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CHARITABLE TRUST REGISTRATION FORM (CFR-1) PURSUANT TO SECTION 109.26 OHIO REVISED CODE

1. Name of organization, trust, foundation, or corporation: _____
2. Address and telephone number of the principle place of business: _____

3. E-mail address _____ Web address: _____
4. a. Date of formation, incorporation, agreement or constitution: _____ Date Trust Funded: _____
b. Probate No. _____ Date of Probate: _____ Estate of: _____
5. a. Internal Revenue Service Federal Identification No. (EIN): _____
b. Date of Internal Revenue Service Exemption _____ c. Month and day of fiscal year end _____
d. Type of organization (check one):

<input type="checkbox"/> Public Charity Section 501(c)(3) [Section 509(a)(1)-(4)]	<input type="checkbox"/> Private Foundation Section 501(c)(3)
<input type="checkbox"/> Charitable Healthcare Organization Section 501(c)(4)	<input type="checkbox"/> Non-Exempt Trust Section 4947(a)(1)
<input type="checkbox"/> Split Interest Trust Section 4947(a)(2)	<input type="checkbox"/> Charitable Remainder Trust Section 664
<input type="checkbox"/> Other (specify Internal Revenue Code section)	
6. a. Full description and most recent current value of assets (attach additional sheets if necessary): _____
b. State(s) in which assets are located: _____
c. Are your gross receipts normally less than \$5,000 per year? Yes No Less than \$25,000? Yes No
7. Describe your charitable or exempt purposes. If your creating document specifies recipients, list names and addresses (attach additional sheets if necessary): _____

8. Names and addresses of all present trustees, officers, and directors (attach additional sheets if necessary): _____

9. a. Does this organization file a group IRS tax return on behalf of its chapters? Yes No
b. If yes to 9a, you must include a list of all chapters included in the group exemption letter that have assets or a majority of the governing body located within the State of Ohio, together with the employer identification number of each individual chapter (attach additional sheets if necessary): _____
10. a. Do you intend to anything of value from the public or conduct fund-raising events (membership drives, sale of merchandise, volunteer recruitment, bingo, collect donated goods, shows, dinners, etc.)? Yes No
b. Do you intend to hire a Professional Solicitor to solicit funds on your behalf? Yes No
c. If yes to either 10a or 10b, you may also be subject to the provisions of Chapter 1716, Ohio Revised Code.
11. Attach a copy of your creating document and all subsequent amendments (Articles of Incorporation, will, trust agreement, etc.), a copy of the Internal Revenue Service determination letter of exempt status, an annual report for each of the three most recent years, and any other necessary documents and return to the address listed above.

Signature and Printed name of trustee or officer, address and telephone number:

