

OFFICE USE ONLY

License No./Code \_\_\_\_\_

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

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



**CITY OF COLUMBUS**

*DEPARTMENT OF PUBLIC SAFETY*

**LICENSE SECTION**

APPLICATION FORM FOR

**CHARITABLE SOLICITATIONS PERMIT**

CHAPTER 525, COLUMBUS CITY CODES

**THIS APPLICATION FOR PERMIT SHALL BE COMPLETED BY THE PERSON RESPONSIBLE FOR ORGANIZING THAT, WHICH IS TO BE PERMITTED.**

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS SUBJECT TO DISCLOSURE AS A MATTER OF PUBLIC RECORD. ANY FALSE STATEMENT MADE OR GIVEN IN THIS APPLICATION SHALL RESULT IN DENIAL OR FUTURE REVOCATION OF THIS LICENSE, AS WELL AS CRIMINAL PROSECUTION UNDER CHAPTER 2321.13(A-3) (A-5), COLUMBUS CITY CODES.**

To be completed by every organization which intends to solicit contributions for a charitable purpose from persons located in the City of Columbus, Ohio, unless the organization is exempt from registration under the provisions of Chapter 525 of the Columbus City Code.

**PLEASE ANSWER ALL QUESTIONS COMPLETELY OR USE N/A WHEN APPROPRIATE.**

**1. NAME AND ORGANIZATION DATA:**

Full Official Name	<u>The Chimorel Group</u>
Street Address	<u>1060 Beechview Drive South</u>
City, State, Zip Code	<u>Worthington, OH 43085</u>
Phone No./AC	<u>614-885-0000</u>

If the above address is not in the City of Columbus, give Columbus address, if any:

Street Address	<u>n/a</u>
City, State, Zip Code	<u>n/a</u>
Phone No	<u>n/a</u>

Employer Identification Number 23-7227852

E-Mail Address [wegoodenow@yahoo.com](mailto:wegoodenow@yahoo.com)

Name or names under which contributions will be solicited, if different from official name \_\_\_\_\_

Chimorel or Chimorel Services or Chimorel as a member of The Chimorel Group

Reason for use of other name shorter (Chimorel) and to identify Chimorel as a member of The Chimorel Group

**COMPLETE A, B, C, or D. PLEASE INDICATE N/A TO OTHER CHOICES.**

If instruments required by Questions 1A, 1B, 1C or 1D has previously been filed with the City, do not include with this application.

**A. IF ORGANIZATION IS A CORPORATION:**

How incorporated (by filing Articles of Incorporation or by special legislative act). (Attach copy of Articles of Incorporation.) by filing articles - previously submitted

State of Incorporation Ohio

Date of Incorporation 9/25/72

Citation of special act, if any n/a

**B. IF ORGANIZATION IS AN UNINCORPORATED ASSOCIATION:**

Method of establishment (formal instrument, adoption of constitution, instrument creating a trust, or other method). (Attach copy of said instrument.) n/a

Place of establishment n/a

Date of establishment n/a

**C. IF ORGANIZATION IS A PARTNERSHIP:**

Date of adoption of partnership agreement. (Attach copy of agreement.) n/a

Place of establishment n/a

Public office, if any, in which partnership is registered n/a

**D. IF ORGANIZATION IS AN INDIVIDUAL:**

Method of establishment. (Attach copy of instrument.) n/a

Place of establishment n/a

Date of establishment n/a

Public office, if any, in which partnership is registered n/a

**E. IF THE ORGANIZATION IS A CHAPTER, BRANCH, DIVISION OR OTHER AFFILIATE OF ANOTHER ORGANIZATION, GIVE THE NAME AND ADDRESS OF PARENT ORGANIZATION AND INDICATE IF FUNDS ARE TRANSFERRED TO THE PARENT OR AFFILIATE.**

Chimorel is a member of The Chimorel Group, but funds are not transferred away because of this membership. Profit members of the group have and will buy items from and pay costs for Chimorel as one means of supporting Chimorel's objectives. In 2008 computers were purchased and website costs were paid by The Chimorel Group. In 2008 as a General Contractor The Chimorel Group also did approximately \$12,000 in renovation to property Chimorel Services expects to acquire, once the property is viable.

Name n/a

Funds transferred? Yes      No   x  . (If answer is yes, state percentage or amount transferred.) Amount   n/a   (if applicable).

Address n/a

*Number, Street Name, City, State, Zip Code*

National Affiliate Identification Number n/a

**2.(A) NAMES OF OFFICERS, DIRECTORS, TRUSTEES, AND/OR EXECUTIVE PERSONNEL:**

NAME	RESIDENCE ADDRESS	TELEPHONE NO	POSITION IN ORGANIZATION
Warren E Goodenow	1060 Beechview Dr, Worthington, OH 43085	614-885-0000	Executive Director, Secretary
David Atkin	445 Hutchinson Ave, Columbus, OH 43235	614-433-9487	President
Rick Wickham	5099 E Main St, Columbus, OH 43213	614-410-6505	Director
Seleshi Ashfaw	8318 Bedlington Dr, Reynoldsburg, OH 43068	614-759-7460	Director
John Morris	1269 Clydesdale Ct, Columbus, OH 43229	614-804-7947	Director
Teresa Smith	2557 S Ferris Park Dr, Columbus, OH 43224	614-476-9967	Treasurer

**2.(B) NAME OF PERSON IN CHARGE OF SOLICITATIONS:**

Warren E Goodenow	1060 Beechview Dr, Worthington, OH 43085	614-885-0000
	<i>Address (Include City, State, Zip Code)</i>	<i>Phone Number</i>

**3. GIVE THE GENERAL PURPOSES FOR WHICH THE ORGANIZATION WAS CREATED, INCLUDING THE PURPOSE CLAUSE CONTAINED IN THE CORPORATE CHARTER OR THE CONSTITUTION OF AN UNINCORPORATED ASSOCIATION.**

Chimorel's primary objective is to help individuals and organizations to achieve goals and solve problems. A copy of our 10/18/84 Amended Articles showing the full purpose clauses has been attached to a previous application.

**4. SET OUT EXACTLY AND IN DETAIL THE PURPOSE FOR WHICH THE CONTRIBUTIONS TO BE SOLICITED WILL BE USED.**

When contributions are solicited under this (or future) application(s) such funds will be disbursed by four committees or by Board decision. A significant focus is the Business Incubation Committee. The Property Renovation and Cooperative Effort programs fall in this area. A second significant focus is the Education & Employment committee. The I Got a Job program falls in this area. Up to 10% of funds solicited can be disbursed by our Nonprofit Development Committee. In 2008 these funds (\$100) were directed to the Unified Saints of Christ Church whose pastor provided counseling for our clients. Efforts regarding Client Assistance are currently handled by Mr Goodenow as a coach. Much of this coaching continues to be done as a volunteer. In 2008 he was paid \$250.

In previous applications we discussed at length services for which we would charge a fee. We have begun to provide some of these services. When we discussed these services previously we were told that this activity was outside the purview of the Charitable Applications Board. For this reason we have not discussed these programs in the last several applications, but are more than willing to do so if appropriate.

**5.(A) NAMES OF PROFESSIONAL FUND RAISERS AND PROFESSIONAL SOLICITORS, IF ANY, WHO WILL ACT ON BEHALF OF THE ORGANIZATION. UNDER EACH PROFESSIONAL FUND RAISER LIST THE SOLICITORS EMPLOYED BY THE PROFESSIONAL FUND RAISER. A COPY OF THE OHIO CONSENT TO MAKE SOLICITATION FORM MUST BE FILED FOR EACH PROFESSIONAL FUND RAISER PRIOR TO ANY SOLICITATION.**

***Any organization using a Professional Fund Raiser that is not licensed with the City will not be granted a permit***

NAME	ADDRESS	(AC)PHONE#
	n/a	

5. (B) SET OUT EXACTLY AND IN DETAIL THE ARRANGEMENTS FOR SALARY, BONUS, COMMISSION OR OTHER REMUNERATION TO BE PAID TO EACH OF THE PROMOTERS AND SOLICITORS LISTED. *(Attach copies of the contracts.)*

n/a

6. FOR WHAT PURPOSES WERE POTENTIAL CONTRIBUTORS OR PURCHASERS TOLD THE PROCEEDS WOULD BE USED? *(Please be exact and specific.)* IF WRITTEN INSTRUCTIONS WERE GIVEN TO THOSE ACTUALLY MAKING CONTACT WITH THE PUBLIC, ATTACH A COPY.

Chimorel continues to receive donations of computers. Contributors are provided with an email receipt, a sample of which is attached. For other contributions donors will be provided with an email/letter receipt which spells out clearly what portion of any amount provided to Chimorel Services Inc is a donation. When an amount is a fee for services or a purchase of goods, the receipt will indicate that such amount is not a donation and is not tax deductible.

As appropriate contributors and potential clients will be provided with materials describing the services Chimorel provides. Each service provided on the basis of a fee is clearly identified as such in order to carefully distinguish between donations and fees for service.

Training materials, scripts and other literature may be provided to Authorized Fund Raisers, when used. These materials will clearly distinguish between donations and fees for service. We have not yet developed these materials.

7. SET OUT EXACTY AND IN DETAIL THE FUNDRAISING METHODS TO BE USED. *(For example, door-to-door, direct mail, telephone, sale of merchandise, circus or other show, raffle, etc.)*

Method 1: Direct Solicitation & Special Events – As implemented this method may involve neighborhood canvassing, telemarketing, direct mail by resource developers (volunteer/paid staff); invitations to pot lucks, introductory meetings and focus groups; feasibility studies done by volunteers; special events and auctions. These methods may be used to develop a base of support for our recycling program, community education and other programs as implemented. We have developed an Authorized Fundraiser system for specific projects.

Method 2: Development of The Chimorel Group – profit members of The Chimorel Group pay Chimorel for services it provides, make donations to Chimorel and buy computers / other items from Chimorel. Associates of The Chimorel Group may pay for services and make donations. Clients will pay for services and be asked to volunteer. These methods will be used to support all of our programs.

Method 3: We have developed a website, [www.chimorel.com](http://www.chimorel.com), which goes into extensive detail regarding Chimorel programs and invites people to become members. Some programs ask for donations. Other programs charge a fee for service. A Cooperative Effort Program for small businesses was established in 2004. Funds generated in 2005 from our Cooperative Advertising Program were received and distributed by The Chimorel Group to keep this business activity separate from Chimorel's nonprofit activities. In 2008 the Cooperative Effort program was temporarily suspended because we did not have time to coordinate this program.

8. STATE THE PERIOD OF TIME DURING WHICH THE SOLICITATION OR SOLICITATIONS ARE TO BE CONDUCTED. PERMITS ARE GRANTED ON A ONE-YEAR BASIS UNLESS STATED.

Solicitations may be conducted from 3/19/09 to 3/19/10 or such other time frame as appropriate based on when our application is approved. Future fund raising may or may not be timed to coincide with our fiscal year

ending 12/31 each year, depending on how active we can be.

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9. THE COLUMBUS CITY CODE REQUIRES REGISTRATION WITH THE STATE OF OHIO. ARE YOU CURRENTLY REGISTERED WITH THE STATE OF OHIO UNDER THE PROVISIONS OF SECTION 1716.02 OF THE OHIO REVISED CODE?  
REGISTRATION NUMBER: 569-94

**FORM TO BE COMPLETED BY APPLICANTS THAT FILE FORM 990 AND FORM 990-EZ WITH THE IRS. USE THE SAME GENERAL INSTRUCTIONS THAT APPLY TO FORM 990.**

REVENUE, EXPENSES, PERCENTAGE AVAILABLE FOR PROGRAM SERVICES				
	Last Fiscal Year Actual Results		Forecast Activities Permit Year	
<b>REVENUE</b>				
1. Contributions, Gifts, Grants		3,010.82		30,000
2. Program Service Revenue				120,000
3. Membership Dues, Assessments		6,160.00		102,850
4. Interest/Dividend Income		92.55		
5. Net Rental Income				15,200
6. Special Events & Activities				
a. Gross Revenue				
b. Less: Direct Expenses				
c. Net Income from Special Events				
				5,000
7. Net Profit (Loss) On Sale Of Inventory				25,000
8. Other Revenue				
<b>9. TOTAL REVENUE</b>		<b>9,263.37</b>		<b>298,050</b>
<b>EXPENSES *</b>				
10. Program Services Expense		10,220.47		263,050
11. Management and General Expenses		285.00		20,935
12. Fundraising Expenses				7,500
13. Payment to Affiliates				
<b>14. TOTAL EXPENSES</b>		<b>10,505.47</b>		<b>291,485</b>
15. EXCESS or (DEFICIT) for the year (Line 9 less Line 14)		(1,242.10)		6,565
16. PERCENT of Total Expenses for Program Services (Divide Sums of Lines 10 & 13 by Line 14.)		97.3%		90.2%

\* Form 990-EZ filers, allocate expenses by following the Form 990 instructions for Part II- Statement of Functional Expenses.

Attach copies of:

1. Outside Auditor's Report, if applicable.
2. Copy of Form 990 or 990-EZ

CITY OF COLUMBUS

PUBLIC SAFETY DEPARTMENT

**CHARITABLE SOLICITATIONS  
LICENSE SECTION-SOUTH ENTRANCE  
750 PIEDMONT ROAD  
COLUMBUS, OH 43224  
PHONE: (614) 645-7471  
FAX: (614) 645-8912**

**FORM TO BE COMPLETED BY APPLICANTS THAT DO NOT FILE FORM 990 AND FORM 990-EZ WITH THE IRS.**

REVENUE, EXPENSES, PERCENTAGE AVAILABLE FOR PROGRAM SERVICES				
	Last Fiscal Year Actual Results		Forecast Activities Permit Year	
<b>REVENUE</b>				
1. Contributions, Gifts, Grants				
2. Program Service Revenue				
3. Membership Dues, Assessments				
4. Interest/Dividend Income				
5. Special Events & Activities				
a. Gross Revenue (Not including \$ _____ of contributions reported on Line 1.				
b. Less: Direct Expenses other than fundraising expenses				
c. Net Income or (loss) from Special Events				
6. Net Profit or (Loss) On Sale Of Inventory				
7. Other Revenue				
8. <b>TOTAL REVENUE</b>				
<b>EXPENSES</b>				
9. Program Services Expense				
10. Benefits paid to or for members				
11. Salaries, other compensation, employment benefits, pension plan contributions & payroll taxes				
12. Fees paid to a Professional Fundraiser				
13. Professional fees and other payments				
14. Occupancy, rent utilities and maintenance				
15. Printing, Publications, Postage and Shipping				
16. Depreciation, Depletion, etc.				
17. Interest Expense				
18. Other Expense				
19. <b>TOTAL EXPENSES</b>				
20. <b>NET INCOME</b> (Line 8 less Line 20)				
21. <b>PERCENT</b> of Total Expenses for Program Services. (Divide Line 9 by Line 19.)				

Attach copies of:

3. Financial report containing prior year actual and current year forecast.
4. Outside Auditor's Report, if applicable.

**CITY OF COLUMBUS, PUBLIC SAFETY DEPARTMENT  
CHARITABLE SOLICITATIONS**

**LICENSE SECTION-SOUTH ENTRANCE  
750 PIEDMONT ROAD COLUMBUS, OH 43224  
PHONE: (614) 645-7471, FAX: (614) 645-8912**

Applicant hereby agrees that if a permit is granted, the permit will not be used or represented in any way as an endorsement by the City or by any department or officer thereof.

Applicant hereby states that all statements made in such application are true and that applicant intends to conduct its business fairly, honestly, and pursuant to Chapter 525, Columbus City Code.

Chimorel Services Inc  
Name of Organization

\_\_\_\_\_  
Signature of Authorized Representative

Executive Director  
Official Title

1060 Beechview Dr S, Worthington, OH 43085  
Address

2/23/108      614-885-0000  
Date              Telephone Number/AC

**AFFIDAVIT**

STATE OF Ohio

COUNTY OF Franklin } ss.

Being duly sworn, Warren E Goodenow says as follows:

(written signature) \_\_\_\_\_

(typed or printed name) Warren E Goodenow, Executive Director

Sworn to and subscribed in my presence this 2 day of February, 2009.

(written signature) \_\_\_\_\_

(typed or printed name) \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_.

Recorded in \_\_\_\_\_ County

**PLEASE ANSWER QUESTIONS 1 THRU 10 YES OR NO**

Statements regarding certain activities:

1. Were the financial statements for this organization reviewed or audited by an independent public accountant for the most recently completed fiscal year? Yes.

**If "yes", give the accountant's name and address: William P Powelson, CPA. 1515 W Lane Ave #4, Columbus, OH 43221, 614-481-4409.**

Has the auditing firm's report been distributed to this organization's governing board? Yes.

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2. Were any penalties, fines or judgments paid in this or any other state during the immediate past licensure period covered by this report, or are any owed, or was any court action entered against this organization? No.

**If "yes", attach an explanation and specify amounts involved.**

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3. Has this organization or a director, trustee, officer or employee thereof, ever been enjoined or convicted by any court in connection with the administration of charitable funds; or has this organization's right to solicit funds ever been suspended, revoked or denied in any jurisdiction? No.

**If "yes", attach explanation.**

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4. Was this organization a party to any transaction in which one or more of its trustees, officers or directors had a material financial interest? Yes.

**If "yes," attach explanation. As part of its Business Incubation program, Chimorel established Chimorel Travel.com. The cost in 2005 was \$399.90. Mr Goodenow agreed to pay Chimorel \$800 within the next three years. In 2006 he repaid \$310. In 2007 he repaid \$400. In 2008 He repaid \$90. Using this procedure keeps business activities separate from nonprofit activities and is what the Business Incubation program is designed to do. It also doubled Chimorel's investment, thus providing additional funds for future Business Incubation activities. On our form 990EZ for 2005 we noted an investment of \$2500 for a training program designed to help Chimorel acquire real estate. In 2007 we depreciated \$500 of this investment. In 2008 we depreciated \$500 of this investment. We are currently managing a 34 unit property and have submitted an offer to purchase this property.**

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5. Was any property of this organization used for non-charitable purposes or for any purpose not permitted by its governing documents? No.

**If "yes" attach explanation.**

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6. Is any property of this organization held in the name of or commingled with the property of any other person or organization? No.

**If "yes" attach explanation.**

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7. Does this organization solicit funds under any name other than the name that appears on page 1 of this report? No.

**If "yes", list those names here:** \_\_\_\_\_

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8. Does this organization send out unordered merchandise as part of its fundraising? No.

**If "yes", attach explanation.**

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9. Does this organization regularly solicit salvage; is it a party to a contract involving the solicitation salvage; or does it sell salvage in the thrift store? Yes.  
If "yes", attach explanation.

A primary focus of Chimorel's activities is to develop recycling programs, including a variety of recycling materials and other salvage items. In 2008 we continued to recycle computers. We are developing an eBay program through The Chimorel Group to sell such items and provide funding to Chimorel programs.

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10. Did this organization participate in any commercial co-ventures? No.  
If "yes" list Name/Address of Organization.
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11. The following provisions have been made for the return of funds collected hereunder in the event said funds cannot be used for the charitable purposes stated.

In the event funds are raised which cannot be used for any of the charitable purposes stated, such funds will be returned to the donor at the address obtained at the time the donation was received. If such funds are less than \$5 or are returned as undeliverable, such funds will be transferred to our Client Assistance Fund for future disbursement.

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