



Secretary of State of the State of Arkansas

CHARITABLE ORGANIZATION REGISTRATION FORM

Pursuant to Ark. Code Ann. §§ 4-28-401 through 416, Arkansas law requires a charitable organization to register with the Secretary of State prior to engaging in any of the following: soliciting contributions, using fund-raising counsel, paid solicitors, or professional telemarketers, or conducting a sales promotion.

The following must be included with the submission of this form:

1. A copy of the appropriate Internal Revenue Service tax-exempt status form or pending application;
2. A copy of the organization's Articles of Incorporation;
3. An executed Consent for Service (Form CR-02), if applicable;
4. A copy of Arkansas's Annual Financial Reporting Form (Form CR-03), including all required documents; and
5. A copy of current contracts with any paid solicitors, fund-raising counsel, or commercial coventurers.

This form and all attachments should be submitted via email to charities@sos.arkansas.gov. Incomplete submissions will not be accepted.

You are obligated to update the information submitted at registration if any of the information is updated or changes, including but not limited to relationships with fund-raising counsel, paid solicitors, or commercial coventurers.

If you have questions or inquiries, please contact us via email at charities@sos.arkansas.gov, via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 500 Woodlane Ave, Suite 256, Little Rock, AR 72201.

Section I. Organization Information

Federal EIN		SoS Filing Number	
Organization's Legal Name			
Any Previous Legal or Fictitious Name(s)			
Mailing Address			
City		State	Zip
Physical Address (if different from mailing)			
City		State	Zip
Web Address and Email Address			
Telephone Number		Fax Number	
Designated Contact for Correspondence			
Designated Contact's Phone Number		Designated Contact's Email Address	
State of Incorporation		Date of Incorporation or Establishment __/__/__	
Is the organization exempt from federal taxation pursuant to the Internal Revenue Code? ☐ Yes ☐ No			
If the organization is exempt, under what section of the tax code is it exempt?			
Any names under which contributions will be solicited (including acronyms, abbreviations, shortened names, DBAs, and program names)			
All chapters, branches, or affiliates that will operate, if any, under the registration of the parent charitable organizations.			
Charitable Purpose			

Section II. Financial and Administrative Information

Fiscal/Accounting Year End Date

Type of Return Submitted to IRS for Previous Fiscal/Accounting Year

Name of Custodian of Contributions

Title

Business Telephone Number

Email Address

Address

City

State

Zip

Name of Distributor of Contributions (if different from Custodian)

Title

Business Telephone Number

Email Address

Address

City

State

Zip

Section III. Solicitation Information

Purpose of Solicitations

Period of Time During Which Solicitation or Promotions Will be Conducted

Solicitation Methods (check all that apply)

☐ Special Events

☐ Sale of Goods or Services

☐ Direct Mail

☐ Website

☐ Telephone Appeals

☐ Web Banner Ads

☐ Personal Contact

☐ Auctions

☐ Grant Writing

☐ Other _____

Solicitation Conducted or Assisted By (check all that apply)

☐ Paid Solicitor

☐ Fund-raising Counsel

☐ Paid Employees

☐ Commercial Coventurer

☐ Volunteers

☐ Other _____

If you selected Paid Solicitor, Fund-raising Counsel, or Commercial Coventurer, you must complete the next page.

Entity Conducting or Assisting with Solicitations		
Type of Entity ☐ Fund-raising Counsel ☐ Paid Solicitor ☐ Commercial Coventurer		
Telephone Number	Email Address	
Address		
City	State	Zip
Effective Dates of Contract		
Brief Synopsis of Contract		
Entity Conducting or Assisting with Solicitations		
Type of Entity ☐ Fund-raising Counsel ☐ Paid Solicitor ☐ Commercial Coventurer		
Telephone Number	Email Address	
Address		
City	State	Zip
Effective Dates of Contract		
Brief Synopsis of Contract		
Entity Conducting or Assisting with Solicitations		
Type of Entity ☐ Fund-raising Counsel ☐ Paid Solicitor ☐ Commercial Coventurer		
Telephone Number	Email Address	
Address		
City	State	Zip
Effective Dates of Contract		
Brief Synopsis of Contract		

AFFIRMATION

I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.

Date

Name of Charitable Organization

By:

Signature

Printed Name

Title

NOTARY

STATE OF _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 20____.

My Commission Expires:

Signature of Notary Public

County of Residence

Printed Name

STAMP or SEAL: