

Secretary of State of the State of Arkansas

ANNUAL FINANCIAL REPORTING FORM

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 on or before August 1st.

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 the gross revenue of the organizations was in excess of \$1,000,000 in contributions in any fiscal year, a copy of an audit report prepared by a certified public accountant; and
- 4. 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. 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. 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, 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.

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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	<u> </u>	
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	<u>'</u>	
City	State	Zip

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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**) 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:

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