



Overview

Users will access the state portal to submit their charity renewal application. The uPerform tutorials are divided in 3 parts. This document covers all parts. If you would like to view the tutorials, we provide you the links for each one:

[BCO - 10 Renewal Part 1](#)

[BCO - 10 Renewal Part 2](#)

[BCO - 10 Renewal Part 3](#)

Trigger

Charities can submit their renewal application online prior to their expiration date.

Prerequisites

- User must have the following:
 - Keystone Account (user and password),
 - valid credit card to use for payment,
 - valid email address,
 - financial documents already available in an electronic to upload them to our system, and
 - access to IRS 990 information
- If user does not have an IRS form 990, users can provide the [PA BCO-23](#) form which can be located on our website

Menu Path

Use the following menu path(s) to begin this transaction:

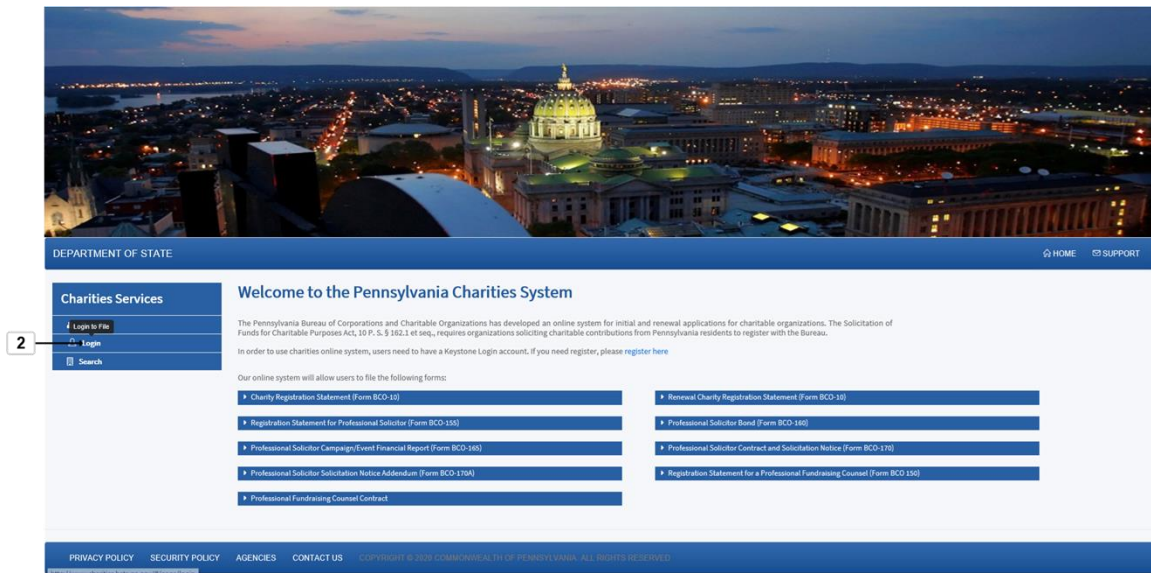
- Please go to: <https://www.charities.pa.gov/#/page/default>
- Use your Keystone credentials to login the system
- Follow the instructions for renewal application

Helpful Hints

- Familiarize yourself with:
 - Our PA BCO-10 form
 - Solicitation of Funds for Charitable Purposes Act (10 P.S. § 162.1 et seq.) (Act 202 of 1990) and,
 - BCO-10 Instructions:
<https://www.dos.pa.gov/BusinessCharities/Charities/Resources/Documents/BCO-10%20final%20instructions%201-2018.pdf>

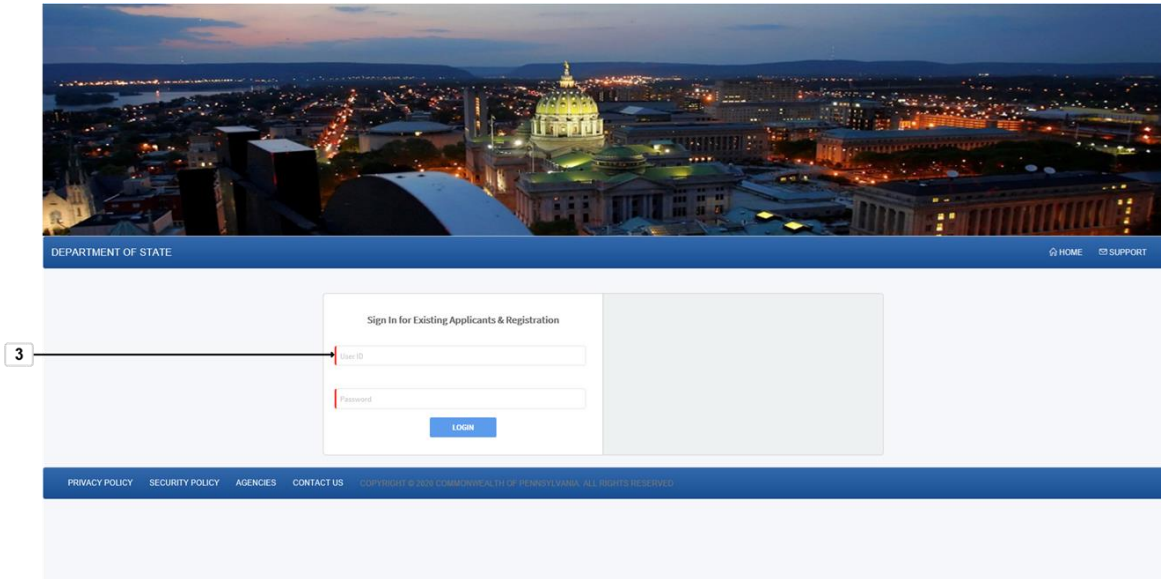
PROCEDURE

1. Start the transaction directing your browser to our charities webpage:
<https://www.charities.pa.gov/#/page/default>.

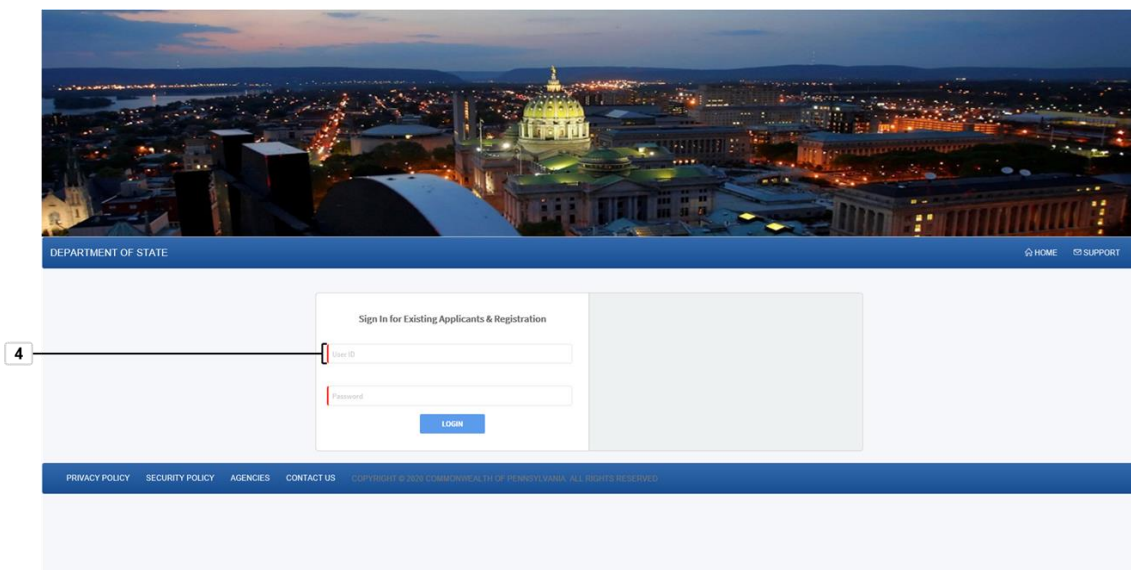


2. To log in the system, select Login icon .

3. Select User ID text box **User ID**

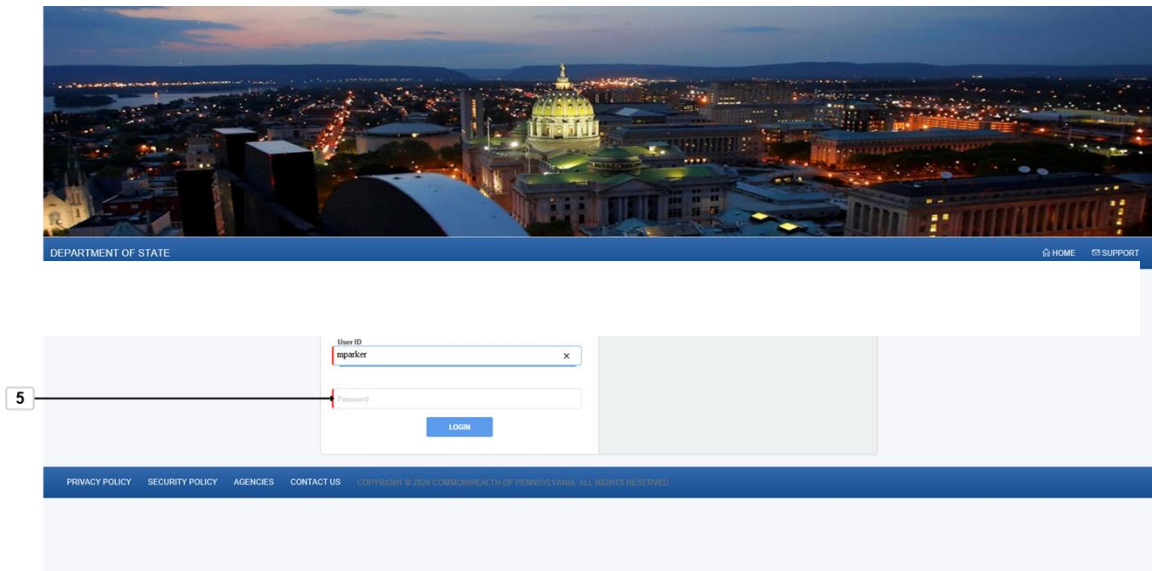


4. As required, complete/review the following fields:

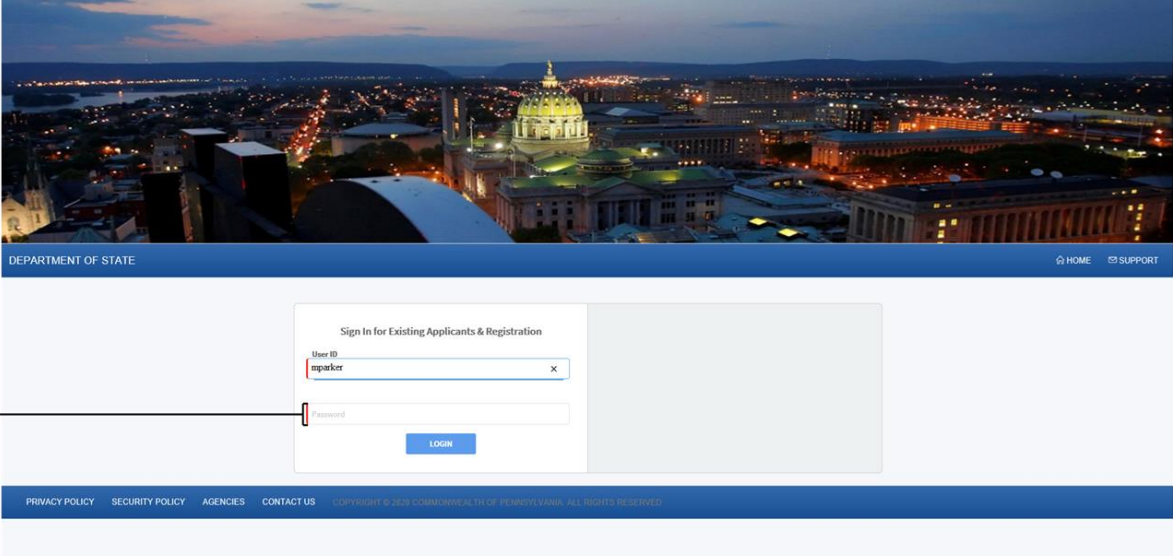


Field	R/O/C	Description
Sign In for Existing Applicants & Registration	Required	Example: jcpena

5. Select Password text box



6. As required, complete/review the following fields:



DEPARTMENT OF STATE [HOME](#) [SUPPORT](#)

Sign In for Existing Applicants & Registration

User ID
mparker

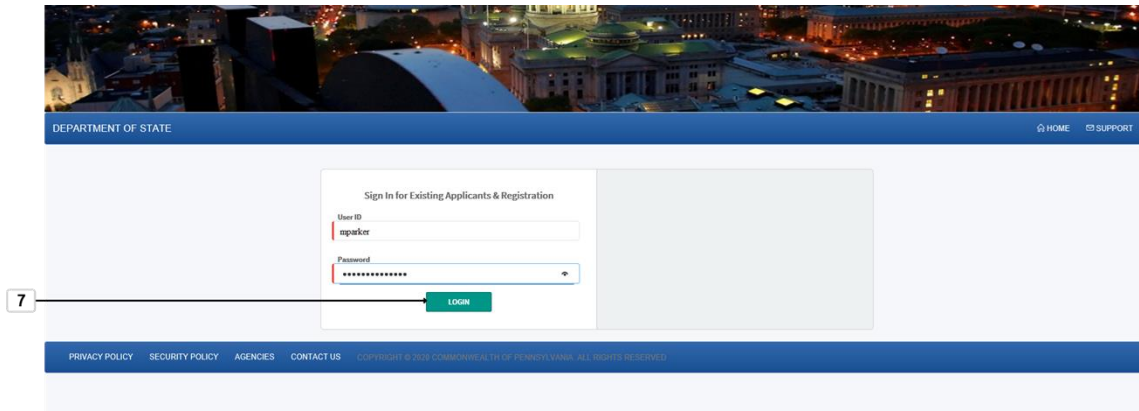
Password


LOGIN

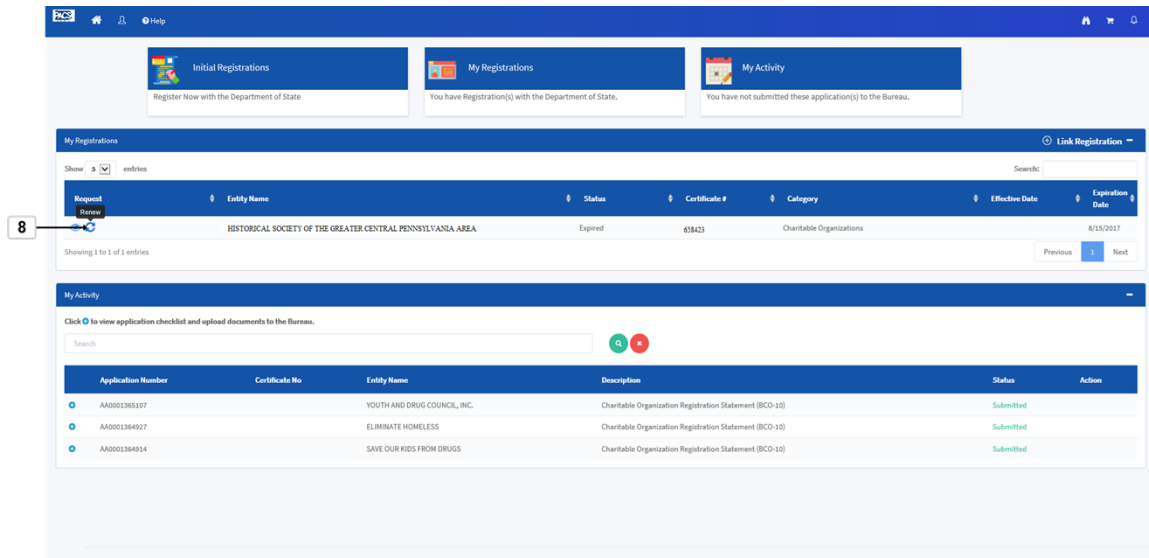
PRIVACY POLICY SECURITY POLICY AGENCIES CONTACT US COPYRIGHT © 2020 COMMONWEALTH OF PENNSYLVANIA. ALL RIGHTS RESERVED.

Field	R/O/C	Description
User ID	Required	Example: *****

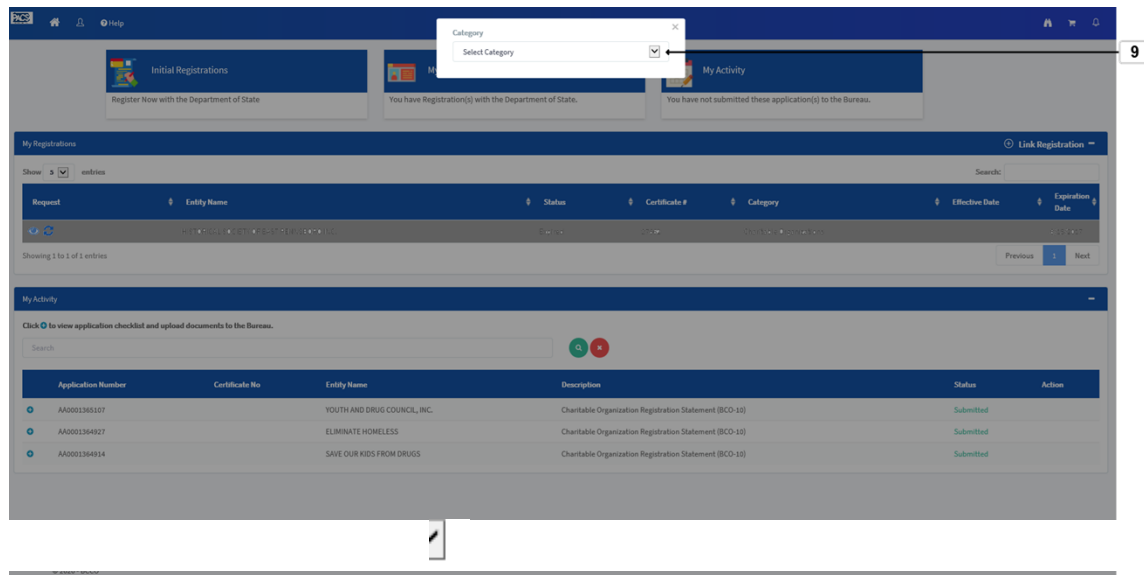
7. Select Login button 



8. Select the renew application icon 



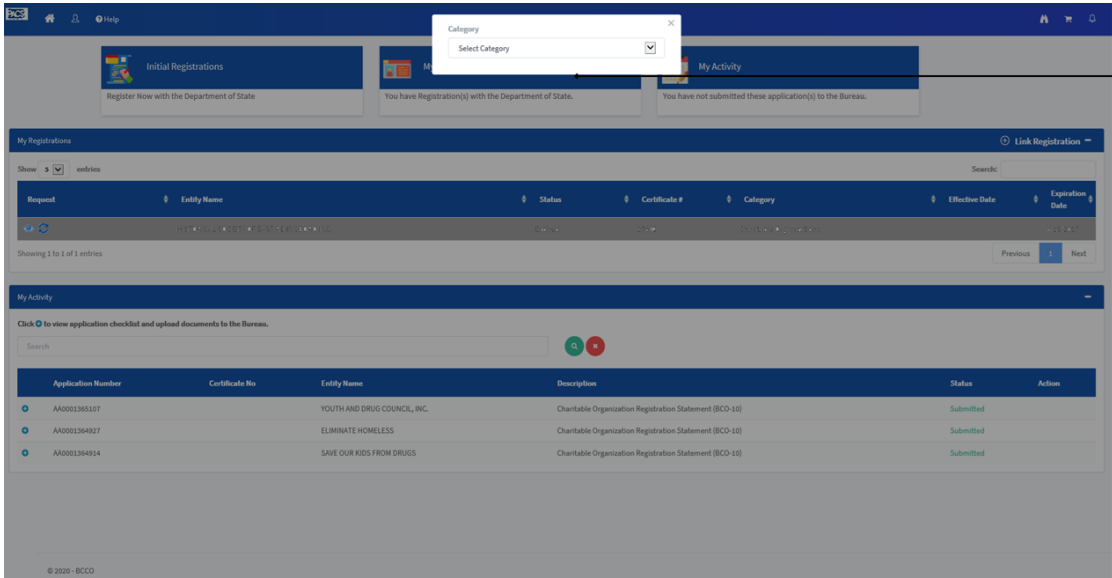
9. Select the drop down icon



10. Select the correct category for your organization **Charitable Organizations**



11. Select the Ok icon



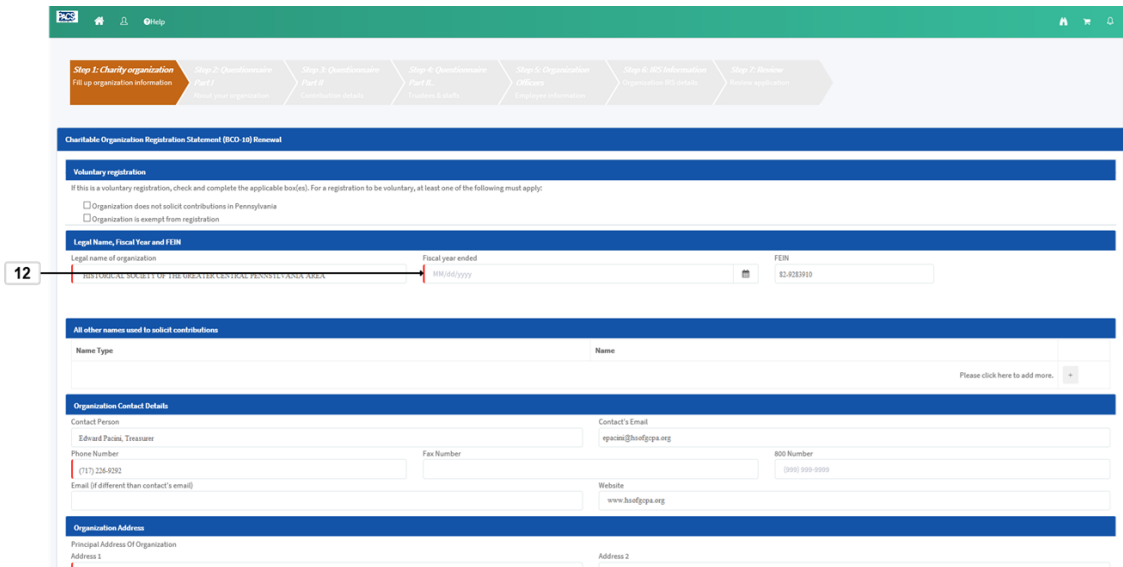
The screenshot shows the 'My Registrations' section with a table containing one entry:

Request	Entity Name	Status	Certificate #	Category	Effective Date	Expiration Date
AA0001369307	YOUTH AND DRUG COUNCIL, INC.	Submitted		Charitable Organization Registration Statement (BCO-10)		

The 'My Activity' section shows a table with three entries:

Application Number	Certificate No.	Entity Name	Description	Status	Action
AA0001369307		YOUTH AND DRUG COUNCIL, INC.	Charitable Organization Registration Statement (BCO-10)	Submitted	
AA0001364927		ELIMINATE HOMELESS	Charitable Organization Registration Statement (BCO-10)	Submitted	
AA0001364914		SAVE OUR KIDS FROM DRUGS	Charitable Organization Registration Statement (BCO-10)	Submitted	

12. Select the Fiscal year ended field



The screenshot shows the 'Charitable Organization Registration Statement (BCO-10) Renewal' form. The 'Legal Name, Fiscal Year and EIN' section is highlighted, and the 'Fiscal year ended' field is selected.

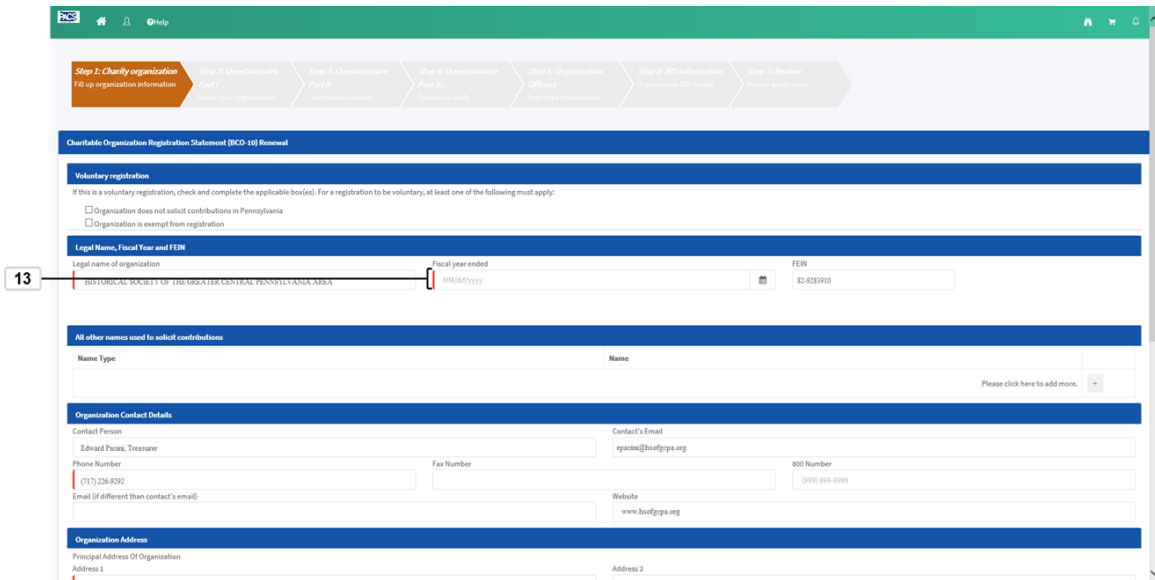
Legal Name, Fiscal Year and EIN

Legal name of organization: THE LOGICAL SOCIETY OF THE GREATER CLEVELAND PENNSYLVANIA AREA

Fiscal year ended: MM/dd/yyyy

EIN: 42-828910

13. As required, input the fiscal year ended in the required field:



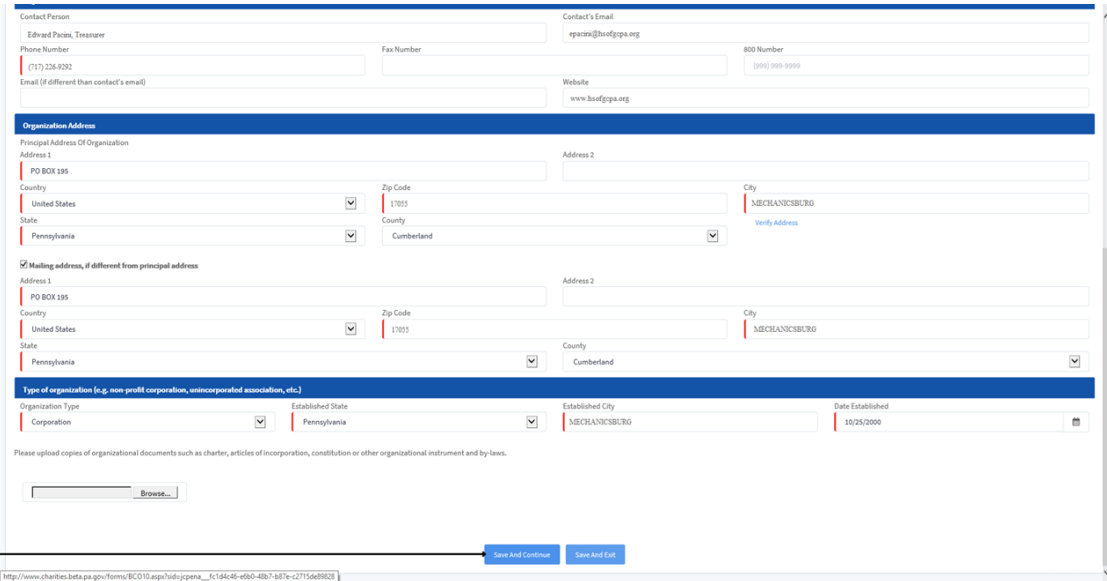
The screenshot shows the 'Charitable Organization Registration Statement (BCO-10) Renewal' form. The 'Legal Name, Fiscal Year and FEIN' section contains the following fields:

- Legal name of organization: HISTORICAL SOCIETY OF THE GREATER CENTRAL PENNSYLVANIA AREA
- Fiscal year ended: 12/31/2019 (highlighted with a red box and callout '13')
- FEIN: 82-8289910

Field	R/O/C	Description
	Required	Example: 12/31/2019

14. Select control

Save And Continue



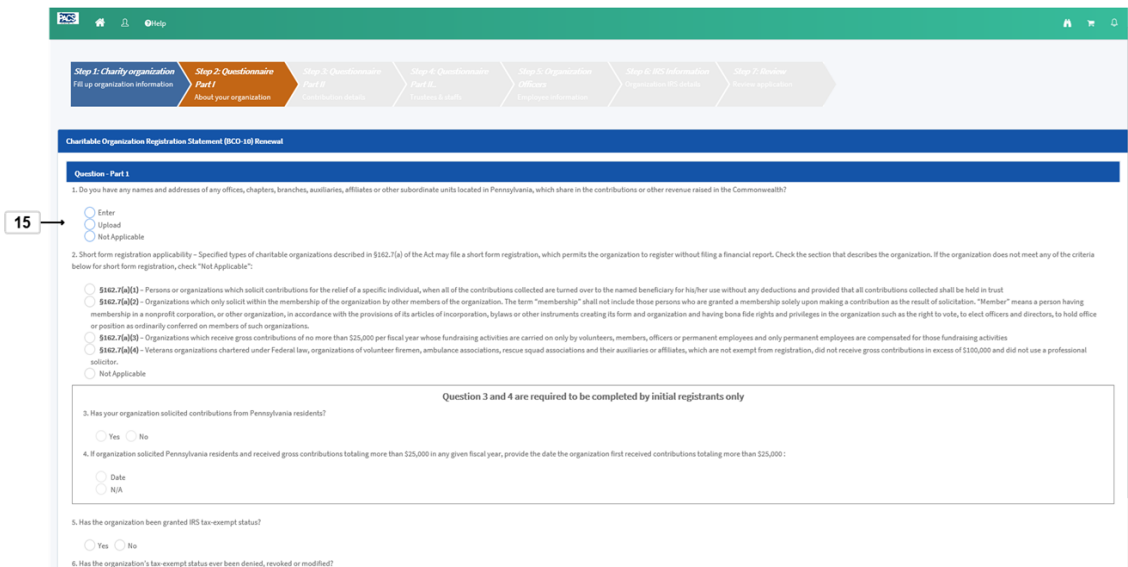
The screenshot shows a web form with the following sections:

- Contact Person:** Edward Parni, Treasurer. Phone Number: (717) 226-9292. Contact's Email: eparni@hsafcpa.org. Website: www.hsafcpa.org.
- Organization Address:** Principal Address of Organization. Address 1: PO BOX 195. Country: United States. State: Pennsylvania. Zip Code: 17055. County: Cumberland. City: MECHANICSBURG.
- Mailing address, if different from principal address:** Address 1: PO BOX 195. Country: United States. State: Pennsylvania. Zip Code: 17055. County: Cumberland. City: MECHANICSBURG.
- Type of organization (e.g. non-profit corporation, unincorporated association, etc.):** Organization Type: Corporation. Established State: Pennsylvania. Established City: MECHANICSBURG. Date Established: 10/26/2000.

At the bottom of the form, there is a "Browse..." button and a "Save And Continue" button. A callout box with the number "14" points to the "Save And Continue" button.

15. Select the correct radio button

- Enter
- Upload
- Not Applicable



The screenshot shows the "Charitable Organization Registration Statement (BCO-10) Renewal" form. A progress bar at the top indicates the current step is "Step 2: Questionnaire Part I".

Question - Part 1

1. Do you have any names and addresses of any offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth?

15 → Enter
 Upload
 Not Applicable

2. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable".

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust.
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities.
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

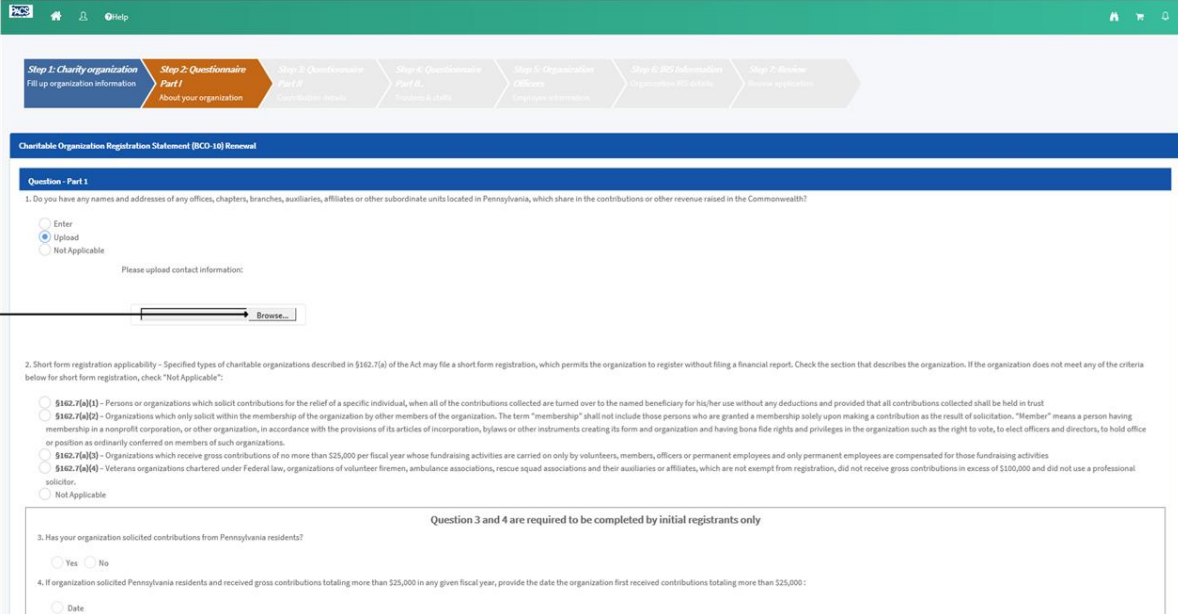
3. Has your organization solicited contributions from Pennsylvania residents?
 Yes No

4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:
 Date N/A

5. Has the organization been granted IRS tax-exempt status?
 Yes No

6. Has the organization's tax-exempt status ever been denied, revoked or modified?

16. If you selected "Upload" click on the "Browse" button .



Step 1: Charity organization Fill up organization information

Step 2: Questionnaire Part I About your organization

Step 3: Questionnaire Part II Local contact details

Step 4: Questionnaire Part III Financials & Loans

Step 5: Organization Officers Single copy information

Step 6: BCO Information Organization ID details

Step 7: Review Review application


Charitable Organization Registration Statement (BCO-10) Renewal

Question - Part 1

1. Do you have any names and addresses of any offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth?

Enter
 Upload
 Not Applicable

Please upload contact information:

16 

2. Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
 §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
 §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
 §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
 Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

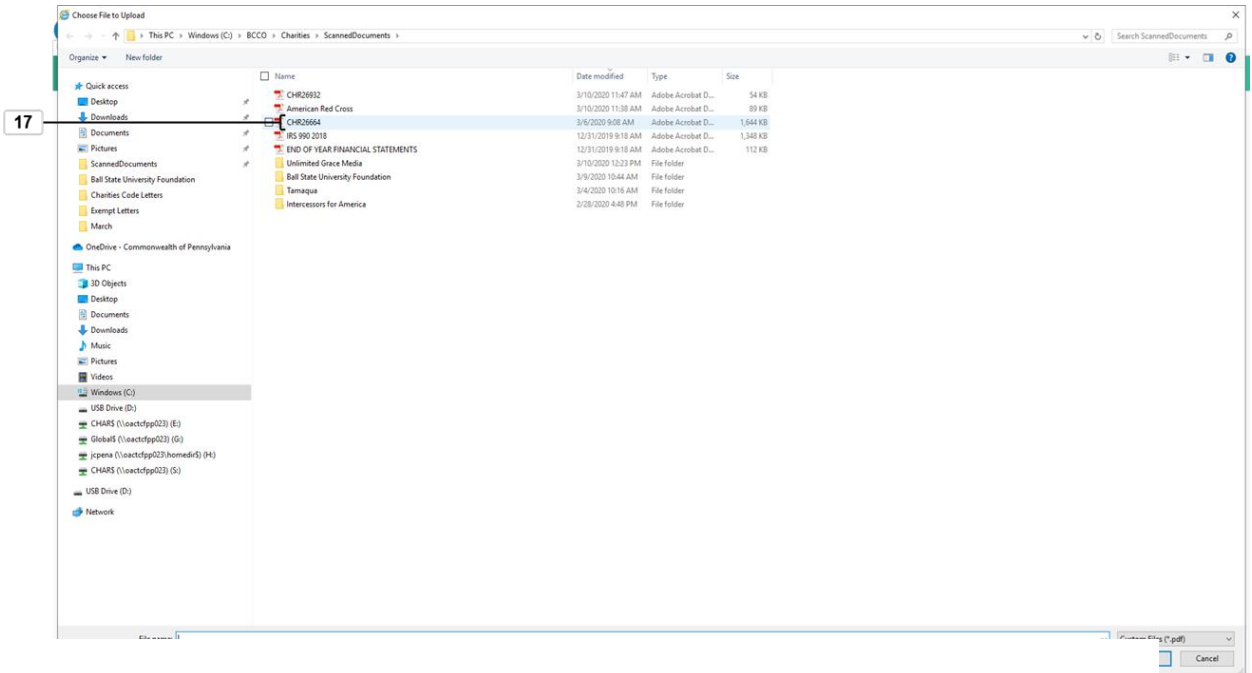
3. Has your organization solicited contributions from Pennsylvania residents?

Yes No


4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:

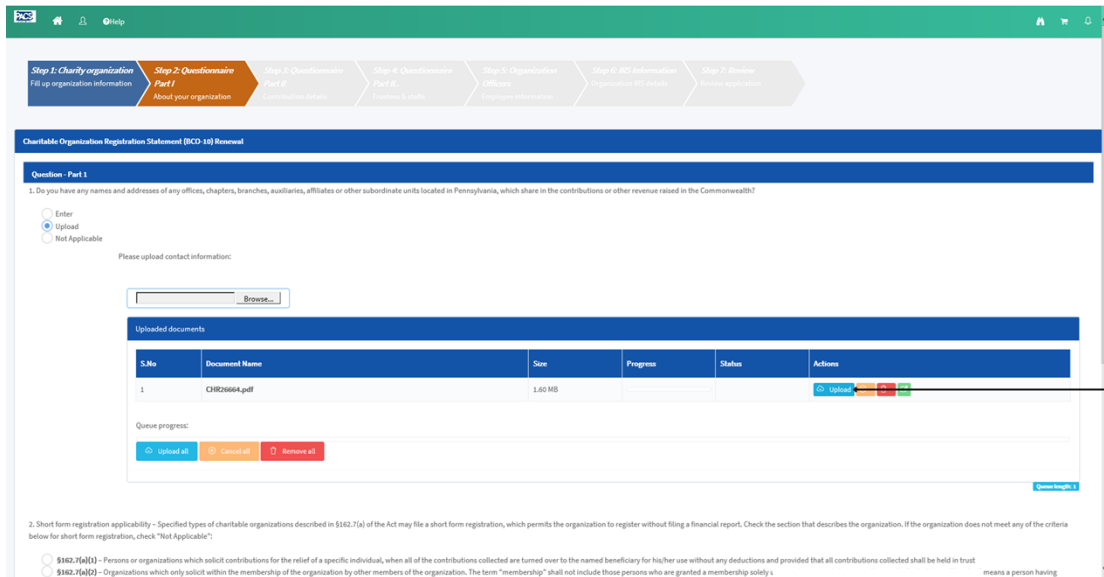
Date

17. As required, complete/review the following fields:



Field	R/O/C	Description
Name	Required	Example: CHR26664

18. To complete the upload process, please select Upload button 



Step 1: Charity organization (Fill in organization information) | Step 2: Questionnaire Part 1 (About your organization) | Step 3: Questionnaire Part 2 (Registration details) | Step 4: Questionnaire Part 3 (Officers, Trustees & staff) | Step 5: Organization Officers (Employment information) | Step 6: 990 Information (990 Form & Attach) | Step 7: Review (Review application)

Charitable Organization Registration Statement (BCO-10) Renewal

Question - Part 1

1. Do you have any names and addresses of any offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth?

Enter
 Upload
 Not Applicable

Please upload contact information:

S.No	Document Name	Size	Progress	Status	Actions
1	CHR20064.pdf	1.00 MB			<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Queue progress:

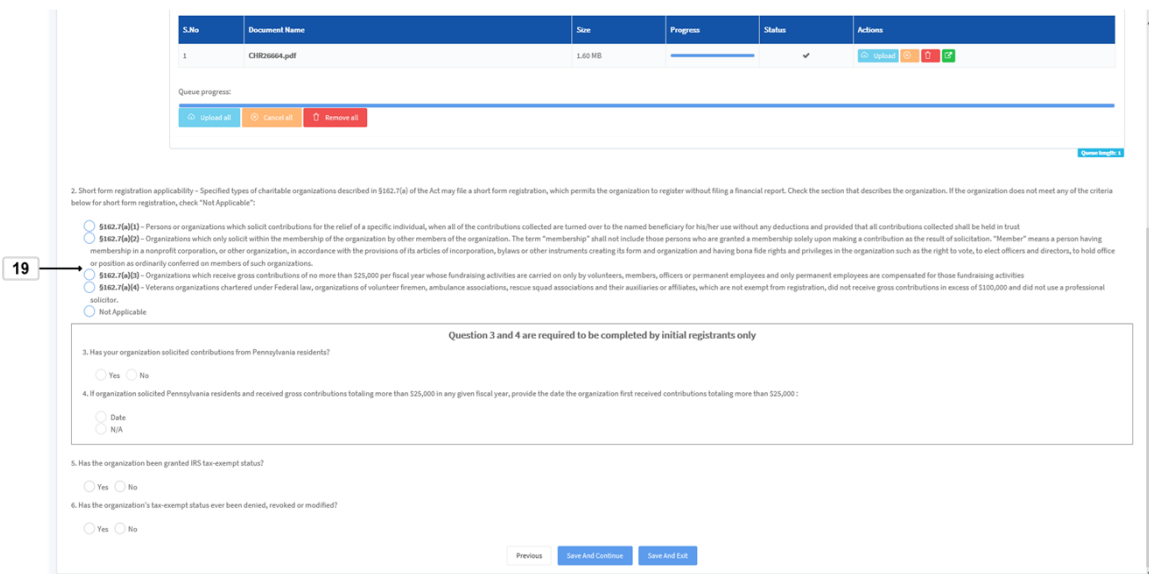
2. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust means a person having

§162.7(a)(2) - Organizations which solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely

19. Select the correct radio button for your organization.

- §162.7(a)(1) - P
- §162.7(a)(2) - O membership in a n or position as ordi
- §162.7(a)(3) - O
- §162.7(a)(4) - V solicitor.
- Not Applicable



S.No	Document Name	Size	Progress	Status	Actions
1	CHR20064.pdf	1.00 MB		✓	<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Queue progress:

2. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(2) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

3. Has your organization solicited contributions from Pennsylvania residents?

Yes No

4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:

Date
 N/A

5. Has the organization been granted IRS tax-exempt status?

Yes No

6. Has the organization's tax-exempt status ever been denied, revoked or modified?

Yes No

20. Select the correct radio button for your organization Yes No .

S.No	Document Name	Size	Progress	Status	Actions
1	CH826664.pdf	1.62 MB	<div style="width: 100%;"></div>	✓	Upload Cancel Remove

Queue progress:

[Upload all](#) [Cancel all](#) [Remove all](#)

[View length 1](#)

2. Short form registration applicability - Specified types of charitable organizations described in §142.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§142.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust.
 §142.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
 §142.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities.
 §142.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$10,000 and did not use a professional solicitor.
 Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

3. Has your organization solicited contributions from Pennsylvania residents?
 Yes No

4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:
 Date
 N/A

5. Has the organization been granted IRS tax-exempt status?
 Yes No

20. 6. Has the organization's tax-exempt status ever been denied, revoked or modified?
 Yes No

[Previous](#) [Save And Continue](#) [Save And Exit](#)

21. Select the correct radio button for your organization Yes No

S.No	Document Name	Size	Progress	Status	Actions
1	CHR2664.pdf	1.60 MB	<div style="width: 100%;"></div>	✓	Upload Cancel Remove

Queue progress:

[Upload all](#) [Cancel all](#) [Remove all](#)

2. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

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 §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
 Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

3. Has your organization solicited contributions from Pennsylvania residents?
 Yes No

4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:
 Date
 N/A

5. Has the organization been granted IRS tax-exempt status?
 Yes No

6. Has the organization's tax-exempt status ever been denied, revoked or modified?
 Yes No

[Previous](#) [Save And Continue](#) [Save And Exit](#)

22. Select the Save And Continue button

S.No	Document Name	Size	Progress	Status	Actions
1	CHR2664.pdf	1.60 MB	<div style="width: 100%;"></div>	✓	Upload Cancel Remove

Queue progress:

[Upload all](#) [Cancel all](#) [Remove all](#)

2. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust.
 §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
 §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities.
 §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
 Not Applicable

Question 3 and 4 are required to be completed by initial registrants only

3. Has your organization solicited contributions from Pennsylvania residents?
 Yes No

4. If organization solicited Pennsylvania residents and received gross contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000:
 Date
 N/A

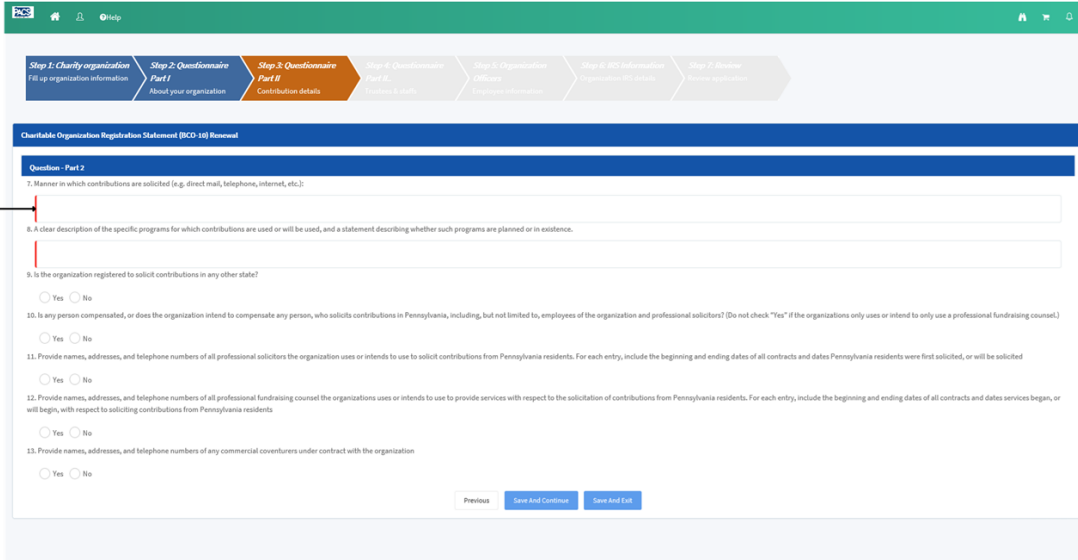
5. Has the organization been granted IRS tax-exempt status?
 Yes No

6. Has the organization's tax-exempt status ever been denied, revoked or modified?
 Yes No

[Previous](#) [Save And Continue](#) [Save And Exit](#)

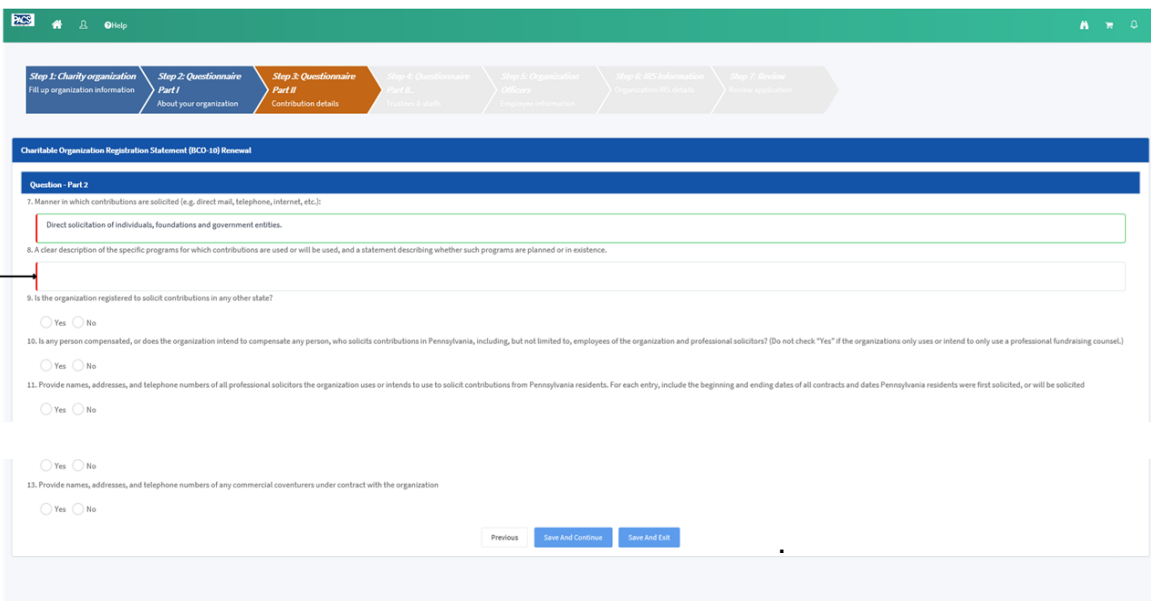
http://www.charities.betsa.pa.gov/forms/BCo10_2.asp?panelid=11594055&id=2&pena_fc14640-e660-48b-7-8d7e-d27154689d3

23. Click in the text box and write your response for question 7.



The screenshot shows a web-based application interface for the BCO-10 Renewal. At the top, a progress bar indicates seven steps: Step 1: Charity organization (Fill up organization information), Step 2: Questionnaire Part I (About your organization), Step 3: Questionnaire Part II (Contribution details), Step 4: Questionnaire Part III (Officers & staff), Step 5: Organization Officers (Employee information), Step 6: BCO Information (Organization BCO details), and Step 7: Review (Review application). The current step is Step 3, which is highlighted in orange. Below the progress bar, the title "Charitable Organizations Registration Statement (BCO-10) Renewal" is displayed. The main content area is titled "Question - Part 2" and contains question 7: "Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):". A red box with the number "23" points to a text input field for this question. Below question 7 are questions 8 through 13, each with a "Yes" or "No" radio button option. At the bottom of the form, there are three buttons: "Previous", "Save And Continue", and "Save And Exit".

24. Click in the text box and write your response to question 8.



Charitable Organization Registration Statement (BCO-10) Renewal

Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

9. Is the organization registered to solicit contributions in any other state?

Yes No

10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)

Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited

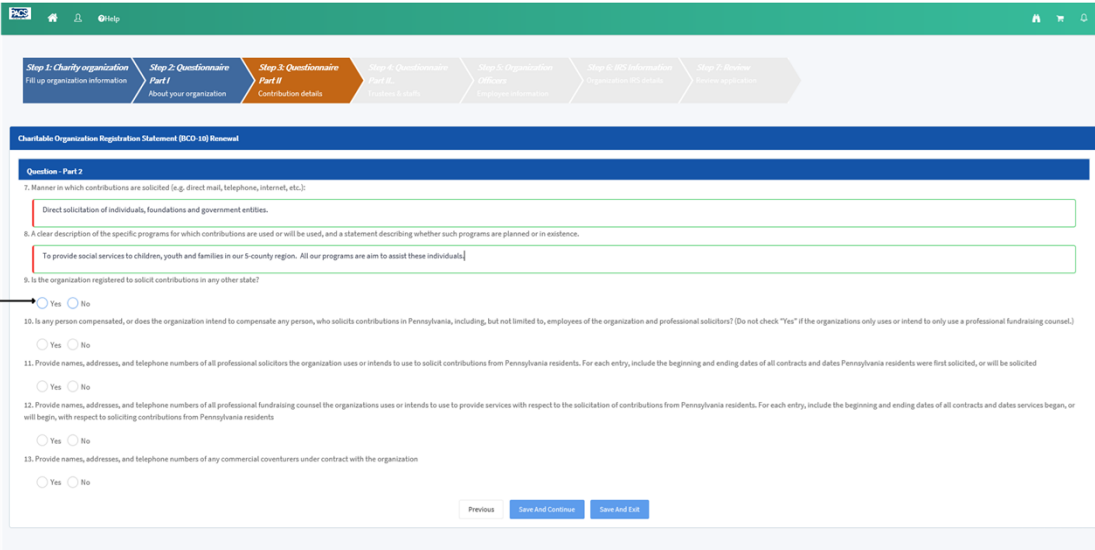
Yes No

13. Provide names, addresses, and telephone numbers of any commercial coventurers under contract with the organization

Yes No

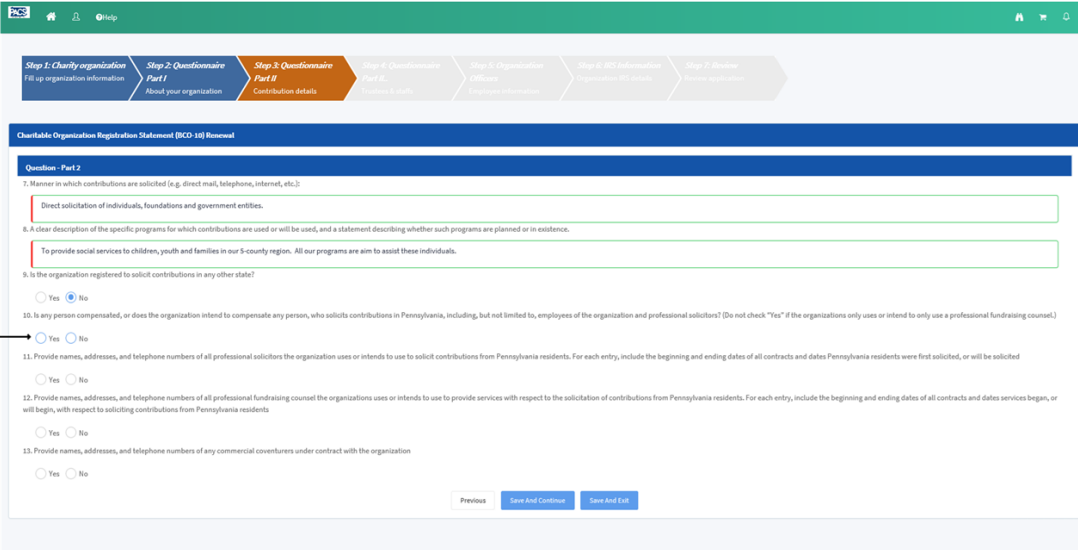
Previous Save And Continue Save And Exit

25. Select the correct radio button for your organization Yes No .



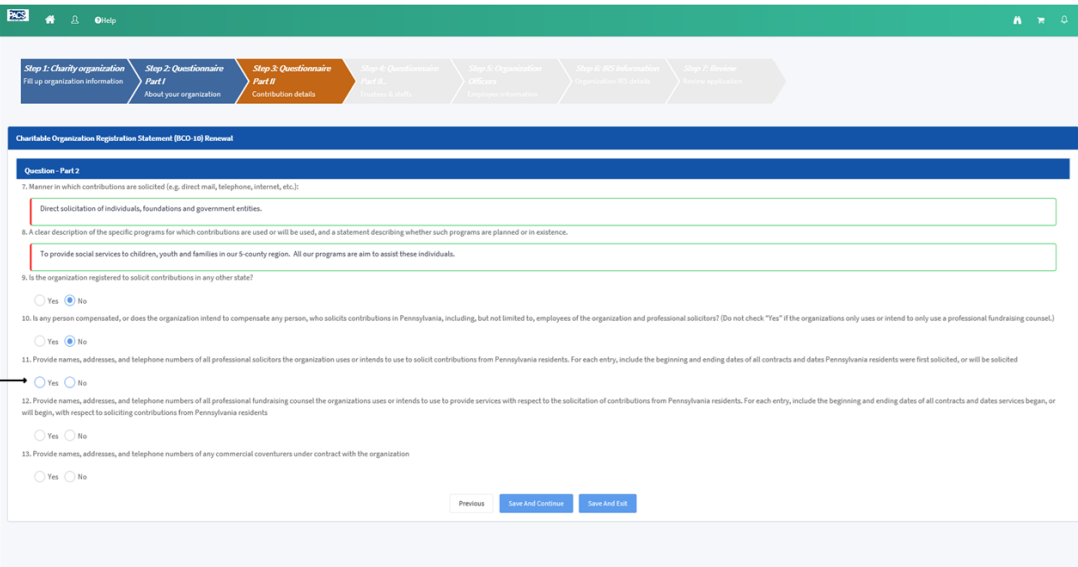
The screenshot shows the 'Charitable Organization Registration Statement (BCO-10) Renewal' form. A progress bar at the top indicates the current step is 'Step 3: Questionnaire Part II: Contribution details'. The form is titled 'Question - Part 2' and contains several questions. Question 10 is highlighted with a callout box containing the number '25'. The question asks: '10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)'. Below the question are two radio buttons: 'Yes' and 'No'. The 'No' radio button is selected.

26. Select the correct radio button for your organization Yes No .



The screenshot shows the same 'Charitable Organization Registration Statement (BCO-10) Renewal' form. The progress bar indicates the current step is 'Step 3: Questionnaire Part II: Contribution details'. The form is titled 'Question - Part 2'. Question 10 is highlighted with a callout box containing the number '26'. The question is identical to the one in the previous screenshot: '10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)'. Below the question are two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected.

27. Select the correct radio button for your organization Yes No .



Charitable Organization Registration Statement (BCO-10) Renewal

Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

To provide social services to children, youth and families in our 5-county region. All our programs are aim to assist these individuals.

9. Is the organization registered to solicit contributions in any other state?

Yes No

10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)

Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited

Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents

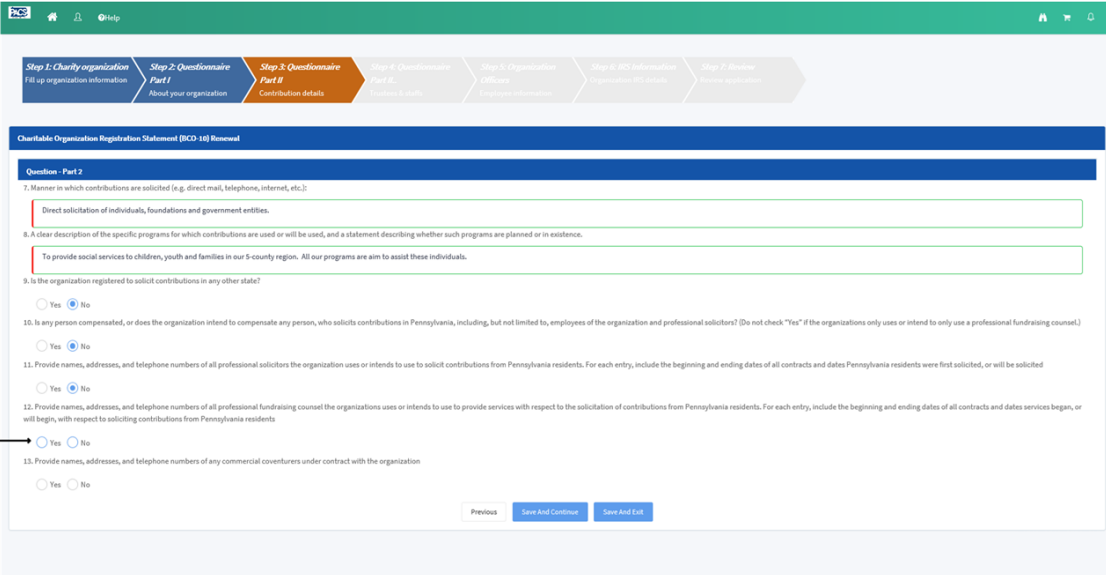
Yes No

13. Provide names, addresses, and telephone numbers of any commercial covertners under contract with the organization

Yes No

Previous Save And Continue Save And Exit

28. Select the correct radio button for your organization Yes No



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
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9. Is the organization registered to solicit contributions in any other state?
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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

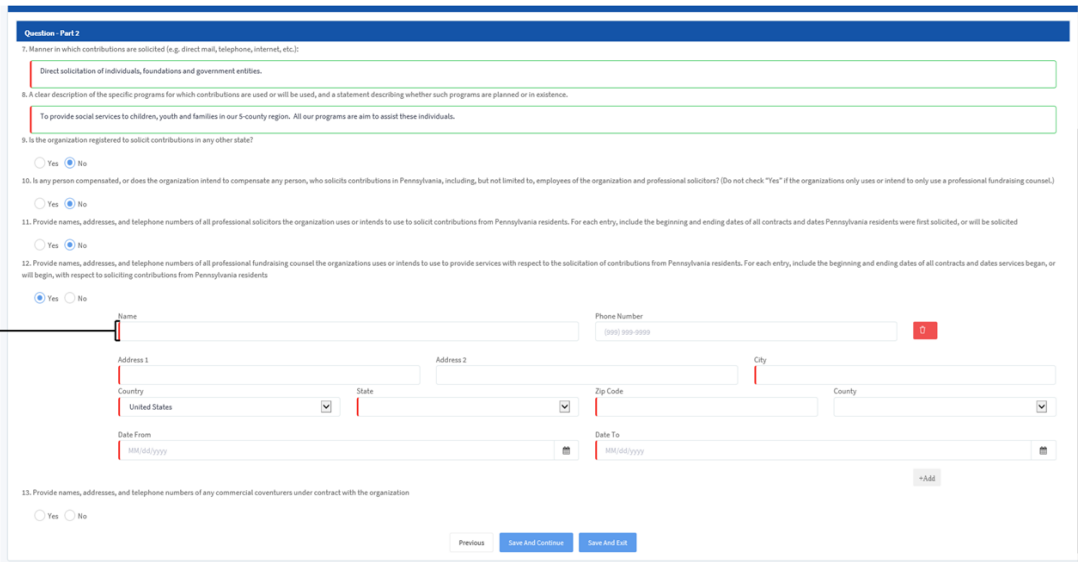
11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

13. Provide names, addresses, and telephone numbers of any commercial covertners under contract with the organization
 Yes No

Buttons: Previous, Save And Continue, Save And Exit

29. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
To provide social services to children, youth and families in our 5-county region. All our programs are aim to assist these individuals.

9. Is the organization registered to solicit contributions in any other state?
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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

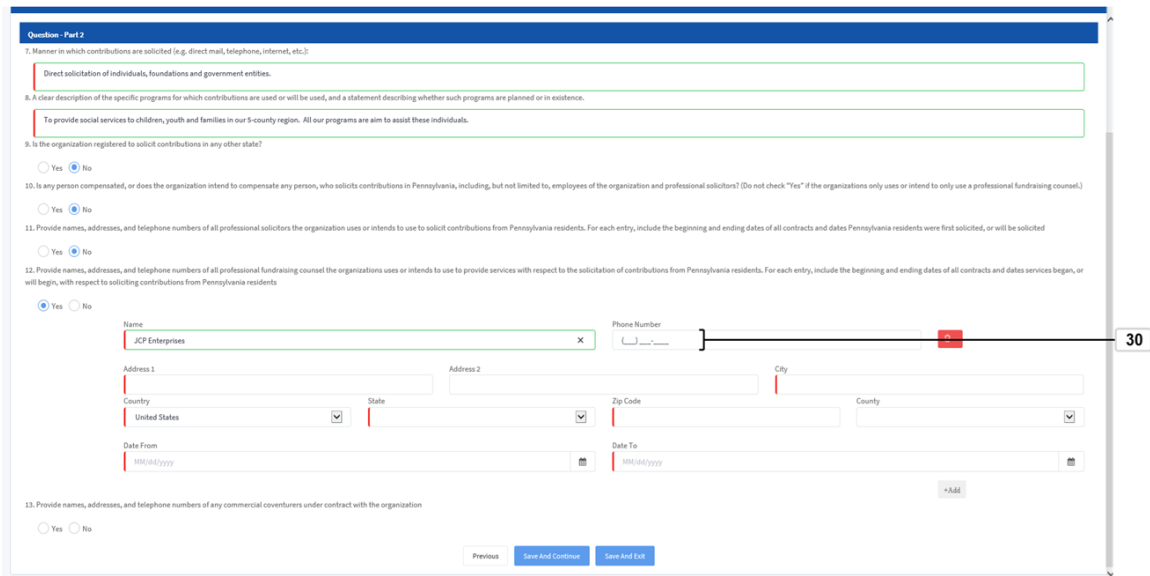
13. Provide names, addresses, and telephone numbers of any commercial covertners under contract with the organization
 Yes No

Fields: Name, Phone Number, Address 1, Address 2, City, Country, State, Zip Code, County, Date From, Date To, +Add

Buttons: Previous, Save And Continue, Save And Exit

Field	R/O/C	Description
Name	Required	Example: JCP Enterprises

30. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

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9. Is the organization registered to solicit contributions in any other state?

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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intend to only use a professional fundraising counsel.)

Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited

Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents

Yes No

Name: JCP Enterprises

Phone Number: () - - - - -

Address 1: Address 2: City:

Country: United States State: Zip Code: County:

Date From: MM/DD/YYYY Date To: MM/DD/YYYY

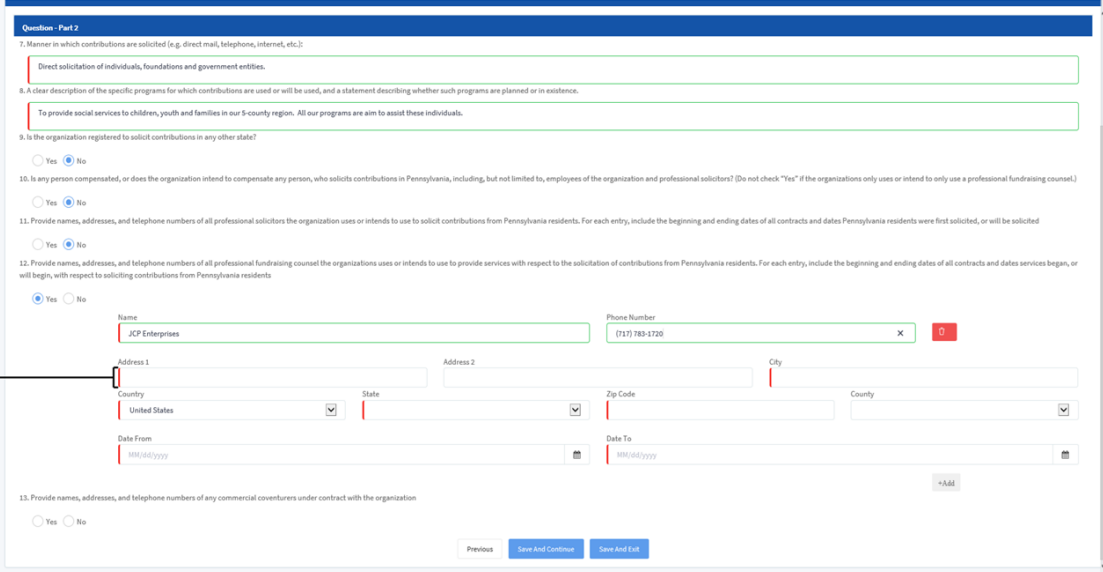
13. Provide names, addresses, and telephone numbers of any commercial coverters under contract with the organization

Yes No

Previous Save and Continue Done and Exit

Field	R/O/C	Description
Phone Number	Required	Example: (717) 783-1720

31. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
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9. Is the organization registered to solicit contributions in any other state?
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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: Address 2: City:

Country: United States State: Zip Code: County:

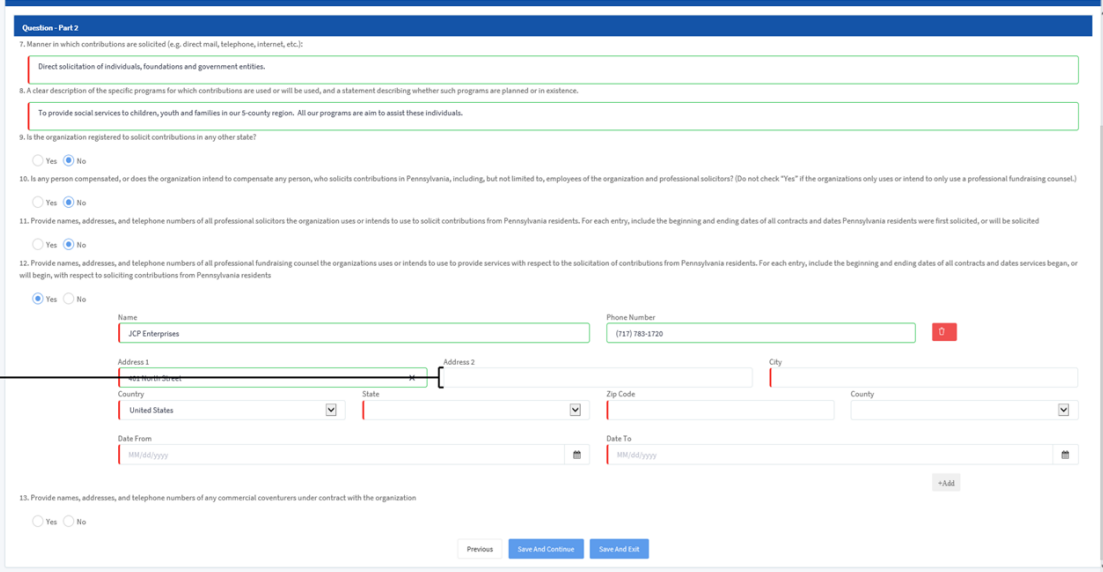
Date From: MM/dd/yyyy Date To: MM/dd/yyyy

13. Provide names, addresses, and telephone numbers of any commercial covertures under contract with the organization
 Yes No

Buttons: Previous Save And Continue Save And Exit

Field	R/O/C	Description
Address 1	Required	Example: 401 North Street

32. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
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9. Is the organization registered to solicit contributions in any other state?
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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 400 North Street Address 2: City: State: Zip Code: County:

Country: United States State: Zip Code: County:

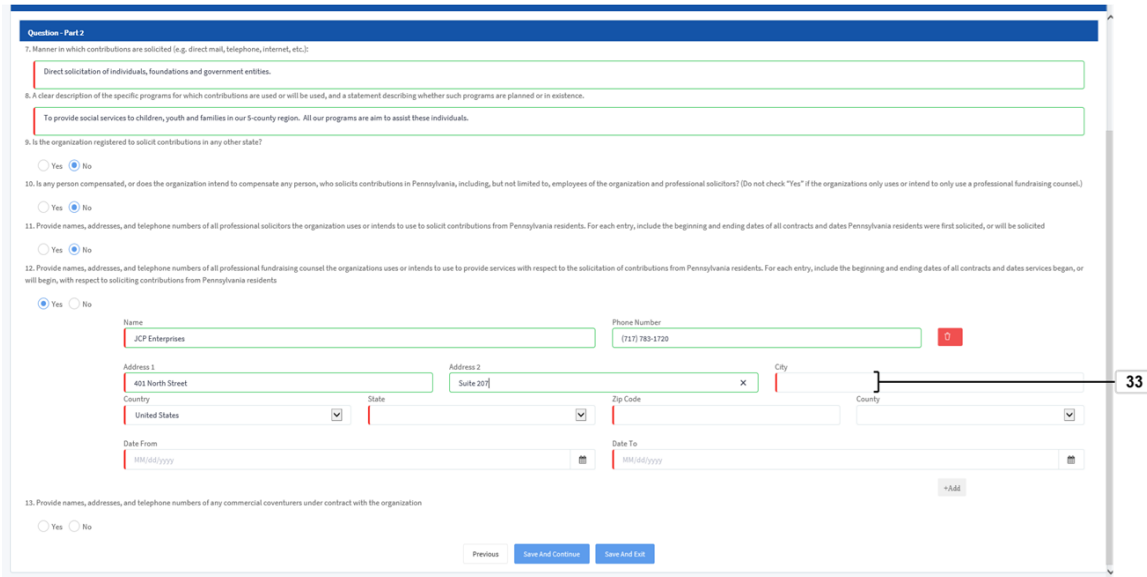
Date From: MM/dd/yyyy Date To: MM/dd/yyyy

13. Provide names, addresses, and telephone numbers of any commercial covertures under contract with the organization
 Yes No

Buttons: Previous Save And Continue Save And Exit

Field	R/O/C	Description
Address 2	Required	Example: Suite 207

33. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
To provide social services to children, youth and families in our 5-county region. All our programs are aim to assist these individuals.

9. Is the organization registered to solicit contributions in any other state?
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10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 401 North Street Address 2: Suite 207 City: [Redacted] X

Country: United States State: [Redacted] Zip Code: [Redacted] County: [Redacted]

Date From: MM/DD/YYYY Date To: MM/DD/YYYY

13. Provide names, addresses, and telephone numbers of any commercial covertenurs under contract with the organization
 Yes No

Buttons: Previous Save And Continue Save And Exit

Field	R/O/C	Description
City	Required	Example: Harrisburg

34. Select the drop down icon



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

9. Is the organization registered to solicit contributions in any other state?
 Yes No

10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

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 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name	JCP Enterprises		Phone Number	(717) 783-1720
Address 1	Address 2	City		
401 North Street	Suite 207	Harrisburg		
Country	State	Zip Code	County	
United States	PA		York	
Date From	Date To			
MM/DD/YYYY	MM/DD/YYYY			

13. Provide names, addresses, and telephone numbers of any commercial covertures under contract with the organization
 Yes No

Previous Save And Continue Save And Exit



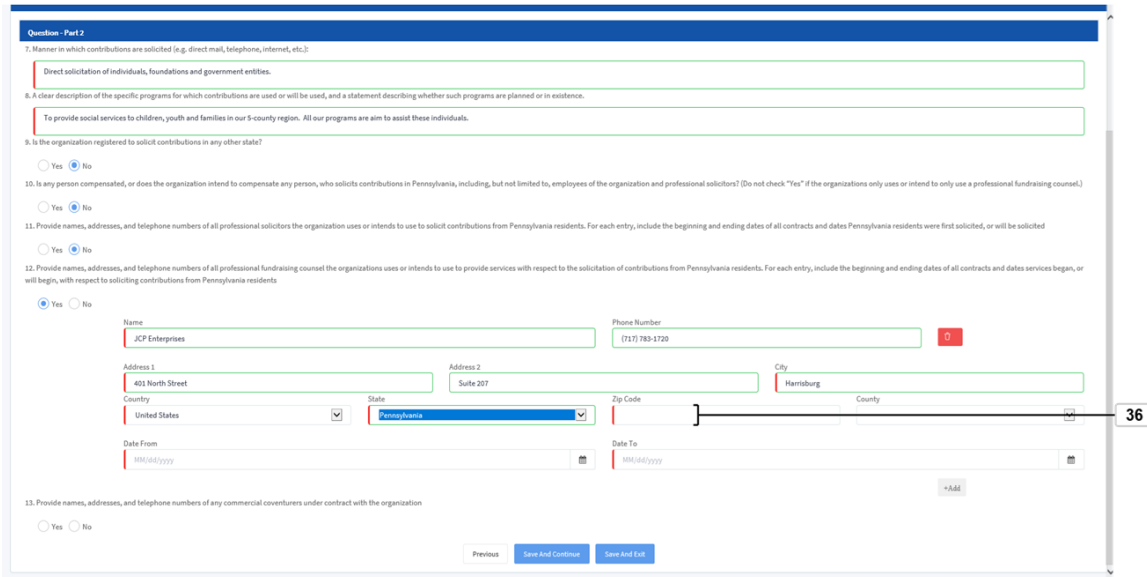
pennsylvania

OFFICE OF ADMINISTRATION

35. Select the correct state from list

	Illinois	
	Indiana	
	Iowa	
	Kansas	
	Kentucky	
	Louisiana	
	Maine	
	Maryland	
	Massachusetts	
	Michigan	
	Minnesota	
	Mississippi	
	Missouri	
	Montana	
	Nebraska	
	Nevada	
	New Hampshire	
	New Jersey	
	New Mexico	
	New York	
	North Carolina	
	North Dakota	
	Ohio	
	Oklahoma	
	Oregon	
35 →	Pennsylvania	
	Puerto Rico	
	Rhode Island	
	South Carolina	
	South Dakota	

36. As required, complete/review the zip code field:



The screenshot shows a web-based form titled "Question - Part 2". It contains several questions and input fields. A red box highlights the "Zip Code" field in the address section, which is currently empty. A callout box with the number "36" points to this field. Other visible fields include "Name" (JCP Enterprises), "Phone Number" (717) 783-1720, "Address 1" (401 North Street), "Address 2" (Suite 207), "City" (Harrisburg), "Country" (United States), and "State" (Pennsylvania). There are also "Date From" and "Date To" fields.

Field	R/O/C	Description
Zip Code	Required	Example: 17120

37. Select the drop down icon



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

9. Is the organization registered to solicit contributions in any other state?
 Yes No

10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

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 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents.
 Yes No

Name	JCF Enterprises		Phone Number	(717) 783-1720	
Address 1	402 North Street		Address 2	Suite 207	
Country	United States	State	Pennsylvania	Zip Code	17120
				City	Harrisburg
				County	
Date From	MM/DD/YYYY		Date To	MM/DD/YYYY	

13. Provide names, addresses, and telephone numbers of any commercial coventurers under contract with the organization
 Yes No

Buttons: Previous, Save And Continue, Save And Exit

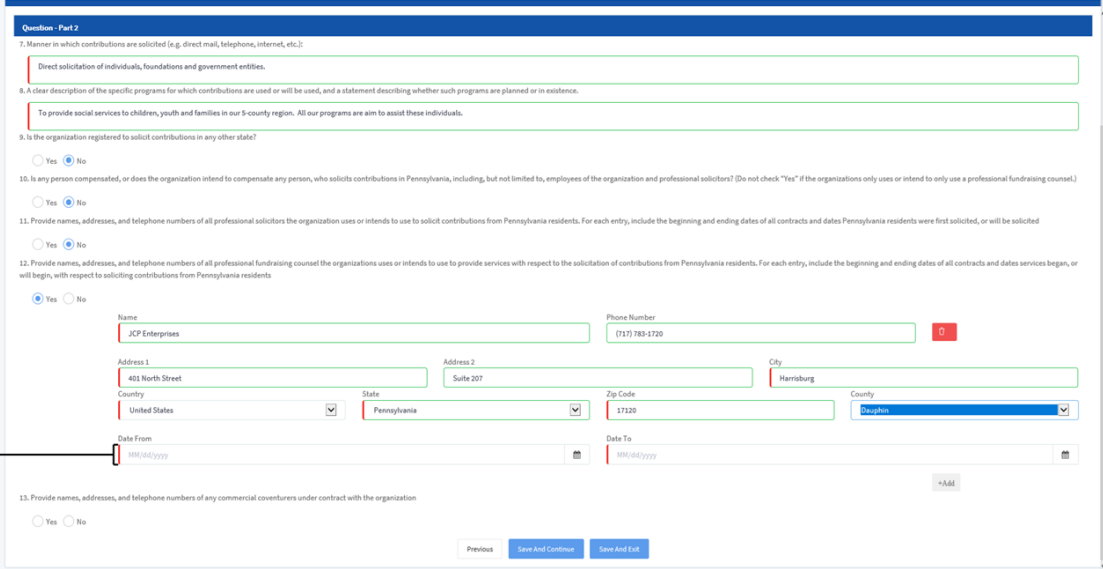
37



38. Select the county from list **Dauphin**.

A dropdown menu is shown with a list of Pennsylvania counties. The 'Dauphin' county is highlighted in blue and has a small '38' in a circle next to it. The list includes: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Erie, Fayette, Forest, Franklin, and Fulton.

39. As required, complete/review the following fields:



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
To provide social services to children, youth and families in our 5-county region. All our programs are aim to assist these individuals.

9. Is the organization registered to solicit contributions in any other state?
 Yes No

10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 401 North Street Address 2: Suite 207 City: Harrisburg

Country: United States State: Pennsylvania Zip Code: 17120 County: Dauphin

Date From: MM/dd/yyyy Date To: MM/dd/yyyy

13. Provide names, addresses, and telephone numbers of any commercial covertures under contract with the organization
 Yes No

Buttons: Previous, Save And Continue, Save And Exit

Field	R/O/C	Description
Date From	Required	Example: 01/01/2019

40. As required, complete/review the following fields:

Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

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 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: Phone Number:

Address 1: Address 2: City:

Country: State: Zip Code: County:

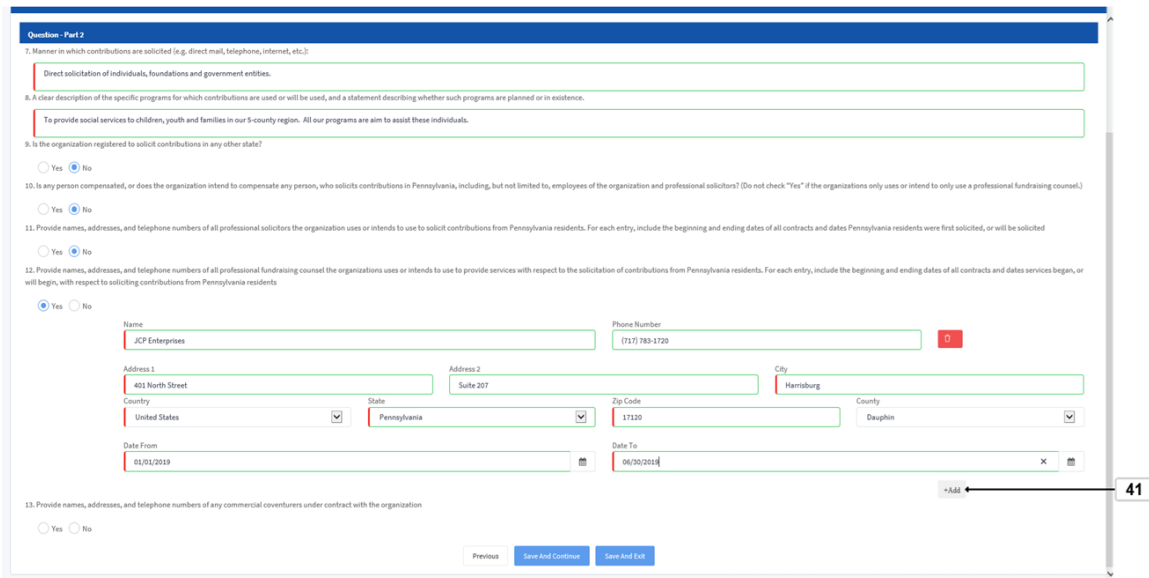
Date From: Date To:

13. Provide names, addresses, and telephone numbers of any commercial covertenurs under contract with the organization
 Yes No

Buttons: Previous, Save And Continue, Save And Exit

Field	R/O/C	Description
Date To	Required	Example: 06/30/2019

41. If you need to add another fundraising counsel, select the add icon  .



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
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 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 401 North Street Address 2: Suite 207 City: Harrisburg

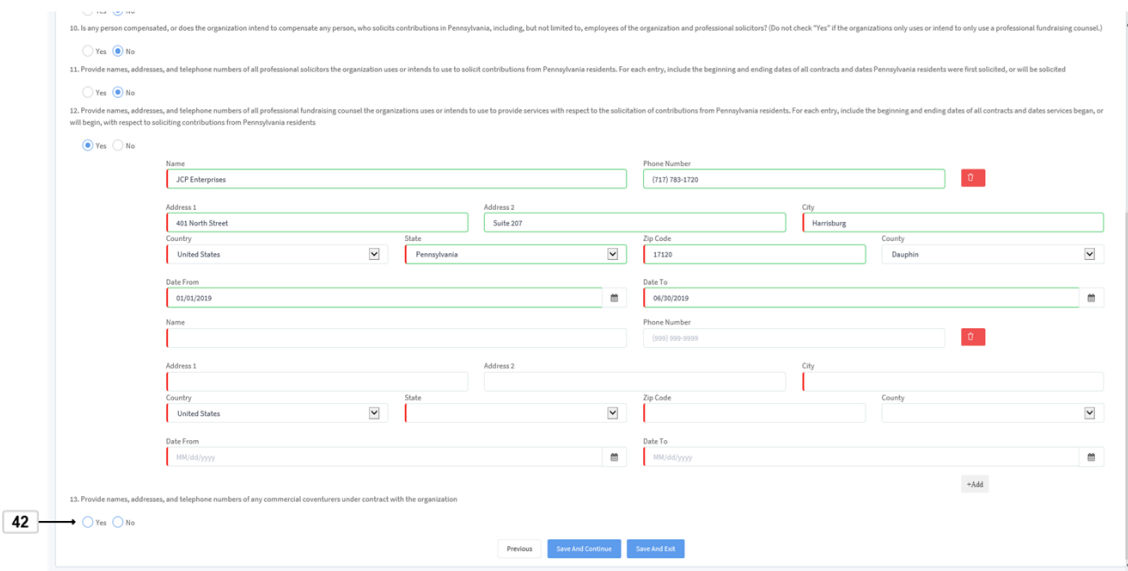
Country: United States State: Pennsylvania Zip Code: 17120 County: Dauphin

Date From: 01/01/2019 Date To: 06/30/2019

13. Provide names, addresses, and telephone numbers of any commercial coverenters under contract with the organization
 Yes No

Previous Save And Continue Save And Exit

42. Select the correct radio button for your organization Yes No .



10. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intend to only use a professional fundraising counsel.)
 Yes No

11. Provide names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited
 Yes No

12. Provide names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents
 Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 401 North Street Address 2: Suite 207 City: Harrisburg

Country: United States State: Pennsylvania Zip Code: 17120 County: Dauphin

Date From: 01/01/2019 Date To: 06/30/2019

Name: Phone Number: (999) 999-9999

Address 1: Address 2: City:

Country: United States State: Zip Code: County:

Date From: MM/DD/YYYY Date To: MM/DD/YYYY

13. Provide names, addresses, and telephone numbers of any commercial coverenters under contract with the organization
 Yes No

Previous Save And Continue Save And Exit

43. Select Save And Continue button



Question - Part 2

7. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

Direct solicitation of individuals, foundations and government entities.

8. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

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Yes No

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Yes No

Name: JCP Enterprises Phone Number: (717) 783-1720

Address 1: 401 North Street Address 2: Suite 207 City: Harrisburg

Country: United States State: Pennsylvania Zip Code: 17120 County: Dauphin

Date From: 01/01/2019 Date To: 06/30/2019

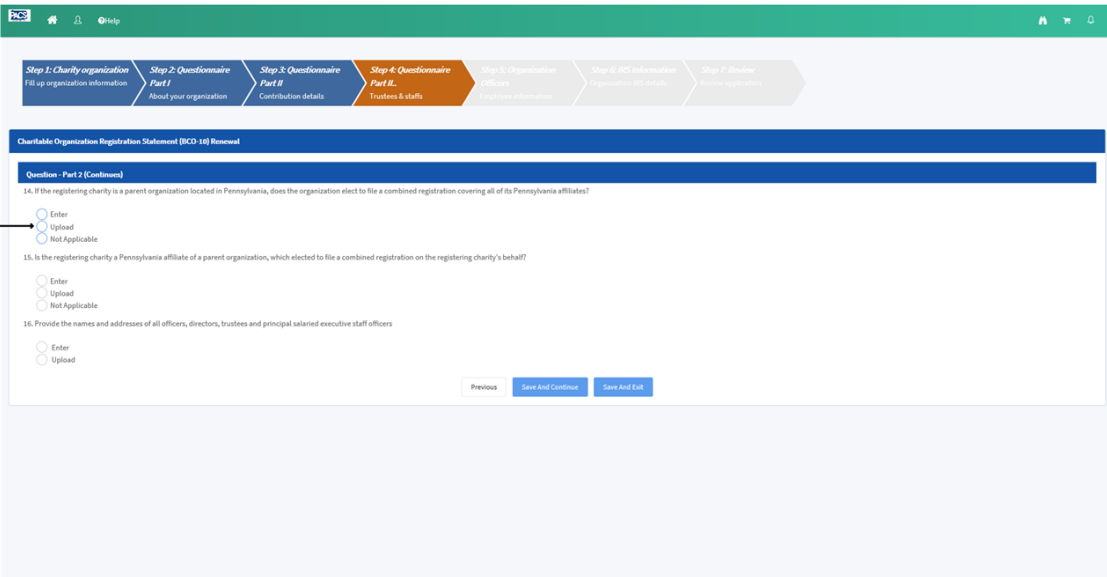
13. Provide names, addresses, and telephone numbers of any commercial coverurers under contract with the organization

Yes No

43

Previous Save And Continue Save And Exit

http://www.charities.beta.pa.gov/forms/BCO10_3.aspx?pnid=11194055&id=cpenns..._6114646-e630-4857-a67e-c2715da98213



The screenshot shows a web application interface for the BCO-10 Renewal Application. At the top, there is a green navigation bar with a home icon, a user profile icon, and a help icon. Below this is a progress bar with seven steps: Step 1: Charity organization (Fill up organization information), Step 2: Questionnaire Part I (About your organization), Step 3: Questionnaire Part II (Contribution details), Step 4: Questionnaire Part II (Trustees & staffs), Step 5: Organization (Officers), Step 6: BCO Information (Organization ID details), and Step 7: Review (Review application). Step 4 is currently selected and highlighted in orange. Below the progress bar, the title of the form is "Charitable Organization Registration Statement (BCO-10) Renewal". The main content area is titled "Question - Part 2 (Continued)". It contains three questions with radio button options:

44. 14. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

- Enter
- Upload
- Not Applicable

15. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf?

- Enter
- Upload
- Not Applicable

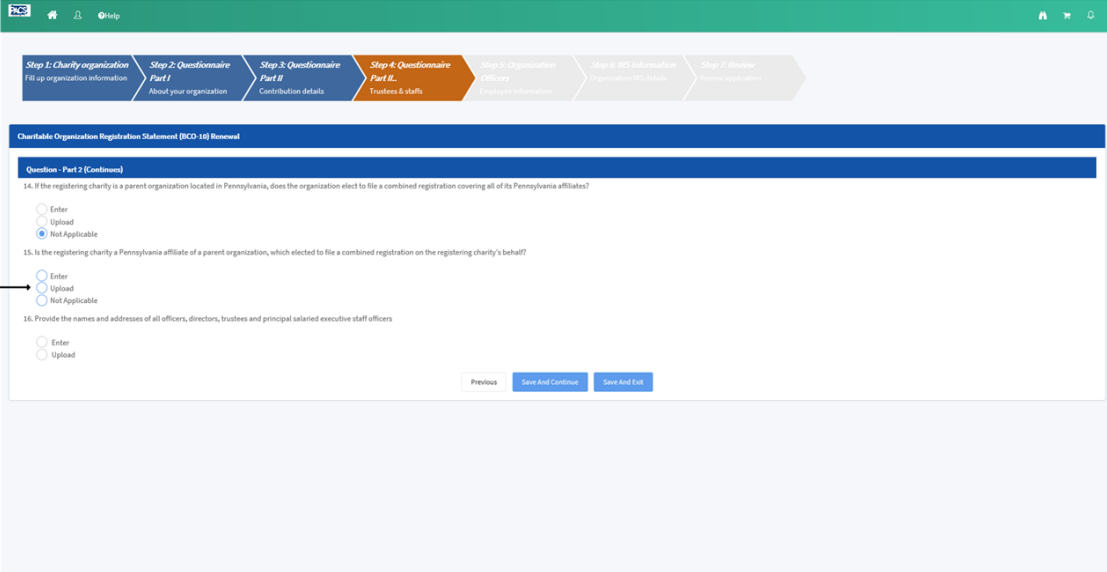
16. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers

- Enter
- Upload

At the bottom of the form, there are three buttons: "Previous", "Save And Continue", and "Save And Exit".

44. Select the correct radio button for your organization

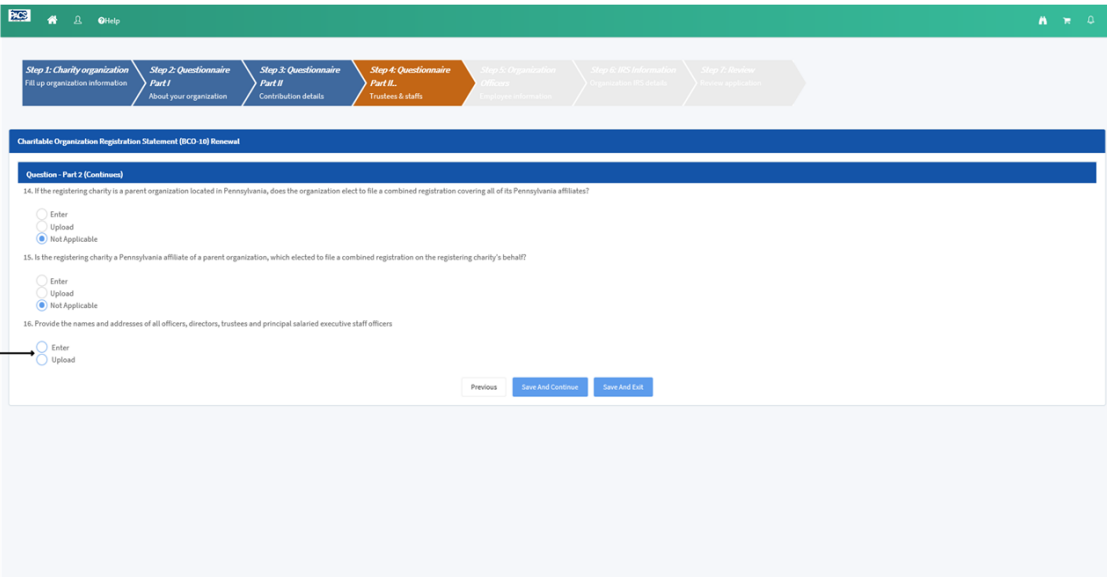
- Enter
- Upload
- Not Applicable



The screenshot shows a web-based application interface for the BCO-10 Renewal. At the top, there is a green navigation bar with a home icon, a user profile icon, and a help icon. Below this is a progress bar with seven steps: Step 1: Charity organization (Fill up organization information), Step 2: Questionnaire Part I (About your organization), Step 3: Questionnaire Part II (Contribution details), Step 4: Questionnaire Part II (Trustees & staffs), Step 5: Organization (Officers), Step 6: BCO information (Organization 501(c)(3) details), and Step 7: Review (Review application). Step 4 is currently selected and highlighted in orange. Below the progress bar, the title "Charitable Organization Registration Statement (BCO-10) Renewal" is displayed. The main content area shows a question titled "Question - Part 2 (Continued)". Question 14 asks: "If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?" with radio buttons for "Enter", "Upload", and "Not Applicable". Question 15 asks: "Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf?" with radio buttons for "Enter", "Upload", and "Not Applicable". Question 16 asks: "Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers" with radio buttons for "Enter" and "Upload". A "45" in a box with an arrow points to the "Not Applicable" radio button for question 15. At the bottom of the form, there are buttons for "Previous", "Save And Continue", and "Save And Exit".

45. Select the correct radio button for your organization

- Enter
- Upload
- Not Applicable



The screenshot shows a web application interface for the BCO-10 Renewal Application. At the top, there is a green navigation bar with a home icon, a user profile icon, and a help icon. Below this is a progress bar with seven steps: Step 1: Charitable organization (Fill up organization information), Step 2: Questionnaire Part I (About your organization), Step 3: Questionnaire Part II (Contribution details), Step 4: Questionnaire Part II (Trustees & staffs), Step 5: Organization Information (Officers), Step 6: BCO Information (Organization 499 details), and Step 7: Review (Review application). Step 4 is currently active and highlighted in orange. Below the progress bar is the title "Charitable Organization Registration Statement (BCO-10) Renewal". The main content area is titled "Question - Part 2 (Continued)". It contains three questions with radio button options:

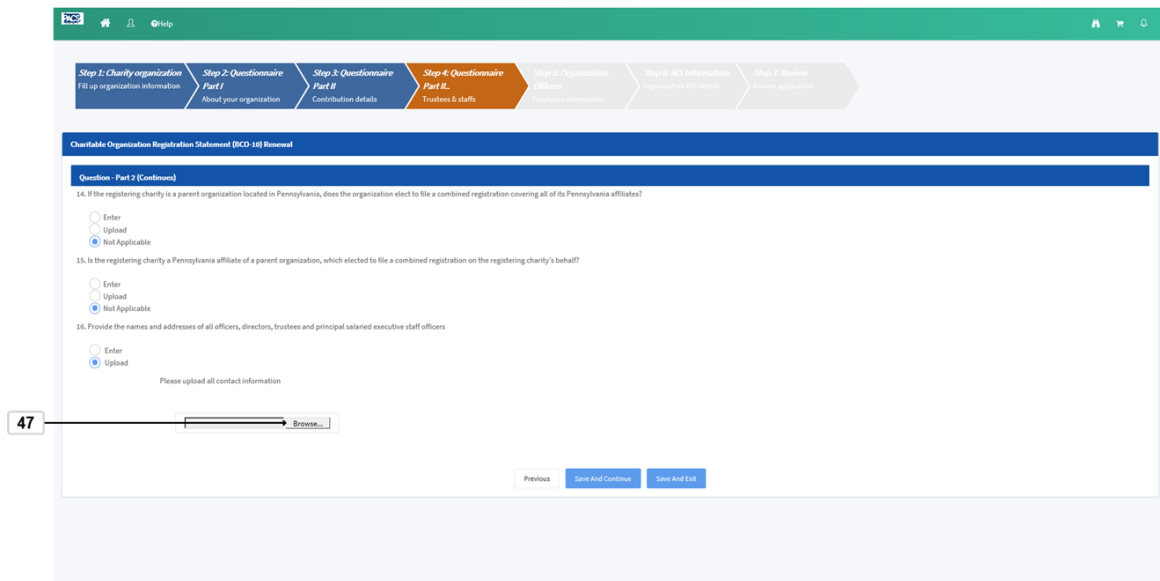
- 14. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?
 - Enter
 - Upload
 - Not Applicable
- 15. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf?
 - Enter
 - Upload
 - Not Applicable
- 16. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.
 - Enter
 - Upload


A callout box with the number "46" points to the "Enter" radio button for question 16. At the bottom of the form, there are three buttons: "Previous", "Save And Continue", and "Save And Exit".

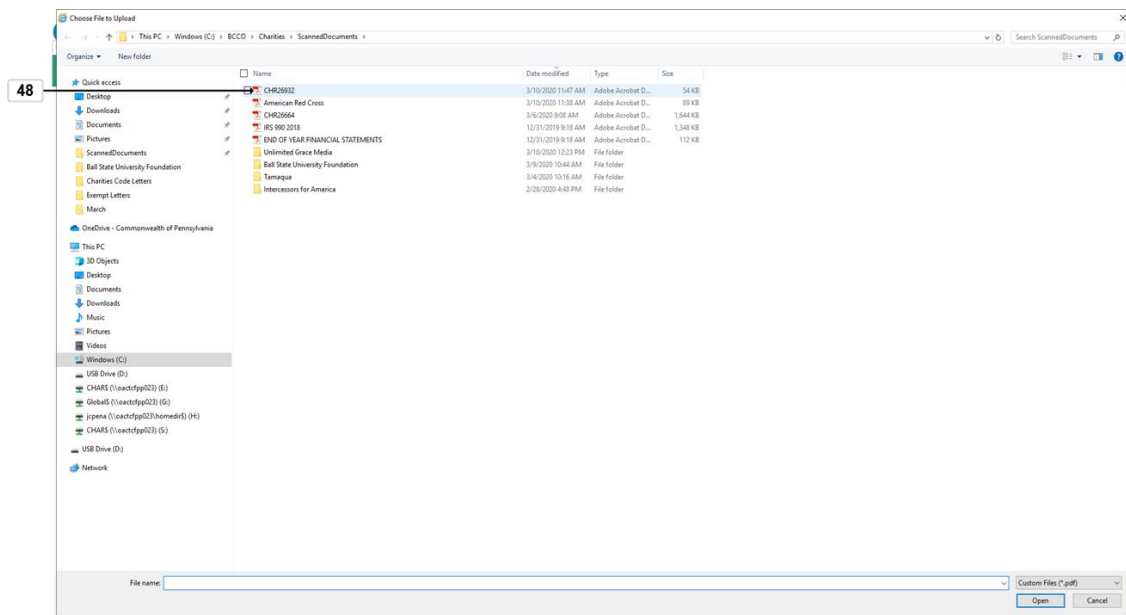
46. Select the correct radio button for your answer


- Enter
- Upload

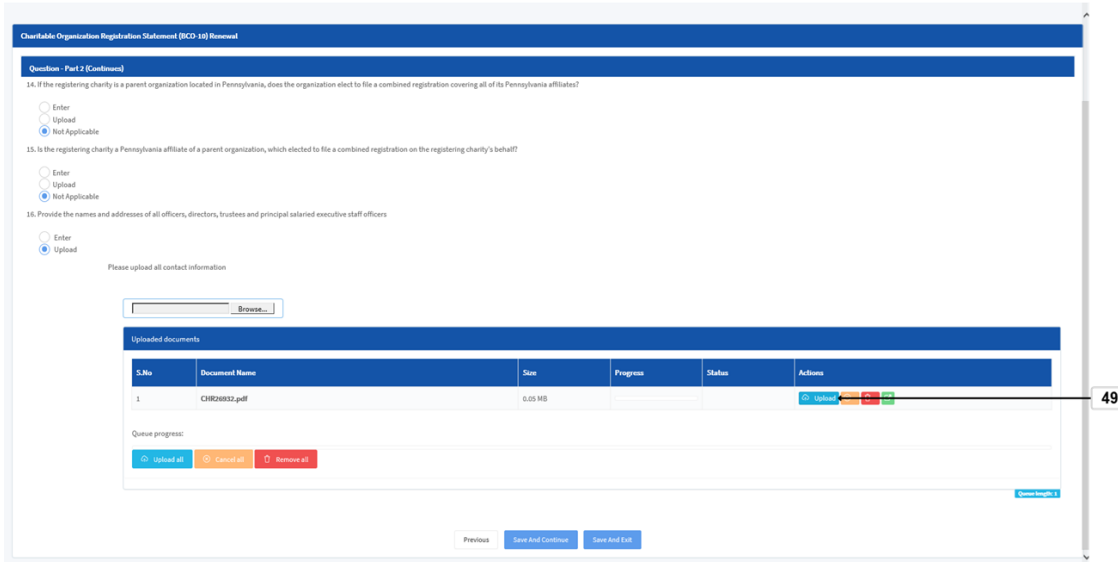
47. Select the Browse... button .



48. Double click or select and open the correct file to upload it.  CHR26932 .
Choose File to Upload



49. To complete the upload process, select the Upload button  .



Charitable Organization Registration Statement (BCO 10) Renewal

Question Part 2 (Continued)

14. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

Enter
 Upload
 Not Applicable

15. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf?




Enter
 Upload
 Not Applicable

16. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers




Enter
 Upload

Please upload all contact information

Uploaded documents

S.No	Document Name	Size	Progress	Status	Actions
1	CHR20832.pdf	0.05 MB			  

Queue progress:

[View length 1](#)

[Previous](#) [Save And Continue](#) [Save And Exit](#)

Charitable Organization Registration Statement (BCO-10) Renewal

Question - Part 2 (Continued)

14. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

Enter
 Upload
 Not Applicable

15. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf?

Enter
 Upload
 Not Applicable

16. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers

Enter
 Upload

Please upload all contact information

Uploaded documents

S.No	Document Name	Size	Progress	Status	Actions
1	CHR20932.pdf	0.05 MB	<div style="width: 100%;"></div>	✓	<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Queue progress:

50

http://www.charities.beta.pa.gov/forms/Bco10_4.aspx?rand=11394055&uid=jcpenn_a_fc1d4c46-e600-48b7-987e-c2715d689203

50. Select Save And Continue button





PROCEDURE

51. Start the transaction using the menu path or transaction code.

Step 1: Charity organization
Fill up organization information

Step 2: Questionnaire
Part I
About your organization

Step 3: Questionnaire
Part II
Contribution details

Step 4: Questionnaire
Part II
Trustees & staffs

Step 5: Organization
Officers
Employee information

Step 6: 990 Information
Organization Information

Step 7: Renewal
Renewal Application

Charitable Organization Registration Statement (CCO-16) Renewal

Question - Part 2 (Continued)

17. Names of the individuals or officers of the organization who:

A. Are in charge of solicitation activities:

Enter
 Upload

B. Have final responsibility for the custody of contributions:

Enter
 Upload

C. Have final responsibility for final distribution of contributions:

Enter
 Upload

D. Are responsible for custody of financial records:

Enter
 Upload

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officers, director, trustee, or employee?

Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising consultant or solicitor under contract with the organization?

Enter
 Upload
 Not Applicable

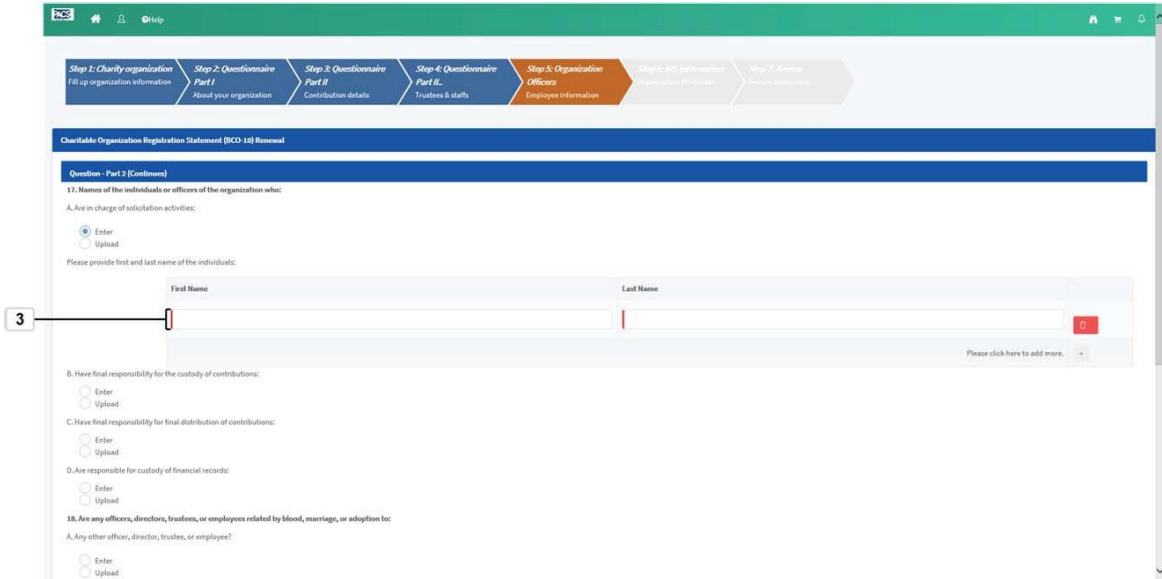
C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Enter

52. Select radio button of your preference

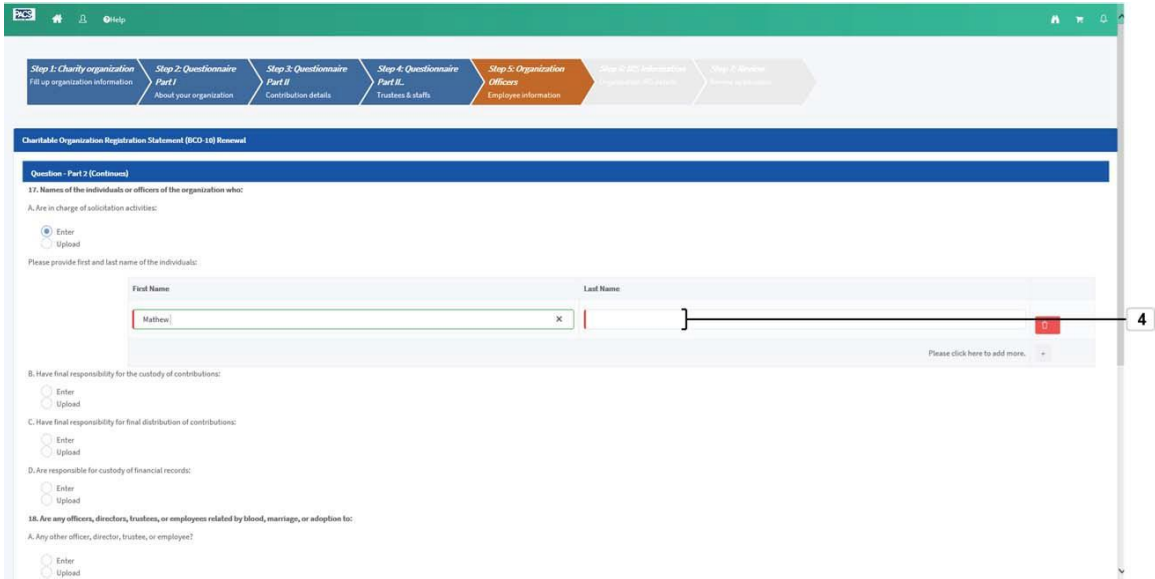
Enter
 Upload

53. As required, complete/review the following fields:

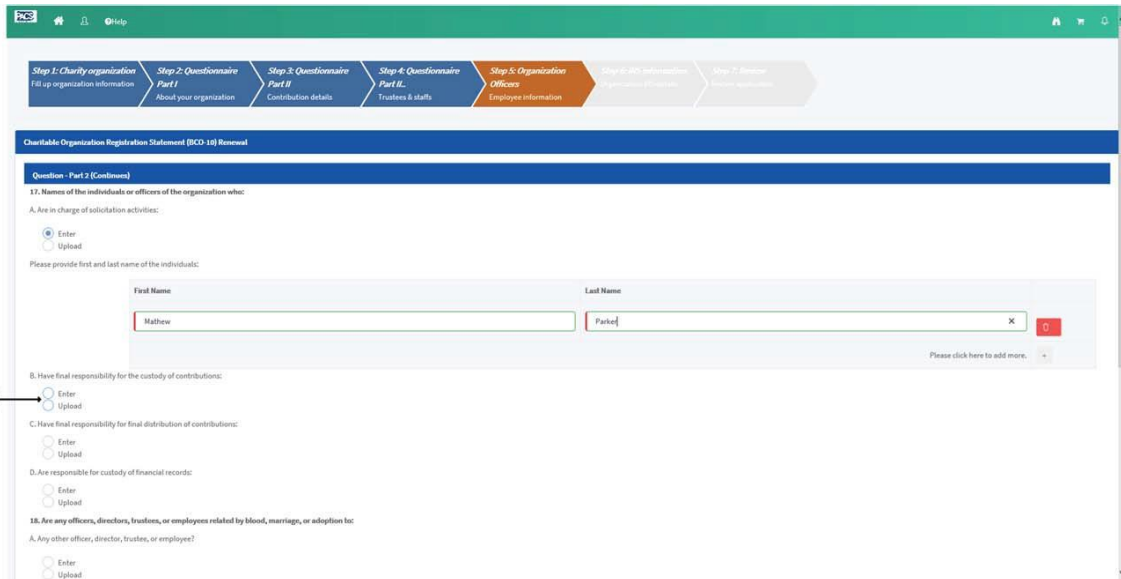


Field	R/O/C	Description
First Name	Required	Example: Mathew

54. As required, complete/review the following fields:

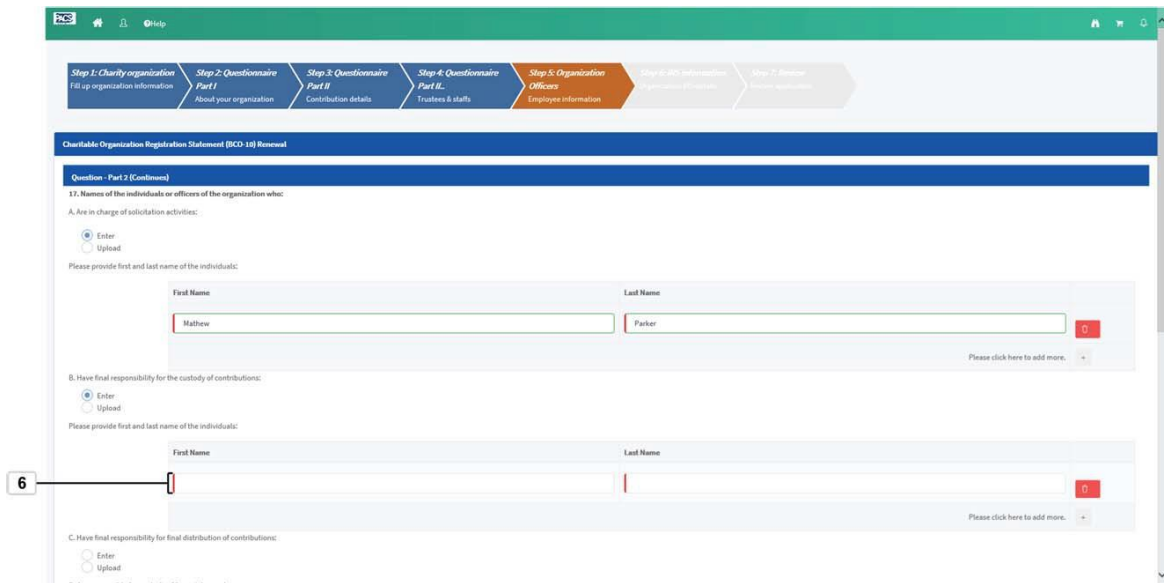


Field	R/O/C	Description
Last Name	Required	Example: Parker



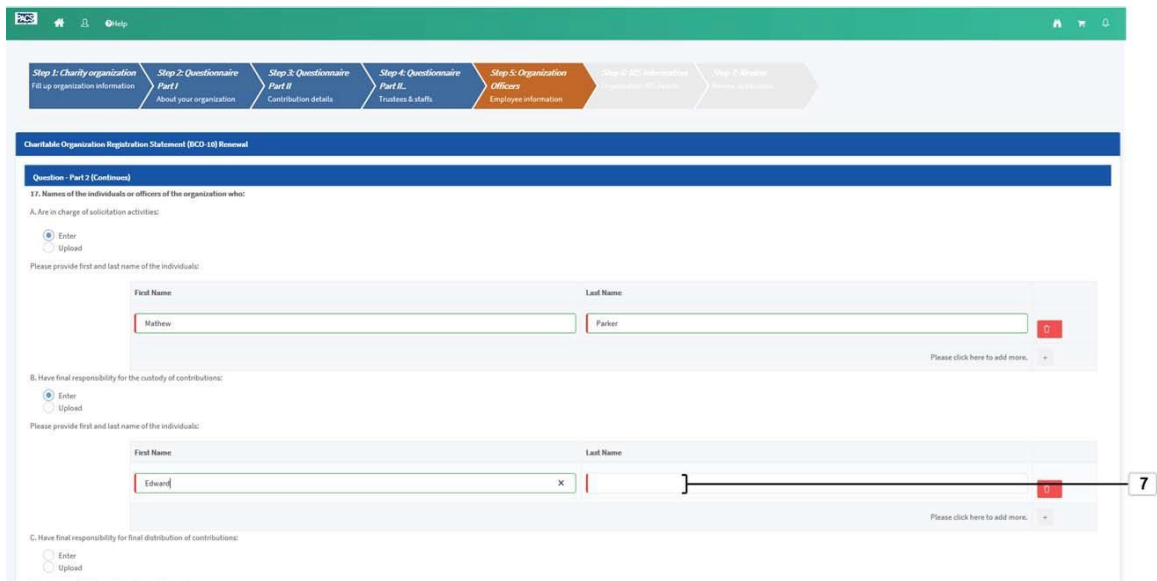
55. Select radio button of your preference





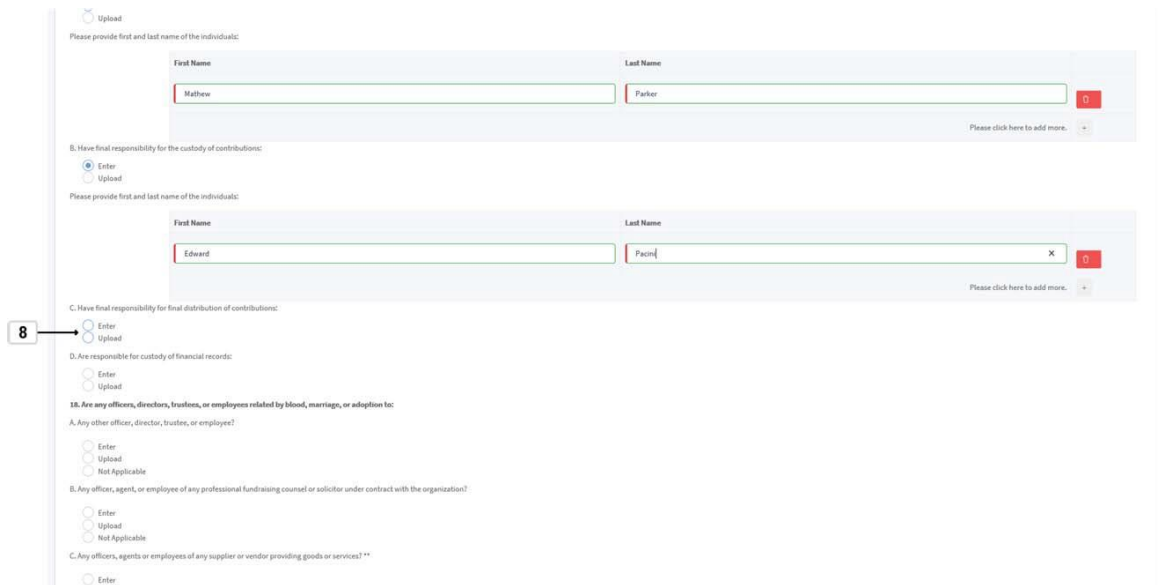
56. As required, complete/review the following fields:

Field	R/O/C	Description
First Name	Required	Example: Edward



57. As required, complete/review the following fields:

Field	R/O/C	Description
Last Name	Required	Example: Pacini



The screenshot shows a web form with several sections. Section B, titled "Have final responsibility for the custody of contributions:", has two radio button options: "Enter" (which is selected) and "Upload". A red circle with the number "8" is drawn around these two radio buttons. The form also includes two input fields for "First Name" and "Last Name" with the values "Mathew" and "Parker" respectively, and another set of fields with "Edward" and "Parker".

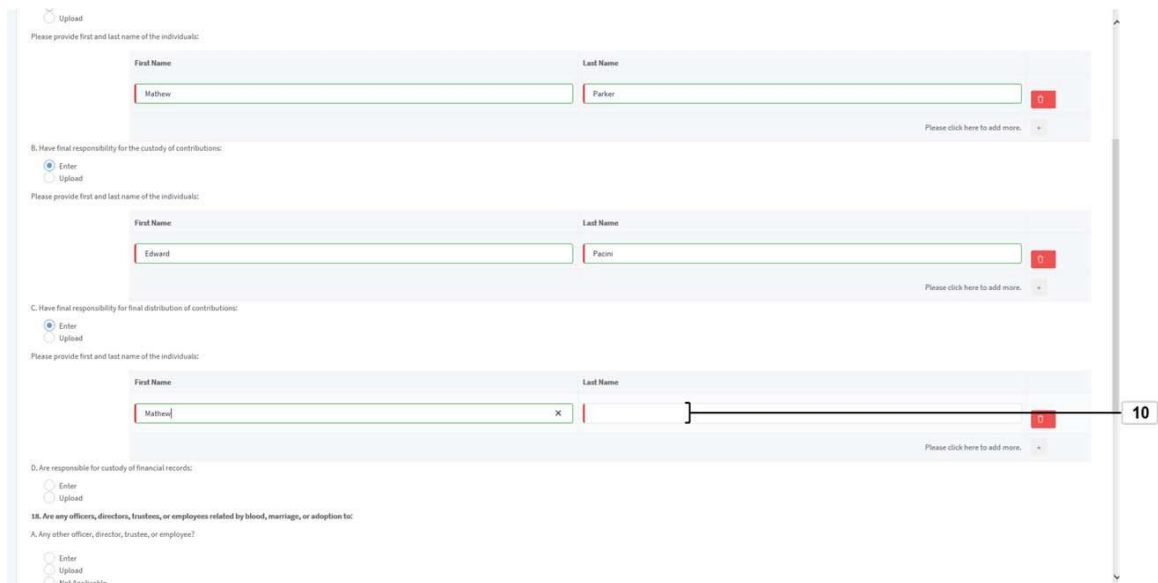
58. Select radio button of your preference

- Enter
- Upload



59. As required, complete/review the following fields:



Field	R/O/C	Description
First Name	Required	Example: Mathew

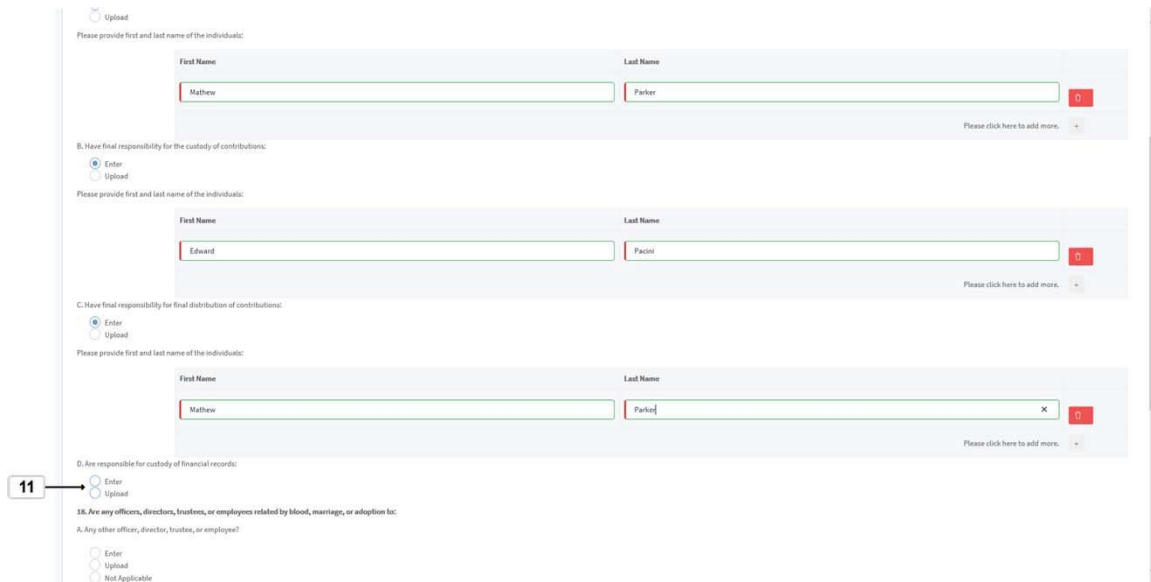


The screenshot shows a web form with several sections. A red box highlights the 'Last Name' field in the third section, which contains the text 'Parker'. A black arrow points from this field to a small box containing the number '10'. The form includes sections for entering individual names and responsibilities, with radio buttons for 'Enter' and 'Upload' options.

60. As required, complete/review the following fields:

Field	R/O/C	Description
Last Name	Required	Example: Parker

61. Select radio button of your preference  Enter  Upload



Upload

Please provide first and last name of the individual:

First Name: Matthew Last Name: Parker Please click here to add more.

B. Have final responsibility for the custody of contributions:

Enter Upload

Please provide first and last name of the individual:

First Name: Edward Last Name: Pacini Please click here to add more.

C. Have final responsibility for final distribution of contributions:

Enter Upload

Please provide first and last name of the individual:

First Name: Matthew Last Name: Parker Please click here to add more.

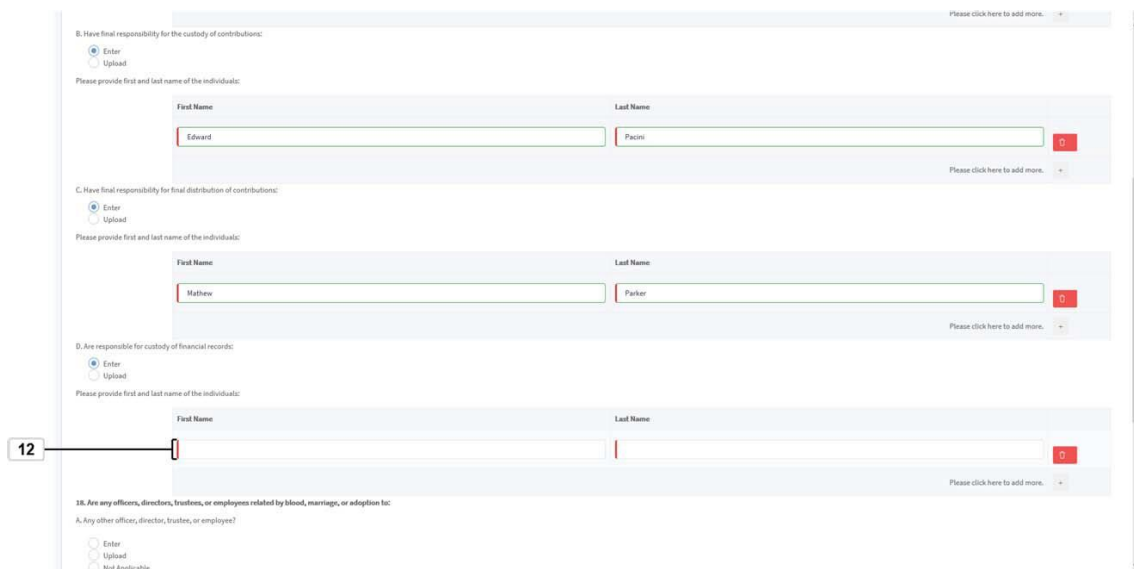
11 Enter Upload

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

Enter Upload Not Applicable

62. As required, complete/review the following fields:



Please click here to add more.

B. Have final responsibility for the custody of contributions:

Enter Upload

Please provide first and last name of the individual:

First Name: Edward Last Name: Pacini Please click here to add more.

C. Have final responsibility for final distribution of contributions:

Enter Upload

Please provide first and last name of the individual:

First Name: Matthew Last Name: Parker Please click here to add more.

D. Are responsible for custody of financial records:

Enter Upload

Please provide first and last name of the individual:

12 Please click here to add more.

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

Enter Upload Not Applicable

63. As required, complete/review the following fields:



B. Have final responsibility for the custody of contributions:
 Enter
 Upload
 Please provide first and last name of the individual(s):
 First Name: Edward Last Name: Pacini
 Please click here to add more.

C. Have final responsibility for final distribution of contributions:
 Enter
 Upload
 Please provide first and last name of the individual(s):
 First Name: Mathew Last Name: Parker
 Please click here to add more.

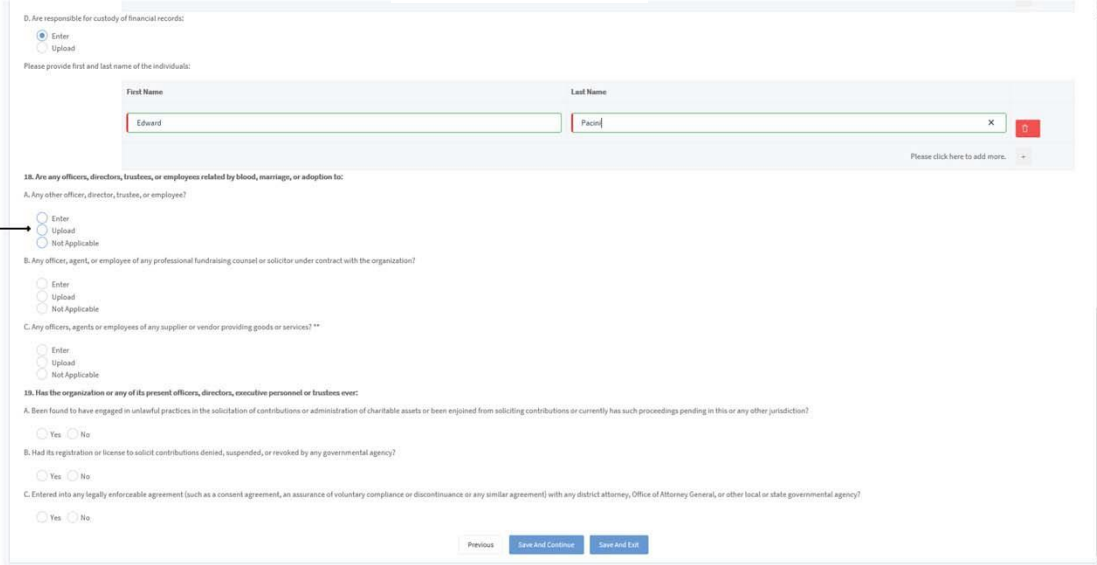
D. Are responsible for custody of financial records:
 Enter
 Upload
 Please provide first and last name of the individual(s):
 First Name: Edward Last Name: [Redacted]
 Please click here to add more.

13. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:
 A. Any other officer, director, trustee, or employee?
 Enter
 Upload
 Not Applicable

Field	R/O/C	Description
Last Name	Required	Example: Pacini

- Enter
- Upload
- Not Applicable

64. Select the correct radio button



D. Are responsible for custody of financial records:

- Enter
- Upload

Please provide first and last name of the individual(s):

First Name	Last Name
Edward	Face

Please click here to add more.

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

- Enter
- Upload
- Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?

- Enter
- Upload
- Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

- Enter
- Upload
- Not Applicable

19. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?

Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

Yes No

Previous Save And Continue Save And Exit



pennsylvania

OFFICE OF ADMINISTRATION

65. Select the correct radio button

- Enter
- Upload
- Not Applicable

D. Are responsible for custody of financial records:

Enter
 Upload

Please provide first and last name of the individual:

First Name	Last Name
Edward	PACINI

Please click here to add more.

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?

Enter
 Upload
 Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Enter
 Upload
 Not Applicable

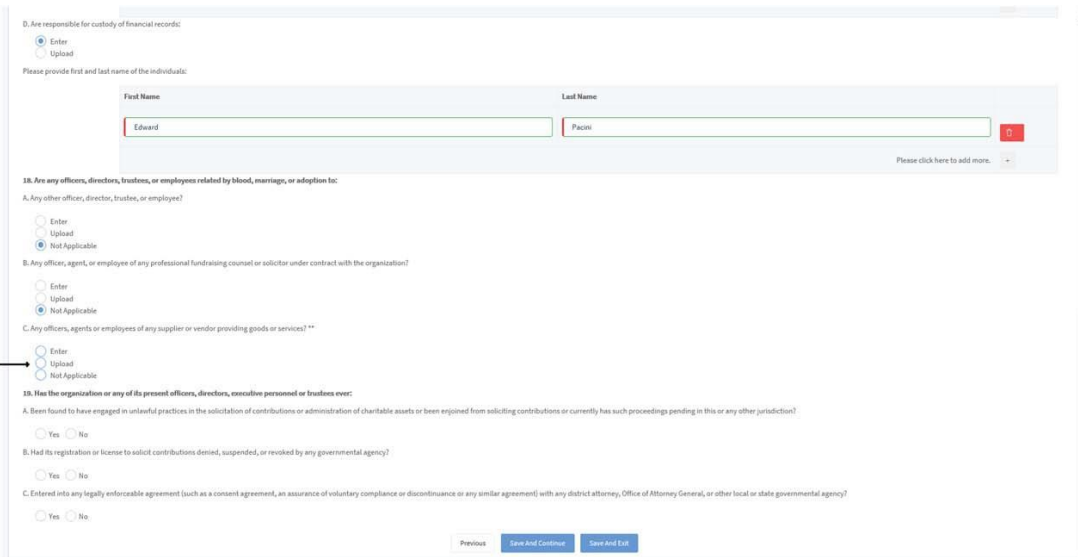
19. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?

Yes No

66. Select the radio button

- Enter
- Upload
- Not Applicable



D. Are responsible for custody of financial records

Enter
 Upload

Please provide first and last name of the individual:

First Name	Last Name
Edward	Pacin

Please click here to add more.

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?

Enter
 Upload
 Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Enter
 Upload
 Not Applicable

19. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?

Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

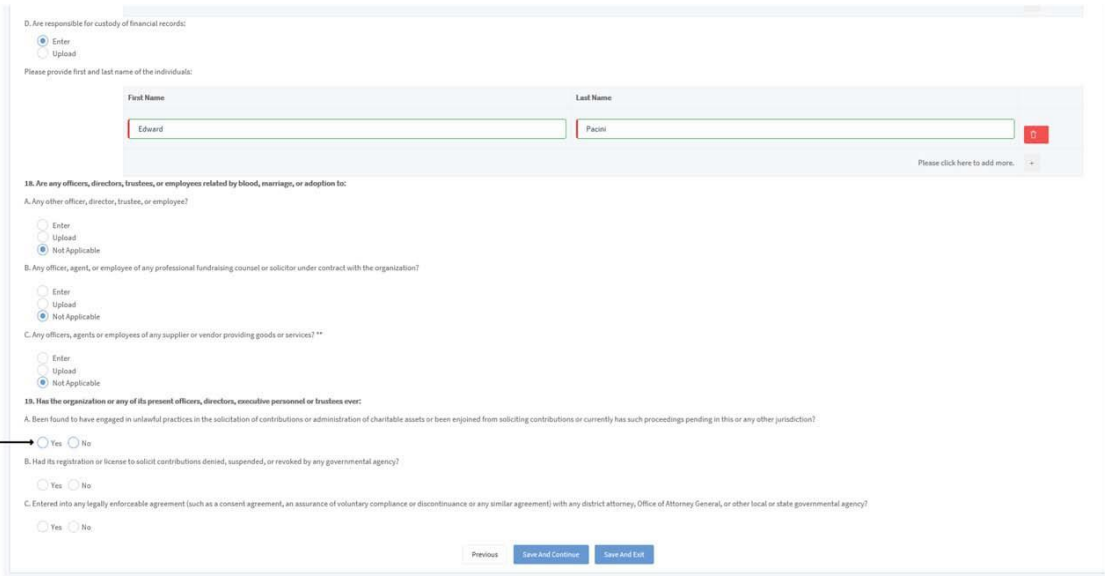
Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

Yes No

Previous Save And Continue Save And Exit

67. Select the correct radio button Yes No .



D. Are responsible for custody of financial records:
 Enter
 Upload

Please provide first and last name of the individual:

First Name	Last Name
Edward	Paoni

Please click here to add more. +

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?
 Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?
 Enter
 Upload
 Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Enter
 Upload
 Not Applicable

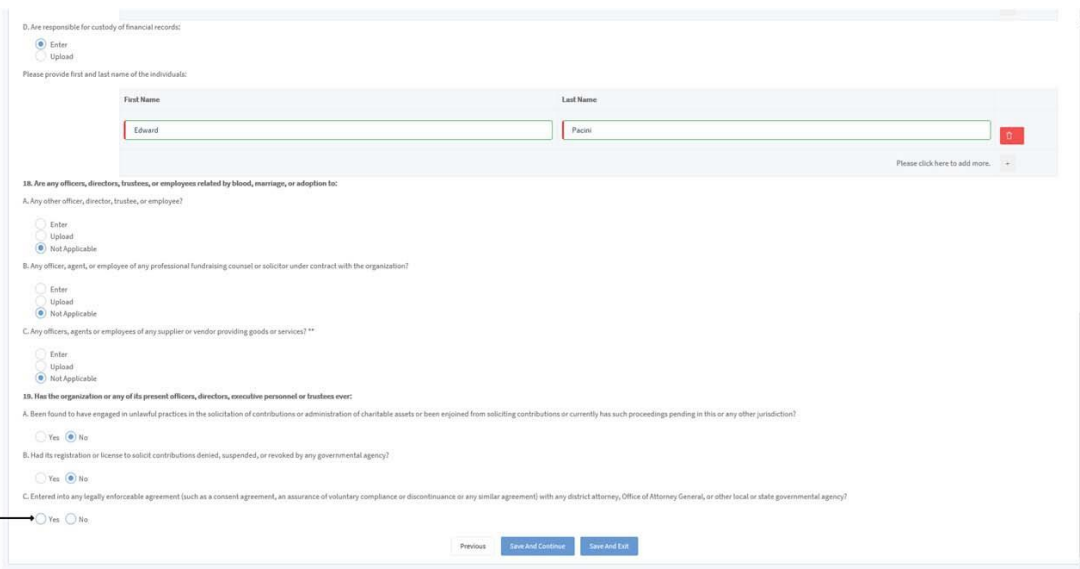
17. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
 Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes No

Previous Save And Continue Save And Exit

68. Select the correct radio button Yes No .



D. Are responsible for custody of financial records:
 Enter
 Upload

Please provide first and last name of the individual:

First Name	Last Name
Edward	Paoni

Please click here to add more. +

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?
 Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?
 Enter
 Upload
 Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Enter
 Upload
 Not Applicable

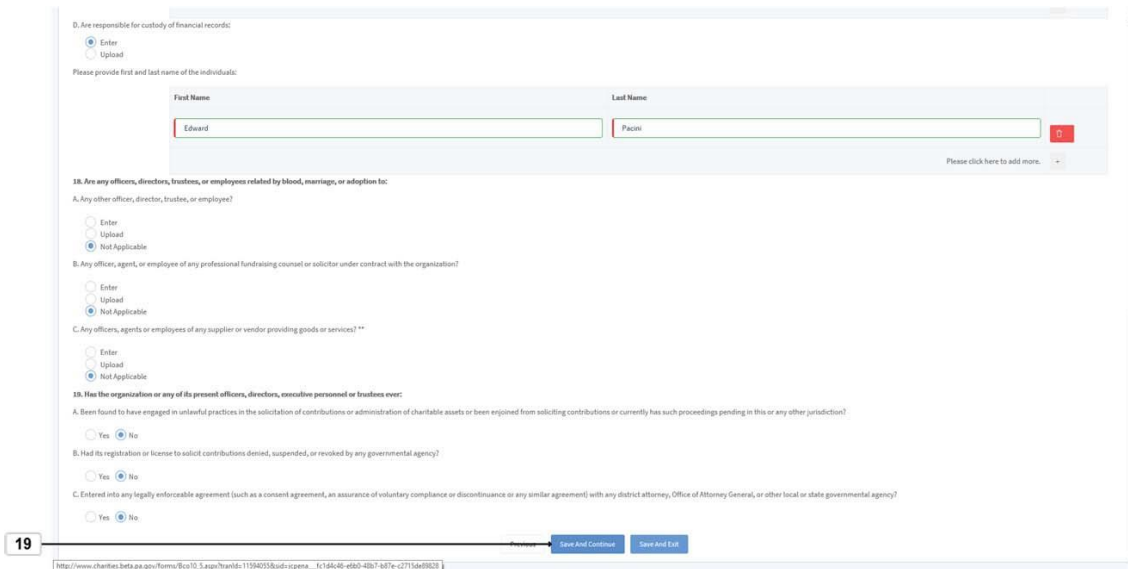
18. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
 Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes No

18 Previous Save And Continue Save And Exit

69. Select Save And Continue button 



D. Are responsible for custody of financial records:

Enter
 Upload

Please provide first and last name of the individual(s):

First Name	Last Name
Edward	Paetz

Please click here to add more.

18. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?

Enter
 Upload
 Not Applicable

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with the organization?

Enter
 Upload
 Not Applicable

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Enter
 Upload
 Not Applicable

19. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?

Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

Yes No

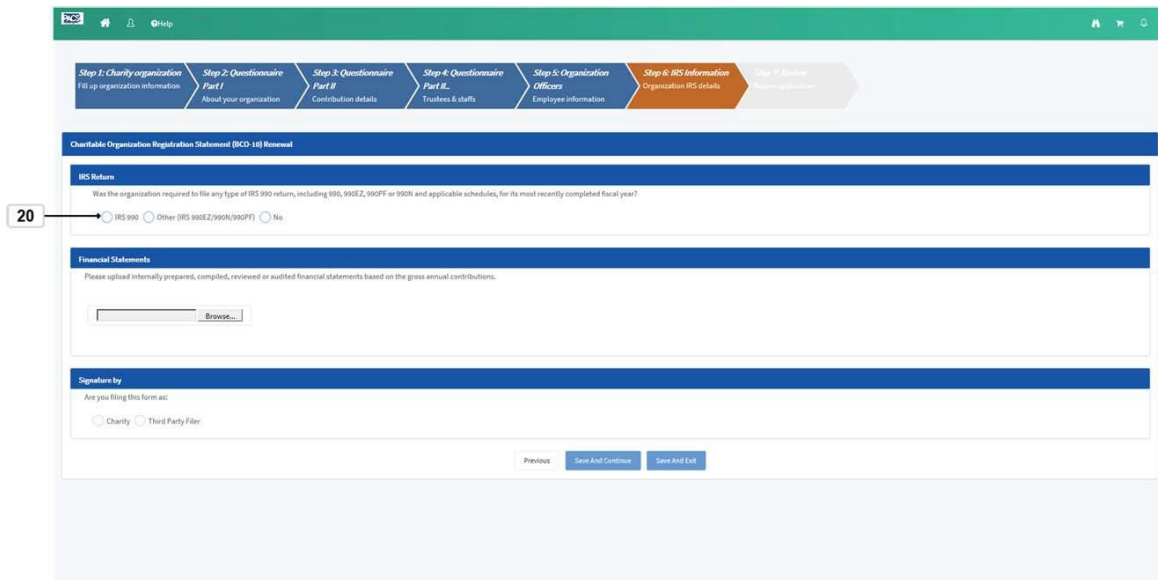
C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?

Yes No

[Save And Continue](#) [Save And Exit](#)

http://www.charities.bcfra.pa.gov/Forms/BCo10_3.aspx?formId=11354055&id=page...f15464d-e6d0-40b7-9d7e-c2715de09023

70. Select the correct radio button IRS 990 Other (IRS 990EZ/990N/990PF) No .



Step 1: Charitable organization (fill up organization information) | Step 2: Questionnaire Part I (About your organization) | Step 3: Questionnaire Part II (Contribution details) | Step 4: Questionnaire Part III (Trustees & staffs) | Step 5: Organization Officers (Employee information) | **Step 6: IRS Information (Organization IRS details)** | Step 7: Review (Review application)

Charitable Organization Registration Statement (BCO-10) Renewal

IRS Return

Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?

IRS 990 Other (IRS 990EZ/990N/990PF) No

Financial Statements

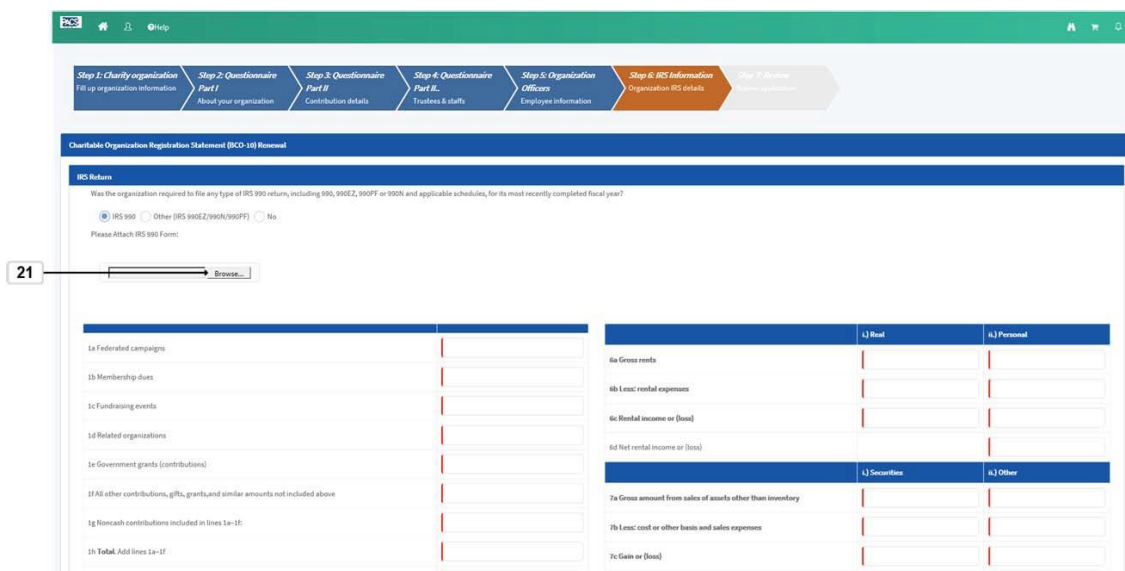
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

Signature by

Are you filing this form as:

Charity Third Party Filer

71. Select the Browse... button .



Step 1: Charitable organization (fill up organization information) | Step 2: Questionnaire Part I (About your organization) | Step 3: Questionnaire Part II (Contribution details) | Step 4: Questionnaire Part III (Trustees & staffs) | Step 5: Organization Officers (Employee information) | **Step 6: IRS Information (Organization IRS details)** | Step 7: Review (Review application)

Charitable Organization Registration Statement (BCO-10) Renewal


IRS Return

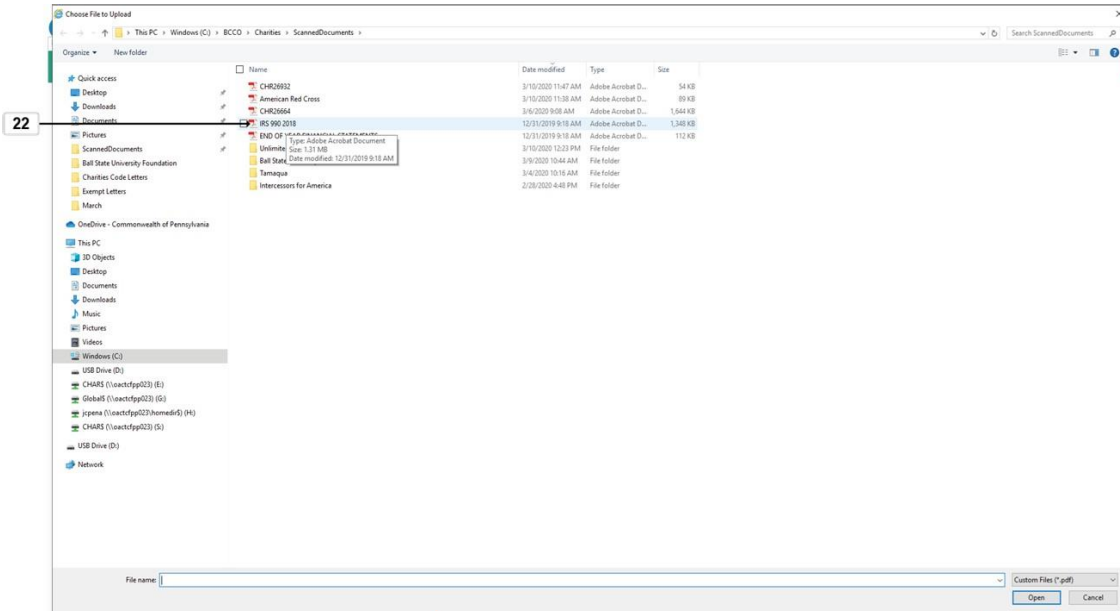
Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?

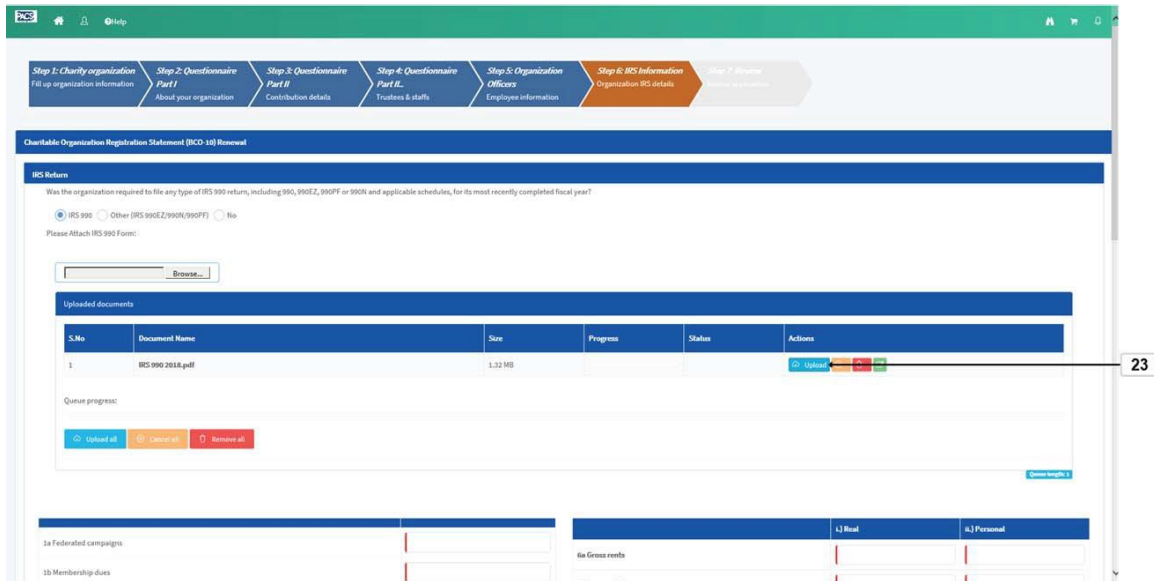
IRS 990 Other (IRS 990EZ/990N/990PF) No

Please Attach IRS 990 Form:

			U) Rent	U) Personal
1a Federated campaigns				
1b Membership dues				
1c Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants and similar amounts not included above				
1g Noncash contributions included in lines 1a-1f				
1h Total: Add lines 1a-1f				
			U) Securities	U) Other
6a Gross rents				
6b Less: rental expenses				
6c Rental income or (loss)				
6d Net rental income or (loss)				
7a Gross amount from sales of assets other than inventory				
7b Less: cost or other basis and sales expenses				
7c Gain or (loss)				

72. Double-click or click and open the file to be attached  IRS 990 2018 .





Step 1: Charitable organization
Fill up organization information

Step 2: Questionnaire
Part I
About your organization

Step 3: Questionnaire
Part II
Contribution details

Step 4: Questionnaire
Part III
Trustees & staffs

Step 5: Organization
Officers
Employee information

Step 6: IRS Information
Organization IRS details

Step 7: Review
Review application

Charitable Organization Registration Statement (BCO-10) Renewal

IRS Return

Was the organization required to file any type of IRS 990 return, including 990, 990E, 990FP or 990N and applicable schedules, for its most recently completed fiscal year?

IRS 990 Other (IRS 990EZ, 990N, 990FP) No

Please Attach IRS 990 Form:

Uploaded documents

S.No	Document Name	Size	Progress	Status	Actions
1	IRS 990 2018.pdf	1.32 MB			<input type="button" value="Upload"/> <input type="button" value="Cancel"/> <input type="button" value="Remove"/>

Queue progress:

Queue length: 1

14 Federated campaigns

15 Membership dues

16 Gross rents

17 Personal

73. To complete the upload process, select Upload button .

Make sure you complete all the required fields for the IRS form 990.

		4) Bond	6) Personal
24	1a Federated campaigns		
	1b Membership dues		
	1c Fundraising events		
	1d Related organizations		
	1e Government grants (contributions)		
	1f All other contributions, gifts, grants, and similar amounts not included above		
	1g Non-cash contributions included in lines 1a-1f		
	1h Total. Add lines 1a-1f		
	2g Total. Program Service Revenue		
	3 Investment income (including dividends, interest, and other similar amounts)		
	4 Income from investment of tax-exempt bond proceeds		
	5 Royalties		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)		
	8b Less: direct expenses		
	8c Net income or (loss) from fundraising events		
	9a Gross income from gaming activities		
	6a Gross rents		
	6b Less: rental expenses		
	6c Rental income or (loss)		
	6d Net rental income or (loss)		
		4) Securities	6) Other
	7a Gross amount from sales of assets other than inventory		
	7b Less: cost or other basis and sales expenses		
	7c Gain or (loss)		
	7d Net gain or (loss)		
	11a Other revenue		
	12 Total revenue		
	Part III		
	22b Program service expenses		
	25c Management and general expenses		
	24d Fundraising expenses		

74. Select the Federated campaigns text box and insert the amount



pennsylvania

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The screenshot shows a financial reporting form with two main columns of input fields. A callout box labeled '25' points to the 'Royalties' field in the left column. The form includes various categories such as 'Federated campaigns', 'Membership dues', 'Fundraising events', 'Government grants', and 'Investment income'. The right column contains sub-sections for 'Real', 'Personal', 'Securities', and 'Other'.

Category	Value
1a Federated campaigns	0
1b Membership dues	0
1c Fundraising events	11,249
1d Related organizations	0
1e Government grants (contributions)	562,152
1f All other contributions, gifts, grants, and similar amounts not included above	13,426
1g Noncash contributions included in lines 1a-1f	0
1h Total. Add lines 1a-1f	587,827
2g Total. Program Service Revenue	38,596
3 Investment income (including dividends, interest, and other similar amounts)	2,506
4 Income from investment of tax-exempt bond proceeds	0
5 Royalties	

75. Select the Royalties text box and insert the amount



pennsylvania

OFFICE OF ADMINISTRATION

		Part III	
		1) Real	2) Personal
1a Federated campaigns	0		
1b Membership dues	0		
1c Fundraising events	11,249		
1d Related organizations	0		
1e Government grants (contributions)	562,152		
1f All other contributions, gifts, grants, and similar amounts not included above	33,426		
1g Noncash contributions included in lines 1a-1f	0		
1h Total. Add lines 1a-1f	587,627		
2g Total. Program Service Revenue	38,596		
3 Investment income (including dividends, interest, and other similar amounts)	2,506		
4 Income from investment of tax-exempt bond proceeds	0		
5 Royalties	0		X
6a Gross rents			
6b Less: rental expenses			
6c Rental income or (loss)			
6d Net rental income or (loss)			
		3) Securities	4) Other
7a Gross amount from sales of assets other than inventory			
7b Less: cost or other basis and sales expenses			
7c Gain or (loss)			
7d Net gain or (loss)			
11e Other revenue			
12 Total revenue			
Part III			
25a Program service expenses			
25c Management and general expenses			
25d Fundraising expenses			

76. Select the Gross income from fundraising events text box and insert the amount

4 Income from investment of tax-exempt bond proceeds	<input type="text" value="0"/>		
5 Royalties	<input type="text" value="0"/>		
Part III			
8a Gross income from fundraising events (not including 5 of contributions reported on line 2c)	<input type="text" value="11,249"/>	11a Other revenue	<input type="text"/>
8b Less: direct expenses	<input type="text" value="5,360"/>	12 Total revenue	<input type="text"/>
8c Net income or (loss) from fundraising events	<input type="text" value="4,189"/>	Part III	
9a Gross income from gaming activities	<input type="text" value="0"/>	20b Program service expenses	<input type="text"/>
9b Less: direct expenses	<input type="text" value="0"/>	20c Management and general expenses	<input type="text"/>
9c Net income or (loss) from gaming activities	<input type="text" value="0"/>	20d Fundraising expenses	<input type="text"/>
10a Gross sales of inventory, less returns and allowances	<input type="text" value="0"/>	21a Total functional expenses	<input type="text"/>
10b Less: cost of goods sold	<input type="text" value="0"/>	Part I	
10c Net income or (loss) from sales of inventory	<input type="text" value="0"/>	19 Revenue less expenses (Current Year)	<input type="text"/>
		22 Net assets or fund balances	<input type="text"/>
		Beginning of Current Year	<input type="text"/>
		End of Year	<input type="text"/>

27 →

Financial Statements
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

Signature by
Are you filing this form as:

77. Select the Net income or (loss) from sales of inventory text box and insert the amount

		Form 990, 2019	
1a Federated campaigns	0	6a Gross rents	0
1b Membership dues	0	6b Less: rental expenses	0
1c Fundraising events	11,249	6c Rental income or (loss)	0
1d Related organizations	0	6d Net rental income or (loss)	0
1e Government grants (contributions)	563,152	7a Gross amount from sales of assets other than inventory	0
1f All other contributions, gifts, grants, and similar amounts not included above	13,435	7b Less: cost or other basis and sales expenses	0
1g Noncash contributions included in lines 1a-1f:	0	7c Gain or (loss)	0
1h Total. Add lines 1a-1f	587,837	7d Net gain or (loss)	0
2g Total. Program Service Revenue	38,596	11a Other revenue	0
3 Investment income (including dividends, interest, and other similar amounts)	2,506	12 Total revenue	0
4 Income from investment of tax-exempt bond proceeds	0	Part IX	
5 Royalties	0	25b Program service expenses	0
8a Gross income from fundraising events (not including 5	11,249	25c Management and general expenses	0
of contributions reported on line 1c)	9,546	25d Fundraising expenses	0
8b Less: direct expenses	5,360		
8c Net income or (loss) from fundraising events	4,186		
9a Gross income from gaming activities	0		

78. Select the Gross rents-Real text box and insert the amount

		1.) Real		2.) Personal	
1a Federated campaigns	0	0	0	0	0
1b Membership dues	0	0	0	0	0
1c Fundraising events	11,249	0	0	0	0
1d Related organizations	0	0	0	0	0
1e Government grants (contributions)	563,152	0	0	0	0
1f All other contributions, gifts, grants, and similar amounts not included above	13,435	0	0	0	0
1g Noncash contributions included in lines 1a-1f:	0	0	0	0	0
1h Total. Add lines 1a-1f	587,837	0	0	0	0
2g Total. Program Service Revenue	38,596	0	0	0	0
3 Investment income (including dividends, interest, and other similar amounts)	2,506	0	0	0	0
4 Income from investment of tax-exempt bond proceeds	0	0	0	0	0
5 Royalties	0	0	0	0	0
6a Gross income from fundraising events (not including 5 of contributions reported on line 1c)	11,249	0	0	0	0
6b Less: direct expenses	5,360	0	0	0	0
6c Net income or (loss) from fundraising events	4,396	0	0	0	0
6d Gross income from gaming activities	0	0	0	0	0
7a Gross amount from sales of assets other than inventory	0	0	0	0	0
7b Less: cost or other basis and sales expenses	0	0	0	0	0
7c Gain or (loss)	0	0	0	0	0
7d Net gain or (loss)	0	0	0	0	0
8a Other revenue					
8b Total revenue					
Part IX					
25b Program service expenses					
25c Management and general expenses					
25d Fundraising expenses					

79. As required, complete/review the following fields:

Field	R/O/C	Description
ii.) Other	Required	Example: 0



pennsylvania

OFFICE OF ADMINISTRATION

4 Income from investment of tax-exempt bond proceeds	0	11e Other revenue	
5 Royalties	0	12 Total revenue	
8a Gross income from fundraising events (not including 5 of contributions reported on line 1c)	11,249	Part III	
8b Less: direct expenses	5,360	21b Program service expenses	
8c Net income or (loss) from fundraising events	4,189	21c Management and general expenses	
9a Gross income from gaming activities	0	21d Fundraising expenses	
9b Less: direct expenses	0	21e Total functional expenses	
9c Net income or (loss) from gaming activities	0	Part I	
10a Gross sales of inventory, less returns and allowances	0	19 Revenue less expenses (Current Year)	
10b Less: cost of goods sold	0	22 Net assets or fund balances Beginning of Current Year	
10c Net income or (loss) from sales of inventory	0	End of Year	

Financial Statements
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

Signature by
Are you filing this form as:

30

80. Select the Other revenue text box and insert the amount



pennsylvania
OFFICE OF ADMINISTRATION

4 Income from investment of tax-exempt bond proceeds	0	11e Other revenue	0
5 Royalties	0	12 Total revenue	633,125
8a Gross income from fundraising events (not including 5 of contributions reported on line 1c)	11,249	Part III	
8b Less: direct expenses	5,360	21b Program service expenses	603,459
8c Net income or (loss) from fundraising events	4,189	21c Management and general expenses	37,946
9a Gross income from gaming activities	0	21d Fundraising expenses	0
9b Less: direct expenses	0	21e Total functional expenses	641,405
9c Net income or (loss) from gaming activities	0	Part I	
10a Gross sales of inventory, less returns and allowances	0	19 Revenue less expenses (Current Year)	-8,280
10b Less: cost of goods sold	0	22 Net assets or fund balances Beginning of Current Year	402,586
10c Net income or (loss) from sales of inventory	0	End of Year	

Financial Statements
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.
Browse...

Signature by
Are you filing this form as:

81. As required, complete/review the following fields:

Field	R/O/C	Description
End of Year	Required	Example: 394306

8a Gross income from fundraising events (not including 5 of contributions reported on line 1c)	11,249	11e Other revenue	0
8b Less: direct expenses	9,546	12 Total revenue:	633,325
8c Net income or (loss) from fundraising events	1,699	Part IX	
9a Gross income from gaming activities	0	25b Program service expenses	603,459
9b Less: direct expenses	0	25c Management and general expenses	37,346
9c Net income or (loss) from gaming activities	0	25d Fundraising expenses	0
10a Gross sales of inventory, less returns and allowances	0	25e Total functional expenses	641,405
10b Less: cost of goods sold	0	Part I	
10c Net income or (loss) from sales of inventory	0	19 Revenue less expenses (Current Year)	-8,280
		22 Net assets or fund balances Beginning of Current Year	402,556
		End of Year	394,304

Financial Statements
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

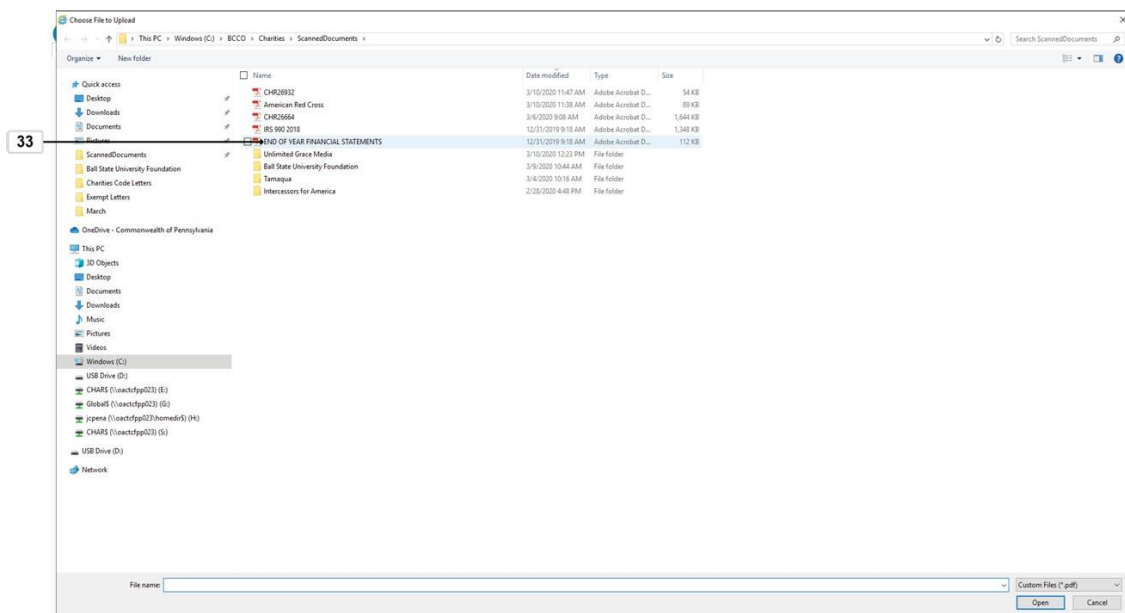
32 → [Browse...](#)

Signature by
Are you filing this form as:
 Charity Third Party Filer

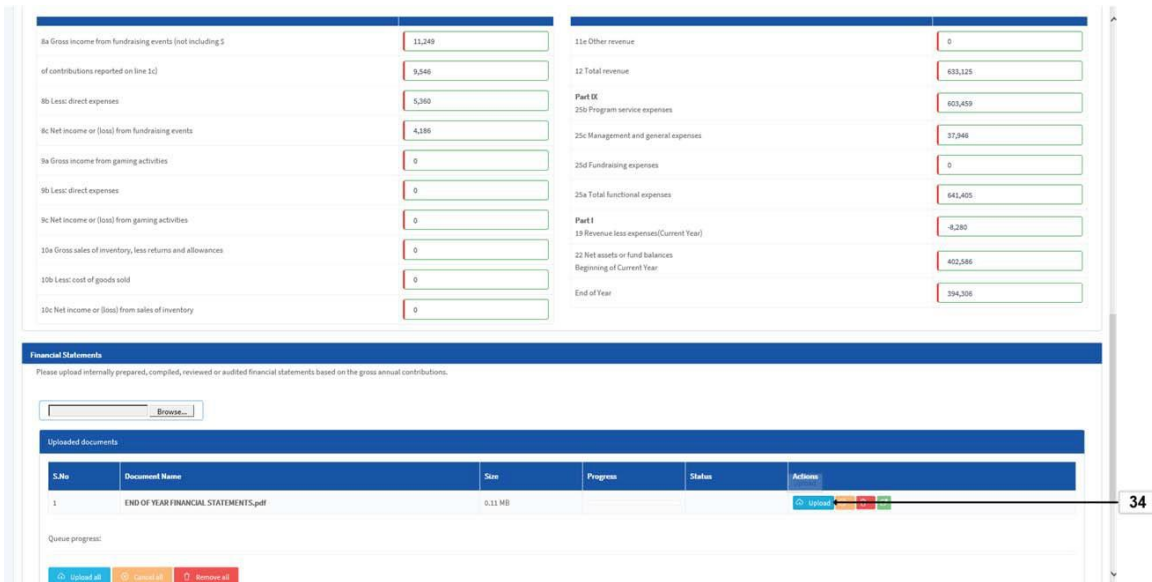
Previous [Save And Continue](#) [Save And Exit](#)

82. If applies to your organization, select the Browse... button [Browse...](#) to attach the financial statements.

Choose File to Upload



83. Double-click or select and open the correct file **END OF YEAR FINANCIAL STATEMENTS** .



8a Gross income from fundraising events (not including 5 of contributions reported on line 2c)	11,249	11e Other revenue	0
8b Less: direct expenses	9,546	12 Total revenue	633,125
8c Net income or (loss) from fundraising events	4,295	Part IX	
9a Gross income from gaming activities	0	25b Program service expenses	603,659
9b Less: direct expenses	0	25c Management and general expenses	37,946
9c Net income or (loss) from gaming activities	0	25d Fundraising expenses	0
10a Gross sales of inventory, less returns and allowances	0	25e Total functional expenses	641,605
10b Less: cost of goods sold	0	Part I	
10c Net income or (loss) from sales of inventory	0	19 Revenue less expenses (Current Year)	-4,280
		22 Net assets or fund balances Beginning of Current Year	402,586
		End of Year	394,308

Financial Statements
Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

Browse...

Uploaded documents

S.No	Document Name	Size	Progress	Status	Actions
1	END OF YEAR FINANCIAL STATEMENTS.pdf	0.11 MB			Upload

Quick progress:

Upload all Cancel all Remove all

Upload

84. To complete the upload process, select Upload button **Upload** .

9c Net income or (loss) from gaming activities	0	Part I	
10a Gross sales of inventory, less returns and allowances	0	19 Revenue less expenses(Current Year)	-8,280
10b Less: cost of goods sold	0	22 Net assets or fund balances	
10c Net income or (loss) from sales of inventory	0	Beginning of Current Year	402,586
		End of Year	394,306

Financial Statements

Please upload internally prepared, compiled, reviewed or audited financial statements based on the gross annual contributions.

Browse...

Uploaded documents

S.No	Document Name	Size	Progress	Status	Actions
1	END OF YEAR FINANCIAL STATEMENTS.pdf	0.11 MB	<div style="width: 100%;"></div>	✓	Upload Cancel Remove

Queue progress:

Upload all Cancel all Remove all

Signature by

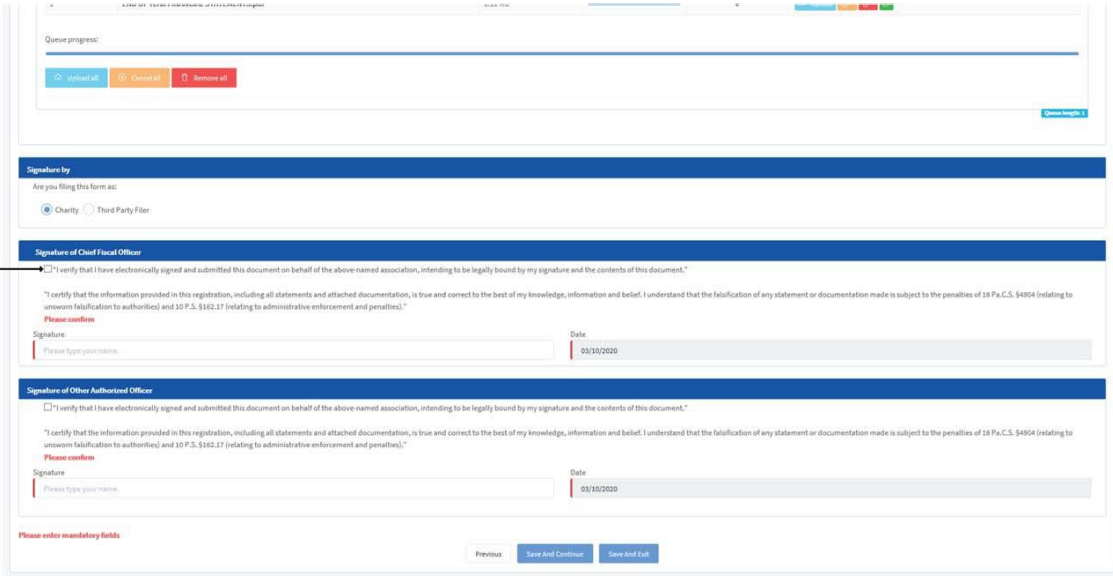
Are you filing this form as:

35 Charity Third Party Filer

Previous Save And Continue Save And Exit

85. Select the correct option for your situation Charity Third Party Filer .

86. Read the statement before clicking on the signature check box.



Queue progress:

Updated all Canceled all Renewed all Queue length 1

Signatures by

Are you filing this form as:

Charity Third Party Filer

Signature of Chief Fiscal Officer

I verify that I have electronically signed and submitted this document on behalf of the above-named association, intending to be legally bound by my signature and the contents of this document.

"I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties)."

Please confirm

Signature: Please type your name.

Date: 03/10/2020

Signature of Other Authorized Officer

I verify that I have electronically signed and submitted this document on behalf of the above-named association, intending to be legally bound by my signature and the contents of this document.

"I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties)."

Please confirm

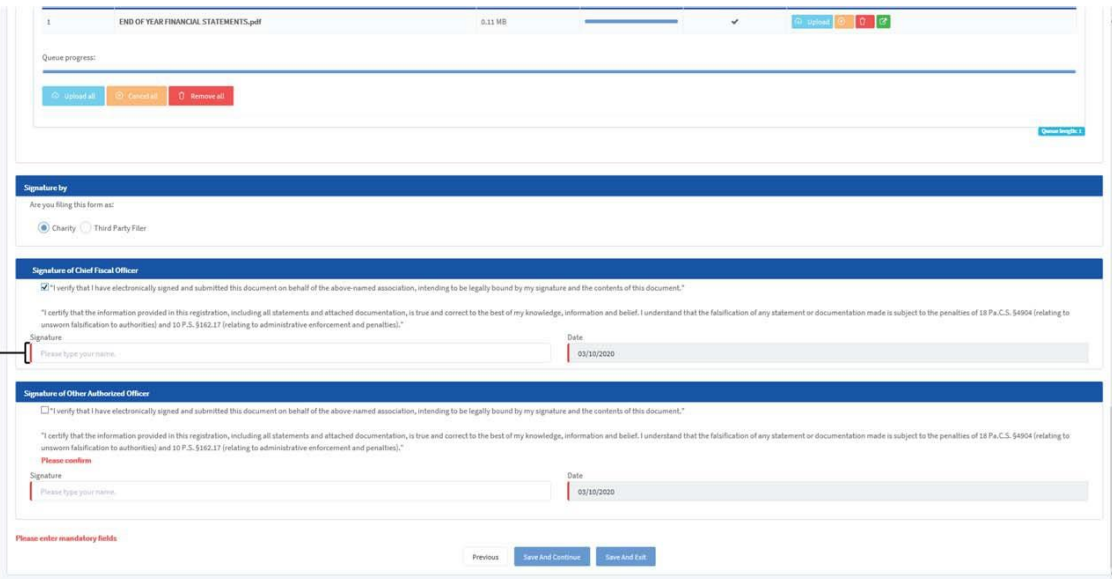
Signature: Please type your name.

Date: 03/10/2020

Please enter mandatory fields.

Previous Save And Continue Save And Exit

87. The user must click on check box I verify that I have electronically signed and read the statement below.



END OF YEAR FINANCIAL STATEMENTS.pdf 0:11 HR

Queue progress:

Upload all Cancel all Remove all

Signature by
Are you filing this form as:
 Charity Third Party Filer

Signature of Chief Fiscal Officer
 I verify that I have electronically signed and submitted this document on behalf of the above-named association, intending to be legally bound by my signature and the contents of this document.
I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §142.17 (relating to administrative enforcement and penalties).

Signature: Date: 03/13/2020

Signature of Other Authorized Officer
 I verify that I have electronically signed and submitted this document on behalf of the above-named association, intending to be legally bound by my signature and the contents of this document.
I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §142.17 (relating to administrative enforcement and penalties).

Please confirm
Signature: Date: 03/13/2020

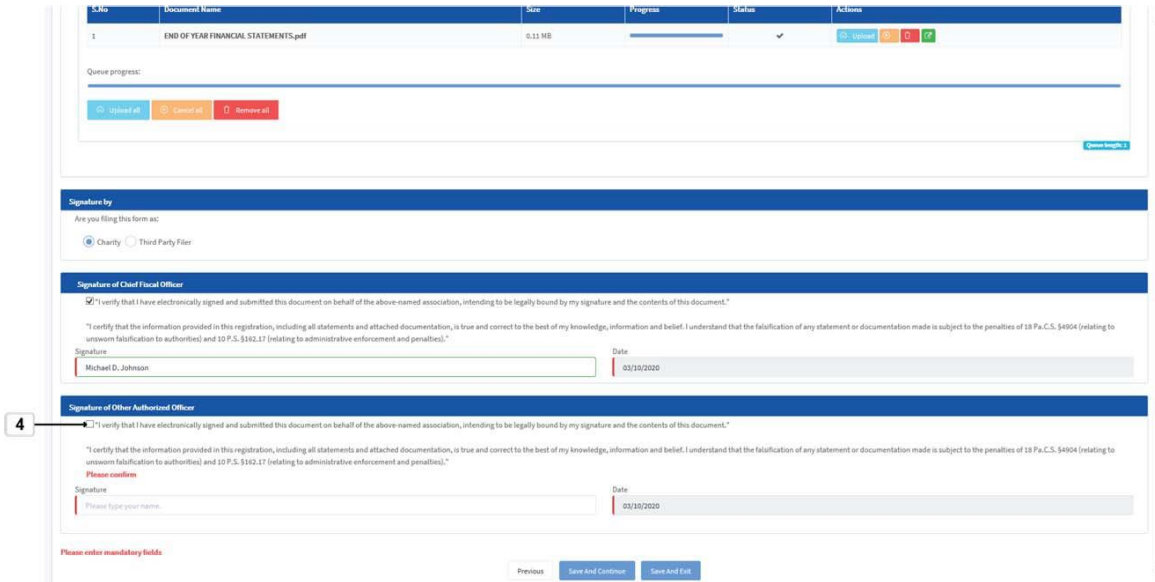
Please enter mandatory fields.

Previous Save And Continue Save And Exit

88. As required, complete the *Please type your name* fields:

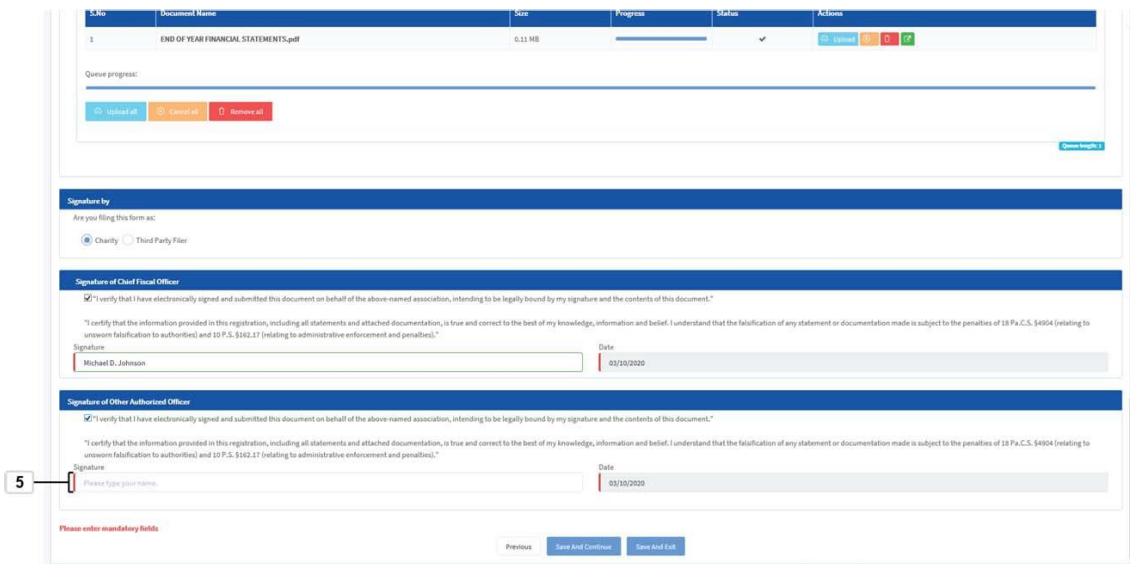
Field	R/O/C	Description
Signature	Required	Example: Michael D. Johnson

89. The user must click on check box "I verify that I have electronically signed and submitted"



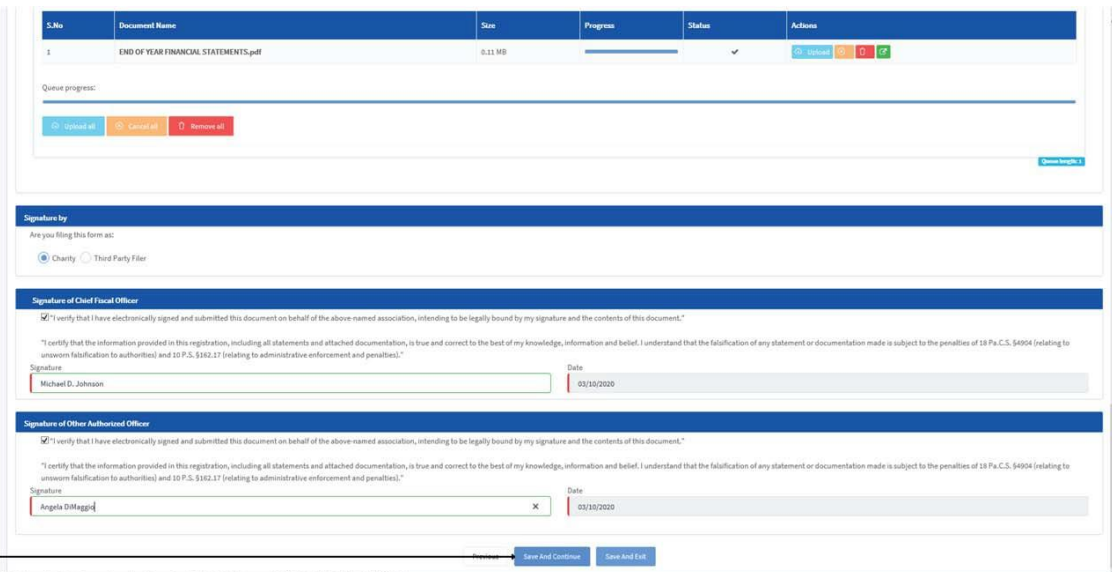
The screenshot shows a web form with a table at the top containing document information. Below the table is a 'Queue progress' section with buttons for 'Upload all', 'Cancel all', and 'Remove all'. The form is divided into sections for 'Signature by' (Charity or Third Party Filer), 'Signature of Chief Fiscal Officer' (with a checked verification checkbox and a signature field containing 'Michael D. Johnson'), and 'Signature of Other Authorized Officer' (with an unchecked verification checkbox and a signature field containing 'Please type your name'). At the bottom are 'Previous', 'Save And Continue', and 'Save And Exit' buttons.

90. As required, complete/review the following fields:




This screenshot is identical to the previous one, but the blue callout box with the number '5' points to the signature field in the 'Signature of Other Authorized Officer' section, which contains the text 'Please type your name'.

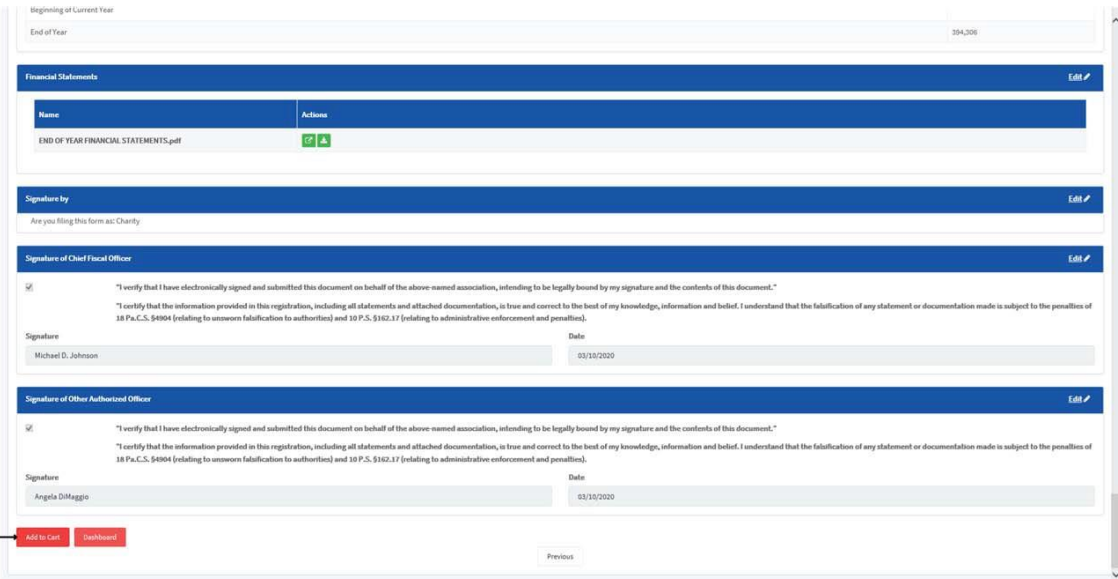
Field	R/O/C	Description
Signature	Required	Example: Angela DiMaggio



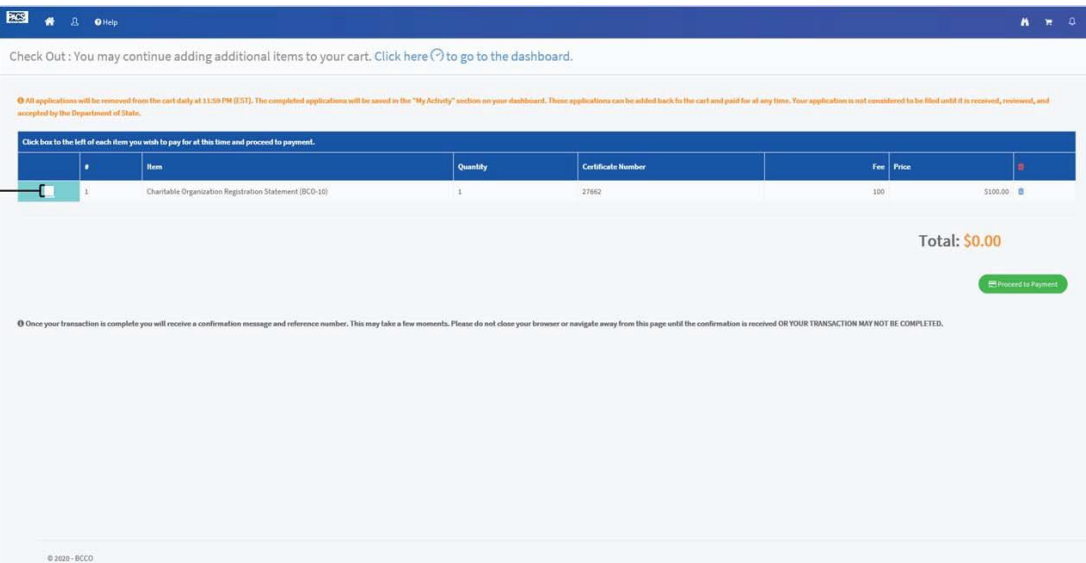
The screenshot shows a web interface for document management. At the top, there is a table with columns: S.No, Document Name, Size, Progress, Status, and Actions. A single row is visible with S.No '1', Document Name 'END OF YEAR FINANCIAL STATEMENTS.pdf', Size '0.11 MB', and a progress bar. Below the table is a 'Queue progress:' section with buttons for 'Upload all', 'Cancel all', and 'Remove all'. The main form area is titled 'Signatures by' and includes a radio button for 'Charity' (selected) and 'Third Party Filer'. There are two signature sections: 'Signature of Chief Fiscal Officer' and 'Signature of Other Authorized Officer'. Each section has a checkbox for verification, a text area for a statement, a signature input field (with 'Michael D. Johnson' and 'Angela DiMaggio' respectively), and a date input field (both set to '03/18/2020'). At the bottom, there are 'Save And Continue' and 'Save And Exit' buttons. A small number '6' is in a box on the left side of the screenshot.

91. Select Save And Continue button 

92. Select Add to Cart button 



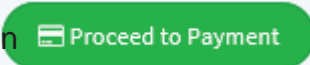
93. As required, complete the check box to proceed to check out:

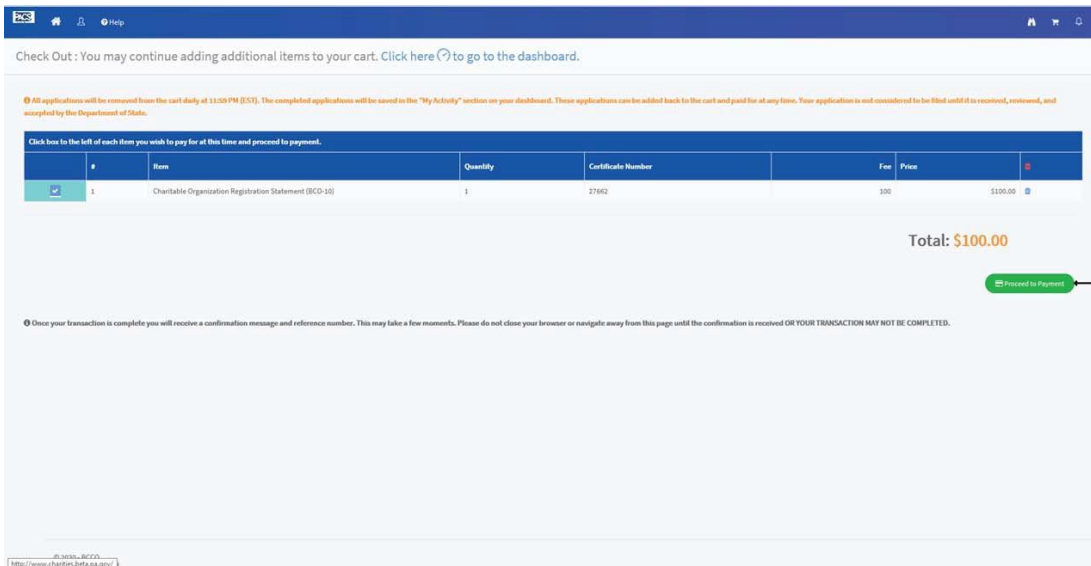


#	Item	Quantity	Certificate Number	Fee	Price
1	Charitable Organization Registration Statement (BCO-10)	1	27662	100	\$100.00

Total: \$0.00

[Proceed to Payment](#)

94. Select the Proceed to Payment button  .



Check Out: You may continue adding additional items to your cart. [Click here](#) to go to the dashboard.

All applications will be removed from the cart daily at 11:59 PM (EST). The completed applications will be saved in the "My Activity" section on your dashboard. These applications can be added back to the cart and paid for at any time. Your application is not considered to be final until it is received, reviewed, and accepted by the Department of State.

Click box to the left of each item you wish to pay for at this time and proceed to payment.

#	Item	Quantity	Certificate Number	Fee	Price	
<input checked="" type="checkbox"/>	1 Charitable Organization Registration Statement (BCO-10)	1	27662	100	\$100.00	

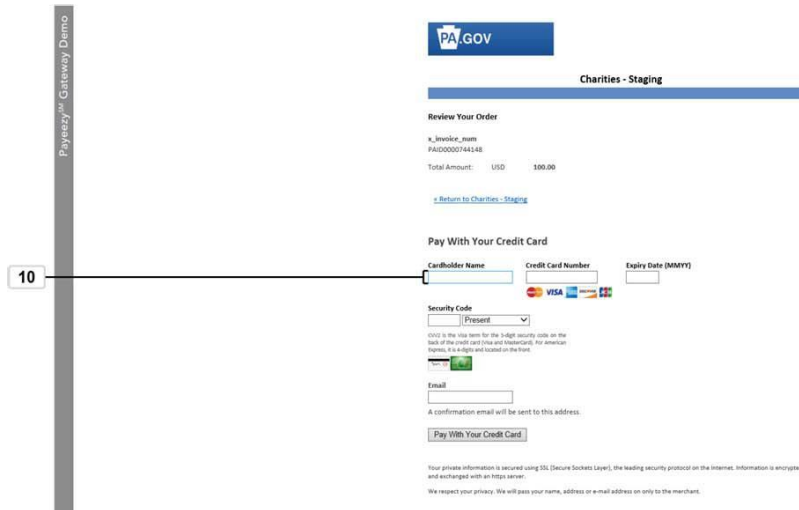
Total: **\$100.00**

[Proceed to Payment](#) 9

Once your transaction is complete you will receive a confirmation message and reference number. This may take a few moments. Please do not close your browser or navigate away from this page until the confirmation is received OR YOUR TRANSACTION MAY NOT BE COMPLETED.

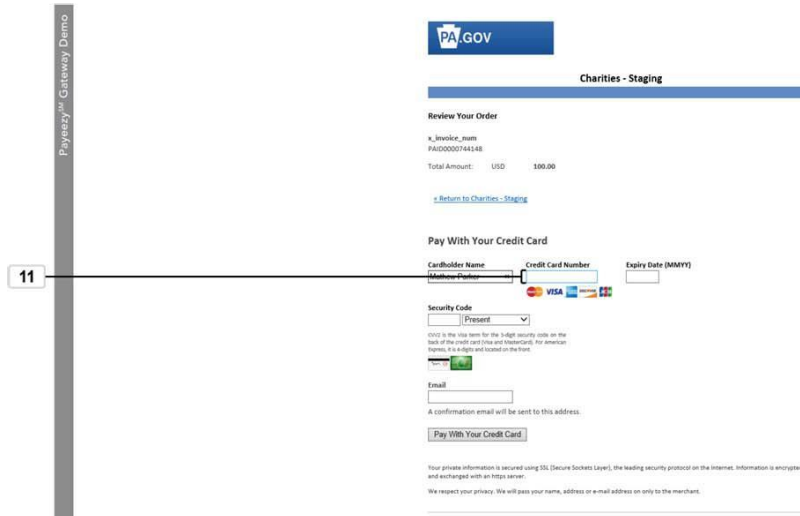
© 2019 BCO
<http://www.charter.bfa.pa.gov/>

95. As required, complete card name fields:



Field	R/O/C	Description
Cardholder Name	Required	Example: Mathew Parker

96. As required, complete credit card number field:



Field	R/O/C	Description
Credit Card Number	Required	Example: 4111111111111111

97. As required, complete expiration date field:

Pyeezy Gateway Demo

PA.GOV

Charities - Staging

Review Your Order

*_Service*_mem
PAID0000744148
Total Amount: USD 100.00

[Return to Charities - Staging](#)

Pay With Your Credit Card

Cardholder Name: Mathew Parker
 Credit Card Number: 5111111111111111 X
 Expiry Date (MMYY):

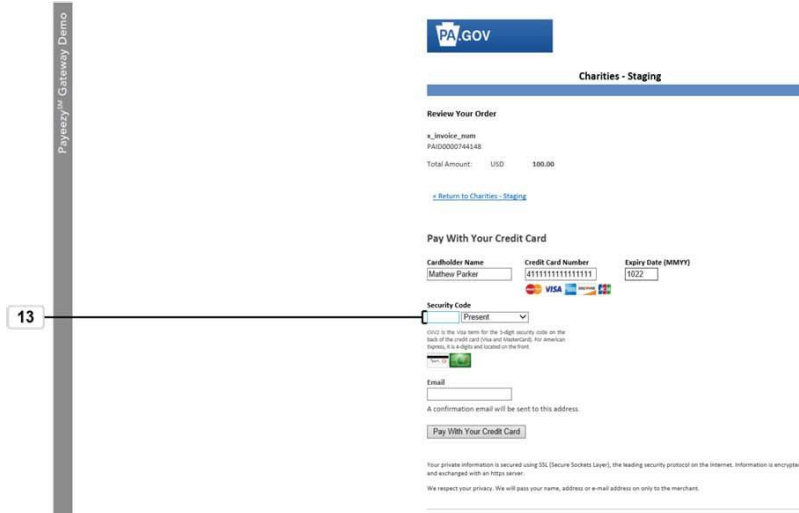
Security Code:

Your private information is secured using SSL (Secure Sockets Layer), the leading security protocol on the Internet. Information is encrypted and exchanged with an https server.
We respect your privacy. We will pass your name, address or e-mail address on only to the merchant.

12

Field	R/O/C	Description
Expiry Date (MMYY)	Required	Example: 1022

98. As required, complete security code field:



PA.GOV

Charities - Staging

Review Your Order

x_invoice_num
PA00000744348

Total Amount: USD 100.00

[Return to Charities - Staging](#)

Pay With Your Credit Card

Cardholder Name: Matthew Parker
Credit Card Number: 4511111111111111
Expiry Date (MMYY): 10/22

Security Code:

CVV2 is the 3-digit security code on the back of the credit card (Visa and MasterCard). For American Express, this is a 4-digit code located on the front.

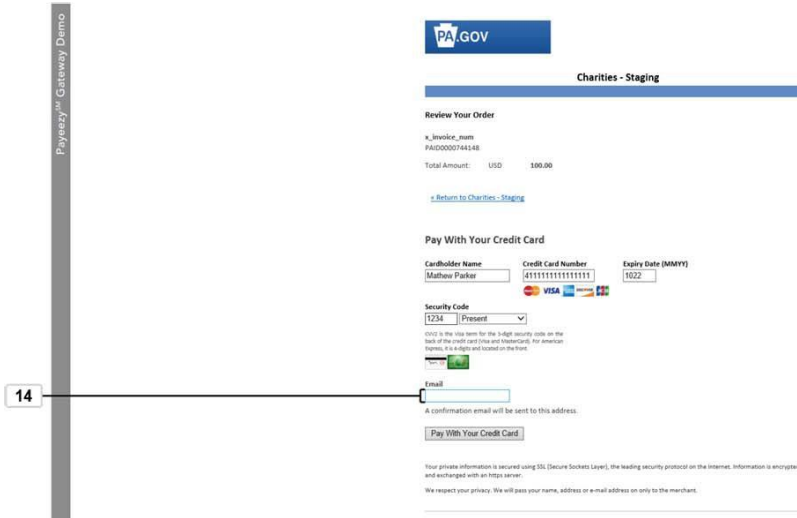
Email:

A confirmation email will be sent to this address.

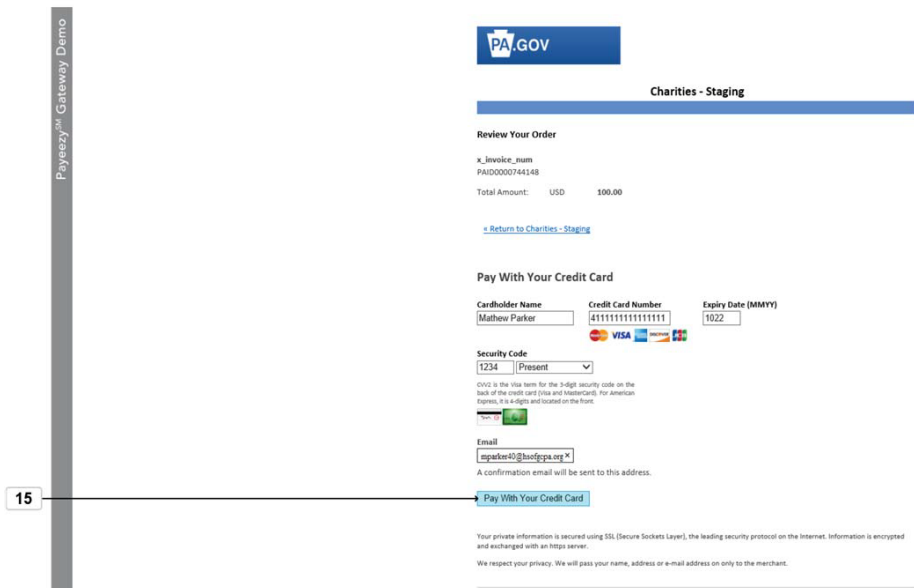
Your private information is secured using SSL (Secure Sockets Layer), the leading security protocol on the Internet. Information is encrypted and exchanged with our Web server.
We respect your privacy. We will pass your name, address or e-mail address on only to the merchant.

Field	R/O/C	Description
Security Code	Required	Example: 1234

99. As required, complete/review the following fields:



Field	R/O/C	Description
Email	Required	Example: mparker40@hsfогсра.org



PA.GOV

Charities - Staging

Review Your Order

x_invoice_num
PAID0000744148

Total Amount: USD 100.00

[Return to Charities - Staging](#)

Pay With Your Credit Card

Cardholder Name: Mathew Parker

Credit Card Number: 4111111111111111

Expiry Date (MMYY): 1022

Security Code: 1234 Present

[Pay With Your Credit Card](#)

15


100. Select Pay With Your Credit Card button [Pay With Your Credit Card](#).

101. You will see a payment confirmation screen

Thank you for your payment.

16 Thank you for your payment.

Your payment has been processed - please print this page for your records.
Your application is not complete until the Bureau receives the completed checklist items below. Click Download to print the required documents for your registration. It is your responsibility to maintain a copy of this application and all documents submitted to the bureau or received from the bureau.

Payment Summary			
Receipt Number:	FWD0000744148	Payment Date:	02/10/2020
Application No # AA0001301111 (Charities/ Charitable Organizations/ Application) - 02/10/2020			
Checklist Name	Status	Download	
Application	Pending Review		
BCO_10	Pending Review		
BCO_2	Not Received		
BCO_23	Not Received		
CO_Attachments	Not Received		
CO_Financial_Statements	Pending Review		
IRS_990_Attachment	Not Received		
IRS_Form_990	Pending Review		
IRS_Form_990_EZ	Not Received		
IRS_Form_990_N	Not Received		
IRS_Form_990_FF	Not Received		
Organizational_Documents	Not Received		


102. To navigate to your dashboard select the Go to Dashboard button

Go to Dashboard

17

Thank you for your payment.

Your payment has been processed - please print this page for your records.
Your application is not complete until the Bureau receives the completed checklist items below. Click Download to print the required documents for your registration. It is your responsibility to maintain a copy of this application and all documents submitted to the bureau or received from the bureau.

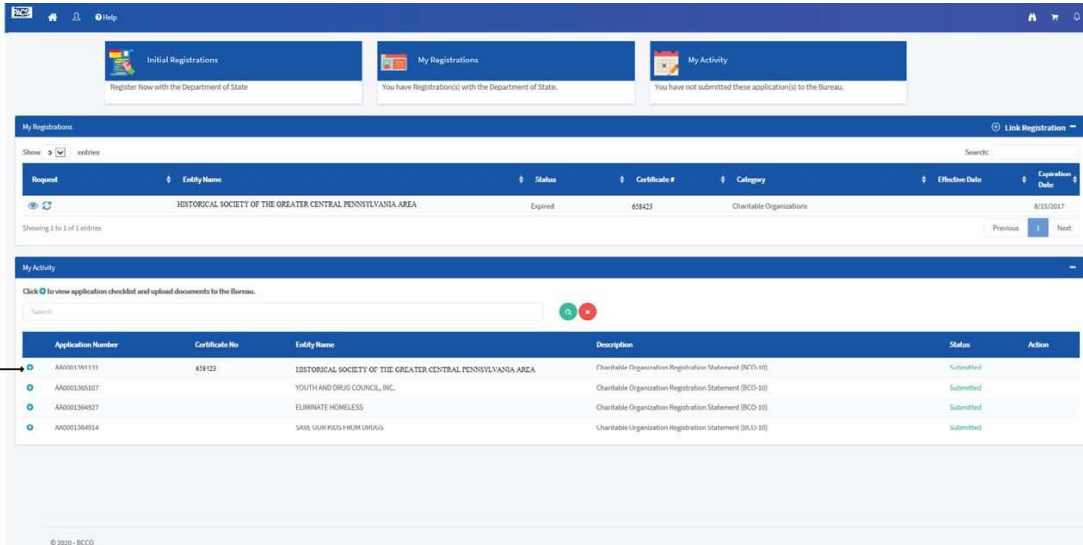
Payment Summary			
Receipt Number:	FWD0000744148	Payment Date:	02/10/2020
Application No # AA0001301111 (Charities/ Charitable Organizations/ Application) - 02/10/2020			
Checklist Name	Status	Download	
Application	Pending Review		
BCO_10	Pending Review		
BCO_2	Not Received		
BCO_23	Not Received		
CO_Attachments	Not Received		
CO_Financial_Statements	Pending Review		
IRS_990_Attachment	Not Received		
IRS_Form_990	Pending Review		
IRS_Form_990_EZ	Not Received		
IRS_Form_990_N	Not Received		
IRS_Form_990_FF	Not Received		
Organizational_Documents	Not Received		

[Go to Dashboard](#)

http://www.charities.bta.pa.gov/F/welcome

103. Once you submitted the application you will be able to see it on your dashboard with an Application Number assigned to it

+ AA0001391131 658423 HISTORICAL SOCIETY OF THE GR



The screenshot shows a dashboard with three main sections: 'Initial Registrations', 'My Registrations', and 'My Activity'. The 'My Registrations' section is expanded, showing a table with one entry:

Request	Entity Name	Status	Certificate #	Category	Effective Date	Expiration Date
	HISTORICAL SOCIETY OF THE GREATER CENTRAL PENNSYLVANIA AREA	Expired	658423	Charitable Organizations		8/15/2017

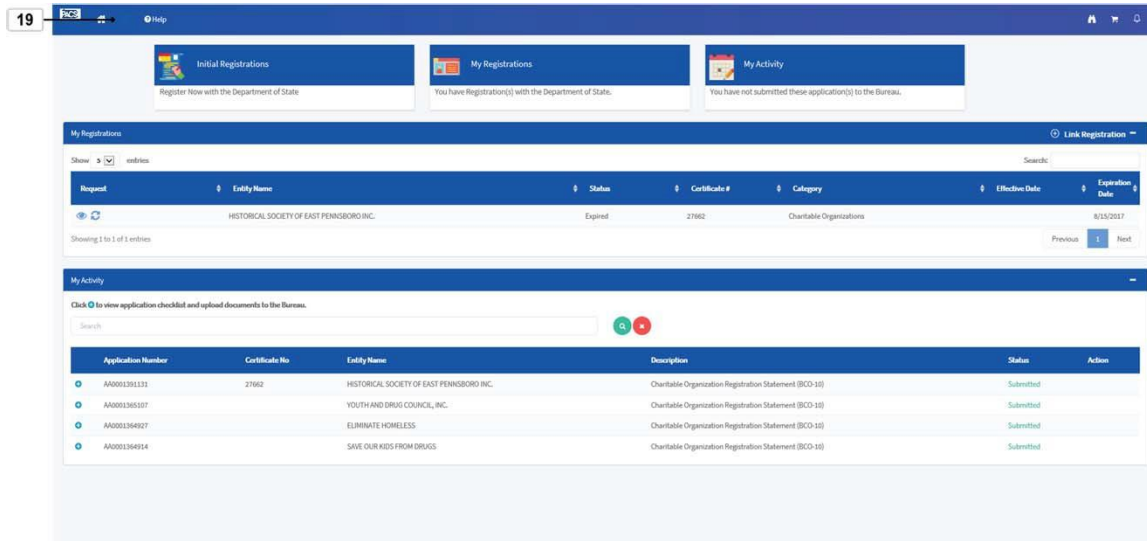
Below this, the 'My Activity' section is expanded, showing a table with three entries:

Application Number	Certificate No	Entity Name	Description	Status	Action
AA0001391131	658423	HISTORICAL SOCIETY OF THE GREATER CENTRAL PENNSYLVANIA AREA	Charitable Organization Registration Statement (BCO-10)	Submitted	
AA0001385327		YOUTH AND DRUG COUNCIL, INC.	Charitable Organization Registration Statement (BCO-10)	Submitted	
AA0001364927		ELIMINATE HOMELESS	Charitable Organization Registration Statement (BCO-10)	Submitted	

A callout box with the number '18' points to the first entry in the 'My Activity' table.

104. You can log out of the system by selecting the human icon .

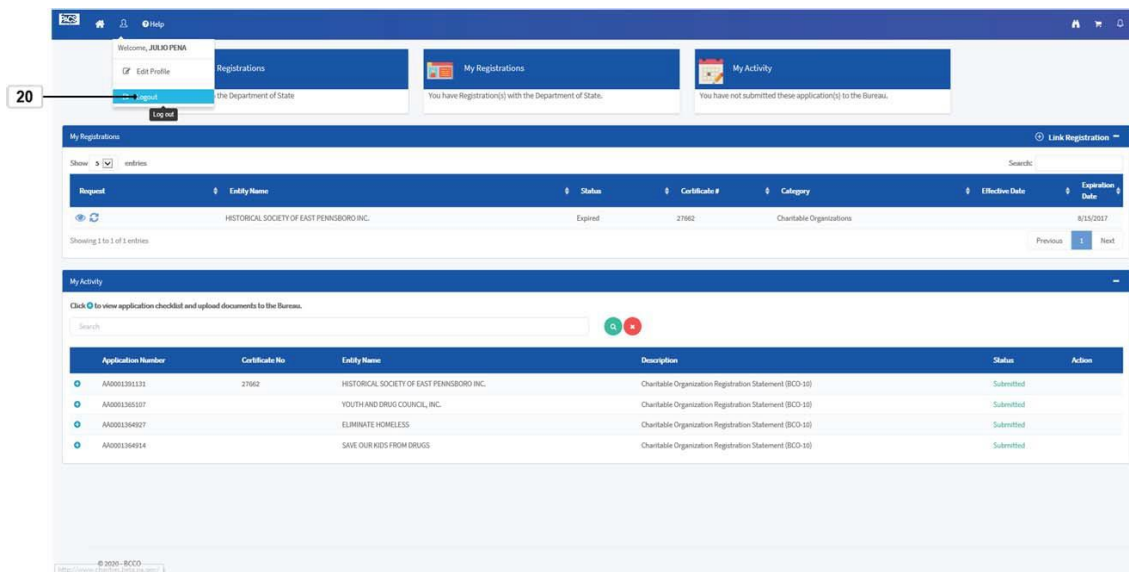
19



The screenshot shows the user interface for the BCO-10 Renewal system. The top navigation bar includes a 'Help' link and a human icon. Below the navigation bar, there are three main sections: 'Initial Registrations', 'My Registrations', and 'My Activity'. The 'My Registrations' section displays a table with columns for Request, Entity Name, Status, Certificate #, Category, Effective Date, and Expiration Date. The table shows one entry for 'HISTORICAL SOCIETY OF EAST PENNSBORO INC.' with a status of 'Expired' and a certificate number of 27662. The 'My Activity' section shows a list of application numbers and their corresponding descriptions and statuses.

105. To logout select Logout icon .

20



The screenshot shows the user interface for the BCO-10 Renewal system. The top navigation bar includes a 'Help' link and a human icon. Below the navigation bar, there are three main sections: 'Initial Registrations', 'My Registrations', and 'My Activity'. The 'My Registrations' section displays a table with columns for Request, Entity Name, Status, Certificate #, Category, Effective Date, and Expiration Date. The table shows one entry for 'HISTORICAL SOCIETY OF EAST PENNSBORO INC.' with a status of 'Expired' and a certificate number of 27662. The 'My Activity' section shows a list of application numbers and their corresponding descriptions and statuses. A red box highlights the 'Logout' icon in the top right corner of the page header.