PAYMASTER GUIDEBOOK

October 2022

i. ALL MCL PAYMASTER FORMS ARE ON THE MCL NATIONAL WEBSITE IN THE LIBRARY

ii. ALL FORMS ARE IN .PDF FORMAT & SHOULD BE FILLED OUT ON A COMPUTER

iii. THEY SHOULD BE DOWNLOADED EACH TIME ONE IS NEEDED TO ENSURE YOU ARE USING THE MOST CURRENT

iv. PAYMASTERS WILL NEED A COMPUTER & INTERNET ACCESS MOVING FORWARD

v. MEMBERSHIP YEARLY DUES ARE TO BE PAID BY SEPTEMBER 1

vi. MEMBERS ARE VETTED UPON RECEIPT OF APPLICATION BY DETACHMENT

vii. MEMBERS ARE CONSIDERED IN GOOD STANDING AS OF DATE DUES AND TRANSMITTAL ARE RECEIVED BY DEPARTMENT PAYMASTER.
KEY EVENTS / FILINGS

ONE TIME

1. **EIN** from IRS
2. **Ohio Secretary of State**
   a. Register as a Non-profit Corporation
   b. 501(c)(4)
   c. Fiscal year-end date = June 30
3. Ohio Attorney General's Office, if Detachment collects or solicits any funds besides member dues payments.
4. Banking information (Bank name, ABA routing number, account number).

ANNUALLY

1. **Report of Officer Installation (ROI)**
2. **990-N** with fiscal yearend date of June 30
4. Paid Life Member Audit (PLM) IRS (if Detachment income less than $50K)

EVERY FIVE YEARS

1. File "Ohio Sec'y of State - **Certification of Continued Operation**" with Ohio Attorney General's Office

EVENT DRIVEN

1. Report of Officer Installation (ROI) (Whenever there is a change in an officer position, you only need to submit the *new* information).
2. Transmittal Form for Dues Payments, Transfers, Notice of Death, Life Member Application, New Member applications.
3. Notice of Death Form (to Dept Chaplain *and* Dept Paymaster (along with a Transmittal Form with the NOD code)
PAYMASTER GUIDEBOOK

Key Events / Filings Frequency ___________________________________________________________ 2

Section 1 – Purpose of Guidebook ______________________________________________________ 4

Section 2 – Duties of the Paymaster ____________________________________________________ 5

Section 3 – Completing the Transmittal ________________________________________________ 8

Section 4 – Request for Transfer Form ___________________________________________________ 13

Section 5 – Report of Officer Installation Form ___________________________________________ 16

Section 6 – Member Portal ______________________________________________________________ 18

Section 7 – PLM Audit _________________________________________________________________ 34

Section 8 – IRS Form 990-N ___________________________________________________________ 36

Section 9 – Ohio Secretary of State Registration __________________________________________ 40

Section 10 – Ohio Attorney General Registration __________________________________________ 46

Section 11 -- Recommendations ______________________________________________________ 52

Quick Reference for checking Filing Status _______________________________________________ 54
Section 1 – Purpose of the Guide

The purpose of this guide is:

To have all Paymasters understand their duties to the Detachment and the Department.
To have all Paymasters reporting the Transmittals in the same manner.
To be a reminder on the proper way of filling out Transmittals for all Paymasters.
To organize the submitting of Transmittals to make it easier on both the Department Paymaster and National Headquarters.
To clearly identify the requirement to submit an annual IRS Form 990.
To clearly identify the requirement to keep your State Incorporation current by Ohio Secretary of State
To clearly identify the requirement to submit an annual Paid Life Member (PLM) Audit.

To be a guide for all Paymasters presently and in the future. Your input, positive and negative, is desired. If this guide can be improved upon in any way, shape or form, it would be greatly appreciated. Contact let your Dept Paymaster know.

Thanks go out to the Departments of Kansas, Nebraska, Illinois West Virginia who have similar guides or training packets Those documents provided the inspiration and a way forward in creating this Guidebook. Special thank you to Harvey Harris, Department of Kansas Adj/Paymaster for his contributions and document review.
Section 2 – Duties of the Paymaster

1. Maintains Detachment Financial Records: The Paymaster is responsible for maintaining and providing for review upon request from the Detachment Board of Trustees, Audit Committee, and/or Department/National offices, all financial records and reports for the Detachment. Such records normally include records of revenue receipts, expenditure records, checking and financial account statements and summary reports of financial condition (balance sheet, profit and loss, cash flow, etc.). As a matter of practice, reports of financial condition should be made and reviewed by Detachment officers and/or membership on a scheduled periodic basis.

2. Acts As Controller Of Detachment Funds: Shall keep a true record of all monies received and expended by the Detachment and, in close operation with the Adjutant, prepares up-to-date record of dues paid by the membership and forwards notices to members of their dues who have lapsed and also such other duties as may be assigned to him or her by the Detachment Commandant. On the Detachment banking accounts, the Paymaster should always be the primary signer. The Paymaster is responsible for paying authorized bills, assures the legitimacy of payment requests, budget and/or board of trustee’s approvals, prior to releasing funds for disbursement. He/she is also responsible for assuring that proper documentation accompanies requests for payments in the form of invoicing/billing, receipts and approval. This office acts as the policeman for outflows and expenditures on behalf of the Detachment's membership. He/she, therefore, has the right to question expenditures, if necessary, not clearly understood by budget or board of trustees. The Paymaster should always present a question to the Board of Trustees if there is any doubt about disbursement.

3. Makes Fiscal and Financial Reports at Meetings: Keeping officers and members informed as to financial status is important to establishing and maintaining credibility within the organization. The presiding officer should call on the Paymaster for a report at each business meeting. This report should summarize financial transactions since the last meeting and provide a balance of accounts. It is suggested that at least
quarterly the Paymaster report to the Board of Trustees in more detail on account status, and provide balance sheet, profit and loss and cash flow data in writing. By doing so, the officers are aware of status and trends in determining requirements for revenue and/or changes in expenditures. Financial reports by the Paymaster should be written. **Financial reports are not approved at Officer or Membership meetings, they are filed.** The final year end audit validates all financial reporting and records are in sync.

4. **Receives Dues and Forwards Transmittals:** This job can be shared by the Adjutant, or handled by the Paymaster in its entirety, based on practicality and Detachment practices and procedures. It is extremely important to handle dues and membership transmittals in an expeditious manner. This will be the first impression a new member has of the Marine Corps League to assure timely receipt of the member’s card and lapel pin. Dues should be transmitted upon receipt during the month and immediately after a meeting where a new member join. It is acceptable to have only one name on a Transmittal Form. It is equally important that the transmittal forms are done accurately, and the money is forwarded in compliance with Department and National procedures. It is important to review the transmittal instructions, as well as any procedures and policies, distributed by Department and National. This will help assure the goal of timely response for membership cards and pins.

5. **Handles Tax and Licensing Functions:** Because each Detachment should be incorporated within the state, there will normally be annual forms to be completed from State and/or Federal tax agencies. These forms will request financial data regarding revenues and disbursements and their primary purpose is to assure that the organization is conforming to the articles of incorporation for a Veterans non-profit organization. The Paymaster is responsible for completing and filing the required information accurately and timely. The Internal Revenue Service (IRS) requires all Marine Corps League Detachments to file an IRS Form 990 or Form 990-N e-Postcard.
6. **The Paymaster collates / packages financial documents of Detachment for the Detachment year-end Detachment Audit.** Package to be turned over to Audit committee; Detachment Expense Receipts, Check book, Bank account register for year, Detachment Monthly Budget / Income / Expense tracker.

   All checks written must have a receipt before payment.

   **IMPORTANT:** Each Receipt received for payment should contain; Purchasers name, Date of purchase, Purpose of purchase, and Detachment Check number.

   
   [https://www.mcleaguelibrary.org/](https://www.mcleaguelibrary.org/)
Section 3 – Completing the Transmittal

Each section of the Transmittal will be shown to you as it is discussed. Numbers will be on the section of the Transmittal to correspond with the number explaining what to do and how to do it. An electronic copy of the Transmittal Form which you can type into is located on the National Website. **Download to your personal computer for your use each time you need a transmittal form to ensure you are using the most current form. When complete save to your computer.**

www.mclnational.com or www.mcleaguelibrary.org

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**MARINE CORPS LEAGUE**

**MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM**

FROM: DETACHMENT: ____________________________

TO: National Adjutant/ Paymaster, P.O. Box 1990, Stafford VA 22555-1990

VIA: Department Paymaster  PLEASE READ CAREFULLY

1. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
2. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department
3. Include Date of Birth for all NEW applicants (mandatory for PLMs).
4. STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY (applications cannot be accepted without attached application forms).
5. You may use a supplemental spreadsheet if you have more than six members renewing at one time. Please include all information needed from this form.

(Start new sequence on July 1 each fiscal year)

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1. On the line after where it states “FROM: Adjutant/Paymaster of ________________”

Place the name of the Detachment.

2. On the line after where it states “Detachment #__________________________”

Place the number of your Detachment.

3. On the line after where it states “Date ________________”

Place the date which you have completed the transmittal. The date whatever date you are doing the transmittal. NOTE: It is best to match the Date on the Transmittal with the Date on the Checks you write. And date you mail it to your Department.

4. On the line after where it states “Transmittal # example 1025-19-001-002 ”

**Detachment # (4 digits) - Fiscal Year (2 digits) – Transmittal # (3 digits) – Pages in Transmittal Batch (3 digits)**

Each transmittal should have its own separate set of checks (i.e. 1 each for National HQ’s and the Dept of Ohio). This may seem cumbersome, but if a Transmittal is lost and the check was cashed, it can assist the Department and National HQ’s to see where the breakdown occurred. **Note last page of Transmittal batch contains the financial dues data.**
5. It is always necessary to place MEMBER #, in this box unless it is a new applicant. current membership number of the member. All Associate Members begin with the letter "X" (i.e. X123456)

6. Use the appropriate code from below. **Note:** Change of Address should be entered in the Member Portal instead of submitting a Transmittal

7. HQ USE ONLY Do not write in this box, it is reserved for National HQ use only. **NOTE:** When you receive your copy back from National HQ after it has been inputted into their computer, it will have the expiration date of the member in this location.

8. In the box that is titled "LAST NAME (JR, etc.) FIRST MI" place the members Last Name under the "LAST NAME (JR, etc.)" section, the members First Name under the word "FIRST" and the members Middle Initial under the "MI" section. Name should match membership name, no alias or nicknames.

9. If member is paying for more than one year, enter # of years here.

10. In the shaded box that is titled “PLM #” is reserved for National HQ use only. Do not put anything in this box. If a person becomes a Paid Life Member (PLM), this is where National HQ will place his/her life membership number.

11. If the address and contact information on the current roster is correct, check here and you don’t need to enter the detailed data.

12. thru 16. Self explanatory
MEMBERSHIP DUES TRANSMITTAL CODES

N(NEW): New Member Paying Full Dues Between the July 1st and the last day of February
NAM (NEW ASSOCIATE): New Associate Member Paying Full Dues Between the July 1st and the last day of February
R(RENEWAL): Renewal of a Regular member RAM (RENEWAL ASSOCIATE): Renewal of an Associate Member
RDM (RENEWAL DUAL MEMBER): Renewal of a Dual Member
NDM (NEW DUAL MEMBER): New Dual Member Paying Full Dues Between the July 1st and the last day of February
N*(NEW MARCH 1ST-JUNE 30TH): New Member Paying Reduced Dues Between the March 1st and the June 30th.
NAM*(NEW MARCH 1ST-JUNE 30TH): New Associate Member Paying Reduced Dues Between the March 1st and June 30th.
NDM*(NEW MARCH 1ST-JUNE 30TH): New Dual Member Paying Reduced Dues Between the March 1st and June 30th.
L: Life Member
T: Transfer proper form filled out and signed must accompany the transmittal.
COAN: Change of address fill in new address. Note: Use Member Portal instead of Transmittal.
COAO: Change of address fill in address before change.
R/I: Reinstatement of a member. Must have been expired by at least one year.
DEL: Delete This can only be done with members who are passed the two years drop point or with accompanying letter stating to terminate membership signed by the member.
NOD: Notice of Death entered on a transmittal / complete all boxes including Date of Death. A copy of the Notice of Death form must be attached. Note, IF using NOD code fill in DATE BIRTH / DEATH actual date of death. This does not change the process the Chaplains presently use. It is meant to supplement.
CON: Change of name. CARDG: Replacement of a Gold Life Member Card. $20.00 per
CARDP: Replacement of the Plastic Membership Card. $10.00 per
PROFILE ID = Unique number / identifier assigned to a specific MCL Member in the membership database Can be found on you Detachment copy of roster sent to you by the Department Paymaster.

IMPORTANT DOUBLE CHECK MEMBER # & PLM # ARE CORRECT
17. In the section titled “Check #”, place the number of the check that you wrote to National HQ. Send only ONE (1) check to National per Transmittal payable to “National HQ, MCL, Inc”.

18. In the sections next to each “Code” there is a line. Place the number of members, one for each completed line on the transmittal. (i.e. EXAMPLE 2, 1 Renewal, 2 New members, 1 Life 51 to 64).

19. In the sections under the $ column, enter the dollar amount by multiplying the number of members for each letter by the amount after the explanation of the letter. (i.e EXAMPLE 2, 2 New Members (N) x 25.00 = 50.00, 1 Renewal (R) x 20.00, 1 Life 51 to 64 = $300.00) NOTE: If you are using the Official Transmittal located in the National Website’s Library the PDF Form automatically do the math for you, just type in how many of each.

20. In the section titled “National Dues” place the totals from section 19. This is Total National Dues that should be submitted on your check to National (line 17). NOTE: If you are using the Official Transmittal located in the National Website’s Library it will automatically do the math for you.
In the section titled Department Dues “Check #” place the number of the check that was written to the Department of Ohio. Payable to: Department of Ohio – MCL In the section titled Department Dues “Total $______”, place the amount of the check written to the Department of Ohio. Department Dues are $5.00 per new or renewing member NOTE: Life Members do not pay the $5.00 to the Department, nor any additional Detachment dues.

The Department Paymaster will place the date he/she receives and processes the Transmittal.

National HQ will place a date here when they receive and process the Transmittal.

In the last section titled “SIGNED DETACHMENT ADJUTANT/PAYMASTER” place the signature of the Paymaster or the Adjutant / Paymaster.

In the section titled “PRINTED NAME” print clearly the name of the Paymaster or Adjutant / Paymaster = to current person on ROI.

In the section titled “ADDRESS” place the street address or PO Box # of the Paymaster or Adjutant / Paymaster = to current person on ROI.

In the section titled “CITY ST ZIP + 4” place the city or town, State and Zip+4 of the Paymaster or Adjutant / Paymaster = to current person on ROI.

In the Section titled “Department Paymaster Name” please enter Department Paymaster’s Name, eMail and Phone Number. It will fit inside the little provided box digitally when creating the transmittal then the paymaster trying to hand write it.

ALL BOXES MUST BE FILLED IN

ALL Transmittals & Checks sent to the Department Paymaster.
Section 4 – Completing the Request for Transfer Form

1. The Request for Transfer Form has TWO purposes.

2. To Transfer a member from one Detachment to another Detachment. He/she is no longer a member of the old Detachment.

To Transfer voting rights at the Department and National level. This is when a Member joins more than one Detachment. A Dual Member normally holds voting rights at whichever Detachment he/she joined first. A member MUST execute a Request for Transfer, Section 4 to update their voting rights to a new Detachment.

3. NOTE: An electronic copy of the Request for Transfer Form which you can type into is in the National Website’s Library. It can be downloaded to your personal computer for your use.

Filling out the Request for Transfer Form

Part 1 – This section is TO BE COMPLETED BY THE MEMBER. The member must sign and date Part 1 and then provide the signed document to the Losing Detachment Commandant.

Part 2 – This section is TO BE COMPLETED BY THE LOSING DETACHEMENT. The Losing Detachment Commandant must verify that the member is in good standing and not indebted to the Detachment. Please circle either “is” or “is not” in the (is/is not) section. The Commandant must also provide the membership expiration date or note Paid Life Member (PLM) status in place of the expiration date. The Losing Commandant should sign and date the document. The Losing Detachment Commandant can either provide the Request for Transfer back to the member to hand carry to the new Detachment OR mail it to the Gaining Detachment’s Official Mailing Address or Gaining Detachment Commandant’s home address.

Part 3 – This section is TO BE COMPLETED BY THE GAINING DETACHMENT. The Gaining Detachment Commandant must approve or disapprove the Transfer. It is recommended that the new Detachment vote on ALL transfer members. Transfers shall not be automatic until they are reviewed by the membership, DD-214/Discharge verified and voted on. Once the Transfer Member is approved by the Gaining Detachment, the Commandant should sign and date the Request for Transfer Form. The Commandant should then provide the Request for Transfer Form to the Gaining Detachment Paymaster so he can include it with his/her next Transmittal submission.
Part 4 – This section is **FOR DUAL MEMBERS ONLY** and should only be completed if the member intends to move his/her voting rights at Department and National Conventions to a new Detachment. The member should also fill out most of Part 1 (Name, Member #, PLM # [if applicable], Address, Phone, D.O.B).

*Request for Transfer EXAMPLE on the following page.*

The Original Request Form Transfer Form MUST accompany a Transmittal
**MARINE CORPS LEAGUE REQUEST FOR TRANSFER**

**I. Printed Name**: Lewis Burwell Puller

**Member #**: 000001

**PLM #**: 000001

**Street**: 75 Kemper Drive

**City**: Hampton

**State**: VA

**Zip +4**: 66345

**SSN**: 454-34-2098

**Date of Birth**: 06/26/1898

**Date of Enlistment/Commissioning**: 06/01/1918

**Date of Discharge/Separation/Retirement**: 06/01/1955

**I hereby request that my membership as a [ ] Regular Member [ ] M-A-L [ ] Dual Member [ ] Associate Member, in the [ ] Dan Daly [ ] Detachment # 1,114 be transferred to the [ ] General Larry Oppenheimer Detachment # 1,025 Department of [ ] Kansas as a [ ] Regular Member [ ] Dual [ ] Associate Member or to [ ] M-A-L status.**

**Signature**

**Sign & Date**

**2. TO BE COMPLETED BY THE LOSING DETACHMENT (Det. No. [ ] 1,114)**

The above member is in good standing [ ] delinquent [ ] Membership expiration date is [ ] Life Member

Member (if not) is deleted to this Detachment. (If indebted, please explain on reverse side). The transfer of this member is [ ] approved [ ] disapproved.

**Signature of Commandant**

**Sign & Date**

**3. TO BE COMPLETED BY THE GAINING DETACHMENT (Det. No. [ ] 1,025)**

I have reviewed the foregoing information and hereby [ ] approve [ ] disapprove of the transfer of this member.

**Signature of Commandant**

**Sign & Date**

**FOR DUAL MEMBERS ONLY**

[ ] I certify that I am a Dual Member and I hereby request that my voting rights for Department and National Conventions be transferred to [ ] Detachment # [ ] Department of [ ]

**Signature of Dual Member**

**Date**

**INSTRUCTIONS** (Type or print legibly)

- Complete all information in #1 and #4 (if applicable) above. Sign and date the application in space provided. Forward the form to your current Detachment Commandant for approval.
- Complete the appropriate information in #2. Sign and date the form in the space provided. Retain one copy for Detachment records and forward the original and two copies to the gaining Detachment Commandant. Send one copy to your Department Paymaster for information purposes.
- Complete #3 as appropriate. Sign and date the form in the space provided. Retain one copy. Forward the original and remaining copy to the Department Paymaster, along with Dues Transmittal Form listing the transferring member.
- Retain bottom copy and forward the original to National Headquarters along with Dues Transmittal Form listing the transferring member.
Section 5 – Completing the Report of Officer Installation Form

The Report of Officer Installation Form should NOT be completed BEFORE the Installation takes place. The Installing Officer should refuse to sign the document unless it is filled out completely.

NOTE 1: An electronic copy of the Report of Officer Installation Form which you can type into is located on National Website’s Library. Download newest version each time you need to complete this form.

On the line after where it states “DET FEDERAL EIN: _________________” Place the Detachment’s Federal Employee Identification Number (EIN). The EIN is unique to your Detachment and is what allows you to open a bank account (aka Tax Payer ID#). VERY IMPORTANT IT IS ACCURATE & SAME AS LAST YEAR

On the line after where it states “DET INCORPORATION ID# _________________” Place the Detachment’s Ohio State Incorporation Number. The INC # is unique to your Detachment. VERY IMPORTANT IT IS ACCURATE & SAME AS LAST YEAR

On the line after where it states “DATE__________ ” Place the Date of your Ohio State Incorporation Number. This is the Date your Detachment was originally incorporated in the State of Ohio. Follow the example on the following page but be sure to include the following:

• Detachment Name / Detachment #
• Date of Elections / Date & Place of Installation
• Installing Officer & Title
• Detachment Meeting Information
• Detachment Official Email Address (NORMALLY COMMANDANT, suggest someone with computer able to share info same day. Checks daily)
• Enter all Officers that are being installed for the coming year.
• Renewal Dues Amount (National HQ uses this $ for Detachment Dues Renewal Notices)
• Submitted by name & title (The person filling out the form)
• Signature of Installing Officer

NOTE 2: If you change Officers mid-year, especially if it is the Commandant OR Paymaster, you should file another Report of Officer Installation Form. This keeps the Department and National up to date and allows for the National to communicate with current person.

ALL Report of Officer Installation Forms will be forwarded to the Department Adj.
# Marine Corps League

## REPORT OF OFFICER INSTALLATION

**FROM:**

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<th>General Larry Oppenheimer</th>
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**TO:** NATIONAL ADJUTANT PAYMASTER

**VIA:** DEPARTMENT ADJUTANT

**DEPARTMENT OF:** Kansas

**DEPT FEDERAL EIN:** 48-1118106

**DEPT INCORPORATION ID #:** 1735174

**DATE FOR DEPT INSTALL ONLY:** 04/19/1990

**DATE OF ELECTIONS:** 03/27/2019

**DATE / PLACE OF INSTALLATION:** 06/22/2019, VFW, Lenexa, KS

**INSTALLING OFFICER:** Harvey Harris, MWD V Commandant

**SIGNATURE OF INSTALLING OFFICER:**

**DETACHMENT MEETING:**

- **DAY / DATE OF MEETING:** 4th Wednesday of Month
- **TIME:** 07:00
- **PLACE:** Isadore Hoehn VFW Post 7897, Lenexa, KS
- **ADDRESS:** 6500 Pflumm Road, Lenexa, KS 66215

**E-MAIL OFFICIAL CORRESPONDENCE TO:** kenfain@gmail.com

**FAX OFFICIAL CORRESPONDENCE TO:** (913) 980-7464

**MARK FOR THE ATTN:** Normally the Commandant. Needs to be someone who checks correspondence daily.

*Note: The ADDRESS information called for in the following section does not necessarily refer to the Officer's personal mailing address, but rather the address at which the Officer will receive official correspondence from National and Department Headquarters. If the Department / Detachment has a single address, i.e., PO BOX, to which all official correspondence should be sent, list that address for all Officers. The officer MUST be installed to be listed on form.*

<table>
<thead>
<tr>
<th>OFFICE</th>
<th>INCUMBENT</th>
<th>PHONE NUMBER</th>
<th>ADDRESS</th>
<th>EMAIL ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMANDANT</td>
<td>Ken Fain</td>
<td>(913) 980-7464</td>
<td>9429 W 111th Terrace, KS 66210-1706</td>
<td><a href="mailto:kenfain@gmail.com">kenfain@gmail.com</a></td>
<td>Lenexa, KS</td>
<td>66215</td>
<td>646</td>
</tr>
<tr>
<td>SENIOR VICE COMMANDANT</td>
<td>Joe Hughes</td>
<td>(913) 660-6813</td>
<td>8021 Hall Street, Lenexa, KS 66219</td>
<td><a href="mailto:rhughes@everestkc.net">rhughes@everestkc.net</a></td>
<td>Lenexa, KS</td>
<td>66215</td>
<td>646</td>
</tr>
<tr>
<td>JUNIOR VICE COMMANDANT</td>
<td>Joel Wilson</td>
<td>(916) 472-4999</td>
<td>7913 SE Jennifer Drive, Lee’s Summit, MO 64063-9303</td>
<td><a href="mailto:jwilsonioe1@gmail.com">jwilsonioe1@gmail.com</a></td>
<td>Lenexa, KS</td>
<td>66215-6</td>
<td>646</td>
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<tr>
<td>JUDGE ADVOCATE</td>
<td>Chuck Cammack</td>
<td>(913) 663-3719</td>
<td>7911 Darnell Drive, Lenexa, KS 66215-6</td>
<td><a href="mailto:jcammack@gmail.com">jcammack@gmail.com</a></td>
<td>Lenexa, KS</td>
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<td>JUNIOR PAST COMMANDANT</td>
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<tr>
<td>ADJUTANT PAYMASTER</td>
<td>Bill Clinton</td>
<td>(913) 485-3075</td>
<td>1232 Pflumm Road, Lenexa, KS 66215</td>
<td><a href="mailto:bccominc@bcominc.net">bccominc@bcominc.net</a></td>
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<tr>
<td>CHAPLAIN</td>
<td>Max Deweese</td>
<td>(913) 381-0831</td>
<td>13060 Metcalf Ave #217, Overland Park, KS 66213-2603</td>
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<tr>
<td>SERGEANT AT ARMS</td>
<td>Steve Thomas</td>
<td>(913) 636-3534</td>
<td>824 S Honeysuckle Drive, Olathe, KS 66219</td>
<td><a href="mailto:stevethomas@megas.com">stevethomas@megas.com</a></td>
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<td>WEB SERGEANT</td>
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**RECOMMENDED HOME ADDRESSES**

That matches "member's last name," submissions Detachment roster

**Total renewal dues are $35.00.** This amount is the total of Detachment, Department and National dues and will appear on the Direct Billing Notices.

**SUBMITTED BY:** Bill Clinton

**TITLE:** ADJ / PAYMASTER

**SIGNATURE:**

**DATE:**

**PLEASE READ CAREFULLY**

Detach and retain bottom copy. Forward balance to Department Adjutant. Department retain bottom copy and forward original to National HQ and remaining copy to National Division Vice Commandant.

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MEMBER PORTAL

The following pages are from the Member Library (www.mcleaguelibrary.org/member-library). This library is password protected. You can obtain the password from your Detachment Commandant or one of the Department Officers. The file is under the TRAINING section and is titled 101_Detachment Database Procedures. There is an companion video which should be viewed first.

The following pages describe how to get access to the Member Portal, its function and some caveats. You should use this portal instead of the Transmittal form to update member information, such as home address, phone numbers and email addresses for your Detachment members.
MCL DATABASE DETACHMENT LEVEL USER

PROCEDURES

DETACHMENT LEVEL SYSTEM USER

THIS INFORMATION IS ALSO CONTAINED IN A VIDEO ON THE MCL NATIONAL WEBSITE. MEMBER LIBRARY / VIDEO DATABASE 101 MEMBER PORTAL. PLEASE VIEW THE VIDEO FIRST
MCL DATABASE DETACHMENT LEVEL USER

DETACHMENT LEVEL SYSTEM USER AUTHORITY / PERMISSIONS

1. VIEW ALL DETACHMENT MEMBER PROFILES
2. UPDATE MEMBER ADDRESS, CITY, STATE, ZIP
3. UPDATE MEMBER PHONE NUMBER(S)
4. UPDATE MEMBER eMAIL ADDRESS
   
   Note, changing eMail address at this level DOES NOT change LOGIN USER NAME.

THIS PROCESS REPLACES SUBMITTING A TRANSMITTAL WITH THE CODES: COAO & COAN

MAKE YOUR CHANGE ENTRIES IN ALL CAPS SO PRINTOUTS ARE UNIFORM AND EASY TO READ

ONCE YOU HAVE COMPLETED THIS TRANSACTION YOU WILL RECEIVE AN EMAIL VERIFICATION FROM NATIONAL

A CURRENT DETACHMENT ROSTER CAN BE REQUESTED FROM THE DEPARTMENT COMMANDANT OR PAYMASTER AT ANYTIME. A roster cannot be printed from the Member Portal
MCL DATABASE DETACHMENT LEVEL USER

DETACHMENT COMMANDANT REGISTRATION PROCEDURES

1. **CURRENT DETACHMENT COMMANDANT** on current report of officer installation (ROI) submits the request for detachment system users to **DEPARTMENT COMMANDANT**.

2. **THE HEADQUARTERS WILL MAKE THE DETACHMENT COMMANDANT AND PAYMASTER “EDITORS” IN THE SYSTEM.**

3. **If DETACHMENT COMMANDANT** would like a person other than the Commandant or Paymaster, selects one other detachment officer on current ROI for system registration. Note, usually Adjutant, Paymaster or Adjutant/Paymaster. Person must be computer literate with some basic database update knowledge.

4. **DETACHMENT COMMANDANT** verifies users selected have current email address in database as this is used to validate user registration in the database.

5. **DETACHMENT COMMANDANT** sends email request to **DEPARTMENT COMMANDANT** to verify the names submitted are in good standing and are on current roster of installation (ROI) on file at department level.

6. **DETACHMENT COMMANDANT** also identifies at this time any current active detachment users to be inactivated on the system as a detachment can **ONLY HAVE TWO VALID USERS**

7. **DEPARTMENT** verifies request (checks current database roster) and forwards to **DIVISION NVC** for submission to national / J D FOSTER jfoster@mcleague.org

8. **IF THERE ARE ANY ISSUES, CONTACT THE DEPARTMENT PAYMASTER OR J.D. FOSTER (jfoster@mcleague.org)**
MCL DATABASE DETACHMENT LEVEL USER

MCL NATIONAL WEBSITE / www.mclnational.org

SCROLL DOWN / CLICK ON VISIT NOW

MARINE CORPS LEAGUE LIBRARY VISIT NOW

HELPING MARINES & FAMILY VISIT NOW
STEP #1
WATCH TRAINING VIDEO

MCL NATIONAL WEBSITE / www.mclnational.org

CLICK ON MEMBER LIBRARY

CORPORATE DOCUMENTS

CLICK 101 MEMBER PORTAL VIDEO
After watching video move to next page
MCL DATABASE DETACHMENT LEVEL USER

STEP #2 IMPORTANT
LOG OFF OF MEMBER LIBRARY BEFORE CLICKING ON MEMBER PORTAL

LOG OFF LIBRARY

CLICK ON MEMBER PORTAL
MEMBER PORTAL - EDIT / VIEW PROFILE

MEMBER LOGIN

Username

Enter your email address

Password

Enter your password

Click to change password

Click to login
MCL DATABASE DETACHMENT LEVEL USER

MEMBER PORTAL - EDIT / VIEW PROFILE

MEMBER LOGIN

Member Portal Home
Stay Informed

Change Username / Password
Take A Survey

Profile Update
Add A Coupon

CLICK ON PROFILE UPDATE

DO NOT CLICK ON OR ADD A COUPON

GEORGE W WAUGH
Click on "Me" to also see your Detachment

Select "Me" to edit / view your profile

Select "Detachment" to edit / view all profiles

Only use one of these two entry points
Once list appears suggest you change to 50 members per page first for a faster lookup. Note names not listed in any specific order.

Scroll to bottom of list to change the number per page.

**DO NOT CLICK / ENTER / CHANGE INFORMATION THESE AREAS**
MEMBER PORTAL - FIND A MEMBER IN LIST

PRESS CTRL KEY + F BUTTON / BOX APPEARS AT TOP OF PAGE / TYPE NAME TO SEARCH FOR / PRESS ENTER

Note, only searches on page you are on. See bottom of member list to change pages. Suggest you change to 50 members per page for a faster lookup.

NEVER CHANGE A MEMBERS PROPER NAME / USE TRANSMITTAL + PAPERWORK
NEVER CHANGE THE DETACHMENT NAME / NAME IS A LEGAL REGISTERED IDENTITY
A CURRENT DETACHMENT ROSTER CAN BE REQUESTED FROM THE DEPARTMENT COMMANDANT OR PAYMASTER AT ANYTIME. ONE WILL BE SENT QUARTERLY

You cannot print a Detachment Roster from the Member Portal

YOU WILL RECEIVE AN EMAIL VERIFICATION FROM NATIONAL OF YOUR TRANSACTION

MAKE YOUR CHANGES IN ALL CAPS SO PRINTOUTS ARE UNIFORM, CONSISTANT AND EASY TO READ

IF YOU HAVE MADE ANY CHANGES TO A PROFILE SELECT SAVE AND SUBMIT AT BOTTOM OF WINDOW

IF A MEMBER’S PROPER NAME NEEDS TO BE CHANGED SUBMIT VIA TRANSMITTAL + PROPER PAPERWORK

DO NOT ADD OR CHANGE NAMES TO NICK NAMES, ex Doc
From: info@mcleague.org
Date: April 8, 2021 at 5:52:41 PM CDT
To:
Subject: Profile Change Request for KENNETH N FAIN

Thank you for submitting changes to your profile. The time you took will help us maintain accurate data. The changes are not immediate. Please allow our staff a few days to review the changes.
MEMBER PORTAL - VIEW PROFILE FOR DETACHMENT

MCL MEMBER LEVEL
MEMBER WITH A PASSWORD CAN VIEW ONLY THEIR DATA

Please do not change Profile Relation Types.
If you need to submit a notice of death, please contact JD Foster at jfoster@mcleague.org

Edit profiles related to:
- Me
- Me
- 1025 GEN LARRY OPPENHEIMER

ONLY VIEW THE INFORMATION IN THIS AREA IF CHANGES NEED TO BE MADE SUBMIT THEM TO YOUR DEPARTMENT PAYMASTER
MCL DATABASE DETACHMENT LEVEL USER

ROSTER AVAILABLE FROM YOUR DEPARTMENT UPON REQUEST
The Detachment Roster still be sent quarterly to Departments and can be requested from Detachments to Department upon request.

NEW - EACH MEMBER / DETACHMENT / DEPARTMENT / DIVISION HAS A PROFILE ID IN THE NEW SYSTEM

A PROFILE ID is a UNIQUE IDENTIFIER CODE in the MCL INFORMATION SYSTEM DATABASE + CURRENT MCL NUMBER AND LIFE MEMBER NUMBER

THE PROFILE ID WILL NOW APPEAR ON ALL REPORTS GENERATED FROM THE MCL INFORMATION SYSTEM & USED ON ROIs AND TRANSMITTALS
Section 7 – Completing the Paid Life Member (PLM) Audit

The Paid Life Member Fund is governed by the National Bylaws, Article Six, Section 645. It is a separate monetary fund that is maintained by National Headquarters. The PLM Fund pays out Interest Dividends annually in the Spring. Each level receiving a 1/3 disbursement (1/3 to National; 1/3 to the Department; 1/3 to the Detachment). In order for your Detachment to receive any money from the National PLM Fund you are required to complete a PLM Audit.

1. National Headquarters will send your Detachment a “Life Interest Check List” sheet with your 30 June Detachment Roster.

2. The Detachment should verify all LIVING Life Members. If a Life Member is recently deceased, annotate his date of death on the PLM Audit next to his name. NOTE: All deceased Life Members should have had a MCL “Notice of Death Form” submitted for them. The Notice of Death Form is available on the National website https://www.mcleaguelibrary.org/. A Notice of Death form & Transmittal entry “NOD” is the ONLY way to remove a deceased person from your Detachment Roster.

3. The Detachment will receive a disbursement for each Life Member who has been a Life Member for MORE THAN 2 years as of the date on the PLM Audit sheet. Normally 30 June. (i.e. PLM Date 03/2012 would be eligible to receive a disbursement with the Spring 2016 payout; PLM Date, 4/2014 would NOT be eligible until 2017 Spring payout)

4. The Detachment Commandant & Detachment Paymaster must SIGN & DATE the PLM Audit. Print your name under your Signature.

5. The PLM Audit MUST be forwarded to the Department Paymaster by 15 November. The Department Paymaster will forward to National HQ to meet their deadline of 31 December. If they are postmarked 31 DECEMBER or prior, they will be included in that years PLM Audit results at National HQ. Please see example.

6. TAPS date on this form is the date MCL National informs Semper Fi Magazine of death.
### Marine Corps League

**Life Interest Check Edit List for Fiscal Year: 2018**

<table>
<thead>
<tr>
<th>Life#</th>
<th>Name</th>
<th>Life Number</th>
<th>Lifecode</th>
<th>Life Join Date</th>
<th>eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>98111</td>
<td>ADDIS LONIE</td>
<td>34097</td>
<td>PL</td>
<td>04/2002</td>
<td>True</td>
</tr>
<tr>
<td>139925</td>
<td>BEEVER ARNOLD E</td>
<td>16855</td>
<td>PL</td>
<td>12/1997</td>
<td>True</td>
</tr>
<tr>
<td>71489</td>
<td>BROWN JIM</td>
<td>12189</td>
<td>PL</td>
<td>08/1994</td>
<td>True</td>
</tr>
<tr>
<td>244670</td>
<td>COOK TONY A</td>
<td>57516</td>
<td>PL</td>
<td>11/2013</td>
<td>True</td>
</tr>
<tr>
<td>64940</td>
<td>DOLLISON DAN P</td>
<td>95444</td>
<td>PL</td>
<td>10/1992</td>
<td>True</td>
</tr>
<tr>
<td>64961</td>
<td>FUQUA DAVID</td>
<td>37265</td>
<td>PL</td>
<td>08/2003</td>
<td>True</td>
</tr>
<tr>
<td>65799</td>
<td>GARMAN GENE</td>
<td>47496</td>
<td>PL</td>
<td>12/2006</td>
<td>True</td>
</tr>
<tr>
<td>182702</td>
<td>HARDING LLOYD E</td>
<td>39023</td>
<td>PL</td>
<td>02/2004</td>
<td>True</td>
</tr>
<tr>
<td>64964</td>
<td>HUBIDBURG WALTER</td>
<td>6331</td>
<td>PL</td>
<td>05/1990</td>
<td>True</td>
</tr>
<tr>
<td>132928</td>
<td>HURST DICK</td>
<td>42337</td>
<td>PL</td>
<td>12/2004</td>
<td>True</td>
</tr>
<tr>
<td>80204</td>
<td>JONES RICHARD E</td>
<td>46573</td>
<td>PL</td>
<td>11/2006</td>
<td>True</td>
</tr>
<tr>
<td>174542</td>
<td>KECK THOMAS J</td>
<td>55729</td>
<td>PL</td>
<td>11/2012</td>
<td>True</td>
</tr>
<tr>
<td>187238</td>
<td>MARSHALL BOB</td>
<td>53320</td>
<td>PL</td>
<td>12/2010</td>
<td>True</td>
</tr>
<tr>
<td>64944</td>
<td>MORRISON LEONARD</td>
<td>10196</td>
<td>PL</td>
<td>04/1993</td>
<td>True</td>
</tr>
<tr>
<td>64942</td>
<td>NELSON WALTER</td>
<td>10313</td>
<td>PL</td>
<td>04/1993</td>
<td>True</td>
</tr>
<tr>
<td>188304</td>
<td>PRUNTY MICHAEL</td>
<td>48726</td>
<td>PL</td>
<td>09/2007</td>
<td>True</td>
</tr>
<tr>
<td>64968</td>
<td>SCOTT JAMES V</td>
<td>8278</td>
<td>PL</td>
<td>02/1992</td>
<td>True</td>
</tr>
<tr>
<td>33332</td>
<td>SLOAN JOE</td>
<td>46181</td>
<td>PL</td>
<td>10/2006</td>
<td>True</td>
</tr>
<tr>
<td>64943</td>
<td>STARK LEON R</td>
<td>46575</td>
<td>PL</td>
<td>11/2006</td>
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<tr>
<td>183684</td>
<td>STARK LEON R</td>
<td>46575</td>
<td>PL</td>
<td>11/2006</td>
<td>True</td>
</tr>
<tr>
<td>95345</td>
<td>STEWART DONALD W</td>
<td>9625</td>
<td>PL</td>
<td>11/1992</td>
<td>True</td>
</tr>
<tr>
<td>100632</td>
<td>THOMPSON DANNY</td>
<td>10656</td>
<td>PL</td>
<td>07/1993</td>
<td>True</td>
</tr>
<tr>
<td>70121</td>
<td>WOODS RAYMOND H</td>
<td>57517</td>
<td>PL</td>
<td>11/2013</td>
<td>True</td>
</tr>
<tr>
<td>126995</td>
<td>CALDWELL JOHN L</td>
<td>61367</td>
<td>PL</td>
<td>08/2017</td>
<td>False</td>
</tr>
<tr>
<td>241076</td>
<td>HOLLOWAY KENTON</td>
<td>62235</td>
<td>PL</td>
<td>04/2018</td>
<td>False</td>
</tr>
</tbody>
</table>

**Total Eligible Life Members for 612 - S E K** 24

**Total Non-Eligible Life Members for 612 - S E K** 2

**Total Life Members for 612 - S E K** 26

---

**REVIEW FOR ACCURACY**

**MAKE SURE NOTED CORRECTIONS HAVE BEEN ADDRESSED VIA Notice of Death Form & a Transmittal with "NOD" Code. Submit to Department Paymaster by November 15**

"**We certify the Life Audit is correct**"

__________________________________________  Date: ____________

Commentant

__________________________________________  Date: ____________

Paymaster

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**DETACHMENT CORRECTION EXAMPLE**

Deceased 01/10/2018

Actual Date of Death: 03/10/2020

**TAPS** - date entered by MCL National when they notify Semper Fi Magazine of death

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**35 | DEPARTMENT OF OHIO PAYMASTER GUIDEBOOK**
Section 8 – Completing the IRS 990 N

Annual Electronic Filing Requirement for Small Exempt Organizations — Form 990-N (e-Postcard)


About filing: Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ, must be submitted electronically.

- The Form 990-N electronic-filing system moved from Urban Institute’s website to IRS.gov in February 2016. All filers must register at IRS.gov prior to filing their next Form 990-N. This is a one-time registration; you won’t be asked to register again when filing next year.
- Form 990-N must be completed and filed electronically. There is no paper form.
- Form 990-N filers may choose to file a complete Form 990 or Form 990-EZ instead.
- Use the Form 990-N Electronic Filing System (e-Postcard) User Guide (PDF) while registering and filing.
  Most common problems can be avoided by following the User Guide.
- For filing system and website issues, see How to File: Frequently Asked Questions. If site issues are unresolved, call TE/GE Customer Accounts Services at 877-829-5500. A representative will file your Form 990-N information.
- Organizations should continue efforts to file, even if late.

Who must file

Most small tax-exempt organizations whose annual gross receipts are normally $50,000 or less can satisfy their annual reporting requirement by electronically submitting Form 990-N if they choose not to file Form 990 or Form 990-EZ instead.
Form 990-N Filing Due Date

Form 990-N is due every year by the 15th day of the 5th month after the close of your tax year. You cannot file the e-Postcard until after your tax year ends.

The tax year should end on June 30, so the e-Postcard is due before November 15 of the following year. If the due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.

If your 990-N is late, the IRS will send a reminder notice to the last address we received.

While there is no penalty assessment for filing Form 990-N late, organizations that fail to file required Forms 990, 990-EZ or 990-N for three consecutive years will automatically lose their tax-exempt status. Revocation of the organization’s tax-exempt status will happen on the filing due date of the third consecutively-missed year.

Information you will need when filing Form 990-N

Form 990-N is easy to complete. You’ll need only eight items of basic information about your organization.

1. Employer identification number (EIN), also known as a Taxpayer Identification Number (TIN).
2. Tax year
3. Legal name and mailing address
4. Any other names the organization uses
5. Name and address of a principal officer
6. Web site address if the organization has one
7. Confirmation that the organization’s annual gross receipts are $50,000 or less
8. If applicable, a statement that the organization has terminated or is terminating (going out of business)
IRS WEBSITES

Form 990 Overview course at StayExempt.IRS.gov

User Guide .PDF for Form 990-N Electronic Filing System (e-Postcard)

REVIEW THIS DOCUMENT FOR MOST CURRENT INFORMATION

Tax Exempt Organization Search
https://apps.irs.gov/app/eos/
Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

- Tax Year 2017 Form 990-N (e-Postcard)
- Tax Year 2016 Form 990-N (e-Postcard)
- Tax Year 2015 Form 990-N (e-Postcard)
- Tax Year 2014 Form 990-N (e-Postcard)
- Tax Year 2013 Form 990-N (e-Postcard)
- Tax Year 2012 Form 990-N (e-Postcard)
Ohio Secretary of State Registration

https://www.ohiosos.gov/businesses/
then - click on "File online"

The Ohio Secretary of State does not grant nonprofit organizations tax-exempt status. In other words, your nonprofit organization does not automatically become tax-exempt upon filing its Articles with the Secretary of State's office. Any non-profit organization that intends to solicit contributions or hold assets must seek a determination from the Internal Revenue Service (IRS) that it is a tax-exempt entity.

Every Detachment must be registered as a Nonprofit Corporation with the Secretary of State To be legally organized, a nonprofit corporation must file Initial Articles of Incorporation (Articles) (Form 532B) with the Ohio Secretary of State’s office. The filing fee is $99.00.

Once you file paperwork with the state of Ohio for the formation of a new business entity, you'll be able to find your Ohio corporate charter number (also referred to as your "entity number") and acceptance on the Ohio secretary of state website one to two weeks after filing.

Statement of Continued Existence Every five years, a nonprofit corporation must file a Statement of Continued Existence (Form 522) with the Ohio Secretary of State’s office. Approximately four months in advance of the filing deadline, the Secretary of State will notify the nonprofit corporation’s statutory agent that the Statement of Continued Existence (Form 522) is due. If the nonprofit corporation fails to file the Statement by the due date, the Secretary of State will cancel the nonprofit corporation’s charter or registration. The filing fee for the Statement of Continued Existence (Form 522) is $25.00. (Note: A copy of the instructions and form follow the next page).
Statutory Agent Update  Ohio law requires every nonprofit corporation to keep its statutory agent information current. In the event the name or address of a company’s statutory agent changes, or the statutory agent resigns or dies, the entity must choose a new statutory agent and submit the Statutory Agent Update (Form 521) and filing fee of $25.00. It is not sufficient to simply appoint a new agent internally; the Statutory Agent Update form must be filed so there is notice to the public and to the Ohio Secretary of State’s office of the corporation’s new agent. For example, if a volunteer serves as the corporation’s statutory agent at the time the Articles are filed, but he or she later leaves the organization, a new agent must be appointed and the Statutory Agent Update must be filed. If the Secretary of State’s office learns that a nonprofit corporation has failed to maintain a statutory agent, the corporation will be notified that its statutory agent must be updated. Pursuant to Ohio Revised Code Section 1702.06, if the corporation fails to update its statutory agent within 30 days of the date on the Secretary of State’s notice, the Secretary may cancel the corporation’s Articles without further notice to the corporation.

Submitting Filings
For quick and accurate service, complete filing forms online at OhioBusinessCentral.gov and pay with any major credit card. Filings will either be processed automatically upon submission or a review may be required and approval certificate will be sent to your email address after submission. If you prefer, please obtain a filing form to be submitted by mail or dropped off in person at OhioSos.gov. Please mail the form to the address provided on the first page of the filing form as well as a check or money order.
Filing Form Cover Letter

Please return the approval certificate to:

Name (individual or Business Name):

To the Attention of (if necessary):

Address:

City:

State [ ] ZIP Code: [ ]

Phone Number: [ ] E-mail Address: [ ]

☐ Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.

☐ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW)

Regular Service: Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

☐ Expedite Service 1: By including an Expedite fee of $100.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

☐ Expedite Service 2: By including an Expedite fee of $200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

☐ Expedite Service 3: By including an Expedite fee of $300.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.

☐ Preclearance Filing: A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of $50.00. The Preclearance will be complete within 1-2 business days.
**Statement of Continued Existence**

**Filing Fee: $25**

*Form Must Be Typed*

CHECK ONLY ONE (1) Box

| 1) ☐ Statement of Continued Existence (163-CCE)  
(Domestic Nonprofit Corporation) | 2) ☐ Verification of Foreign Nonprofit (173-FCE)  
(Foreign Nonprofit Corporation) |

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges.

<table>
<thead>
<tr>
<th>Name of Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charter or License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Complete the information in this section if box (1) is checked

<table>
<thead>
<tr>
<th>Location of Principal Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Incorporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Complete the information in this section if box (2) is checked

<table>
<thead>
<tr>
<th>Date of Qualification in Ohio</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
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</table>

<table>
<thead>
<tr>
<th>Jurisdiction of Formation</th>
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<tbody>
<tr>
<td>Jurisdiction</td>
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<table>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All Corporations must complete this section

Current Statutory Agent's Name and Address

Name of Agent

Mailing Address

City

Ohio

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.
Instructions for Statement of Continued Existence

This form should be used by a nonprofit corporation (domestic or foreign) to verify its continued existence in Ohio. This form must be submitted every 5 years if no other filing has been submitted. Please check box (1) or box (2) to state whether the nonprofit corporation is a domestic or foreign corporation.

By submitting this form, the corporation agrees to the statement at the top of the form which states the corporation is still actively engaged in exercising its corporation privileges.

Corporation Information
Pursuant to Ohio Revised Code §§1702.59 and 1703.27, please provide the name of the corporation and the charter or license number assigned to the corporation in Ohio.

Domestic (Ohio) Corporation Information
If the corporation submitting the form is a domestic (Ohio) corporation, please provide the location of the principal office, specifically the city and county where the principal office is located. Also, please provide the date of incorporation.

Foreign (Non-Ohio) Corporation Information
If the corporation submitting the form is a foreign (Non-Ohio) corporation, please provide: (1) the date of qualification in Ohio; (2) the jurisdiction of formation; (3) the address of the principal office.

Statutory Agent
Please provide the name and address of the current statutory agent. This information may be verified on our website at www.OhioSoS.gov

If the current statutory agent's name or address is incorrect, then please submit a Statutory Agent Update form (Form 521), to correct the corporate record. Note: this form may not be used to appoint a new statutory agent.

Signature
After completing all information on the filing form, please make sure that page 2 is signed by a director, officer or three members in good standing.

**Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.
Charities operating in the State of Ohio are required to file a one-time registration and then submit annual reports with the Ohio Attorney General's Office. These filings are public and contribute to accountability and transparency within the charitable sector.

Charities must use our online system to register and file their annual reports. We encourage organizations to have multiple individuals associated with their accounts in order to receive reminders on filing deadlines, confirmation of filings, and other important information.

Charitable Registration Webinar
This one-hour webinar provides a basic overview of registration and filing requirements for Ohio's charities and those soliciting citizens of the state. The webinar will also discuss the online system used to facilitate those filings. Visit the Charitable Webinars page to register for the live webinar, which is held at noon on the third Wednesday of each month, or to view the prerecorded version of the webinar at your convenience.

Selected FAQs

What kinds of charities have to file with the Ohio Attorney General’s Office?
Any charity incorporated or otherwise organized in Ohio, holding assets in Ohio, and/or holding program services in Ohio, must register under the Charitable Trust Act. In addition, any organization that solicits for a charitable purpose must register in Ohio under the Charitable Organization Act. There are some circumstances when Ohio charities might be required to file under both provisions.

If my organization is a subsidiary or chapter of a national charitable organization, do we need to register? Your organization is still required to register with our office. You should have documentation from the parent organization that confirms that you are in good standing and that your financial reports are included in the federal group return.
FAQs - Continued

My charity has assets below $25,000 this year. Do we need to file an annual report?
Regardless of the asset levels during any particular year, organizations need to log into the system prior to their filing deadline. The online charitable registration system will ask users basic introductory questions each year, and based on the responses provided, additional information may be requested. For organizations with assets below $25,000, the filing will be completed with only a few brief questions.

Registration Questions - Charitable Law Section

This section is for the *initial* registration with the Attorney General's Office. After the initial registration, a separate filing must be completed annually.

Please note: This document is to aid with preparation for registering online and should be used for that purpose only. **It may not be used as a substitute for the online registration requirement.** Questions marked with a red asterisk (*) must be answered to proceed to the next step. If a question does not have a red asterisk, the system does not require an answer.

<table>
<thead>
<tr>
<th>Step 1. Organization Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Organization:*</td>
</tr>
<tr>
<td>2 Website:</td>
</tr>
<tr>
<td>3 EIN:</td>
</tr>
<tr>
<td>4 Secretary of State Charter Number:</td>
</tr>
<tr>
<td>5 Ohio bingo license number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 County:*</td>
</tr>
<tr>
<td>2 Address line 1:*</td>
</tr>
<tr>
<td>3 Address line 2:</td>
</tr>
<tr>
<td>4 City:*</td>
</tr>
<tr>
<td>5 State:*</td>
</tr>
<tr>
<td>6 County:*</td>
</tr>
<tr>
<td>7 Zip code:*</td>
</tr>
<tr>
<td>8 Phone Number:*</td>
</tr>
<tr>
<td>9 Fax number:</td>
</tr>
</tbody>
</table>
**Attorney General - Initial Registration Form (Online only)**

### Step 2. Formation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Select a formation:* (Association, Corporation, Individual, or Partnership)</td>
</tr>
<tr>
<td>2</td>
<td>Date of formation, incorporation, agreement or constitution:*</td>
</tr>
<tr>
<td>3</td>
<td>Internal Revenue Service (IRS) tax exemption date:</td>
</tr>
<tr>
<td>4</td>
<td>Date trust funded:</td>
</tr>
<tr>
<td>5</td>
<td>Probate number:</td>
</tr>
<tr>
<td>6</td>
<td>Date of probate:</td>
</tr>
<tr>
<td>7</td>
<td>Estate of:</td>
</tr>
<tr>
<td>8</td>
<td>Fiscal year end:*</td>
</tr>
</tbody>
</table>

### Step 3. Purpose and Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary IRS purpose code:* Refer to the attachment at the end of this document</td>
</tr>
<tr>
<td>2</td>
<td>Description of organization's purpose:*</td>
</tr>
<tr>
<td>3</td>
<td>Full description of assets:*</td>
</tr>
<tr>
<td>4</td>
<td>Most recent current value of assets:*</td>
</tr>
<tr>
<td>5</td>
<td>State(s) in which assets are located:*</td>
</tr>
</tbody>
</table>

Please Note: *If your organization files a group IRS tax return on behalf of its chapters, you will be asked to list those organizations that are a part of the group return.*

### Step 4. Registration Documents

You will be asked to select one of the following to submit required documents:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Upload documents</td>
</tr>
<tr>
<td>2</td>
<td>Mail or fax documents</td>
</tr>
</tbody>
</table>

Please Note: Registration will not be complete until the Attorney General has received these documents.

**Ohio Attorney General’s Office**  
Charitable Law Section  
30 E. Broad St., 25th Floor  
Columbus, OH 43215  
Fax: (877) 690-1814

### Step 5. Confirming Information

You will be asked to review and confirm your responses prior to submission of the registration information.
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**

1. Did your organization, on its own behalf, solicit Ohioans (contributions, instant pull tabs, bingo, special events, etc.)? *
2. Did you hire a professional solicitor, fundraising counsel, and/or commercial co-venturer to solicit in Ohio? *
3. Enter Amount of Gross Revenue. Gross Revenue does NOT include governmental grants and funding from other 501(c)(3) organizations. *
4. Enter the Amount of Total Assets. *

---

**Step 2. Organization Information and Addresses**

This step asks you to reaffirm the organization’s business and mailing addresses. This information can be edited if needed.

---

**Step 3. Revenue, Expenses, Assets, and Liabilities**

**REVENUE**

1. Individual contributions, gifts, grants, and similar amounts received. *
2. All other revenue. *
3. Total revenue. *(Automatically calculated based on answers to 1 and 2 above)*

**EXPENSES**

1. Program service expenses. *
2. All other expenses. *
3. Total expenses. *(Automatically calculated based on answers to 1 and 2 above)*

**ASSETS**

1. Total assets. *(Automatically calculated based on amount of total assets entered in Step 1)*

**LIABILITIES**

1. Total liabilities. *
These sections required only for organizations with $25K, or more, in both revenue and assets.

### Step 4. Board of Directors, Conflict of Interest, Audits, and Officer/Director Info

1. How many times did the board of directors meet in the last fiscal year? *
2. Do you have a conflict of interest policy? *
3. Did your organization have an audit conducted by a certified public accounting firm for the same fiscal year for which you are currently filing? *
4. 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. *

### Step 5. Organization Aliases and Additional Solicitors

**ORGANIZATIONAL ALIASES**

2. If your organization solicits funds under any name other than its official name, please list each additional name.

**ADDITIONAL SOLICITORS**

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

### Complete Steps 6 through 8 if:

1. The organization is not located in Ohio, but solicits in Ohio; OR
2. The organization is located in Ohio, but has been in existence for fewer than two years; OR
3. The organization is located in Ohio and did not file an annual report last year or has a fee pending from a previous year.

### Step 6. Ohio Office, Chapters/Affiliates in Ohio, and Financial Record Custodian

#### SECTION 1

Address of primary office, chapter, branch, or affiliate located in Ohio. (If 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.
**Attorney General Annual Report Questions - continued**

These sections required only for organizations with $25K, or more, in both revenue and assets.

### Step 8. Solicitation Registration Info; Legal & Regulatory Actions; Contributions; Bingo Proceeds; Distributions

<table>
<thead>
<tr>
<th>SECTION 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. List states where the organization has registered or is authorized to solicit contributions. *</td>
</tr>
<tr>
<td>2. List countries where the organization has registered or is authorized to solicit contributions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your organization:</td>
</tr>
<tr>
<td>1. Been enjoined or otherwise prohibited by a governmental authority or court from soliciting? *</td>
</tr>
<tr>
<td>2. Had its registration or authority denied, suspended, revoked, or enjoined by any court or other governmental authority? *</td>
</tr>
<tr>
<td>3. Made a voluntary agreement with a governmental authority through a court or administrative body, such as compliance or assurance of discontinuance? *</td>
</tr>
<tr>
<td>4. Been issued or received a cease and desist order from a governmental authority? *</td>
</tr>
<tr>
<td>5. If “Yes” to any of the above, explain.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amount contributed by Ohio residents in the preceding fiscal year, including bingo proceeds. *</td>
</tr>
<tr>
<td>2. For national organizations or organizations located outside of Ohio, please indicate the amount of distributions to Ohio recipients.</td>
</tr>
<tr>
<td>3. Amount of gross bingo proceeds generated in the State of Ohio. *</td>
</tr>
<tr>
<td>4. For what charitable purpose were the last year’s contributions used? *</td>
</tr>
</tbody>
</table>

### Step 9. Verification & Submission

This step asks you to reaffirm the organization’s annual report information. This information can be edited if needed.

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**Ohio Attorney General, Charitable Law Section Phone: (800) 282-0515**
Section 11 – Recommendations

1. Keep good records that can be passed down to your successor. Hard copies and/or electronic files are acceptable. You can use computerized accounting software such as QuickBooks, Quicken, etc. If you keep all your documents and record keeping on a computer, make sure to have a back-up on an external hard drive or cloud storage.

2. PRINT or TYPE legibly on all documents.

3. Detachment Paymasters should seek out the advice and assistance at the Department level before calling National Headquarters.

4. Fill out all forms COMPLETELY. The Department Paymaster will check the documents and send them back to you if they are not correctly filled out.

5. All Detachment banking accounts should have at least THREE (3) people listed on them. That way if one person becomes deceased, the other two can still access the accounts.

6. All Detachment checks should have TWO (2) signatures on them. NOTE: The exception to this rule is dues checks made out to the Department of Ohio and dues checks made out to MCL National HQ’s. **EXCEPT FOR Transmittals to Department.**

7. The National Website www.mcleaguelibrary.org has all the electronic forms available for you to download and utilize. Download each time you need a form to ensure you are using most current.

8. By 15 November complete IRS 990 for your Fiscal Year (15 April if on Calendar Year).

9. By 15 November complete PLM Audit and send to Department Paymaster.

10. With Detachment Adjutant reconcile your Detachment Quarterly Roster to make sure your membership is current with their annual due’s renewal. Verify that National HQ’s has input every Transmittal you sent them. The National Roster is made available Quarterly (31 March, 30 June, 30 June, 31 December).
11. If a member chooses not to renew, ask why. Learning why a member leaves the MCL is important. Could your Detachment have done anything differently to keep this member? Encourage the member to join or transfer to another Detachment.

12. DO NOT wait to send in Transmittals. Every member deserves to have his/her membership renewal processed in a timely manner.

13. All Checks to the Department of Ohio should be made payable to: Dept of OHIO MCL. Write ONE (1) check to the Department per transmittal batch.

14. All Checks to National Headquarters should be made payable to: National HQ, MCL, Inc.

15. Only write ONE (1) check to National Headquarters per transmittal batch.
QUICK REFERENCE FOR CHECKING FILING STATUS WITH IRS, OHIO SECRETARY OF STATE AND OHIO ATTORNEY GENERAL

Checking IRS Status: Go to the following link, then enter the Detachment's EIN in the search term box.

https://apps.irs.gov/app/eos/

Checking Ohio Secretary of State Status: Enter

https://businesssearch.ohiosos.gov/
select business search; then search for business name or enter Entity #

Checking Ohio Attorney General Status: Enter

https://charitable.ohioago.gov/
Select "Research Charities"
Select "Search for Charities Registered with the Ohio Attorney General's Office"
Enter Detachment EIN in the appropriate box, then hit "Search"