



## Secretary of State of the State of Arkansas

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### ANNUAL FINANCIAL REPORTING FORM

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Arkansas Code Annotated § 4-28-403 requires each charitable organization subject to the provisions of Ark. Code Ann. §§ 4-28-401 through 416 to file annual financial reports with the Secretary of State within 180 days after FYE.

The following must be submitted:

1. A completed Annual Financial Reporting Form;
2. A copy of the organization's Internal Revenue Service Form 990, Form 990-EZ, or 990-N, if required to file such form;
3. If contributions to the charitable organization are in excess of \$1,000,000 during its preceding fiscal year, the organization shall file an audited financial statement prepared by an independent certified public accountant;
4. If contributions to the charitable organization are in excess of \$500,000 but less than \$1,000,000 during its preceding fiscal year, the organization shall have its financial statement reviewed by an independent certified public accountant; and
5. New or updated relationships or contracts with fund-raising counsel, paid solicitors, or commercial coventurers.

This form and all attachments should be submitted via email to [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov). Incomplete submissions will not be accepted.

Upon good cause shown, the Secretary of State may grant an extension of time for a period of no longer than six months. Please submit your request for an extension to [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov). Please include the words "Annual Financial Report Extension" in the subject line of the email.

If you have questions or inquiries, please contact us via email at [charities@sos.arkansas.gov](mailto: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, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

1401 W. Capitol, Suite 250 • Little Rock, Arkansas 72201  
Telephone (501) 683-0094 • Fax (501) 682-3437  
WEBSITE • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

## Section I. Organization Information

Federal EIN	SoS Filing Number		
Organization's Legal Name			
Mailing Address			
City	State	Zip	
Telephone Number	Fax Number		
Designated Contact for Correspondence			
Designated Contact's Phone Number	Designated Contact's Email Address		

## Section II. Financial Information (IRS Form 990 Filers)

Fiscal Year	__/__/__ to __/__/__
<b>Total Revenue</b> (Form 990, Part I, Line 12)	\$
<b>Total Program Service Expenses</b> (Form 990, Part III, Line 4e)	\$
<b>Management &amp; General Expenses</b> (Form 990, Part IX, Line 25, Column C)	\$
<b>Fund-raising Expenses</b> (Form 990, Part IX, Line 25, Column D)	\$

## Section III. Financial Information (IRS Form 990-EZ Filers)

Fiscal Year	__/__/__ to __/__/__
<b>Contributions, Gifts, Grants Received</b> (Line 1 of Form 990-EZ)	\$
<b>Total Revenue</b> (Line 9 of Form 990-EZ)	\$
<b>Total Expenses</b> (Line 17 of Form 990-EZ)	\$
<b>Total Program Service Expenses</b> (Line 32 of Form 990-EZ)	\$

## Section IV. Annual Certification of Current Information

Is the information submitted in the organization's initial registration current, true, and correct?

☐ Yes ☐ No

If the answer is no, you may make these corrections in Section V and submit along with any required documents.

## Section V. Updates to Information

### Section A. Organization Information

Organizations Legal Name

Mailing Address

City

State

Zip

Physical Address

City

State

Zip

Web Address

Email Address

Telephone Number

Fax Number

Designated Contact for Correspondence

Contact's Phone Number

Contact's Email Address

Any names under which contributions will be solicited

All chapters, branches, or affiliates that will operate, if any under the registration of the parent charitable organizations.

### Section B. Financial and Administrative Information

Fiscal/Accounting Year End Date

Name of Custodian of Contributions

Title

Business Telephone Number

Email Address

Address

City

State

Zip

## 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: