



## Secretary of State of the State of Arkansas

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### **CHARITABLE ORGANIZATION REGISTRATION FORM**

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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](mailto: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](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 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? <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)			
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)	
<input type="checkbox"/> Special Events	<input type="checkbox"/> Sale of Goods or Services
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Website
<input type="checkbox"/> Telephone Appeals	<input type="checkbox"/> Web Banner Ads
<input type="checkbox"/> Personal Contact	<input type="checkbox"/> Auctions
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Other _____
Solicitation Conducted or Assisted By (check all that apply)	
<input type="checkbox"/> Paid Solicitor	<input type="checkbox"/> Fund-raising Counsel
<input type="checkbox"/> Paid Employees	<input type="checkbox"/> Commercial Coventurer
<input type="checkbox"/> Volunteers	<input type="checkbox"/> Other _____
<i>If you selected Paid Solicitor, Fund-raising Counsel, or Commercial Coventurer, you must complete the next page.</i>	

Entity Conducting or Assisting with Solicitations		
Type of Entity <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> 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 <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> 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 <input type="checkbox"/> Fund-raising Counsel <input type="checkbox"/> Paid Solicitor <input type="checkbox"/> 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: