | |
|---|--|
| 1 | *Is the organization located, organized, or incorporated in the State of Ohio? (Y/N) |
| 2 | *Does the organization have assets in Ohio? (Y/N) |
| 3 | *Enter the Amount of Total Assets: |
| 4 | *Does the organization conduct program services in Ohio? (Y/N) |

Bingo

- | | |
|---|---|
| 1 | *Did your organization play bingo during this reporting period? (Y/N) |
| 2 | *Please verify or enter your bingo license number. |

Solicitation in Ohio

- | | |
|---|--|
| 1 | *Did your organization, on its own behalf, solicit in Ohio (solicitation also includes instant pull tabs and traditional bingo games)? (Y/N) |
| 2 | *Did you hire a professional solicitor, fund-raising counsel, and/or commercial co-venturer to solicit in Ohio? (Y/N) |

Revenue

- | | |
|---|---|
| 1 | *Enter Amount of Gross Revenue: |
| 2 | *Did your organization receive grants or awards from the government or 501(c)(3) organizations? (Y/N) |
| 3 | *How much of your Gross Revenue was made up of grants or awards from the government or 501(C)(3) organizations? |

Filing Status

Please click "Determine Filing Status." The system determines if the organization needs to file an Annual Report for the reporting year. And if so, what form: Trust (109) and/or Solicitation (1716). "Determine Filing Status" must be selected after any changes are made to the information in Step 1. If the organization is not required to submit any additional information, click "Submit Annual Report." If the organization is determined as required to file as a charitable trust, please click "Next" to continue filing the report.

Step 2. Organization Profile/Chapters

Organization Details (Fields are populated with current organization information.

This section asks you to reaffirm the organization's profile information. This information can be edited if needed.)

- | | |
|---|--|
| 1 | EIN (read only) |
| 2 | *Name: |
| 3 | DBA Name(s) – if your organization solicits funds under any name other than its official name, please list each additional name. |

	<p>To remove a DBA Name, click on the "Delete" link (in the Action column for the DBA name).</p> <p>To add a DBA Name, enter the name and click the "<i>Add DBA</i>" button.</p>
4	Tax Exempt Type (read only):
5	Formation Date (read only):
6	Ohio Secretary of State Entity Number:
7	Bingo License Number (read only):
8	Website:
9	Organization Email Address:
Addresses	
Primary Business Address	
1	*Country:
2	*Address1:
3	Address2:
4	Address3:
5	Address4:
6	*City (required for US address):
7	*State (required for US address):
8	*Zip (required for US address):
9	*County (required for US address):
10	*Primary Phone Number:
11	Fax Number:
Mailing Address (US and International addresses; fields are displayed based on the country selected) Same as primary business address? (<i>checkbox</i>) If this option is 'checked', the mailing address fields are populated with primary business address information.	
1	*Country:
2	*Address1:
3	Address2:
4	Address3:
5	Address4:
6	*City (required for US address):
7	*State (required for US address):
8	*Zip (required for US address):
9	*County (required for US address):
10	*Primary Phone Number:
Primary Purpose	
1	*What is the primary purpose of the organization?
Chapters	
1	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.
2	To remove a Chapter, click on the "Remove" link (in the Action column for the chapter)
3	To add a Chapter, click on the "Add Chapter/Branch/Affiliate" button.
	To add a Chapter, click on the "Add Chapter/Branch/Affiliate" button.
	Enter the chapter's EIN; click the "Search" button.
	If EIN is found, system displays the chapter's EIN, Name, City, and State. Click "Select" if this is the correct chapter organization. Organization is selected. Click the "Submit" button. Chapter appears in the list of chapters.
	If the chapter's EIN is not found, enter the following information:
	* Chapter Name
	* Tax Exempt Type
	* Primary Business Address *Country, *Address1, Address2 *City, *State, *Zip, *County (if US) {or Address3 and Address4 if outside the US}
	* Mailing Address Option to indicate that Mailing address is "Same as primary business address". If this option is 'checked', the mailing address fields are populated with the primary business address data. If this option is not 'checked', enter the mailing address. *Country, *Address1, Address2 *City, *State, *Zip, *County (if US) {or Address3 and Address4 if outside the US}
	Click the "Submit" button. Chapter appears in the list of chapters.

Step 3. Financials	
Expenses	
1	*Total Expenses:
2	*How much of Total Expenses were for programming?
	The following questions are displayed if revenue without grants is over \$25,000 or if organization hired a professional solicitor, fundraising counsel, and/or commercial co-venturer to solicit in Ohio.
3	*How much of Total Expenses were for fundraising expenses?
4	*How much of Total Expenses were for management and general expenses?
Assets Disposed/Diverted	
1	*Total Assets: (Automatically calculated based on amount of total assets entered in Step 1)
2	*In the past year, have you leased, sold, exchanged, transferred, or otherwise similarly disposed of 50% or more of your total assets? (Y/N)
3	*Did the organization have a significant diversion of Assets due to theft, fraud, or any other similar event? (Y/N)
Liabilities	
1	*Total liabilities:
Non-cash Contributions:	
1	*Did your organization receive non-cash contributions in excess of \$100,000 during this reporting period? (Y/N)

Step 4. Governmental Authority Actions	
1	*Has your organization been enjoined or otherwise prohibited by a governmental authority or court from soliciting? (Y/N)
2	*Has your organization had its registration or authority denied, suspended, revoked, or enjoined by any court or other governmental authority? (Y/N)
3	*Has your organization made a voluntary agreement with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance? (Y/N)
4	*Has your organization been issued or received a cease and desist order from a governmental authority? (Y/N)

Step 5. Solicitation Info	
Sections 1, 2, 3, and 4 are only displayed when organization is filing as Solicitation (1716) or Trust (109) & Solicitation (1716).	
Solicitation Conducted	
1	*Will solicitation be conducted year-round? If No, please provide the from and to dates when solicitation will be conducted. (Y/N)
2	*Will solicitation be conducted in all counties in Ohio? If No, select the Ohio counties in which the solicitation will be conducted. (Y/N)
3	*Is your organization registered or otherwise authorized to solicit by any governmental authority within Ohio, other than the attorney general's office? If Yes, please explain. (Y/N)
4	*Is your organization registered with or otherwise authorized by any governmental authority outside of Ohio to solicit contributions? If Yes, please select all states that apply. (Y/N)
Contributions and Activities	
1	*Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds.
2	*How will charitable contributions be used to fulfill the charitable purpose?
3	*Please describe the schedule of activities carried out by the organization.
Ohio Location	
1	*Does the organization maintain an office, chapter, branch, or affiliate located in Ohio? (Y/N)
2	*If your organization does not maintain an Ohio office, please list contact information for the person who has custody of the financial records.
3	*First Name
4	*Last Name
5	*Country
6	*Address1
7	Address2
8	*City
9	*State
10	*Zip
11	*County
12	*Primary Phone Number
Distributions to Ohio Recipients	
1	For national organizations or organizations located outside of Ohio, please indicate the amount of distributions to Ohio recipients.
Professional Fundraising	
The Professional Fundraising section is only displayed if the organization answered "Yes" to the "Did you hire a professional solicitor, fundraising counsel, and/or commercial co-venturer to solicit in Ohio?" question in Step 1 / Section 1.	

1	If your organization used a professional solicitor during this reporting period, did you receive the amount guaranteed from the solicitation contract? (Y/N)
2	List all Professional Solicitor, Fund-raising Counsel, and/or Commercial Co-Venturer that solicit Ohioans on your behalf.
	If organization listed professional solicitors, fund-raising counsel and/or commercial co-venturer in the <u>previous</u> fiscal year, all of those professionals appear in the list of Professional Fundraisers. The following is displayed for each fundraising professional: Name, Type, Address, Phone, Email, and Total Compensation
	Organization can remove professionals from the list and/or add professionals to the list.
	To remove a professional, click on the " Delete " link (in the Action column for the professional).
	To add a professional, click on the " Add New Professional Fundraiser " button. Enter the following:
	* Organization Type
	* Name of Company
	* Total Compensation
	* Email
	* Mailing Address *Country, *Address1, Address2 *City, *State, *Zip, *County (if US) {or Address3 and Address4 if outside the US}
	* Primary Phone Number
	Click the "Submit" button. The Professional fundraiser appears on the list.
Independent Contractors	
1	*List any Independent Contractors to which you paid over \$100,000.

Step 6. Board Members/Custodians	
Board Members	
1	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.
Contribution/Distribution Custodians	
1	Listed below are the people within the charitable organization who will have the final responsibility for the custody of the contributions. Please add any custodian(s) who are not listed on the Board Members section above.
2	Listed below are the people within the charitable organization who will have the final responsibility for the distribution of the contributions. Please add any custodian(s) who are not listed on the Board Members section above.
General Board of Directors Information	
1	*How many times did the board of directors meet in the last fiscal year?
2	*Were there secured or unsecured loans to or from board members or staff during the preceding fiscal year?
3	*Did you have any transactions over \$5,000 with related parties (excluding salaries/paid staff)?
4	*Do you have a conflict of interest policy?
5	*Did your organization have an independent audit for the fiscal year for which you are currently filing?
Updated Bylaws	
1	*Did your organization update their bylaws in the past year? If your organization has updated their bylaws within the past year, please upload a copy of the current bylaws below. If you do not currently have a copy of the updated bylaws, you may continue to the next screen and upload the document at a later time.

Step 7. Review

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Please verify the information that was entered. If corrections need to be made, please do so by selecting the “Edit” button. If the information is accurate, please click “Submit Annual Report.”

Ohio Attorney General, Charitable Law Section

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