



## Secretary of State of the State of Arkansas

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### EXEMPT ORGANIZATION VERIFICATION

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Pursuant to Ark. Code Ann. § 4-28-404, Arkansas law permits certain organizations to avoid certain filing and reporting requirements of the charitable registration statutes. Organizations claiming an exemption must submit information to the Secretary of State to substantiate the exemption. This form will be examined for compliance with the appropriate statute. If the Secretary of State determines that the exemption statute does not apply to the organization, the organization will be asked to submit a Charitable Organization Registration Form.

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

1. This Exempt Organization Verification (Form EX-01);
2. A copy of the appropriate Internal Revenue Service tax-exempt status form, if applicable; and
3. A copy of the organization's filed Articles of Incorporation.
4. Satisfactory proof the organization is in good standing.

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.

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.

## Section I. Organization Information

Federal EIN		SoS Filing Number	
Organization's Legal Name			
Any Previous Legal Name(s)			
Mailing Address			
City		State	Zip
Physical Address (if different from mailing)			
City		State	Zip
Web 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)			
Charitable Purpose of the Organization			
Contributions to the Organization will be used for			

## Section II. Qualification For Exemption

Please select the applicable qualification for exemption.

<input type="checkbox"/>	<b>Religious Organizations</b> Any bona fide, duly constituted, religious entity that (1) is exempt from taxation pursuant to the Internal Revenue Code and (2) no part of the entity's income inures to the direct benefit of any individual.
<input type="checkbox"/>	<b>Educational Institutions</b> Any parent-teacher association or educational institution, the curricula of which, in whole or in part, are registered or approved by any state or the United States, directly, or by acceptance of accreditation by an accrediting body.
<input type="checkbox"/>	<b>Political Candidates and Organizations</b> Any candidate for national, state, or local elective office or a political party or other committee required to file information with the Federal Election Commission or any state election commission or its equivalent agency.
<input type="checkbox"/>	<b>Governmental Organizations</b> Any department, brand, or other instrumentality of federal, state, or local governments.
<input type="checkbox"/>	<b>Nonprofit Hospitals</b> Any nonprofit hospital licensed by this state or any other state.
<input type="checkbox"/>	<b>Recipient of Less Than \$50,000 Per Year In Contributions</b> Any charitable organization that does not intend to solicit and receive, and does not actually receive, contributions (in-state or out-of-state) in excess of \$50,000 during a calendar year if (1) all of its functions, including its fund- raising, are carried on by persons who are unpaid for their services, and (2) no part of its assets or income inures to the benefit of, or is paid to, any officer or member. <b>Attached is the organization's confirmation of filing its IRS Form 990 or IRS Form 990-N. By checking this box the undersigned also affirms that the organization has received less than \$50,000 in charitable contributions, whether in-state or out-of-state, during the immediately preceding calendar year.</b>
<input type="checkbox"/>	<b>Solicitor For an Exempt Organization</b> Any person or entity who solicits solely for the benefit of organizations exempt from registration.

## AFFIRMATION

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

Date

Name of Exempt 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: